

Using football for HIV/AIDS prevention in Africa



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Introduction

Context

There has been tremendous progress and remarkable successes in many countries around the world in hampering the spread of HIV and AIDS. The UNAIDS 2009 AIDS epidemic update reports that new HIV infections have been reduced by 17% over the past eight years. The epidemic remains, however, the most significant public health challenge on the African continent. An estimated 22.4 million adults and children were living with HIV in Africa at the end of 2008, accounting for over two thirds (67%) of all people living with HIV. An estimated 1.4 million died from AIDS, nearly three quarters (72%) of AIDS-related deaths in the world.¹ Around 14.1 million African children have lost one or both parents to the epidemic.²

Preventing new HIV infections is the key to reversing the epidemic.³ Gains in expanding access to treatment cannot be sustained without greater progress in reducing the rate of new HIV infections. The unlikelihood of a vaccine being developed for several years or of HIV treatment being scaled up enough to end the epidemic in the short- and medium-term, given Africa's low-resource setting and infrastructure constraints, make a scale-up of prevention efforts critical in Africa. High rates of HIV infection result largely from failure to use available, effective prevention strategies and tools, and poor coverage of HIV prevention programs. According to UNAIDS, HIV prevention services were globally only reaching 20% of people in need in 2005, while coverage for key populations at higher risk of exposure to HIV was considerably lower.⁴

The HIV epidemic varies significantly in different regions of the world, but in each of these regions young people are at the center. Half of all new infections in sub-Saharan Africa are estimated to occur among those between the ages of 15 and 24 years.⁵ Young people also are the best hope of reversing the epidemic: countries that have reported a decline in HIV prevalence have recorded the biggest changes in behavior and prevalence among younger age groups.⁶ Many young people, however, do not have the basic knowledge and skills to prevent themselves from becoming infected with HIV. They continue to have insufficient access to information, counseling, testing, condoms, harm-reduction strategies, and treatment and care for sexually transmitted infections. Other socioeconomic factors beyond the control of individuals also need to be addressed.

As a sexually transmitted disease, transmission of HIV is directly mediated by human behavior, so changing behaviors that increase the risk of HIV transmission is the ultimate goal or outcome required for HIV prevention. Human behavior, however, is complex, and

¹ http://data.unaids.org/pub/FactSheet/2009/20091124_FS_SSA_en.pdf

² <http://www.slideshare.net/UNAIDS/global-summary-of-the-aids-epidemic-2008-2572046>

³ Report on the global HIV/AIDS epidemic 2008: executive summary. UNAIDS/08.27E / JC1511E (English original, July 2008)

⁴ UNAIDS website. <http://www.unaids.org/en/PolicyAndPractice/Prevention/default.asp>

⁵ UNAIDS 2004 Report on the Global HIV/AIDS Epidemic: 4th Global Report. Geneva, UNAIDS, 2004.

⁶ David Ross, Bruce Dick, Jane Ferguson, *Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries*. WHO Technical Report Series (2006): 15.

widespread behavior changes are difficult to achieve. There are also gaps in our knowledge about the effectiveness of HIV prevention efforts. Yet the research to date clearly documents the impact of numerous behavioral interventions in reducing HIV infection. In all cases in which national HIV epidemics have reversed, broad-based behavior changes were central to success.⁷

Using football for HIV/AIDS prevention in Africa

Numerous organizations in Africa use football as the medium for HIV prevention programs focused on behavior change. Some programs have been operating for more than a decade and by now have established themselves in many schools, prisons, and other institutions as the standard HIV prevention curriculum or outreach. External as well as internal evaluations of their outcomes have been positive, and while there are few large-scale and/or blind controlled studies analyzing their effectiveness, research suggests that profound behavior changes have indeed occurred and, moreover, are being sustained among a large proportion of youth participants (see Finding 5 below).

Football has been used as a platform for HIV prevention for more reasons than its ubiquitous appeal as both spectator and participatory sport in Africa, though its popularity underlies much of its success and potential.

For example, there are features inherent in sports and especially in football that can be harnessed to create sustained behavior change in participants. Football-based prevention programs employ the competitive, participatory, team-based, and communicative aspects of the game to facilitate both knowledge acquisition and the development of communication skills, leadership skills, and life skills (such as resilience, self-esteem, self-efficacy, risk awareness, good decision-making, resistance to peer pressure, and positive social behaviors like mutual support and respect).

By depending on local coaches/teachers/role models/peer educators, football programs make use of and empower the individuals most crucial to HIV prevention efforts: those immediately affected by the epidemic—who have deep local knowledge of their communities, authenticity as prevention advocates, and much at stake in fighting the disease. Operating through such individuals gives football programs critical access and influence within communities.

Football's natural convening power creates a platform for the delivery of other health and social services important for HIV prevention, such as voluntary counseling and testing, and treatment and care services for HIV-positive individuals. Its convening power can also be used to draw large crowds in order to deliver HIV prevention messages; to create mobilization within communities against the disease, which many people are afraid to discuss, and against stigma associated with HIV/AIDS; and to facilitate local program implementers in their efforts to gather people and create an appropriate environment to discuss sensitive issues.

⁷ Global HIV Prevention Working Group Report. August 2008: <http://www.globalhivprevention.org/reports.html#hivAugust2008>

Football-based HIV prevention programs are also part of a larger “sport for social change” movement, which enables programs to link up with other programs in order to share best practices and collaborate, and to scale up and move forward in organizational development using the resources of the larger movement. Football prevention programs can also make use of football’s status as a global phenomenon to draw upon celebrity footballers, numerous advocacy channels, and powerful media possibilities.

Approach

Methods and Aims of Analysis

Organizations selected for inclusion in this report were chosen because their approaches have already resulted in meaningful outcomes and in several cases have been exceptionally successful at producing comprehensive and large-scale HIV prevention. The organizations in the box to the right were selected as subjects for close analysis.

This report is developed on the basis of a combination of data and information collection methods. A questionnaire was developed based on criteria highlighted in the Compendium of HIV Prevention Interventions with Evidence of Effectiveness⁸, and circulated to these organizations via email. The questionnaire, which can be found in Annex B, captures a range of issues, including approaches, strategies, impact, results, primary and secondary beneficiaries, as well as operational, managerial, and programmatic issues. The questionnaire was complemented by one-on-one interviews with representatives of several organizations. Additionally, news reports, organization newsletters, and especially reports (including blogs) by volunteers and interns, followed up by emails or phone interviews, were crucial in revealing or clarifying the details of program operations, program development, and the major and minor on-the-ground realities of HIV prevention efforts in Africa.

It should be noted that there are many other organizations that use football and football-related activities for HIV prevention and other sports for development purposes, some of which have achieved tremendous successes or

Organizations studied in this report

Altus-Sport
Coaching for Hope
Footballers 4 Life
Grassroot Soccer
Kick4Life
Lovelife
Mathare Youth Sports Association
NAWALife Trust
Play Soccer
Right to Play
SEDYEL - South East District Youth Empowerment League
Targeted AIDS Interventions
Vijana Amani Pamoja
Whizzkids United

networks and platforms

Kicking AIDS Out!
streetfootballworld

⁸ http://www.cdc.gov/hiv/resources/reports/hiv_compendium/

show great potential. This study does not seek to present a complete or fully representative depiction of football-based HIV prevention in Africa, but rather to present a concise yet in-depth evaluation of football as a prevention platform in Africa.

Presentation Format

This study presents the distinctive features, operational realities, and future possibilities of football-based HIV prevention programs from three perspectives: 1) **implementation** of these programs; 2) the ways in which they use **media**, as well as the unique potential of the combination of football and media in HIV prevention efforts; and 3) football as an effective platform for **advocacy** efforts.

Analysis has been organized into 15 findings divided among these three larger perspectives. A mix of case studies, references to external and internal evaluations, material from curriculums, reports from the field, and references to HIV prevention research help illustrate each finding. Some findings are broken down into sub-findings for the purpose of clearer presentation.

Findings

Implementation

FINDING 1: Football is an exceptionally flexible platform for HIV prevention in Africa.

Numerous organizations conducting HIV prevention programs in Africa utilize or draw on football through a variety of approaches. Some of these approaches include:

1. Using local coaches to deliver HIV prevention curriculums as supplementary coaching sessions to teams in regular youth football leagues.
2. Using local community role models (professional soccer players, youth sport coaches, teachers, peer educators, etc.) to deliver HIV prevention curriculums in school during school hours or after school.
3. Using celebrity footballers to conduct outreach and deliver HIV awareness sessions through discussions instead of activities.
4. Using peer educators to organize their own prevention activities (see Finding 2.2)

Football-based HIV prevention programs present an excellent opportunity for scale-up of prevention efforts because of football's flexibility as a prevention platform. For example, a campaign using FIFA World Cup 2010 as a stage to focus attention on the power of football to fight HIV can result in many different organizations with varied approaches being scaled

up, affecting different audiences in different settings. This can help achieve comprehensive, widescale behavior change.

Factors that make football flexible as a prevention platform are illustrated below.

1.1 Football uniquely draws and engages people

Football has become a medium for so many HIV prevention programs because it is such a popular activity in Africa. Football makes teachers' facilitation styles much more engaging, fun, and entertaining than in more didactic curriculums, allowing program curriculums to be implemented with little need to compel youth to attend. For various reasons—not only because they are fun, youth often seek out football HIV-prevention programs.

Grassroot Soccer's lessons, for example, are structured as interactive activities that help create dialogue in a comfortable and familiar environment. Lessons continuously integrate soccer and HIV transmission and prevention knowledge while coaches and players practice and compete, developing and testing skills. Specific examples of curricular activities include:

1. "Find the Ball," in which the person holding the ball behind their back represents someone infected by HIV. This activity aims to teach players that a person's physical appearance does not reveal HIV-status, and that the only sure way to know one's status is to get tested.
2. "Risk Field" challenges teams to dribble a ball around cones that represent risky behaviors. The "coach-able moment" lies in teaching young participants that taking risks has consequences, some more serious than others.

Coaches participating in an external evaluation of NawaSport, a football program operating in Namibia that uses coaches trained to teach an HIV prevention curriculum, report that the program has become so popular in communities that it requires little if any promotional efforts to recruit new participants. Youth often approach coaches seeking to join the program. According to the evaluation, "one of the key challenges has been explaining to the burgeoning number of interested candidates that they need to patiently wait until new sessions begin."⁹

Several programs (e.g. Brothers for Life, Whizzkids United, Grassroot Soccer, NawaSport, Targeted AIDS Interventions) also have reported (via external and internal evaluations and research studies) the specific finding that students report they are drawn to these programs because they provide a comfortable setting to discuss difficult and personal topics (also see Finding 3).

1.2 Football is a prevention platform that is adaptable to many types of audiences

Students

Football-based HIV prevention curriculums have been implemented in schools throughout Africa, and students are the most popular target group of many programs (including Grassroot Soccer, Whizzkids United, Altus-Sport). School-based programs have the

⁹ Brian Goercke, USAID NawaSport Program Evaluation 2009

advantage of a captive audience that can progress through programs and curricula. Schools also have resources to provide support to the efforts of prevention programs, including teachers, principals, school governing bodies, and school facilities.

In a meta-analysis of 22 studies of school-based prevention education programs in low- and middle-income countries, 16 programs that involved curriculum-based, adult-led interventions had positive effects on age of first sex, frequency of sex, number of partners, use of condoms or contraceptives, and frequency of unprotected sex.¹⁰

Football-based curriculums also have advantages over typical school-based interventions. Often, regular teachers fear community disapproval, are reluctant to discuss sex and HIV, suffer from curriculum overload, and prefer to use doctrinaire instruction.^{11, 12}

Out-of-school youth

Out-of-school youth are a diverse group that includes young people who have dropped out of school for various reasons, children from families that cannot afford to send them to school or that need their labor at home, orphans, and children living on streets. Research has found that school attendance often is associated with protective factors against sexual risk taking.¹³ An analysis by the FOCUS on Young Adults Project in 2001 of youth surveys in 10 countries found that girls in school were significantly less likely to have experienced sexual intercourse than girls who were not attending school.¹⁴ Given their increased risk, it is therefore extremely important to direct HIV prevention efforts at these youth.

Out-of-school youth, however, are difficult to reach and their levels of literacy vary.¹⁵ Providing them with the information and skills they need to protect themselves from HIV is a special challenge, and standard curricular approaches may lack efficacy. Football is unique in its capacity to reach and affect these youth.

Several football prevention programs have organized and are running football leagues as a way to regularly convene out-of-school youth. These young people attend practices and games regularly mainly because they love to play soccer. Being part of a football league adds structure to their lives and keeps them away from risky activities, but it also provides football prevention programs the opportunity to deliver HIV prevention curriculums and life skills training. For example, besides its school-based programs, Grassroot Soccer also delivers its curriculum through Street Skillz programs, which are street soccer leagues that it organizes and runs. Street Skillz participants also receive the Skillz magazine, which links readers to health services, promotes health-seeking behaviors, and reinforces messages from the Skillz curriculum.

¹⁰ WHO Technical Report: *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence in Developing Countries*, 2006

¹¹ Kinsman, J. et al, "Evaluation of a comprehensive school-based AIDS education programme in rural Masaka, Uganda." *Health Education Research*, 16, no. 1 (2001): 85–100.

¹² Visser, M., "Evaluation of the First AIDS Kit, the AIDS and lifestyle education programme for teenagers." *South African Journal of Psychology* 26, no. 2 (1996): 103–113.

