

Monitoring the Scale-Up of Vasectomy in Rwanda: Preliminary Results

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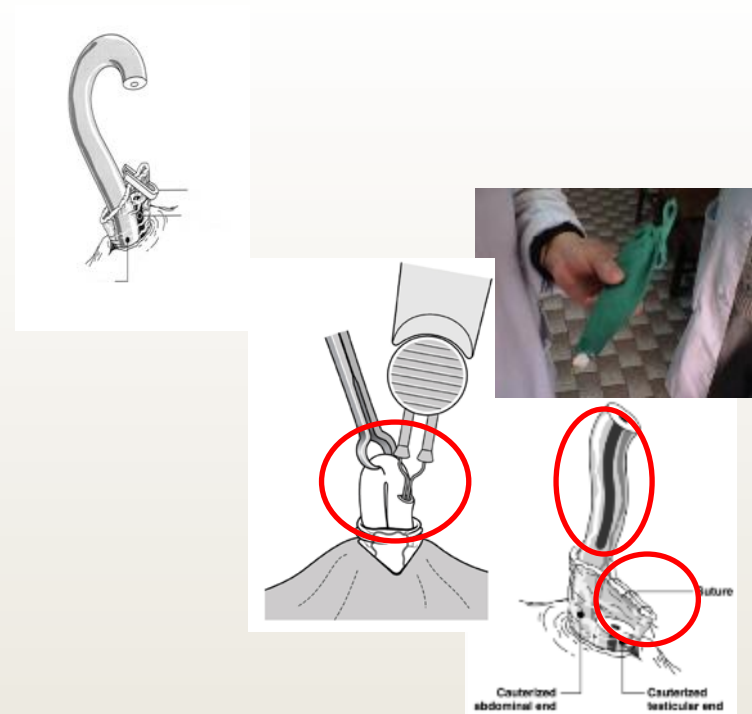
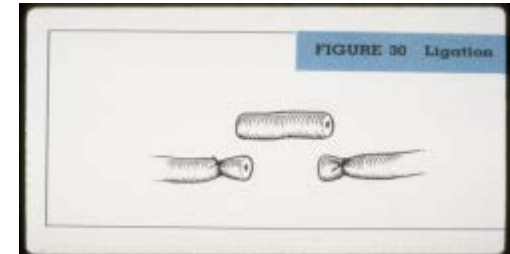


Overview

- Background of Vasectomy in Africa & Rwanda
- Scale-up Activities
- Monitoring Results

Vasectomy Overview

- Vasectomy: simple, safe, effective & low cost
- Standard approach for isolating vas
 - No-scalpel vasectomy (NSV)
- Vasectomy Methods
 - Ligation and excision (LE) (most common)
 - Failure to azoospermia, between 8% - 13%
 - Combining LE and fascial interposition (FI)
 - Failure reduced to 6%
 - Combining FI with cauterization of vas
 - Lowest risk of failure, 0.15%



Vasectomy in Africa

- Vasectomy is underutilized in Africa
 - Prevalence:
 - 3% worldwide
 - < 0.1% in Africa
 - Exceptions: South Africa, 0.7%, Namibia, 0.4%
 - Example: Ghana's Permanent Smile Campaign 2000 – 2009
 - 400 vasectomies in about 10 years
 - Vasectomy uptake was limited, despite well developed marketing campaigns
 - There is limited documentation of vasectomy delivery in other Sub-Sahara African countries.

Why is this man smiling?



Life Choices **Vasectomy**
Give yourself a permanent smile

A cup of tea was being prepared for my wife as I went in to have a Vasectomy. When I came out in twenty minutes, she asked, still holding her cup of tea: "How long will it take?" "Oh I'm finished." I replied. I'd never seen my wife so thrilled at good news till then. It's now our little joke but that's how fast and simple Vasectomy is.

For more information, call the Vasectomy hotline 021 - 76 56 86

Vasectomy in Rwanda

- Rwanda chose to include vasectomy to expand their method mix
- Previous vasectomy experience in Rwanda:
 - Scalpel vasectomy practiced prior to 1994
 - 2008-2009 NSV training
 - Capacity and Twubakane Projects (IntraHealth)
 - 3 physicians, 4 nurses (expanded to 6 districts)
 - 390 vasectomies in 18 months
 - Clients reported high levels of satisfaction with method
- Experiences provided Rwanda with a technical foundation for additional vasectomy programs.



