



# World Vasectomy Day 2016 Report

## TABLE OF CONTENTS

Letter to the WVD Community

Logos of Supporters

CO FOUNDER'S STATEMENT

### SECTION 1: WHAT WE STAND FOR

WHAT HAPPENS ON WVD?

TEN REASON COUNT DOWN TO SUPPORT WVD

WHO PARTICIPATES?

### SECTION 2: OUR ACCOMPLISHMENTS TO DATE:

2013

2014

2015

### SECTION 3: WVD 2016

OBJECTIVES:

REPORT

SUMMARY OF ACTIVITIES

CORE LESSONS LEARNED

### SECTION 4: MOBILIZING MEN

OVERVIEW

METHODS USED FOR MOBILIZATION

CHALLENGES IN KENYA

WHAT WORKS IN KENYA

TOWARDS A SUSTAINABLE VASECTOMY MOBILIZING PROGRAM

GETTING DONORS AND STAKEHOLDERS ON BOARD

SECTION 5: TELLING AND SHARING THE STORY

CREATING CONTENT

SOCIAL MEDIA

EXECUTIVE SUMMARY

TRADITIONAL MEDIA

EXPANDING THE BRAND

WEBSITE

SECTION 6: WVD: NOVEMBER 18th

THE DAY OF

WVD AWARDS

SECTION 7: GOING FORWARD IN KENYA

AGENDA FOR A MEETING IN KENYA

CHALLENGES IN BUILDING A SUSTAINABLE PROGRAM

HOW TO SUCCEED

SECTION 8: FUNDING AND FUNDRAISING

SECTION 9: PARTNERS IN KENYA AND BEYOND

DOCTORS, PROVIDERS and VASECTOMISTS

NSVI

CONTACTS

SECTION 10: DOCTORS, PROVIDERS and VASECTOMISTS

SECTION 10: THE (near) FUTURE of WVD

WVD 2017: India and Beyond

WVD 2017: OBJECTIVES AND GOALS

Dear WVD Community,

As many of you know, my first professional calling was as social issue documentary filmmaker, not male reproductive health advocate. And although thirty years later, I remain as committed to storytelling as ever, two things happened in this century that have changed how I focus my attention; the September 11<sup>th</sup> tragedy and the emergence of Information Communication Technology (ICT).

First off, as important as documentaries are for bringing intelligence and heart to our public discourse, the time it takes to make them, to share them and to transform them into tools of engagement did not satisfy my very peripatetic mind and body. And after September 11<sup>th</sup>, with the world on fire, I could not justify simply documenting what was wrong, but needed to figure out how to integrate making things better into the narrative itself.

Secondly, revolutionary advances in ICT changed the paradigm of storytelling and if bringing positive change mattered, it was now not only possible, but imperative, to transform our audience into participants in collectively constructed movements. Indeed, storytelling for me was no longer just about sharing ideas, but about telling them in such a way that “being the change you wish to see in the world” was the framing device for everything I valued.

I had spent enough time during my career in war zones and high conflict settings to know I needed to find positive stories about men; for it was men after all who, when frustrated, underutilized and alienated, were quick to express violence and rage. The story had to be universal - crossing culture and creed, countries and communities - and it needed elements that reflected aspiration, inspiration and transformation. Men hunger for heroic roles, but with no big game left to hunt, no noble wars to fight and few decent-paying jobs to be had, the hero's journey proves elusive for the vast majority of us for the vast majority of our lives.

It took more than a decade, but while making a film about Dr. Doug Stein, one of the world's most prolific vasectomy providers, I had one of those 'aha' moments creative minds crave. It was upon listening to my 100<sup>th</sup>, if not 1000<sup>th</sup>, tale of men explaining that they had chosen a vasectomy out of love for their children, their partners and the planet, that I (1) reserved the URL [WorldVasectomyDay.org](http://WorldVasectomyDay.org), (2) filmed myself shouting out “I support WVD”, and (3) set an intention to convince 100 doctors in 20 countries to do 1000 vasectomies in 24 hours. Now, 5 years later, we are close to 1000 providers in over 50 countries and doing more vasectomies than we can count.

Today's report is as much a summary of all we've done, as it is a blueprint for how to grow into our full potential and purpose. Certainly there is a lot to celebrate, but there are also real challenges that come with being what WVD's friend and family planning leader, Monica Kerrigan calls, 'positive disruption'. And yes, we are well aware that the field of family planning is filled with 'landmines' and that when it comes to vigilance and caution, more is better than less. But we also realize that if we're to achieve our goals, if we're to figure out how to survive our shared madness, then taking risks, as long as they are taken with forethought and compassion, is less potentially harmful than doing nothing or simply wishing things were better.

Sincerely,

Jonathan Stack, Co-Founder, World Vasectomy Day

## **Co-Founder's Statement**

Since returning from Kenya many people have asked me what was the most important lesson learned to which I answer, *"Despite common assumptions, Kenyan men are increasingly predisposed to participate in family planning and that until someone comes up with a better option, eventually, it's going to include vasectomy"*.

How do I know?

From the impromptu survey I carried out while spending hours with Uber drivers stuck in traffic. To be precise, I booked 193 trips during my 12 weeks with 191 male and two female drivers and asked every driver the following three questions.

### Question 1: How large a family do you want?

The most common answer was 3, the second most was 2, the third was 1 and fourth was 4. Two drivers told me they wanted to have enough for a football team. Besides the two outliers, the decision to limit family size always came down to economics.

### Question 2: Do you want to be part of the decision-making process or would you prefer to leave family size up to your partner?

Almost 95% answered that they wanted to be included in the decision while 4% felt it was God's choice. Most feared that if it were up to women (and this meant not only their wives, but for quite a few their 'lovers' as well), they would end up with a larger family size than they could manage.

### Question 3: How important is it to you that the quality of life your children lead be better than your own?

Every single man felt that this was the single most important factor in their life with most emphasizing that they had come to accept the limits of their own economic potential, but not that of their children.

The answers to these three questions - the value in limiting family size, partnership with one's wife in determining an ideal number of children, and a commitment to personal sacrifice for their children's future - were strong indications that with proper information, persistence and consistency, a vasectomy program in Kenya would succeed.

As for our immediate challenge - creating a successful WVD celebration in Kenya that would link Africa with the rest of the world - we knew it would not be easy, but we never doubted that it was possible.

## SECTION 1: WHAT WE STAND FOR!

**World Vasectomy Day** provides a unique opportunity for men of all races, religions and nationalities to come together to shoulder the burden of contraception for themselves, their families and our future. By working with active and engaged members of government, grass-root organizations and family planning stakeholders, WVD encourages men to join in one of the most important conversations of our lives, perhaps THE most important. Furthermore, we believe that how we bring life into existence impacts the way we raise that life to adulthood. By sharing responsibility with women, we not only do the right thing, but increase the likelihood of a healthier and more equitable society.

We know uninformed men (and even informed ones) can be resistant to getting a vasectomy. In many cultures, giving up one's fertility is stigmatized. In fact, even in cultures where it is not stigmatized, the same man who claims he's certain he doesn't want more children might refuse to give up the possibility. And yet, serving as a counter balance to these deep seated fears is an equally deep-seated desire that the lives of our children be better than our own.

We are acutely aware of the sensitive nature of 'family planning' and in particular programs of 'sterilization' such as vasectomy. WVD works very carefully to address these issues in a respectful and conscious manner, yet is not afraid to tackle complex and difficult issues. We respect the intelligence of our audience and believe that providing accurate information leads to better-informed decisions.

