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Survival Program



No-Scalpel Vasectomy: Programmatic Experiences from Rwanda

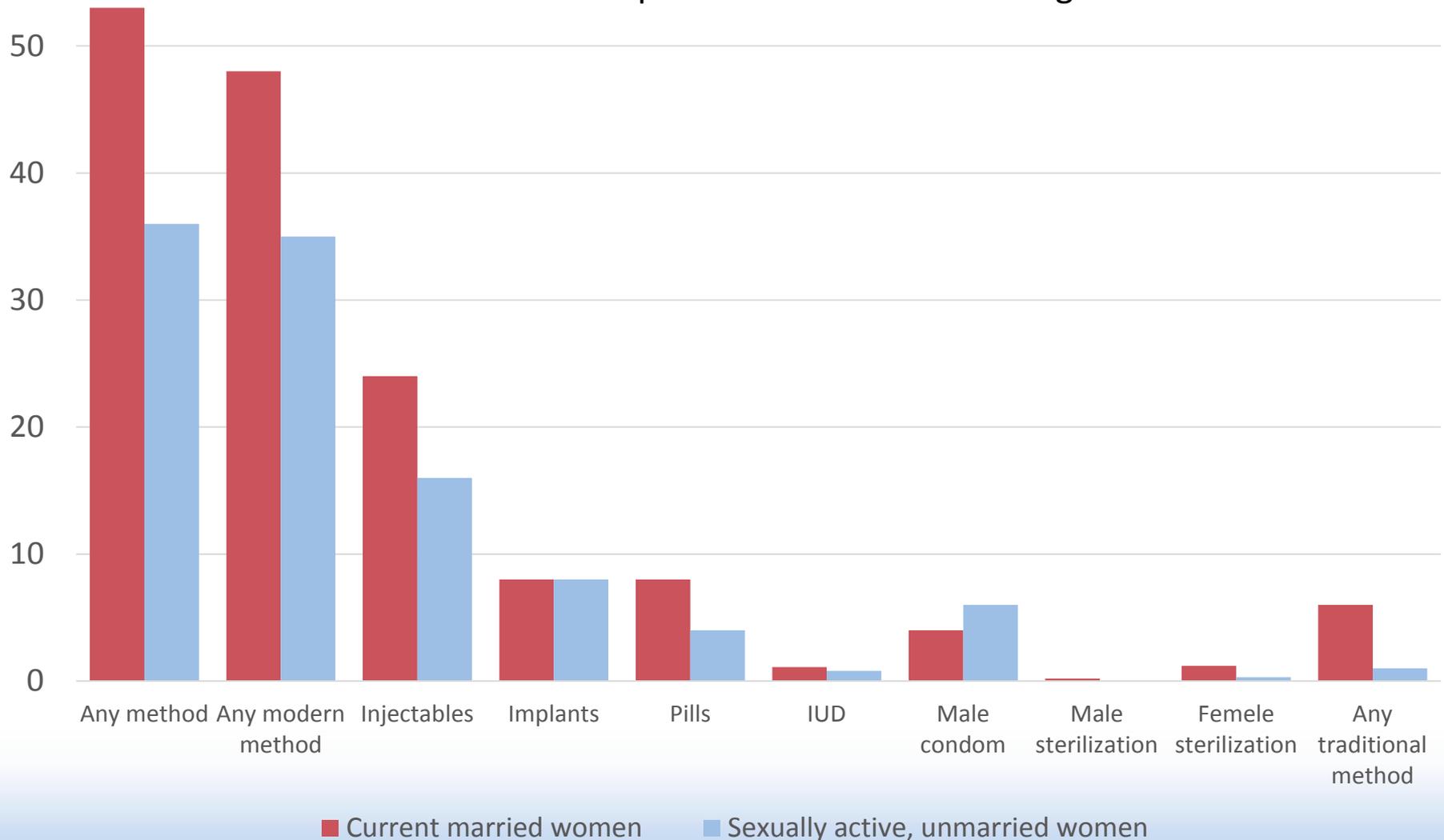
Ricky Lu, MD, FP/RH Director, Jhpiego *on behalf of*
Alfred Twagiramungu, MD, MPH
FP/ ASRH Team Lead
MCSP/Jhpiego-Rwanda

