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HEALTH GOALS MALAWI

IMPACT REPORT

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Health Goals Malawi

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Contents

Executive Summary

This report presents the impact evaluation of the Liverpool School of Tropical Medicine/LFC Foundation project "Health Goals Malawi". It highlights how the project completed its stated outcomes and objectives, as well as identifying additional impact on the communities and delivery partners who participated.

The findings indicate that the Health Goals Malawi project has been successful in increasing the uptake of relevant health services (HIV self-testing) by young men aged 14-24 and that this is likely to result in the long-term reduction of transmission of HIV and other sexually transmitted infections. However, the complexities of tracking the linkage from HIV self-testing to care means that future research should seek to generate robust evidence on this final assumption.

Young people's knowledge of and opportunity to access HIV self-testing was enhanced through this project, resulting in an increased uptake of HIV self-testing services. In sessions delivered by Health Goals Malawi trained coaches, participants consistently described the HIV health messaging they had received through the project. The rate at which participants reported having used a HIV self-test in the last 2 months increased between the start and end of the study period. Over 3,000 HIV self-test kits were distributed via football activities, and 41% of these were to the targeted group of young men aged 14-24.

The project successfully built the capacity of the community coaches in Chikwawa; coaches reported increased confidence which was reflected in increased competency observed by LFC Foundation and Liverpool School of Tropical Medicine staff, as well as positive views of participants which was demonstrated in increased rates of participation in sessions. Health Goals Malawi leveraged coaches as influencers in the community, and as a result stigma and misconceptions about HIV and HIV testing was reduced, with participants empowered to want to know their HIV status.

Health Goals Malawi has had a broader impact on the role of women and girls in sporting spaces in Chikwawa, through proactivity including women and girls in the project provision. This has increased the number of girls taking part in football and has changed mindsets a bout the capabilities of women and girls. The wider development of football has been enhanced by this project, through the provision of appropriate playing materials and by collaborating with the Malawi Football Association to ensure coaches' strengthened capacity is recognised locally. Finally, the LFC Foundation coaches and systems have been strengthened through exposure to the sport for development model.

The strength of the Health Goals Malawi project was in the multi-agency approach adopted in the planning, delivery, and implementation of the project, which drew on the skills of all partner organisations. It is recommended that an ongoing relationship with Malawi is maintained by the LFC Foundation, with a view to developing a sustainable delivery model which can be implemented across Malawi and beyond.

All photos were provided by Project Managers from the Health Goals Malawi Project, Lee Booth (consultant) and Prince Chikweba (MLW/FA Malawi).

1 Background

1.1 MALAWI, ADOLESCENTS AND HIV

Malawi is a low-income country (LIC) with a population of 17.6 million in Southern Africa. More than half of Malawians live on less than a dollar a day. Approximately half the population is under 18 years old and just 51% complete primary school education[1]. One million of Malawi's population is living with HIV, amounting to an adult HIV prevalence of 9.2% - the 9th highest in the world[2].

Despite these challenges Malawi has made excellent progress towards global targets for HIV testing and treatment across its population. The 90-90-90 targets set by UNAIDS with a deadline of 2020, call on countries to have 90% of people living with HIV know their status, of whom 90% are on treatment and of whom 90% are virally suppressed[3]. Viral suppression is vital for preventing the onward transmission of the HIV virus; if the viral load is reduced the point that it is undetectable, the virus becomes untransmittable.

Malawi's current progress towards that goal is 90-87-89. However, certain demographics are less comprehensively covered, including adolescents. In young people aged 15-24, the current progress is 53-76-78[4]. Once a young person knows their HIV status, they have a good chance of accessing treatment and becoming virally supressed, and so improving rates of HIV testing to give young people the opportunity to know their status is a key element to the HIV response. Currently, HIV testing rates amongst adolescents are low, with only 24% of men aged 15-25 and 42% of women aged 15-24 reporting having tested in the last year[5].

Young people aged 15-24 accounted for 30% of new HIV infections in Malawi in 2016, as young people transition into adulthood and become sexually active. Consequently, this is a key group to engage with a range of sexual and reproductive health services, including HIV testing. While conventional clinic-based HIV Testing and Counselling (HTC) forms the backbone of HIV testing in Malawi, UNITAID's 4-year Self-Testing Africa (STAR) initiative[6] has been operating in Malawi since 2016, trialling HIV self-testing and it has been proven that this form of testing has been particularly popular with adolescents and men[7].

1 National Statistics Office, Malawi: http://www.nsomalawi.mw
2 UNAIDS Malawi update: https://www.unaids.org/en/regionscountries/countries/malawi
3 UNAIDS 90-90-90 target: https://www.unaids.org/en/resources/909090
4 UNAIDS HIV trends: https://aidsinfo.unaids.org/
5 Malawi Demographic Health Survey, 2015/16: https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf
6 STAR initiative: http://hivstar.lshtm.ac.uk/news/
7 UNAIDS progress report: https://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf

1.2 SPORT AND HIV EDUCATION AND AWARENESS

Sport-for-development is a popular paradigm in the global south, where sport is used to achieve a range of development objectives, from tackling anti-social behaviour to increasing gender awareness[8]. Sport has been touted as suitable for engaging youth by organisations including the UN, who passed a series of resolutions in 2003 cementing its' commitment to sport-for-development, including for tackling HIV[9].

Sport-for-HIV-prevention takes many forms including HIV education, empowerment, and behaviour-change communication. While using sport-for-HIV-prevention is advocated by UNAIDS[10], the methods used by implementing organisations vary, they do have some common themes with programmes typically tied to a specific sport, most commonly football. One major NGO, Grassroots Soccer, provides a delivery template for many smaller organisations[11] who use the "games as a message" technique, where games are linked to an educational message about HIV, while also including more formal teaching and discussion periods. Programmes typically focus on what HIV is, identifying the disease, and preventing transmission and several tackle HIV stigma and promote testing and treatment. Some programmes have effectively increased HIV knowledge and reduced stigma as well as positive attitude towards condoms and self-reported condom use[12].

8 Levermore, R. and Beacom, A. (2009). Sport and Development: Mapping the Field. In: R. Levermore and A. Beacom, ed., Sport and International Development, 1st ed. London: Palgrave Macmillan, pp.1-25.

9 United Nations (UN) (2003). Sport for Development and Peace: Towards Achieving the Millennium Development Goals. [online] United Nations Inter-Agency Task Force on Sport for Development and Peace. Available at: https://www.un.org/sport/sites/www.un.org.sport/files/ckfiles/files/task%20force%20report%20english.pdf

10 International Olympic Committe (IOC) and Joint United Nations Porgramme on HIV/AIDS (UNAIDS) (2005). Together for HIV and AIDS prevention- a toolkit for the sports community. [online] Geneva, Switzerland: UNAIDS. Available at: http://data.unaids.org/publications/irc-pub06/ioc_toolkit_20dec05_en.pdf

11 Kaufman, Z., Spencer, T. and Ross, D. (2012). Effectiveness of Sport-Based HIV Prevention Interventions: A Systematic Review of the Evidence. AIDS and Behavior, 17(3), pp.987-1001.

12 Maleka, E. (2016). Monitoring and evaluation of sport-based HIV/AIDS awareness programmes: Strengthening outcome indicators. SAHARA-J: Journal of Social Aspects of HIV/AIDS, 14(1), pp.1-21.

2 The Health Goals Malawi Project

2.1 GOAL

The goal of the Health Goals Malawi (HGM) project is to reduce the incidence of HIV and other sexually transmitted infections (STIs) amongst adolescents and young people aged 14-24.

2.2 THEORY OF CHANGE

To reduce the incidence of HIV and other STIs, the project will increase the uptake of health services by adolescent boys and young men aged 14-24. The gateway to these services identified for this project is HIV testing, specifically self-testing, the service this project aims to increase uptake of. To do this, the project will:

1. Train coaches so that they are confident, motivated and have sufficient equipment. This will help facilitate the delivery of regular, sustainable football sessions.
2. Increase the accessibility of health services, particularly HIV self-testing, by using the appeal of football to attract adolescent boys and young men to events attended by health service providers. Further, football delivered by appropriately trained coaches will create a social space for the delivery of this service where participants feel relaxed and confident.
3. Use football games that include messages about HIV and AIDS to increase awareness and knowledge about HIV transmission, prevention, and health services. Increased awareness and knowledge will drive demand for health services as participants are more aware of their HIV risk, the services available and will become empowered to know their status.
4. Mobilise coaches, peers, and role models (Sadio Mané, Liverpool Football Club) to promote HIV self-testing, and reduce stigma and fear of the test by raising awareness and normalising discussion of HIV self-testing.

This is summarised in the theory of change model in Appendix A.

2.3 IMPACT ASSESSMENT: QUESTIONS

In line with the theory of change, the following questions will be assessed in order to understand the impact of the project:

1. Are coaches confident, motivated, and appropriately resourced to deliver regular, sustainable football sessions that include messages about HIV and AIDS?
2. Does the project increase the accessibility of health services, specifically HIV self-testing, both with regards to geography and social/cultural acceptability?
3. Do participants learn about HIV and AIDS through participation in the football sessions?
4. Is there an increase in awareness of HIV testing and self-testing, and a decrease in stigma related to HIV testing and self-testing?
5. Has there been an increase in HIV self-testing in adolescent boys and young men aged 14-24?
6. Furthermore, this impact assessment will consider:
7. Is there additional impact on the individuals and communities involved in this project that was not included in the theory of change?
8. This impact assessment largely considers the impact of the second year of implementation of this project. A formative evaluation was conducted in year one.

2.4 PARTNERS AND STAKEHOLDERS

Liverpool Football Club Foundation

The Liverpool Football Club (LFC) Foundation is the official charity of Liverpool Football Club. Building on the Club's work in the community over the past 20 years, the charity was formed in 2010 as a financially independent organisation to harness the power and passion fans and supporters have to improve the lives of others. Their mission is to create life changing opportunities for children and young people[13].

The LFC Foundation are the funders for this project and are also a delivery partner. The staff have provided coaching development and expertise in both Malawi and the UK throughout the project, particularly focussing on going beyond the technical and tactical development of players, to consider areas including social development, underpinned by the Football Association's 4-corner model of player development[14].