We see the power of collective effort while still recognizing the 'pack animal' mindset of men. Indeed, what a single man fears to do alone, a thousand together will not hesitate to do. Family planning provides fertile ground to bring out the best in men, even in the most challenging of circumstances, and we build our movement accordingly. We are proud to have emerged as the largest male oriented family planning event in history, and yet we do not measure our success by numbers of vasectomies done, but by the quality of the conversations we help launch. As the world grapples not only with the quantity of humanity we must embrace, but the quality of life we hope to offer, we need men to be part of the solution. If we're to meet the ambitious goals set by the FP community, women must not, and cannot do it alone.

### **What is World Vasectomy Day?**

1. An ongoing social media communications project that unites men, vasectomy providers, health care stakeholders, principal donors, and Ministries of Health and Public Planning in a mission to increase men's participation in family planning.
2. A chance to link the vasectomy-provider community worldwide through a list-serve that shares practical information and provides successful solutions to common health provider challenges.
3. A 12-hour 'vasectomy-thon' set that connects our rotating global headquarters to vasectomy providers, health care experts and family planning leaders throughout the world.

4. A live-streamed video feed that will be promoted across multiple time zones during which we will share live vasectomies, information about access to vasectomy providers, conversations with leaders in family planning, contributions from wives, partners and mothers as well as a range of visual media including documentaries and animations produced throughout the year.
5. An opportunity to educate men and women about a variety of family planning options.
6. A day-long wellness center during which men can be tested and educated about hypertension, HIV, voluntary male circumcision and general health check ups. Our contention is that being a responsible family member requires taking care of one's own well-being.
7. A training program for health champions and mobilizers, as well as training courses for vasectomy providers.
8. A chance to build a creative collaboration with local media artists, filmmakers and journalists to educate and inform the general public.
9. A chance to work with the IT community to find tech solutions to public health challenges.
10. A possibility to transform interest in the event into a year-round initiative that builds awareness through communication and community by creating strategic alliances with Ministries of Health, Family Planning organizations and conscientious individuals.
11. An ongoing movement that harnesses the best in men to encourage fairer, more respectful and kinder gender relations.
12. The largest male-oriented family planning event in history.

### **Ten Reasons Why I Support World Vasectomy Day**

1. I support World Vasectomy Day because, for men whose families are complete, it is their most dependable option available.
2. I support World Vasectomy Day because it is right and honorable that men share responsibility for family planning with their wives and partners.
3. I support World Vasectomy Day because this 10-20 minute procedure is far less invasive than tubal ligation and less potentially harmful than taking hormones.
4. I support World Vasectomy Day, not to deny the joy of parenthood, but to increase the quality of life for those who are already here.
5. I support World Vasectomy Day for the sake of future generations.
6. I support World Vasectomy Day because eliminating the fear of unintended pregnancy can improve one's sex life.

7. I support World Vasectomy Day out of respect for and protection of all life.
8. I support World Vasectomy Day to inspire male participation in one of the most important conversations of our lives.
9. I support World Vasectomy Day to help train vasectomy providers worldwide.
10. I support World Vasectomy Day because we reveal the best in ourselves and in each other when we work together towards a common goal.

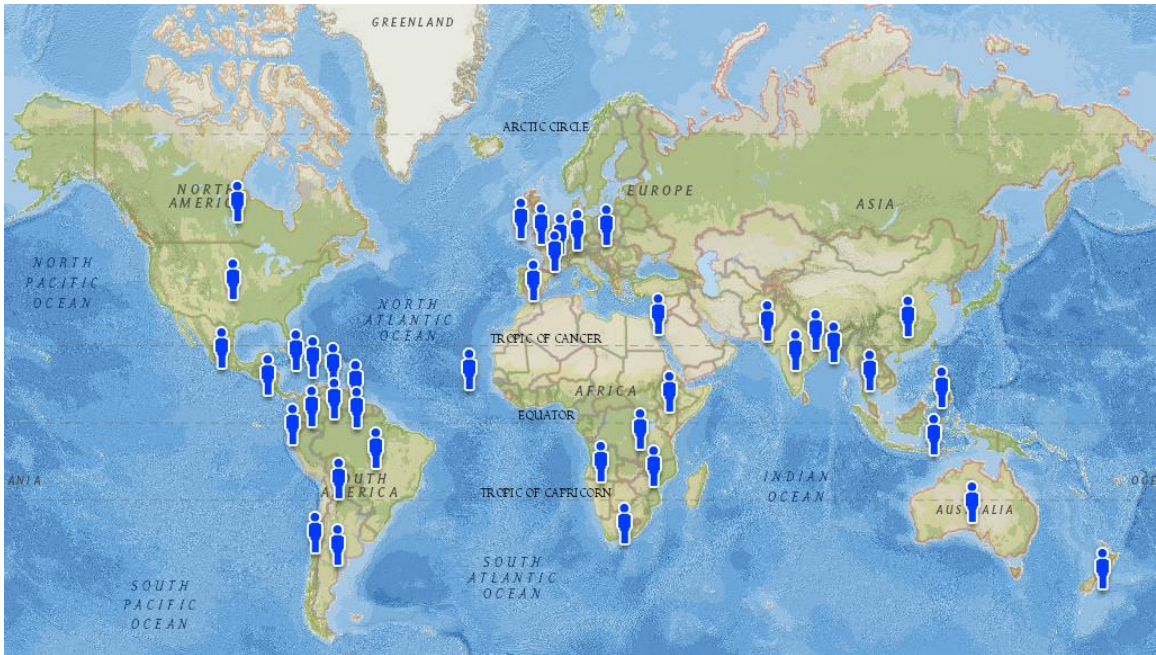
## Who Participates in **World Vasectomy Day**?

- Urologists, physicians and vasectomists (or physician-vasectomists of a number of specialties) – all providing skilled health care.
- Men who have received vasectomies and champion our movement.
- Women who benefit from their partners' generosity and are willing to publically share their gratitude.
- Family planning advocates and groups who provide expertise and knowledge in service delivery, demand building, managing of big data and measurement and evaluation of programs and projects.
- Men's groups, women's organizations and environmental advocates who believe in our mission.
- Ministries of health and ministries of family planning to make scalability and expansion feasible.

## SECTION 2: WVD ACCOMPLISHMENTS TO DATE

2013

<b>Headquarters:</b>	Adelaide, Australia
<b>Number of participating doctors:</b>	186
<b>Number of countries represented:</b>	26
<b>Number of vasectomies reported:</b>	996
<b>Live stream reaches:</b>	48 countries
<b>Live link ups from:</b>	6 time zones
<b>Media Production:</b>	20 webisodes and an hour length documentary



2014

<b>Headquarters:</b>	Orlando, Florida, USA
<b>Number of participating doctors:</b>	491
<b>Number of countries represented:</b>	32
<b>Number of vasectomies reported:</b>	4923
<b>Live stream reaches:</b>	72 countries
<b>Live link ups from:</b>	9 time zones
<b>Media Production:</b>	Fundraising film, annual summary and material for promotional campaign