Outline

- Background on family planning (FP) in Rwanda
- Overview of work by the Maternal and Child Survival Program (MCSP) on vasectomy in Rwanda
 - MCSP scope
 - Vasectomy intervention approach
 - Results
- Challenges and considerations

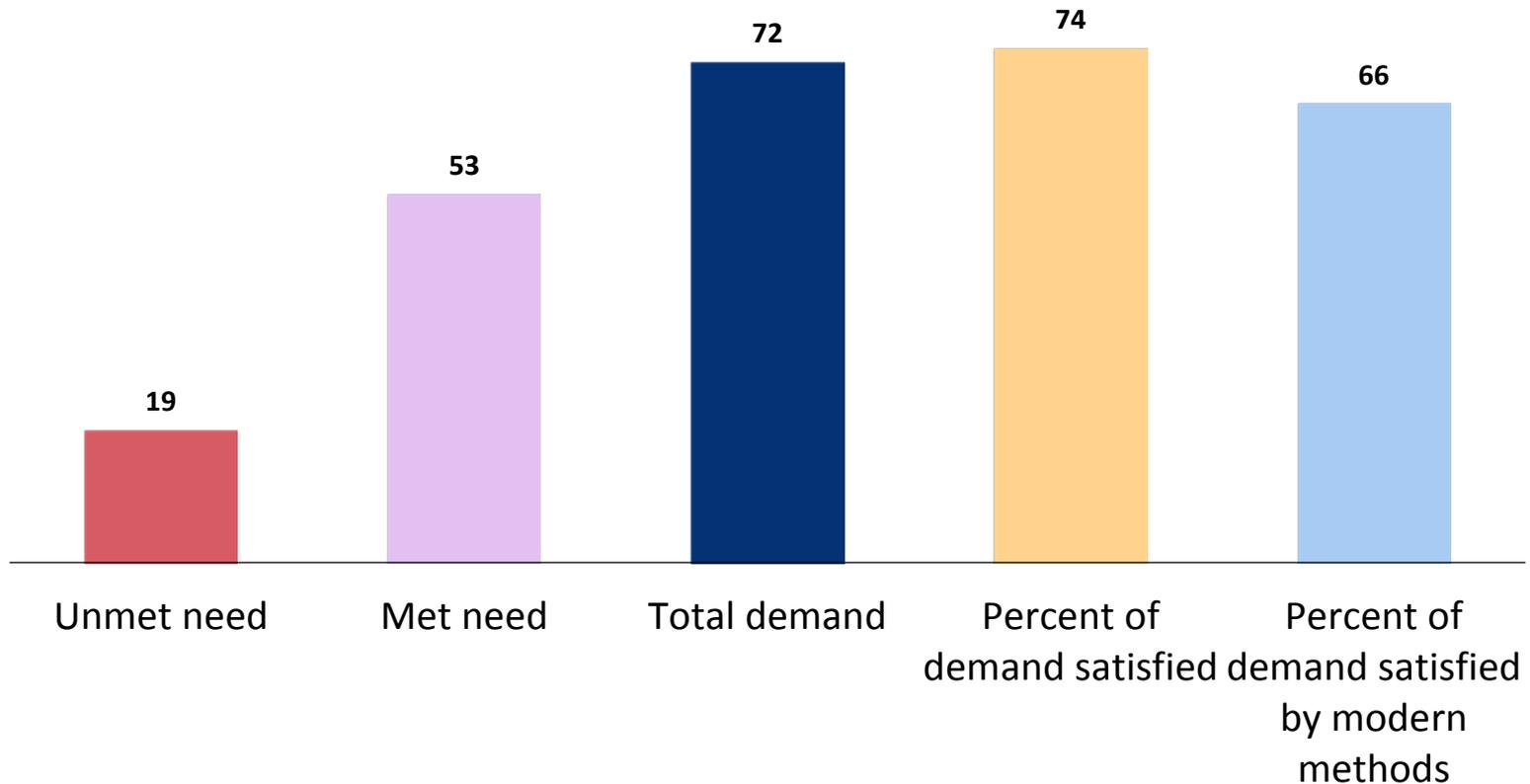
Rwanda's method mix is dominated by short-acting methods

