

Make the Cut

By Grassroot Soccer

Winner for
Best Demonstrated Impact



DEMAND CREATION CHALLENGE

CHAMPIONING INNOVATION IN
HIV PREVENTION COMMUNICATION



Through the power of soccer, Grassroot Soccer (GRS) educates, inspires, and mobilizes adolescents to live healthier lives and become change agents for their communities. GRS's 3A approach is guided by a sport-based behaviour change methodology that utilizes trained young adult mentors ("Caring Coaches") to deliver interactive curricula that build youth sexual and reproductive health (SRH) and life skills ASSETS, facilitate ACCESS to health and social services, and support ADHERENCE to biomedical treatment and positive protective behaviours. In 2002, this international non-governmental organization began delivering soccer-based HIV prevention programs, and in 2012, it began promoting voluntary medical male circumcision (VMMC) through the "Make the Cut" (MTC) campaign. According to WHO, VMMC reduces female-to-male sexual transmission risk of HIV by approximately 60 percent. MTC's main message is, "Less Skin, You Win."

Even though the VMMC procedure is effective in reducing HIV transmission, its uptake is stymied by structural and psychological barriers faced by adolescent boys and men.

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.

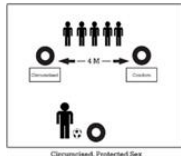
Just like its creator, the MTC campaign started from the grassroots. Zimbabwe's Highlanders Football Club and Grassroot Soccer Coach, Mkhuphali Masuku, decided to get circumcised and shared the news with his team and peers. His personal decision motivated others to undergo VMMC. Building on this success 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.

First Half – Cut and Cover



Second Half – Coach's Story



Engagement happens through soccer clubs, community health tournaments, schools, local professional soccer stars, along with government contributions. Ministries of Health in the priority countries help ensure that the GRS MTC campaign is in line with MOH policies and guidelines, and in turn, help promote sustainable and scalable delivery of the program. Plus, Ministries of Education are involved to help secure participation of schools and school-aged boys.

In the MTC campaign activities, education is provided through the act of playing soccer. Symbolically, the goalkeeper represents an uncircumcised male who does not use condoms to protect himself from HIV infection. Often, he fails to stop the ball. However, once players discover that VMMC reduces the goalkeeper's HIV risk, the width of the goal posts reduce to represent the protection that VMMC offers. Further reduction happens when additional defenders help block the goal. These defenders represent the additional protection from using condoms consistently and correctly.

Following the soccer-based activity, the Coach shares his personal experience with circumcision, answers questions, and connects participants to VMMC and HTS service providers. When GRS participants undergo VMMC, they are rewarded for use of health services through bonus team points and recognition among their peer networks.

MTC's impact is widely studied. In 2012 and 2014, GRS conducted two randomized-control trials (RCTs) on VMMC demand creation programmes in Zimbabwe.

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:

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