

A Playbook for Practitioners in HIV, Youth and Sport

November 2007



Table of Contents

Executive Summary	2
List of Abbreviations and Acknowledgements	3
I. Introduction	4
II. Experiences From the Field: Two <i>Plus Sport</i> HIV Prevention Programs in Liberia and Southern Sudan	6
A. Results: Change in HIV/AIDS Knowledge and Attitudes	7
B. Discussion	9
1. Program Design	9
2. Methodology	9
3. Implementation	9
III. The Potential for <i>Plus Sport</i> Programming: Using Lessons Learned From Liberia and Southern Sudan	11
A. The Added Value of the <i>Plus Sport</i> Approach in Youth HIV Prevention Programs: Lesson Learned and Recommendations	11
1. Strengthening Participant Recruitment and Retention	11
2. Increasing HIV/AIDS Knowledge and Attitudes Using Participatory Games-Based Methods	12
3. Strengthening Youth-Serving Networks through Developing Mentor Capacity and Credibility	13
4. Facilitating Program Placement and Linkages to Services	16
5. Planning for the Challenges of Operating in Post-Conflict Settings	17
6. Challenging Gender Norms through Girls' Participation	18
B. Limitations of the <i>Plus Sport</i> Approach in Youth HIV Prevention Programs	19
1. Prioritization of Sport/Play Activities	20
2. Exclusion of Physically or Mentally Challenged Youth	20
3. Unintended Harm to Participants	21
IV. Conclusion	22
V. Mentor Profile: Building Resiliency	23
VI. References	24
VII. Annex 1: Standards for Effective <i>Plus Sport</i> Youth HIV/AIDS Programming – Checklist	26
Table, Figures and Sidebars	
Table 1: Comparisons of <i>Yes To Soccer</i> and <i>Sports for Peace and Life</i>	7
Figure 1: Comparing Knowledge and Attitude Increases by Program and Question	8
Figure 2: Suggested Steps for Implementing a <i>Plus Sport</i> HIV/AIDS Program	10
Figure 3: Sources of Motivation for Youth Participation in <i>Sports for Peace and Life</i>	11
Figure 4: The Importance of Sports for Youth Participants in <i>Sports for Peace and Life</i>	12
Figure 5: Creating a Mentor Support Team	14
Figure 6: Trusted Community Sources of HIV/AIDS Information as Reported by Youth in Southern Sudan	15
Sidebar: Reducing Barriers to Working with Out-of-School, Low-Literacy Populations	19
Sidebar: Harnessing the Power of Equipment to Complement, Not Complicate, <i>Plus Sport</i> Programming	20

Cover Photos (clockwise from left top): **Liberia**, Cassandra Nelson/Mercy Corps; **Sudan**, Cassandra Nelson/Mercy Corps; **Sudan**, Matt Streng/Mercy Corps.

The contents are the responsibility of Mercy Corps and do not necessarily reflect the views of any of the donors who have supported our programs.

Copyright © 2007 Mercy Corps All Rights Reserved

Executive Summary

A growing consensus exists within the HIV/AIDS field that prevention programs present great hope for stemming the rise of the epidemic among the 15-24 year old age group – an age group representing 40% of all new infections. This discourse is paralleled by an increasing need to translate recommendations for prevention programming into effective practice.

An increasing number of international and national non-governmental organizations (NGOs) and governmental organizations see sport-based programming as a highly effective approach to addressing the HIV/AIDS epidemic.

Within the HIV/AIDS sector, there is growing recognition that Sport for Development (SfD) approaches can achieve significant HIV prevention goals. Additionally, within the Sport for Development field, there is also increasing recognition of its potential to develop effective youth HIV/AIDS programs. This paper encourages practitioners to develop *plus sport* programs that have non-sport, HIV/AIDS-related outcomes as their primary objectives.

Mercy Corps has utilized sport as a vehicle for complementing global humanitarian aid and development objectives for a number of years. However, only since 2006 has Mercy Corps looked to a sport-based approach to increase young people's HIV/AIDS knowledge and protective attitudes in a more rigorous way, coupled with an increased emphasis on comprehensive monitoring and evaluation.

The *Yes To Soccer* program in Liberia and the *Sports for Peace and Life* program in southern Sudan – implemented by Mercy Corps in partnership with Grassroot Soccer and supported by USAID and Nike Inc. – represent two examples of programs that used mentors to lead youth in a prevention program using a theory-based curriculum. Both of these programs succeeded in increasing youth knowledge and protective attitudes regarding HIV/AIDS. *Yes To Soccer* reported a 27% increase in youth knowledge and attitudes from pre- to post-test (from 58%-85%). The program was placed within an existing youth life skills program targeting older youth. *Sports for Peace and Life*, while reaching a larger number of participants, showed a more moderate 12% overall increase in youth knowledge and attitudes (from 69%-81%) across 16 HIV/AIDS related questions. High knowledge and attitude baselines were observed on a number of pre- and post-test survey questions. This may have led to lower overall knowledge and attitude gains due to a “ceiling” effect that limited the degree to which the percentage could increase. The duration of each program was under one year and longer programs would provide greater opportunity to address and evaluate behavior change.

A number of lessons learned through these two programs provide valuable insight into developing future *plus sport* youth HIV/AIDS programs elsewhere. These recommendations include:

- Plan for adequate time on the front-end to conduct a comprehensive assessment prior to implementation, and on the tail-end to ensure that knowledge, attitude or behavior change can be measured.
- Embed *plus sport* programming in viable youth-serving structures.
- Dedicate significant time and resources to identify or develop a theoretically-sound curriculum with games-based methodologies that mentors can facilitate with youth.
- Identify, recruit and retain respected mentors and provide mentors with the support they need to succeed.
- Assess local HIV/AIDS preventive and treatment services and – where available – design programs that encourage youth to utilize those services.

The recommendations and tools provided in this document are intended to contribute to the developing body of knowledge on promising practices within sport-based youth HIV/AIDS programming. The time has come to meet the growing interest in applying a Sport for Development approach to youth HIV/AIDS programming with an evidence base to guide practitioners as they develop preventive programming and contribute to achieving the United Nations Millennium Development Goal number six that aims to halt the spread of HIV/AIDS by 2015.

List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
GRS	Grassroot Soccer
HIV	Human Immunodeficiency Virus
INGO	International Non-Governmental Organization
KAB	Knowledge, Attitudes and Behavior
MCYS	Ministry of Culture, Youth and Sports – Government of Southern Sudan
NGO	Non-Governmental Organization
PLHA	People Living with HIV/AIDS
PLA	Participatory Learning and Action
SfD	Sport for Development
SfPL	Sports for Peace and Life
STI	Sexually Transmitted Infection
ToT	Training of Trainers
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counseling and Testing
YES	Youth Education for Life Skills
YTS	Yes To Soccer

Acknowledgments

Mercy Corps would like to acknowledge the support of the agencies, and staff of those agencies, that contributed to the design, implementation and evaluation of the *Yes To Soccer* (YTS) and *Sports for Peace and Life* (SfPL) programs. Additional thanks go to those who assisted with the development and review of this paper.

Our thanks to USAID OTI and OFDA for funding YTS and SfPL respectively; Grassroot Soccer (GRS) for both their partnership and technical curriculum, training and implementation support; Nike Inc. for generously providing sports equipment for both programs and financial support for SfPL; in-country partners affiliated with Youth Education for Life Skills (YES) in Liberia and The Ministry of Culture, Youth and Sports in southern Sudan; Schwery Consulting for evaluating the added value of sport in SfPL. We would also like to acknowledge additional monitoring and evaluation support by GRS, Mercy Corps' headquarter – and field-based monitoring and evaluation, review and editing staff as well as Matt Streng, the primary author of this paper.

Without their support, YTS, SfPL and this paper would not have been possible. Thanks!



A young girl contemplates balls that represent the potential consequences (STIs, pregnancy and HIV/AIDS) of unprotected sex. Juba Town, southern Sudan. Photo: Matt Streng/Mercy Corps

I. Introduction

Across the globe, more than ten million young people live with HIV (UNAIDS, 2004). Each day, nearly 4,000 new infections among people ages 15 to 24 occur – representing 40 percent of all new adult infections (UNAIDS, 2006). The need for effective youth HIV/AIDS programming cannot be overstated. In 2001, in an effort to mobilize a response to this need, the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS called upon Member States to ensure that:

“...by 2010 at least 95 percent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV/AIDS education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.”

– (UNGASS, Declaration of Commitment on HIV/AIDS, 2001, Article 53)

Practitioners are consequently tasked with developing programs that enhance life skills and utilize social networks to deliver HIV/AIDS information.

Sport for Development

An emerging field with the potential to strengthen youth and HIV/AIDS programs is Sport for Development (SfD).



In recent years there has been a rapid growth in the number of SfD programs that aim to address the HIV/AIDS epidemic¹. In part this interest has been fueled by the establishment of a UN Inter Agency Task Force in 2003 that identified sport's role as a “vehicle to help mitigate the spread and impact of HIV/AIDS” (United Nations, 2003). In 2006, two international conferences, the XVI International AIDS Conference in Toronto and the Tackling AIDS through Sport conference hosted by UK Sport in London, examined the role of sport in fighting the disease. With this groundswell of interest from both the HIV/AIDS and Sport for Development fields comes an emerging need to identify promising evidence-based practices.

Sport Plus and Plus Sport

Within the SfD field it is necessary to distinguish between two approaches: *sport plus* and *plus sport*.

SPORT PLUS	PLUS SPORT
Programming that involves young people in sport to learn new sports skills and/or improve health and social integration <u>Focus:</u> sport-related outcomes.	Programming that uses sport's ability to bring together young people to achieve health and social outcomes (e.g. HIV/AIDS and conflict negotiation) <u>Focus:</u> non-sport outcomes.

Sport plus seeks to establish and enhance sport structures such as governing bodies, youth leagues, coach trainings and organized competitions. The programs provide participants with the benefits of learning new sports skills and/or improved health and social integration through direct involvement in sports. While health and development outcomes can accompany these sports activities, they are not the primary objectives. Examples of *sport plus* program objectives are to develop coaching skills, improve girls' access to community sports facilities or train leaders on the formation of sports leagues.

¹ Two online sources, www.sportanddev.org and www.streetfootballworld.org, provide searchable lists of Sport for Development organizations and programs.

The *plus sport* approach emphasizes sport as a means to an end – utilizing sport's ability to attract young people to achieve non sport-related objectives (Coalter, 2006). *Plus sport* is not half-time shows with health messages, or distributing pamphlets or condoms at sporting events. *Plus sport* uses sport-based initiatives or sports networks paired with rigorous public health, conflict mitigation or other methodologies to achieve development gains. Examples of *plus sport* program objectives are to increase HIV/AIDS knowledge, attitudes and behavior (KAB) by having a coach lead his/her team through a curriculum or to help ex-child soldiers reintegrate into the community through mentors facilitating activities and discussions focused on building social skills and resiliency.

Plus sport programming – while loosely affiliated with sport structures – is not dependent on them for programming. In addition to sports teams and coaches, other youth-serving organizations, such as schools and youth clubs, and adult mentors can implement *plus sport* programs.

