



Final Report

WhizzKids United Mixed Gender Football League

Agreement nr: 2010-S60380-023

Submitted: 1 July 2011

Author: Thomas Farrar, M&E Officer, Africaid

Acknowledgments:

We first want to acknowledge Nike Red and King Baudouin Foundation for the generous funding and support which made this amazing project possible.

Secondly, we want to acknowledge all the WhizzKids United staff and volunteers who worked hard to make this project a success: especially Nathi Mbanjwa, our League Coordinator and Football Coach; Phindile Shezi, our Receptionist and Counsellor at the WhizzKids United Health Academy; Phakamani Nguse, our Orphans and Vulnerable Children Assistant; Gugu Mofokeng, our Health Academy Administrative Manager; Michael Roth, a voluntary intern from Germany; Aled Hollingworth, a voluntary intern from USA; and of course the illustrious CEO of WhizzKids United, Marcus McGilvray.

We further want to acknowledge the eight schools that participated in the project, along with their principals, and especially the teachers who managed the teams day to day: Mr. Goba from Ashdown Primary, Mr. Dlamini from Caluza Primary, Mr. Mtolo from Edendale Primary, Ms. Nxele from Esigodini Primary, Mr. Ngubane from Henryville Primary, Mrs. Mkhize from Mthethomusha Primary, Mrs. Dlamini from Muzi Thusi Primary, and Mr. Mfeka from Sanzwili Primary.

Finally, we want to acknowledge the beneficiaries whose enthusiasm for football and life and willingness to learn made the project fun and vibrant.

Quantitative Final Report

- a. **Calendar Table** – see attached spreadsheet
- b. **Budget** – see attached spreadsheets (Financial Report and full list of transactions) as well as the ZIP file with scanned invoices in PDF format (which will be sent by YouSendIt due to large file size)

Qualitative Final Report

a. Motives and Objectives

Our motives and objectives for developing this project were several:

From working several years in the Edendale community in South Africa, we observed that:

- There were no organised extracurricular sports offered by schools, due to the schools' lack of equipment and resources



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- Girls had very little opportunity to play football after school, even informally with friends, due to chores and domestic obligations; this was inequitable since boys had many opportunities to play
- Football had been an effective tool for delivering WhizzKids United HIV & AIDS programmes in this community
- We were about to open the WhizzKids United Health Academy, an adolescent health clinic offering HIV Counselling and Testing (HCT) and other health, counselling and support services; and we needed a draw card to get youth to access this facility

These observations collectively led us to develop the WhizzKids United Mixed Gender Football League concept: a mixed-gender, inter-school football league for Edendale schools, with matches to be played at the WhizzKids United Health Academy. The concept was designed to meet the following objectives (with reference to the problems and opportunities identified above):

- Foster a working relationship between the WhizzKids United Health Academy and local schools by providing them with organised extracurricular sports which they otherwise would not have
- Give boys and girls a chance to play football together on the same team, thus promoting gender equality both on and off the pitch
- Use the football league to draw the players and their friends to the WhizzKids United Health Academy where they could be counselled and encouraged by staff to access health services, especially HIV Counselling and Testing

b. Description of Activities

Stakeholder Engagement and Preparation

In September-October 2010, WhizzKids United approached the eight closest primary schools to the WKU Health Academy and invited them to be part of the league. Seven out of eight schools agreed and one declined, so we invited another school which was further away. The school principals signed forms agreeing to their school's participation and cooperation with the project, and were asked to appoint one teacher to select and manage that school's team.

We left the team recruitment process entirely in each school's hands (e.g. whether they wanted to hold trials); we only asked that by a certain deadline, they submit to us the names and details of four boys and four girls, including one boy captain and one girl captain. All players had to be in Grade 6. Primary schools go up to Grade 7 in South Africa, but because the league would be continuing into the 2011 school year, Grade 7's could not be selected as they would be graduating from the school halfway through the project.



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All selected players were given a consent form to be signed by parents, and once they brought it back they were officially registered in the league.

Launch Event

The project activities officially kicked off with a pompous opening ceremony on October 22, 2010 at the WKU Health Academy. Over 200 people attended this function including the players, their family members, and teachers and principals from the school. This helped to raise awareness in the community not only about the league, but more importantly, about the WhizzKids United Health Academy and the health services offered there.

Another important procedure that took place on the day of the Launch Event was the Captains' Meeting. The 16 team captains (one boy and one girl from each team) met with the League Coordinator to discuss the rules and processes of the league. In particular, we wanted the beneficiaries' input on how we could make the league gender equitable. The captains came up with a number of creative rules. For instance, all free kicks had to be taken by girls. Also, goal kicks could not cross the halfway line in the air, since the pitch was quite small and on a tar surface.