¹³ August Burns, et al, "Reaching Out-of-School Youth with Reproductive Health Services." Family Health International, YouthNet Program (2004). Retrieved from www.fhi.org/youthnet

¹⁴ James-Traore T, Magnani R, Murray N, et al. *Advancing Young Adult Reproductive Health: Actions for the Next Decade*. Washington, DC: Pathfinder International/FOCUS on Young Adults, 2001

¹⁵ UNAIDS website: <http://www.unaids.org/en/PolicyAndPractice/Prevention/Education/default.asp>

Another example is Namibia Street Soccer, an HIV prevention program run by the Academy for Educational Development (AED) with support from Johnson & Johnson. This program has engaged over 7,000 Namibian youth by creating 20 street soccer clubs consisting of over 200 teams, 40 of which are all-girls teams. Teams meet at least three days a week to work on soccer skills, life skills, and to compete. Each week, one day is dedicated to life skills and prevention activities. Teams compete in activities both on and off the field as part of their street soccer club and incentives are in place for teams once they reach specific benchmarks of the program.

Youth in Correctional Facilities and the Armed Services

HIV prevention research has shown that prisoners¹⁶ and members of the military¹⁷ are at a very high risk of HIV infection. Because school-based prevention programs cannot reach them, football programs that target these two vulnerable groups are very valuable in the fight against HIV.

The South African program Footballers 4 Life, for example, uses eight retired South African football legends trained as Life Wellness Coaches to deliver a life skills and wellness program to youth in correctional facilities as well as members of the Armed Services. This program reports many instances of profound behavior change, especially in prisoners inspired and motivated to change their own lives by the stories and personal examples of their soccer heroes.

NawaSport in Namibia implements its HIV prevention program in four prisons. The coaches in these sites are correctional facility personnel, which is further evidence of the flexibility of football-based prevention programs. A comment by one of these coaches reveals the ability of football programs to make participants more than simply receivers of HIV information:

You have to be at the same level with the person you are dealing with. So, you don't have to put yourself as higher...When you come to NawaSport, you forget about the members and the inmates. You take it as if you were (conducting sessions) out (of the prison facility), because in this way we are also rehabilitating them.¹⁸

1.3 Football HIV prevention programs can be implemented in places that are difficult to reach for other types of interventions

Besides prisons, football-based HIV prevention programs and curriculums are being delivered in other locations that demonstrate football's flexibility as a medium for prevention efforts. Rural villages, for example, may not have schools, and there often is little accurate knowledge about HIV in these areas. Several HIV prevention programs target slums, where the risk of HIV infection is extremely high and where social services may be lacking. Besides providing essential information and life skills to a population which has a particularly high risk of HIV infection, many football programs also connect this population

¹⁶ Source: United Nations Office on Drugs and Crime: <http://www.unodc.org/unodc/en/frontpage/hiv-and-prisons-in-sub-saharan-africa.html>

¹⁷ A. Whiteside, et al, "AIDS, Security and the Military in Africa: a Sober Appraisal." *African Affairs*, January 2006.

¹⁸ Brian Goercke, USAID NawaSport Program Evaluation 2009

to HIV testing and counseling services, as well as services important for treating and preventing HIV and other diseases.

One of the programs of Vijana Amani Pamoja (formerly CASL-Capital Area Soccer League) in Kenya reaches out to the disadvantaged and marginalized young women and girls of the Majengo slum area. Many young girls lack information on how to tackle issues relating to their reproductive health, and as a result are at high risk of contracting HIV.

Kick4Life in Lesotho conducts “Children’s Health Days,” which target hard-to-reach and extremely vulnerable rural village communities. A day-long event of activities engages children and adults in interactive HIV education for caregivers and older children. HIV testing is conducted, and there is a follow-up day on which HIV positive children are transported to the nearest ART (antiretroviral) clinic for evaluation, treatment, and care.

Coaching for Hope (CFH) is an innovative example of a football prevention curriculum being delivered in hard-to-reach locations. The program model of Coaching for Hope involves professional coaches from world-famous UK teams like Tottenham Hotspur giving training courses to local African coaches in Southern Africa and Western Africa, as well as training them to deliver HIV awareness sessions to young people in their communities. Many of these coaches are from remote rural areas where the youth they coach may not otherwise have access to an HIV prevention curriculum. For example, the seventh Coaching for Hope training course in Burkina Faso in June 2008 included football coaches from CFH partner Réseau Africain Jeunesse Santé et Développement au Burkina Faso (RAJS/BF), who returned to their communities in rural Burkina Faso and began rolling out their sexual health awareness workshops.

Amandla Ku Lutsha, a program that operates in Cape Town, provides structured football leagues to children and young people who live in children's homes, street kids shelters, youth tribunals, and drug rehabilitation programs.

1.4 Effective football-based programs have easily been replicated in other regions and countries without major modifications

As will be discussed in Finding 3, effective prevention programs combine prevention and comprehensive targeting of multiple drivers of the disease. While curriculums are flexible and easy to implement, they have taken research, effective monitoring and evaluation, and time to develop. Therefore, it is often best for programs seeking to implement a football-based HIV prevention curriculum to import from organizations that have developed well-performing programs.

Grassroot Soccer’s curriculum was initially launched in Zimbabwe, replicated in South Africa and Zambia and has now been introduced through community based organizations in more than 14 countries including Botswana, Tanzania, Kenya, Lesotho, Liberia, and Ethiopia. But Grassroot Soccer provides organizations with more than its curriculum development experience. After its global team identifies partners capable of sustaining a football-based HIV prevention program, it matches them with funders, provides in-country training and ongoing technical assistance, and assists in the overall capacity building of these

organizations. Examples of such programs include NawaSport in Namibia and Kick4Life in Lesotho.

FINDING 2: Football-based HIV prevention programs uniquely empower and utilize individuals in the fight against HIV.

At the core of football-based HIV prevention is the recognition that individuals determine their fates and ultimately the fate of the HIV epidemic. HIV is primarily spread in Africa by the actions of individuals. Successful HIV prevention efforts, as demonstrated in countries like the United States, Thailand, and Uganda, depends on individuals being convinced and empowered to change their beliefs and behaviors. Football programs also operate from the belief that individuals can also be empowered to change others.

2.1 Coaches

The role and responsibilities of coaches in every organization analyzed in this report expand beyond them being simply implementers of curriculums or outreach workers. Many coaches are also counselors, mentors, role models, informational resources for their communities, and organizers of innovative prevention activities.

Coaches take on this diversity of functions mainly through their relationships with their players/students. Football programs have translated the unique relationships coaches have with their players to HIV prevention: just as coaches provide support, advice, and motivation to their players, they can do the same for young people in a prevention program, in many cases becoming caring adults who set a positive example. Coaches can help guide young people through the challenges they face, and can personalize the disease, making vivid the human cost of HIV and depicting in a way that youth understand the individual reality of the epidemic. Coaches can also individualize prevention messages so that messages make sense in the face of the real struggles and tough choices that youth face.

The relationship between the coach and participants is fundamental to a program's lasting impact. Grassroot Soccer's Skillz intervention, to this end, emphasize that coaches develop personal connections with participants. Safe spaces for developing life skills and learning about HIV prevention become more than just physical spaces. The sense of support that participants feel if they have someone to go to when they have problems or questions may be a fundamental element in participants making better decisions.

More important than the memorization of an activity's key messages is the ability of participants to internalize HIV-prevention messages, which often results from meaningful conversations with role models. Skillz Coaches receive extensive training in facilitating "vital conversations," thus moving from a method of simply training youth to one of facilitating dialogue, with the goal of catalyzing lasting behavior change.

2.2 Peer educators

HIV prevention research has strongly advocated peer educators as alternatives or adjuncts to teachers or other adults.¹⁹ It is argued that peer educators are able to relate more closely to youth than older people can. A meta-analysis of research studying the influence of peer educators found them to have positive effects on risky behaviors and HIV-prevention awareness.²⁰

Football helps peer educators in their efforts because football is such a powerful way for them to convene other youth. Peer educators can use football events as a background for prevention activities. Furthermore, the skills that they develop to gather people and organize a game, or to make a team function well, can be useful for prevention activities. Such skills include team building, community outreach, and event administration and management.

For example, Targeted AIDS Interventions (TAI), a South African NGO, has made peer educators the centerpiece of its interventions. Time is given, if needed, for peer educators to first come to terms with HIV in their own lives. When peer educators feel prepared, they begin to implement small projects within their communities: holding training workshops for neighboring soccer teams; organizing HIV-oriented soccer events; engaging spectators at matches; distributing condoms; and holding personal sessions with friends. Football is the platform for most of their HIV prevention activities.

2.3 Professional football coaches and professional footballers

Professional football players and coaches are often a fundamental component of football HIV-prevention programs. In the program Coaching for Hope, for example, coaches from world-famous teams like Tottenham Hotspur, Everton, Hull City, and Queens Park Rangers, train local coaches to the recognized standards of FA (Football Association, the governing body of football in England), as well as training them to deliver HIV awareness sessions. The local coaches learn advanced coaching techniques and leadership and communication skills that empower them to create high-quality teams that attract participants and notice. Coaching for Hope's professional coaches have coached over 700 grassroots coaches who have worked with over 30,000 children and young people. Coaching for Hope provides local coaches with ongoing support, and competitions are held (with prizes) to see which coaches held the most workshops and supervisions of workshops. Such competitions, according to Coaching for Hope, are effective at increasing the amount of sexual health awareness workshops coaches deliver.

Grassroot Soccer has used active professional soccer players in its flagship programs, and not just because of the power of their celebrity. Professional soccer players generally have time during the school day to participate in school-based programs. They are trained specifically for the program and do not teach other courses, and they develop comfort with the content and are able to embrace an interactive teaching style. While not immune to fear of community disapproval, professional soccer players are in a position to change

¹⁹ WHO Technical Report: *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence in Developing Countries*, 2006

²⁰ MR Durantini, et al, "Conceptualizing the Influence of Social Agents of Behavior Change: A Meta-Analysis of the Effectiveness of HIV-Prevention Interventionists for Different Groups." *Psychological Bulletin* 132, no. 2 (2006): 212-248.

community norms. In addition, professional and school or after-school soccer teams provide an infrastructure upon which to build future interventions.²¹

The program Footballers 4 Life, discussed earlier (Finding 1), uses South African soccer legends to deliver HIV awareness workshops. The retired players often tell personal stories about how they have made critical changes in their own lives. This language of self-empowerment can have a dramatic influence on their audiences. It is also an advantage of having football be the background of discussions, giving people who may have little else in common a language in which to speak to each other and a feeling of camaraderie and belonging that is vital if people are to pay attention to someone persuading them to change their attitudes and behaviors.

FINDING 3: Football prevention programs are rooted in the lives of participants.

Many football prevention programs establish a long-term and significant local presence in communities. As discussed in the previous finding, program implementers can become counselors, mentors, role models, informational resources for their communities, and organizers of events that can contribute to health and HIV prevention. Program implementers often have deep knowledge and understanding of the lives of participants that allows them to talk in a language that participants will understand. They can reach participants because of their ability to empathize and grasp the difficulty of certain decisions. The following story from the Coaching for Hope curriculum captures how realistic programs are about the difficulties of making the right decision. In this story, a woman's decision to take an HIV test and reveal the positive result to her husband results in her getting thrown out of her house.

Sport has the power to unite people in a way little else can. Sport can create hope where there was once only despair...It laughs in the face of discrimination. Sport speaks to people in a language they can understand.

**Nelson Mandela,
President of South Africa,
1994-1999**

HIV testing – Catherine's story

Aim: To consider the implications of HIV testing and the best ways to offer counselling.

The decision to be HIV tested is not simple. Consider the following story.

"Catherine visited a health centre with a vaginal discharge. There she was given treatment and was also tested for HIV. She was told she was HIV-positive. She was advised to use condoms and to return regularly for check-ups. When she told her husband, he threw her out of the house.

²¹ Thomas Clark, et al, "An Adolescent-targeted HIV Prevention Project Using African Professional Soccer Players as Role Models and Educators in Bulawayo, Zimbabwe." *AIDS Behavior* 10, no. 7 (2006): 78.

She was cut off from her children and turned to prostitution in a nearby town. Meanwhile her husband married another woman.”

Now consider the following points:

- What were the consequences of the HIV test for Catherine, her husband and their new partners?
- Did Catherine’s test help to prevent HIV?
- What could have happened instead to make the test helpful to everyone concerned and to help HIV prevention generally?
- Participants could discuss this in small groups and give feedback or you may want to discuss this as a group

Such a lesson reaches beyond the dissemination of HIV prevention information to real problems and tough decisions that are not easily labeled right and wrong. Yet participants will be better prepared to make difficult decisions because programs introduce them to the “pros” of a good decision, which they may not otherwise have known or been able to think through on their own.