Current use of contraception: Percent of women age 15-49



Demand for family planning

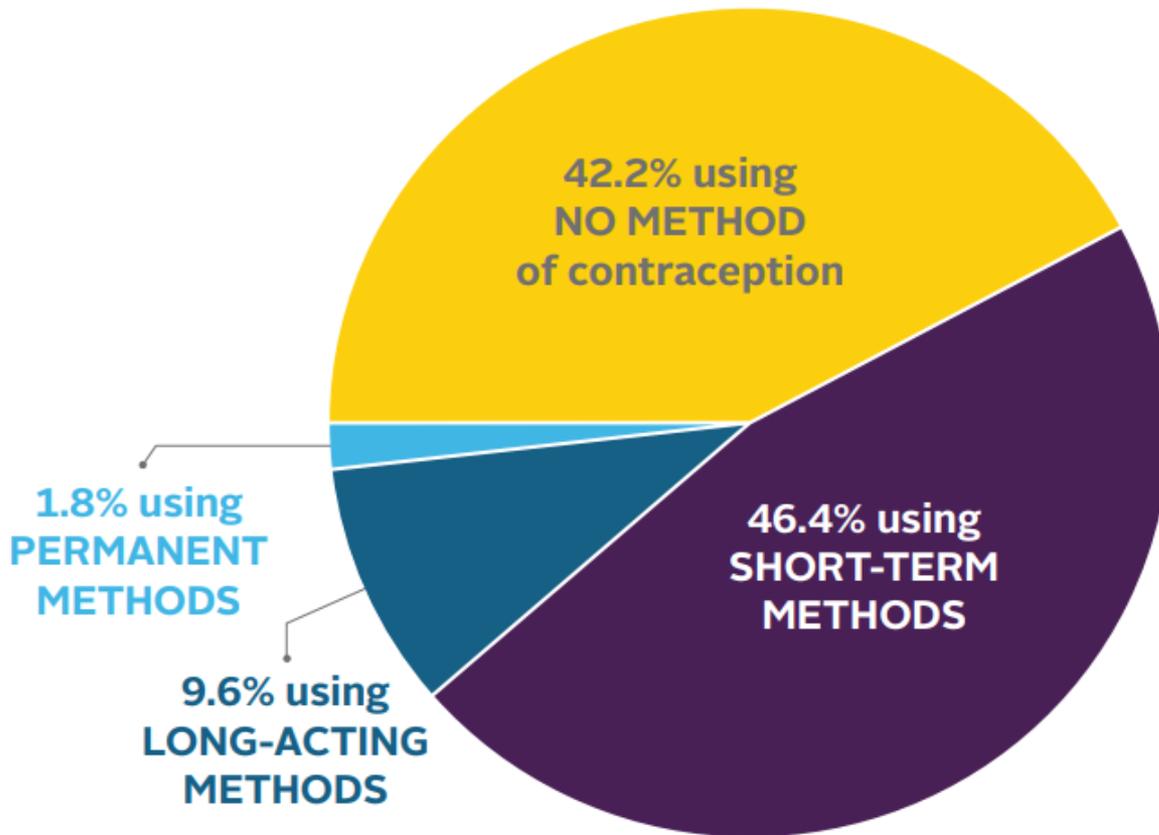
Percent of currently married women age 15-49



19% of currently married women have an **unmet need for family planning**:
11% for spacing, **8% for limiting**