League Structure

The league season consisted of 14 match weeks. As there were eight teams in the league, each team played each other team twice. There was one match per day from Monday to Thursday each week. The first half of the season (Weeks 1-6) lasted from October 25 to December 2; there was then an eight week break for the school holidays. It was deemed impossible to continue the league during the holidays because some kids travel to rural areas to be with extended family during the holidays. The league recommenced the week of January 24, 2011 and finished on March 17. We then held two knockout Cup competitions: one for the top four teams in the log (called the WKU Health Academy Cup), and one for the bottom four teams in the log (called the King Baudouin Cup). Semi-finals for both competitions were held the week of March 22-25 (Monday March 21 being a public holiday), and both finals were held on Thursday March 31, with the Awards Ceremony taking place afterward.

Six trophies were given out at the Awards Ceremony. The Thami Zulu Memorial Cup (named for the first WhizzKids United Life Skills facilitator who passed away in 2008) was awarded to the League Champions, Esigodini Primary School, who finished the season with 12 wins and 2 losses. The league actually came down to the final match, where table toppers Esigodini had to win or draw against second place Edendale Primary School in order to preserve their title.

The WKU Health Academy Cup (for the top four knockout competition) also went to Esigodini Primary School. The King Baudouin Cup (for the bottom four knockout competition) went to Muzi Thusi Primary School. The Gender Equality Cup (for the team best exemplifying the spirit of gender equality) went to Henryville Primary School. Individual trophies were given to the top male scorer



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and top female scorer, Sandile Ngcobo (38 goals) and Snegugu Zondi (5 goals). The final league table (not including knockout competitions) is given below.

Mixed Gender League 2010/ 2011									
P	Team	GP	W	D	L	GF	GA	GD	PTS
1	Esigodini	14	12	0	2	60	29	31	36
2	Edendale	14	10	2	2	85	45	40	32
3	Mthethomusha	14	9	3	2	65	43	22	30
4	Sanzwili	14	6	1	7	45	61	-16	19
5	Henryville	14	4	2	8	51	59	-8	14
6	Muzi Thusi	14	3	3	8	47	52	-5	12
7	Ashdown	14	2	3	9	39	65	-26	9
8	Caluza	14	2	2	10	36	74	-38	8

The total number of goals scored in the league was 428 – an average of nearly seven goals per match; of which 401 were scored by boys and only 27 by girls. It is interesting to note that the champions, Esigodini, had by far the most goals scored by girls, with 9. This suggests that integrating the girls more into the team may have been a reason for their success.

Health Promotion Activities

As exciting as the league was, the football itself was not the end goal. The project could not be called a success if the league had not had the effect of attracting the players to access the health services offered at the WKU Health Academy. To this end, a number of health promotion activities were undertaken with the beneficiaries by the League Administrator as well as clinical staff at the WKU Health Academy.

Prior to the commencement of these activities, we were privileged to have Dr. Tomas Campbell come down from the U.K. to deliver a two week workshop (Nov. 8 – Nov. 19) with staff at the WhizzKids United Health Academy. Dr. Campbell is a Consultant Clinical Psychologist and Head of Clinical Health Psychology at Newham General Hospital in London. He is a specialist in counselling children and adolescents living with HIV & AIDS, and is involved with CHIVA (Children's HIV Association) Africa as well as the Paediatric HIV Psychology Network. His workshops focused on how to deliver health and counselling services to adolescents living with HIV & AIDS, and feedback showed that our staff found it to be very informative and helpful.



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Our modus operandi for delivering health promotion activities through the league was as follows: All players received guided tours of the WKU Health Academy, were introduced to the friendly staff, and received information on what services were offered there. Secondly, the league schedule was arranged so that the players had free time before and after their football match, which they could use to access health and counselling services if they so desired. Sometimes the League Administrator used this time to run Group Counselling sessions, or to deliver sessions from our 'On the Ball' curriculum which uses football drills as a medium to teach life skills and sexual health.

The impact of these activities can be seen in the Quantitative Report. We are happy to report that 62 out of our 71 players accessed HIV Counselling and Testing at the WKU Health Academy, and all 62 of these went for a follow-up test after three months. An additional 25 official league spectators (who registered with their schools to come along and watch matches) underwent HCT in the second half of the year. 62 out of 71 players also received a Sexual Health Risk Assessment, which is a tool designed to measure an adolescent's risk of HIV and STI infection, and received counselling accordingly on how they could reduce their risk. 49 of the 71 players also underwent an OVC assessment to determine if they qualified as an Orphan or Vulnerable Child. If they did, they were enrolled onto our OVC Support Programme which is based at the WKU Health Academy and run by WKU in partnership with AMREF South Africa.