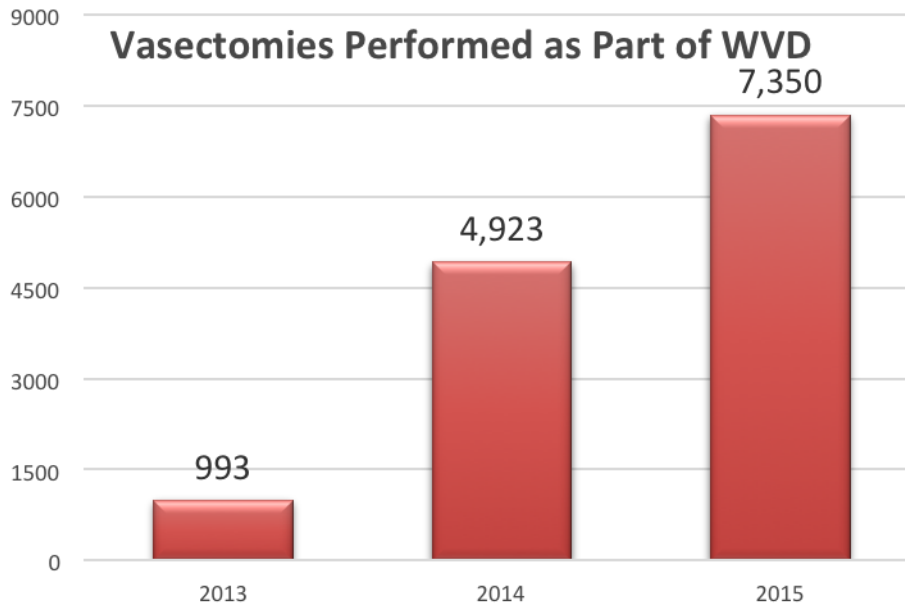
The American Urological Association distributes an article in support of WVD to its 22,000 members located in 110 countries.

Planned Parenthood Federation of America Greater Orlando facility provides the facility for our headquarters.

Colombia's ProFamilia provides vasectomies in all 28 of its venues.

India declares **World Vasectomy Day** an official event.





2015

<b>Headquarters:</b>	Gianyar, Bali, INDONESIA
<b>Number of participating doctors:</b>	639
<b>Number of countries represented:</b>	42
<b>Number of vasectomies reported:</b>	7329
<b>Live stream reaches:</b>	102 countries
<b>Live link ups from:</b>	12 time zones
<b>Media Production:</b>	Several documentaries, animation translated into five languages, promotional films in Indonesia.

India repeats its commitment to make **World Vasectomy Day** a fortnight of activities.

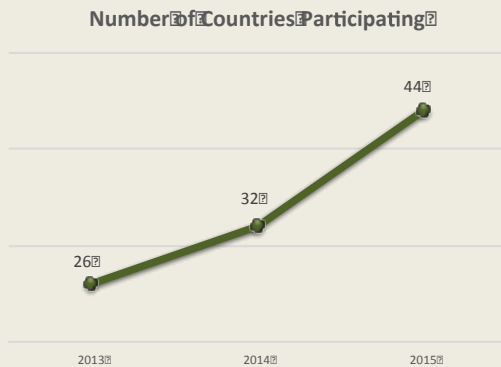
WVD signs an MOU with Partners in Population and Development, whose board is made up of ministers and directors of health in 26 of the largest countries in the South-South alliance.

Venezuela's family planning event, Plafam expands its participation to four clinics.

WVD produces a successful auxiliary event at the 2016 ICFP. Highlights include a vasectomy procedure performed by Dr. Doug Stein, broadcast live via Skype from his base in Florida; and a keynote address by Dr. Chandra Surapaty, Indonesia's director of Family Planning.

Locally sponsored events take place in the Philippines, Bangladesh, Mexico and Kenya.

# Three Years of Growth



- Continually expanding the satellite locations for WVD
- Scale varies by site, but standardization of WVD activities in 2016
- Building a variety of resources and media to link with the event every year

## SECTION 3: WVD 2016

### OBJECTIVES

1. Choose a country in which we are able to get support at the highest government level.
2. Find at least one passionate and highly motivated vasectomy provider in the chosen country who champions the cause.
3. Begin work in the host country several months leading up to the event to develop an integrated approach that includes media training, medical training (if needed), local production team training, technical staff, development of marketing tools and a methodology to measure impact.
4. Design an integrated multi-platform marketing strategy to build nationwide awareness about WVD.
5. Work with a national telcomm and broadcaster to develop a sophisticated and integrated media strategy. This methodology, involving social media tools, encourages the audience to participate in the experience as well as learn from it.
6. Establish a network of committed bloggers, social media mavericks and activists who promote our campaign.
7. Produce local content (primarily with locally hired and trained filmmakers) to build awareness and demand. This would range from short-form documentaries released online to a telenovela mini series broadcast on television.

8. Stream the event worldwide with live vasectomies, vasectomy training and exchange of knowledge and experience in front of a live audience. Host a concurrent Health Fair with participants from other local NGOs or agencies educating attendees with their own messages, including gender equality, modern contraception, reproductive health, youth involvement, etc.
9. Complete the project having established a functioning and sustainable vasectomy/men's reproductive health awareness program.
10. Develop tools for evaluating impact, both in messaging and 'results'.

## **Kenya Manifesto: Written June, 2016**

A 10 day trip to Kenya in June 2016 provided ample evidence of (1) top level government support for our project and (2) openness of the 'stakeholder community' to join our movement. We returned home convinced that bringing World Vasectomy Day to Kenya would not only increase awareness and acceptance, and help improve the quality of vasectomy services, but inspire a healthy discussion about gender equality and general male well being.

We realize that while most men around the world, even those whose families are complete, are reluctant to get a vasectomy, we believe that there is a core group of at least 3-5%, who would, with the right information, step up and do right by themselves, their families, partners, communities and country. Still minimal, it is a significant increase from current levels of vasectomy acceptance in Kenya, which is barely above 0.01%.

Secondly, although still a small percentage, these acceptors represent the most courageous and forward thinking members of any given society, and their adaptation to new ideas and opportunities can set the standards for others to follow. Our intention in bringing WVD to Kenya is to build a movement with these individuals and their partners - find them, support them, guide them and harness their potential for leadership.

This year's **World Vasectomy Day** objectives included helping men and their families become better informed about their choices, while creating alliances with governments, organizations, and individuals willing to train providers, educate families and deliver services to men who are stepping up for their loved ones. While we believe that a media strategy based on a single day event attracts maximum media attention, we remain committed to help build a movement that endures year round.

Over the past few decades, for historical, cultural and economic reasons, the family planning community in Kenya, and elsewhere, has focused most of their attention on women. WVD supports this effort, as women and teenagers need all the resources we can offer, but we remain committed to the notion that a society in which men come to see themselves as equal stakeholders in family planning decisions is less prone to violence and more optimistic in general.

## **2016 Report**

November 18, 2016 marked the 4<sup>th</sup> anniversary of World Vasectomy Day and by all accounts, it was the most successful to date. There were more doctors (listed at just under 1000) doing

numbers likely to surpass 10,000 vasectomies in 50+ countries including new partners in Kiribati, Tanzania, Nepal, Pakistan and Madagascar.

And it's not just numbers going up, but the increasing level of commitment from our members that gives cause for optimism. Mexico's Ministry of Health sent out 238 doctors who did close to 2,500 vasectomies while making a strong case to be hosts for WVD 2018. Venezuela organized a pre WVD training program and had more men sign up for vasectomies than the entire previous year combined. There were events in Ethiopia, Madagascar, Kiribati, Colombia and the Philippines and smaller celebrations in hundreds of clinics and doctor's offices worldwide. We had a press conference in Canada and a volume of social media and media coverage that dwarfed previous years. All of this reflects increased enthusiasm for an event that is still very much a work in progress.