Program implementers are able to tailor program curriculums, outreach, and events to specific issues that a community might face because they have intimate knowledge of their communities. Alcoholism, for example, is a notably serious problem in a few communities that NawaSport operated in, and so many coaches particularly stress alcohol consumption as a factor in risky behavior and poor decision-making.²² Evaluations and many reports from the field attribute the popularity of programs to their applicability to participants’ lives:

‘They are even telling their friends and colleagues to come and join so that they can know the knowledge or the basis of HIV.’ In Nyangana, one participant said that parents were encouraging their children to join this program for the life skills education.²³

Programs also build local capacity and become integral parts of community life by operating as frameworks through which participants can themselves become prevention advocates and curriculum deliverers. Sharing knowledge and taking action in the community are fundamental pillars of Grassroot Soccer, as its curriculum explains:

Share – Sharing means to take all the information you learn from the Grassroot Soccer programme with your friends, family, neighbours, and the whole community! Not everyone in your community is as fortunate as you to go through the Grassroot Soccer programme. You must use your knowledge and skills to teach others...

Take Action in Your Community – By playing sports, mobilizing peers in HIV prevention, organizing events and/or doing service in your community, you will gain valuable skills for life that will help you develop

²² Brian Goercke, USAID NawaSport Program Evaluation 2009.

²³ Brian Goercke, USAID NawaSport Program Evaluation 2009.

your strengths and stay strong in life.²⁴

Curriculums are not just created and developed based on the latest findings from HIV prevention research, but also are interventions addressing and responding to the specific issues that participants face in their lives. Outreach sessions are also more than awareness-raising activities: the programs analyzed in this report that used outreach sessions employed football because it allowed them to steer away from didactic methodologies and to approach HIV prevention with a personalized and “real-life” approach. Outreach sessions conducted by Footballers 4 Life and Targeted AIDS Interventions often led to one-on-one conversations between the “teacher” and “student.”

Curriculums that were obtained for analysis (Coaching for Hope, Grassroot Soccer, Grassroot Soccer-based curriculums, etc) offer a multi-faceted approach to HIV prevention that is grounded in the real risks and tough decisions individuals face, and in the vulnerabilities of different target audiences. UNAIDS policy and practical guidance on HIV prevention stresses that effective and comprehensive HIV prevention requires addressing both individual risk as well as vulnerability.²⁵

In the context of HIV, **risk** is defined as the probability that a person may acquire HIV infection. Certain behaviors create, enhance, and perpetuate such risk. These include behaviors such as injecting drug use, unprotected casual sex, and multiple concurrent long-term sexual partners with low and inconsistent use of condoms. Risk arises from individuals engaging in risk behaviors for a variety of reasons, including lack of information, inability to negotiate safer sex, and unavailability of condoms.

On the other hand, **vulnerability** from a health perspective, results from societal factors that adversely affect one’s ability to exert control over one’s health. Vulnerability is influenced by the interaction of a range of factors including certain personal, social, economic and political factors that make people or certain groups of people more vulnerable to infection than others. These include age, sex, poverty, gender inequalities, certain laws, etc.

Football prevention programs, according to analysis of the representative organizations in this study, have sought to produce behavior change outcomes by meeting the diverse and changing needs of participants, and by addressing the characteristics of their social, cultural, and physical environments that place them at risk. Evidence is building that these prevention programs are working (see Finding 5). Some of the specific risks, vulnerabilities, and needs of participants that programs address—and a few representative and compelling methods used to address them—are discussed below.

3.1 Social norms

Long-term concurrent sexual relationships, in which a person has more than one long-term sexual partner, have been found to be a major driver of the HIV epidemic in sub-Saharan Africa. While condoms may be used in one-time sexual encounters, research suggests that

²⁴ Grassroot Soccer Coach’s Guide, June 2007

²⁵ UNAIDS website: <http://www.unaids.org/en/PolicyAndPractice/Prevention/IECbehaviChange/default.asp>

they are used inconsistently in long-term relationships.²⁶ Football-based prevention curriculums and outreach specifically target concurrent partnerships as a risky practice and advise participants to practice abstinence, faithfulness, and consistent use of condoms.

Cross-generational relationships, particularly those in which there are large age and economic asymmetries between the older and younger partner (i.e. “sugar daddies/mommies”), are associated with non-use of condoms and are therefore another driver of the epidemic.²⁷ This custom particularly makes girls vulnerable to HIV infection. Curriculums specifically mention the danger of the sugar daddy/mommy relationship, and use lessons to warn participants away from the practice. Grassroot Soccer’s curriculum repeatedly defines this practice as a danger faced in life, and includes it alongside other more obvious risks to drive home its significance to participants: “Crime, diseases, drugs and alcohol abuse, negative peer pressure, sugar daddies/mommies, abusive relationships, unplanned pregnancy, STIs.”²⁸ In another lesson in the Grassroot Soccer Coach’s Guide that depicts no-risk, low-risk, and high-risk activities using stories, the sugar daddy/mommy practice is defined as high-risk:

Kelly goes out with an older man who buys her gifts.....High Risk

Some older men, “Sugar Daddies,” like to give young girls gifts and money in order to get them to have sex with them. These men often have many sexual partners and it is hard for a girl to insist on condom use; thus, being in this type of relationship is a high risk for girls. (“Sugar Mommies,” while less common, are also a high risk for young boys.)

3.2 Gender inequality

The spread of HIV has much to do with gender inequality. HIV is prevalent much more among women than men, and about two thirds of newly infected young people aged 15–19 years in sub-Saharan Africa are female.²⁹ Grassroot Soccer stresses the importance of girls benefiting from prevention efforts by making sure that half of its participants are female. In Grassroot Soccer’s Street Skillz sessions (see Finding 1.2), football game rules are designed to involve girls as much as possible, for example by counting each goal scored by a girl as 2 points.

Negative male attitudes towards women have much to do with the differences in infection rate and prevalence. Many men do not respect women’s rights as individuals and believe that men should have sole decision-making authority. Several football-based HIV prevention programs, such as Brothers For Life and the Inkunzi Isematholeni Project of Targeted AIDS Interventions (TAI), specifically seek to change male attitudes.

Other programs recognize that while male attitudes and behaviors contribute greatly to the epidemic, girls also can be empowered to take more control of their lives. Curriculums evaluated in this study use lessons and direct communication to convince girls that they

²⁶ Daniel Halperin, Helen Epstein, “Why Is Prevalence So Severe in Southern Africa? The Role of Multiple Concurrent Partnerships and Lack of Male Circumcision: Implications for AIDS Prevention.” *Southern African Journal of Medicine* 26, no. 19 (2007): 19-25.

²⁷ Nancy Luke, “Confronting the ‘Sugar Daddy’ Stereotype: Age and Economic Asymmetries and Risky Sexual Behavior in Urban Kenya.” *International Family Planning Perspectives* 31, no. 1 (2005): 6-14.

²⁸ Grassroot Soccer Coach’s Guide, June 2007

²⁹ WHO Regional Office for Africa, *HIV/AIDS epidemiological surveillance update for the WHO African Region: 2002*. Harare, WHO Regional Office for Africa, 2003.

have the right to say no to sex. Programs also teach communication skills so that girls can negotiate condom use. In Coaching for Hope's curriculum, girls are provided with specific responses to common arguments used by boys to pressure them into not using a condom:

PRESSURE LINE	RESPONSE
"It's not natural to use a condom."	"It is natural – people have been using condoms for centuries."
"I don't have a condom. Let's do it just this once."	"Shall we do something else instead?"
"It's like eating a banana with the skin on."	"That's just a line. The pleasure can last longer."
"You think I have a disease? Or, you don't trust me? Do you think I have AIDS?"	"No I think that now we all have to be careful and I have made a decision not to have sex without a condom."
"A condom would make it so awkward"	"Let me help you with the condom."
"They spoil the mood."	"Only if you let it"
"I'd be embarrassed to use a condom."	"You're embarrassed with me? Don't be."
"I'd be embarrassed to get them from a health centre."	"I'll get them. I'm not embarrassed about health issues."
"It's against my religion."	"Your religion wants you to take care of yourself and protect against HIV/AIDS."
"We've had sex before. What's the problem now?"	"Before I did not know what I know now – that condoms protect against STIs and HIV and pregnancy."
"But I love you. Don't you love me?"	"True love means not pressuring the one you love to do something against their wishes. True love means you want to protect me."
"Nothing will go wrong, don't worry."	"I won't worry when we use a condom, and neither will you."
"I know you want to – you're just afraid."	"I want to have sex with you but I'm not putting myself at risk for something that is preventable."
"Everyone is doing it" or "Nobody worries about that."	"That's not true. Today people know how to protect themselves."

Source: *Coaching for Hope HIV/AIDS manual*

The Coaching for Hope curriculum then uses a role play about negotiating condom use to give students practice communicating and to imprint the lesson. A meta-analysis of programs to promote gender equality found that those that expressly aimed to transform gender roles through critical reflection, role play, and other interactions were most likely to be effective in producing changes in the targeted attitudes and behaviors.³⁰ The curriculums evaluated in this study used critical reflection, role play, and other interactive activities that resembled real-life situations to empower girls and change the attitudes of boys and girls. Curriculums also clarified the different challenges and risks that boys and girls faced. For

³⁰ Barker G, Ricardo C, Nascimento M (2007). *Engaging men and boys in changing gender-based inequity in health: evidence from programme interventions*. Geneva, World Health Organization, in UNAIDS 2008 Report on the Global AIDS Epidemic

example, the Grassroot Soccer Coach's Guide teaches that, with regard to sex, "Boys are more often pressured by their friends; girls by their partners."

3.3 Stigma and discrimination

All football-based HIV prevention programs analyzed in this study placed significant importance on addressing the stigma and discrimination that HIV-positive people face. Programs correct misperceptions about how HIV is transmitted, which can help reduce stigma by making it clear that HIV-positive people are not dangerous to touch, kiss, or be around. Programs also emphasize that participants are responsible for fighting stigma in their communities and that participants should provide support to people with HIV. These messages can have transformative effects on participants and coaches, as quotes from a NawaSport evaluation make clear:

"If we got tested and then later found out that we are positive, or let me say the woman is the one who was found positive, I can just maybe start to protect her. There is no way I can chase her from my house."

"A Nyangana-based participant learned that PLWHA can still make dynamic contributions to society. 'In the past, I used to think it is a waste...the person is already dead. But now I know that they are not (dead), and I found out that they are just like me.'"³¹

There are many program participants who are HIV-positive. Hearing these messages and being in this supportive environment can have a positive effect on their lives. Moreover, many football prevention programs have the additional function of being support networks for HIV-positive children. Programs like Kick4Life and Whizzkids United also connect HIV-positive children to treatment and care services.

Grassroot Soccer's curriculum has a role play in one lesson that addresses different aspects of stigma and is particularly comprehensive³²:

Activity Steps

Step 1

Break the group into 3 teams and assign each team one of the following scenarios:

- A team member is thinking about going for an HIV test at the local VCT clinic and approaches his/her teammates about it for advice.
- A neighbour is HIV+. Demonstrate how they are treated by others in the community.
- A group of friends is having a discussion about another friend of theirs who they suspect has HIV/AIDS.

Step 2

Have each team develop and perform a role play based on their scenario that demonstrates the stigma associated with HIV/AIDS. At least one character in each group must try to combat the stigma in each scenario, the rest must show the various types of stigma related to that scenario.

Step 3

³¹ Brian Goercke, USAID NawaSport Program Evaluation 2009

³² Grassroot Soccer Coach's Guide, June 2007

Discussion Points after each performance

- What happened in this role play?
- What is stigma? How was (were) the participant(s) stigmatized?
- Why are people with HIV stigmatized?
- How can you reduce stigma in your community? What can you say to someone who stigmatizes people with HIV in your community?

Source: Grassroot Soccer Coach's Guide, June 2007

This role play, calling upon participants to act out situations that many of them have faced or will face in their lives, demonstrates how fully football prevention programs are rooted in the real lives of participants—and therefore how relevant such programs can be to participants.

3.4 Life skills

Besides addressing the factors that drive the disease and disseminating correct HIV prevention information, football programs also seek to provide participants with life skills like decision-making, communication, and negotiation skills. Such skills can empower participants in their everyday lives, as has been illustrated earlier in this section with regard to condom negotiation, stigma reduction, and awareness of the risks of sugar daddies/mommies.

Through stories that many participants can identify with, coaches make participants aware of the risks they face and the need for making good decisions. Lessons in curriculums involve role-playing, critical reflection, and personal discussions that teach participants resist peer pressure, have resiliency when faced with difficulties and setbacks, and maintain self-esteem and self-efficacy.

3.5 Football programs are therefore comprehensive, bottom-up interventions employing educational techniques and communication styles that football makes possible.

Football prevention programs are grounded in participants' lives. They seek to not only inform and educate, but also to empower participants. Programs aim to provide participants with the impetus and tools to change their behavior—and by putting lessons in the language of participants' lives, programs make lessons more likely to be applied.

One reason football is effective as an educational platform is because the coach-player relationship is in itself a teaching-learning interaction. Football coaching has advantages over traditional classroom teaching, however, that make it particularly suited for a behavior change program. Coaching calls for active participation and immediate demonstration of learning, as the many role plays and football-based activities found in curriculums demonstrate. Also, because coaching involves skills transfer and not just rote learning, it is inherently set up to empower players with skills they can immediately use.

The Coach's Story, a central part of the Grassroot Soccer curriculum, is an example of the

intimacy and connectedness that football-based prevention programs can create. The coach spends a few minutes telling participants how HIV has personally affected him/her and why teaching youth about HIV is important to him/her. Some coaches then ask for volunteers to present their own stories. The goals of the Coach's Story are to show participants that HIV/AIDS is not just on billboards and TV—it affects lives; to create a safe, comfortable space for participants to speak openly about HIV; to de-stigmatize HIV by sharing personal experiences with HIV/AIDS freely; and to convey why the program and the participants are important to the coach. Such an open, authentic, and trusting atmosphere is conducive to participants undertaking an honest self-appraisal of their behavior, beliefs, and attitudes, and seeking to develop and implement life skills to change their behavior.

