



Updates from the Field

BEST PRACTICES

No. 1 Series of 2003
<http://www.msh.org.ph>

INCREASING MALE INVOLVEMENT IN FAMILY PLANNING THROUGH NO-SCALPEL VASECTOMY

Background

Population growth remains a major problem in the Philippines, particularly in urban areas and among poor populations. More than half of married women of reproductive age do not use any family planning method. While contraceptive use is increasing, some of this increase is in traditional methods, which are not as effective as modern methods. There are still relatively few acceptors for permanent methods such as bilateral tubal ligation (BTL) for women and vasectomy for men.

To change people's reproductive behavior, the Matching Grant Program (MGP) of the Department of Health (DOH) intensified its efforts to promote family planning services. The MGP focused on increasing demand for permanent family planning methods, particularly among couples that had achieved their desired family size. The MGP also focused on increasing service availability in priority areas (hard-to-reach, poor communities with high unmet need for family planning) by bringing services to these areas and conducting on-site training for local doctors.

Rationale for Promoting No-Scalpel Vasectomy

In addition to promoting BTL and other modern contraceptive methods, the MGP has promoted vasectomy, to increase male involvement in family planning rather than placing the responsibility for family planning upon women, as is often the case. Vasectomy is also a strong option because it minimizes the need for contraceptive supplies, so that clients do not have to make repeated visits to the health center for supplies or follow-up. Finally, vasectomy is an easier procedure and it needs less medical equipment to perform.

The MGP opted to promote no-scalpel vasectomy (NSV) at project sites because it is simpler and less invasive than the traditional procedure. NSV also offers a number of other advantages.



- NSV is a simple procedure. Therefore, its training and accreditation requirements are less rigid than other vasectomy procedures. A clinician can be accredited by performing the procedure on as few as five clients, using local anesthetics.
- NSV can be performed in ten minutes in a health center, clinic, or on a makeshift operating table with simple surgical tools.
- With NSV, there is minimal chance of complication or infection.

Strategies Adopted to Implement the NSV Program

To ensure the initiative's success, barangay volunteers in MGP sites are trained to identify and recruit clients. Volunteers are trained in family planning counseling, specifically related to vasectomy and other family planning methods; this training helps to increase their confidence as family planning advocates and counselors. The volunteers identify potential clients for



MATCHING GRANT PROGRAM
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vasectomy using a Community-Based Monitoring and Information System (CBMIS).

The DOH's Centers for Health Development and Management Sciences for Health (MSH) assist the LGUs in organizing orientation and service delivery activities and to launch the initiative in their different areas. Satisfied users and their wives are asked to be program advocates and to provide testimonials during orientation meetings and community assemblies. LGUs have adopted different strategies to create awareness about NSV, including house-to-house campaigns, street parades, and comedy skits. They have targeted identifiable groups such as firefighters, military reservists, and prisoners for awareness-raising activities. Local health officials are often invited to orientation and launching activities, making them major local events.

To implement the program, trainers from EngenderHealth are dispatched to selected project sites to conduct on-site training and perform NSV on interested clients. LGU-based providers are also being trained in NSV to promote sustainability and ensure service availability at project sites. Eventually, these providers will train providers from other LGUs. EngenderHealth recommends all successful trainees for DOH certification.

vasectomy. Due to its success in Bago City, the MGP expanded NSV promotion in other project sites. To date, some 664 clients in 53 LGUs in ten regions of the country have undergone vasectomy (see Table 1).

Table 1
STATUS OF NSV IMPLEMENTATION IN MGP AREAS
As of February 3, 2003

Region	Number of Provinces w/ MGP LGUs Providing NSV Services	Number of MGP LGUs Providing NSV Services	Number of NSV Acceptors
Ilocos	2	5	40
Cagayan Valley	1	1	17
Central Luzon	0	0	0
Southern Tagalog	0	0	0
Bicol	3	6	71
Western Visayas	1	3	232
Central Visayas	1	9	54
Eastern Visayas	4	8	30
Western Mindanao	0	0	0
Northern Mindanao	1	3	61
Southern Mindanao	4	9	110
Central Mindanao	3	4	34
National Capital Region	-	4	13
Cordillera Administrative Region	0	0	0
Autonomous Region of Muslim Mindanao	1	1	2
CARAGA	0	0	0
TOTAL	21	53	664

To sustain the gains already achieved in promoting NSV, the MGP will continue to:

- prioritize regions and provinces for NSV promotion based on their unmet need;
- develop local capability for providing NSV services;
- work with PhilHealth and other health financing programs to make vasectomy services reimbursable;
- recruit satisfied users to provide testimony for promotional campaigns;
- facilitate the acquisition of NSV instruments by the LGUs.

The MGP hopes that by encouraging the use of NSV in areas with high unmet need, it will provide families with a safe, permanent family planning method to help them maintain their desired family size and curb population growth.

How It Works

1. A public health nurse or midwife reviews the LGU's CBMIS data to determine the magnitude of unmet need for family planning.
2. To generate clients, volunteer health workers are trained in family planning counseling.
3. Using CBMIS data, volunteer health workers recruit potential clients.
4. The local health office organizes a meeting with prospective clients, tapping satisfied users and their wives as advocates.
5. Local health personnel conduct individual counseling, obtain informed consent, and schedule the NSV procedure.
6. The local health office coordinates with MSH, EngenderHealth, and NSV practitioners from other areas for NSV training and service delivery.
7. NSV services are provided on-site (e.g., at a district hospital, Rural Health Unit, Barangay Health Station) and a local physician is given hands-on training.

Status of the NSV Program

The first NSV program was introduced in Bago City, Negros Occidental. Since January 2001, a total of 232 men, most of whom were *sacadas*, or sugar plantation workers, have undergone

This publication was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. AID 492-C-00-95-00093-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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