Liverpool School of Tropical Medicine

Liverpool School of Tropical Medicine (LSTM) founded in 1898 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. LSTM does this through the delivery of effective interventions which improve human health and are relevant to the poorest communities[15].

LSTM are the principle managers and coordinators of this project. They have facilitated the relationship between LFC Foundation and Malawi Liverpool Wellcome Trust (MLW) and manage the HGM project in collaboration with a consultant manager in Malawi, reimbursed through MLW. LSTM have provided the research, monitoring and evaluation expertise for this project, including this impact report.

Malawi Liverpool Wellcome Trust

The Malawi Liverpool Wellcome Trust conducts internationally excellent research to benefit health and trains the next generation of researchers. MLW has two programmes; preventing death from severe infection and transmission reduction in infectious diseases, as well as a strategic initiative to target selected high burden chronic diseases, particularly related to HIV.

The principle group engaged in the HGM project is the MLW Science Communication team, whose role is to promote ethical research practice by facilitating two-way engagement strategies between researchers and research participants. The HGM project is closely linked to the Science Communication team's Kafukufku festival, a one-day event that aims to sensitise communities to the research work of MLW. In the first year of the project, MLW Science Communication directly implemented sessions in the community in the run-up to the Kafukufuku festival, as well as coordinating football tournament activities. In the second year of the project, MLW supported capacity building of HGM trained coaches, and funded the delivery of the football tournament in the run-up to the festival.

13 LFC Foundation website: https://foundation.liverpoolfc.com/

14 The FA 4-corner model of player development: http://www.thefa.com/learning/england-dna/the-future-england-player/attributes-and-skills

15 Liverpool School of Tropical Medicine website: https://www.lstmed.ac.uk/

Population Services International

Population Services International (PSI) is a global non-profit organisation focused on the encouragement of healthy behaviour and affordability of health products. In Malawi its service provision includes HIV self-testing, voluntary medical male circumcision, water-borne disease prevention, malaria prevention, male condoms, female condoms, family planning services and products and *Tunza* franchise clinics[16].

As part of the HGM project, PSI provided and distributed the HIV self-test kits to project participants and spectators, as well as providing training to HGM trained coaches on how to use HIV self-test kits and supporting the design of new games incorporating key messages about HIV.

Chikwawa District Sports Office

The District Sports Office (DSO) in Chikwawa is a government office and is a regional subsidiary of the Ministry of Youth Development and Sports which has a mandate to "coordinate, plan, implement, monitor and evaluate youth programs as well as develop, direct, promote and control all sporting activities through youth empowerment and mass participation in order to have healthy and productive citizens"[17].

In the context of the HGM project the DSO has provided a route of communication to community coaches in the Chikwawa district and has supported the coordination of all footballing activities. In the second year of the project the DSO also facilitated the delivery of coach education activities with the Malawi Football Association.

2.5 DELIVERY

Year 1

May 2018 - Two members of staff from MLW with a football coach from the Chikwawa District travelled to Liverpool to undertake an intensive, week-long 'Coach the Coach' training programme led by LFC Foundation coaches. The aim of the week was to equip these individuals with the necessary skills that would enable them to coach young people and adults in football activities. The training programme utilised the 4-corner coaching model.

June to July 2018 - MLW staff implemented football session using the 4-Corner model as part of the Science Communication's existing outreach programme. Alongside the outreach activities, MLW engaged with the Chikwawa District Sports Office and the Malawi Football Association to deliver a two-month long football tournament that engaged 36 teams, from 52 districts.

August 2018 - Three community engagement coaches from the LFC Foundation and an LSTM staff member travelled to Malawi. Alongside MLW and community coaches they delivered a week of engagement and outreach activities in the run up to the Kafukufuku festival that included a press briefing, five outreach sessions, and a 'Coach the Coach' session. The half-day 'Coach the Coach' training session covering the fundamentals of the 4-corner model was delivered by LFC Foundation to 25 coaches from the Chikwawa district.

16 Population Services International / Malawi website: https://www.psi.org/country/malawi/#about

17 Malawi Ministry of Youth Development and Sports website: http://www.malawi.gov.mw/index.php?option=com_content&view=article&id=19&Itemid=23

Year 2

May 2019 - The Malawi Football Association delivered a 10-day "FAM C" course. The FAM C course is the highest-level coaching certificate provided by the Malawi Football Association and is the gateway to Confederation of African Football (CAF) licences. This certificated course gives coaches the opportunity to earn a living through coaching as assistant coaches or in underserved regions, as lead coaches of semi-professional sides. Delivery of the course was organised and coordinated by the Chikwawa DSO. The course covered practical and theoretical components, including the role of a coach, technical, tactical, physical and psychological player development, and the laws of the game.

June 2019 - LFC Foundation staff delivered 4 days of 'Coach the Coach' training in the 4-corner model (covering players' physical, tactical, psychological and social development), supported with health education training by MLW and PSI Malawi. The training covered a breakdown of the 4-corner model, an introduction to HIV self-testing and how to use a self-test kit, information about the research MLW is conducting relation to HIV and malaria, and how to incorporate health messages into football activities and sessions. Most content was delivered practically, with coaches having the opportunity to deliver to their peers, get feedback from LFC Foundation and LSTM staff, and collaborate with PSI Malawi to identify which messages could be incorporated into games. Bespoke coaching cards were provided, which included 16 football activities and space for coaches and MLW/PSI to add relevant health messages. These were translated and printed in Chichewa (Appendix B). Coaches were provided with a bundle of equipment that would allow them to deliver the activities: 2 One World Play "indestructible" footballs, 1 LFC branded football, 10 bibs, 20 cones, and 1 whistle.

July to August 2019 - Six community outreach sessions were delivered following the completion of the HGM training. These were aligned to an MLW-funded football tournament leading up to the 2019 Kafukufuku festival. The sessions were planned and delivered by the HGM trained coaches and included distribution of self-testing kits by PSI.

Beyond activities formally funded by the HGM project, the 25 HGM trained coaches continued to deliver their week-to-week football activities, from primary school sessions to adult football team activities, implementing the activities developed through the project throughout.

September 2019 - Two final days of coach refresher training, reflection, and action-planning were delivered by the LFC Foundation, LSTM and MLW staff around the Kafukufuku festival. Coaches were provided with A4 whiteboards and whiteboard markers to supplement their coaching equipment.

Seven community outreach sessions were delivered in the week running up to the Kafukufuku festival and a showpiece session at the start of the Kafukufuku festival. The sessions were planned and delivered by the HGM trained coaches and were supported by the LFC Foundation coaches who provided mentoring and feedback to support coaches' development, particularly regarding coaching style.

A girls' showpiece football match was organised prior to the Kafukufuku festival, to showcase the growth of women and girls' football in Chikwawa. LFC Foundation female staff members officiated in this match, as well as playing in the game to support the players' development. The match was attended by an estimated 300 people.

A match was also organised between Chikwawa Select XI vs Wizards FC (Blantyre) and was included as part of the Kafukufuku Festival. The Chikwawa Select XI team were drawn from across the sessions run by the HGM trained coaches. This game preceded the final of the MLW-funded Kafukufuku festival football tournament, which built on the tournament outlined in Year 1. The crowd at the Kafukufuku festival exceeded 5,000.

3 METHODS

3.1 THROUGHPUT

Attendance at outreach sessions was collected through head-count reporting and in the case of coach to coach training, through registers. In sessions delivered in the week-long run-up to the Kafukufuku festival this included disaggregation by gender. Attendance at weekly sessions by HGM trained coaches was self-reported by coaches. HIV self-testing numbers and demographics were collated and shared by PSI as per normal programmatic monitoring data.

3.2 SELF-REPORT SURVEYS

Separate anonymous self-report surveys were used with both coaches and participant groups. These each consisted of a single sheet of paper with a space for the coach or participant name and sections for completing the pre-intervention and post-intervention survey. These sections were separated by perforations that allowed the completed section to be removed from the survey sheet, keeping responses separate from the remaining question blocks and retaining anonymity. Codes were used on the front and rear of the sheets to identify the pre/post data, and to link pre/post data together. All responses were kept in a sealed envelope. The surveys were provided in Chichewa in order to maximise understanding by participants and coaches. See Appendix C for the coach survey and participant survey in both English and Chichewa.

Coaches survey

Coaches completed a brief self-assessment survey of their confidence across four subjects: HIV knowledge, football knowledge, ability to deliver HIV information through football, and adequate equipment. This self-assessment was completed at three time points: i) prior to the LFC Foundation 4-corner model training, ii) immediately after the training, and iii) two months after the training having delivered community outreach sessions both independently and with the support of LFC Foundation coaches. The survey was administered by LSTM's Project Manager and a total of 22 coaches completed the survey following the first period of training, and 12 completed the final post-project survey.

Participants survey

Participants completed a brief self-report survey on their recent HIV testing experiences, as well as providing their age and gender. The survey asked if the participant had tested in the last 2 months, if yes, if it was a self-test, and if yes, if it was at a football event. The survey was overseen by the lead coach from the training session who was briefed on how to administer the survey by the LSTM Project Manager. The survey was completed at the first coaching session and two months later. Each coach was provided with 10 surveys to provide at random to their session participants. Twenty of the 25 coaches returned their session surveys. A total of 212 participants (aged 14-24) took part in the survey, of which 151 completed both pre- and post- surveys.

3.3 FOCUS GROUP DISCUSSIONS

Focus group discussions (FGDs) were conducted at each of the seven outreach sessions delivered by the HGM community coaches and the LFC Foundation team. Where girls/young women were participating in the activities, separate FGDs were conducted to the boys/young men, however, at one site where a small number of girls participated, a mixed FGD was conducted. Focus group size was in almost all cases six participants, with one group of seven and one group of five. In total, ten FGDs were conducted with participants.