Standards for youth HIV/AIDS programming

Within the HIV/AIDS field, there is growing consensus on what components are needed for effective youth preventative programming. Family Health International (2006) recommends the following:

1. **High quality and theoretically-sound curricula;**
2. Peer education approaches;
3. Integrated reproductive health and HIV/AIDS services for youth;
4. **Youth-adult partnerships;**
5. Systems for synthesizing and utilizing information to improve programs;
6. Youth-targeted media;
7. Community-based initiatives;
8. Policy development and advocacy;
9. **Addressing social and gender norms;** and
10. **Capacity building and community involvement.**

While all of the components listed above contribute to developing effective youth HIV/AIDS programs, this paper will seek to address those highlighted in bold, as they were central components of the two *plus sport* youth HIV/AIDS programs implemented by Mercy Corps in Liberia and southern Sudan.²



Community mentors learn how to facilitate educational activities with youth during a Training of Trainers session. Rumbek Town, southern Sudan.

Photo: Matt Streng/Mercy Corps



A Sports for Peace and Life trainer leads community mentors through an educational game during a Training of Trainers session. Aweil Town, southern Sudan.

Photo: Matt Streng/Mercy Corps

² Any of the components listed can be incorporated in *plus sport* programming depending on the intended objectives of the program and resources available. Peer education approaches (#2) and integrated health and HIV/AIDS services (#3) are particularly well-positioned.

II. Experiences From the Field: Two *Plus Sport* HIV Prevention Programs in Liberia and Southern Sudan

Overview

Mercy Corps has implemented *plus sport* programs in Liberia and southern Sudan. In 2006, Mercy Corps implemented the *Yes To Soccer* (YTS) pilot project in Liberia to reach conflict-affected youth with basic HIV/AIDS information and life skills. In 2006-7 Mercy Corps implemented the *Sports for Peace and Life* (SfPL) program in southern Sudan to reach youth in all ten states with basic HIV/AIDS information and conflict negotiation and life skills. Both programs were conducted in partnership with Grassroot Soccer (GRS), a non-profit organization with extensive experience and success in southern Africa using their theoretically-sound curriculum and tested training model to reach in-school youth with HIV information. Funding for both programs was provided by USAID with additional support from Nike Inc. YTS was a six-month project embedded within an existing life skills program – Youth Education for Life Skills (YES) – to facilitate program implementation by engaging the program's existing community relationships, including mentors and youth participants (16-30 years old). SfPL was a nine-month program implemented in partnership with the nascent national- and state-level Ministry of Culture, Youth and Sports (MCYS) across ten states. SfPL recruited youth participants (14-25 years old) through community mentors (e.g. coaches, teachers and other youth-serving leaders).

Both YTS and SfPL trained community mentors to facilitate an eight-week curriculum designed to deliver basic HIV/AIDS information to youth participants. The curriculum uses Social Learning Theory and applies participatory games-based methodologies to impart HIV/AIDS information and life skills.³ An independent evaluation of Grassroot Soccer's curriculum by The Children's Health Council showed that the curriculum "significantly improves student knowledge, attitudes, and perceptions of social support related to HIV/AIDS" and that these changes were sustained, with few exceptions, over a five-month period (Botcheva, 2004). Community mentors participated in a Training of Trainers (ToT) to build their skills as peer educators and mentors to facilitate the curriculum. Mentors then facilitated the participatory games, activities and discussions with a group of approximately 20-30 youth from schools, sports teams and other youth associations.⁴ After completing the curriculum, mentors and youth participated in graduation ceremonies and sports tournaments to celebrate their accomplishments.



A *Sports for Peace and Life* mentor facilitates a post-activity discussion to reinforce key HIV prevention messages. Rumbek Town, southern Sudan. Photo: Matt Streng/Mercy Corps

³ GRS's curriculum was developed in early 2003 following extensive consultation with the Zimbabwe Ministry of Education, the US Center for Disease Control and Prevention, behavioral scientists, and educational consultants. Since then, the curriculum has been delivered in Botswana, Ethiopia, Liberia, South Africa, southern Sudan, Zambia, and Zimbabwe.

⁴ To see a slideshow of some of the curriculum's educational games being implemented in southern Sudan go to:
<http://www.mercycorps.org.uk/silentdisasters/haltingaids/1764>

Both YTS and SfPL had primary and secondary target audiences. The primary target audience was youth participants who, it was expected, would gain HIV/AIDS knowledge and protective attitudes through completing the curriculum. The secondary target audience was the mentors who were trained on the knowledge and skills they would need to successfully implement the curriculum. While HIV/AIDS knowledge acquisition and attitude development were the key objectives of both programs – behavior change was not measured due to the limited duration of the programs – they varied considerably regarding program design, participant demographics and results (see Table 1: *Comparisons of YTS and SfPL*).

Table 1: Comparisons of YTS and SfPL		
Comparisons	Yes To Soccer (YTS) Liberia (2006)	Sports for Peace and Life (SfPL) Southern Sudan (2006-2007)
In-country partner	Youth Education for Life Skills	Ministry of Culture, Youth and Sports
Design	Pilot project embedded in existing life skills program	Large scale program implemented through national- and state-level ministerial partners
Duration	Five months	Nine months
Focus area(s)	HIV/AIDS & life skills	HIV/AIDS, life skills and conflict negotiation
Mentors trained	68*	366
Primary languages of mentors and participants	Liberian English, tribal and ethnic languages	English, Arabic, tribal and ethnic languages
Youth graduates**	1,600	5,692
Participant gender (f/m)	45% female / 55% male	20% female / 80% male
Average participant age (range)	24 years (16-30 years old)	17 years (14-25 years old)
Average participant years of schooling by gender	Females: 4 Males: 5	Females: 6 Males: 7
% change in HIV K/A among youth (pre-post)***	27% increase from pre- to post- test (58%-85%)	12% increase from pre- to post- test (69%-81%)

* Many mentor pairs that were trained were found to lack capacity to directly facilitate activities with youth. Mentors were therefore joined by one of nine experienced YTS staff members to assist with curriculum facilitation.

** To graduate youth participants had to complete ten or more of 14 (Liberia) or 15 (southern Sudan) activities in the curriculum.

*** K/A = Knowledge and Attitudes. Average is correct answers across 16 HIV/AIDS-related questions.

A. Results: Change In HIV/AIDS Knowledge and Attitudes

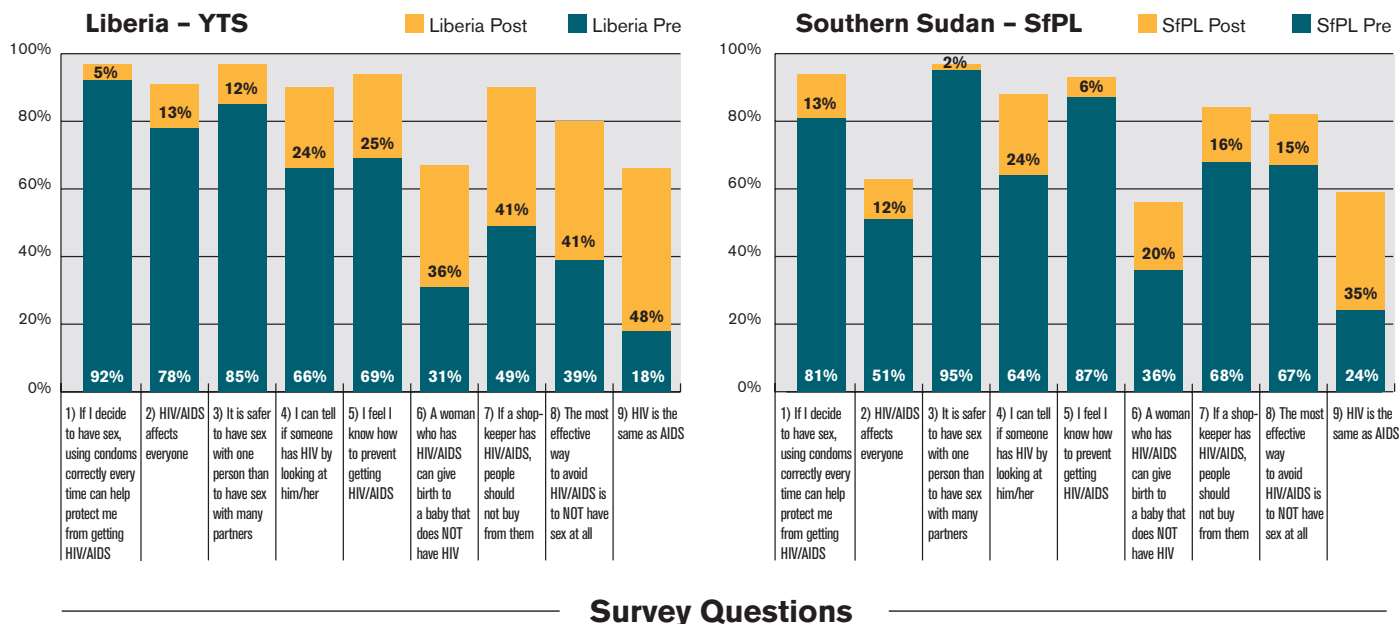
Over a six-month period, YTS trained 68 community mentors affiliated with the Youth Education for Life Skills program. Trained mentors graduated more than 1,600 youth through an eight-week curriculum with 14 activities. Over a nine-month period, SfPL trained 366 community mentors affiliated with the Ministry of Culture, Youth and Sports. Trained mentors graduated nearly 6,000 youth through a six-week curriculum with 15 activities (13 HIV/AIDS-related activities and two conflict negotiation activities).

In both programs, pre- and post-tests were administered with youth participants prior to and after completing the curriculum.⁵ Results from these pre- and post-tests show considerable gains in HIV/AIDS knowledge and protective attitudes among participants. Although behavior may have been impacted, programs were considered too short to measure behavior change.

5 Liberia pre-test n=280, post-test n=310. Southern Sudan pre-test n=361, post-test n=360

In Liberia, correct responses to HIV/AIDS knowledge and attitude questions increased 27%, while in southern Sudan they increased 12%. Comparative country results for a selection of nine HIV/AIDS survey questions asked pre- and post-test in Liberia and southern Sudan are presented in Figure 1: *Comparing Knowledge and Attitude Increases by Program and Question*.

Figure 1: Comparing Knowledge and Attitude Increases by Program and Question.



Across these nine questions, in Liberia the average percent increase in participants' correct answers was consistent at 27 percent – rising from a baseline of 58% to a post-test of 85%. In southern Sudan, the average percent increase across these nine questions was 16% – rising from a baseline of 64% to 80%. While all questions saw positive changes from pre- to post-test, the most considerable changes across both programs were observed within Question 4, 'I can tell if someone has HIV/AIDS by looking at him/her', with a 24% increase in both Liberia and southern Sudan; Question 6, 'A woman who has HIV/AIDS can give birth to a baby that does NOT have HIV', with a 36% increase in Liberia and 20% increase in southern Sudan; and Question 9, 'HIV is the same as AIDS', with a 48% increase in correct responses in Liberia and 35% increase in southern Sudan. Additional noteworthy gains were seen in questions related to stigma (Question 7) with a 41% gain in Liberia and 16% gain in southern Sudan and abstinence (Question 8) with a 41% gain in Liberia and 15% gain in southern Sudan.