THE COACH'S STORY

I'll never forget our first intervention at W.B. Tshume Primary School in Zwile, Port Elizabeth in August 2009. When we began, it was clear that some students did not want to participate. The down-turned faces, the curious glances and the hushed whispers all said the same thing: the kids were uncomfortable. We learned later that they thought Grassroot Soccer was for little kids because they saw students just running around, and others did not want to participate because they knew we talk about HIV and AIDS and they feared being stigmatized.

The teacher at W.B. Tshume told us not to pressure those that did not want to participate and mentioned that several kids had personal/behavior problems. We felt like outsiders as we began to run Skillz practices with shy, reluctant kids. It was a monumental challenge. Some kids were absent for days at a time. It was difficult to tell if we were reaching anyone with our messages. One 17 year-old girl named Ntombi always caught my eye. She would just sit in the back, never speaking or participating in games.

The turning point of the intervention came during Practice 8, the final Skillz practice, which features an activity called "My Coach's Story." During the activity, we asked volunteers to come to the front of the class and share an experience that challenged them and explain how they triumphed in the face of adversity. "Volunteers only," we repeated. There would be no pressure to perform. A young boy, one of our most enthusiastic participants, was the first to step forward. When his story concluded, he sat down, leaving the stage for a new presenter. As silence descended upon the room, I scanned the classroom for signs of life. No one could have predicted what happened next.

In the back corner of the room sat Ntombi, who had not spoken all week. Without lifting her gaze, she quietly got up from her chair and walked slowly down the aisle toward the front of the class. Her quiet confidence mirrored the class's stunned silence.

In a soft but steady voice, she told the group that her mother was HIV positive and had been bedridden at Dora Nginza Hospital for the past six months. Because her mother had fallen ill, she had moved in with her aunt. But rather than love and support, Ntombi was met with scorn and disapproval. Ashamed of her sister's "condition," her aunt was determined to take it out on her young niece. She gained confidence with every word and slowly gained the courage to confess something she had never shared with anyone before.

In May 2009, one day after school, Ntombi went to Greenacres Mall with her brother's friend. On the way back, he raped her. Despite the fear and pain that consumed her, Ntombi knew what she had to do. Ntombi went to the Dora Nginza Rape Crisis Centre, where one of the diagnostics is an HIV test. There she learned that she had, indeed, been infected with HIV. Shocked and confused, she didn't know how to handle the situation. Without a strong support base at home, she chose to run away to live with a friend in Motherwell. This was why she had missed so many school days.

She didn't have anyone. There was no one to protect her and no one to turn to. Although weakened by the experience, she was not broken. She still had the courage to confide in us, her Grassroot Soccer Coaches and

fellow participants, to seek help from those who cared for her. She told us her story, and we connected her with the Ubuntu Education Fund, a long-standing partner of GRS that provides long-term counseling and support for youth in Port Elizabeth.

This year, when we went to her school, she was friendly and open and shared with us that she really liked the My Coach's Story activity because she got to share what she was feeling inside. She participated in Risk Field and talked to the class about the danger of sugar daddies. Ntombi's transformation from shy and reclusive to a classroom leader demonstrates the impact our program can have.

Now when we head to W.B. Tshume, students ask us to come early so they can tell us about their friends who also need help accessing counseling services, HIV testing, and rape victim support. These were the same students who wouldn't even talk to us before, and now they are open to share and even help recruit kids for Grassroot Soccer programs. I am proud that, since 2006, our team in Port Elizabeth has touched the lives of more than 7000 youth like Ntombi.

Grassroot Soccer Skillz Coach Siyabonga Glen Mgwadleni

FINDING 4: Widely-implemented prevention programs can be a key means of teaching correct use of condoms.

Research on condom use has suggested that condom use errors and problems may be quite common.³³ Prevention messages should therefore emphasize the correct use of condoms in addition to current emphasis on the importance of always using condoms.



³³ Richard Crosby, et al. "Condom-use errors and problems: A neglected aspect of studies assessing condom effectiveness." *American Journal of Preventive Medicine* 24, no. 4 (2003): 367-370.

Football prevention curriculums indeed do discuss correct condom use and potential problems one might face when using a condom, as depicted in the figure above, taken from the Coaching for Hope HIV prevention curriculum.

A participant in a program evaluation of NawaSport in 2009 specifically mentioned this benefit of football prevention curriculums: “In Nyangana, one of the participants said that he has learned a lot about the correct use of condoms: “The first thing I was taught which I wasn’t aware of was to check the expiration date on the packaging and to make sure that there are not air in the condom.””³⁴

FINDING 5: Evidence is building that football-based HIV prevention programs are working.

Numerous evaluations have documented the effectiveness of football-based interventions. Several evaluations—conducted by Stanford University’s Children’s Health Council, consultants from The Population Council and the Harvard School of Public Health, and researchers from Dartmouth College, Johns Hopkins University and the University of Cape Town—have found the Grassroot Soccer curriculum to be effective in significantly reducing sexual risk behavior, decreasing stigma and improving students’ knowledge, attitudes, communication, decision-making skills and perceived social support related to HIV and AIDS. Surveying over 300 students in Bulawayo, Zimbabwe, Stanford University’s Children’s Health Council concluded that “The GRS Programme is a culturally appropriate, internationally suitable, creative, and effective way to educate at-risk youth about HIV/AIDS and its prevention.”³⁵

A 2008 behavioral survey found that 2-5 years after the intervention, GRS graduates in Zimbabwe were nearly six-times less likely than their matched peers to report sexual debut between 12-15 years, four-times less likely to report sexual activity in the last year, and eight-times less likely to report ever having had more than one sexual partner. Six years after incorporation, there already exists substantial evidence documenting GRS’ impact in averting risky behavior, increasing HIV/AIDS knowledge, diminishing stigma, and breaking the silence surrounding HIV.³⁶

FINDING 6: Many football programs serve vulnerable groups

There are 12 million AIDS orphans in Africa—the vast majority of the 15 million AIDS orphans in the world. The emergence of a generation of orphans poses new challenges to the containment of the epidemic, as these young people are more likely to be at risk for HIV infection themselves. Many football-based HIV prevention programs attempt to deal with this crisis.

³⁴ Brian Goercke, USAID NawaSport Program Evaluation 2009

³⁵ Luba Botcheva, Lynn Huffman, *Grassroot Soccer HIV/AIDS Education Program: An Intervention in Zimbabwe*. Children’s Health Council, 2004.

³⁶ www.grassrootsoccer.org/proven-results

In Kick4Life, for example, 70% of all participants are orphans and vulnerable children.³⁷ Kick4Life has set up the Orphans & Vulnerable Children (OVC) Scholarship Scheme. This program gives selected OVCs a chance to have a secondary education, providing funding for fees, uniforms, and books. Through the delivery of other initiatives and input from key local partners, Kick4Life is able to identify, select, and then regularly monitor each child's progress throughout their education, supporting them through to employment. Each child is expected to regularly assist as peer leaders with delivery of the K4L HIV prevention curriculum throughout the duration of their scholarship. In their final year of school each scholar must complete the K4L Fit 4 Work program which supports the transition to employment or further education, with sessions on route planning, CV writing, interview techniques, and interpersonal skills.

Media

FINDING 7: Media can put a spotlight on the work and stories of individuals fighting HIV.

Instead of using only celebrities, some media initiatives publicizing the work of football HIV prevention programs have been using coaches, peer educators, and teachers as spokespersons who are in many ways leading the fight against HIV.

For example, Grassroot Soccer is the centerpiece of a Nike(red) campaign online spot that depicts GRS's and Nike's joint HIV-prevention efforts in Soweto, which was a focal point for Nike in South Africa leading up to the World Cup. A pair of Grassroot Soccer coaches are narrators in the video, sharing their personal experiences with HIV, their expectations for World Cup 2010, and the power soccer has given them and the youth they coach in the fight against HIV.

Programs also use coaches and peer educators as the centerpiece of videos presenting their organization to a larger audience. In a Whizzkids United video that describes the work of the organization, a peer educator, a coach, and an HIV-positive counselor are used to depict the work of the organization through the individuals that it has empowered to fight the epidemic.³⁸ The peer educator in this video, 18 year-old Philile Mbanjwa (pictured on the cover of this report in the center photo), was such a compelling figure that she has become a spokesperson for the program, speaking for example at an international HIV/AIDS conference in London.

The media attention that these coaches and peer educators receive can increase the commitment and motivation of other coaches and peer educators, and may help in recruiting new ones. Such attention also creates a link between program implementation and advocacy, as discussed in Finding 9.

³⁷ Kick4Life website: <http://kick4life.org>

³⁸ Whizzkids United website: <http://www.whizzkidsunited.org/index.php>

It is important to note how inspirational these program implementers can be in front of the camera or on the radio. Their struggles, triumphs, and insights carry through powerfully to an audience, not only because they are excellent communicators but also because they have the authenticity of first-hand narrators. The HIV epidemic is of such scale that it can seem to transcend the individuals it affects. Coaches and other program implementers remind people that the fight against HIV is occurring face-to-face, individual by individual. Their participation in massive media campaigns grounds these initiatives in the real battle being waged for individual lives.

FINDING 8: Football is an excellent platform for transmitting prevention messages through media.

Football is a spectator sport that consistently attracts the highest global and national television and radio audiences of any event or program in Africa. The popularity and entertainment-value of football can help prevention messages reach large audiences.

8.1 Information about HIV that can promote prevention efforts can be effectively transmitted to youth using football-themed literature

As mentioned before, in addition to discovery-based education, Grassroot Soccer Skillz curriculum participants also receive Skillz magazine, a unique communications tool featuring many of the world's top soccer stars. Skillz magazine was created to support school and community-based interventions with age-appropriate broadcast and print media. The magazine is a quarterly 8-page health communication magazine that uses soccer language and celebrities to deliver life skills and HIV prevention messages to youth.

Developed in conjunction with Skillz interventions and community outreach, Skillz magazine links readers to health services, promotes health-seeking behaviors, and reinforces messages from the Skillz curriculum. The magazine adds to and reinforces the Skillz curriculum, as its "Coach's Corner" features new activities aligned with concepts in the core curriculum. Each of the twelve editions to be produced between 2009 and 2011 focus on a particular HIV and AIDS and life skills related theme, such as multiple concurrent partners, gender-based violence, testing and treatment, relationships, challenging gender norms, etc.



In collaboration with Avusa Education, 560,000 copies of Skillz magazine are distributed quarterly throughout South Africa as an insert in the popular *Sunday Times* and *Sowetan* newspapers, in addition to direct delivery to over 3,000 South African schools.

FINDING 9: Media can be a link between implementation and advocacy

The role of media is not simply limited to amplifying prevention messages for target audiences. Local, national, and international coverage can bring the work of organizations that are successfully implementing prevention programs to the attention of potential donors and the general public.

When media covers the visits of global celebrities like Fabio Capello to programs, such as when Capello visited Kick4Life in Lesotho, international audiences are provided with a look at the real and observable work being done to save individual lives. International media coverage of children having fun playing soccer gives another perspective on the fight against HIV. Instead of only hearing about the negative side of the fight—the astonishing infection rate and numbers of victims killed by the disease, international audiences see the on-the-ground efforts being made to fight the disease. They may sense the hope behind the existence of such programs, which can help ward off the pessimism and sense of futility that many feel regarding HIV in Africa. Since political will to address the epidemic depends upon public engagement, support, and inducement, an involved and committed public is crucial. Media coverage also can help programs attract increased funding from small donors, which most organizations are prepared for through easy-to-use “Donate Now” links on their websites.

Local media coverage, on the other hand, associates these programs with international celebrities, and can generate increased interest and participation in programs, which may help establish programs in the areas where they operate. They can also increase commitment to organizations on the part of both youth participants and coaches: being part of a program visited by celebrities will be an incentive for many to stay involved. The program Coaching for Hope, as described earlier (in Finding 2.1), provides unique rewards for continued involvement and participation—specifically, increasing skill as a football coach, gained from being taught by professional English FA coaches.

FINDING 10: Local media, especially local radio stations, have an important role to play

Football prevention programs can use local media to garner interest in their interventions, to publicize upcoming tournaments, and to establish themselves in their target communities. Several programs have weekly radio shows. Kick4Life, for example, has a weekly radio show on a national radio station, which is used to promote the work it does as well as to stage a weekly debate on issues surrounding HIV. Altus-Sport conducts weekly local radio interviews to spread the word about HIV and about its work. It also has a weekly column in a newspaper in one of the towns it operates in.

NawaSport advertises its upcoming tournaments, training, and special events on radio and TV, and in newspapers. Mathare Youth Sports Association works especially with media in the slum it operates in, organizing talk shows and interviews on various topics in order to create awareness about HIV/AIDS and other social issues.

Advocacy

FINDING 11: Football is a framework and tool for large-scale yet also locally-based HIV efforts at prevention.

Football-based HIV prevention programs have unique advantages because they are part of a larger movement using sports for development and social change.

