



Promoting VMMC Uptake : Engaging older men through targeted demand creation using soccer

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Presentation Objectives

- Background: Why soccer for older men?
- Organising the tournaments
- Results of soccer in VMMC demand creation
- Success and challenges



Why Soccer for older men?

- Hard to reach older men, limited formal gatherings for them esp. in rural set-ups
- Soccer is a proven crowd puller, can captivate men long enough to influence their health choices when information is given
- Inexpensive sport, both facilities and equipment can be improvised almost anywhere
- Take advantage of men's influence on each other to recruit for VMMC
- Immediate service delivery before power of message wanes

Planning – Community involvement

- Engage community teams, Ministries of Youth & Education, other stakeholders, leaders
- School Health Masters – information dissemination
- Local Schools – football grounds and information dissemination
- Health Promotion officers, community mobilizers



Event publicity

- Posters – “mess” up the place
- IEC Materials, Community meetings
- School kids – good for dissemination of messages
- Megaphone (Loud Hailer) and PA system announcements
- Big march with music and drum majorettes around the township and residential areas



Tournament format

- Teams enter the game/tournament mobilizing their supporters for VMMC uptake
 - Teams recommended to recruit clients to enter tournament
 - Reward for tournament winner and highest number of clients mobilised
- **Model 1: One day galas**
 - Ambitious, costly, too short a time frame to get much community traction
- **Model 2: Three day tournaments –Friday to Sunday (Finals)**
 - Allowed more teams to participate
 - Increased contact with community with more varied additional activities
- **Model 3: League format - Zaka (136 teams)**
 - 4 teams at ward level, top teams emerge
 - Finals at end of season for top 8 teams in a cluster (quarter final, semi final, final)

What Prizes?

- From \$20-\$100 for first, second and third
 - Soccer ball each for all teams, Small allowances (\$10) for match officials
- Moving away from cash prizes, branded soccer jerseys, balls, practice cones
- Rally both players and supporters behind health programmes
- Create continuous informal discussion among peers
- Reminder that the community plays a key role in the fight against HIV
- Average direct cost per one day gala \$300



Service Delivery

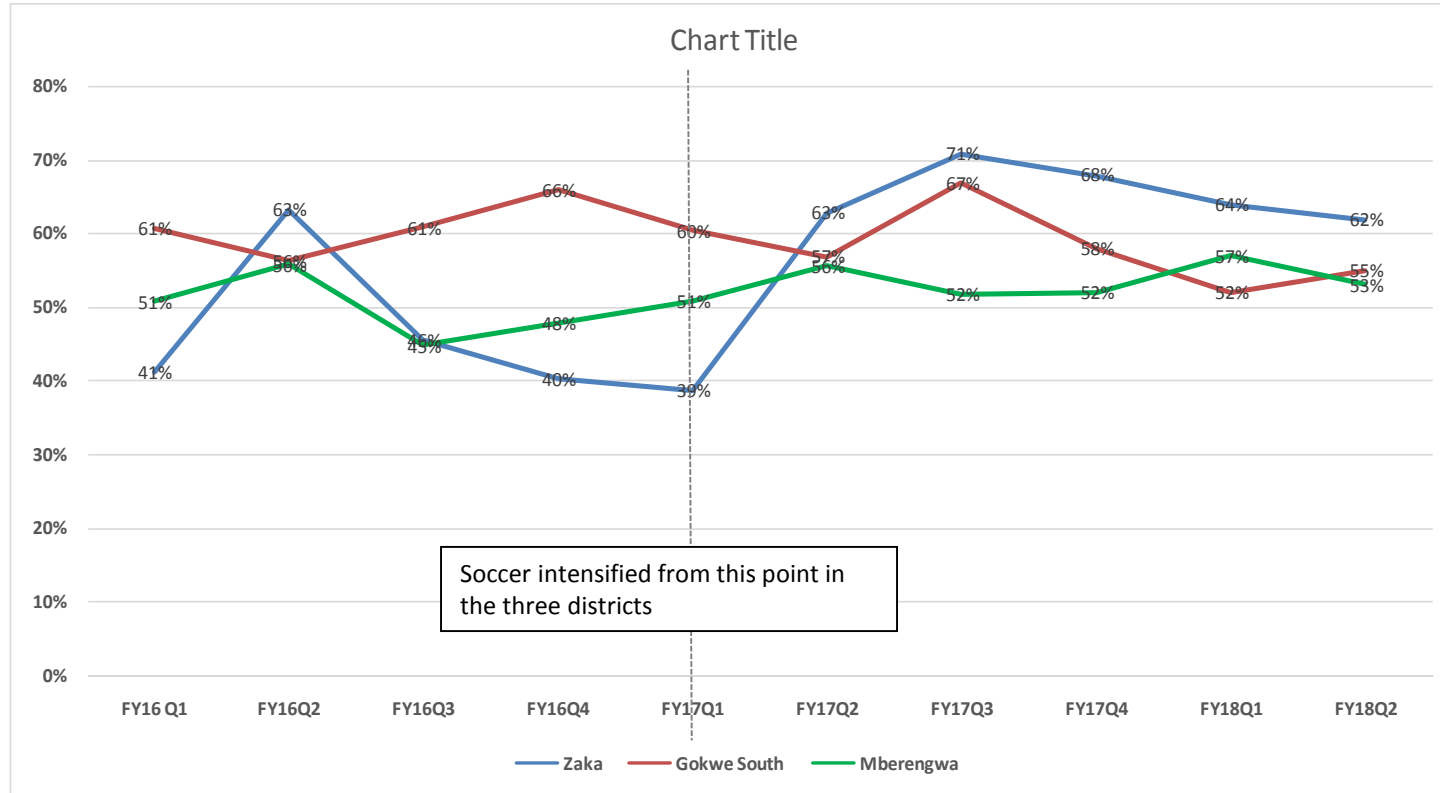
- HTC tents by sports fields with access for men and women
- VMMC branded caravans for service delivery at sports fields
- Transport for some clients to local health facility if they prefer that location (privacy)
- Transport for safety as well in case of adverse event



Outputs per soccer tournament

- 500-2000 spectators, both men and women
 - Second largest crowd puller after radio road-shows
- Circumcisions – on average 40-100 clients circumcised on the day,
 - Community mobilizers track appointments over the next two -three weeks, by phone or visit
- Those not ready on the day are booked, contact details are taken for follow-up, numbers citing soccer as motivation drop gradually over time

Age Pivot achievement



Frequency
 Zaka – regular league (17 galas) -2 sites
 Gokwe South - regular non-league (8 galas) – 2 sites
 Mberengwa - infrequent and irregular (5 galas) – 4 sites

Data capturing at Soccer Tournaments

- **X** number of people reached
- **X people tested for HIV**
- **X MCs** carried out on the day
- **X** number of clients in ensuing period e.g. 2 - 3 wks
- Compare with average for past 3 weeks before soccer



Successes

- Soccer has power to hold crowds for long periods of time
- Soccer appears successful in engaging older men, boys over age 18
- Great opportunity to move doubting men from anticipation to action through modelling
- As the community participates, community awareness and understanding increases for both men and women
- It is fun! The community and the players look forward to the event, serving as position motivation to continue the intervention model

Challenges

- Soccer interventions work better in rural over urban areas
- Need for continuous monitoring of costs
- Number of teams to be regulated –
 - Too many teams leave no time to interact, which is counterproductive to VMMC education and uptake
- Galas best in dry season to avoid disruption of rains/poor access
- Planning has to be meticulous, avoid unproductive events
- Sound coordination between service delivery and demand needed



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THANK YOU!!!