Some percentage changes appear low from pre- to post-test, however, looking more closely reveals smaller percentage increases in questions that had a higher percentage of correct answers at baseline. For example, in Liberia participant knowledge of the protective factors associated with condom use (Question 1) increased only 5% but it was from a baseline of 92%. In southern Sudan, change in participant knowledge regarding the increase in HIV risk that comes with having multiple partners (Question 3) rose 2% from a baseline of 95%. Also in southern Sudan, participants reporting they knew how to avoid HIV infection (Question 5) increased 6% from a baseline of 87%. As a result of these high baselines, lower overall knowledge and attitude gains are anticipated due to a "ceiling" effect that limits the degree to which the percentage can increase.

When disaggregated by sex, female participants in both countries showed higher gains in knowledge and protective attitudes. In Liberia, averaging female responses to the nine selected questions, female participants showed a 30% increase while males showed a 25% increase. In southern Sudan, females showed an 18% increase while males showed a 14% increase.

B. Discussion

The survey results from YTS and SfPL show that using a sport-based approach to train mentors to facilitate a participatory curriculum effectively increased HIV/AIDS knowledge and protective attitudes among participants. These results warrant additional discussion on the role that program design, methodology and implementation played in the HIV/AIDS knowledge and attitude gains, and the size of those gains, seen among participants in Liberia and southern Sudan. This discussion will help establish lessons learned and recommendations for replicating positive results in similar *plus sport* programs.

1. Program Design

A number of program design components contributed to YTS and SfPL achieving positive results. Both YTS and SfPL used the appeal of sport to attract youth participants and keep them engaged in programming throughout the life of the program. Both YTS and SfPL used a proven curriculum and training model. Both YTS and SfPL were implemented in tandem with in-country partners. In Liberia, the project was designed to be placed within an existing program and in southern Sudan state-level ministry networks were utilized to assist with implementation. Both programs benefited from these partner associations through access to local systems for mentor and participant recruitment. These local systems also brought credibility to the programs, increasing the probability that mentors had past experience working with youth and were recognized and trusted by community members and youth-serving organizations. Finally, community mentors in both programs were mobilized and positioned by local partners to facilitate the curriculum. However, variations in the degree to which in-country partners had the capacity to mobilize and position mentors likely led to some of the variation seen in the HIV/AIDS knowledge and attitude gains between Liberia and southern Sudan. In Liberia the local implementing partners were well recognized and had existing mentors and youth participants. In southern Sudan, the state-level ministries were emerging under a new government and establishing their credibility, capacity and relationships with community mentors.

YTS and SfPL also varied in their programmatic scope. As a pilot project, YTS was designed to reach a targeted geographic area (two counties) and engage a moderate number of mentors (68) and youth participants (1,680). As a larger scale program, SfPL was designed to reach ten states across a vast geographic area (roughly the size of Western Europe), and engage a large number of mentors (366) and youth participants (7,771).⁶ With the large scope of the SfPL program and resulting indirect and less frequent oversight of programmatic activity, combined with a tight implementation time-span, it is likely that program delivery and quality was compromised.

Finally, different age groups were targeted in YTS and SfPL. Participants in Liberia were on average seven years older than participants in southern Sudan. This age difference might have led to variations in participant receptivity and retention of HIV/AIDS information, with older participants potentially more receptive and/or better able to retain information compared to younger participants. It is likely that HIV/AIDS and sexuality information resonates more with older, more sexually active youth.

2. Methodology

In addition to the program design components discussed above, the methodology applied in both YTS and SfPL was integral to the results achieved. The curriculum used in both programs was based on a respected and applied behavior change theory. Targeted and comprehensive HIV/AIDS information was delivered to youth participants through participatory games. The methodology, combining a theory-based HIV/AIDS curriculum and delivery of that curriculum by trusted mentors, proved to be effective in increasing youth HIV/AIDS knowledge and protective attitudes.

3. Implementation

Program implementation, whether in line with program design or a departure from that design in response to changing on-the-ground conditions, was another important factor in achieving positive results. Both YTS and SfPL created mentor pairs so that mentors would receive support and clarify information related to the facilitation and content of the curriculum. Additionally, these pairs allowed high-performing mentors to work with those mentors needing additional training and practice prior to taking on a lead facilitator role. This arrangement likely mitigated the impact of inappropriate delivery of the curriculum resulting from poor facilitation skills, language barriers or teaching inaccurate information to participants.

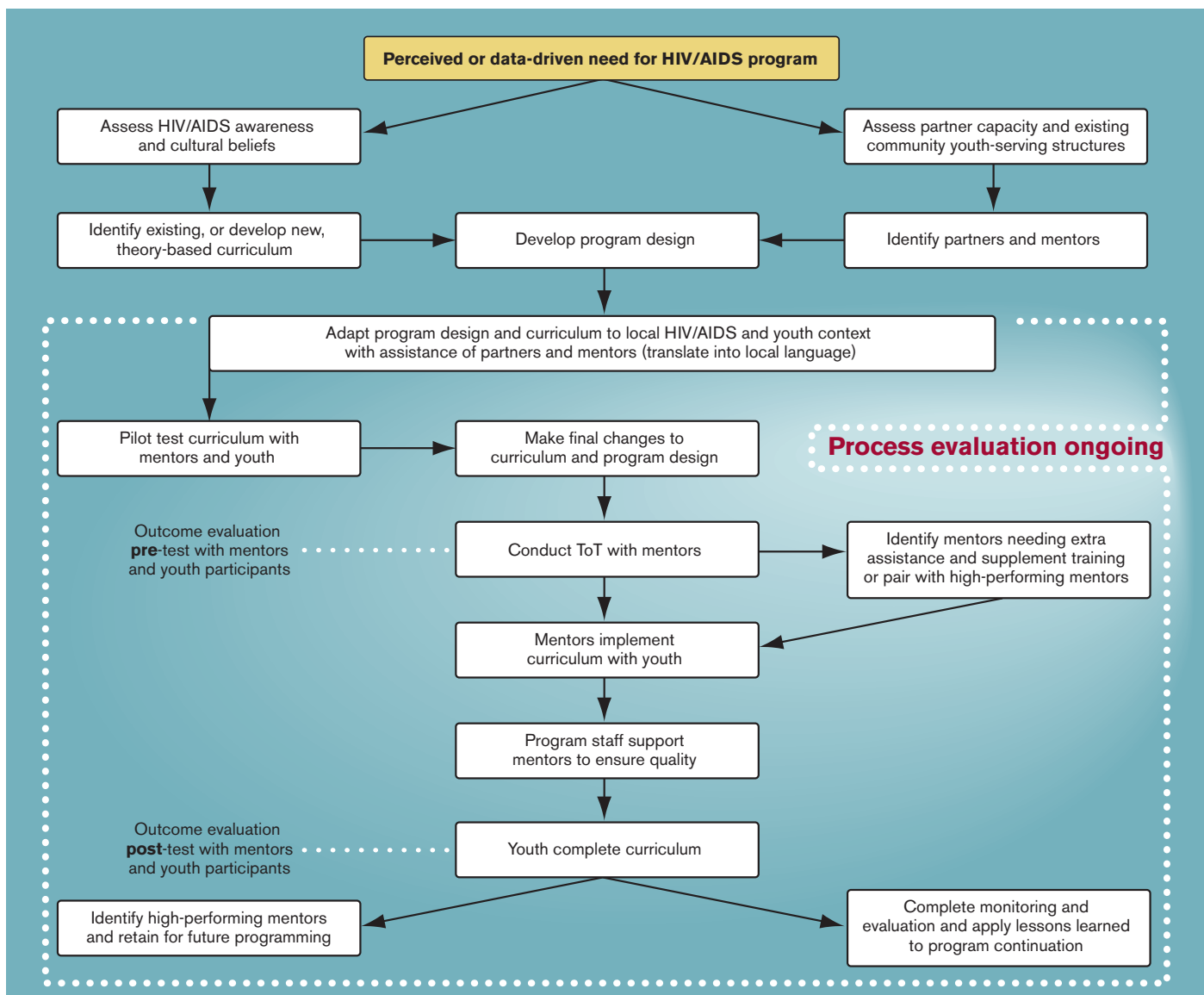
⁶ Youth participant numbers reflect the total number involved in programming, not those that graduated.

In Liberia, the majority of the master trainers had experience facilitating similar curricula. This experience might have increased their ability to deliver complex information. Southern Sudan, including local and state-level representatives in ToTs to ensure their understanding of curriculum content and facilitation prepared them to provide additional oversight to mentors and likely improved delivery of accurate information to youth participants. These representatives were tasked with conducting informal site visits to provide mentors with support and assistance. Without these trained local and state representatives working directly with mentors, the degree of HIV/AIDS knowledge and attitude gain likely would have been negatively impacted.

Liberia and southern Sudan both presented logistical and operational challenges to program implementation. A community-level presence to monitor and support state representatives and mentors and provide oversight of curriculum delivery could have improved outcomes in both YTS and SfPL. Language barriers, resulting from the use of English-language training materials, were more pronounced in southern Sudan due to lower literacy levels and fewer, and less fluent, English speakers. This likely led to a decline in the uptake and retention of some HIV/AIDS information due to a lack of mentor understanding of the curriculum that in turn affected delivery of the information to participants.

For a step-by-step schematic on the suggested steps for implementing a *plus sport* HIV/AIDS prevention program, see Figure 2: *Suggested Steps for Implementing a Plus Sport HIV/AIDS Program*.

Figure 2: Suggested Steps for Implementing a *Plus Sport* HIV/AIDS Program



III. The Potential for *Plus Sport*: Using Lessons Learned from Liberia and Southern Sudan to Inform Recommendations for Future Programming

In southern Sudan and Liberia, using a *plus sport* approach enhanced youth HIV/AIDS programs and informed lessons learned in a number of ways. These include: (1) strengthening participant recruitment and retention; (2) increasing HIV/AIDS knowledge and attitudes using participatory games-based methods; (3) strengthening youth-serving networks through building mentor capacity and credibility; (4) facilitating program placement and linkages to services; (5) planning for the challenges of operating in post-conflict settings; and (6) challenging gender norms.