FGDs with participants were conducted in Chichewa, facilitated through translation from and to English. They were conducted by a female British researcher from LSTM and a male Malawian research assistant. The discussions were intentionally informal in nature, sitting in small groups at the edge of the football pitch. They lasted between 12-25 minutes. The focus group discussion covered four topics:

1. Understanding and perceptions of the football for HIV education, awareness, and self-testing programme
2. Impact of the programme on the community and at the individual level
3. Community relations and decision-making in HIV test/self-testing
4. Recommendations

A further two FGDs were conducted with coaches following the completion of the coaching activities at the second Kafukufuku festival. These were conducted in English, supported with translation to and from Chichewa provided by peers as required. These discussions were also informal in nature, and the discussion covered the same four topics as the participant FGDs. The FGD guides for both coaches and participants are provided in Appendix D.

The FGD information is supplemented in this impact assessment by group feedback from the trained coaches which was facilitated by the LFC Foundation team at the start of the week of coach support and outreach sessions prior to the Kafukufuku festival. This information was principally collected to shape the delivery for that week of activity.

3.4 RAPID FEEDBACK

In order to maximise participants opportunity to feed into the evaluation of the HGM project, participants were invited to contribute to a collaborative piece of "rapid feedback". Participants were given two labels and a coloured pen and asked to write on one label what they had learnt related to football through HGM, and on the second label what they had learnt that was not related to football through the project. They could then stick these onto a roll of brown wrapping paper which collectively created a colourful record of feedback from 133 participants over the seven outreach sessions, and 27 participants in the community session at the Kafukufuku festival.

3.5 ADDITIONAL DATA SOURCES

PSI Malawi provided programmatic data on the number of HIV self-testing kits distributed at football outreach activities, and the demographics of those who had received kits.

The Malawi-based project manager produced reports from two of the four outreach session weekends, and these were included to provide context to, and triangulate information gathered from, the FGDs.

Observation of coaching sessions by LFC Foundation, LSTM and MLW staff over the course of the final week of delivery leading up to the Kafukufuku festival bolstered assessment of the ability of coaches to deliver football sessions, including opportunities to educate and raise awareness of HIV and HIV self-testing. This was collated at the end of the week of coaching through group feedback.

4 IMPACT

4.1 PARTICIPANTS ENGAGED

SUMMARY

- 25 coaches were trained through the Health Goals Malawi project.
- 416 unique participants were direct beneficiaries of HGM/LFC Foundation sessions.
- 1,055 unique participants were indirect beneficiaries of HGM/LFC Foundation sessions.

Twenty-five coaches were trained in delivering football "plus" activities by LFC Foundation, LSTM, MLW and PSI staff, as well as Malawi Football Association FAM-C coaches; of these, four were female coaches.

Eighteen of these coaches reported the number of participants that typically attended their sessions. Prior to their training, these coaches delivered to on average 42 participants a week, which put the theoretical reach of the 25 coaches at 1,055 unique participants. FGDs with the coaches indicated that following the training, there was an increase in attendance at sessions as their credibility as coaches within the community increased:

> *"You know, in our community it is our culture, especially here in Malawi, if you are a qualified coach, players do come to you… So, when people hear that we are qualified coaches, we attended two trainings, doing FAM C training, I'm telling you a lot of players came and joined us. The numbers increased. Moreover, having received those equipments, I'm telling you, you can't believe. At first, we had about 15 to 20 players. And now we have 50 players."*

Post-programme reporting of session attendance is ongoing and will be included in the final update to this report.

The demographics of the participants has been estimated from the participant survey; 212 participants completed the survey, and 188 reported their gender - 77% of respondents were male and 23% female. They had an average age of 16, however, the most common age was 14. The age range targeted by this intervention was 14-24 and 83% of survey respondents who reported their age fell into this age bracket (Figure 1, below).

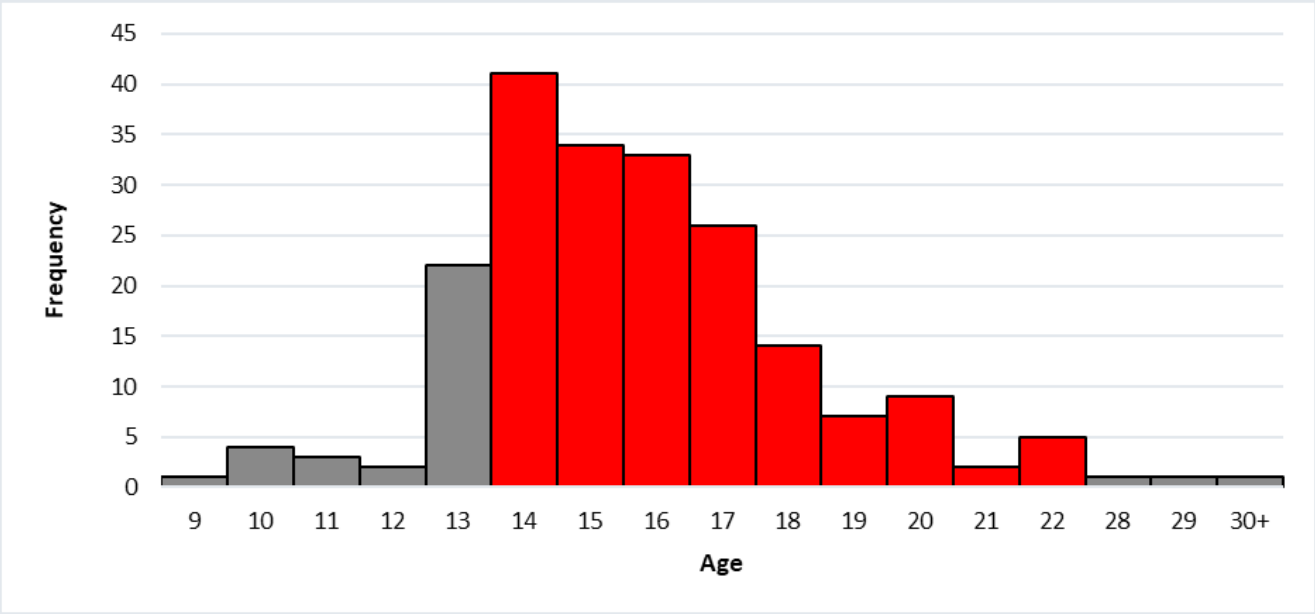


Figure 1: Age profile of participants who completed the participant survey, targeted age group highlighted in red.

Six outreach sessions were planned and delivered by HGM coaches, aligned with the MLW Kafukufuku festival football tournament, and reached an estimated 650 participants.

Eight outreach sessions were planned and delivered in the run-up to the Kafukufuku festival, supported by coaches from the LFC Foundation, and reached 416 participants; 88% of participants were boys and 12% were girls.

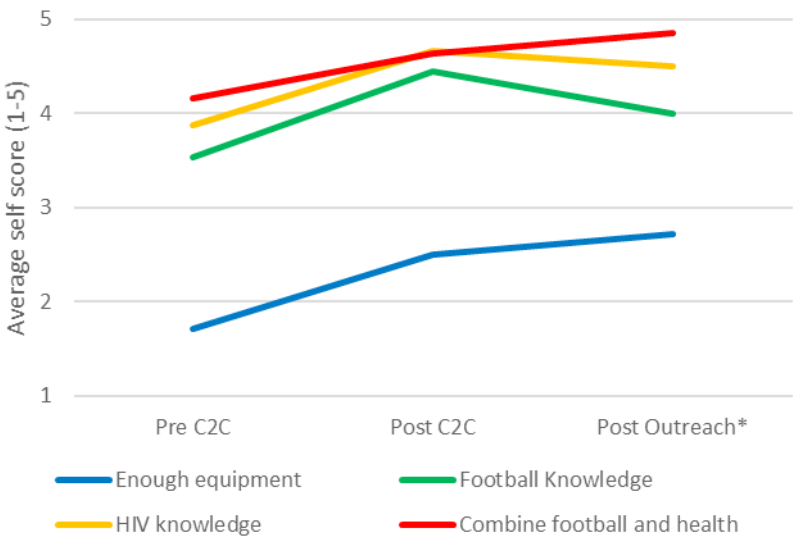
4.2 WORKFORCE DEVELOPMENT

Are coaches confident, motivated, and appropriately resourced to deliver regular, sustainable football sessions that include messages about HIV/AIDS?

SUMMARY

- Coaches report increased confidence in their ability to deliver football sessions that include messages about HIV and AIDS.
- Most coaches demonstrated their ability to do this with confidence, and several coaches have developed their own "games with a message" to incorporate into sessions.
- Coaches and participants reported that the equipment provided by the Health Goals Malawi project had increased their capacity to deliver sessions to large groups, but there is still unmet need for equipment.

Coaches self-assessment of confidence across the four domains (adequate football equipment, football knowledge, HIV knowledge, and the ability to combine health messages with football) was collected before the 'Coach the Coach' training delivered by LFC Foundation (n=24), directly after 'Coach the Coach' training (n=22), and after planning and delivering outreach and community coaching sessions for three months (n=12). The average score across all responding coaches was calculated to assess if coaches were "confident and adequately resourced" following the HGM project, resulting in a score from 1 (low) to 5 (high) (Figure 2). This average increased from 3.3 to 4.1 following the 'Coach the Coach' training and regressed slightly to 4.0 following the planning and delivery of outreach sessions.



** N=12, data incomplete*

Figure 2: Coaches self-assessment of confidence across 4 key domains related to coaching football for health education

Disaggregating the data to each of the four domains indicates that coaches' confidence increased across all four domains following the 'Coach the Coach' training. Confidence in the adequacy of their equipment and their ability to combine football and health messages continued to increase following application in outreach sessions, while confidence in their football knowledge and HIV knowledge both regressed slightly.

Coaches in FGD felt that they had become better football coaches through the programme. In particular, the FAM-C course substantially strengthened their football coaching capacity with specific football knowledge. Particularly valued was the application of skills to game contexts, and the deeper understanding of the laws of the game resulting from the training.