11.1 The potential of a global phenomenon with local reach

Football is a sport watched on televisions and listened to on radios by people all over the world. Football matches draw some of the largest national and international televised audiences of any event or activity. Football is also a game played in formal leagues, informal games, and countless tournaments throughout the world, including Africa. Its prominence at such different levels situates football to help catalyze a movement for HIV prevention in Africa.

A small case study that may have larger ramifications demonstrates the opportunities of using a prevention program that is part of a popular global phenomenon. Matthias Kaspar, a Whizzkids United volunteer from Germany, helped launch a fundraising tournament for Whizzkids United in Germany with his former coach. Kaspar worked with his coach to organize the tournament which raised over 1000 Euros for Whizzkids. Another Whizzkids United ex-volunteer attended the tournament as a representative of Whizzkids. Whizzkids has encouraged other volunteers to similarly fundraise and promote the organization.³⁹ The story of the tournament and Matthias' work with Whizzkids was reported in a local German newspaper.

This case study demonstrates how football's popularity creates an entry point for worldwide funding opportunities and international participation in the fight against HIV. Many people join the football-for-development movement or buy in to the football-for-prevention model because of their current or past involvement in football.

11.2 Social entrepreneurs and expanding organizations have made use of the football movement's resources and renown.

Entrepreneurs seeking to create new football-based HIV prevention programs can utilize the funding opportunities, organizational creation and development experience, curriculum development expertise, and credibility of football as a platform for HIV prevention.

A central feature of Grassroot Soccer's strategy is to look for such opportunities for expanding the football-for-prevention movement. As mentioned earlier, its global team matches organizations judged to be capable of establishing successful programs with

³⁹ Whizzkids news February 19, 2010: <http://www.whizzkidsunited.org/blog.php>

fundes, provides in-country training and ongoing technical assistance, and assists in the overall capacity-building of these organizations. Grassroot Soccer has assisted organizations in more than 14 countries.

Organizations seeking to expand or start new projects also benefit from being part of a larger movement.

Football for Hope Programme Support, for example, provides funding for specific projects of applying organizations, based on their relevance within the overall strategy of the organization. Football for Hope particularly supports projects which represent a major step forward in the implementing organization's development. Many promising and successful organizations, including Grassroot Soccer, Altus-Sport, and Mathare Youth Sport Association, that are ready for the next step in their development have connected to this major funding source and partner.

FINDING 12: Celebrity footballers and coaches can be advocates with transformative influence.

Because of sensitivities associated with human sexuality and drug use, many political and opinion leaders have shied away from open, frank discussions of how to change behaviors to prevent HIV transmission.⁴⁰

Celebrities and sports figures have been influential in other movements for social change. Some have even had transformative effects. For example, Magic Johnson's revelation that he was HIV-positive became a catalyst for changes in attitudes and behavior towards HIV in the United States, especially among young people.⁴¹ Similarly, professional footballers and coaches can use their celebrity to gain people's attention and convince them to change their lives. In the program Footballers 4 Life, for example, in which South African football legends conduct outreach-based programs at schools, youth centers, correctional facilities and universities, the footballers' celebrity status and recognition gives their messages particular force. The intimate discussions and honest disclosures that occur in sessions with participants can convince them to change their lives, as related in the following anecdote, which was recounted in materials from Footballers 4 Life:

Following a session at Bosasa Youth Centre (an awaiting-trial correctional facility) Footballers 4 Life Wellness Coach Silver Shabalala had a conversation with a young man named Funny. Like Silver, Funny was a goalkeeper. Funny had been detained for housebreaking. Together they discussed Funny's problems and considered positive future outcomes. One month later, Funny called Silver to say he had been released and that F4L and Silver had inspired him to sort out his life. He went on further to say that it was his goal in life to be involved in a program like F4L and talk to young men about his struggles with

⁴⁰ Global HIV Prevention Working Group report August 2008

⁴¹ BR Brown Jr, et al, "Searching for the Magic Johnson effect: AIDS, adolescents, and celebrity disclosure." *Adolescence* 31, no. 122 (1996): 253-64.

his self-destructive behaviors. He is in ongoing contact with Silver, who is assisting him in getting goalkeeping equipment and providing him with ongoing supportive mentoring.

FINDING 13: Football tournaments can be used as testing and stigma reduction opportunities.

A major reason why only limited behavior change has been achieved for HIV prevention is that few people at risk have access to the most basic prevention strategies. The vast majority of HIV-infected people worldwide are unaware of their HIV status, and most young people lack basic knowledge about HIV (U.N. Secretary-General 2008).⁴² Football tournaments have been used by many organizations as a way to convene participants and spectators so that they can receive voluntary testing and counseling.

TOURNAMENTS AND VCT



On October 31, 2009, over 3,000 community members converged on Bauleni Basic School grounds in Lusaka, Zambia where **Grassroot Soccer Zambia** held its second Voluntary Counseling and Testing football tournament of 2009. Amidst a fun-filled day complete with football, drumming, dancing, and musical performances, enormous steps were taken to overcome the stigma associated with HIV testing, and 716 members of the community were tested for HIV!

The tournament began in the early morning, with few attendees other than the football players and a few

groups of curious Zambian youngsters. A slow trickle of people quickly increased to a steady stream when GRS Zambia's partner organization Barefeet Theatre Group began beating their drums and performing traditional Zambian dances. By the time the popular Zambian music group The Third performed around midday, there was a massive crowd of young and old singing, dancing, and watching football together.

Voluntary counseling and testing activities were handled by GRS Zambia's testing and treatment partners LatKings, Newstart, Center for Infectious Disease Research Zambia (CIDRZ), Bauleni Community Clinic, Tiny Tim's and Planned Parenthood Association Zambia (PPAZ). GRS and its partners set out with the goal of matching the testing totals of their previous tournament, considered a lofty target since the community where the prior tournament was held, Kalingalinga, is far larger than Bauleni. The record of 573 tested in Kalingalinga was easily surpassed, with a total of 716 tested.

Source: www.grassrootsoccer.org

Grassroot Soccer's Skillz Tournament model, for example, is aimed at gathering a large number of community members while promoting testing, counseling, and Know Your Status

⁴² Global HIV Prevention Working Group report August 2008

messages. These events also increase awareness about local HIV testing and treatment services and promote positive peer pressure so that youth are convinced to learn their status. Onsite rapid HIV testing and immediate enrollment into care and treatment provided by partners bridges the gap between HIV prevention and treatment services, and demonstrates the power of collective action in communities.

Kick4Life in Lesotho also uses tournaments as opportunities to provide people with access to prevention strategies. Kick4Life not only conducts VCT (voluntary counseling and testing) during its one-day tournaments, but also identifies children who are HIV positive and links them with immediate medical follow-up. A study of Kick4Life's one-day football tournaments found that 70.7% of those who took part in HIV education at the testing events went on to get tested, 90.9% of those tested at events were testing for the first time, and 98.2% of those who were found to be positive were on ARV treatment or the necessary regular monitoring.⁴³

In 2005, the U.K.'s Department for International Development (DFID) in Malawi and the English Football Association brought three professional footballers, Rio Ferdinand, Gary Neville and David James, to Malawi to promote HIV awareness, prevention, and testing, and to reduce the stigma of HIV. More than 3,000 children turned up at football festivals in Lilongwe and Blantyre and heard messages from these celebrity footballers about how to prevent HIV infection, the importance of knowing one's HIV status, and were encouraged to support HIV+ friends and family members. The visit was widely reported on radio, television and in the major national daily newspapers.

FINDING 14: Football can be a focal point for the delivery of a range of social services important for the prevention of HIV.

Because football—and a good football pitch in particular—can cause people to consistently frequent one fixed location, it can be a practical and effective place to locate health, counseling, and other services.

Football for Hope Centers, for example, consist of a mini-pitch with surrounding grandstands as well as facilities that provide local communities with access to counseling, health, and education services. The Football for Hope organization seeks to strengthen the activities of the implementing organizations it supports in order to improve basic education, prevent diseases, and promote health, as well as encourage the social integration of minorities and disadvantaged populations, all of which are important in addressing HIV.

The organization Whizzkids United has launched a Health Academy in Edendale, South Africa to provide long-term follow-up and support for youth and adolescents, including vital clinical services such as HIV testing, counseling, treatment and management of sexually transmitted diseases, administration and management of antiretroviral (ARV) treatment, and psycho-social support groups for kids living with HIV/AIDS. Whizzkids Health Academies build upon local hospital and school services to prevent new youth infections, provide treatment, and undertake vaccine preparatory studies focusing on those most in need.

⁴³ http://www.kick4life.org/Test_Your_Team.htm

FINDING 15: Football has had particular success at creating partnerships.

Football-based HIV prevention programs have demonstrated in many ways the potency of football at forging partnerships.

15.1 Partnerships with government

Several organizations have been able to create partnerships with government. Such partnerships legitimize the value of an organization, help establish an organization where it operates, and open the door to scale-up.

Whizzkids United, for example, formed a partnership in 2008 with the Premier's Office of KwaZulu-Natal, a province in South Africa that many consider to be the national and global epicenter of the epidemic. Mr. Vuma Mfeka, Strategic Coordinator of the 2010 World Cup Legacy for the province, charged Whizzkids United with rolling out its program province-wide ahead of 2010.

15.2 Community partnerships

Partnerships that organizations establish within a community, for example with local chiefs, CBOs (community-based organizations), and important community figures, are of crucial importance. Football prevention programs particularly require these types of partnerships because they are usually grassroots, bottom-up efforts that rely on community buy-in to operate and succeed.

15.3 Partnerships with healthcare service providers

As football HIV prevention programs develop and establish themselves in the communities in which they operate, they have become increasingly important to healthcare service providers. International health organizations, local hospitals and clinics, and a variety of other healthcare service providers (e.g. mobile counseling and testing units) depend on the convening power of football, the local reputation and legitimacy of coaches and peer educators, and the resources of football prevention programs to deliver testing, counseling, care, treatment, and other services.

Altus-Sport, for example, has formed a partnership with Right to Care, a non-profit organization established in 2001 in Johannesburg that builds public- and private-sector capacity for the provision of antiretroviral therapy to HIV-positive individuals. As part of its services, Right to Care also deploys mobile counseling and testing units in communities (as of June 2009, it has tested 51,341 people at 80 outlets). Right to Care often uses Altus-Sport events to deliver VCT to people gathered for events and to promote the importance of getting tested.

Another fruitful and promising partnerships has been between Grassroot Soccer and Baylor International Pediatric AIDS Initiative (BIPAI) in Malawi. BIPAI uses Grassroot Soccer coaches in its innovative door-to-door testing program. An HIV counselor accompanies a coach as they go walk through the coach's community, recruiting people for testing by explaining the

benefits of knowing one's HIV status. The access and authenticity that Grassroot Soccer coaches provide are crucial to the success of this program.

Grassroot Soccer coaches also are involved in Baylor Hospital's Teen Club sessions, which are monthly events in which Baylor Hospital hosts about 100 HIV-positive youth. The purpose of these events are to check up on each one of the youth on a regular basis to ensure that they are adhering to their ARV medication and to provide counseling and support. Teen Club is also an opportunity for HIV-positive youth to make friends and be in a supportive environment. Grassroot Soccer coaches direct many of the activities run during Teen Club (e.g. day tournaments and Skillz curriculum activities). The coaches are used because they are recognized role models to the youth in their communities.

COMMUNITY PARTNERSHIPS

A Malawi Chief at a Grassroot Soccer graduation ceremony

"This morning we had our 8th and final graduation for the second cycle of 2010. The graduation was intended for about 25 kids but almost 500 showed up to watch us dance and make a fool out of ourselves...One of our most major guests, the head chief of the Kawale district, attended our event and seemed tired all afternoon. Granted he was a fairly old man, maybe 80 years old or more, but I was still slightly worried that he wasn't engaged or something. After the event the GRS Malawi team went to go talk to him to thank him for coming and it was during this interaction that he said one of the most touching things I've heard since I've been here. After we were done saying thank you and all that jazz, the chief turned to us and said "Before I came here I was hungry" (at this point all of us were a bit worried because maybe he was upset that we kept him in a room for four hours but neglected to feed him) but then he continued with "now, I am full". I guess this is a popular saying in Malawi and basically what it means is that his heart and soul are full of happiness. Turns out the chief was absolutely thrilled by the event and as he left he promised us that he would help us in any way possible in the future – a really great promise when you consider how much power this man has in the community."

Eren Munir, GRS intern in Malawi

Conclusion

This study finds that football is for many reasons an effective vehicle for HIV prevention. Given the inadequate prevention strategies and efforts of most African states, civil society—especially non-governmental organizations (NGOs) focusing on HIV prevention interventions—are crucial if significant HIV prevention is to be achieved in Africa. Football is

a particularly valuable medium through which NGOs can conduct HIV prevention outreach, curriculum delivery, and other activities and services because of its flexibility as a platform for prevention, which enables it to reach a variety audiences, some of which are significantly more vulnerable to HIV infection than the general population, and to be implemented in hard-to-reach locations. Its universal appeal as spectator and participatory sport in Africa allow programs to be replicated throughout the continent. If effectively scaled up, football programs can reach much wider audiences than they currently do. And because football programs reach a diversity of audiences in many types of settings, effective scale-up may result in HIV prevention that is comprehensive as well as widespread.

Football is also an effective educational tool. It can create behavior change by drawing on the educational techniques and communication styles that the unique coach-player relationship allows for. Football-based prevention curriculums aim to achieve learning objectives through movement games, workshops, competitions, role plays, stories, critical self-reflection, etc. that are constructively debriefed in safe group discussions.

