

JUNE 2020

COACH

# HEALTH GOALS MALAWI

*SUMMARY REPORT*



# PARTNERS

## Liverpool Football Club (LFC) Foundation

*Funder and delivery partner*

The official charity of Liverpool Football Club, their mission is to create life changing opportunities for children and young people.

## Liverpool School of Tropical Medicine (LSTM)

*Research, monitoring and evaluation*

Founded in 1898 LSTM was the first institution in the world dedicated to research and teaching in the field of tropical medicine. As a registered charity, LSTM works globally to fulfil its mission of reducing the burden of sickness and mortality in disease endemic countries.

## Malawi Liverpool Wellcome Trust (MLW)

*Engaged research participants and coordinated football activities*

Conducts internationally excellent research to benefit health and trains the next generation of researchers.

## Population Services International

*Provided, distributed, and trained the use of HIV self-test kits*

A global non-profit organisation focused on the encouragement of healthy behaviour and affordability of health products.

## District Sports Office (DSO) Chikwawa

*Supported the coordination of footballing activities*

A government office and a regional subsidiary of the Ministry of Youth Development and Sports.



**Health Goals  
Malawi**



# USING THE POWER OF FOOTBALL TO INCREASE THE UPTAKE OF HIV SELF-TESTING AMONGST ADOLESCENT BOYS AND YOUNG MEN IN CHIKWAWA DISTRICT, MALAWI.

Health Goals Malawi mobilised coaches, peers, and role models (including Sadio Mané, Liverpool Football Club) to promote HIV self-testing and to reduce the stigma and fear of testing by raising awareness and normalising the discussion of HIV self-testing with adolescent boys and young men.

## Why Malawi?

Malawi is a low-income country with a population of 17.6 million in Southern Africa. More than half live on less than a dollar a day. Approximately half the population is under 18 years old and just 51% complete primary school education. One million of Malawi's population are living with HIV, amounting to an adult HIV prevalence of 9.2% - the ninth highest in the world.

## Why adolescent boys and young men?

Young people aged 15-24 accounted for 30% of new HIV infections in Malawi in 2016. Currently, HIV testing rates amongst adolescents are low, with only 24% of men aged 15-24 and 42% of women aged 15-24 reporting having tested in the last year.

## Why HIV self-testing?

HIV self-testing helps to break down the fear of HIV testing by giving users an opportunity to test themselves at home and in private. This gives users an initial insight into their status, before they access services in a clinical setting.

## Why football?

The project used the appeal of football to attract adolescent boys and young men to events attended by HIV self-test providers. It used football games to deliver health messages about HIV and to increase awareness and knowledge about HIV transmission, prevention, testing and treatment.



## Timeline of activities

**May 2018** MLW staff and a football coach from the Chikwawa District travelled to Liverpool to undertake training led by LFC Foundation coaches.

**Jun/Jul 2018** 2-month long football tournament that engaged 36 teams from 52 districts.

**Aug 2018** LFC Foundation and LSTM travelled to Malawi and with MLW and community coaches delivered a week of engagement and outreach activities in the run up to the Kafukufuku festival.

**May 2019** Malawi Football Association deliver a 10-day “FAM C” course - the gateway to Confederation of African Football licence.

**Jun 2019** LFC Foundation, MLW, PSI, and LSTM deliver 4 days of football training to coaches, covering football coaching, an introduction to HIV self-testing and how to use a self-test kit, and how to incorporate health messages into football activities and sessions.

**Jul/Aug 2019** 6 community outreach sessions delivered by newly trained coaches, including the distribution of HIV self-testing kits by PSI.

**Sep 2019** 2 days of coach refresher training delivered by LFC Foundation and LSTM plus 7 community outreach sessions delivered. A girls “showpiece” football match attended by 300 people.

**Kafukufuku Festival** Chikwawa Select XI vs Wizards FC - crowd exceeds 5,000.

### Health messages were delivered by coaches in three formats:

1. “Mini talks” at the start and end of football sessions
2. Delivering a football game and then explaining how the game linked to a message about HIV/AIDS
3. Embedding the health messaging into the game using words related to HIV/AIDS, cue cards with messages, and questions as part of games

### Example game

Defend against HIV – work as a team to form a defensive line, to protect against HIV



## What impact did Health Goals Malawi have?

### There was an increase in uptake and accessibility of HIV self-testing

The percentage of adolescent boys and young men who reported having recently tested for HIV increased from 50% to 84% over the course of the project - 75% of these tests were self-tests. Eighty per cent of adolescent boys and young men who had not tested before the start of the project report having tested after the project.

Participants reflected that the project increased the accessibility of HIV self-testing by bringing services directly into communities, and in particular to groups who are less motivated to travel in order to access these services (i.e. adolescents). Participants highly valued that the HIV self-testing was a way to know their status privately first, before seeking access confirmatory testing if required.

*“It is good that people are getting self-test kits at the ground and then take them home to use them, which is a positive as they don’t need to go to the hospital.”*

### Coaches raised awareness of HIV transmission, prevention, testing and treatment

Participants readily recalled the health information that was delivered in the coaching sessions, with increased awareness of HIV self-testing and a decrease in stigma and fear of HIV testing. The coaches’ role as a trusted source of information was vital.