A. The Added Value of The *Plus Sport* Approach In Youth HIV Prevention Programs – Lessons Learned and Recommendations

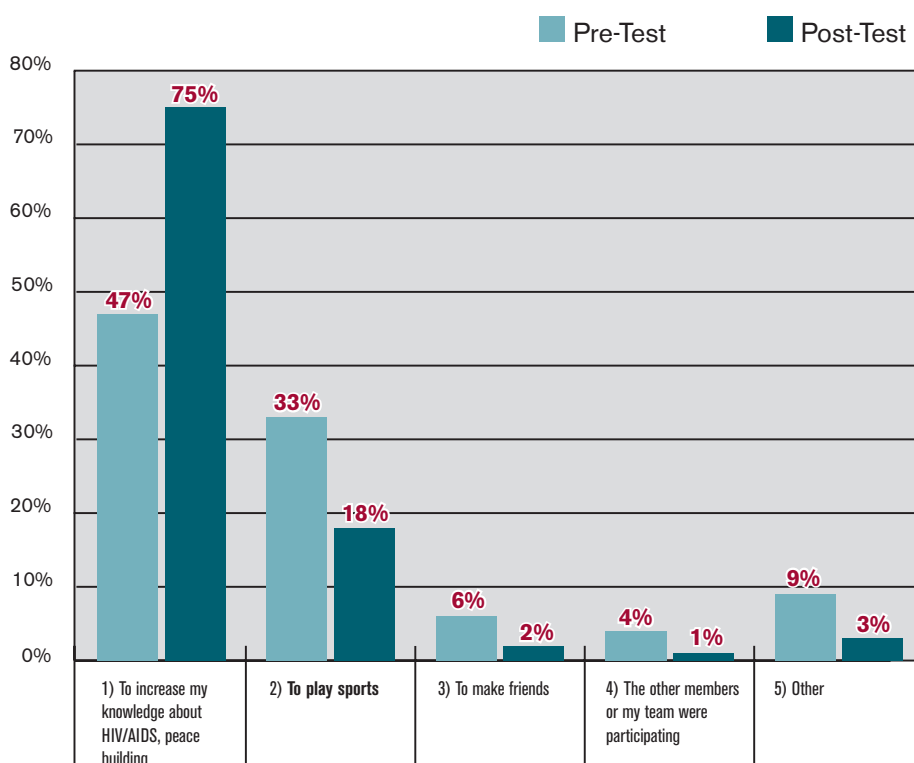
1. Strengthening Participant Recruitment and Retention

Understanding why youth join and actively participate in HIV prevention programs is essential to successful program design. Participant retention is particularly important when measuring changes in participants' knowledge, attitudes and behavior from pre- to post-intervention (Carroll, 1997). Furthermore, programs that succeed in recruiting and retaining youth and are developed on a strong theoretical foundation using proven methodologies are likely to have greater success in achieving their objectives (UNAIDS, 2004).

Lessons learned: Recruitment and retention

Experience and results from SfPL indicate that playing sports was a significant motivating factor for many youth to join and actively participate in the program. When participants were surveyed at pre-test, 33% stated that they were participating in the program in order to play sports (see Figure 3).

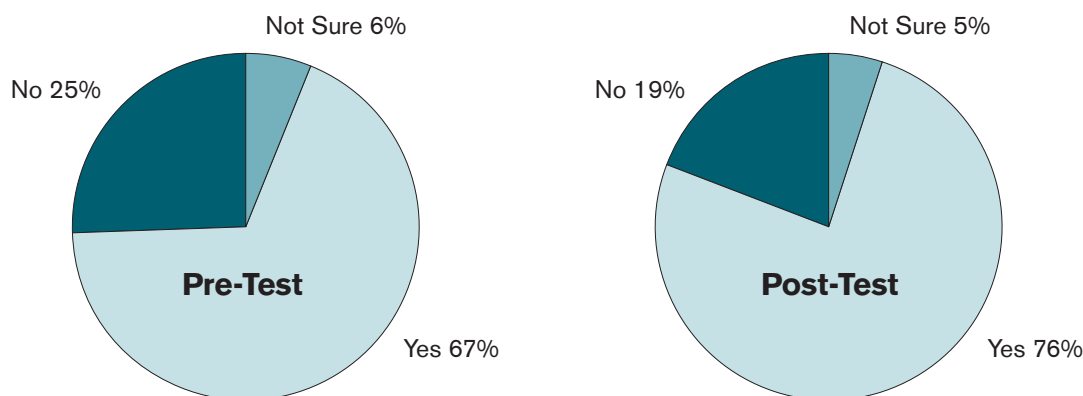
Figure 3: Sources of Motivation for Youth Participation in *Sports for Peace and Life*



Why are you participating (did you participate) in this program?

Pre-test responses also indicate that when asked if they would have participated in the program if there were no sports activities, 25% of participants said they would not have participated (see Figure 4). These results suggest that 25%, or 1,943 youth, would not have initially participated in the SfPL program without a sport component.

Figure 4: The Importance of Sports for Youth Participants in *Sports for Peace and Life*



Would you have participated if there were no sport activities?

While sport was an important motivating factor for some young people to join the program, both Figures 3 and 4 show that over the life of the program sport had a diminishing impact on retention. Figure 3 shows a 15% decrease from pre- to post-test in youth stating sport as a reason for their participation and a 28% increase from pre- to post-test in youth stating they participated in the program to learn more about HIV/AIDS and peace building. Similarly, the percentage of youth stating they would not have participated in the program if there were no sports activities decreased 6% while participants stating they would have participated in the program even without sports activities increased 11%. It therefore appears that in southern Sudan sport played an important role in recruiting youth participants but learning HIV/AIDS information helped retain them in the program.

This retention is reflected by high graduation rates across programs. The YTS project in Liberia graduated more than 95% of participants while the SfPL program graduated 73% of youth participants.

Recommendations:

1. Include a sport-based framework to programming to help recruit and retain youth.
2. Utilize existing social networks, youth-serving organizations and respected mentors to recruit youth participants.
3. Emphasize the importance and relevance of learning HIV/AIDS information to the lives of participants to increase their interest in curriculum content.

2. Increasing HIV/AIDS Knowledge and Attitudes Using Participatory Games-Based Methods

An educational method that is used in many *plus sport* programs⁷ is participatory games-based learning. This methodology has developed from a number of educational approaches such as Experiential Learning (Dewey, 1997) and Participatory Learning and Action (PLA) with its emphasis on *praxis* – the process of putting theoretical knowledge into practice (Freire, 1986). The methodology is designed to engage participants in interactive games that aim to impart HIV/AIDS knowledge and attitudes by developing skills, creating a comfortable environment for meaningful discussion, clarifying values and increasing awareness. Games are also celebratory and mentors are trained to provide youth participants with regular positive feedback while reinforcing key messages on HIV/AIDS content.

⁷ For two examples of these methods see: Grassroot Soccer – Coach's Guide (<http://www.grassrootsoccer.org>), Right to Play – Live Safe, Play Safe (<http://www.coreinitiative.org/Resources/Publications/LiveSafe/index.php>).

A *plus sport* approach emphasizes these participatory games over more passive educational approaches commonly found in school – or workshop-based programs. These methodologies maintain high energy levels and active participation among youth participants. Mentors typically lead small to medium size groups through a semi-structured series of activities that include a discussion about how the game relates to success in sport, life and the prevention of HIV/AIDS. Mentors are trained to facilitate, not lecture, and to ask questions that allow youth to reflect, discuss and come to their own conclusions about key messages. Examples of games include guiding a soccer ball through a series of cones that represent risk behaviors that can lead to HIV infection, and juggling balls in a group with each ball representing different life decisions and illustrating how these decisions affect one's susceptibility to HIV.

Addressing sensitive topics

Using participatory games-based methodologies is also a promising approach to overcoming barriers to delivering sensitive information related to HIV/AIDS and sex, which can initially be uncomfortable for both mentors and youth participants. It has been shown that school-based interventions experience limitations when trying to address sensitive topics associated with HIV/AIDS. Teachers are often reluctant to discuss sensitive topics related to HIV/AIDS and sex and express concern over how the community will perceive them if they do discuss these topics (Kinsman et al, 2001). Youth participants are also often hesitant to discuss sensitive topics with adults and among themselves.

Interactive games teach HIV/AIDS information indirectly, not through traditional lecture methods, and learning takes place in a more relaxed atmosphere than most school-based settings. While it appears that mentors involved with *plus sport* programming are initially hesitant and have similar fears to those of teachers, the fun and interactive nature of games-based methodologies diffuses these fears by creating a less formal, more dynamic experience for mentors and youth participants.

Lessons learned: Participatory games-based methods

An independent evaluation of the SfPL program concluded that **participatory methods were effective at increasing retention of HIV/AIDS messages among youth participants**. The report stated: “The youth participant interviews suggest that the games-based teaching methodology is particularly successful. Up to two months after completing the training, youth were quick to recall the games they had played, and when asked, were able to also share the key HIV/AIDS message related to those games” (Schwery, 2007). Additionally, SfPL coaches often stated they were able to keep the youth coming back because of the games. One coach said, “The games in themselves are also very interesting and so I kept promising them to come the next day since there was going to be more the next day.” (Focus Group Discussion Notes, conducted May 17, 2007)

Recommendations:

1. Develop participatory games-based methods that mentors can facilitate with youth participants to encourage active learning of key HIV/AIDS information and life skills.
2. Dedicate significant time and resources to develop a corresponding Training of Trainers for mentors to ensure mentors have accurate HIV/AIDS information and strong group facilitation skills.
3. Pilot any curriculum and teaching methodologies with mentors and youth participants to ensure relevance and usability, especially language and literacy issues.

3. Strengthening Youth-Serving Networks Through Building Mentor Capacity and Credibility

Positive social networks, such as sports teams and after school clubs are a valuable resource in creating youth-adult partnerships. Practitioners should utilize these networks to identify, train and support trusted adults to mentor youth and help develop mentors as credible messengers (Baptiste et al, 2006) and role models.

The influence of social and peer networks on health behavior, including HIV/AIDS risk behaviors, has been reinforced through a number of behavioral theories that can help shape interventions. Family Health International's Youth Issues Paper 7 (2006), lists the following three theories that specifically target social networks.

