

The road to national adoption: a mixed-methods study of Grassroot Soccer's Sport For Life partnership program in Ethiopia

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BACKGROUND

Findings from the first national HIV report in Ethiopia showed that prevalence among the general population increased from 1.0% in 1989 to 5.2% in 1996, leading the country to focus HIV prevention efforts on the general population, especially youth. Under a USAID grant to Health Communications Partnerships (HCP), Grassroot Soccer (GRS), an international non-governmental organization, was contracted to develop a curriculum and training model for a youth-targeted sport-based HIV prevention program: Sport For Life (SFL). Since its conception in 2004, SFL underwent scale-up across Ethiopia, culminating in Ethiopian Ministry of Education's national adoption of SFL in 2008 for primary school curriculum and in 2014 for secondary school curriculum.

GRS, with Ethiopian partners, carried out a mixed-methods study to explore: (1) the quality and reach of SFL programming among youth beneficiaries; and (2) the causal pathway for scale-up and national adoption of SFL.



Grassroot Soccer programming in Ethiopia

METHODS

Participant attendance data were collected from 2004-2014. A 17-item paper-based questionnaire was administered to 297 SFL participants (median age=15 years) from peri-urban areas in Addis Ababa, immediately before and after the four-month program. Questionnaire data were analyzed by external consultants using the Chi Square Test on SPSS software. Questionnaire findings from SFL Ethiopia were compared with results from pre/post questionnaires administered to GRS-managed sites across South Africa in 2013 (n=3,483; median age=12 years). Focus group discussions (FGDs) were conducted with SFL trainers, SFL-trained teachers, and SFL students (n=3). Key-informant interviews were conducted with personnel at Ethiopia-based organizations involved in SFL (n=3). FGDs and interviews were recorded, translated, transcribed, and coded for analysis using NVivo 10 software.

QUANTITATIVE FINDINGS

Analysis of attendance data shows approximately 701,705 Ethiopian students participated in SFL between 2004 and 2014. We observed an overall positive change in favorable responses from pre- to post-questionnaire among SFL participants (RR: 1.12). The greatest change observed concerned knowledge of khat as a risk factor for HIV (RR: 2.17). Notable change was also observed regarding communication about HIV. Participants were about twice as likely to report having spoken about HIV with an adult (RR: 2.07) or a friend (RR: 1.81) in the past two months at post- as compared to pre-questionnaire. Small decreases were observed for attitudes pertaining to HIV-related stigma and knowledge of mother-to-child transmission of HIV, though baseline scores were high.

Table 1. Question-by-Question Analysis for SFL Participants in Ethiopia, 2013

		n	Pre % Correct	Post % Correct	Change ^a	Rate Ratio ^{aa}	Rate Ratio Percent Difference ^{aaa}
Communication							
Communication with an adult about HIV	Ethiopia	261	42%	87%	+45	2.07	27.1%
	South Africa	3,277	33%	50%	+17	1.51	
Communication with a friend about HIV	Ethiopia	256	48%	87%	+39	1.81	27.6%
	South Africa	3,459	39%	51%	+12	1.31	
Knowledge							
Alcohol as a risk factor for HIV	Ethiopia	275	97%	91%	-6	0.93	-16.1%
	South Africa	3,046	80%	86%	+6	1.08	
Multiple partners as a risk factor for HIV	Ethiopia	275	95%	98%	+3	1.03	-8.7%
	South Africa	2,646	76%	85%	+9	1.12	
Attitudes							
Having social support from an adult	Ethiopia	270	91%	93%	+2	1.02	-3.9%
	South Africa	3,451	77%	82%	+5	1.06	
Stigma towards those living with HIV	Ethiopia	271	75%	94%	+19	1.25	12.0%
	South Africa	3,436	70%	77%	+7	1.10	
Gender-equitable beliefs	Ethiopia	275	88%	94%	+6	1.07	0.9%
	South Africa	3,433	66%	70%	+4	1.06	
Ability to avoid peer pressure	Ethiopia	274	95%	97%	+2	1.02	5.8%
	South Africa	3,450	76%	82%	+6	1.08	
Overall comparison							
	Ethiopia		79%	93%	+14	1.17	3.4%
	South Africa		65%	73%	+8	1.13	

^a Denotes change in percentage points from pre to post.