The number of beneficiaries reached by this project is relatively small. However, we chose to focus on quality rather than quantity of service delivery. What we were able to achieve is to get nearly all of our 71 direct beneficiaries to faithfully access health and counselling services at the WKU Health Academy over a period of six months, thus establishing a relationship that will preserve their health against the threat of HIV & AIDS for the long term. We also succeeded in achieving similar results with a group of 25 registered league spectators. We hope that in the months to come, our beneficiaries will encourage their friends to access the WKU Health Academy, thus creating a multiplier effect. But most importantly, we have developed a small-scale model that is effective in getting youth to access a clinic on a consistent basis. Now that we know the system works, it can be replicated in the future on a larger scale.

Match Logistics

Ensuring high attendance at the matches was a challenge we knew we would face. Only one of the schools is within easy walking distance of the match venue (WKU Health Academy), and the hospital is located along a major highway which is unsafe for pedestrians. Furthermore, there is a high rate of violent crime in the Edendale community, making it dangerous for children to walk home especially at dusk. Our solution to this challenge was to charter two minibuses to provide transport for the players. Each match day, the minibuses would pick the two teams up from their school and bring them to the WKU Health Academy, then bring them home again afterward. An added benefit to this approach was that the beneficiaries were able to spend more than three hours at the Health



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Academy each match day. Since the match itself took less than an hour, this left a lot of time for educational activities and accessing health services, which would not have been available if the beneficiaries had to walk.

We have an account with a non-profit website called Mobilisr which allows us to send out free text messages (SMS). We used this system to send reminders about upcoming matches to the cell phones of all players' parents, thus ensuring good communication and a high attendance rate at our matches.

Equipment and Materials

We had in reserve some football kit which had been donated to us by a South African company, Altech Autopage Cellular. The kit are valued at about R120 each, so all 64 of them amounted to about 5% of the budget. Much of the football equipment for the project, including footballs, pumps, whistles and first aid kits was also left over from donations we received at the time of the 2010 FIFA World Cup, so this was a great help to the project.

Because we were able to get these things covered by another source, it freed up more of our project budget for promotional materials to increase mobilisation and awareness around our project. We provided T-shirts to staff and community stakeholders and also had posters designed to put in the WKU Health Academy and the schools. The posters and T-shirts were designed by a professional graphic designer and we believe they have been successful in marketing the services offered at the WKU Health Academy to the youth.

We also provided all players with a laminated photo identification card; this was to ensure their personal safety in being transported to and from matches, and also to ensure that teams did not secretly swap players.

c. Summing up the Project

Project Challenges

Some of the challenges we faced and overcame have been highlighted in the narrative above. However we will mention some of the main challenges that we faced in implementing this project.

1. Late receipt of funds

Due to some administrative issues with signing of documents, we did not actually receive the first instalment of funds until 15 September 2010, nearly halfway through the project period. This required us to drastically realign the project timeframe, but through careful planning we were able to assemble a project plan that allowed us to complete the league and achieve our objectives by the end of the project period (31 March 2011).



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2. Low quality of pitch

When we were originally planning this project, we had a verbal commitment from the provincial government (Department of Sports and Recreation) that they would build us an artificial turf football pitch at the WKU Health Academy. Unfortunately this promise never materialized and as a result we had to play the matches on a parking lot surface. We painted a football pitch onto the surface. The ball bounced a lot more than it would on grass or turf which made it more difficult to control, and also falling was more of a hazard to the players and they could not do slide tackles. Thus the playing surface was not ideal but we were able to make do with what we had.

3. Unequal skills between boys and girls

One of the main purposes of the league was to use mixed gender football to get boys and girls playing together, with the aim that by breaking down stereotypes on the football pitch, we would also achieve social change off the pitch. One of the challenges with this was, traditionally only boys play football in South Africa. Therefore the boys had far greater football skills than the girls. This made it difficult to achieve a sense of equal participation within teams when some of the boys viewed their girl teammates as a liability, which in turn affected the girls' self confidence. Over the course of the project, some of the boys took on a more supportive attitude and helped their girl teammates improve their skills.

4. Change of players

In spite of our providing all players with photo ID cards, some schools did make an effort to change players on their team, especially when the team was performing poorly. This suggested to us that some teachers were missing the point of the league as they were more concerned about winning than the health promotion aspect of the project. We responded by creating an application form which the teacher had to fill out if they wanted to change a player. They had to provide a good reason for changing the player, such as moving away from the school, an extended absence, or bad behaviour. After this we had fewer attempts to change players; overall there were only seven player changes during the season.