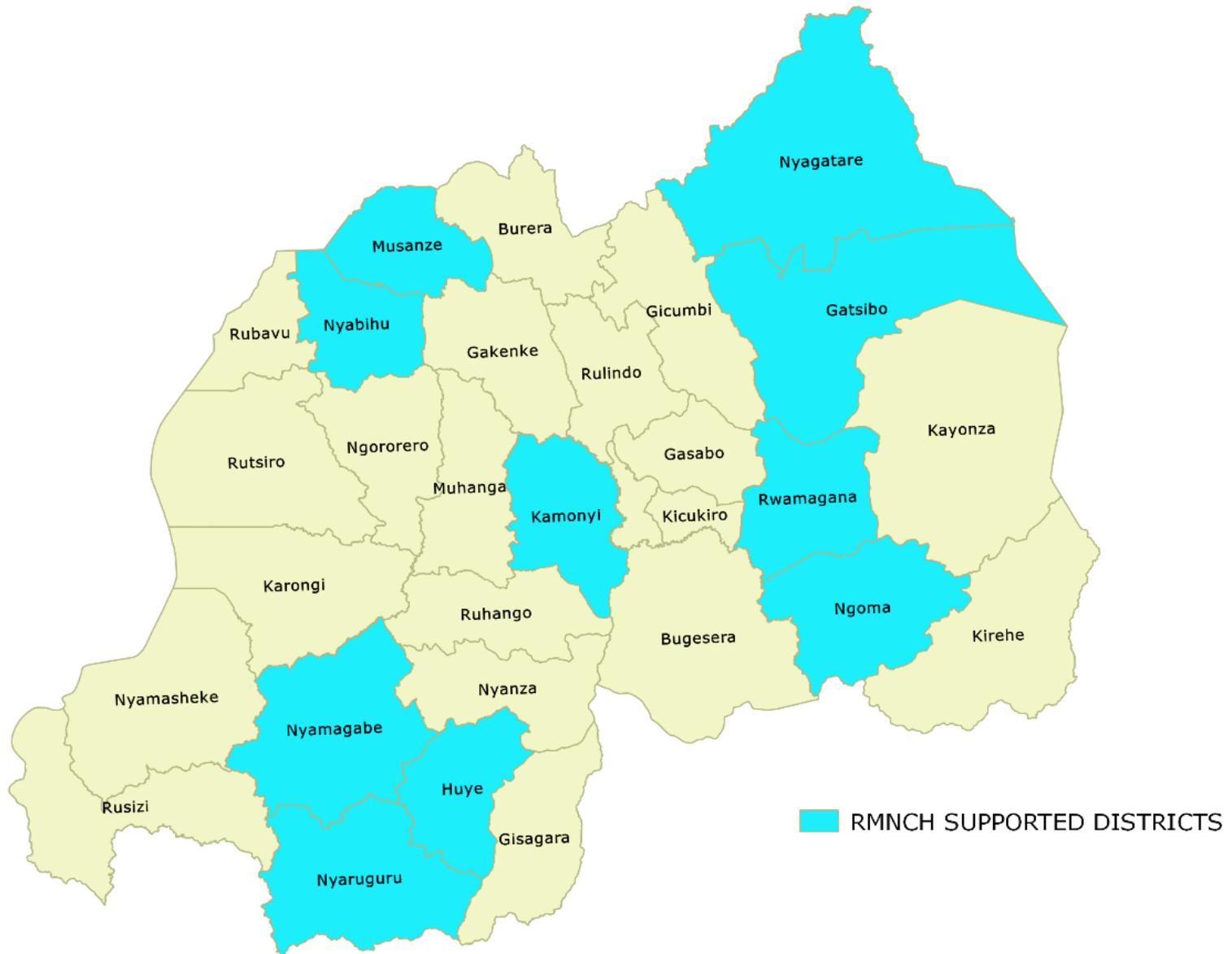
FP use among women who want to limit future births

Contraceptive use among married women (15-49) who want to limit future births in Rwanda

