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

Clear Roles for all
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

Soccer intensified from this point in the three districts
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