5. Tragedy

Towards the end of the league, one of our players, Nkosinathi Hlela, was tragically stabbed and killed by an older boy. This was a horrible event which hurt the morale of the other players. However, the league helped function as a support structure to assist the community in coping with this loss. At our Awards Ceremony, we held a moment of silence for Nkosinathi and his certificate and medal were presented to his grandmother (as he was an orphan). Many of our staff and the league's players also attended his funeral service.



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Successes

1. High Rate of Accessing Services

One of our biggest successes was the fact that 62 out of 71 league participants (87%) accessed HIV Counselling and Testing. It is notoriously difficult to get young people, especially boys, to test in South Africa so this was a real achievement. Even more impressive was the fact that all 62 returned for a follow up test after three months as we had recommended (due to the three month 'window period' after HIV infection when antibodies cannot be detected).

Although the overall number of beneficiaries was relatively small, we were able to build a lasting relationship between them and the WKU Health Academy which we believe will endure throughout their adolescence and ensure that they receive all the care, counselling and support they need.

2. High Match Attendance

We were able to achieve a 97% attendance rate of players at matches. This is exceptional in an African context especially with girls, who are often forced to do chores after school rather than participate in recreational activities. We attribute this to the good communication with parents and teachers at the start of the league, provision of transport to and from the matches, as well as the SMS reminders to teachers and parents.

3. School Engagement and Appreciation

In our past projects in this community we had a hard time building a trusting relationship with some of the schools. However, the schools really engaged with this project and appreciated it from start to finish with only one or two exceptions. One of the schools even provided us with a certificate of appreciation, which is amazing given how few resources they have to spare. The feedback from teachers indicated that they felt the project had a great impact upon the players' behaviour and even their academic performance.

Failures

1. Gender Equality

We had a mixed impact upon gender equality through the matches. From the Focus Group Discussions we ran to evaluate the impact of the league, some players indicated an improved attitude toward girls participating in football, or toward girls in general. However (perhaps owing in part to the difference in football skill between the boys and the girls) some girls felt that the league actually allowed the boys to reinforce stereotypes of male dominance and marginalization of girls.



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Thus, in some ways, the special rules we enacted to ensure gender equality in the matches were unsuccessful. If we were to repeat this project, we would make the following changes in order to improve in this area:

- Engage more thoroughly with the target group and other stakeholders before the project begins, to ensure that the league and its rules are designed to be inclusive and promote gender equality. We will encourage the players to make radical changes to the league's rules to prevent boys from dominating and incentivize all players to play as a team (for example, only girls can score goals in the league; or, additional points to be awarded for teams that exemplify gender equality). The league will thus be a training ground transforming the players into peer group leaders who advocate for gender equality.
- Take a proactive approach to gender equality education, rather than assuming that their mindset will change simply from playing soccer in a mixed-gender team and attending a clinic.

2. Multiplier Effect

The other failure in our project was that of mobilising our direct beneficiaries in a structured way to create a large multiplier effect on other adolescents in their schools and community. We asked schools to encourage other kids to attend the matches as spectators in the hopes that they too would access services. In the end we had 25 such spectators who accessed HCT, but this was quite a small number.

Since the direct beneficiaries attained a certain status among their peers by virtue of being players in this renowned league, we should have harnessed them as ambassadors for the WhizzKids United Health Academy.

If we could do the project over again, we would use a Peer Education model, training our direct beneficiaries to educate their classmates with a structured curriculum about HIV & AIDS and Gender Equality, and encourage them to visit the WKU Health Academy. They would be able to speak from experience about what it is like to go for an HIV test, which would be very powerful and helpful to their peers. By doing so we could greatly increase the scope and impact of the project without greatly increasing the resources.

Impact and Legacy

The impact and legacy of this project have been large, both in the community where we ran the project, and also within our organisation's planning of future projects. The beneficiaries and the community thoroughly enjoyed and appreciated the project and they are clamouring for the league



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to happen again. We anticipate that the beneficiaries' relationship with the WKU Health Academy will last throughout their adolescence and potentially save their lives.

When it comes to our planning of future projects, we have been so pleased with the success of the Mixed Gender Football League that we are planning to replicate this model and introduce it as an integral part of all our projects in 2012. We will potentially reach hundreds of direct beneficiaries with this kind of league next year. Already we are running a scaled-down version of the Mixed Gender Football League at the WKU Health Academy.

We are hopeful of receiving funding through Nike Red to run another Mixed Gender Football League in Edendale, this time with improved rules to ensure gender equality, and a structured Peer Education programme run by the players in schools to increase the quantitative impact of the project, i.e. the number of adolescents coming to the WKU Health Academy for HIV Counselling and Testing.

Supplements

In the files sent via YouSendIt you will find the following supplementary materials:

- Feedback Forms (from teachers and beneficiaries)
- Highlights from Focus Group Discussions with beneficiaries
- Photos