

# Adolescents, young people and linkage to HIV and SRHR services: a sport-based model for demand creation towards the “first 95”

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## BACKGROUND AND OBJECTIVES

Adolescents and young people face a range of health challenges, including barriers to accessing HIV-related services. UNAIDS has presented the ambitious Fast Track targets of 95% of people living with HIV knowing their HIV status, 95% of people who know their status receiving treatment, and 95% of people on HIV treatment having a suppressed viral load by 2030<sup>1</sup>. Adolescents play a key role in achieving 95-95-95, as an estimated 50% of new HIV infections globally occur amongst ages 15-24, making it a priority population for behavioural and biomedical interventions<sup>2</sup>.

Grassroot Soccer (GRS) uses sport-based programmes to connect adolescents with key health information, creating demand for HIV-related service uptake and linkage to care. GRS programmes aim to build the **ASSETS** of young people – increasing their health knowledge and confidence to use it; improve **ACCESS** to quality health services; and improve **ADHERENCE** to healthy behaviours and repeat uptake of services.

## INTERVENTION OVERVIEW

GRS implements a number of programmes in Zambia, Zimbabwe and South Africa. The core GRS programme, known as SKILLZ, ranges from 7-14 sessions and combines life skills and soccer activities to empower adolescents through provision of key sexual and reproductive health information, and facilitate linkages to health services. SKILLZ is facilitated by near-peer mentors (Coaches) aged 18-24, trained in key health information and youth facilitation. SKILLZ can be delivered in single- or mixed-sex groups.



Fig. 1: SKILLZ participants play HIV Limbo in Zambia

Fig. 2: GRS Coach leads a SKILLZ session in South Africa

## METHODS

Between January - December 2018, 12 different SKILLZ Health programmes were implemented in five provinces in Zimbabwe, seven provinces in Zambia, and three provinces in South Africa, through direct implementation by GRS as well as partnerships with other organisations. Routine data was collected on each programme, including session attendance, service uptake and referral to HIV-related services. Analysis of the collected data focused on reach, uptake and linkages to HIV-related services.

## KEY FINDINGS

Geography	Q1	Q2	Q3	Q4	Reach	% of Overall GRS Reach	Avg. Participant Age
South Africa	18,505	9,123	11,999	5,010	44,637	48%	16.4
Zambia	754	4,940	6,897	3,407	15,998	17%	14.8
Zimbabwe	14,212	2,846	4,743	10,725	32,526	35%	15.9
<b>Overall</b>	<b>33,471</b>	<b>16,909</b>	<b>23,639</b>	<b>19,142</b>	<b>93,161</b>	<b>§</b>	<b>15.7</b>

Table 1: GRS interventions' reach by country, in number of participants aged 10-24

- Grassroot Soccer's reach in South Africa, Zambia, and Zimbabwe increased by **35.9%** from 2017 to 2018, an increase of 33,415 participants
- In 2018, **35.5%** (33,037) of participants were male, whilst the remaining **64.5%** (60,124) were female

## REFERENCES

(1) UNAIDS (2014). Fast Track: Ending the AIDS epidemic by 2030. [http://www.unaids.org/sites/default/files/media\\_asset/JC2686\\_WAD2014report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf). (2) Wilson, C. M., Wright, P. F., Safrit, J. T., & Rudy, B. (2010). Epidemiology of HIV infection and risk in adolescents and youth. *Journal of acquired immune deficiency syndromes (1999)*, 54 Suppl 1 (Suppl 1), S5-S6. doi:10.1097/QAI.0b013e3181e243a1

## KEY FINDINGS

Type of Referral	Q1	Q2	Q3	Q4	Total Referrals
HIV Testing Services	9,773	6,591	8,991	837	26,192
ART Initiation	533	260	114	0	907
SKILLZ Plus <sup>1</sup>	287	575	863	1,415	3,140
SKILLZ Plus Clubs/Support Groups	397	277	558	726	1,958
VMMC	107	19	232	133	491
Condom Distribution	140,138	2,500	8,540	0	151,178
HIV Parental Disclosure	0	0	1	0	1
SGBV	3	646	8	1	658
<b>Total Referral Services<sup>2</sup></b>	<b>11,100</b>	<b>8,368</b>	<b>10,767</b>	<b>3,112</b>	<b>33,347</b>

1) SKILLZ Plus is a GRS intervention for young people living with HIV, facilitated by Coaches living with HIV. After completing the 12-session intervention, participants are enrolled in SKILLZ Plus Clubs, peer support groups that meet monthly.

2) Excluding condom distribution

Table 2: HIV-related referrals

**Of the total reached, 35.8% (33,347) of participants were referred for various HIV-related services. Key findings from referrals include:**

- 78.5%** (26,192) of participants were referred and linked to HIV testing services
- 3.5%** (907) participants tested positive for HIV, and 100% were referred and linked to ART initiation
- 1,958** adolescents and young people living with HIV were linked to care and support through GRS SKILLZ Plus Clubs/Support Groups
- 491** adolescents boys and young men were referred and linked to VMMC services
- 658** GRS participants were referred for SGBV services

## CONCLUSIONS & RECOMMENDATIONS

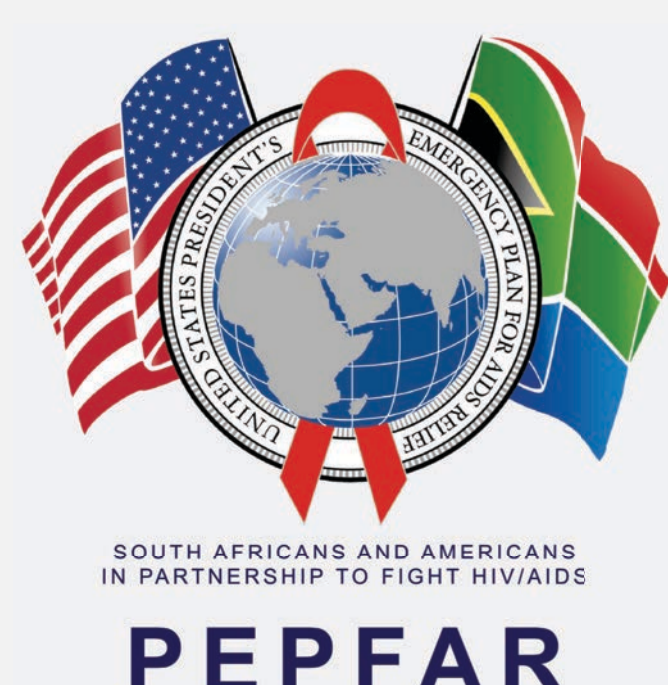
The GRS model shows promise as a demand creation strategy for adolescent uptake of HIV-related services, making a contribution to the first 95 in the 95-95-95 cascade. Given these results from routine programme monitoring, GRS recommends the following actions and lines of inquiry:

- Aim to increase reach of young people aged 20-24
- Examine non-school avenues for recruiting participants to ensure that GRS programmes reach all segments of adolescents
- Investigate reasons why participants elect not to test for HIV after taking part in a GRS intervention
- Introduce a service needs assessment with programme participants to find out:
  - What health services do they require?
  - Who knows their HIV status?
  - Who are first time and repeat testers?

GRS results demonstrate that sport-based interventions can strengthen the adolescent prevention and treatment cascade and contribute to the global HIV response by creating access to this target population.

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