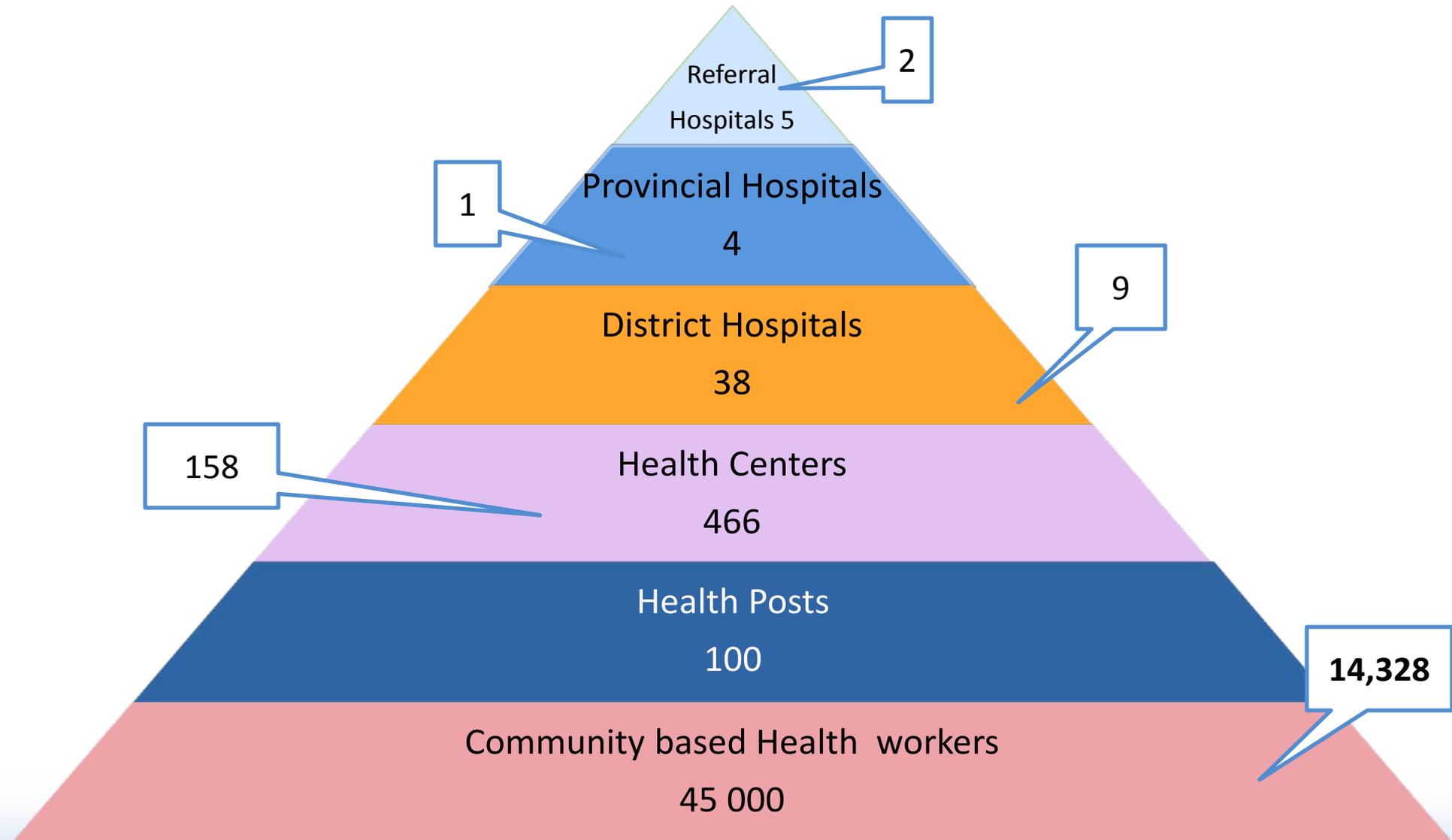


Over **88%** of currently married women who wish to limit future births are using a short-term method or no method at all

MCSP supports 10 districts in Rwanda



Rwanda health system & MCSP zones



MCSP's family planning work in Rwanda

- Objective
 - Ensure access and equity of voluntary FP services along the continuum of care to address unmet need for FP in Rwanda
- National level work and coordination
 - Work with MoH/Rwanda Biomedical Center to update existing FP training manuals, counseling tools, and client files
 - Work with FP Technical Working Group to plan, implement, and monitor the FP program, including vasectomy activities
 - Strengthen the capacity of FP providers and community health workers (CHWs) through training and mentorship