Over our short history, we have conceptualized our growth one step at a time. Year one, we launched the movement in Australia and exceeded our promise to inspire 100 doctors in 20 countries to do 1000 vasectomies. Year two, 2014, we brought our headquarters to Florida, expanded to 483 doctors in 32 countries, wrote our 'constitution' and changed our theme from 'lowering carbon footprint' to 'celebrating responsible men'. With growth steady and strong, for year 3, 2015, we traveled to Indonesia to coincide with the International Conference for Family Planning. India declared WVD an official event and we had over 700 doctors in 41 countries perform close to 7,500 vasectomies. Expanding, but still maintaining our commitment to "celebrate responsible men", we launched our movement under the hash-tag, #anactoflove.

For years 1-3 we raised enough money (significantly less than \$100,000 per year) to experiment with our brand and our 'language' but in 2016, year four, we sought support among the most established FP organizations. In conversations with new partners and sponsors, donors and FP leaders, almost everyone suggested we focus our effort in East Africa. With the help of JHPIEGO's DC office, we arrived in Kenya in June prepared to show the world that WVD was not just a device to increase acceptance of vasectomy, but a comprehensive program to engage men as equal partners in FP.

Our initial enthusiasm was tempered, but not squashed, by both Kenyans and otherwise, who are quick to point out that '*African men do not get vasectomies*' and that our goal of 50 volunteers for our event was unrealistic. Knowing our work was cut out for us, we committed to spend 3 straight months in Nairobi building our movement and returned in early September to turn our dream of a truly global event into a scalable and sustainable reality.

### **September 1 – November 18, 2016**

Our first step was to secure permission from the government of Kenya and with the guidance of Meshack Ndolo of IntraHealth, we met with Dr. Josephine Kibaru-Mbae, director of the National Council on Population and Development. Dr. Joe Thomas, the Executive Director of Partners in Population and Development (with whom we have a signed MOU) introduced us to Dr. Kibaru-Mbae who is the country representative for Kenya to this prestigious group. Soon after we met Dr. Bartilol Kigen, head of the Ministry of Health of the Department of Reproductive Health. Approvals were granted and we began our work immediately.

Over the 12 weeks we were based in Nairobi, we came to appreciate the political nuance of working in Kenya, including adherence to 'devolution', Kenya's constitutional commitment to de-centralize its government services, including in the health sector. To that end, we worked directly with county and sub-county ministries in Nairobi, Kisumu and Busia. Ultimately, it was through their assigned community 'mobilizers' that we were able to interact directly with the men (and their wives) who eventually volunteered to get a vasectomy. The principle of working as close to the grassroots as possible served us well and is important in developing a sustainable program in Kenya.

We reached out to every major stakeholder and donor based in Kenya, and to our delight we were able to form alliances with most. The relationship with each group varied, but in addition to contributing direct support in monetary terms, they helped sponsor events, provided services and expertise, and transformed WVD into a collaborative event. Partners included IntraHealth as our key sponsor, JHPIEGO, both in their Kenya office and out of their headquarters in Baltimore, IPPF-Africa Regional Office, Marie Stopes International and Marie Stopes Kenya, PS Kenya, Engender Health, Family Planning Voices, FHI 360, FHOK (Family Health Options of Kenya) and APHRC (Africa Population and Health Research Centre).

The team directly responsible for managing WVD consisted of 2 administrative staff members, 2 mobilizers, 10 bloggers, several filmmakers and a team of four international participants, including a director of content, artistic director, producer and the co-founder, Jonathan Stack. Although short in experience, the Kenyan members of our team were extraordinarily dedicated and hard working. Their passion and faith in the power of a small group of people sharing a common mission, made our success possible.

During the week leading up to WVD and the actual date itself, we were blessed to have with us, five of the most experienced, compassionate and excellent vasectomy doctors in the world. Sponsored by Engender Health, Dr. Douglas Stein, WVD's co-founder; Dr. Ramon Suarez, Founder and President of No Scalpel Vasectomy International (NSVI); Dr. Jack Chang of Canada; Dr. Baljit Kaur, Director of Reproductive Health in Punjab India; and Dr. Ramchandra Mutri Kaza, considered India's 'father of no scalpel vasectomy', generously offered their time and knowledge as they trained Kenyan doctors, lectured at medical schools, met with government officials and performed vasectomies.

Finally, we must acknowledge the men who volunteered to have their vasectomies performed in public. In a country where there are vernacular languages that use the same word for vasectomy and castration, and the assumed knowledge nationwide is that vasectomy diminishes your manhood, it's a brave person who stands up for his beliefs.

In the end, there were 73 who had their vasectomies performed and many more have signed on since. To assure each acceptor was well informed of the 'permanent' nature of a vasectomy, all of them received 'double counseling'; the first time in the field and the second time on the day of the event. The five international experts, and the men and women who had received training, did all of these procedures under the auspices of FHOK.

It is always a priority that the quality of vasectomies offered at the main WVD event be the highest possible. We cannot in good faith inspire men to choose to participate in our event and then offer them anything less. As we've learned, vasectomy acceptors, particularly those who

get to experience their procedures as part of the WVD 'event', are more likely to become champions over time. Indeed, the participation of our WVD acceptors is critical to developing a long-term strategy for a sustainable vasectomy program.

In addition to those who received a vasectomy, an additional 200 men participated in our Men's Health Fair where they received a basic check up including, blood pressure tests, blood sugar test and general wellness care. Information was shared about vasectomy and other family planning options (for women) and over a hundred men were counseled for possible future procedures. In addition, 5,000 condoms, donated by PS Kenya, were distributed free of charge. All of the direct services were provided by FHOK and Marie Stopes Kenya and reinforced our message that taking care of your health is part and parcel of being a responsible family member. To enhance the uniqueness of our event, DKT provided financing to cover the costs of a very popular DJ who kept the energy and spirit high throughout the day.

## **Summary of Activities and Achievements**

With the support of the Kenyan government, both national and local, with the participation and generosity of major stakeholders, both from headquarters and in country, including our partners at IntraHealth, with the energy of our Kenyan team of creative and conscientious filmmakers, bloggers and health care advocates, with the doctors who provide services, with our advisors and friends as well as the men who choose to do 'right by themselves, their families and our future', World Vasectomy Day experienced unprecedented success.

- There were over 130 million on line impressions.
- We trended in the days leading up to the event.
- We were in every major Kenyan media outlet and most of the news programs covered our story, including BBC Africa.
- We were one of the ten most covered stories for the entire East African region.
- Our event was reported in multiple countries around the world by major news outlets, including the Guardian and the BBC.
- With close to 1000 participating vasectomists and doctors in 50+ countries, we further established WVD as the largest male oriented family planning event ever.
- We inspired more vasectomies, upwards of 10,000, than ever before.
- We overcame myths and misconceptions about vasectomy with a sustained media campaign that reached outside of Nairobi into all of the 47 counties.
- We did more vasectomies as part of our event in Nairobi, 73, than were done in the entire previous year in all of Kenya.
- We engaged with over a dozen globally recognized health care organizations. Their expertise and resources provided the institutional support needed to scale up our project.
- We offered health care services to over 200 men as part of our Men's Health Fair.
- We gave lectures at three medical training facilities
- We met with government leaders to discuss building a sustainable program.
- We produced over a dozen short films that can be used in Kenya to help build on the momentum generated by the event.
- Based on the experience in Kenya we would like to develop a 'franchise' system for a sustainable grassroots male oriented family planning organization.

- We held major events in Venezuela, Mexico, Ethiopia, Madagascar and the Philippines.
- Dozens of other events, produced by partner organizations and participating providers, took place around the world.