> *"We were added with a lot of skills by the FA Malawi, at first, we had no certificates, we were just, as coaches, just football lovers. So, after the training now we are going to be given the certificates, and the knowledge itself was super, comparing to previously. We were just coaching anyhow, we didn't know where to go with the skills, but now having received those training we are able to know how to coach."*

Furthermore, coaches had the confidence to incorporate messages about health into their training sessions. This was observed by the LFC Foundation and LSTM staff, when many coaches demonstrated games that they had developed in the time between the training and the LFC Foundation supported training. The coaches combined practices they already used and those they had learnt in the Malawi Football Association training with messages from MLW and PSI. Coaches had also developed their own resources such as cue-cards to deliver health messages and used these effectively in games.

> *"You know, those guys told us, like the LFC coaches who were training us, they told us: as a coach, you need to be creative. So, you see, we have been doing all these activities previously with these kids. If you tell them we are going to be doing the same activities, the activities become boring, so we said, what if we introduce a new concept [by adding a message] to them?"*

While equipment shortages continued to be an issue, it was noted by both coaches and participants that the equipment provided following the Coach-the-Coach training had substantially increased coaches' capacity to deliver effectively, particularly to meet the demands of growing group sizes.

Beyond coaches' self-assessment of their confidence and reflections on their growing competence, this was also observed by LFC Foundation and LSTM staff. Feedback on their observations about these coaches consistently identified an increase in confidence in coaches, who were empowered to take on the responsibility of being role models in their community. This was reflected in a willingness to learn, grow, and make changes to coaching styles for the benefit of their participants, including a shift in coaching style from authoritative to open coaching.

Alongside "how to coach" skills, project staff observed an increased awareness and knowledge of HIV and HIV self-testing amongst coaches, and an increased ability to deliver messages through games.

> *"For me it was the increase in knowledge around HIV. At the beginning of the trip the coaches seemed to be really limited in this area. On this trip we differentiated from myths & truths but also gave them key information that they could use in their sessions. The stigma for testing for HIV was also broken down with the introduction of the self-testing kit which really opened a few of the coaches' eyes."*

4.3 ACCESSIBILITY OF HEALTH SERVICES

Does the project increase the accessibility of health services, specifically HIV self-testing, both with regards to geography and social/cultural acceptability?

SUMMARY

- Football is regarded as a highly acceptable venue for the provision of HIV self-testing.
- The project has increased the geographical 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), although this has not been comprehensive.
- The project has facilitated access to services for communities who are underserved with regards to sexual and reproductive health services.

FGD participants described how having HIV self-test kits distributed at football games made it easier for people to access HIV testing, as it meant that they did not have to travel to a clinic or hospital in order to know their HIV status. This was important for two reasons; because people might be "too lazy" to go to the hospital or clinic particularly if they felt well, and because the HIV self-test allowed the individual to know their status without the fear of a doctor disclosing their HIV status to others.

HIV self-testing was highly acceptable amongst participants, and this was enhanced by having received the information about HIV self-testing from their football coaches, and by their peers accessing HIV self-testing at the same time as they were. The use of football as a vehicle for delivering this information and these services was universally highly accepted amongst participants and, as reported by coaches, their parents. The projects' impact on the wider acceptability of HIV testing and self-testing is discussed in section 4.5.

"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."

"It has helped because they brought the self-test kits and we were able to check our status, and otherwise we wouldn't have been able to get this, we would have had to go to the hospital."

"The other thing is, these parents they are happy with the messages. They do ask us: how can we get the same information. How can we get self-tested? That's why if you have PSI there, at our local games, parents can come and get self-testing. So parents have welcomed the thing happily."

LSTM Project Manager reports and discussions with PSI noted that this project had brought PSI to areas that were not currently receiving adequate sexual and reproductive health service provision. In particular, Gumbwa village registered many "never-tested" recipients of HIV self-test kits, including girls below the age of 16 who were pregnant or had children as the area has no prenatal care. This was largely due to geographical constraints that included the need for a 4x4 vehicle to cross a river (Image 1).

Image 1: PSI fording the river to Gumbwa.

Two FGD groups noted that while they had received coaching, because their sports ground or team were not included in the six outreach sessions where PSI were invited to attend, they were aware of HIV self-testing and eager to use a kit, but had not yet had the opportunity to do so (Figure 3).

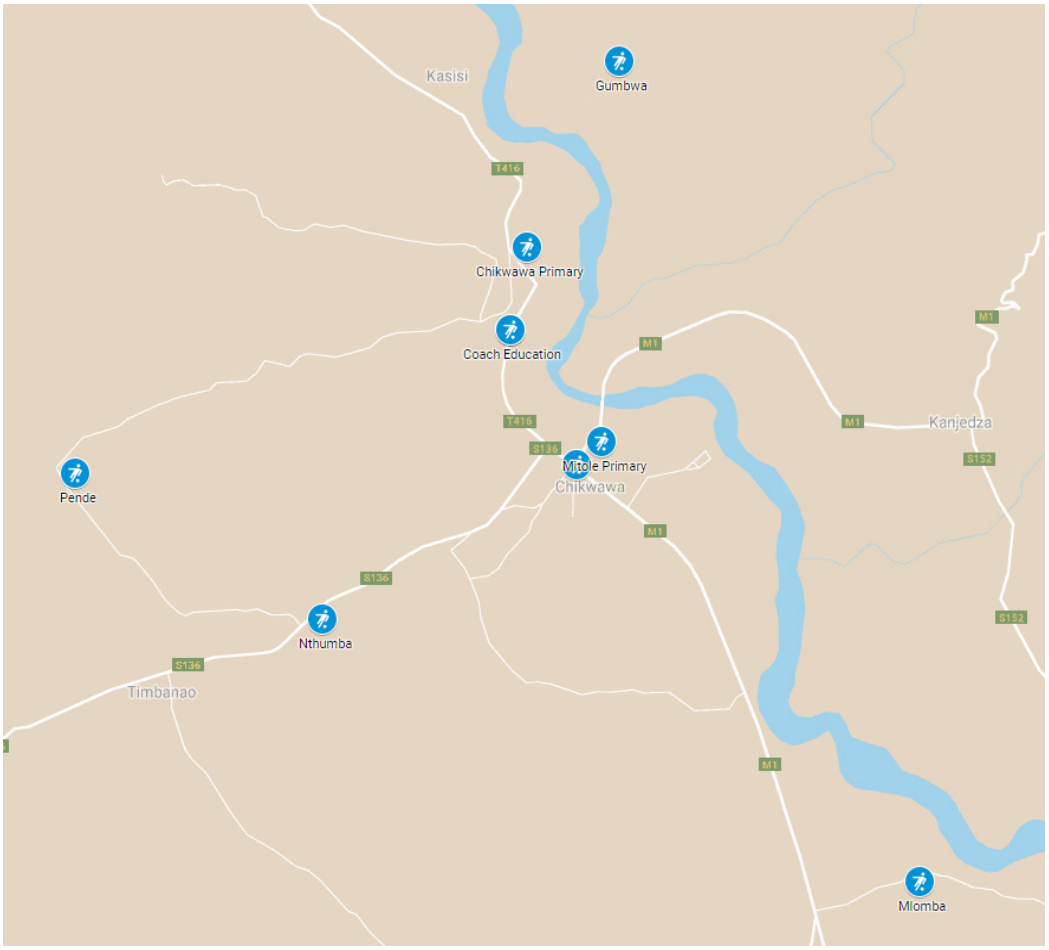


Figure 3: Map illustrating location of each outreach session

4.4 HIV EDUCATION AND AWARENESS

Do participants learn about HIV and AIDS through participation in the football sessions?

SUMMARY

- Health Goals Malawi coaches consistently deliver HIV/AIDS education and awareness messages throughout their sessions.
- Participants readily recall the information that is delivered in these sessions, which is largely focused on the prevention of HIV/AIDS.
- Coaches play a crucial role in the dissemination of this information, as participants are particularly receptive to information from their coaches.

All groups who took part in FGD and who had HGM-trained coaches noted that their sessions had included messages about HIV/AIDS and other health issues. These messages were delivered in three formats: i) as mini “talks” at the start and end of sessions, ii) delivering a game and then in the summary of the game explaining how the game linked to a message about HIV/AIDS, and iii) by embedding the message into the game using words related to HIV/AIDS, cue cards with messages, and questions as part of games.

Messages included how to use a HIV self-test kit, how HIV can be contracted, and how to prevent the spread of HIV. Emphasis was largely on prevention, and in some cases, participants cited specific example such as abstaining from unprotected sex/using condoms, although many groups also discussed the value of knowing your status, and how to access treatment.

> *"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 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."*

Learning messages in this way is highly valued by participants. Many groups noted that while much of the content was not new information, for example often they had learnt it in school, learning the information at the football ground was more impactful. The most common reason for this was that they were getting this information from their coach, who was a trusted and respected source of information.

> *"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."*

> *"Some things we might learn at school but when it comes from our coaches it gives us an eagerness to come more, so even though we are coming for football we are learning more about life as we play."*

Coaches noted that participants now expected their sessions to include a health message, and indeed if a message was not included in a session participant would ask what the message for the session was.

> *"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."*

Finally, participants were keen to highlight the power of football in attracting players and spectators, and the role this had on spreading information to a broad audience.

> *"It's the simple things that you learn, the technique that you learn, that can help you. Not everyone can excel at school, but they might do well in football like [a Malawian national team footballer] who didn't do so well at school but can now sustain himself through football – and then they can learn other things as they come to the football, things that they didn't think about before."*

> *"Because football is entertaining, people can learn even as they are being entertained. Football is one of the most loved sports, so it is easy for the message to spread because people already love football."*

Examples of games delivered by HGM coaches:

1. Myth-busting – players identify myths about HIV, and then aim to knock them over with the football, developing their passing accuracy at the same time.
2. Body/disease – left is body, right is disease. Players have to listen to the coach and decide if the word they are calling part of the body or a disease. Players have to jump to the correct side quickly, so they do not get eliminated.
3. Defend against HIV – work as a team to form a defensive line, to protect against HIV
4. Keep away from the virus – use defensive skills to make sure the "virus" does not steal your bib

1.

2.

3.

4.

Figure 4: Word Cloud of words used by participants when asked what they had learnt from sessions, both football and non-football.