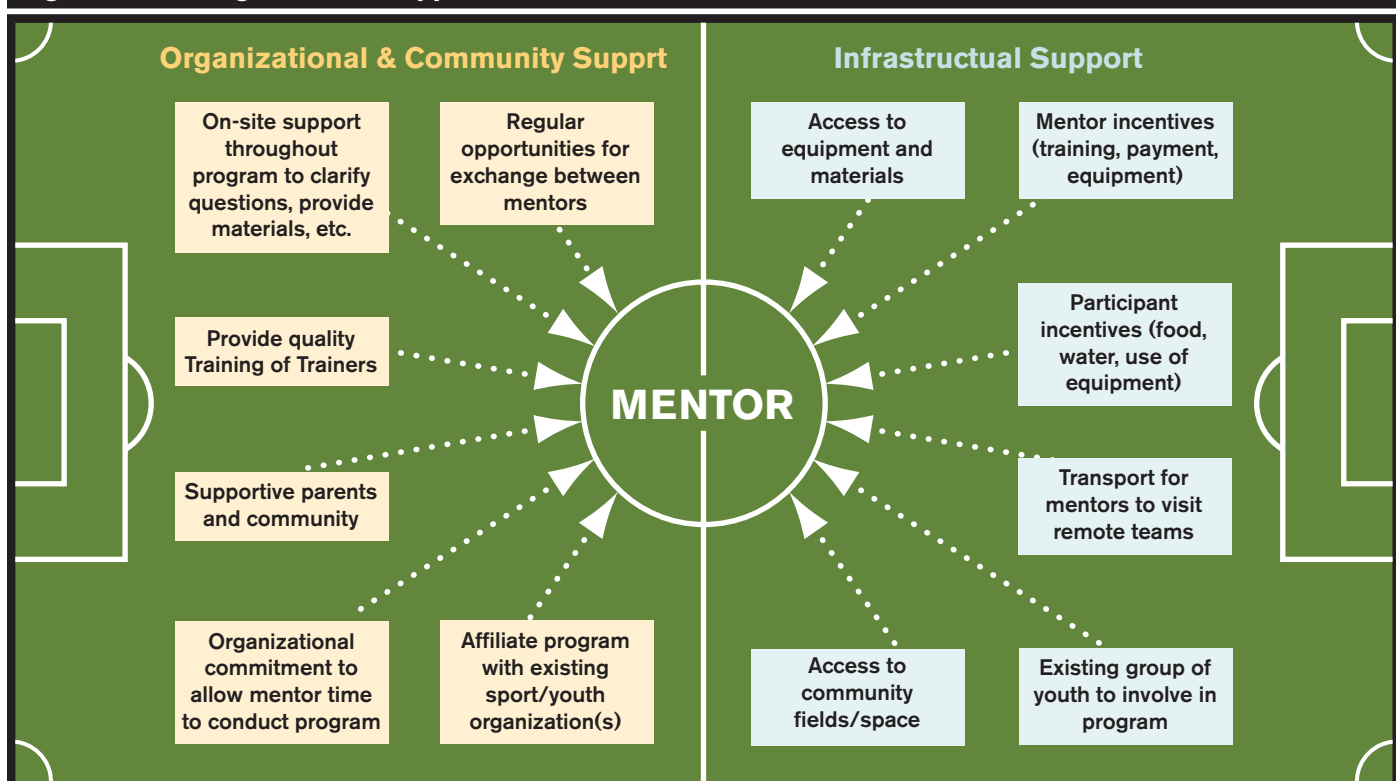
1. **Social Learning Theory**, which contends that people learn through direct experience and observing role models.
2. **Diffusion of Innovation Theory**, which utilizes influential and respected people to change norms by disseminating information one-to-one or in small groups.
3. **Social Ecological Model for health promotion**, which views the individual as one piece in a larger puzzle that includes interpersonal relationships, social networks, membership in institutions, community factors and public policy.

Positive social networks in HIV/AIDS programming can reduce social influences that negatively influence behavior, putting youth at heightened risk for HIV infection (peer pressure to drink, have sex, etc.), and increase protective influences on behavior (delay sexual onset, normalize condom use, etc.). Identifying strong mentors – coaches, teachers or other adults – within established sports leagues, school systems and other youth-serving organizations that have active participation are good examples of positive social networks that can be utilized for programming. These networks are well positioned to reach young people with HIV/AIDS messaging and develop behavioral norms that reduce high-risk behavior.

Lessons learned: Building mentor capacity

The Training of Trainers represents a dynamic applied learning experience for mentors and builds the initial capacity needed to implement the curriculum. However, even high-performing mentors need supportive networks to perform their tasks successfully (See Figure 5: *Creating a Mentor Support Team*). Providing opportunities for mentors to share their challenges and successes with each other, or co-mentor groups of youth, can be an effective way to build the capacity of mentors and ensure higher quality HIV/AIDS messaging. Investing in a comprehensive and dynamic training, as well as supporting and rewarding mentors, is likely to result in improved youth outcomes and give mentors skills that can be applied in a variety of professional and community settings.

Figure 5: Creating a Mentor Support Team



Quality mentor training and ongoing monitoring are also key elements of this methodology. Experienced GRS trainers visited Liberia and southern Sudan to lead trainings with Mercy Corps staff and local partners to ensure dynamic delivery and accuracy of information. The programs also included mentor and youth participant surveys, site visit worksheets and workbooks for mentors to record youth completion of the curriculum activities.

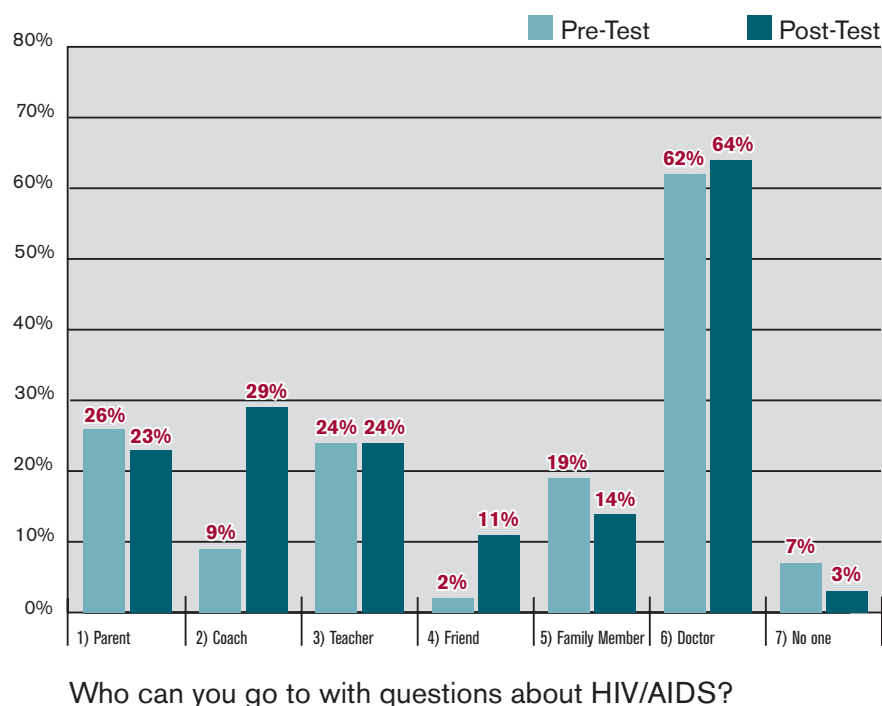
Through increasing mentor capacity, providing opportunities to apply new skills and a supportive environment to encourage continued growth and fine-tuning of curriculum facilitation, mentors can assume new and much needed community roles. Mentors trained through the SfPL program appeared to accept and take pride in the new responsibility provided them through the program. A number of mentors shared that they welcomed their new community role. They asserted that, traditionally, issues related to HIV/AIDS were reserved for doctors, traditional healers, teachers or community health workers. Through the program, they realized that – in addition to coaching or teaching – they could play a part in preventing the threat that HIV/AIDS poses to southern Sudan's development. Additionally, the SfPL program gave mentors the opportunity to support one another, establish themselves as credible role models and, in some cases, gain employment with the state ministries as a result of their hard work and dedication to the program.⁸

Lessons learned: Building mentor credibility

Youth participants' perceptions of coaches as someone they can go to for information about HIV/AIDS and safer sex is an important factor within programs based on Social Learning Theory, such as YTS and SfPL. In the SfPL program, coaches and teachers were requested to recruit youth with which they had, or would have, regular and consistent contact through program-related and non-program activities. This was done in order to maximize youth trust of mentors and consistent participation. Mentors then led youth participants through the HIV/AIDS curriculum, establishing themselves as credible messengers of information and role models for positive behavior.

To measure whether mentors were perceived by youth participants as credible messengers, SfPL participants were asked before and after completing the curriculum to identify people in their communities to whom they could go to with questions about HIV/AIDS. At post-test, 29% of participants identified coaches as someone in their community they could go to with questions about HIV/AIDS, a 20% increase from pre-test (see Figure 6). Teachers remained stable from pre- to post-test at 24%.

Figure 6: Trusted Community Sources of HIV/AIDS Information as Reported by Youth in Southern Sudan



⁸ See Mentor Profile – Building Resiliency on page 23

More than half of participants mentioned a doctor as the person they can go to with questions about HIV/AIDS at pre- and post-test (see Figure 6). However, considering the doctor to population ratio (9 per 100,000) in southern Sudan and the high demand placed on them for treatment services, coaches – along with teachers and parents – are better positioned to be utilized through community-based programs (Ofono, 2007). An interesting decrease was seen in the number of youth who reported there was ‘no one’ they could talk to. Although it did not decrease to zero, it did decrease from 7% to 3%.

Recommendations:

Mentor Capacity

1. Create a standard set of criteria in partnership with implementing partners for selecting mentors to ensure gender balance, basic group facilitation skills and access to an existing group of youth, among others.
2. Develop a selection process that minimizes the potential that mentors will be selected for reasons other than their capacity (political affiliation, family ties, etc.).
3. Build a support team around mentors to provide them with the assistance they need to overcome barriers they will encounter while implementing the program and maximize their participation and retention in the program (see Figure 5).

Mentor Credibility

1. Target community mentors that have built rapport with existing groups of youth. If mentors do not have existing groups of youth, link them with youth-serving organizations and ensure that those organizations support the mentor in his/her work.
2. Build in curricular activities that develop and strengthen mentor credibility as a role model to youth.

4. Facilitating Program Placement and Linkages to Services

Some evidence exists demonstrating that sport-based programming is most successful when combined with mainstream or out-of-school education (UK Sport, 2006). Opportunities and threats arise when placing programming outside of traditional formal structures like schools or clinics. One opportunity is reaching youth that would not otherwise be reached by programming. Additionally, mentors affiliated with more formal structures might have responsibilities that make it difficult for them to fulfill a mentoring role. On the other hand, formal structures provide organizational capacity and infrastructure within which to place programming. Finally, formal structures usually have built in support systems and channels that make requesting and receiving support easier for mentors. The lack of organizational capacity, infrastructure and support systems can threaten the effectiveness and sustainability of *plus sport* programs. As a result of these opportunities and threats, *plus sport* programming must consider and plan for effective program placement and, where available, link programs to community preventive services.

Lessons learned: Program placement

In Liberia, Mercy Corps integrated YTS into an existing life skills program that provided an accessible target audience, trained mentors and sound structure for participant recruitment and program implementation. In southern Sudan, the program was placed within a nascent ministry structure that was only formally created two years prior to the start of programming. As a result, there were few established structures (coaches, leagues, teams, youth-serving organizations, etc.) within which to embed programming. Many of these networks were mobilized to meet the demands of the program and their capacity developed throughout the program period, however, their ability to effectively implement the program varied considerably. In southern Sudan, a number of state-level Ministry of Culture, Youth and Sport representatives developed collaborations with the Ministry of Education to tap into the existing structure, teacher-student relationships and access to large numbers of youth found within the education system. These collaborations increased the reach and impact of the program.

YTS was a five-month pilot while SfPL was a nine-month larger scale program. As a result, relationships with implementing partners – while operational – could have been further developed to achieve shared roles and responsibilities. Longer-term relationships would have allowed for improved program and curriculum design and more open and honest communication regarding partner capacity.

A lengthy pre-assessment phase is needed to provide a thorough examination of the following factors: cultural beliefs around HIV/AIDS; available preventive services; language and literacy; curriculum usability, capacity of local partners and viability of sport and youth-serving structures at the local level. Gathering comprehensive information in these areas would assist with the adaptation of the program design and curriculum – including translation – and facilitate program staff and mentor implementation of the curriculum with youth participants.