## **CORE LESSONS LEARNED**

1. Men are open to getting vasectomies, but we need better communication tools and more time spent discussing this both in public and in private.
2. What a man fears to do alone, a thousand strong will not hesitate to do.
3. Get community leaders - religious, political and social - to support the cause.
4. By declaring that a vasectomy is an act of heroism, we help provide what is a missing element in modern society - the lack of positive roles for men.
5. Making it public demystifies the procedure, and gets us more media attention.
6. Make it global so that everyone can witness that this is not about one country imposing its values on another, but a planetary grassroots movement of individual men doing right by themselves, their families and our future.
7. Get the highest-level government support from day one. This makes it possible to do the project, scale it up and then sustain the impact over time.
8. The content we produce and the stories we tell must be smart, entertaining, culturally appropriate and accessible. Excellence is critical.
9. With ICT providing increasingly sophisticated tools for engagement, storytelling must be interactive. We are not satisfied by just keeping the audience's attention for a minute (short form ad), an hour (t.v. documentary), 90 – 100 minutes (feature film) or longer (t.v. series/soap/telenovela or radionovela), but for days, weeks, months and years.
10. Social media appeals to young people so while vasectomies are meant to be a FP choice, they serve to provoke important and passionate conversations about broad issues on gender equity, environment, population and sexuality. In fact, it is often easier to talk about something you don't have to actually do.
11. Women are a critical part of vasectomy acceptance and finding female champions is critical.

## **SECTION 4: MOBILIZATION FOR WVD 2016**

### **Mobilizing Men in Kenya**

*This section was written with our director of mobilization, Nimrod Silla who, before joining the WVD team, served as an outreach field worker for JHPIEGO's Tupange Project.*

Our responsibility was to mobilize men in Nairobi communities to avail themselves of free vasectomies being done by renowned vasectomy doctors coming from the United States, Canada, and India. For the event to be successful, it was determined that we would need to mobilize 50 men to participate; 25 who would get their vasectomies done on November 18<sup>th</sup> at the WVD event and 25 who would get it done as part a training program taking place in the week leading up to the actual event.

With acceptance of vasectomy in Kenya at below 0.01% and a total for the country likely to be less than 50 for the entire year, we knew that the challenge was significant. Yet, while resistance to vasectomy was strong in Kenya, a 2014 report on Male Engagement in Family Planning commissioned by the National Council on Population and Development gave reason for optimism.

In this study, the single most common reason men had given for not engaging was not, as would be expected, cultural barriers, but the perception that family planning was the responsibility of women. And while social customs certainly played a strong role in their resistance, the number one reason given by men was the family planning campaigns themselves. These campaigns, dating back decades, had almost exclusively emphasized female responsibility. Furthermore, the lack of options for men (nothing besides vasectomy and condoms) only reinforced this perception. Our hope for success lay in designing a male focused campaign that offered information to counter deep-seated myths and misconceptions.

The mobilization had to be strategic, because Kenya has many communities with cultural practices that hinder accepting “new” information. Perceptions based on incorrect information about family planning have traditionally slowed progress in the reproductive health sector in Kenya and in particular amongst men. Myths and misconceptions around vasectomy are particularly strong, with the most common misunderstanding being that a vasectomy is the same thing as castration.

From the very beginning we organized training sessions for male champions and community health volunteers who would later lead mobilization efforts in their own communities. During the month long process, we connected with almost 4000 men. We had 40 male champions, 25 community health volunteers, 5 community health assistants from 5 sub-counties, and 10 youth facilitators. Population Services Kenya (PSKenya) also supported the mobilization through its own community health volunteers.

It was not easy, and to the very end, we were uncertain of our achievement, but two weeks after the event, men were still signing up to get vasectomies, and we will have mobilized nearly 100. While this speaks well of our effort and the impact of a prolonged mobilization campaign along with an intense social media strategy, we believe it demonstrates that men in Kenya, when provided correct information and given opportunities to engage in conversations about their own fertility, will consider vasectomy a viable option.



## **Methods used**

### **1. The use of mega phones to attract crowds**

This is a strategy used by community health volunteers who became 'town criers' in their communities, providing basic information on vasectomy. During these public sessions they would invite men to come to meetings to learn more about vasectomies and the free vasectomy services being offered at the Kenya National Theatre on November 18th.

### **2. Posters were kept in strategic places**

The posters publicizing the free vasectomy services at the Kenya National theatre on the 18th of November 2016 were placed at strategic places including open markets, town halls, health facilities and places where men frequent.

### **3. Flyers were also distributed**

Handbills or fliers were distributed to the public, providing information about vasectomies with an announcement about the free vasectomy services being offered at the Kenya National Theatre on the 18th of November 2016. Contact numbers were left for those eager to receive more information or even how to make reservations for the services.

### **4. Billboard**

The Billboard was a replica of the posters with the same message publicizing the free vasectomy services with a contact number for more information and registration. The billboard was first placed along a road that was not yielding any response but was later transferred to a busier road. The billboard attracted over a dozen clients, but would have had a better chance of attracting even more clients if we could have placed it at a more trafficked road.

### **5. One on one**

Men prefer to be communicated with one on one. The same men who in public would fear letting others know that they were interested would engage much more thoroughly if approached individually. Given the sensitive nature of the issue, at this point, one on one is still the most potent way to mobilize men.

### **6. Discussions with men at strategic locations**

We targeted men at common 'hang-outs' such as the local 'bunge' (parliament) where they discuss politics and other issues affecting their communities. In one such place we even showed a live vasectomy with co founder of WVD, Dr. Doug Stein who was Skyped live from Florida. While the information was useful and the conversation compelling, there was discomfort in actually watching the procedure.

### **7. Drama videos shown and discussions**

Youth groups and men's groups in some areas were shown Kiswahili language videos that triggered discussions around vasectomy. These video dramas encouraged discussions about the facts and misconceptions surrounding vasectomy. This did not work very well until we started showing them at local video clubs right before 'key football matches'. By targeting men at these more traditional 'hang-outs' and 'chamas', we were able to stimulate energetic discussions.

### **8. Open air live vasectomy shows**

We had the opportunity on two occasions to show live vasectomies (although done discretely) from Florida with WVD Co Founder, Dr. Stein who has done more than 40,000 vasectomies during his practice. This triggered a lot of discussions from men especially the one we did in Nairobi's central business district.

### **9. Social media**

Starting a week before the event, we contracted a team of bloggers who worked around the clock in keeping the conversations going on all the major social media platforms. This got people interacting on vasectomy issues, inspired the mainstream media to join and ultimately inspired men to get in touch with us for vasectomies.

### **10. Mass media - Radio, TV and daily newspapers**

The major media houses in Kenya and the BBC covered a lot of stories from our team on the ground capturing men who've had a vasectomy and a Kenyan doctor who was part of the medical team performing the vasectomies. This also created a lot of conversation and increased interest in vasectomy.

### **11. Men Who Have a Vasectomy Make the Best Champions**

The absolute best advocate for a vasectomy is a man who has had one and is able to articulate his reasons to a crowd of other men. We are fortunate that several champions emerged, such as George Mbogah and James Maina. Dr. Charles Ochieng was of double value, on one hand a Kenyan doctor, but as well a vasectomy acceptor. We expect that others from the group that got their vasectomy on November 18<sup>th</sup> will emerge.

## **Challenges in Kenya**

There are a lot of myths and misconceptions amongst men and women in most communities in Nairobi.