Following the eight outreach sessions delivered by HGM community coaches and LFC Foundation coaches in the run-up to the Kafukufuku festival, 160 participants completed rapid feedback. Each participant generated two items of feedback; what they had learnt related to football, and what they had learnt not related to football. From this, 130 (81%) of participants mentioned at least one of HIV or AIDS (or their Chichewa equivalent). Additional commonly recurring themes included:

- Prevention, in the most part the prevention of HIV/AIDS (42 participants/26%)
- Specific HIV/AIDS prevention strategies, including abstinence, fidelity, condom use, protected sex (16 participants/10%)
- Broader discussion of diseases including malaria (28 participants/18%)

"I want to thank our coach for disseminating this information, so we know what's good and what's bad, know how to do the test, know the measures of prevention, and I want to thank LFC Foundation for training the coaches in this."

4.5 HIV SELF-TEST AWARENESS AND STIGMA

Is there an increase in awareness of HIV testing and self-testing, and a decrease in stigma related to HIV testing and self-testing?

SUMMARY

- Awareness of HIV self-testing has been raised through the HGM project, principally through education by HGM trained coaches.
- Coaches and peers are key influencers in promoting the uptake of HIV self-testing, and this has helped dispel hesitancy to test that may have been born out of stigma.
- HIV self-testing itself helps to break down fear of HIV testing, by giving users an initial insight into their status before they access services in a clinical setting.

Participants in FGDs almost universally agreed that they had a greater awareness of HIV self-testing through involvement in HGM. The majority of this awareness was raised directly by their coaches who had explained during sessions what HIV self-tests were and, often in clearly-recalled detail, how to use them. Other sources of this information include PSI/MLW at outreach sessions, and from having attended the Kafukufuku festival in 2018.

Participants also report there was a decrease in stigma, or fear, related to HIV and HIV testing. This was attributed to three mechanisms. The first was the increased awareness of exactly what the HIV test and self-test are, how they work, and what the benefits of self-testing are – participants felt that this increased awareness influenced decision making and dispelled fear born from misconceptions and uncertainty.

> *"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."*

The second was the role of coaches and peers as role models when it comes to taking up the opportunity to use the HIV self-test kits. Several groups described how the coaches were the starting point for influencing the uptake of HIV self-testing, and this then had a "ripple effect" as participants went on to influence their peers. Some groups took this further and noted that these conversations returned to parents and other members of the community, and as a result more people were testing for HIV throughout the community.

> *"[It is] important for us who are learning it to be at the forefront of taking the test and influencing others, if the coach does it then we learn from him, and then we need to be able to teach it to our peers."*

> *"Even after you have received information from the coach, you may go to your fellow players and tell them about the test."*

> *"We go and get the test, but others see us go and get the test and are encouraged to test themselves, we act as role models."*

The third was the intrinsic properties of the HIV self-test kit itself. The key message disseminated about HIV self-testing was that it was a way to know your status privately first, and that you could then go on to access confirmatory testing if required. This was clearly understood by participants and highly valued.

"For the most part for people who come to football to take the test, takes away the fear – they can do the test in secret and know, and by the time they go to the hospital if they know they have it or not they are a bit more confident because they have been able to do the self-test themselves."

"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!"

4.6 HIV SELF-TEST UPTAKE

Has there been an increase in HIV self-testing in adolescent boys and young men aged 14-24?

SUMMARY

- Awareness of HIV self-testing has been raised through the HGM project, principally through education by HGM trained coaches.
- Coaches and peers are key influencers in promoting the uptake of HIV self-testing, and this has helped dispel hesitancy to test that may have been born out of stigma.
- HIV self-testing itself helps to break down fear of HIV testing, by giving users an initial insight into their status before they access services in a clinical setting.

PSI attended the six community outreach sessions planned and delivered by HGM coaches that were aligned with the MLW Kafukufuku festival football tournament. At these session, HIV self-test kits were distributed to session participants, with 88% of participants taking away kits from the session.
PSI distributed further kits to crowds watching the sessions and football matches that formed the MLW Kafukufuku festival tournament. Across the six days, a total of 2,307 kits were distributed, of which 78% were to men of all ages, and 41% were to young men aged 15-24.

Self-reported HIV testing practices were collected from participants in sessions delivered by HGM trained coaches. The pre-survey was completed in the first session delivered after the HGM training, the post-survey was completed after two months of sessions and the six community outreach sessions. Prior to the two months of coaching, 53% of young people aged 14-24 reported having tested for HIV (50% of males, n=121, 68% of females n=28, 50% of unreported gender, n=2). After the two months of coaching, 83% of young people aged 14-24 reported having tested for HIV (84% of males, 82% of females, 50% of unknown gender), summarised in Figure 5.

These figures compare very favourably with Malawi's most recent national self-report testing data, which indicates that 34% of males aged 15-24 and 42% of females aged 15-24 had recently tested for HIV[18]. While rates of testing at baseline are higher in this evaluation, this is to be expected as national testing data is now 3 years out of date and there has been a substantial campaign to increase testing rates in Malawi in the intervening years.

18 Malawi Demographic Health Survey, 2015/16 https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf

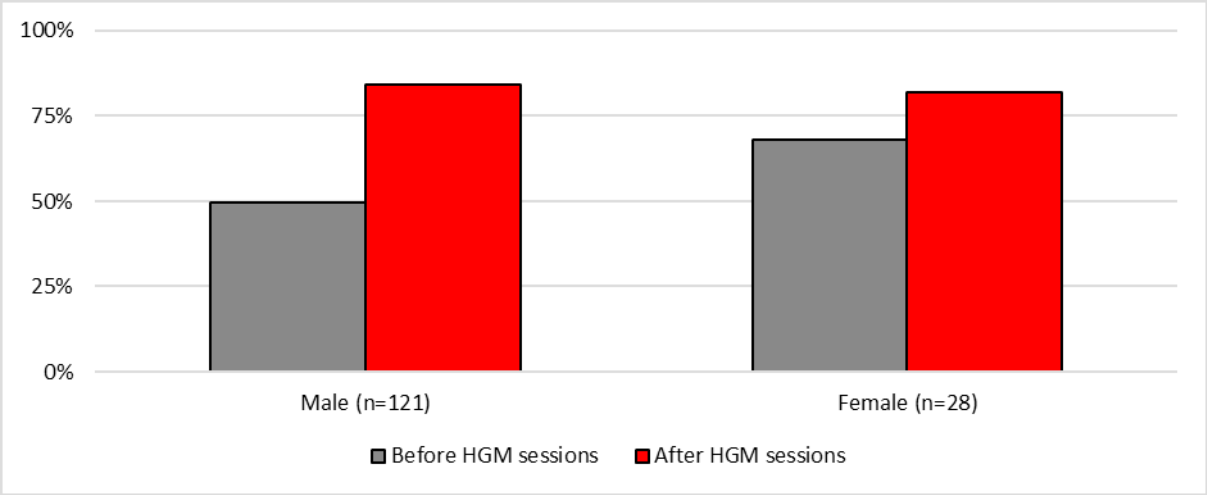


Figure 5: Percentage of participants aged 14-24 who reported having tested for HIV in the preceding 2 months

Of those who had not tested recently before the coaching (n=71), 75% reported having tested after the coaching (80% of males, n=61, 44% of females, n=9). Self-reported rates of HIV self-testing increased, as did the percentage of those tests that were a self-test, and the percentage of those whose self-test was undertaken at a football event[19] (Figure 6).

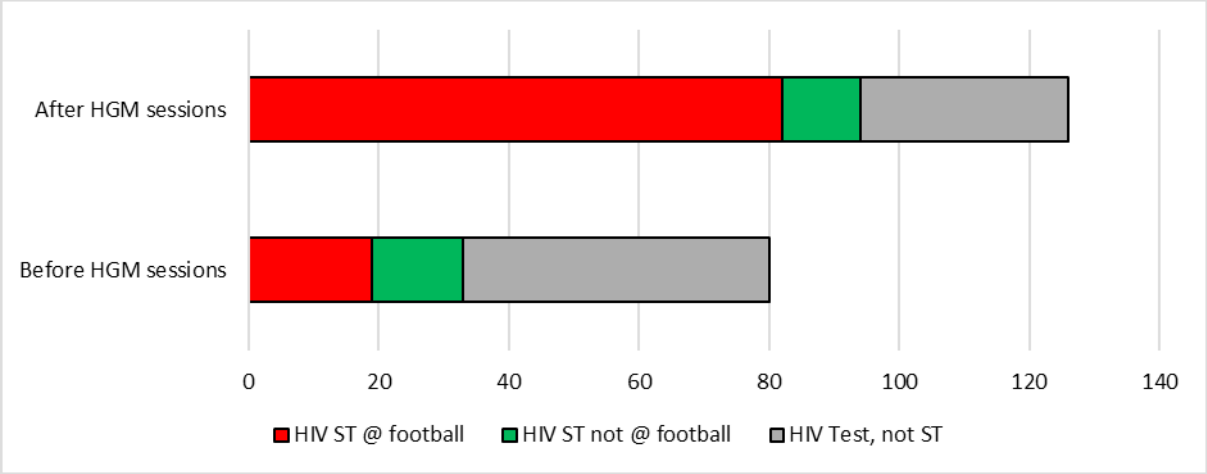


Figure 6: Number of participants (151 total participants) who reported having tested for HIV in the preceding 2 months, broken down by the type of test and the test location.

FGDs corroborated this evidence; participants in groups where HIV self-test kits were distributed confirmed not only that they had the opportunity to take up HIV self-testing, but that these tests had been used and that where needed people had gone to access treatment at hospital.

"Personally, I had a bit of doubt about my status, with the self-testing kit now I know where I am."

19 Of those who had tested recently before the intervention (n=80), 41% used a self-test for that test, of those who had tested recently after the intervention (n=126), 75% used a self-test for that test.
Of those who had used a self-test recently before the intervention (n=33), 58% had been at a football event, of those who had used a self-test recently after the intervention (n=94), 87% had been at a football event

4.7 ADDITIONAL IMPACT

Is there additional impact on the individuals and communities involved in this project that was not included in the theory of change?

