Lessons from implementing SKILLZ for Life: a sport-based HIV and life skills programme for youth with intellectual disabilities in Namibia, Nigeria, and South Africa

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BACKGROUND

Globally, people with intellectual disabilities (ID) are at a much higher risk of violence, including sexual abuse[1], are especially vulnerable to HIV infection[2], and are subjected to numerous types of discrimination[3]. People with intellectual disabilities have limited access to information, education, health services and are often excluded from HIV education programmes.

Special Olympics (SO), in partnership with Grassroot Soccer (GRS), designed and implemented SKILLZ for Life (SfL) in Namibia, Nigeria and South Africa (SA). SfL aims to build the **assets** of youth with intellectual disabilities, providing them with HIV, malaria, and life skills information and the confidence to use it, while also increasing **access** to and utilisation of health services for participants and their families. SfL also aims to increase **adherence** of young people to medical treatment, therapy, and repeat testing/screening, as well as increase social inclusion and reduce stigma of young people with ID.

PROGRAMME OVERVIEW

SfL consists of six, 60-minute sports-based sessions and a graduation, coupled with a Family Health Forum (FHF) event:

- **SfL sessions** are delivered in schools or camps by trained "Coaches", to youth with intellectual disabilities ("Athletes") and participants without intellectual disabilities ("Partners").
- **Coaches** receive training from both GRS and Special Olympics to prepare them to effectively deliver program content and work with participants with intellectual disabilities. SKILLZ for Life Coaches work in a pairs to deliver sessions with about 15 SO Athletes and Partners.
- **Family Health Forum** events provide information and health services for Athletes and their families, including HIV Testing Services (HTS).

SfL was implemented in Namibia (2009-2010), Nigeria, and SA (since 2014 and 2016 respectively). GRS provided technical assistance on program design and adaptation, curriculum development, training, and monitoring, evaluation and learning (MEL), while local SO office oversees implementation and supports learnings on best practices with youth with intellectual disabilities.

Image 1: Training of Coaches in Uyo, Nigeria

METHODS

Routine monitoring data and two internal evaluations have helped implementing teams improve programme delivery and outline lessons learned:

- A 2015 external evaluation showed that SfL largely accomplished its objectives, demonstrating positive change in the knowledge, attitudes, and communication on HIV of participants, as well as reduced stigma.
- An internal evaluation was conducted in 2017-2018 to assess the program's scalability. The evaluation concluded that SfL can be successfully scaled, once certain conditions are met, and lessons learned are included in Table 1 below.

The 2017/2018 evaluation used the following data sources:

- 10 in-depth interviews (IDIs) and 7 focus groups (FGs) were conducted with SO program staff, grant managers, coaches, teachers, and parents of participants. Transcripts were analyzed using Nvivo 10.
- 3 semi-structured observation visits were conducted in Cape Town, Johannesburg, Lagos and Enugu
- Participant responses to pre-post questionnaires, examining changes in knowledge, behaviour and attitudes, for Nigeria and South Africa programmes were analyzed (n= 1,932).

LESSONS LEARNED

Set-up, resources and capacity needed	1. Pilot and program evolution require ≥ 3 years of funding for return on investment, with higher burden in initial phase of program. 2. Engage stakeholders early, presenting program objectives at onset.
Curriculum content	3. Rigorous, yearly, curriculum review and field testing are required for an effective program in the first few years. 4. Content-heavy sessions can overwhelm the athletes, and activities with symbolism and abstract concepts can be confusing for YWID. 5. Athlete capacity should be assessed early, and multiple sensory learning approaches should be employed by coaches. 6. GRS culture such as repetition and call and response are effective learning techniques for youth with intellectual disabilities.
Delivery model	7. Including partners, though difficult, adds value through reduced stigma and improved outcomes for athletes. 8. Family Health Forums or similar events that increase access to services are effective components of the programme.
Monitoring, evaluation and learning	9. Using images to assess change in knowledge and attitudes among Athletes is more appropriate than written words. 10. M&E results should be triangulated with observation of the young people with ID and stakeholder interviews
Training needs	11. Including key stakeholders in training is important to maintain meaningful engagement. 12. Project staff should be trained on working with people with ID in addition to curriculum content and engaging youth.

Table 1: Summary of Lessons learned

Image 2: Pre/Post question. GRS revised its M&E tools, replacing use of words to assess change in knowledge, and attitudes among youth with intellectual disabilities. A visual resource is always used to for better comprehension.

CONCLUSION

GRS and SON's experience implementing SFL has shown significant benefit for youth with intellectual disabilities and their families. Since commencement in 2009, the program has refined activities across 5 key themes: program set-up, curriculum content, training, delivery, and MEL. Upfront investment of staffing and resources for sensitisation and training are critical. Continual refinement of the curriculum to simplify messages and integrated routine monitoring using multi-sensory methods helps youth with ID retain information. Community stakeholders benefit from training and ensure programmatic outcomes are enhanced. Overall, the program shows great promise in mitigating the affects of HIV on a high-risk population.

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