STRENGTHENING VASECTOMY SERVICES IN RWANDA:
Introduction of thermal cautery with fascial interposition for occluding the vas deferens

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Total population: 10,718,379
Population density: 407/km²
Maternal mortality rate: 383/100,000
Infant mortality rate: 50/1000 live births
Proportion of population <15 years: 42.4%
Population growth rate: 2.7%
Contraceptive prevalence rate: 45%
  - Vasectomy: less than 0.1%
BACKGROUND

• Prior to 2008, surgical vasectomy commonly performed in Rwanda
  – High number of failures
  – Increased complication rates
    • Infections
    • Hemorrhage
    • Hematoma, .....

• Few clients interested in this invasive method
MOH/USAID-supported Capacity Project (2008)

- No Scalpel Vasectomy (NSV) introduced in Rwanda
- Trained:
  - 11 physicians, 16 nurses
  - TOT: 3 physicians, 4 nurses
- Lower failure rates
- Reduced number of complications
- More interested clients
- Over time, some failures were noted in the community

Need for safer and more reliable method
NSV WITH CAUTERIZATION IN RWANDA

• 2010: Thermal cauterery with fascial interposition (FI) on the prostatic end for vas occlusion introduced in Rwanda

• Lower failure rate
  • <1% vs. 4 to 10% for simple ligation and excision

• Effective and appropriate low-cost technology

• First program in Africa
NSV WITH CAUTERIZATION IN RWANDA: METHOD

- Initial Training (theory/practice):
  - Michel Labrecque, MD
    - International vasectomy expert
  - 3 Rwandan Physicians (TOT)
  - 4 Nurse Counselors (TOT)
  - 5 Health Centers/5 days
  - Recruitment of clients conducted through local district authorities (mostly rural clients)
  - Acquisition of procedural expertise of method requires repeated practice under supervision
NSV WITH CAUTERIZATION TRAINING IN RWANDA: RESULTS

- 67 Vasectomies TC w/FI provided over 5 days
  - +20 clients/physician
- Master trainers achieved a high skill level with the new technique
  - Time of procedure improved from 20 minutes to 10 minutes
- Large numbers of men arrived for vasectomies at each site indicated high demand
• Post Procedure Discussions
  – 32 clients and wives discussed procedure
  – Motivations:
    • “...no means to educate or feed children.”
    • Wife experienced side effects of hormonal methods
    • Distrust of other methods
    • “...family planning is a priority for our country.”
  – Men reported that the counseling procedures reduced fears related to vasectomy
Exemplary quote: “I would mention the challenges about having more children and encourage my colleagues to help their wives. This method is not visible (secret) and works well. Also, this method uses high technology and there is no pain.”
SCALING UP NSV W/FI IN RWANDA

Approach:

• Comprehensive and collaborative planning process with key stakeholders

• 1 team in each district hospital
  • 2 doctors & 3 nurses
  • Cascade training performed by Rwandan vasectomy trainers

• Community sensitization via CHWs, local opinion leaders, radio
Trained providers (Oct 11):
- 49 physicians, 8 trainers
- 81 nurse-counselors, 10 trainers
VASECTOMIES PROVIDED IN RWANDA, 2008-2010

2008: 172
2009: 219
2010: 779
MONITORING SCALE–UP ACTIVITIES

• Goal: Describe the successes and challenges associated with supplying vasectomy services in Rwanda
  • Improve vasectomy services
  • Increase effectiveness of sensitization activities
  • Provide a framework for scale-up projects in other countries
MONITORING SCALE-UP ACTIVITIES

• Cross-sectional mixed methods assessment of three levels of the health sector:
  • National-level:
    • Structured interviews with MOH representatives (n = 2-3)
  • District-level:
    • Structured interviews with government authorities and hospital-based service providers (n = 56)
  • Community-level:
    • Structured interviews with community health workers, clients and their partners, and community members (n = 330)
    • Client vasectomy records from clinic dossiers
LESSONS LEARNED

• NSV with thermal cautery and FI can be introduced in Africa
• Key factors in increasing vasectomy use are:
  • Political will from Rwandan Ministry of Health to increase access to FP services
  • Dedicated and motivated staff
  • Technical assistance from international experts
  • Rwandan physicians recommended this male centered method
  • Demand-creation at the community level
NEXT STEPS

• Increase the number of vasectomy teams at district hospitals across Rwanda
  • Develop additional NSV w/Fl trainers
• Continue to monitor scale up activities
• Improve sensitization campaigns (community-based & mass media)
  • Integrate information from monitoring plan into messaging and service delivery procedures
• Increase capacity in semen analysis
• Identify appropriate reversal options for Rwanda
THANK YOU