Link Programming to Basic HIV Preventive Services

In post conflict settings, access to (Voluntary Counseling and Testing) VCT, Sexually Transmitted Infection (STI) treatment and condoms is severely limited. The frustration among youth created by a lack of access to services may potentially compromise participant self-efficacy (Choi, 2006) regarding condom use and finding out one's HIV status. As community-based preventive services become available, programs should ensure that young people are provided information on these services and reduce any barriers that may exist to accessing services.

Lessons learned: Link programming to services

In both YTS and SfPL, youth participants were interested in knowing their HIV status and having access to condoms if they chose to engage in sex. In Liberia, the older age of participants indicated, and anecdotal conversations confirmed, that many participants were already sexually active. Yet due to the scarcity of condoms and VCT centers, sexually active youth struggled to engage in safer sex practices and were left unaware of their HIV status.

Recommendations:

Program Placement

1. Build in a minimum three-month pre-program assessment to:
 - a. Assess the capacity of implementing partners; and
 - b. Ensure that youth-serving structures are viable by evaluating leadership, organizational structure, committed mentors who model positive behaviors and active youth involvement.
2. Embed *plus sport* programming in viable youth-serving structures. These structures are the foundation on which quality programming can be built and in their absence the impact and sustainability of programming will be compromised.
3. Consider the potential for sustainability when selecting structures to work with. If sports and youth-serving structures lack capacity, look to embed programming in schools while making efforts to reach out-of-school youth through community-based structures.
4. Plan for an overall program duration of no less than one year to measure knowledge and attitude change and two to three years to measure behavior change around access to preventive services and risk behaviors.

Link to preventive services

1. Assess local HIV/AIDS preventive and treatment services and, where available, design programs that encourage youth to utilize those services. Evaluate changes in youth accessing services like VCT and changes in behavior (using a condom during sex) from pre- to post-intervention.
2. If services are not available, develop a structured plan for health system strengthening, engaging local leaders and decision makers in dialogue to advocate for the establishment of services.

5. Planning for the Challenges of Operating in Post-Conflict Settings

The *plus sport* approach to youth HIV/AIDS programming can be challenging to implement in post-conflict settings as a result of lack of infrastructure, low levels of local capacity, safety and logistical barriers. However, post-conflict settings are characterized by increased mobility of people coupled with deteriorated health systems, creating ideal conditions for a rapid increase in HIV/AIDS rates. Within this context, preventive education and services are crucial to stem infection rates. Furthermore, a number of field research projects are beginning to test, is the belief that sport-based programming can assist youth recover and reintegrate into communities after conflict or emergencies.

Lessons learned: Post-Conflict settings

Despite significant post-conflict challenges, Mercy Corps experienced success at improving basic knowledge and protective attitudes. Anecdotally, Mercy Corps' local partners in Liberia and southern Sudan stressed the importance of young people having the opportunity to play and develop healthy peer relationships after years of violence and isolation. Many of the key components of *plus sport* programming – team activities, games-based methods that increase HIV/AIDS knowledge and attitudes, positive peer and mentor relationships – were effective within the difficult and demanding operating environments of post-conflict Liberia and southern Sudan.

In both programs, the complex post-conflict environments posed logistical challenges to movement of personnel and program oversight. In Liberia, these challenges were mitigated by having trained staff within the communities where programming was being implemented. In southern Sudan, a state representative from each state was trained to conduct oversight of the program and three program staff traveled throughout ten states to conduct monitoring and evaluation. Demanding travel schedules and limited time on the ground in each location limited the amount of time and support staff could provide to trained mentors and ministry partners.

While increases in knowledge and attitude acquisition were observed among youth participants, more established youth-serving structures and staff to conduct consistent support and oversight at each program location might have led to greater success.

Recommendations:

1. Ensure that staff are dedicated to and have the necessary time and resources to carry out their roles and responsibilities in order to avoid fatigue and turnover.
2. Have staff located on-site where programmatic activity will take place to ensure that implementing partners and mentors receive support and assistance in overcoming barriers.
3. Include logistical support staff and additional resources in budgets to facilitate staff movement and programmatic activity.

6. Challenging Gender Norms Through Girls' Participation

Young people's sexual and reproductive behavior is greatly influenced by socially constructed gender norms. Many norms put young people at increased risk of HIV infection. For example, having multiple wives and sex partners is an acceptable norm for males in some cultures. Girls may be pressured to marry at a young age to begin childbearing or for economic arrangements. Girls also often have less access to education and economic opportunity making them more dependent on older men. These norms make young girls particularly susceptible to HIV infection (UNAIDS, 2007).

Programs should be designed to maximize girls' engagement and equal access to the HIV/AIDS information and skill-building activities that will help them make informed decisions. Building girls' participation into program design and sensitizing parents and partners are essential first steps. Additionally, ensuring girls with equal opportunities to play games and sports can serve to help girls establish a new social status, interact with positive female mentors and receive recognition and praise in non-traditional ways. While more work needs to be done to improve programs aimed at challenging gender norms that put girls at heightened risk of HIV infection, successful model programs like the Population Council's *Ishraq* program in Egypt that reduces barriers to girls' participation in sports and challenges gender norms should be followed (Population Council, 2004). To ensure girls' safety while involved in programming, care should be taken when addressing



Young women await their turn during a game of kickball, Liberia's most popular female sport, as part of Yes To Soccer. Munn Town, Liberia.

Photo: Emmy Lang-Kennedy/Mercy Corps

social and gender norms to avoid exposing girls to repercussions that might result from challenging norms.

Lessons learned: Increasing girls' participation

In Liberia, recruiting participants through the Youth Education for Life Skills program, that already had a balance of male and female participants, was an effective approach to ensuring girls' participation. As a result, 45% of participants were female, girls were active participants in the program and girls showed higher HIV/AIDS knowledge and attitude scores at pre- and post-test when compared to their male counterparts. In the SfPL program, girls' participation was low at 20%. Southern Sudan has more conservative gender norms than Liberia. These gender norms, in addition to a program design that did not clearly specify equal girls' participation or strategies to obtain that participation, contributed to the participant gender imbalance. Both programs were successful in engaging girls in sports activities and in southern Sudan a number of girls teams were formed and competed in state-wide tournaments for the first time. One of these matches was held in the national stadium in front of hundreds of spectators.

Recommendations:

1. Target local programs that have an existing participant gender balance.
2. Design girls' participation into programs and develop concrete strategies for ensuring participation. Strategies might include pairing organizations serving female youth with those serving male youth during local partner identification; recruiting an equal number of female and male mentors; and approaching local community elders/leaders to encourage girls to sign-up for the program.
3. Involve parents in program design to adapt activities and curricula to accommodate domestic duties, safety concerns or desires for same-sex learning groups. Sensitizing parents about the topics to be covered, and how they will be taught, will increase their likelihood of giving permission to their daughter to participate.

The lessons learned and recommendations presented in this section provide general guidance for important considerations when designing a *plus sport* youth HIV/AIDS program. For a more detailed step-by-step schematic see Figure 2: *Suggested Steps for Implementing a Plus Sport HIV/AIDS Program* and a comprehensive checklist of standards for effective programming are presented in ANNEX 1: *Standards for Effective Plus Sport Youth HIV/AIDS Programming – Checklist*.

Reducing barriers to working with out-of-school and low-literacy populations

A number of studies have found that youth in school are more likely to have accurate information about HIV/AIDS (UNICEF, 2002), have fewer casual partners and are more likely to use condoms (UNFPA, 2007). However, more than 120 million children of primary school age in the world are not in school (UNICEF, 2002) and therefore less likely to receive basic HIV/AIDS information and develop life skills. In the YTS project, about 44% of participants were not enrolled in school at the time of their participation, making it less likely that they would have received HIV/AIDS information by other means. Considering the number of young people not receiving a primary school education, community-based programs that reach out-of-school youth at heightened risk of HIV infection are needed. In certain situations (e.g. post-conflict, large populations of street youth) where high numbers of youth are likely to be out of school, a *plus sport* program could facilitate reaching a larger target audience with HIV/AIDS messaging. One mechanism to reach out-of-school youth that might not otherwise receive important HIV/AIDS information is utilizing community systems, such as sports teams and youth clubs that have contact with youth. The methodologies applied through *plus sport* approaches have been shown to be effective when implementing HIV/AIDS education programs with low-literacy populations (Clark et al, 2006). Because out-of-school youth are likely to be less literate than those in school, interactive and games-based methods facilitated by trained mentors are recommended over traditional lecture-style approaches. Some innovative out-of-school programming, or street programs, can be found at www.streetfootballworld.com.

B. Limitations of The *Plus Sport* Approach In Youth HIV/AIDS Programming

Plus sport programming, through its use of sports to recruit and retain youth, youth-serving structures to identify community mentors, and mentors to deliver accurate HIV/AIDS information through participatory games, can be limited in its ability to accomplish objectives under certain circumstances. These limitations include: (1) mentor and/or participant prioritization of sport/play activities over HIV/AIDS curriculum activities; (2) intentional or unintentional exclusion of physically and/or mentally challenged youth; and (3) unintended harm to participants resulting from involvement in the program.

1. Prioritization of Sport/Play Activities

One potential limitation that results from embedding youth HIV/AIDS programs in a sport- or play-based approach is that mentors and/or participants might prioritize sport/play activities (practices, games, preparation for tournaments, etc.) over curriculum activities. In this situation, mentors might neglect their role as mentor, role-model and credible messenger of HIV/AIDS information to prioritize their role as football coach, dance or drama teacher. Likewise, participants might show disinterest in curriculum activities and only be willing to participate in sport/play activities. Under these circumstances, participants will not receive HIV/AIDS information or develop the life skills that can lead to attitudes and behaviors that lower their risk of HIV infection.

Strategies for overcoming limitations:

1. Design programs that integrate curricular activities into sport/play activities in a mutually beneficial manner. Develop competition between teams by giving points for curricular activity completion that counts toward league standings, or ensure mentors endorse curriculum activities and build time into practices, rehearsals, etc.
2. Conduct regular site visits to monitor mentor and participant involvement in curriculum activities.
3. Select mentors that show a commitment to integrating curriculum activities into sport/play activities.

2. Exclusion of Physically or Mentally Challenged Youth

While inroads have been made around the world to involve physically and mentally challenged youth in sport and recreation activities, many programs continue to exclude these youth. Furthermore, the exclusion of physically or mentally challenged youth may be exacerbated by assumptions that physical ability, or sport talent, is a prerequisite for participation. Therefore, inherent in sport-based programming is the risk that only able-bodied youth will participate in the program. A number of programs provide models for overcoming these barriers. Grassroot Soccer, through minor adaptations to its curriculum, has successfully worked with deaf youth in Zambia and Botswana. A number of innovative programs, including the FIFA-sponsored Amputee World Cup and blind cricket, are emerging that are specifically designed to involve physically challenged youth.⁹

Strategies for overcoming limitations:

1. Design programs and objectives that reflect a commitment to maximizing the participation of physically and mentally challenged youth.
2. Integrate physically or mentally challenged youth into programs through targeted recruitment, sensitization and adaptation of activities to meet their requirements.