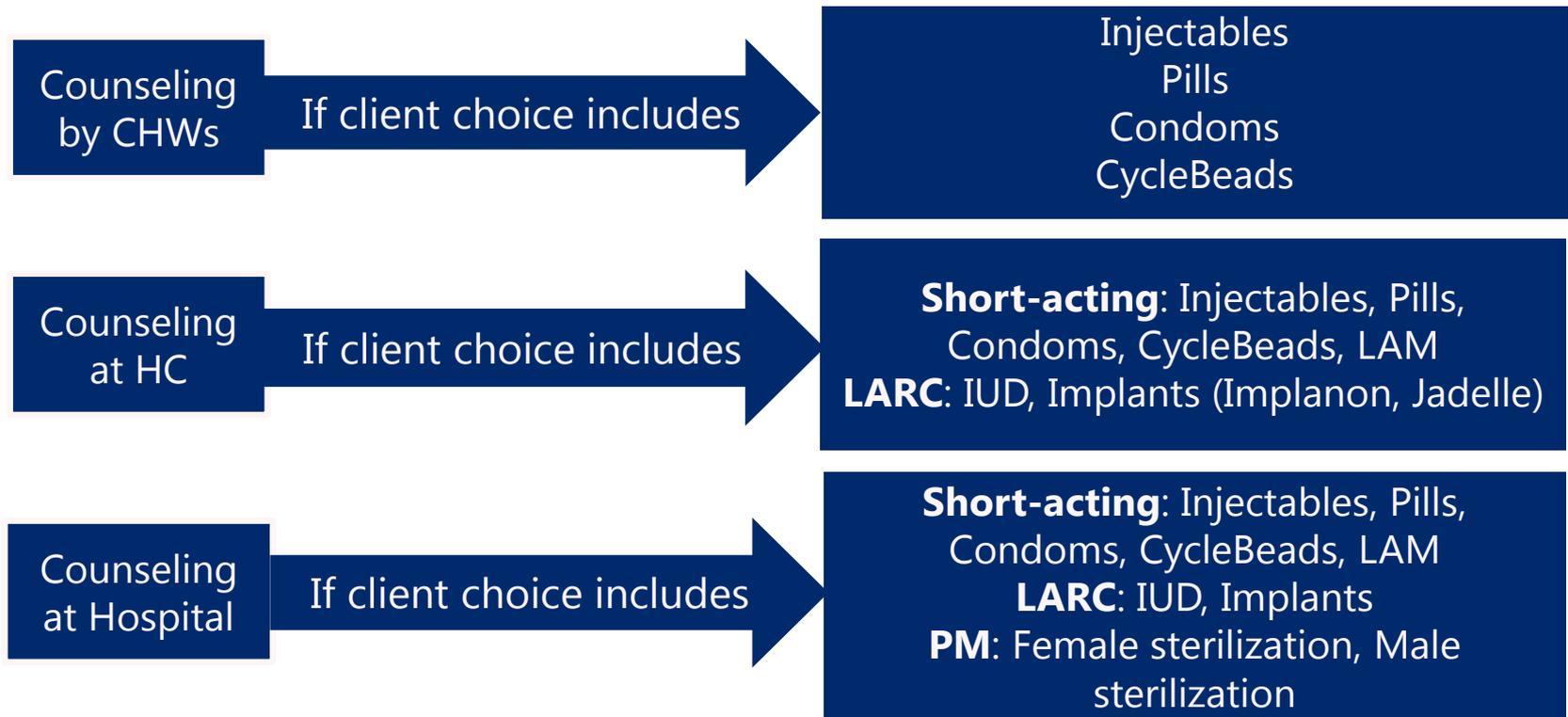
MCSP's permanent methods interventions in Rwanda (October 2015–June 2018)

- Capacity-building and outreach
 - Reviewed and updated training of providers on clinical skills (28 doctors) and counselling (18 nurses)
 - Supported clinical mentorship for no-scalpel vasectomy (NSV) and tubal ligation (TL)
 - At hospital
 - At health center (outreach activities)
 - Distributed material and equipment:
 - 2 NSV kits (+ cautery and tips) per hospital
 - Supply in consumables and commodities
 - Counseling tools: leaflets, flipcharts, etc.

MCSP's permanent methods interventions in Rwanda (October 2015 – June 2018) cont'd