^{aa} Compares the rate of favorable responses between pre and post, with pre treated as the baseline group.

^{aaa} Calculates the percent difference between the rate ratios of Ethiopia and South Africa for comparison purposes.

When the SFL questionnaire data are compared to questionnaire data collected at GRS-managed sites across South Africa in 2013, results indicate that pre/post questionnaire data are comparable between Ethiopian and South African participants (Table 1). Overall, the rate of change from pre- to post-questionnaire among Ethiopian participants was 3.4% higher than the rate of change from pre- to post-questionnaire among South African participants. Larger changes on HIV-related communication and stigma were observed among Ethiopian as opposed to South African participants. South African participants showed greater improvement on knowledge of alcohol as an HIV risk, though the proportion of Ethiopian participants responding correctly at baseline was high. Higher baseline scores were observed for Ethiopian as opposed to South African participants on every questionnaire item.

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QUALITATIVE FINDINGS

Views of the sport-based methodology

Students and SFL-trained teachers expressed favorable opinions of SFL in comparison to formal education.

“We learn on SFL with games and physical activities and we will not get bored and forget the points. But, in school, we may not be that interesting.” – SFL participant

Teachers and participants also felt that SFL allowed them to speak openly about sensitive topics, such as HIV-related stigma and discrimination.

Political environment in Ethiopia

Key informants explained that the political environment in which the USAID project was introduced in Ethiopia influenced its high acceptability among stakeholders. At the time, the Ethiopian government mandated the implementation of HIV education among youth in schools. To accomplish this, the Ministry of Education (MoE) had been working with the Ministry of Youth, Sports and Culture (MYSC) to integrate an effective HIV education component into their sport and life skills programming, called Sport For All. Since SFL was developed as an interactive, sport-based program, it fit the needs of the Sport For All program.

“There was a void...but it was not really activated until we showed up. So it was win-win, [the Ministry of Youth, Sports and Culture] were happy to see us, and we were happy to see them.” – Key informant

Training and Monitoring During SFL Roll-out

Key informants further described the importance of high-quality training and frequent monitoring to support the scale-up of SFL in Ethiopia.

“Our Master Trainers were trained by [GRS]. And those Master Trainers conducted the training to school teachers, and those school teachers also take their assignment to cascade the training to their students.” – Key informant

Refresher trainings were conducted bi-annually and HCP staff members conducted school visits intermittently to monitor the quality of implementation. The teachers were also supported by a governmental structure called the Regional Education Bureaus.

Partnership-Building in Ethiopia

Former HCP staff members explained that they continuously engaged other Ethiopian NGOs. Many of these organizations ended up becoming partners in the SFL project and implementing it as well.

“I think those partners, their programs were focusing on youth. But, they don't have the component like the SFL program. Their approach was not interactive, participatory, so after we introduced this program, they showed their interest” – Key informant

By garnering interest of other partners at this early stage, SFL implementation was able to sustain itself after the USAID funding ended in early 2011.

LIMITATIONS

It must be noted that many of the stakeholders implementing SFL lack participant-level data, making estimations on number of youth reached difficult. P-values and confidence intervals were not calculated during questionnaire analysis, given recognized clustering but limited data available on these clusters that would facilitate further statistical testing. The median age of Ethiopian participants (15 years) was higher than the median age of South African participants (12 years), which may have influenced the questionnaire findings—particularly the higher baseline scores among Ethiopian participants as compared to South African participants.

CONCLUSION

Findings suggest GRS's partnership on SFL helped lead to a national scale-up and governmental adoption of SFL. SFL participants exhibited positive changes on HIV-related communication, knowledge, and attitudes. Qualitative data demonstrated that there was high acceptability of SFL among students, SFL-trained teachers, partner organizations, and HCP staff members. Quantitative data collected at sites with *indirect* GRS implementation in Ethiopia and *direct* GRS implementation in South Africa suggest GRS programming can be effective at a national level within government ministries. The development and roll-out of SFL should be considered an effective and sustainable partnership model for youth-targeted behavior change programming.

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