The VMMC procedure requires a six-week abstinence period post-procedure and often, fear of HIV testing prevents boys and men from opting for VMMC. The boys and men who undergo the procedure also experience pain during and post-procedure. GRS works to overcome these barriers through MTC, which aims to increase demand and uptake of VMMC services in 14 priority countries.

Just like its creator, the MTC campaign started from the grassroots. Zimbabwe’s Highlanders Football Club and Grassroot Soccer Coach, Mkhuphal Masuku, decided to get circumcised and shared the news with his team and peers. His personal decision motivated others to undergo VMMC. Building on this success as a social learning model, the MTC strategy incorporates personal messaging involving high-profile national soccer health ambassadors, male mentors in the form of coaches, positive peer pressure, and soccer competition to educate and to promote VMMC uptake among participants.

About Make the Cut

Created in 2012, MTC is scalable, sustainable, and cost effective. It costs GRS only $2 per participant to deliver Make the Cut. Whereas, a cost effectiveness analysis shows that generating demand for a new VMMC intervention can cost $48 per participant. GRS’s MTC interventions have been implemented in seven countries. Studies show they increase VMMC uptake 10 times among the 18 – 50 age group and 2.5 times among the 14 – 20 age group.
The interventions have subsequently been implemented in South Africa, Zambia, Zimbabwe, Uganda, Kenya, and Swaziland, with rollout in Tanzania in August 2018. The RCTs discovered that uptake among men between ages 18 – 50 increases 10 times, and uptake among school boys between ages 14 – 20 increases 2.5 times when participating in the GRS program.

MTC is also cost effective, sustainable, and scalable, according to impact studies. GRS, in partnership with international institutions and organizations, conducted a process evaluation and discovered high program acceptability among participants. A key factor in VMMC uptake was coach and player relationships. Participants said they valued the coaches’ openness to discuss personal experiences and accompaniment to VMMC clinics. Moreover, through feasibility studies, the GRS MTC campaign experiences improvements. A feasibility study among school boys in Uganda with two implementation waves highlighted that increasing engagement with parents and schools increased uptake from 10.3 percent to 26.1 percent. Another study in Swaziland among soccer leagues for men between the ages of 10 – 65 suggested that MTC is scalable.

In the upcoming years, GRS seeks to deliver MTC in all VMMC 14 priority countries. It’s focusing on scaling up in countries like Mozambique and South Africa, since these two countries have the greatest need for achieving their national VMMC targets.

Notes: Make the Cut campaign has received support from funders including The Bill & Melinda Gates Foundation, the Doris Duke Charitable Foundation, 3ie, UK Medical Research Council and WHO; the UK Department for International Development (DFID) and the European Union, as well as development and implementation partners, including LSHTM, The University of North Carolina–Chapel Hill, CHAPS Swaziland, and Medical Research Council/Uganda Virus Research Institute, among others.

Links: Grassroot Soccer HIV @GrassrootSoccer