Harnessing the Power of Equipment to Complement, not Complicate, *Plus Sport* Programming

The beautiful thing about 'the beautiful game' is that a ball is all that is needed to play. Football (soccer) is not dependent on expensive equipment or access to expensive facilities. That being said, it is hard to deny that equipment can bring a sense of pride to young people living and playing sports in resource-poor areas of the world. For the youth and sport ministries, associations, leagues, teams and coaches, equipment can bring credibility, attract youth to participate and, if managed properly, build respect for systems and discipline among youth. However, if mismanaged, equipment can undermine a *plus sport* program's objectives. Equipment distribution can distract resources and focus from the non-sport program goals, create competition, and/or discredit local sport structures if mismanaged.

Plus sport programs should maintain equipment as organizational (team, league, etc.) property as opposed to individual property. If given to individuals, equipment should represent a reward for program related achievements (perfect attendance in activities, reaching a target number of peers with HIV/AIDS messages, etc.) and serve to help the program achieve its objectives.

Sports equipment can work to strengthen programs in a number of ways

- Developing a sense of identity and pride among youth participating in the program. Identifying with and feeling proud about participating in a program or on a team is likely to increase young people's participation in program-related activities.
- Encouraging the formation of teams that might not have otherwise formed. In southern Sudan, the availability of equipment for youth under 15 years old and girls led to a number of new teams forming and opportunities for youngsters and girls to play on teams and participate in the program.
- Providing equipment to emerging sport structures (ministries, associations, etc.) can help them gain credibility, attract youth to participate in more formal sports activities and strengthen the structures used for *plus sport* programming.

CONTINUED NEXT PAGE

⁹ For a list of organizations that work to involve disabled individuals in sport, visit: <http://www.sportanddev.org/en/organisations/index.htm> and input search term "disability".

3. Sensitize local partners about the importance of involving physically or mentally challenged youth and instill in mentors an open-mindedness to include these young people.

3. Unintended Harm to Participants

Due to the sensitive nature of HIV/AIDS messages, the predominance of myths and stigma surrounding the disease, and facilitation skills required of mentors to effectively deliver information, care must be taken to ensure that participants are receiving accurate information. While community mentors, with proper training and support, can deliver basic HIV/AIDS information effectively, they are not as extensively trained as health professionals or community health workers. If the training is not comprehensive and mentor support is insufficient, there is an increased risk that mentors will not fully understand information or reinforce myths and stigma among participants. In this scenario, more harm than good is likely to occur and deficiencies in the training or mentor capacity should be addressed.

While the value of mentors in programming is their ability to influence young people by role modeling positive behaviors, there exists the risk that this influence will be misused. Recruiting trustworthy and respected mentors to work with youth is critical. For example, mentors need to role model responsible behavior in their personal lives and also proactively protect female participants from any increased negative attention they may receive in conservative societies that have negative stereotypes of girls who challenge gender norms.

Strategies for overcoming limitations:

1. Pair mentors so that they can support one another during curriculum facilitation and work together to overcome barriers or clarify information.
2. Build in quality control checks during the ToT through pre- and post-tests of mentors and activities to check for and reinforce accurate information.
3. Involve credible local partners in mentor selection and establish selection criteria that minimize the risk mentors pose to participants. Monitor female participants and regularly assess their safety and vulnerability.



Community member in southern Sudan shares the joy of sport with local youth.

Photo: Cassandra Nelson/Mercy Corps

Sports equipment can complicate programming if not accompanied by adequate planning

- 1) **Risk:** Human and other resources that are not intended for equipment-related activities can be redirected to equipment distribution and undermine other program objectives.

Recommendation: Develop a strategy during program planning for how equipment will be distributed and used during the program. Include in the budget human and financial resources to carry out distribution plans with partners and hire logistics personnel to transport, sort and assign equipment.

- 2) **Risk:** Equipment is very valuable in resource-poor settings and can create competition and conflict between those who receive equipment and those who do not.

Recommendation: Establish and communicate clear criteria for organizations receiving equipment. One criterion should be active participation in the program. Distributing through a respected local partner can mitigate potential conflict.

- 3) **Risk:** Due to the value of equipment, risks of misuse and selling equipment, in addition to staff security, exist.

Recommendation: Establish and communicate clear guidelines for appropriate equipment use and consequences that will result from misuse. Sports structures should be credible enough to take disciplinary action against individuals or organizations that misuse equipment.

- 4) **Risk:** Equipment and apparel are usually manufactured with ideal playing conditions (grass fields, proper storage facilities, etc.) and modern Western fashion norms in mind. This can make them inappropriate for use in some contexts.

Recommendation: Take into consideration sports facilities and cultural norms when selecting equipment and apparel. Multi-use equipment is good for programs involving different sports, however sport-specific equipment can have greater impact with coaches and players. If valuable equipment has no clear programmatic use, the risk of it being misused or sold increases and the delivery and distribution of such equipment should be avoided.

IV. Conclusion

This learning document draws from the experience of Mercy Corps in developing and delivering – in partnership with Grassroot Soccer – theory-driven and evidence-based youth HIV/AIDS programming in post-conflict Liberia and southern Sudan, where a window of opportunity exists to stem a looming rise in infection rates.

Two programs, *Yes To Soccer* (YTS) and *Sports for Peace and Life* (SfPL), have demonstrated that using a sport-based approach and participatory games-based methodologies are effective at increasing youth HIV/AIDS knowledge and protective attitudes in two extremely challenging post-conflict environments. Longer programs that build on these lessons learned might positively impact behavior and allow for adequate evaluation of behavior change.

Through experiences in Liberia and southern Sudan, Mercy Corps has developed the following general recommendations for practitioners designing *plus sport* youth HIV/AIDS programs:

- Plan for adequate time on the front-end to conduct a comprehensive assessment prior to implementation, and on the tail-end to ensure that knowledge, attitude or behavior change can be measured.
- Embed *plus sport* programming in viable youth-serving structures.
- Dedicate significant time and resources to identify or develop a theoretically-sound curriculum with games-based methodologies that mentors can facilitate with youth.
- Identify, recruit and retain respected mentors and provide mentors with the support they need to succeed.
- Assess local HIV/AIDS preventive and treatment services and – where available – design programs that encourage youth to utilize those services.

By pursuing these recommendations and applying them during program design, implementation and evaluation phases, practitioners working within international or national NGOs or governmental organizations can more efficiently maximize the impact of their programs.



A *Sports for Peace and Life* mentor leads youth in *Find the Ball*, a game that teaches youth that you cannot tell if someone is HIV positive by their appearance. Yambio, southern Sudan.

Photo: Christianne Kivy Bosco/Mercy Corps

V. Mentor Profile

Submitted by Christianne Kivy Bosco

Building Resiliency

Poverty Alfred Tabaan was born as Sudan was entering its second civil war (1983-2005) and learned quickly that he would need to be resilient to succeed in life. During the war he and his family fled to Uganda where the family settled. His name, Poverty, was given to him because he was born at a time when destitution and scarcity was rife. To pay his school fees, Poverty sold roasted maize by the road side and worked as a casual laborer during school holidays.

While in Uganda, Poverty made an arrangement with a local carpenter: he would work without pay in exchange for being taught basic carpentry skills. Poverty was hungry to develop skills that might help him find employment. In 2003, after completing his secondary school education, he returned to southern Sudan determined to make a living for himself. He joined the only carpentry workshop in Yambio, Western Equatoria State, and after a year he had raised enough money to start his own carpentry workshop. Today, this workshop provides Poverty with a modest income and employs six carpenters.

Becoming a Community Role Model

Poverty found out about the *Sports for Peace and Life* program through one of the carpenters in his workshop. He had been a member of *Young Talk* in Uganda, a youth magazine that tackles issues on peer pressure, sex, HIV/AIDS and responsible living. Poverty joined SfPL as a mentor and showed promise from the start. When the ministry was not able to provide transport, he would ride his bicycle to keep up with the sessions he led with his youth team. He was among the first coaches to complete the training and graduated 105 youth. Poverty's involvement with the SfPL program reinforced his previous resolve to abstain from sex until marriage and keep himself safe from HIV/AIDS. Parents of the youth he worked with trust him with their children and one parent praised Poverty by saying he hoped his son would follow in Poverty's footsteps by choosing to be resilient in life, work through hard times and commit to helping others.

But Poverty didn't stop with his own team. Instead, he joined other coaches to help them complete their programs. He often paid visits to other coaches, talked to them about the program and reviewed the games and activities with them to make sure they implemented them correctly. Traveling long distances to help other coaches has established Poverty as a role model to youth and coaches throughout the state.

Joining the Ministry

Poverty worked closely with the Ministry of Social Development, impressing ministry officials with his commitment and dedication. In addition to training other coaches, Poverty filled the shoes of the local ministry SfPL project coordinator when he was unable to carry out his duties. His hard work and commitment didn't go unnoticed. By the end of the SfPL program Poverty was hired by the Ministry's Department of Youth and Sports to join the effort to build a brighter future for the youth of southern Sudan.



A *Sports for Peace and Life* mentor observes a participant dribble through cones that represent risks in life that can lead to HIV infection. Juba Town, southern Sudan. Photo: Matt Streng/Mercy Corps

VI. References

- Baptiste, D.R. et. al. (2006). *Community collaborative youth-focused HIV/AIDS prevention in South Africa and Trinidad: preliminary findings*, Journal of Pediatric Psychology. Oct;31(9):905-16. Epub 2006 Feb 1.
- Botcheva, L., & Huffman, L. (2004). *HIV/AIDS Education: An Intervention in Zimbabwe, Evaluation Report*. The Children's Health Council, Retrieved October 12, 2007 from <http://www.grassrootsoccer.org/docs/PRO%20CHC%20eval.pdf>. p 3.
- Carroll, K. (1997). *Enhancing retention in clinical trials of psychosocial treatments: practical strategies*. National Institute on Drug Abuse Research Monograph, 165, 4-24.
- Choi, T. (2006). *Program Evaluation for a Novel HIV/AIDS Education Intervention in Liberia*, Masters Thesis, Columbia School of Public Health. December.
- Clark et. al. (2006). *Kicking AIDS in Africa: Soccer Players as Educators in Adolescent-Targeted HIV Prevention*. Harvard Health Policy Review, 7 (2), 62-71.
- Clark-Jones, F., & Broome, M.E. (2001). *Focus groups with African American adolescents: Enhancing recruitment and retention in intervention studies*. Journal of Pediatric Nursing, 16(2), 88-96.
- Coalter, F. (2006). *Sport-in-Development: A monitoring and evaluation manual*. University of Sterling and UK Sport. Retrieved October 4, 2007, from <http://www.toolkitsportdevelopment.org/html/resources/56/56853A82-146B-4A3F-90D6-5FC719088AE5/Manual%20monitoring%20evaluation.pdf>.
- Davis, L.L., Broome, M.E., Cox, R.P. (2002). *Maximizing Retention in Community-based Clinical Trials*. Journal of Nursing Scholarship, 1st Quarter, 47-53.
- Dewey, J. (1997). *Experience and Education*. New York: Macmillan.
- Family Health International (2006). *YouthNet End of Program Report, Taking Action: Recommendations and Resources*.
- Family Health International (2006). *YouthNet: Youth Issues Paper 7*.
- Focus Group Discussion Note, Conducted May, 17, 2007 in Torit, Eastern Equatoria State, southern Sudan p.2.
- Freire, P. (1986). *Pedagogy of the Oppressed*. New York: Continuum.
- Kinsman, J. et.al. (2001). *Evaluation of a comprehensive school-based AIDS education programme in rural Masaka, Uganda*, Health Education Research 16(1), 85-100.
- Nagy, S. (2002). Using theory in curriculum development: the future selves curriculum. American Journal of Health Studies, 18(1).
- Ofono, J. (2007). *The AMREF Nation Health Institute: A Pillar of Hope in New Sudan*. Retrieved October 12, 2007 from http://www.amref.org/index_text.asp?PageID=313. ¶ 7.
- Population Council (2004). *Ishraq: Safe Spaces for Girls to Learn, Play and Grow. Briefing Sheet #6*, July. Retrieved October 4, 2007 from <http://www.popcouncil.org/pdfs/ishraq/ishraq06.pdf>. p.1.
- Schwery, R. (2007). *Sports for Peace and Life in Southern Sudan: Evaluation Report*, Biel/Bienne and Portland.
- UK Sports (2006). *Discussion Paper: Tackling AIDS through sport*. UK Government Aug. (sec. 6.3).
- UNAIDS (2004). *At The Crossroads: Accelerating Youth Access to HIV/AIDS Interventions*. Retrieved October 4, 2007, from http://www.unfpa.org/upload/lib_pub_file/316_filename_UNFPA_Crossroads.pdf.