- The single most common fear is that a vasectomy is the equivalent of castration.
- Other fears include; concern that a man's libido will be permanently diminished or that they would suffer erectile dysfunction
- Worries that in the case of an accident they would lose their entire family and never be able to replace it.

- A common perception amongst men is that family planning should be the responsibility of women. This attitude, certainly culturally determined, is reinforced by traditional FP campaigns.
- Although very few, some expressed a fear that vasectomy was part of a government plot to curb population growth within certain tribes.

### **What worked here?**

While for most people in Kenya, vasectomy is a relatively unknown family planning method, there were more people than we expected who were quite well informed and after hearing about our event or seeing the billboard along the streets were ready to participate. For this population, the idea of experienced international doctors doing the procedure for free was very compelling.

One particularly popular show, produced by DJ and radio personality, Maina Kagemi, (Classic FM) discussed WVD on air for 4 hours on November 17<sup>th</sup>. His popularity created a lot excitement and conversation that worked to our advantage. During his show there were dozens of calls inquiring about the free service on the 18<sup>th</sup> and dozens of others who had signed up but had begun to second-guess their initial decision.

A lasting value of our work was in training the mobilizers. These men were already trained to communicate about family planning, but are now equally prepared to provide information about vasectomy. Their ability to dispel a lot of the common myths and misconceptions will serve any future outreach programs well.

Finally, getting the men who received a vasectomy in the past to be advocates and champions going forward is critical. Word of mouth is the single most compelling factor. We worked with James Maina who openly discussed his vasectomy as well as with George Mbogah who got his vasectomy done in May 2012 by Dr. Doug Stein who, at the time, was leading a mission to Busia.

### **Lessons in Mobilizing Men in Kenya**

- While women do the work of family planning in Kenya, men still maintain a heavy influence. Getting men directly involved is very important to overall acceptance, even if they do not directly 'participate'.
- Vasectomy education, as part of family planning decision making in Kenya, needs to be included as part of general health education. This should be government led.
- It takes time and multiple conversations to choose vasectomy as an option. We have started something powerful, but we are well aware that the momentum we've started can just as quickly dissipate.
- Both men and women need to be educated to help dispel myths and misconceptions.
- More community health volunteers need to be trained about vasectomy as a viable family planning option for men. Holding training sessions in local health facilities will lower the cost.
- Health personnel in general need to be sensitized about vasectomy.
- Health facilities mostly lack the capacity to offer vasectomy services so there needs to be greater capacity building at the sub county level.

- Important to keep the conversation going about vasectomy, the same way HIV Counseling and Testing has become a norm in Kenya.
- Following the government's lead, we offered the men \$15.00 per person to cover the costs of traveling to the event as well as costs for food. This was not mentioned in the literature we circulated, but was shared during final counseling sessions. While we would be concerned about programs that 'financially incentivize' getting a vasectomy, we agree with the government that \$15.00 is not going to compel a Kenyan man to give up his 'fertility', but it will affirm the social value of male engagement.

The overall take away is that vasectomy can grow in Kenya as a viable option, but it will take consistency and persistence, as well as government commitment and donor support, to make it a norm as is the case in other countries.

### **Getting Donors, Stakeholders and Implementors on Board**

There are no programs currently operating in Kenya that focus on men and family planning. While programs for women and youth are underfunded, which makes achieving important statistical objectives challenging, at least there are programs and experience to build on. Ignoring men entirely can have broader long term negative implications that need addressing. Failure to engage men going forward can undermine overall FP efforts in Kenya. We hope that the lessons from WVD are taken into consideration both in structuring and initiating future vasectomy program.

## **SECTION 5: TELLING AND SHARING THE STORY**

### **Content For Our Cause**

WVD co-founder Jonathan Stack, working with colleagues and collaborators, Nicolas Cuellar and Silas Fischer, have used their skills as filmmakers and storytellers to construct this movement. In Kenya they worked with independent filmmaker, Sennah Akoi who was responsible for putting together a Kenyan crew. At the heart of this effort are films and content whose purpose is to inspire action, reaction and engagement. The media assets are shared on line through out the year and during the event itself, and can be used by other groups in Kenya and elsewhere going forward.

This year we produced more films than ever before including:

- New animation, 'What is World Vasectomy Day?' in Swahili, Spanish and English
- A film called 'Thank You', that highlights the women of Kenya and their expressions of gratitude towards positive men in their lives.
- 'What it Takes' explores what elements are required to build a sustainable vasectomy program in Kenya and Africa.
- 'Welcome to Kenya' intro video that celebrated the day's activities.

- 'Chris Wren', a portrait of the first man to get a WVD vasectomy in Australia and his family.
- Taxi drivers opine about the vasectomy, male responsibility and family planning in 'Über Views'.
- 'Family of Year' tells the story of George Mbogah, the man whose courage inspired WVD in 2013 and who was the winner of this year's Elliot-Smith WVD awards.
- 'Vasectomy from a Women's Perspective' comprises women's opinions about vasectomy.
- 'Road Trip' follows our partners from IntraHealth, Isaac Munene and Judy Karia as we travel through the western region of Kenya.
- 'The role of Community and Religion in Accepting Vasectomies'
- 'Maasai: Vasectomy Resistance and Reality'

Going forward we see limitless opportunities for more content such as soap operas, radio novelas and both long form, short form and series. Ideally, these campaigns would begin months before the actual WVD event building up to a dramatic conclusion and then, continuing forward after the event to sustain the momentum.

## **Social Media**

Noah Miller of the Sochin Agency, a social media company based in Nairobi, organized and led the SM campaign. His understanding of the 'space' and his leadership skills were critical in achieving our successful outcomes. Sochin works with very sophisticated software that creates valuable data and analytics. I am attaching his report as well.

In summary, the media landscape in Kenya is complex. With few exceptions there is an expectation of payment to appear on a television show or in the news. As we reached out to media outlets through our communications director, Sennah Akoi, we received proposals to buy ads in exchange for getting on shows. We did not have a budget to pay.

Today, the majority of people receive their news from online sources, but getting attention in the digital space requires 'real time activities' and clever inter-play between traditional and non-traditional media.

Our strategy was to build sufficient social media buzz to make it almost impossible for the lead programs not to cover our story. One week before the event we organized a media gathering of bloggers and 38 showed up. We paid them \$20 for 4 hours, which included a Skype video call with Dr. Doug Stein in Florida who performed two vasectomies. The bloggers also were given an opportunity to speak with the two American men getting vasectomies. We then challenged the bloggers to compete for a job over a 72-hour period. The 12 people who demonstrated greatest creativity, energy and success were given full time temporary jobs.

Once we had selected our blogging team, we worked with them daily to get messaging out and broke them down into smaller units of 2 and 3 so they could attend all of our events and meetings during which time they would continue blogging and 'reporting'. Three days out from the event, World Vasectomy Day was trending. By WVD, with over 125 bloggers working for 10 straight hours we passed 100 million on line impressions and as of December 1, we had passed

130 million making us one of the top ten most discussed topics at that time on the internet in all of East Africa.

## **THE REPORT: EXECUTIVE SUMMARY**

The report generated by the Sochin Agency used three key word searches to analyze the impact of World Vasectomy Day 2016 (WVD 2016) in the digital space.

- 1) Conversations about vasectomy globally
- 2) Conversations about WVD 2106 globally
- 3) Conversations about WVD 2016 that specifically reference Kenya, Nairobi, the Kenya National Theatre and WVD's institutional supporters.