Physical health benefits

When reflecting on the impact of the project on their own lives, many participants in the FGDs highlighted the physical health benefits they had gained from taking part in the regular coaching sessions. This ranged from stronger bodies (particularly legs), getting sick less frequently, and to reductions in symptoms such as difficulty breathing.

Football development

HGM has contributed significantly to the development of football in Chikwawa district, not least because the project has resulted in 25 community coaches qualifying as FAM-C coaches. This was reflected throughout the feedback from the project. In the rapid feedback participants identified the football skills they had learnt, the most com mon skills cited were:

- PASSING
- SHOOTING
- SUPPORTING
- JUMPING
- DRIBBLING
- CONTROLLING
- RUNNING
- TACKLING

Participants noted that there was increased professionalism in their sessions – there was more equipment which made it easier to play, and they were learning new skills. Coaches' newly strengthened coaching capacity was widely recognised, and they reported an enhanced sense of identity in the community. This was reflected in increased attendance at their regular weekly coaching sessions.

Furthermore, coaches noted that because they knew the laws of the game, and were able to share these with their participants, there had be improvements of behaviour on the football pitch, and that there were fewer fights and arguments with the referees.

Community strengthening

Participants noted that football sessions were a means of strengthening the community, as well as acting 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 girls' participation

While the stated objective of this project was to increase the rate of testing amongst adolescent boys and young men, feedback in the first year of the project clearly called for greater opportunities for girls' participation. With this in mind, four female coaches were trained as part of the 25-coach cohort, and the girls' showcase match was organised in the run-up to the Kafukufuku festival.

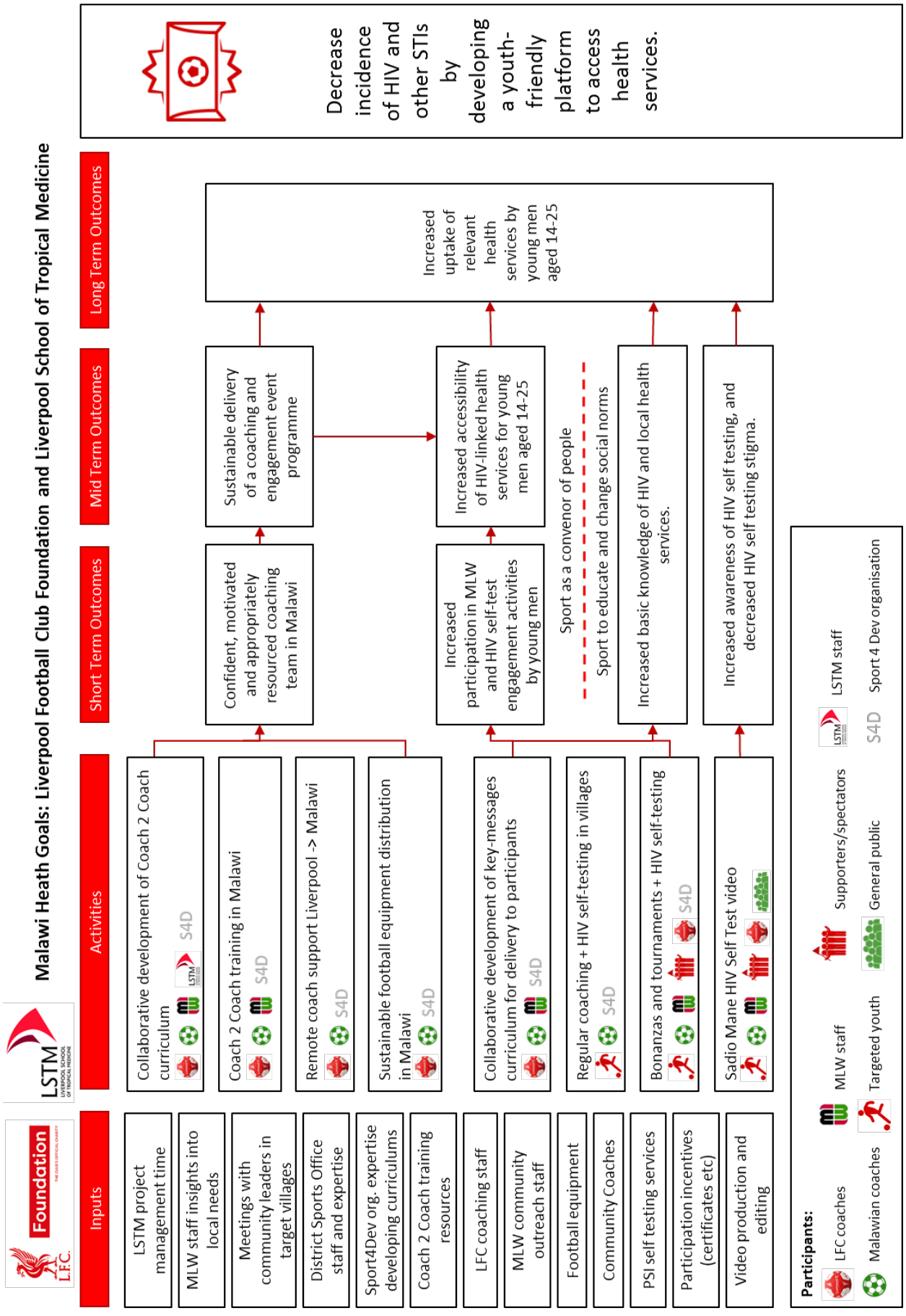
5 Conclusion

The HGM project has been a successful means to increase the uptake of HIV self-testing amongst adolescent boys and young men aged 14-24. While linkage to care is always challenging to track in the case of HIV self-testing interventions (because those who do go on to seek treatment may not mention that they previously self-tested and because they may seek treatment outside of their immediate district in order to minimise the chance of people they know finding out about their care seeking) there is anecdotal evidence from FGDs that this linkage to care is happening.

More importantly, this project normalised the process of testing for HIV, and created an open platform for discussing HIV transmission, prevention, testing and treatment. With the majority of participants in this project between the ages of 14-17, HIV self-test provider PSI noted that this age group may not have a high HIV prevalence as to most of those living with HIV in this age group will have contracted the virus via mother-to-child transmission. However, by normalising the practice of HIV testing as well as addressing knowledge about transmission and prevention, as these young people become sexually active any instance of HIV infection is more likely to be detected, and treatment started promptly, thereby reducing the risk of onward transmission.

The impact of the project lies in the coaches who have delivered it. Their 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. Social and cultural acceptability, driven by the normalisation of self-testing by coaches and peers, has been extremely important to the project's success. Building the capacity of coaches across multiple dimensions has allowed them to fulfil this role in the project. By drawing on the wide range of expertise within the project partners to deliver an extended programme of capacity building and support, these coaches have formed a cohesive cohort and team, with a distinct identity within Chikwawa and a diverse array of skills.

Appendix A – Theory of Change



Appendix B – Coaching Materials

COACHING CARDS

Health Goals Malawi

Using STEPS when coaching

- **Space** – Larger/smaller target, nearer/further, simplify/challenge
- **Task** – Dominant/non dominant foot, setting goals
- **Equipment** – Various size balls, coloured items, minimal items, adapted items
- **People** – Opposed/Unopposed, Overload, Same Ability Groups
- **Speed** – Increasing, decreasing, constant, variable

Technical	Psychological
Physical	Social

Health Goals Malawi

Technical

Football skills "on the ball" including technique of how to pass, dribble, control & shoot

- Skills and feints
- Attacking and accelerating into space
- Keep the ball close when dribbling
- Small touches using inside, outside and sole of foot
- Keep head up
- Fast feet with and without the ball
- Control, first touch
- Passing accuracy
- Open directional body stance
- Weight of pass
- Accuracy of pass, knee over the ball
- Delay, Deny and Restrict defending

Target: Developing Technique

Technical	Psychological
Physical	Social

Health Goals Malawi

Physical

Movement within the session including sprinting, turning, jumping, accelerating

- Agility – movement of body both with the ball and without, shifting body weight
- Balance – body stance, remaining upright, low centre of gravity, explosive push off
- Coordination – coordinate body to move in sync
- Speed – speed of movement when accelerating and shifting feet, acceleration

Target: Improving Movement

Technical	Psychological
Physical	Social

Health Goals Malawi

Psychological

Mental attributes such as decision making, learning & spatial awareness

- Reaction
- Decision making
- Peripheral vision
- Awareness
- Positive mindset when attacking
- Resilient
- Composure

Target: Increasing Learning

Technical	Psychological
Physical	Social

Health Goals Malawi

Social

Interaction with other players including communication, teamwork and friendship

- Communication (verbal and visual)
- Fun
- Challenged
- Teamwork
- Leadership?
- Responsibility?

Target: Enjoying Sport

Technical	Psychological
Physical	Social

Health Goals Malawi

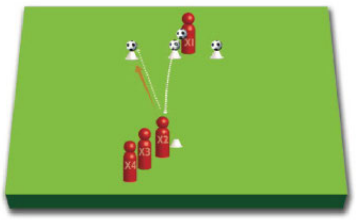
Accuracy of Header

Equipment

Balls
Cones

The Game

1. X1 throws the ball to X2, X2 heads down and tries to knock the footballs off the cones
2. X2 then becomes the server and the next in line has a go
3. Take it further away for passing
4. Use same rotation
5. Service must be good
6. Head the ball down, eyes open, use forehead
7. Use whole body to generate power



Technical	Psychological
Physical	Social

Health Goals Malawi

Accuracy

Equipment

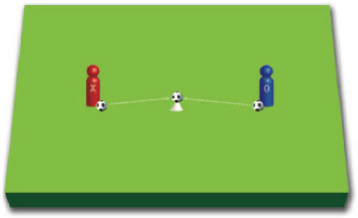
Balls
Cones

The Session

1. Starting from 10 years away, X v O to see who can knock the ball off the cone the most
2. For more advances or older players take it further away
3. Also vary the strike from inside of the foot to laces etc.