Football-based HIV prevention programs make use of and empower individuals who are directly affected by the disease and therefore have a large stake in fighting the disease. Often, these individuals, who are also members of communities affected by HIV, are powerful advocates whose own stories and examples can motivate behavior change in program participants. By educating community members with correct information about the disease and effective ways of preventing the disease, programs create social agents and community mobilizers. This study came across countless examples of individuals who became dedicated volunteers and activists whose meaning and purpose in life, by their own accounts, was turned to fighting HIV once programs had given them the knowledge and tools to do so.

Additionally, the line between training “peer educators” and simply spreading HIV awareness and building life skills in participants was often blurred. That is, participants often were expected to become peer educators once they had been through programs, even if they were not explicitly called as such. One of the greatest advantages of football-based prevention is that it draws on the power of inspired and committed individuals. Permanent and dedicated activists for HIV prevention motivate behavior change that can accelerate through their communities and that is rooted not in often-inaccessible public health expertise but in community members who are role models and community resources.

Football is also a global phenomenon and the keystone of a genuine social movement. The “football for social change” or “football for development” models, exemplified through the work of organizations like streetfootballworld, Kicking Aids Out!, Football for Hope, and Grassroot Soccer, have established football as an effective vehicle for social change. Organizations working on the ground can use the network to access major international donors; to establish partnerships or temporary collaborations for a variety of purposes, including holding events, conducting media campaigns, seeking better coordination of prevention efforts, sharing best practices, etc.; to draw on the technical expertise and resource mobilization capacity of the network for assistance in organizational development;

and, given the prominence that such networks have, to present their work on an international stage,.

Yet football is more than just a platform that organizations can use to network and gain credibility for their work. The sport also offers a way in for those outside Africa who are not immediately affected by the epidemic.

Football's popularity—to state Findings 1 and 2 slightly differently—not only allows programs to be implemented with exceptional flexibility, but also enables programs to draw on the vast reservoir of individuals who have football skills, either as players or coaches. By using a popular game for such an important purpose, football programs empower many people with the capacity to become prevention advocates and social agents. Similarly, football's popularity offers people outside of Africa an entry point into HIV prevention. As discussed earlier, football programs allow international audiences to see what the fight against HIV looks like on the ground, providing a different perspective to the usually disheartening statistics of the epidemic. A concerned and committed public, as discussed in Finding 9, is not only crucial to political will to fight the disease, but also can result in international volunteers joining in the fight against HIV. Many organizations are dependent on local volunteers as well as international volunteers. A large proportion of the Grassroot Soccer and Whizzkids United staff, for example, are volunteers from other continents, and many of these international volunteers have a connection to football (often having played on university teams or local clubs). Football can be the language through which they enter and communicate with another, utterly foreign culture, and through which they become important mobilizers against the epidemic, bringing their own distinct skills to bear in the fight, and becoming representatives for carrying out international advocacy (e.g. by helping to organize football tournaments in their home countries to raise money for prevention programs).

Football also provides an entry point for celebrity footballers to become involved in the fight against HIV. Besides enabling football programs to reach an international audience through the media attention that celebrities bring with them, the association of programs with celebrities and with foreign volunteers can increase interest and participation in programs and establish them in areas where they operate.

On the other hand, media attention has also focused on the local coaches and peer educators carrying out HIV prevention efforts in their communities. These individuals are the heart of football-based HIV prevention programs. Their own stories and examples not only are inspirational to their students, but also to an audience hearing them describe the fight that they are engaged in. They ground efforts to combat a global epidemic in the struggle being waged for each individual's life.

**

This report finds football to be an ideal vehicle for HIV prevention efforts focused on behavior change, with the potential if sufficiently funded and effectively scaled-up to achieve widespread prevention throughout Africa.

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Annex A

Profiles

Altus-Sport

Location

Townships and rural areas in South Africa

Mission

To fight HIV/AIDS among youth using the KickAids program. The idea for KickAIDS was conceived in 2004, when the then South African President Thabo Mbeki and German Federal Chancellor Gerhard Schröder agreed to hold South African-German cultural weeks in South Africa to strengthen the cultural links between the two countries. This idea led to the establishment of the project KickAIDS, a cooperative program between the German Technical Cooperation (GTZ-YDF) and Altus-Sport, which combines football skills with awareness and prevention of HIV/AIDS. The main goals are to accelerate the dissemination of successful ideas and programs; to support professionalism in all member activities; to encourage innovation, local ownership and entrepreneurship among members; to stimulate youth empowerment through sport for social change initiatives with a special emphasis on empowering girls; and to create a supportive stakeholder environment for the sport for social change movement in Southern Africa.

Audience

Youth 10+ from disadvantaged areas

Activity

The Life's a Ball programs function on two levels: training Youth Sport Leaders (YSL) in basic sport coaching, leadership, and life skill programs. With the 2010 World Cup on our doorstep, soccer is currently playing a major role. Training in innovation, business, and social entrepreneurship was recently incorporated into the YSL's development program. Great emphasis is laid upon Personal Development to promote education and facilitate potential employment. The second level is the implementation of the Life's a Ball and streets soccer programs by YSL in primary schools and community based sport centers, addressing health, environment, and morality building through sporting skills.

Impact

Thousands individuals have been reached over a period of 6 years, making provision for mixed gender, from primary to youths (10 to 27 yrs).



Using football since:	2004
Number of Participants per Year:	3,000
Networks and platforms:	Convener of Sport for Social Change Southern African Network Hub; streetfootballworld; Football for Hope
Website:	www.altussport.co.za

Coaching For Hope

Location

West Africa and Southern Africa

Mission

Coaching for Hope is an innovative program which uses football to create better futures for young people in West and Southern Africa. As part of the international volunteering and development charity **Skillshare International**, it taps into the universal passion for football and organizes coaching courses in which professional coaches from the UK train local youth workers to recognized FA standards. At the same time, the local coaches learn how to deliver HIV awareness sessions to young people in their communities. Once the UK coaches leave, program staff provide ongoing support to the graduates. This means they can deliver Coaching for Hope sessions and develop training initiatives of their own. The focus is on: HIV/AIDS prevention, Gender, Disability, Youth, Empowerment & Life Skills, and Coach Training.

Audience

Youth 7+

Activity

Coaching for Hope started in 2005 by running a course in Burkina Faso at the National Team's training centre COMET. In Mali, it first ran a course for girls in September 2005 and also coached its first 40 coaches on a course led by two senior FA coaches. The organization is working closely with local coaches in Southern Africa to provide training and to support them to deliver HIV and substance abuse programs in their local communities.

The Southern Africa program began in December 2007 with a pilot course in Cape Town, training 30 coaches and youth workers to plan and deliver inspiring football coaching sessions and raise awareness of HIV. Coaches from QPR, the Tottenham Hotspur Foundation, Hull City and the England Women's team coach Hope Powell facilitated the sessions. Participants traveled to the course from rural areas in the Eastern and Western Cape and even from Zambia. In June 2008 Coaching for Hope organized its second training course in Cape Town, this time for 30 local coaches from different parts of the city. Coaches were empowered to roll out 16 awareness-raising sessions (8 on HIV and 8 on substance abuse) to young people as a result. In December 2008 it held a third course in Cape Town, providing top-up training for coaches who had already put their new skills into practice. Since then, the organization has been working with local organizations and leagues to deliver social messages about HIV and substance misuse.

Impact

So far, over 700 grass-roots coaches have worked with over 30,000 children who have benefited from football and HIV awareness sessions. The kids who benefit are vulnerable - often orphans or with disabilities. They have little access to sport and health education and the chance to play football in proper kit and take part in a tournament can be a life-changing experience that raises their confidence and self-esteem and builds valuable life skills. CFH has been asked to run courses for UNICEF, the Peace Corps and the Craig Bellamy Academy in Sierra Leone using its senior African coaches.



Coaching for Hope in Mali



Using football since:	2005
Number of Participants per Year:	30,000+
Networks and platforms:	Kicking Aids Out; streetfootballworld; Football for Hope
Website:	www.coachingforhope.org

Footballers 4 Life

Location

South Africa

Mission

To fight HIV by changing the behaviors and attitudes of men.

Audience

Men 18+

Activity

Matchboxology in partnership with JHHESA (John Hopkins Health Education in South Africa) invested considerable energy and resources into training a team of eight retired South African football legends as Life Wellness Coaches. The training they received has equipped them to facilitate an accredited and customized life skills and wellness program for current professional players and to conduct outreach sessions at schools, youth centers, correctional facilities and universities using the popular Scrutinize Campaign. Combining the celebrity status of the footballers with expert knowledge and facilitation skills the coaches are able to reach individuals in a manner that steers away from didactic methodologies. The style of facilitation from the coaches is engaging, fun, and entertaining so that participants don't consciously realize that they are learning – a welcome approach in this age of HIV information overload and fatigue. The coaches are "real people who men can relate to" and the self-disclosing nature of the coaches (often describing their own personal struggles and solutions) in the course of their work encourages deep connectedness between coach and participant.



Using football since:	2009
Number of	53,000+
Participants per Year:	
Networks and platforms:	Matchboxology
Website:	www.matchboxology.com

Mass Media Campaign and Advocacy

The popular **Scrutinize Campaign** comprises a set of animated advertisements (animerts) addressing the key drivers of the epidemic in South Africa. The Scrutinize Campaign is a public-private partnership with the two public broadcasters in South Africa (television and radio), outdoor media owners, and other collaborators. Footballers 4 Life also employs a Men's Wellness Toolkit, pamphlets in various languages, PMTCT literature for men, posters and DVDs.

Impact

Compelling anecdotal evidence. An evaluation is planned for later in 2010.

Grassroot Soccer

Location

GRS runs its flagship projects in Zimbabwe, South Africa, and Zambia.

Mission

Grassroot Soccer was founded by professional soccer players in Zimbabwe who understood the power of soccer and role models, and who had experienced HIV/AIDS first-hand, having lost friends and teammates to the disease. They aimed to

mobilize the global football community in the fight against HIV/AIDS. The organization trains local role models (including professional football players) to

deliver an interactive, football-themed behavior development curriculum to young people, who are then empowered as peer educators to teach the community at large what they have learned.

Audience

Youth 12+

Activity

At the core of Grassroot Soccer is the activity-based **Skillz Behavior Change Curriculum**.

Community members in a position to be role models deliver a series of activity-based, football-themed, life skills interventions to youth aged 10-18. GRS also reaches millions through distribution of Skillz educational magazines and DVDs.

Impact

A 2008 behavioral survey found that 2-5 years after the intervention, GRS graduates in Zimbabwe were nearly six-times less likely than their matched peers to report sexual debut between 12-15 years, four-times less likely to report sexual activity in the last year, and eight-times less likely to report ever having had more than one sexual partner. Six years after incorporation, there already exists substantial evidence documenting GRS' impact in averting risky behavior, increasing HIV/AIDS knowledge, diminishing stigma, and breaking the silence surrounding HIV. Grassroot Soccer operates flagship sites in South Africa, Zambia and Zimbabwe and as a technical assistance partner have helped design and launch sustainable projects in Botswana, Ethiopia, Kenya, Lesotho, Malawi, Namibia, Sudan, Tanzania, Guatemala and the Dominican Republic. With a solid track record in partnership building, GRS has launched effective collaborations with more than 30 government agencies, corporations, NGOs, CBOs, and FBOs worldwide. As a direct result of these partnerships as well as flagship programs, GRS has provided comprehensive HIV prevention and life skills education to more than 270,000 young people throughout sub-Saharan Africa.



Using football since:	2002
Number of Participants since program began:	320,000+ through curriculum, many more through tournaments and other activities
Networks and platforms:	Grassroot Soccer; streetfootballworld; Football for Hope; Sport for Social Change Network
Website:	www.grassrootsoccer.org

Kick4Life

Location

Lesotho

Mission

Kick4Life's mission is to develop and deliver highly effective and innovative development through football programs that address social disadvantage among children and youth and provide opportunities and inspiration for them to transform their lives and achieve their potential. Kick4Life is a registered charity in both Lesotho and the UK, and uses football to educate, test and share other life-skills programs in Lesotho, which has the world's third highest prevalence of HIV and high levels of poverty.

Audience

Youth, particularly orphans and vulnerable children.

Activity

- K4L Curriculum.** Health education and life-skills course based on the Grassroot Soccer model. Six-week program. Identifies and trains school teachers, coaches, youth leaders and other community role models to deliver the curriculum to a variety of community groups. The program targets all youth (ages 10-18), with a particular focus on orphans and vulnerable children.
- Test Your Team campaign.** Incorporates HIV education and testing with football tournaments.
 - Identifies children who are HIV positive linking them with immediate medical follow up;
 - Spreads awareness of HIV and the availability of free testing and treatment;
 - Encourages families to bring their small children in for screening and testing.
- Orphan & Vulnerable Children Scholarship Scheme.** Gives selected OVCs a chance to have a secondary education, providing funding for fees, uniforms and books. Through the delivery of other initiatives and input from key local partners, K4L is able to identify, select and then regularly monitor each child's progress throughout their education, supporting them through to employment. Each child is expected to regularly assist as peer leaders with delivery of the K4L Curriculum throughout the duration of their scholarship. In their final year of school, each scholar must complete the K4L Fit 4 Work program which supports the transition to employment or further education with sessions on route planning, CV writing, interview techniques and interpersonal skills.
- The Street Youth Initiative.** Daily program for 'street kids' to play football and access key support services.
- Children's Health Days (CHD).** Target hard-to-reach and extremely vulnerable rural village communities.
 - A day-long event of activities that engage children and adults in interactive HIV education for caregivers and older children; HIV testing; vitamin supplementations (U5); health screenings for TB and Severe Acute Malnutrition (U5); immunizations (U5); other health needs (e.g. testing pregnant women).
 - Follow-up day: HIV positive children are transported to nearby ART clinic for evaluation, treatment and care.