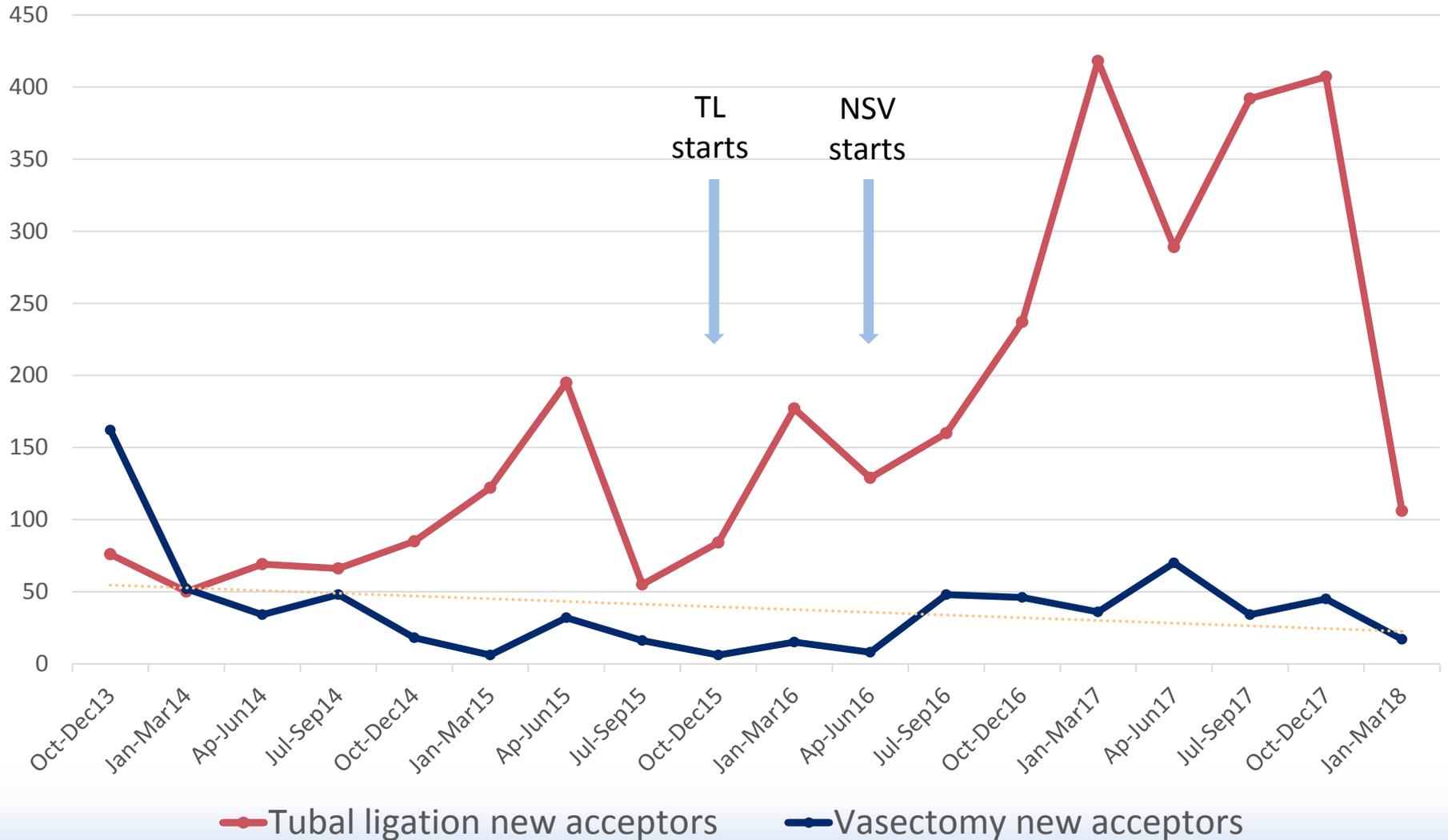
- Support to facilities and community
 - Ensured retention of skills through post-training follow up
 - Organized mobilization and sensitization sessions in districts
 - Bi-annual coordination meetings with implementing doctors and NSV mentors