Key Points

1. Use the inside of the foot
2. Go for accuracy not power
3. Keep the ball on the floor



Technical	Psychological
Physical	Social

Health Goals Malawi

Agility – Ball Manipulation

Equipment

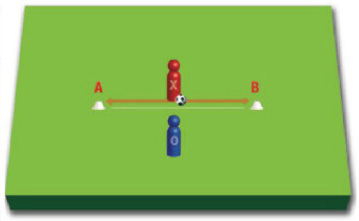
One ball for each pair
Cones
Bibs

The Game

1. Use side moves to beat partner to A or B
2. 15-20 seconds to score as many points as possible
3. X has the ball, O cannot go across the line and can't tackle
4. A repeated race to either A or B using as many different skills as possible

Key Points

1. Always keep the ball moving
2. Protect the ball
3. Accelerate fast, turn fast to unsteady the defender



Technical	Psychological
Physical	Social

Health Goals Malawi

Agility

Equipment

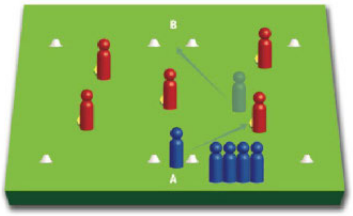
Cones
Bibs

The Session

1. Os must get from A to B as quick as possible
2. First Os must tag any X within the area to progress through
3. If X is forced out of the area then O goes through for free

Competition

1. Time each team to see how long it takes them all to get from A to B
2. The quickest team wins



Key Points

1. Awareness
2. Sharpness, quickness and acceleration away from a defender

Progression

1. Introduce 1 ball and whoever has the ball can't be tagged
2. Put the ball on the floor, defender needs to get a touch to go through

Technical	Psychological
Physical	Social

Health Goals Malawi

Attack vs Defence (1v1)

Equipment

Balls
Cones
Bibs

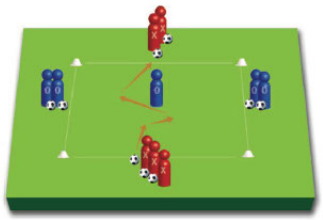
The Game

First to 10

1. X attacks O within the box and must cross the line opposite to gain a point
2. The ball must be under control
3. O can only come out when he has won the ball back
4. Then X defends against the Os

Key Points

1. Encourage forward moves and quick play
2. Always keep the ball moving
3. Encourage positive play
4. Attack the space



Technical	Psychological
Physical	Social

Health Goals Malawi

Attack vs Defence (with goal)

Equipment

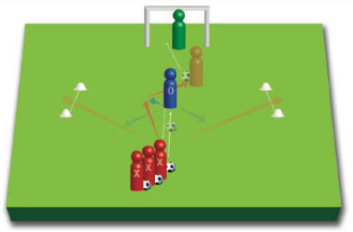
Balls
Cones
Bibs
Goals

The Session

1. 1 point for a gate, 3 points for a goal
2. X starts by passing to O
3. O passes back and defends
4. X can score through either gate or past the Goalkeeper

Key Points

1. Be positive
2. Attack quickly
3. Always keep the ball moving
4. Change the defender every time
5. Competition X v O 3-4 minutes each
6. Create and attack the space



Technical	Psychological
Physical	Social

Health Goals Malawi

Ball Manipulation

Equipment

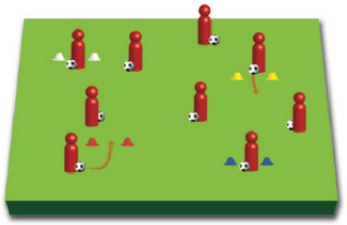
Ball Each
Cones

The Session

1. Each player has a ball
2. Dribble through as many gates as possible
3. Each gate is a different colour
4. Coach gives a different colour gate and a different tack to do through the gate
   - Eg Red = turn no.1
   - White = forward move
   - Blue = turn no.2
   - Yellow = change of speed

Key Points

1. Awareness
2. Control
3. Skill Execution



Progression

1. Increase tempo

Technical | Psychological
Physical | Social

Health Goals Malawi

Directional (attack v defence)

Equipment

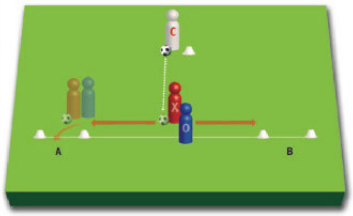
Balls
Cones
Bibs

The Session

1. Coach plays the ball to X who tried to beat O to A or B using his side moves
2. X must have the ball under control when entering gates A or B to score
3. To begin with O cannot cross the line, although to progress the session allow O to defend properly and defend beyond the line
4. X has 15 seconds to score

Key Points

1. Encourage X to stay close to the line and use all moves quickly and effectively
2. Control, first touch
3. Pass



Technical | Psychological
Physical | Social

Health Goals Malawi

Gladiators

Equipment

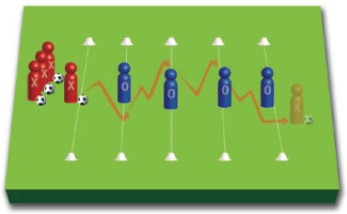
Balls
Cones
Bibs

The Game

1. O must defend the line and cannot come off it
2. X must beat as many Os as possible and gains 1 point for each success
3. Change over after each team member has had 2 attempts

Key Points

1. Encourage forward moves, direct and positive play
2. Attack the space



Technical | Psychological
Physical | Social

Health Goals Malawi

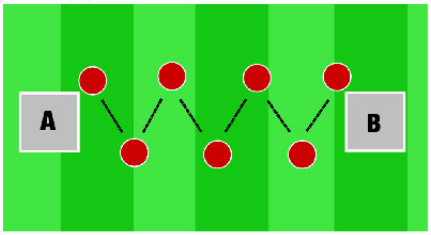
Hot Potato

Equipment

Balls
Cones
Bibs

The Game

1. In teams line up in a zig-zag shape between Zone A and Zone B
2. On the coach's signal transfer all the objects from Zone A to Zone B as quickly as possible using every player
3. Each player will have to use communication skills for their team to be successful
4. The team that transfers the objects quickest is the winner.



Technical | Psychological
Physical | Social

Health Goals Malawi

King of the Ring

Equipment

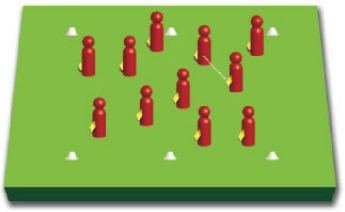
Ball (if you want to progress with balls)
Cones
Bibs

The Session

1. The aim of the game is to take everybody else's tail out and protect your own
2. The last man with a tail wins
3. Each player has a tail (bib) in the back of their shorts.
4. If another player takes your tail you are out
5. If you are forced out of the square you are out

Key Points

1. Awareness
2. Speed (acceleration)
3. Agility



Technical	Psychological
Physical	Social

Number Game

Equipment

???
???
???

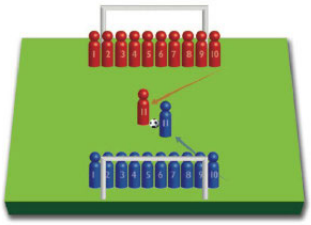
The Game

1. Each player has a number
2. All players link arms within the goal
3. Only the end player can use their hands
4. Coach shouts out a number and both players battle it out to score in opposition's goal

Key Points

RULES – players must not break the link – if they do then the other team get a penalty against the remaining players. If the ball goes out of the area the game is over and new numbers are called

1. Fast, direct, positive play
2. Encourage forward moves



Technical	Psychological
Physical	Social

Passing

Equipment

???
???
???

The Session

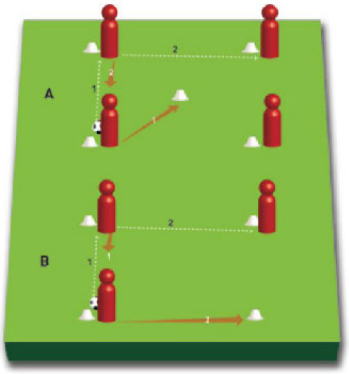
1. All players on toes
2. Pass balls to any player and move quickly to spare cone, keeping eyes on the ball whilst moving
3. Vary the players' touches

Key Points

1. Awareness
2. Ball control
3. Passing technique
4. Movement off the ball (body position/shape)

Progression

1. Go from as many touches as chosen to 2 touches
2. Go 1 touch
3. Work on players' body position when moving to cone
4. Work on different types of run



Technical	Psychological
Physical	Social

Team Accuracy

Equipment

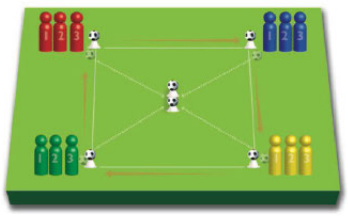
???
???
???

The Game

1. Each player has a number
2. Coach shouts a number, he takes the ball off his team cone and attempts to knock down the tower in the middle using insider of the foot pass
3. Progress into dripping across
4. Changing direction
5. Using left and right feet
6. Turning and passing

Key Points

1. Reaction time
2. Passing accuracy
3. Speed/quickness



Technical	Psychological
Physical	Social

Warm Up

Equipment

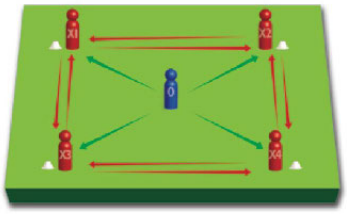
???
???
???

The Session

1. Xs have to change places on the outside
2. Xs can only change to the left or to the right, they cannot go diagonal across the square
3. O has to get out of the middle. He does this by beating an X to a cone on the outside
4. If he does this, X takes Os place and the game restarts.

Key Points

1. Body shape. Never be square on, make sure you can see all of the corners of the square.
2. Communication. This could be anything from shouting to eye contact.
3. Be clever. Look to go one way then drop your shoulder and go to a different corner.



Progression

1. For fun, each time you change places you get one point. How many points can you get?
2. If you go into the middle you lose your points
3. Ball each.