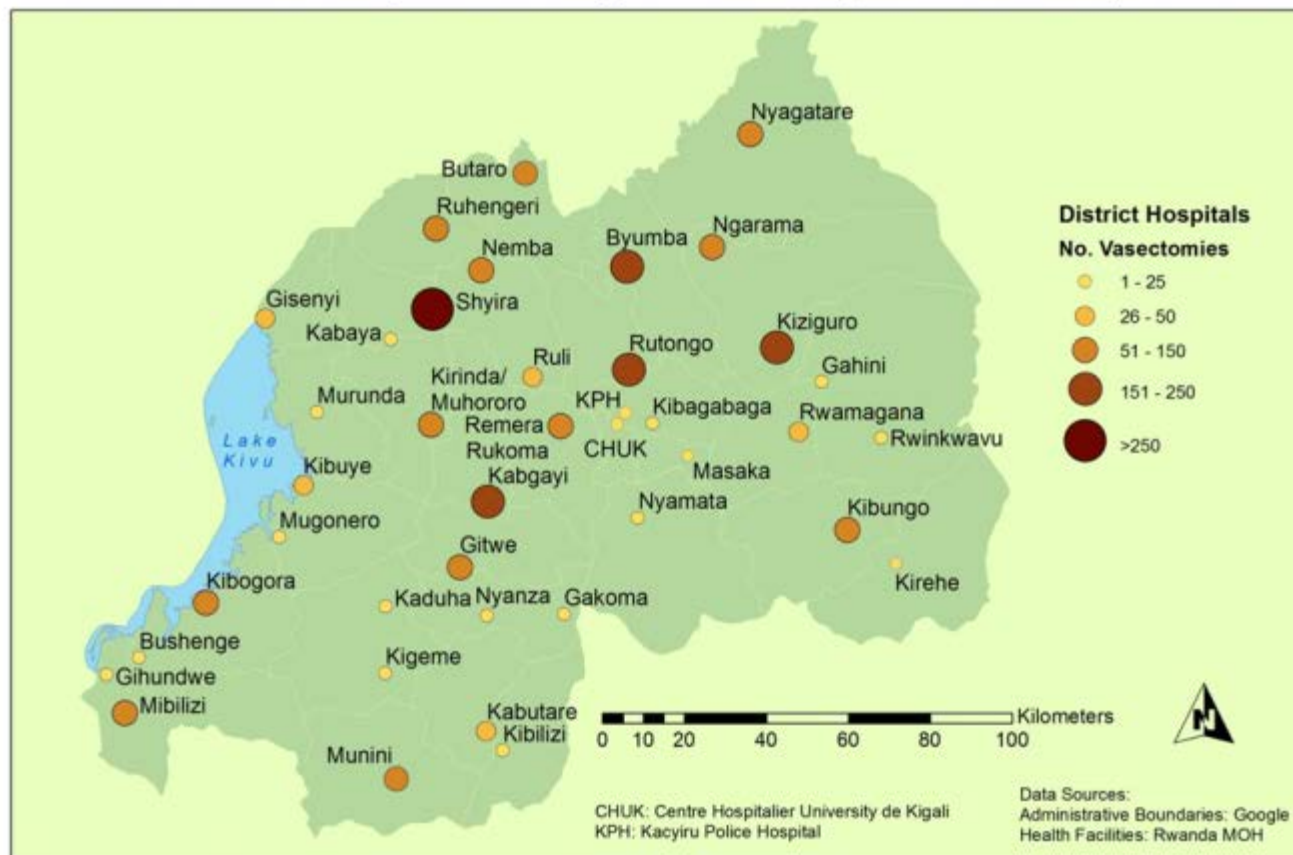
Vasectomy Scale-Up 2010

- MOH introduced NSV with TC and FI
 - 3 physicians and 4 nurses trained of trainers (TOT)
 - Training included procedure and counseling
 - Cascade system deployed in following months
 - Training of physicians and nurses
 - Today capacity to deliver this highly effective method exists in all 30 districts (40 hospitals)
 - Total trained: 64 physicians, 103 nurses
 - Conducted community sensitization activities
 - Support from: UNFPA, WHO, USAID Implementing Partners



Vasectomy Scale-Up 2010 - 2012

Number of vasectomies performed using NSV with cautery and FI in Rwanda, 2010-2012



Year	No. of Vasectomies
2010	779
2011	955
2012	789
Total	2,523*
*Map created December 2012	