The gender break down of those participating in the WVD conversation was almost 50/50 male-female and the demographic in their 20s. We know that this is not the targeted age for people considering a vasectomy, but plays perfectly into our strategy of reaching a younger audience while inspiring a constructive gender dialogue.

### **Conversation Volume**

- 18,546 posts (5,574 original posts and 12,972 reposts) about WVD 2106 were made globally which achieve 132 million potential impressions between October 17 and November 30, 2016. The estimated reach (number of users exposed to the post at time of publication) amounts to over 10 million participants.
- Although we did not specifically measure the statistical correlation between WVD 2016 and the overall vasectomy conversations, we can observe that the average number of vasectomy conversations increased from 215 posts (October 19-28) to 578 (November 19-28, 2016) globally.

### **Observations**

- The data indicates that interest in World Vasectomy Day actually drove up the overall volume of general conversations about vasectomy even when those conversations were not about WVD in particular.
- The dozen bloggers, half of whom were women and half were men, were guided by the language provided by the WVD leadership team. This helped frame the conversations and guided the general audience in a constructive and compelling manner.
- Content is key with the capacity to deliver 'meme' and photos that reflect salient topics. More 'real time' media going forward will help generate more engagement.
- Building an audience takes time and while we were able to move quickly, going forward, we would benefit by starting months, not weeks, in advance.
- Creative storytelling provides opportunities for audience engagement and more of this is recommended for future WVDs.

- The cost of mainstream media is prohibitive, but was made more accessible with social media activities. Using photoshop to ‘appropriate billboards’ are good examples of creatively mixing media formats. Although we did not calculate for this, going forward it is will be intriguing to note to what degree ‘social media’ drives the meta-narrative.
- We will make a concerted effort to keep a steady flow of social media over the year.
- Including language that emphasizes ‘male heroism and sacrifice’ for children, wives, families and countries, engages men in conversations heretofore associated only with women. The on line world might be more ‘progressive’ than the ‘norm’, but it is where the most compelling and ultimately, most impactful ideas are being formulated and shared.

### **Hashtag Use**

- #AnActOfLove was not widely known at the beginning of the campaign, but consistent and frequent use led it to be the top hashtag associated with the vasectomy topic. It was also used in conjunction with #familyplanning.

### **Institutional Partners**

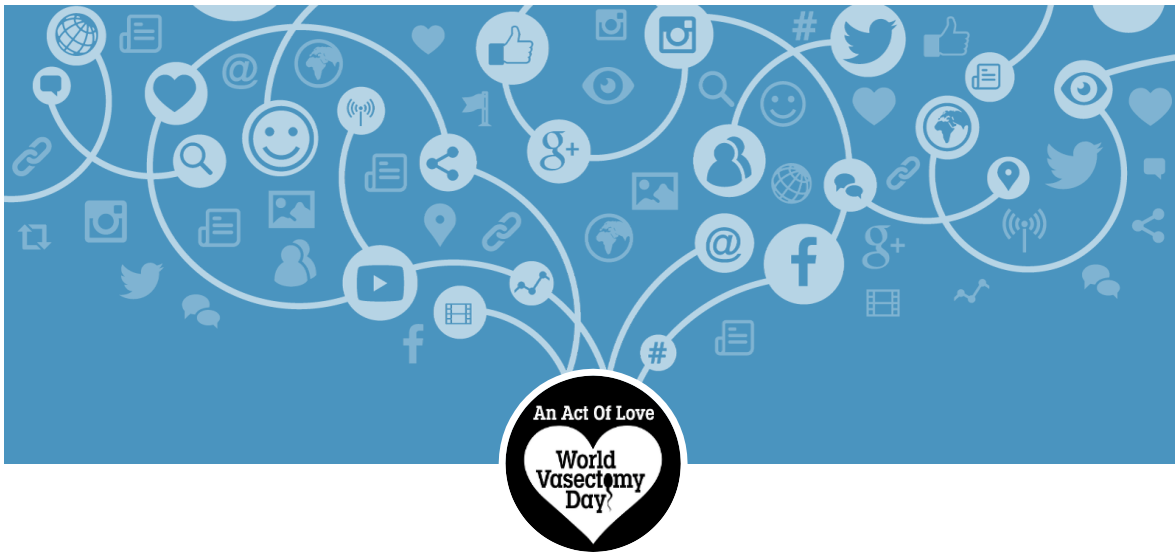
- Support varied among local and international partners of WVD 2016. Family Planning 2020, IntraHealth, and Knowledge for Health were the top three influencers and they posted frequently. Marie Stopes Kenya also posted on Twitter often, but partners based in Kenya had smaller followerships overall than the top three influencers mentioned before. Going forward, it is important to get the buy in and support of these partners as they come with an already engaged audience.

### **Sentiment**

- There was a small percentage of negative comments around WVD 2016 that focused around the perception that men should not partake in family planning activities, that vasectomy is against God’s will, that vasectomy equals castration, and that men are the main decision makers in a household. These conversations are needed to stimulate dialogue as ‘controversy’ makes for an energized audience.

### **Trending**

- #AnActOfLove trended in Kenya for 13 hours on Nov. 18, as did @WorldVasDay which was ranked #8 by Twitter for Kenya. This was an incredible feat since WVD 2016 competed with other big news stories that day.



## World Vasectomy Day 2016

---

📄 Social Media Report 17 October 2016 – 30 November 2016

SOCHIN.

By November 18<sup>th</sup>, almost every major media outlet in Kenya had covered our story including BBC Africa. While the media described our event as ‘unique’ and ‘provocative’, providing them unprecedented and unfettered access resulted in much more thorough reporting. In the end, we are witnessing a subtle and not so subtle interplay between social media and traditional media and are confident that this will grow in importance over the coming years. We believe that by promoting an out of the box campaign that integrates media training, media access and provocative real time storytelling will grow in significance in the coming years.

### **Traditional Media**

Working with Sennah Akoi, our director of communications in Kenya, we were able to get prime positioning in most of Kenya’s major media outlets. In addition, we placed dozens of essays in the Good Men Project, [GMP](#), one of the world’s leading male focused on line magazines. We were also featured in [Huffington Post](#) and the [Guardian](#).

Other feature stories include:

1: China Central Television Network (CCTV), <https://www.youtube.com/watch?v=mrJVmi1-OgM>

2: Special Editorial Promo to WVD in Kenya by CITIZEN TV  
<https://www.youtube.com/watch?v=qNJFucRHkqI>

3: News coverage by CITIZEN TV



[https://www.youtube.com/watch?v=t110I\\_P4kbc](https://www.youtube.com/watch?v=t110I_P4kbc)

4:Capital FM online news

<http://www.capitalfm.co.ke/news/2016/11/100-men-turn-vasectomy-nairobi-event/>

5:BBC NEWS

<http://www.bbc.com/news/world-africa-38027215>

6:K24 WVD MEDIA PRESS RELEASE

[https://www.youtube.com/watch?v=OIWbyNdEYMQ&feature=player\\_embedded](https://www.youtube.com/watch?v=OIWbyNdEYMQ&feature=player_embedded)

7:KTN NEWS-NEWS ITEM

<https://www.youtube.com/watch?v=8UR8AGawXdU>

8:KTN, Morning Express

<https://www.youtube.com/watch?v=yhiv7SPOR70>

9:BBC NEWS COVERAGE

<https://www.youtube.com/watch?v=uLaBKrtRiVI>

10:K24 News Coverage

[https://www.youtube.com/watch?v=yDbfkjN\\_xUM](https://www.youtube.com/watch?v=yDbfkjN_xUM)

11:K24 MEDIA NEWS COVERAGE ON WVD

[https://www.youtube.com/watch?v=jy5ZMuyBF\\_Y](https://www.youtube.com/watch?v=jy5ZMuyBF_Y)

In additional stories include;

1. STANDARD NEWSPAPER, did a full page feature story on WVD feature story that featured Jonathan Stack
2. NAIROBIAN's 2 page feature story
3. NATION honored the event by a front page story headline with a half page story on its 3<sup>rd</sup> page
4. Total of 27 Local Radio Stations and 2 International Radio outlets, BBC and Radio DW covered the event, as well as a one hour interactive how on BBC Kiswahili that was shared in both Kenya and Uganda.
5. NTV – Covered event as a feature story on the evening news.