Coaches were the starting point for influencing the uptake of HIV self-testing, and this had a “ripple effect” as participants went on to influence their peers - conversations returned to parents and other members of the community, and as a result more people were testing for HIV throughout the community.

*“There has been a great change in communities. Now, if you say: ‘go and test’, they’ll say ‘yes!’, whereas before you would say it and they’d be running away!”*

### The wider community was strengthened with a more robust community sports programme

The community was strengthened because the project acted as a positive distraction for young men from unhealthy and anti-social behaviours such as drug taking, drinking, and fighting. Participants highlighted how it gave them structure to their week, developed time management skills, and gave them the opportunity to interact with people from neighbouring villages, who they might not normally meet.

Women and girl’s participation also increased, with four female coaches trained as part of the 25-coach cohort. A girls’ showcase match was organised in the run-up to the Kafukufuku festival.



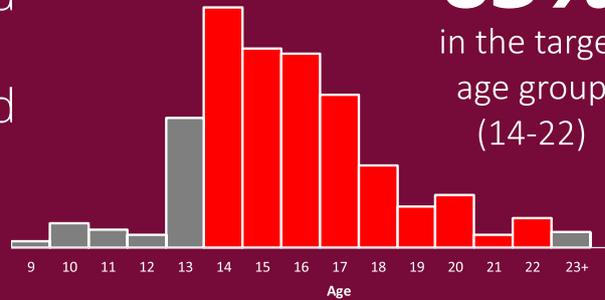
# HEALTH GOALS MALAWI: IMPACT

**25** coaches trained

**1,055** players reached

**83%**

in the target age group (14-22)



Players learnt...

● About HIV/AIDS: 81%

*"The football sessions helped to know the ways to protect ourselves from HIV/AIDS, and even if you have the virus can go to the hospital to get medicine."*

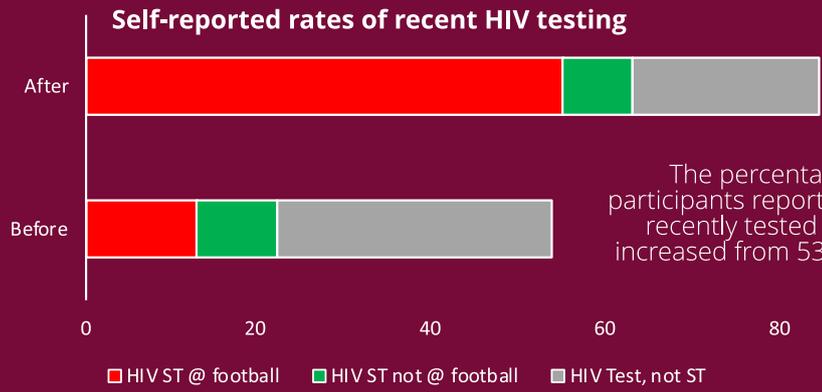
● New football skills: passing, shooting, supporting

● About HIV self-testing

*"Now I know exactly what to do [to take a HIV self-test]. Before there was some fear, now coaches are talking about it there is less fear. At first didn't know the benefits of self-testing, now I know the benefits."*

**3,307** HIV self test kits distributed through football

*"So when you are playing football, and there is the opportunity to test you're motivated to take the test so you can know. And when you know, if you don't have the virus you can protect yourself and if you do can get treatment, take ARVs."*



The percentage of participants reporting having recently tested for HIV increased from 53% to 83%

## The role of the coach

*"Now, if you finish a session without telling them any health messages - they are going to ask you, 'Coach, are you not going to tell us any health message?' It's because they are enjoying it, so it's great for us."*

*"We are happy to get [the information] from our coach, it had more impact because it is coming from him. Because it is our coach who is teaching it, we can actually apply it because it has stuck with us."*

# Conclusion

The Health Goals Malawi project successfully increased the uptake of HIV self-testing amongst adolescent boys and young men aged 14-24.

The project normalised the process of testing for HIV, and created an open platform for discussing HIV transmission, prevention, testing and treatment. As these young people become sexually active any instance of HIV infection is more likely to be detected, and treatment started promptly, reducing the risk of onward transmission.

Making HIV testing both socially and culturally acceptable, driven by the normalisation of self-testing by coaches and peers, has been extremely important to the project's success. The coaches' unique position as influencers, trusted sources of knowledge, and role models has not only allowed the effective dissemination of health education to young people in the targeted communities, but has empowered young people to want to take ownership of their health. Building the capacity of coaches across multiple dimensions has allowed them to fulfil this role in the project. The wide range of expertise from the project partners to deliver an extended programme of capacity building and support has allowed the coaches to form a cohesive team, with a distinct identity within Chikwawa, and a diverse array of skills to sustain the future of health messaging sports projects.

Read the full report  
<https://tinyurl.com/HealthGoalsMalawi>



Download the coaching cards  
<https://doi.org/10.5281/zenodo.3839578>





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