Monitoring Vasectomy Scale-Up

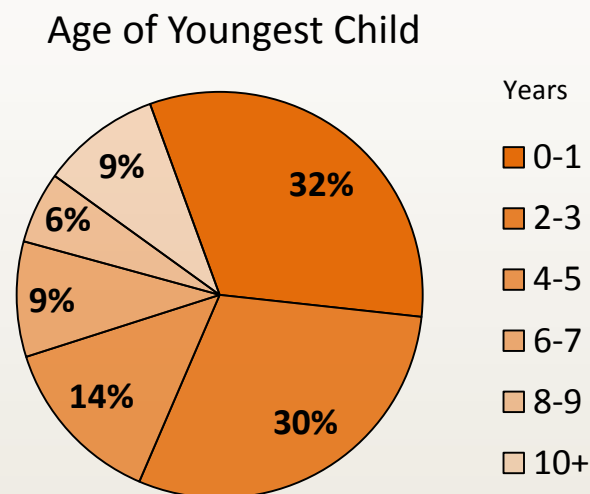
- FHI 360 provided technical assistance to RMOH
 - Facilitated TOT with Michel Labrecque, MD
 - Materials, funding, knowledge exchange and project monitoring
- Monitoring objectives
 - Assist MOH by assessing facilitators and barriers to efficient delivery of vasectomy
 - Document Rwanda's scale-up experience as a learning resource
- Monitoring data sources
 - Training and service statistics
 - Qualitative and quantitative data collection
 - MOH officials, hospital directors, physicians, nurses, CHW, clients & wives
 - Intervention Tracking Tool



Clients and Wives

- Representative sample (5% precision with a 95% confidence interval)
 - Selection:
 - (1) Randomly selected 15 hospitals
 - (2) Randomly selected approximately 20 clients from vasectomy records

Characteristics:	Clients (n=316)	Wives (n=300)
Age	45.5	38.3
Years Married	17.9	
Previous Contraceptive use	87%	
Injectables	66%	
Pills	41%	
Implants	12%	
Condoms	10%	
Natural Methods	5%	
Number of Children	5.2	



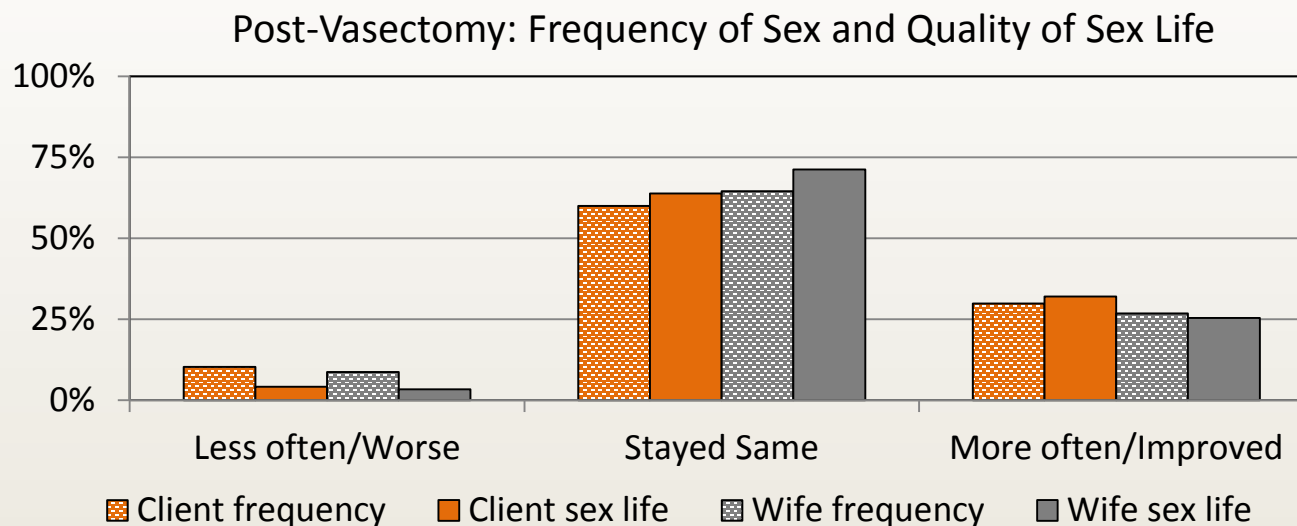
Deciding on Vasectomy

- Awareness raised through
 - Health care providers (98%)
 - Community meetings (89%)
 - Radio broadcasts (29%)
 - Dr. Kagabo (RMOH) interviews with live call and SMS questions on national radio
- Good first impression
 - Upon learning about the method
 - 80% clients, 82% wives reported favorable feelings about the method
- Couples talked openly about the method
- Key reasons for choosing
 - (1) Financial constraints
 - (2) Satisfied with family size
 - (3) Effects of hormonal methods (wife)
- Clients chose vasectomy despite long travel time
 - 48% traveled more than 3 hours
 - Most traveled by foot