Impact

K4L delivered the intervention in eight of the ten districts across Lesotho with over 8000 youth tested between the age of 14 and 18. (52.1% female; 47.9% male) and over 20,000 direct graduates through the K4L Curriculum (54.3% male; 47.5% female) between 12-22 years old.



Participant in the Test Your Team campaign



Using football since:	2005
Number of Participants since program began:	20,000+ through curriculum, many more through tournaments and other activities
Networks and platforms:	Grassroot Soccer; streetfootballworld; Football for Hope; Sport for Social Change Network
Website:	www.kick4life.org

loveLife

Location

South Africa



Mission

Constitutes South Africa's national HIV prevention program for youth. Launched in September 1999 by a consortium of leading South African public health organizations in partnership with a coalition of more than 100 CBOs, the South African government, major South African media groups, and private foundations. loveLife combines a highly visible sustained national multi-media HIV education and awareness campaign with countrywide adolescent friendly service development in government clinics, and a national network of outreach and support programs for youth. loveLife is a comprehensive, evidence-based approach to youth behavior change that implements, on an unprecedented scale, the international experience of the past 20 years—combining well-established public health techniques with innovative marketing approaches to promote healthy AIDS-free living among South African teenagers.

lovelife games

Using football since:	2005
Number of	500,000+ through curriculum,
Participants per year:	tournaments, leagues, camps and other activities
Networks and platforms:	Sport for Social Change Network
Website:	www.lovelife.org.za

Audience

Youth and young adults

Activity

1. A sustained **multi-media education and awareness campaign** – including television, radio, outdoor media and print – educating young people about HIV and promoting dialogue about sexual health issues.
2. The **National Adolescent-Friendly Clinic Initiative**, a major drive to establish adolescent health services in South Africa's 5,000 public clinics.
3. A national network of 16 multi-purpose youth facilities, known as "**Y-Centres**," providing recreation and skills training, as well as sexual health education and care in non-clinical settings.
4. A countrywide program of community-level outreach and support to young people (including 3,500 schools) led by a national volunteer corps of more than 1,500, 18-25 year olds known as **loveLife groundBREAKERS**.
5. A nationally accessible toll-free telephone helpline for young people providing specialized sexual health information, counseling and referrals averaging 300,000 calls per month.
6. The **loveLife Games**, the largest school sports competition in South Africa, promoting healthy living, self-motivation and personal achievement to more than 400,000 school students annually.

Impact

loveLife's evaluation program is one of the most comprehensive of its kind in the world, combining a large-scale national surveillance study (repeated at two year intervals) with in-depth surveys at 33 sentinel sites. **loveLife** is tracking its impact over time not only on attitudes and self-reported risk behavior among teenagers, but also on HIV, other sexual transmitted infections, and teenage pregnancy. The evaluation program is led by the Reproductive Health Research Unit of the University of the Witwatersrand in partnership with the Medical Research Council of South Africa. The Center for AIDS Policy at the University of California at San Francisco provides independent external reviews. The results of the first of this series of loveLife evaluations were published in April 2004.

It has a significant community footprint, operating in 5,200 secondary schools (47% of total), 500 public clinics (14% of total), and in partnership with 180 community-based organizations. Its community programs are supported by a large multi-media component including radio programs on 10 regional radio stations. loveLife has operated as a non-profit organization for the past ten years, funded by the Department of Health, Social Development, Sports and Recreation and other donors, including the Kaiser Family Foundation and Bill & Melinda Gates Foundation. See, <http://www.kff.org/about/lovelife.cfm>

Mathare Youth Sports Association (MYSA)

Location

Nairobi, Kenya

Mission

To help young people become responsible citizens and develop healthy bodies and minds. Activities include providing training and organizing tournaments in the 16 most deprived areas of Nairobi. The focus is on behavior change and communication with youth aged 10-24 to address risky behaviors such as unprotected sex, having multiple sexual partners, and cross-generational relationships. Programs involve leadership training, environmental cleanups, HIV/AIDS awareness programs, and other community service activities.

Audience

Youth 10-24

Activity

The program integrates sport and life skills and empowers peer educators who in turn train fellow youths and other members of their respective communities with workshops, community outreach program, and supply of IEC material both to MYSA players and the community at large. It uses a MYSA training curriculum on HIV/AIDS and reproductive health to guide teachers and trained peer educators in local schools and peer to peer education sessions.

Impact

MYSA leaders, coaches and player trained as peer education – 60. People reached through community outreach interactive program – 15,500. Youth counseled and tested on HIV – 361. Youth in schools reached with HIV/AIDS information – 40,000.



Giving youth a sporting chance

Using football since:	2005
Number of Participants since program began:	40,000+ through curriculum (18,000 girls, 22,000 boys); 15,000+ through community outreach; 60 peer educators trained (30 male, 30 female)
Networks and platforms:	Kicking Aids Out—conducts HIV leader trainings in other countries through KAO network (e.g. in Botswana with SEDYEL); streetfootball-world; Football for Hope;
Website:	www.mysakenya.org

NawaLife Trust (NLT)

Location

Windhoek, Namibia

Mission

To improve the quality of life in public health by empowering community members and stakeholders through innovative behavior change communication. NawaLife Trust's **NawaSport Program** uses football as a means of educating youths in areas such as HIV/AIDS prevention and care, and life skills activities. It taps into the power of football to capture the attention of young men and create an environment where they feel comfortable exploring both serious and sensitive issues. Specifically, the focus is on breaking stereotypes and associated stigma, developing an awareness of risky behaviors—specifically multiple-concurrent partners, alcohol abuse, and gender inequality, and providing opportunities for HIV testing, male circumcision programs, and life skills development.

Audience

Primarily men 15-35; prison inmates

Activity

In addition to curriculum delivery, NawaSport runs nationally renowned Street Soccer tournaments and engages former Namibian National Team players as champions for HIV prevention. NawaSport identifies coaches from football teams who are interested in attending 14 training sessions over 1 week with the NawaSport guide. The trained coaches then work with formal and informal soccer teams, leading them through the 12 NawaSport training components. Since 2006, NLT has also introduced its NawaSport training into prisons. Prison inmates are considered to be one of the most HIV at-risk populations in Namibia. The NawaSport program provides prison inmates with knowledge to help them protect themselves against sexually transmitted diseases. After the successful pilot program at Walvis Bay prison, NLT is now considering expanding to involve inmates at two more prisons.

NawaSport activities are usually advertised on radio, TVs, and in newspapers. This includes tournaments, upcoming trainings, and other special events organized by NawaSport. A private TV station, One Africa Television, has signed an agreement with NLT to cover all NawaSport Tournaments. NawaLife Trust is also involved in producing mass media campaigns for national HIV AIDS media campaigns. Former National team players, namely Congo Hindjou and Lolo Goraseb, are NawaSport ambassadors. They have been ambassadors since 2007 and promote the program in the different communities where the project is active. They also do motivational speeches in schools on the importance of behavior change among young people.

Impact

NLT operates its NawaSport Program at 12 different sites and has reached more than 10,000 individuals.



NawaLife Trust
namibian centre for communication programmes

Using football since:	2003
Number of Participants since 2007:	10,000+ through curriculum
Networks and platforms:	Grassroot Soccer; streetfootballworld; Football for Hope; Sport for Social Change Network
Website:	www.streetfootballworld.org/network/all-nwm/nawalifetrust

Play Soccer

Location

South Africa, Senegal, Ghana, Cameroon, Malawi, Zambia

Mission

To empower children and youth to lead change in Africa's most underserved communities. Using a grassroots educational program and recreational sport, Play Soccer unites children, youth, and communities, while promoting their health and physical and social development.

Audience

Youth ages 5-24

Activity

A year-round educational program is presented with physical, health and social skills packaged into a fun, activity-based curriculum. It is the result of collaboration with academic institutions, sporting bodies, NGOs and institutional experts, and is carried out by Play Soccer's Country Network across Africa. Key topics include: how the body works and how to care for it; nutrition and sanitation; disease prevention; self-esteem, respect, conflict resolution; leadership and teamwork. Play Soccer's network of independently run country organizations encourages community-led change.

Impact

By recruiting and training vulnerable youth to teach the program, previously unattainable knowledge and community leadership skills are gained and distributed. Play Soccer fosters global solidarity among children and youth and supports the United Nations Millennium Development Goals through the organization of an annual high-profile advocacy event: The Global Peace Games.



Using football since:	1999
Number of Participants since program began:	40,000+ through curriculum
Networks and platforms:	streetfootballworld; Football for Hope
Website:	www.playsoccer-nonprofit.org

Right to Play International

Location

Global

Mission

Right To Play is committed to every child's right to play. The organization gives children a chance to become constructive participants in society, regardless of gender, disability, ethnicity, social background, or religion. Through games and sports, Right to Play helps create social change in communities affected by war, poverty, and disease. The organization engages key decision-makers from the development, sport, business, media, and government sectors and further ensures every child benefits from the positive power of sport and play.



Right to play training program in Liberia and "the red ball"

Audience

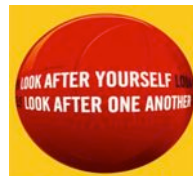
Youth worldwide

Activities

A team of top athletes from more than 40 countries support Right to Play. As role models, these athletes inspire children and raise awareness about Right To Play internationally. Each week, more than 688,000 children take part in regular sport and play activities and a combined total of more than 1 million children attend regular programming and special sports events and festivals.

Impact

In 2007, Right To Play published *Results*, its first comprehensive review of the organization's impact since embarking upon its mission to improve the lives of children in some of the world's most disadvantaged areas. Right To Play has seen the number of children reached in regular activity (as well as festivals, summer camps and other events) grow from 37,178 in 2001 to more than 1 million in 2009. Similarly, the number of active Coaches that are engaging children in regular activity increased from 180 in 2001 to almost 14,000 in 2009.



RIGHT TOPLAY

Using football since:	2000
Number of Participants:	688,000+ per week (all programs—individual program stats unavailable); 14,000 active coaches
Networks and platforms:	Kicking Aids Out;
Website:	www.righttoplay.com

South East District Youth Empowerment League (SEDYEL)

Location

South East District Region, Botswana

Mission

To deliver high quality and creative youth sports programming with a focus on leadership and life skills in order to facilitate greater youth ownership of the program. Specifically, the program aims to: 1) facilitate youth HIV/AIDS prevention in South East District (SED); 2) Create real opportunities for male and female youth to be involved in their own development while working towards change (systemic, policy, or community cohesion); 3) Build individual resilience, self confidence, community connections, and critical analysis; 4) To increase youth understanding of social and political systems and structures; 5) To develop facilitation and practical skills (e.g. report writing, financial management, proposal development); and 6) To create safe spaces for young women to realize their potential.



SEDYEL tournament



Audience

Children and young people ages 9-25 within the South East District of Botswana, particularly those at risk of contracting HIV/AIDS,

Activity

SEDYEL operates via three streams: 1) Sport; 2) Peer Education; and 3) Girls Safe Spaces. SEDYEL runs district-wide, community-led football leagues involving 100 football teams (73 male and 27 female teams) with 2000 participants participating in tournaments in five villages in South East Botswana. The football league, tournaments and education activities are all led by youth leaders and are designed to both empower participating young people and promote life skills and safe sexual behavior. In addition to the leagues, SEDYEL runs a peer leadership and life skills project, which organizes sport and life skills education activities in schools and communities within the five villages in which it works. SEDYEL has a project director and each stream has a paid coordinator supported by zonal outreach volunteers in each of the five villages in the district.

Impact

SEDYEL has applied Mathare Youth Sports Association's (MYSA) experience in building youth-led teams while creating safe spaces for health education, HIV/AIDS prevention, and gender equity, and is seen nationally as a best practice with growing recognition for its work internationally. SEDYEL is currently seeking to expand its program to other districts in Botswana.

Using football since:	2002
Number of Participants:	2,000+
Networks and platforms:	Kicking Aids Out; streetfootballworld; Football for Hope; Sport for Social Change Network; partnership with MYSA
Website:	www.streetfootballworld.org/network/all-nwm/sedyel

Targeted AIDS Interventions (TAI)

Location

Kwazulu-Natal, South Africa; focus on rural communities

Mission

To provide men and other target groups with appropriate information and skills (negotiation, decision-making etc) in STIs, HIV/AIDS and other health related issues by using a non-directive approach that will apply the principles of KAMSE (Knowledge, Attitudes, Motivation, Skills and creating an Enabling Environment). This will enable TAI clients/beneficiaries to utilize the information and skills gained to design their own programs and make informed decisions. They work on the assumption that by empowering and sensitizing men, the lives of women will be improved.