Technical	Psychological
Physical	Social

Health Goals Malawi

Zones

Equipment

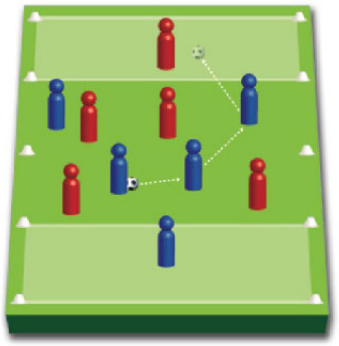
???
???
???

The Game

1. Set a pitch up as shown
2. Score a goal by getting the ball from one "End Zone" to the other by passing or dribbling
3. Once a goal is scored immediately attack going in the other direction. Only the attacking team can enter the "End Zone"

Key Points

1. Attacking and defending principles
2. Counter attack
3. Passing and receiving



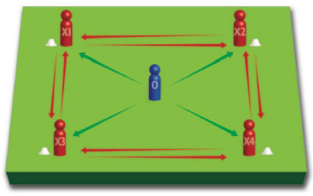
Progression

1. Limit touches 1 or 2/3 etc

Technical	Psychological
Physical	Social

Health Goals Malawi

KUKONZEKELA KULOWA M'BWALO



MASEWELO

1. Ma Xs onse akuyenela kusintha malo kunja.
2. Ma Xs atha kusintha kupita kumanzere kapena kumanjaomanso sangadutse mopokoka kudutsa gao lomwe ali.
3. O akuyenela kutuluka pakati. Akuyenela kuchita izi pothana ndi X ku cone yomwe ili chakunja.
4. Akachita zimenezi X akuyenela kulimbana ndi malo ama Os Ndipo kenaka mpira umakhala kuti wayambilanso.

MFUNDO ZOFUNIKILA

1. Kuona momwe thupi laimila. Osakhala mwa folokona, komanso kuonetsetsa kuti ukutha kuona mbali zonse.
2. Kulumikizana. Zimenezi zikukhudza chilichonse kuphatikizapo kukuwa, komanso kumaonana.
3. Kukhala ochenjela. Kuona mbali imodzi yomwe ukulowela, kenaka kutsitsa phewa komanso kupita kumbali yosiyana kukona.

KUPITA CHITSOGOLO

1. Mongosewela kapena mocheza pofuna kusanglala, nthawi iliyonse pomwe ukusintha malo umapeza pointi imodzi. Kodi ungapeze ma pointi angati?
2. Koma ngati utapita pakati ndiye kuti umataya ma pointi ena.
3. Mpila ulionse.

Health Goals Malawi

MADELA KAPENA ZIGAWO

MASEWERO

1. Kukhazikitsa bwalo monga momwe lilili komanso momwe laonetsela.
2. Mwetsani chigoli potenga mpira kuchokela kumapeto kwa dela kapena zone kwa wina pochita njomba.
3. Ngati chogoli chamwetsedwa popmpo yambani kupita chitsogolo kumbali ina. Timu yokhayo yomwe ikulanda itha kulowa mu dela lotsiliza kapena kuti Zone yomaliza.

MFUNDO ZOFUNIKILA

1. Kulanda mpira potsatila mfundo komanso malangizo oyenelela.
2. Kulanda nkumapita chitsogolo.
3. Kupatsila komanso kulandila mpira.

KUPITA CHITSOGOLO

1. Kukhala ndi mlingo okhudza mpira ngati kamodzi kapena kawili kapenanso katatu kamene.

Health Goals Malawi

Download Coaching Cards

https://doi.org/10.5281/zenodo.3839578

Appendix C – Participant and Coach Surveys (English and Chichewa)

Have you tested for HIV in the last 2 months? Yes / No

If YES, was it a self-test? Yes / No

If YES, did you take that test at a football event? Yes / No

How old are you? ☐

Have you tested for HIV in the last 2 months? Yes / No

If YES, was it a self-test? Yes / No

If YES, did you take that test at a football event? Yes / No

Are you Male or Female? Male / Female

Kodi mwayezetsako HIV myezi iwiri yapitayo? Inde / Ayi

Ngati munayezetsa, kodi munagwiritsa ntchito njira yoziyeza wekha? Eya / Ayi

Ngati munayezetsa, kodi munayezetsa pa malo pomwe pamachitikira masewero a mpira? Eya / Ayi

Muli ndi zaka zingati. [ ]

1

Kodi mwayezetsako HIV myezi iwiri yapitayo? Inde/Ayi

Ngati munayezetsa, kodi munagwiritsa ntchito njira yoziyeza wekha? Eya/Ayi.

Ngati munayezetsa, kodi munayezetsa pa malo pomwe pamachitikira masewero a mpira? Eya/Ayi.

Ndinu a muna kapena akazi? Amuna / Akazi

2

Do you feel you have enough football equipment to coach well?

Do you feel you know enough about football coaching to coach well?

Do you feel you know enough to talk to young people about health and HIV?

Do you feel you can combine messages about HIV with football games?

Do you feel you have enough football equipment to coach well?

Do you feel you know enough about football coaching to coach well?

Do you feel you know enough to talk to young people about health and HIV?

Do you feel you can combine messages about HIV with football games?

Do you feel you have enough football equipment to coach well?

Do you feel you know enough about football coaching to coach well?

Do you feel you know enough to talk to young people about health and HIV?

Do you feel you can combine messages about HIV with football games?

1

Kodi mukuona kuti muli ndi zipangizo zokwanila za mpira wamiyendo zophunzitsila bwino bwino?

Kodi mukuona kuti ndinu odziwa ndithu za umphunzitsi wa mpira wamiyendo kuti mutha kuphunzitsa bwino?

Kodi mukuona kuti ndinu oziwa ndithu kuti mutha kukamba ndi achinyamata pa nkhani za umoyo komanso HIV?

Kodi mukuona kuti mutha kukwanisa kuphatikiza mauthenga a HIV ndi masewera a mpira wamiyendo?

2

Kodi mukuona kuti muli ndi zipangizo zokwanila za mpira wamiyendo zophunzitsila bwino bwino?

Kodi mukuona kuti ndinu odziwa ndithu za umphunzitsi wa mpira wamiyendo kuti mutha kuphunzitsa bwino?

Kodi mukuona kuti ndinu oziwa ndithu kuti mutha kukamba ndi achinyamata pa nkhani za umoyo komanso HIV?

Kodi mukuona kuti mutha kukwanisa kuphatikiza mauthenga a HIV ndi masewera a mpira wamiyendo?

3

Kodi mukuona kuti muli ndi zipangizo zokwanila za mpira wamiyendo zophunzitsila bwino bwino?

Kodi mukuona kuti ndinu odziwa ndithu za umphunzitsi wa mpira wamiyendo kuti mutha kuphunzitsa bwino?

Kodi mukuona kuti ndinu oziwa ndithu kuti mutha kukamba ndi achinyamata pa nkhani za umoyo komanso HIV?

Kodi mukuona kuti mutha kukwanisa kuphatikiza mauthenga a HIV ndi masewera a mpira wamiyendo?

Appendix D – FGD Interview Guides

HGM FGD Guide - Players

Adapted from MLW/PSI FGD guide for peer distributor model (FSW and MSM)
http://hivstar.lshtm.ac.uk/files/2016/11/PS806-FGD-Guide-FSW-MSM-V1.0.pdf

Section 1: Understanding and perceptions of HIV self-testing intervention

- Can you describe to me the football activities and sessions you have taken part in over the last few months?
- What kind of activities were you involved in, other than football skills, what did they focus on, what was your role in these activities?
    - *What did you think about receiving this information from your coaches?*
    - *Would you have preferred to receive this info from other sources - like a health expert for example? Why do you think so?*
- What are your current thoughts about HIV testing? Have there been any changes so far in your thoughts about HIV testing?
    - *How and why? Can you give examples?*

Section 2: Impact of the intervention on the community

- In your opinion, what opportunities does football create in this community (if any)?
- How did you personally benefit from this project?
- Can you give me any examples of changes in the community that have happened because of this project?
- Are there any barriers that have stopped people from playing football?
- What happens after people get were given the HIV self-test?
    - *What kind of follow-up was provided to those who tested?*
    - *How useful was that?*
    - *What suggestions do you have to improve this process?*

Section 3: Community relations and decision-making

- What motivates/demotivates you to do HIV testing (and why)?
    - *What role have the coaches played in promoting HIV testing?*
    - *What other factors influence people to get tested?*

Section 4: Recommendations

- Can you tell me the benefits you have noticed from taking part in this project?
- What things would you change or prefer to have been done differently in the sessions?
- How should football be used in the future?

Approx. 5 minutes per section

HGM FGD Guide - Coaches

Adapted from MLW/PSI FGD guide for peer distributor model (FSW and MSM)
http://hivstar.lshtm.ac.uk/files/2016/11/PS806-FGD-Guide-FSW-MSM-V1.0.pdf

Section 1: Understanding and perceptions of HIV self-testing intervention

- Can you describe to me the football activities and sessions you have taken part in over the last few months?
- Can you tell me about the training and support you have had received as part of this project?
- What kind of activities were you involved in, and what did they focus on?
    - *What did you think of your role as coaches in these activities?*
    - *What did these activities focus on (or address)?*
- What do you think about Football being used as tool to raise awareness on a health issues (in this case HIV-related issues and HIV self-testing)?
- What are your current thoughts about HIV testing? Have there been any changes so far in your thoughts about HIV testing?
    - *How and why? Can you give examples?*

Section 2: Impact of the intervention on the community

- In your opinion, what opportunities does football create in this community (if any)?
- How did you personally benefit from this project?
- Can you give me any examples of changes in the community that have happened because of this project?
- Are there any barriers that have stopped people from participating in the project?
- What happens after people get were given the HIV self-test?
    - *What kind of follow-up was provided to those who tested?*
    - *How useful was that?*
    - *What suggestions do you have to improve this process?*

Section 3: Community relations and decision-making

- What motivates/demotivates you to do HIV testing (and why)?
    - *What role have coaches played in promoting HIV testing?*
    - *What are the other factors that influence people to get tested?*

Section 4: Recommendations

- Can you tell me the benefits you have noticed from taking part in this project?
- What things would you change or prefer to have been done differently in future projects?
- How should football be used in the future?

Approx. 5 minutes per section

Download Evaluation Toolkit

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