GRASSROOT SOCCER: *Using the Power of Soccer in the Fight Against AIDS in Africa*

www.grassrootsoccer.org

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ABSTRACT

GRASSROOT SOCCER is an HIV prevention project and part of the University of New Mexico's pediatric residency advocacy training program.
In 2001, The University of New Mexico Pediatric Residency Program began a longitudinal 2 year program to teach skills in advocacy and community Pediatrics, known as the PARC (Pediatric Advocacy, Rural and Community) program.
All residents are required to submit a proposal for an advocacy project. Grassroot Soccer sprang from that proposal.
The goal of Grassroot Soccer is to reduce the spread of HIV, by increasing the knowledge and reducing the stigma of HIV among Zimbabwean youth by using professional soccer players, heroes in the community, to work with at risk children. Zimbabwe has one of the highest HIV rates in the world. The surgeon general recently stated in regard to the response to international HIV, "The emphasis must be upon the basic elements of prevention-education, behavioral change". These are the areas in which GRASSROOT SOCCER is focusing efforts.

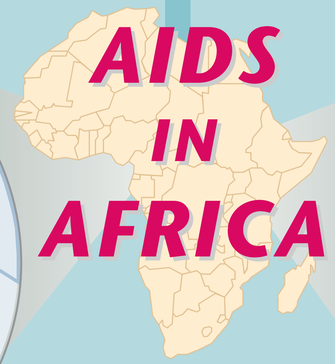
METHODS:
Coalition Building: In developing the program, a Board of Directors was created including professionals in public health, motivation psychology, finance, law and public figures in the United States. In addition, an advisory board consisting of professionals on medicine and public health, public relations and former professional soccer players, some American and some from Africa. Soccer players are role models and role models are highly effective at generating self-efficacy, the confidence in ones ability to change behavior. (2)
Curriculum Development: Using expertise from the Board of Directors and Advisory Board, in addition to assistance from the CDC, a curriculum targeting 11-14 year old children was developed. The communities targeted are boys and girls, ages 11-14 in the township of Mzilikazi, Ntumbani, Luveve in Bulawayo, Zimbabwe.

INTERVENTION:
The intervention is currently underway and has been funded by benefits held across the country and more recently by a Gates grant. In September 2002, I traveled to Zimbabwe to set up the project. Grassroot Soccer staff met with many school principals, teachers and the Ministry of Education. Six professional Zimbabwean soccer players were enrolled, including 4 national team players, 2 of them women, and they began preparing to be educators by enrolling in HIV educator program run by a local group, the Matabeleland AIDS Council.
On Feb. 7, 2003 the players began work with children. We plan to reach over 2000 children during the first 7 months.
To assess outcomes we have collaborated with the CDC and have constructed a pre and post intervention questionnaire. We plan to assess 9 levels of awareness about HIV transmission, attitudes about HIV, effectiveness of individuals strategies to avoid contracting HIV. By August of this year we will have completed the pilot study and will be able to ascertain if it was successful.

CONCLUSION:
Using a pediatric residency advocacy training curriculum as a springboard, a novel program using professional soccer players to teach AIDS awareness and prevention to children in Zimbabwe has been developed. By utilizing a diverse and broad based, we were able to develop a curriculum, secure funding sources and implement a pilot project within 18 months of conception.

THE PROBLEM

- 76% of Global HIV cases are in Sub-Saharan Africa
- 25 Million AIDS orphans by 2010
- Zimbabwe
  - Population 11.4 million
  - Disease Facts:
    - > 34% percent of adults (15-49) infected
    - Life expectancy decreased
      - 63 years to 39 years in last decade
    - 35-40% of expectant mothers infected
    - Remains a taboo subject



THE GOAL

- To reduce the Spread of HIV by training well known African soccer players to educate at risk youth about the dangers of HIV infection and about the most effective ways to protect themselves
- US SURGEON GENERAL:
  "The emphasis must be upon the basic elements of prevention"
- SUCCESSFUL CAMPAIGNS
  - Uganda, Senegal
  - Community Education

THE STAFF

• **Kirk Friedrich** - Managing Director • **Methembe Ndlovu** - Program Director • **Jamie Clark** - Liason Officer for United States • **Blaine LeGere** - Director of Awareness & Fundraising • **Phillip Jackson** - Director of IT & New Media

ZIMBABWEAN SOCCER PLAYERS/ GRASSROOT SOCCER TEACHING FELLOWS:
• Gift Lunga Jr • Bekithemba Ndlovu • Melusi Ndebele • Makhey Nyathi • Mkhuphali Masuku (Amazulu)• Herbet Dick (Amazulu) • Sithethelelwe Sibanda • Nomsa Moyo

PREPARATION

ESTABLISHING A NON-PROFIT ORGANIZATION

- 501c3 - to receive tax deductible donations
- Establishing a Board, Advisory Committee, Staff
- Fundraisers (dinners, youth soccer, celebrity game), web-site, grants

GROUNDWORK IN ZIMBABWE

- Ensuring access to children
- Identifying and training professional players
- Establishing contacts with Zimbabwean officials, health organizations
- Creating a local advisory board

RATIONALE FOR PROGRAM

- **SOCIAL COGNITIVE LEARNING THEORY**
  - Dr. Albert Bandura
    - Learning occurs through:
      - Own Experience
      - Observation of other's actions
      - Children's learning greatly affected by confidence in self and own abilities
      - Self-confidence increased through role models
- **SOCCER IN ZIMBABWE**
  - Most Popular Sport
    - Over 6 million spectators per year
    - Players revered as heroes/role models
      - Free time during day between training sessions
      - Symbols of health and vitality
- **GRASSROOT SOCCER:**
  - Use professional soccer players in Zimbabwe
    - Educate children 11-14 about HIV/AIDS
    - Role Model effective behaviors to prevent HIV/AIDS
  - Use American soccer players to partner with Zimbabwean players
    - Develop teaching skills
    - Implement curriculum
    - Assist with monitoring and evaluation of program

Bandura, A. Self-Efficacy: The Exercise of Control. New York: WH Freeman; 1997.

CURRICULUM

- Four 1.5 hr sessions over two weeks
- Thirty children (boys and girls)with 2 players
- Pre and post intervention questionnaire
- Objectives
- Decrease stigma
- Increase understanding and dialogue
- Educate re abstinence, fidelity, condom use
- Increase knowledge of services
- HIV testing and counseling centers
- Condom availability
- Graduation ceremony
- Informal gathering on weekend at end of four sessions
- Friends, family, former "graduates" invited
- Certificates, t-shirts handed out
- Children play pick-up soccer with professional players
- HIV message given through ceremony to all present - eg "The following students have learned..."

FUNDING:
Local Fundraisers - $70,000 • Boston MA; New York, NY; Los Angeles and Palo Alto, CA; Phoenix, AZ; Albuquerque, NM; Hanover, NH. **Grants – $70,000** • Bill and Linda Gates Foundation• Hewlett Packard Computer - 6 laptop computers and LCD +projector• Google – Google Grant: Free promotion and link to website under specific search words

NEWSLETTER

THE GRASSROOTSOCCER GAZETTE

Using the Power of Soccer in the Fight Against AIDS

LESSONS LEARNED...

1. Identify an at risk audience
2. Intervention can not be done in isolation, but must be linked to other services
3. Program needs to be emotionally compelling
4. Program must rely on role models
5. Intervention must be embedded in social and cultural norms
6. Resident advocacy training develops skills in identification of child and community health needs and in the development and implementation of novel programs to address those needs