Linkages between CHWs, health centers and hospitals

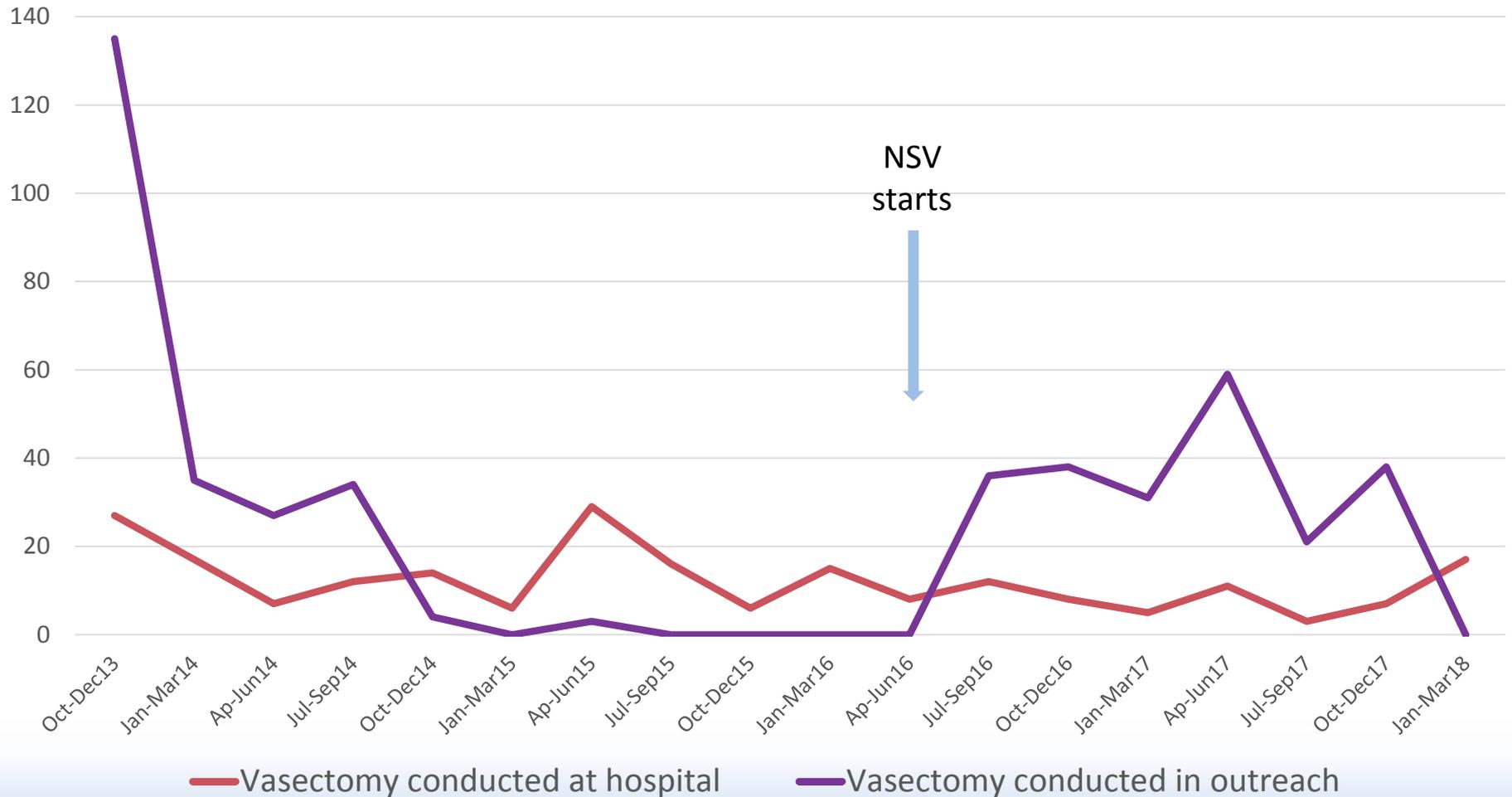


- The permanent methods (PM) team that conducts NSV and TL is based at hospital level
- If 3 or more clients identified at health center level, the PM team moves from hospital to HCs to serve the clients (outreach activity)

Vasectomy uptake increased after start of outreach intervention, though still outpaced by tubal ligation



Uptake of NSV in outreach settings in particular increased after outreach system reinstated



Considerations: Gender barriers to vasectomy uptake

- Most men undergoing vasectomy feel family planning is a couple's concern - if one partner is successfully sterilized, it is in the interest of the couple.
- Two cases of men not adhering to post procedure instructions which resulted in pregnancy; these men harassed partners thinking that they had had sex with other men.
- Some men expressed fears of losing their macho-image if peers found out they had undergone the procedure.
- Some women reject vasectomy, saying it opens the door for men's infidelity. Those women might prefer to have female sterilization instead.

Challenges

- Rumors and misinformation about vasectomy (man will become impotent)
- Staff turnover makes retention of skills challenging
- High workload in some health facilities
- Some faith-based facilities limit the delivery of modern methods

For more information, please visit
www.mcsprogram.org

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