

## Case study 1: Make The Cut (MTC)

### Setting

Hhohho, eSwatini; Nairobi, Kenya; Gauteng, South Africa; Entebbe, Uganda; Iringa and Njombe, United Republic of Tanzania; Lusaka, Zambia; Bulawayo and Harare, Zimbabwe. (Implementation since 2012 in seven countries.)

### Challenges

- Despite the effectiveness of medical male circumcision, VMMC uptake remained low in the communities of the 14 priority countries identified by WHO and UNAIDS. This was when MTC was created. An increase in demand and uptake of VMMC services remains critical to attaining the 2020 Fast Track target of 90%.
- MTC was inspired, in part, by the head coach of Zimbabwe's Highlanders Football Club and Grassroots Soccer (GRS) coach Mkhuphali Masuku's decision to get circumcised and publicize his decision as an example to his players, teammates, friends and youth. This motivated others to undergo VMMC. As a result of Masuku's decision, GRS created MTC.

### Barriers

- Adolescent boys and young men have diverse needs, interests, beliefs and barriers to accessing health services. MTC aims to educate clients on the health benefits of VMMC and condom use and support them in overcoming key barriers to the uptake of VMMC such as fear of pain and HIV testing and lack of accurate information. Key messages focus on health benefits of VMMC, including improved hygiene and protection from STIs, specifically HIV.

### Initiatives taken

- MTC is a single, 60–90 minute session designed to generate demand for VMMC and condom use and link adolescent boys and young men to services. It consists of an interactive game, a personal story shared by the coach (a circumcised adult role model) and a group discussion. The game uses the popularity of soccer to initiate discussions on a potentially sensitive topic. This is an approach that has been shown to improve HIV-related knowledge, attitudes and behaviours.
- During the educational soccer penalty shootout, the goalkeeper metaphorically tries to protect himself from HIV infection. In the first round, the goalkeeper represents an uncircumcised man who does not use condoms, frequently failing to stop the ball. In the next round, after participants identify that VMMC can reduce the goalkeeper's HIV risk, the goal's width is reduced. Fewer goals are scored, representing the partial protection of VMMC. In the final round, four additional defenders help block the goal, representing the dual protection of VMMC and consistent condom use, and very few goals are scored, if any. Key messages that are communicated focus on the health

benefits of VMMC, including improved hygiene and protection from STIs.

- Circumcised coaches share their own experiences and build participants' self-efficacy to undergo VMMC. The coaches facilitate discussions with participants on their own perceived barriers and enablers and then follow-up with interested participants.

### Results

- A 2012 cluster randomized controlled trial assessing the effectiveness of GRS's MTC intervention on VMMC uptake over 3–6 months among Zimbabwean men showed a roughly 10-fold increase in VMMC uptake in the intervention group and higher acceptability among younger men 18–29 years old compared with those 30 years or over.
- A 2014 cluster randomized controlled trial assessing the effectiveness of GRS's MTC+<sup>1</sup> intervention on VMMC uptake over 3–6 months among adolescent male students in Zimbabwe showed a roughly ninefold increase in VMMC uptake in the intervention group.
- Findings from a 2014 process evaluation of MTC and Make The Cut+ in Bulawayo, Zimbabwe, highlight the coach–participant relationship as a key factor in increasing participants' motivation to undergo VMMC, especially among younger participants.
- The feasibility of implementing the intervention in Uganda (2015–2017) was assessed by pilot-testing the intervention in one school and then modifying it and implementing it in a second school. The modification involved increasing engagement with parents and improving the liaison with schools regarding the timing of the intervention. The pilot study of the modified MTC intervention showed that it may be effective in increasing VMMC uptake in this population.

### Lessons learnt

- The Zimbabwe randomized controlled trials produced promising evidence of MTC's effect among males 14–30 years of age, with strong evidence that the intervention increased VMMC uptake within three months by nine times for adult men (18–35 years) and 2.5 times for adolescent boys (13–18 years).
- GRS also conducted a follow-up feasibility pilot study with the Centre for HIV-AIDS Prevention Studies (CHAPS) in eSwatini that generated 3000 VMMCs in three months (2016) and a follow-up national campaign. In Uganda GRS conducted a mixed-method feasibility evaluation with the Ministry of Health and the London School of Hygiene & Tropical Medicine that found a 26% uptake among secondary school students. Both of these further demonstrated that MTC can effectively increase VMMC uptake and is adaptable in diverse contexts.

<sup>1</sup> This was a modified intervention based on Make The Cut and delivered to male students attending secondary schools in Bulawayo.