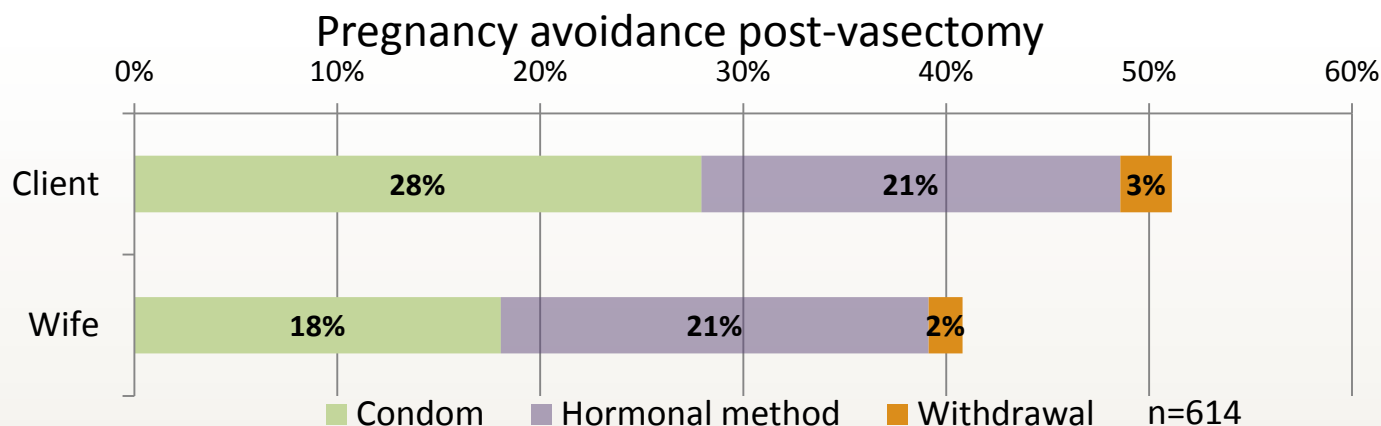
Post-Vasectomy

- No serious adverse events reported
 - 53 (17%) clients reported common post procedure symptoms: abdominal soreness, swelling
 - 42 clients sought medical attention
- Many clients and wives reported improvements in their sex life



Post-Vasectomy

- 52% of clients reported using some form of “pregnancy avoidance” (3 months post-procedure)
 - Modern contraceptive recommended



- 66% of clients returned for semen analysis (self-reported)
 - No failures
 - Self-reported semen analysis incongruent with hospital records
 - 29% of clients received semen analysis from hospital records
 - No failures in hospital records

Other Findings

- Awareness of LAPM was low among participants
- Clients and wives acknowledge that community level rumors and misconception about vasectomy exist
 - i.e., man will become a woman, reduced sexual interest and pleasure
 - Vasectomy decision a “private matter”



Conclusions

- Vasectomy can play a role in enhancing the method mix in African countries when supported by strong leadership from the MOH and international partners.
- Results of this scale-up effort support male involvement in the family planning discussion.
- Rwanda may provide a reasonable vasectomy scale-up model for other sub-Saharan African countries.

Recommendations: Supply

- Need to maintain number of skilled physicians in NSV TC/FI
 - Sustained training is necessary to account for physician mobility
 - Examine feasibility of incorporating vasectomy training in pre-service education for providers (medical schools)
 - Investigate feasibility of task shifting vasectomy to A0 or A1 level nurses
 - Explore impact of offering vasectomy training to private physicians
- Semen Analysis & Post-Vas Contraception:
 - Strengthen CHW capacity to follow-up with clients and wives
 - Increase laboratory capacity for semen analysis



Recommendations: Demand

- Tailor messages to address rumors and incorporate benefits of vasectomy
 - Emphasize financial and health benefits of limiting family size
 - Utilize existing mechanisms
 - Community meetings, radio and build upon cadre of “mobilizers” (clients)
- Identify new ways to engage men in the health system & promote family planning
 - Focused initiatives
 - ANC/Postpartum counseling
 - Identify appropriate seasonal or workplace vasectomy delivery



Thank You



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Vasectomy

- Goal:
 - Block fertilization by cutting or occluding both vas deferens so that sperm can no longer pass out of the body in ejaculate.