Using football since:	1998
Number of	[Different programs]
Participants:	Shosholozza project: 2000 men, 340+ trained peer educators; Inkunzi Isematholeni project: 200 trained peer educators
Website:	www.targetedaids.co.za

Audience

Different projects target different audiences (e.g. Shosholozza AIDS Project: young men 16-21; Inkunzi Isematholeni Project: boys 9-15)

Activity

TAI initially focused on women in rural areas. However, women were unable to implement their prevention decisions because their male partners were deciding most sexual matters. TAI thus decided to work with men. Projects address the following: HIV prevention and condom use; personalizing risks; demystifying sexuality; understanding puberty; men's involvement in care and support for those infected and affected by HIV and AIDS; de-stigmatization; positive masculinity: being a man and a father, and understanding and promoting women's rights as equal rights; outreach. TAI has used soccer in the **Shosholozza AIDS Project** as a means of mobilizing and motivating participants, targeting young male football players 16-21 through school or sporting structures, with the assumption that they are more open to discussions about sexuality and changes in values, beliefs, and attitudes than older men. They are trained to disseminate HIV prevention messages to others in their social networks. Time is given for the peer educators to first come to terms with HIV in their own lives. When the groups feel prepared, they implement small projects within their communities: holding training workshops for neighboring soccer teams; organizing HIV-oriented soccer events; engaging spectators at matches; distributing condoms; and holding personal sessions with friends. In addition, the national football squad, Bafana Bafana, has helped promote the Shosholozza project by wearing project T-shirts and delivering HIV prevention messages at national games to large crowds of people. Based on experience in this project, TAI initiated the **Inkunzi Isematholeni Project** in 2001, which trained boys 9-15 as peer educators in order to address early sexual debut (i.e. boys 16-21 could already be HIV-positive) and change attitudes and behaviors at an even earlier age (Inkunzi Isematholeni is a Zulu idiom meaning "how the calf is raised will determine the quality of the bull"). Project activities are very similar to that of Shosholozza with content changed to be age-appropriate. The project expanded to include a "buddy" system in which children help other children in distress talk to teachers or TAI staff, spend time with them, or help them with homework.

Impact

For the Shosholozza project, a baseline survey of 100 young men, ascertaining the values, beliefs, and possible risk-taking behaviors of participants, showed that 95% of the boys had never used condoms; all those who were sexually active had more than one current sexual partner; and 3% said that a woman has a right to say "no" to sex. None of them believed that either they or their partners could be infected with HIV. A survey of partners of peer educators reported that 93% reported that their partner had spoken to them about HIV/AIDS and 100% of the female partners could cite 3 reasons for using condoms (to prevent HIV/AIDS and STIs, and to avoid pregnancy). The Shosholozza project's trained groups' outreach program for soccer clubs educated an estimated 2000 men in basic HIV information and prevention. Inkunzi Isematholeni trained 200 boys and young men as peer educators. It has become self-sustaining and has also acquired a group of female peer educators in one of its original 20 schools (TAI coordinators regularly visit groups to reinforce training.)

Vijana Amani Pamoja (VAP) (formerly Capital Area Soccer League)

Location

Nairobi, Kenya

Mission

To integrate social and economic activities through football by creating a pro-active health environment. VAP trains youth to be both healthy and active, and to also encourage healthy lifestyles and HIV prevention in their communities. VAP challenges youth to think creatively and critically and to share information with their peers.

Audience

VAP works with both boys and girls aged 12-18 years old. HIV/AIDS has affected most of their lives and some are HIV-positive. Many have also lost one or both parents to HIV/AIDS and come from families living in extreme poverty.

Activity

VAP uses Grassroot Soccer's curriculum to support its football program and HIV/AIDS prevention activities. In May 2006, VAP hosted an international youth workshop in conjunction with National Alliance Youth Sports (NAYS). VAP member and youth coaches participated in the workshop, with the attendees being trained on leadership skills and on how to integrate social issues into sport and interactive games as part of the on-going "Game On" program. "Game On" – a NAYS program – is active in Kenya and provides youth with an opportunity to actively participate in sport and physical education; it also allows them to discuss their feelings about issues that directly affect them.

In support of the 2010 FIFA World Cup, VAP has organized three "Kick N Test VCT Pre-World Cup" tournaments, the first of which took place on December 12, 2009 and the second on April 4, 2010.

Impact

In 2009, VAP impacted the lives of 5,000 participants recruited from schools and community centers. According to evaluative pre and post intervention questionnaires, feedback reports, and interviews measuring changes in student knowledge and attitudes about HIV/AIDS (delivered by VAP peer educators and staff), participants consistently gained more knowledge about HIV/AIDS, avoiding risky behaviors and delivering their own HIV/AIDS intervention messages to their friends, families and the community.



Using football since:	2000
Number of Participants:	3,700+ graduates of Grassroot Soccer's Skillz Curriculum in 2009-2010
Networks and platforms:	Grassroot Soccer; streetfootballworld; Football for Hope
Website:	www.vap.co.ke

Whizzkids United

Location

South Africa, Uganda, Ghana

Mission

Uses football as a medium to teach boys and girls essential life skills designed to enable healthy behavioral change. WKU strives to enhance the children's social environment through Peer Education and to support them with adolescent-friendly health and counseling services through Health Academies. WhizzKids United's goal is to provide HIV/AIDS prevention, care, treatment, and support for youth worldwide.

Audience

Youths aged 11-16 in areas heavily affected by HIV/AIDS

Activity

Africaid, WKU's parent organization, first started in 2003 by funding and building a Youth Sports Centre/HIV Clinic in northern Ghana, which is currently used by over 350 kids each day. Africaid in 2003 also developed one of the first ARV training manuals for Health Professionals in South Africa, which has been used globally and translated into over 5 different languages.

Africaid founded WhizzKids United in 2005. The pillar of WKU's program is a football-based HIV prevention curriculum (primarily delivered in schools) that aims to teach young people the necessary life skills to avoid infection. WKU also seeks to provide continual follow-up support through WKU Health Academies, one of which so far has been launched in Edendale, South Africa.

Incorporating elements and principles from the 'beautiful game', WhizzKids United ensures that behavioral change is created in a fun and motivational learning environment. Using football as an analogy, experts inform participants of the risks of HIV infection and about preventative measures. The life skills taught range from health-orientated values to specific capabilities which are designed to help the children react with confidence and knowledge to the obstacles and dangers of everyday life.

Impact

WhizzKids United now runs in three African countries, and put a total of 3,099 kids through the Life Skills program in 2008/09, roughly a threefold increase over previous years (1,190 in 2007/08 and 1,001 in 2006/07). Africaid has a strategic plan to expand the reach of its lifesaving program over the next four years, and in so doing, to harness the excitement generated by the 2010 FIFA World Cup as a vehicle for social change. There have been more than 10,000 graduates of the WhizzKids United program to date.



Whizzkids in training session



Using football since:	2005 (Africaid founded in 2002)
Number of Participants:	3,099 in 2008-2009
Networks and platforms:	streetfootballworld; Football for Hope; Sport for Social Change Network
Website:	www.whizzkidsunited.org

Kicking Aids Out (KAO)

Location

Kicking Aids Out is a global network with member organizations, partners, and associates operating in many sub-Saharan African countries (see website for details).

Mission

Kicking AIDS Out promotes the use of sport as a tool for development. Kicking AIDS Out sees sport as a way of bringing people together to participate in fun and educational games and activities while allowing for the delivery of knowledge and practical skills about how to live a positive and healthy life. Sport and physical activity are used to build awareness about HIV and AIDS, and to create an environment where peers can discuss issues affecting their lives and their communities. The concept goes beyond HIV and AIDS education and places a strong emphasis on facilitating the development of life skills in youth.

Audience

Youth

Network Model

Kicking AIDS out is an international network of sport-for-development NGOs, organizations, and national sport structures working as a collective to raise awareness about how sport and physical activity programs can be adapted to promote dialogue and education about HIV and AIDS and to facilitate life skills training. Members must complement existing development programs of national sport structures in their country rather than operating as parallel programs and structures: organizations seeking membership in the Kicking AIDS Out network are asked to demonstrate how they are working with national sport structures in their country. A major focus of the network is to support locally run initiatives in building up capacity of youth leaders as Kicking AIDS Out facilitators so that the concept can be woven into the fabric of community programs and sport initiatives. Through membership in this network, organizations are afforded the opportunity to share and discuss their unique experiences of combining sport, physical activity, and HIV and AIDS education. Various forums exist for members to share their learning about sport and its current and potential impacts in successful HIV and AIDS education methodologies, youth leadership development, girl's empowerment, and the promotion of healthy lifestyle choices.

Membership in this international network also means opportunities for youth leaders and participants to come together to share and learn from one another's experiences of how individual organizations are using sport to empower youth. Beyond youth development, the Kicking AIDS Out network places a great deal of importance on supporting the strengthening of sport-specific education and programming. Quality coaches, trainers, and programs are integral to promoting positive community development. The Kicking AIDS Out network also supports members in strengthening their organizational capacity.



Using football since:	2001
Number of members:	24+
Network root:	Secretariat: Norwegian Olympic and Paralympic Committee and Confederation of Sports (NIF) in Cape Town, South Africa; Originally initiative of Edusport Foundation in Zambia which was adopted by NORAD (Norwegian Development Agency) and NIF
Major Partners:	UK Sport, Commonwealth Games Canada, and NIF
Website:	www.kickingaidsout.net

streetfootballworld

Location

More than 80 organizations

Mission

To effect social change on a global scale. streetfootballworld is a social profit organization that links relevant actors in the field of development through football. The organization encourages global partnerships for development in order to contribute to positive social change. streetfootballworld develops approaches to social challenges by working with governments, businesses and NGOs, and providing advice on development, investment and business strategy.

Audience

Youth worldwide

Network Model

1. Bringing local initiatives together

A cornerstone of streetfootballworld's work is the **streetfootballworld Network**, which connects and strengthens football-based community initiatives from around the globe. With over 80 organizations worldwide, the network enables members to share best practices, create new partnerships, and enrich their own programs by building on the experiences of others.

2. Connecting investors and social entrepreneurs

streetfootballworld draws on the successful field experiences of locally active organizations in the network that are creating new and innovative solutions for social challenges. streetfootballworld helps translate these solutions into investment opportunities or helps make these solutions integral parts of regional and global development strategies. streetfootballworld unites organizations, companies, and institutions to implement sustainable approaches to Development through Football.

3. Partnering with professional football

Through the Football for Hope movement, jointly implemented with FIFA, streetfootballworld is activating the world of professional football. Clubs, associations, players, and commercial partners are recruited to help use football as an instrument in solving a variety of social challenges. The goal of the movement is to have made a meaningful contribution to the UN Millennium Development Goals by 2015.



Using football since:	2001
Number of members:	80+
Network root:	Strategic alliance with FIFA; home office in Berlin, Germany, regional offices in South America and Southern Africa
Major Partners:	Architecture for Humanity, Adidas, Ashoka, AVINA STIFTUNG, buw, Cisco Networking Academy, DLA Piper, FIFA, German Federal Ministry for Economic Cooperation and Development (BMZ), German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ), Greenfields, The Inter-American Development Bank (IDB), The Jacobs Foundation, SONY, Union of European Football Associations (UEFA), Youth Football Foundation, Youthbuild International
Website:	www.streetfootballworld.org

Annex B

Sample Survey

Survey Questions for Organizations Using Football as a Vehicle to Provide for HIV/AIDS Prevention



A) Intervention

1. Please define your target audience as specifically as possible.
2. Please provide your defined goals and objectives.
3. Is your intervention based on behavior or social science theory?
Please make references.
4. Is your intervention focused on a specific high-risk behavior?
(e.g. sugar-daddies, multiple concurrent partners, uptake of condoms)
5. Is your intervention gender specific?
If yes, how?
6. Does your intervention distinguish between HIV positive /AIDS infected and untested?
If yes, how?
7. Is your intervention generic or is it tailored to country or community context?
If it is tailored, how is that done?
8. Do you consider your intervention reproducible in other contexts?
Please explain why and why not.

B) Implementation

1. Does your intervention follow a plan or implementation schedule?
If yes, please share details.
2. Does your intervention require trained personal or staff?
If yes, please explain why and how they are trained.
3. What are the elements of your interventions when delivered?
(e.g. training, workshop, repeat HIV prevention messages)
4. Does your intervention require tools, materials, or handouts?
If yes, please specify and share tools if possible.

5. Does media (radio/television) form part of your interventions.

If yes please explain how

6. Do you have pre-existing relationships with media outlets?

If yes, which and what is the nature of your collaboration?

7. Have you ever used professional or semi- professional footballers in conjunction with your interventions?

If yes, please explain how and what benefit or difference their involvement had in the delivery of your intervention.

C) Organization

1. What are the administrative inputs provided by your organization for the intervention?

Are these adequate?

2. How much does the intervention cost?

Please provide a breakdown if possible.

3. Please provide intervention cost per person if known.

4. How is your intervention funded?

5. How is your funding generated?

6. Does your organization mobilize political/institutional support for your intervention?

If yes, please describe how

D) Impact

1. How many individuals have been reached by your intervention?

Please indicate time frame and breakdown into segments if possible.

(e.g. Primary/secondary targets, Gender, Age group)

2. Do you have a quantified cost savings for which your intervention is responsible?

If yes, please share how it was calculated.

3. In which countries, states, provinces and cities has your intervention been carried out?

4. Is there data/evidence available evaluating the success/ impact of your intervention at preventing HIV/AIDS?

If yes, please provide and references.