

# Promoting voluntary medical male circumcision through soccer: how evidence influenced global practices

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## Highlights

### Evidence impact

- Impacts from the Make the Cut Plus (MTC+) pilot evaluation in Zimbabwe led implementing agency Grassroot Soccer and researchers from Uganda Virus Research Institute and the London School of Hygiene & Tropical Medicine to pilot a similar intervention in Uganda.
- Evaluation findings helped Grassroot Soccer refine future interventions by focusing on components such as training, coach follow-up, accompanying participants to clinic, and personal relationship between coaches and participants.
- Grassroot Soccer also collaborated with the Centre for HIV and AIDS Prevention Studies to implement MTC+ curriculum training for outreach workers in Eswatini.
- Grassroot Soccer collaborated with USAID AIDSFree and Jhpiego to pilot, adopt and implement the MTC+ model under Timu Ya Ushindi (winning team in Kiswahili), Tanzania's ongoing voluntary medical male circumcision (VMMC) programme.
- The US government's President's Emergency Plan for AIDS Relief (PEPFAR) released Country/Regional Operational Plan Guidance in 2017, which included evaluation findings under its best practices for PEPFAR.

### Factors that contributed to impact

- Members of the study team, which included Grassroot Soccer representatives, leveraged the network of researchers in their institutions to collaborate and expand their work on soccer-themed promotion of VMMC.
- The early meetings and conversations held under the 3ie Thematic Window on VMMC allowed Grassroot Soccer to connect and collaborate with different organisations, policymakers and stakeholders working towards the same theme in

different countries.

- USAID, the donor for the thematic window, engaged with other key decision makers, facilitating uptake of evaluation findings.
- Timely release of the evaluation's findings helped Grassroot Soccer convince stakeholders to pursue the intervention in other countries.

## Impact evaluation details

Title: [Voluntary medical male circumcision uptake through soccer In Zimbabwe](#)

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# Context

In the mid-2000s, studies found male circumcision to be effective in reducing female-to-male sexual transmission of HIV by 60 per cent. VMMC is identified as the only one-off intervention that reduces the risk of HIV whilst being cost-effective. The World Health Organization and UNAIDS both recommend VMMC as a key method to reduce HIV in countries with high prevalence.

In Zimbabwe, the Ministry of Health and Child Welfare launched VMMC in 2009. Population Services International and USAID provided technical and financial support to the ministry. The country aimed to reach 80 per cent of 13- to 29-year-old males in Zimbabwe by 2015. However, the gap between VMMC adoption and targeted numbers underlined a need to devise innovative demand-generating interventions.

In 2013, 3ie supported a collaboration between non-profit Grassroot Soccer, researchers from the London School of Hygiene & Tropical Medicine, and the Zimbabwe-based National University of Science and Technology to evaluate Grassroot Soccer's soccer-based MTC+ programme.

MTC+ aimed to increase demand for VMMC amongst adolescent students (aged 15 to 19 years) in secondary schools in Bulawayo through a combination of initiatives led by a circumcision coach. Intervention components included a 60-minute, soccer-themed educational session including the coach's story, during which they shared personal experiences and addressed fears of HIV testing, referrals and phone-based follow-up with interested participants.

Cluster-randomised controlled trials were conducted in 26 schools of Bulawayo; 1,226 male students participated in the trials. Qualitative interviews and group discussions were conducted to comprehend the experiences, opinions, and feelings of the coaches and student participants.

## Evidence

The study found the MTC+ intervention to be effective in increasing VMMC uptake. The intervention cost-effectively increased uptake approximately 2.5-fold, or about 7.5 percentage points. The qualitative analysis revealed perceptions of high acceptability amongst coaches and student participants. The 'coach's story' component, in particular, generated discussions around VMMC, with participants exploring the pros and cons of the practice with their coaches.

## Evidence impacts

“So in 2014 ... when we did the [randomised controlled trial] with 3ie ... we found the really encouraging evidence that we needed to convince partners and

government and donors that this is something feasible, something cost-effective. [That's] when we were able to work with a number of partners in Eswatini, Tanzania and Uganda, and then ... our own programs in South Africa and Zambia.'

**Jeff DeCelles**  
*technical director*  
*Grassroot Soccer*

### **Uganda schools piloted soccer classes for VMMC**

The study provided evidence of large impact and cost-effectiveness of MTC+ on increasing VMMC uptake in Bulawayo secondary schools. The positive results led Grassroot Soccer to pilot a similar programme in Uganda, in collaboration with the Uganda Virus Research Institute and evaluated by the London School of Hygiene & Tropical Medicine. The 3ie-funded evaluation helped Grassroot Soccer refine the programme design, especially the components around the training of coaches, phone-based follow-up, accompanying participants to the clinic, and establishing rapport between coaches and participants.

### **Stakeholders trained to deliver MTC+ Curriculum in Eswatini**

Grassroot Soccer also collaborated with the South Africa-based Centre for HIV and AIDS Prevention Studies on a project in Eswatini to train outreach workers to deliver the MTC+ curriculum. The intervention was nested within a larger project, supported by USAID, that involved a variety of actors supporting Eswatini's Ministry of Health to implement a national strategic plan to increase the demand for VMMC.

The Soka Soccer Challenge designed and implemented by the Centre for HIV and AIDS Prevention Studies and the ministry was heavily informed by the Grassroot Soccer pilot in Zimbabwe. Under the intervention, sessions were carried out to explain difficult epidemiological concepts like risks. The challenge was endorsed by Dennis Yuki Masina, the ace footballer of Eswatini, who also became the Soka Soccer Challenge captain.

### **MTC+, Zimbabwe acknowledged in PEPFAR planning guidance**

PEPFAR's 2017 Country/Regional Operational Planning Guidance cited evaluation findings and highlighted Grassroot Soccer's MTC+ soccer-based intervention as a best practice to increase the demand for VMMC. Working in 50 countries, PEPFAR is one of the US government's largest initiatives to address the global HIV/AIDS epidemic. The 2017 operational planning guidance document highlights intervention examples from different PEPFAR-supported countries to inform planning and enhance the impact and sustainability of programmes aiming to control HIV/AIDS.

### **Soccer classes adopted under Timu Ya Ushindi in Tanzania**

In 2018, evidence from the 3ie-supported evaluation and subsequent studies prompted USAID AIDSFree and Jhpiego to collaborate with Grassroot Soccer to design a new soccer-based VMMC intervention under Tanzania's VMMC programme, Timu Ya Ushindi, which was piloted in two regions of the country. Grassroot Soccer's MTC+ intervention was adapted to target boys aged 10–14 years to increase the knowledge around VMMC, whilst Grassroot Soccer and Jhpiego added a new component of HPV routine service delivery to adolescent girls under the age of 14.

## **Suggested citation**

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