



November 2011

Rwanda Takes No-Scalpel Vasectomy Training Nationwide

The Rwanda Ministry of Health (MOH), with technical assistance from FHI 360, is expanding contraceptive choice, increasing male involvement in family planning, and shattering taboos with its nationwide scale-up of training in no-scalpel vasectomy (NSV). Expanding access to vasectomy is part of the MOH's effort to make all family planning methods available to its citizens.



Photo Credit: Dominick Shattuck, FHI 360

This project began in 2010 by training a small group of physicians to provide NSV and nurses to conduct specific counseling on vasectomy. It proved to be so popular among both health care providers and their clients that the program is being expanded across the country. Results to date show that with appropriate access to counseling and services, many men will break traditional taboos against vasectomy and opt for it as their family planning method of choice.

The Rwanda MOH intends to share its implementation experiences, including data on the process and outcomes of this scale-up effort, which will take place over the next two years. As the program continues, the MOH hopes that its experience may serve as an example for neighboring countries that also wish to boost male involvement in family planning.

Moving toward a national program

FHI 360 began its collaboration with the Rwanda MOH on this project in February 2010 by training three Rwandan physicians to become vasectomy master trainers in NSV with fascial interposition (FI) and thermal cautery – the first known such training in an African country. Research suggests this technique to be more effective than other NSV techniques.¹ This training built upon existing in-country capacity by selecting physicians who had previously been trained as trainers in simple NSV by IntraHealth in 2008.² A total of 67 men received vasectomies over five days of training at five training sites. At each of the locations, the number of clients was plentiful. At several sites, more men came than could be accommodated.

Vasectomy is an ideal method for those who do not want to have any more children. In this surgical procedure, a doctor cuts and seals the man's vas deferens, small tubes that carry sperm from the testicles, preventing sperm from mixing with the seminal fluid. After a vasectomy, the man's semen does not contain sperm, so egg fertilization cannot occur. Vasectomy is a simple, safe, highly effective contraceptive method with a failure rate of less than one percent when FI and cautery are used.³ By comparison, the failure rate for latex condoms is 12 percent or more.

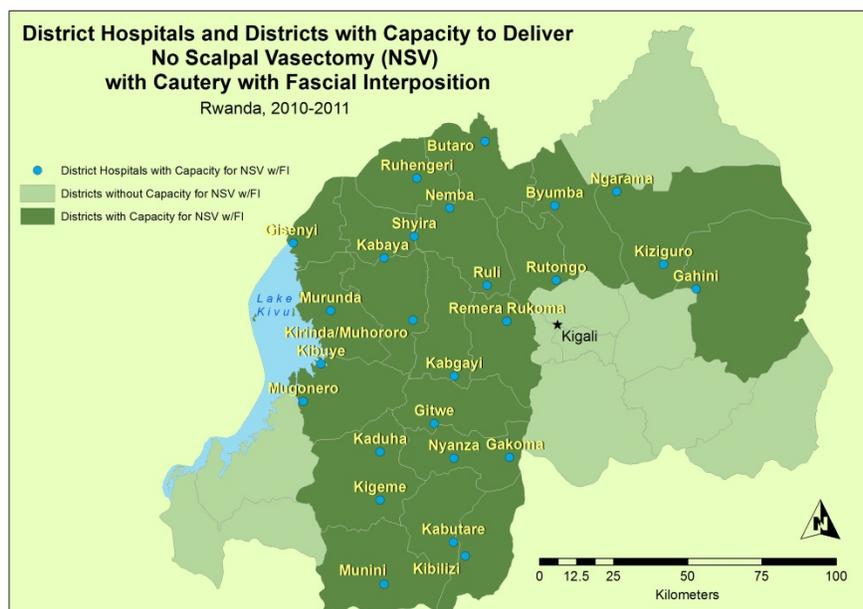
To further examine the demand for vasectomy services, 32 of the men who received vasectomies were asked to discuss their experiences. Reasons included financial challenges, such as not being able to support large families, distrust of other methods, and their wives experiencing side effects of hormonal methods. Some of the men noted that family planning is a priority in Rwanda, and cited the importance of serving as a positive example for their community.

Based on this promising initial experience, the Rwanda MOH decided to expand access to this new vasectomy technique with the goal of training at least two doctors and three nurses in each of the 43 district hospitals to provide NSV with cautery and FI. In September 2010, the MOH called a meeting, facilitated by FHI 360, which brought together representatives of the MOH and the National Family Planning Technical Working Group to develop a comprehensive implementation plan to offer this new service at a national scale. The plan developed outlines the activities and resources needed to conduct training and supervision, ensure adequate supplies and materials, and reach potential clients with messages about vasectomy.

Following the planning session, the Rwanda MOH and partners collaborated on a series of workshops to adapt the training of trainers and provider materials. Since December 2010, partners have also helped the MOH to train providers, including trainings for lab technicians who conduct semen analyses to verify the effectiveness of the vasectomy. Community health workers also assist by informing communities in advance of trainings and outreach services and by helping recruit men interested in obtaining services. Community radio is also being used to inform potential clients of upcoming service days.

Monitoring progress, success

To monitor the progress of scale-up, FHI 360 and the Rwanda MOH developed a monitoring plan to help assess the quality and efficiency of vasectomy service delivery across Rwanda at the national, district and local levels. The plan includes the identification of institutional and structural facilitators and barriers to promoting vasectomy services nationwide, as well as monitoring quality of care in counseling, performance of the vasectomy procedure (including technique and infection prevention), stock and equipment management, and client documentation and follow-up. At the community level, the plan guides assessment of individual, couple and community-level barriers to and facilitators for choosing a vasectomy. Information collected over the course of the program will document Rwanda's experience of scaling-up vasectomy services and serve as a learning resource for other countries.



For further information, please contact: Dr. Léonard Kagabo, Rwanda MOH (leokagabo@yahoo.fr) or Theophile Nsengiyumva, FHI 360 Rwanda (TNsengiyumva@fhi360.org).

¹ Labrecque M, Dufresne C, Barone M.A, et al. Vasectomy surgical techniques: a systematic review. *BMC Med.* 2004;2(1):21; Sokal DC, Labrecque M. Effectiveness of vasectomy techniques. *Urol Clin North Am* 2009;36(3):317-29.

² Davis J, Hurley L, Stratton S. *Successful No-Scalpel Vasectomy Pilot Program in Rwanda, Technical Brief.* IntraHealth: Chapel Hill, NC, nd.

³ Sokal.