UNAIDS (2006). *2006 Report on the Global AIDS Epidemic: AIDS epidemic update*. Retrieved October 31, 2007 from http://data.unaids.org/pub/EpiReport/2006/2006_EpiUpdate_en.pdf.

UNAIDS (2007). Retrieved October 4, 2007, from http://www.unaids.org/en/Policies/Affected_communities/women.asp

UNFPA (2007). *Women and HIV/AIDS: Confronting the Crisis*. Retrieved October 4, 2007, from <http://www.unfpa.org/hiv/women/report/chapter5.html>

UNGASS (2001). *Article 53, Declaration of Commitment on HIV/AIDS*

UNGASS (2003). Resolution Adopted by General Assembly. A/RES/58/5, p.1. Retrieved October 12, 2007, from <http://daccessdds.un.org/doc/UNDOC/GEN/N03/453/21/PDF/N0345321.pdf?OpenElement>

UNICEF (2002). *Young People and HIV/AIDS: Opportunity in Crisis*. Retrieved October 4, 2007, from http://www.unicef.org/publications/files/pub_youngpeople_hiv aids_en.pdf

United Nations (2003). *Sport for Development and Peace: Towards Achieving the Millennium Development Goals*. Report from the United Nations Inter-Agency Task Force on Sport for Development and Peace, p.22. Retrieved October 12, 2007, from <http://www.un.org/themes/sport/reportE.pdf>

Villarruel, A.M., Jemmott, L.S., Jemmott, J.B., Eakin, B.L. (2006). *Recruitment and retention of Latino adolescents to a research study: lessons learned from a randomized clinical trial*. Journal for Specialists in Pediatric Nursing. Oct. 11(4), 244-50.



Women involved with *Yes To Soccer* prepare for a game of kickball as part of a county-wide tournament.
Liberia Photo: Cassandra Nelson/Mercy Corps

VII. Annex 1: Standards For Effective *Plus Sport* Youth HIV/AIDS Programming – Checklist

STANDARD	DESCRIPTION
Program Design	
☐ Assess need for HIV/AIDS program.	Review primary and/or secondary data, review literature (reports), national AIDS plans and interview key informants.
☐ Consider appropriate scope of program	Assess scope of program taking into consideration the following: unmet need in HIV response, your organizational capacity (staffing, logistics, presence at community level), capacity of partners, areas affected or most at-risk by HIV/AIDS and prioritized by national AIDS response, financial resources to complete program successfully.
☐ Inventory potential partners	Inventory community youth-serving and sports-oriented organizations such as schools, leagues, sports associations, youth clubs, governmental agencies, etc. Inventory prevention services, PLHA groups and existing AIDS service organizations. Discuss with local and national AIDS coordinating authorities.
☐ Develop program plan with partners.	Once partners are selected, engage them in reviewing and contributing to program plan to maximize relevancy and appropriateness for context. Target design to overcome potential limitations of <i>plus sport</i> programming and consider alternative programming if limitations can't be overcome. Review with local and national AIDS control.
☐ Plan to maximize gender balance	Unless targeting a specific gender, design program with indicators and objectives that build in gender balance (For example: 50% of youth mentors and participants recruited have to be female).
☐ Be adaptive to the needs of girls and physically or mentally challenged youth	Develop strategies and activities with communities that adapt youth program components to the needs of girls and physically or mentally challenged youth. Integrate these strategies and activities into program design.
☐ Develop monitoring and evaluation plan.	During program development, establish measurable, time bound, and achievable objectives. Allocate time, staff and resources to carry out M&E activities. (see M&E section below for more detail)

STANDARD	DESCRIPTION
Assessment	
☐ Assess HIV/AIDS knowledge.	Analyze existing data and literature on HIV knowledge, cultural norms and beliefs around HIV/AIDS, conduct focus groups and/or in-depth interviews with mentors and youth to assess Knowledge, Attitudes and Behavior (KAB).
☐ Assess service provision and create linkages where appropriate	Conduct an environmental assessment of community services. Conduct key informant interviews and youth focus groups to assess service utilization, barriers to access and potential programmatic linkages.
☐ Assess partner capacity	Form list of potential partners and visit potential partners and community members and key informants to assess capacity through Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis.
Curriculum Development and Adaptation	
☐ Identify/Develop curriculum.	Review existing theory-based curricula to find a good match for adaptation to program. If nothing available, develop own curriculum based on behavioral/learning theory. ¹⁰
☐ Adapt curriculum to context	Use results from assessments of the scope of program, HIV/AIDS KAB and partner capacity to make adaptations to curriculum to ensure contextual relevancy. Include analysis of language needs for translation of curriculum, interpreters for facilitation during ToTs, literacy levels and topic areas to be covered (HIV/AIDS & gender for example).
☐ Pilot test curriculum	Guide mentors and youth through a selection of learning activities to obtain feedback and identify any areas that need further adaptation. Pay particular attention to ensuring that the curriculum does not stigmatize PLHA or any segment of society.
Recruit Mentors and Youth	
☐ Develop selection criteria/procedures	With partners, develop criteria and procedures to use for mentor and youth selection.
☐ Identify and recruit mentors	According to established criteria and procedures, identify and recruit mentors to participate in the program.

¹⁰ For additional curriculum development guidance see: Nagy, S. (2002).

STANDARD	DESCRIPTION
☐ Develop plan for retaining mentors	Discuss with partners how to maximize mentor retention and commitment to program including incentives, payment, training opportunities, employment, etc.
☐ Sensitize parents to obtain support	Meet with parents of youth to be recruited to describe program goals and objectives, youth involvement and request their support of youth's participation. Consider having parent sign letter of support.
☐ Mentors recruit youth participants.	According to desired target audience demographics, mentors recruit youth and create teams to go through the curriculum.
Training & Support	
☐ Conduct Training of Trainers (ToT)	Train mentors to prepare them for implementation of the curriculum with youth.
☐ Identify mentors needing assistance	During ToT, analyze mentor capacity and retention of key HIV/AIDS messages. For those not ready to implement curriculum with youth, supplement training or pair them with more capable mentor to shadow/assist as co-mentor until capable.
☐ Monitor program implementation	Conduct site visits with each mentor during curriculum facilitation to ensure accurate implementation. Discuss progress, challenges, etc. and areas where mentor needs additional support.
☐ Build linkages between mentors and youth-serving organizations	Organize meetings with mentors and community youth-serving organizations, facilitated by local partners, to discuss program and areas for collaboration (co-mentoring, access to youth, enrollment of youth in school or teams, etc.).
Monitoring and Evaluation	
☐ Develop approach & tools during program design	Discuss with partners what success will look like and data collection methods, traditional (pre/post surveys, focus groups, etc.) and creative (photography, testimonials, art, etc.), that gather both qualitative and quantitative data.
☐ Establish process-oriented indicators and develop data collection tools	Create list of indicators that measure whether the program was implemented as it was designed and intended (mentor records of activities taught and youth attendance lists, site visit notes and reports, assessment results, etc.). Develop simple data collection tools to collect information.

STANDARD	DESCRIPTION
☐ Establish outcome-oriented indicators and develop data collection tools	 Create list of indicators that measure desired outcomes of the program (change in HIV/AIDS knowledge, attitudes and behaviors, changes in utilization of VCT services, condom use, etc.). Develop simple tools (surveys, interviews, etc.) to collect data.
☐ Train mentors on data collection tools	 During ToT, train mentors on appropriate administration of data collection tools to ensure accuracy, consistency and quality of data collection. Identify challenges to using the tools and help mentors overcome challenges.
☐ Share process and outcome data evaluation reports	 Meet with stakeholders to share monitoring data and to inform partners and community members of program results. Use results to mobilize support for sustainability of the program. Share reporting with organizations conducting HIV/AIDS programming and national AIDS control to develop standards and effective practices.
Sustainability	
☐ Continue to build relationships and capacity. with implementing partners	 Using initial partner capacity assessment results, develop a plan for strengthening partner capacity to implement programming beyond the funded program period.
☐ Establish community buy-in	 Hold periodic meetings with stakeholders to discuss program progress and share monitoring and evaluation results.
☐ Establish systems for shared decision making	 Develop systems and structures, like advisory boards, that allow for implementing partners to have equitable decision making.
☐ Explore scale-up and institutionalization. by regional or national entities	 Support local partners in engaging regional and national governmental or non-governmental entities to adopt and institutionalize the curriculum.
Equipment	
☐ Select appropriate equipment type for conditions and quantity for direct beneficiaries	 Assess playing conditions, cultural norms and direct beneficiaries and select type and quantity of sports equipment accordingly.
☐ Hire logistics staff to assist with equipment distribution	 Analyze logistical and operations needs to transport, sort and distribute equipment. Hire necessary staff.

STANDARD	DESCRIPTION
☐ Create guidelines for use	Establish guidelines, with partner input, on appropriate use of equipment. Emphasize that equipment is for organizational use, not individual property; unless provided to an individual for outstanding performance in the program.
☐ Create a fair system for distribution	Identify recipients of equipment through a transparent process with partner input. Recipients of equipment should be directly involved in programming and meet strict, and communicated, standards established prior to the start of the program.
☐ Distribute material incrementally	When possible, distribute sports equipment throughout the life of the program (beginning, mid-term and end) to motivate youth and mentors to initiate, participate in and associate with the program from start to finish.



Be the change

United States

Mercy Corps
3015 SW 1st Ave.
Portland, OR 97201, USA
+1.800.292.3355 tel
+1.503.796.6844 fax

mercycorps.org

United Kingdom

Mercy Corps Scotland
17 Claremont Crescent
Edinburgh, Scotland, UK, EH7 4HX
+44.131.558.8244 tel
+44.(0)131.558.8288 fax

mercycorps.org.uk