## **Expanding the “WVD Brand”**

Over our four years, WVD has consistently explored ways of expanding our brand from strictly ‘vasectomy services’ to include gender equity, general male health and wellness, as well as wider sociological and environmental concerns. Successfully transforming WVD into a global movement that aggregates individual acts of kindness into a collective movement for social good will require constant redefining of our brand.

We recognize that our name, ‘World Vasectomy Day’ is by definition limiting. People might justifiably question the value in an event that is just a ‘day’ long when the ultimate objective is a sustainable program. We recognize this limitation and grapple with how to adjust and adapt to be more effective.

That said, we believe that there is a benefit to building a movement around a ‘one time/one day event’. Certainly, producing a ‘Super Bowl’ of male FP engagement increases the likelihood of global media coverage. For better or for worse, the media, both formal and informal, like ‘big’ numbers.

Therefore, although we are eager to expand both our mission and our definition, we must resist spreading ourselves too thin, too quickly.

## **Website for Community Building**

There are two main, interrelated communities that we are hoping to nurture through WVD:

1. Men seeking vasectomies and men who have had vasectomies.
2. Doctors and other vasectomy providers

As awareness of WVD increases, we’ve taken it upon ourselves to provide more information to our growing community. This year, working under the leadership of producer, Dedra Smith, we completed a first draft of our new website. Among its many attributes is a doctors’ directory to help men worldwide find vasectomy providers. We are cautious in so far as we cannot be seen as endorsing any given provider, but feel strongly that providing some guidance to men seeking services has great value for our targeted audience.

While at present, we do not require participating doctors to contribute financially to our cause (any provider can sign up free of charge), we hope in the coming years to be a valuable enough service that this might change. At the same time, by building a database of men who have had a vasectomy, we are putting together an ‘army’ of acceptors and champions who will help spread our core messaging. The data we collect is the cornerstone of our growing movement.

## SECTION 6: WVD-NOVEMBER 18<sup>th</sup>, 2016

### Event Breakdown

At WVD we tend to have greater aspirations than the resources needed to manifest them and this year, once again, we set a very high bar. That said, while there were elements in our program that got dropped entirely and plenty of others that were carried out with rough edges exposed, overall it was an enormous success and a tribute to a lot of very passionate and conscientious people.

We selected the country's prestigious Kenya National Theatre as our venue to give our event 'dramatic' appeal and a central location. It also had the space necessary to support all of our activities, including an outdoor venue.

This year's program consisted of four primary activities:

1. The Men's Health Fair (this took place outdoors in the courtyard).
2. Vasectomy Services delivered in a public setting (behind translucent screens that were backlit for maximum visual and dramatic impact).
3. Large TV screen for live Skype calls and projection of films.
4. Panel discussions with experts and leaders in the field.

While the outdoor Health Fair unfolded at its own pace, despite intermittent rain (see below for more details), indoors, the day was broken up into five principle panels and themes that commenced immediately following the opening speech given by Dr. Boniface Sebikali who had come from the US as a representative of IntraHealth. Managing the pacing and asking questions, were two hosts: co-founder Jonathan Stack and Kenya's CNBC TV presenter, Bonney Tunya. Mr. Tunya was particularly skilled at encouraging audience engagement.

The five themes that defined the day's program took the audience on an intellectual journey from the intimacy of individual choice through to gender equity and family planning, to the impact of FP on communities, culture and countries, finally concluding with a look towards the future of male contraception.

#### **1. What is a Vasectomy?**

Included in the panel were Dr. Sebikali, Rwanda, of IntraHealth, Dr. Ramchandra Mutri Kaza of India and Dr. Chimaraoke Izugbara, from Nigeria, of the Africa Population and Health Research Centre. We discussed 'Myths and Misconceptions', strategies for building a program, and basic information about how vasectomy fits into a broader FP planning program with emphasis on additional male engagement.

#### **2. Gender Equity in Family Planning**

This panel included Faustina Fynn-Nyame, Country Director for Marie Stopes, Caroline Karutu, Chief of Party, IntraHealth and Irene Mamayao, Founder of the Kenya

Universities Female Student Leaders, along with Dr. Baljit Kaur of Punjab, India. The conversation explored male/female relationships in FP options, female opposition to vasectomy and how to build better gender dynamics in and among traditional cultures.

### **3. Vasectomy, Demographic Dividend and the Future of Kenya**

Our keynote speaker was Dr. Josephine Kibaru-Mbae, Director of the National Council on Population and Development, who is as well Kenya's representative to Partners in Population and Development. She was WVD's key ally in the government along with Dr. Bartilol Kigen from the Ministry of Health. Dr. Kibaru spoke at length on the demographic dividend, the challenges of a rising population for the future of Kenya, the challenge of cultural diversity and population growth and other salient topics. During her session we set up Skype calls with Shreejana Bajracharya of Nepal, Melissa Cockcroft in Madagascar and Monica Kerrigan in the US.

### **4. Global Issues in Population and Male Engagement**

The theme on global impact never quite materialized as we had originally envisioned. That said, we were able to represent the global nature of our event in conversations with Dr. Dhammika Perera, medical director for Marie Stopes International in the UK, Dr. Susana Medina, program director for Plafam in Venezuela, Dr. Jose Garduno Castro, head of vasectomy programs in Mexico, Dr. S. K. Sikdar, Director of Reproductive Health, Ministry of Health, in India, and Drs. Michel Labrecque and Neil Pollock of Canada.

### **5. The Future of male Contraception**

Sponsored and organized by FHI 360, this panel included two speakers, Aaron Hamlin of the Male Contraception Initiative and Professor John Amory of Washington University. The moderator for the session was Dr. Marsden Solomon who is a director at FHI 360 in Nairobi. In addition, FHI 360 contracted with ThinkPlace to do an Ideation Session during which time they worked with the crowd to 'dream up' a future form of contraception for men. Unfortunately, the session with Professor Amory failed to materialize due to technical challenges.

In summary, the entire day's event was live streamed from YouTube as well as embedded in over a dozen websites. We had Skype calls with 21 men and women from 15 different time zones in 19 countries. The audience was steady with between 500-750 guests on line throughout the day. As expected there were more people present in the Theatre for the first half than the second half of the program, but the room was never less than 100 people in attendance which given the duration of our program, 12 hours, was very impressive. That said, as I referenced earlier, overwhelmed by the challenge of pulling off such an ambitious program, we could have and should have done a much better job of promoting WVD live on line.

## **WVD Awards**

This year, John Guillbaud and the Elliot-Smith Clinic offered a one-time gift of 10,000 pounds with which we created the Elliot-Smith WVD awards to acknowledge superior service in three categories:

1. A man and a family whose decision to get a vasectomy best represents the values and spirit of WVD
2. A mobilizer whose effort to bring awareness about vasectomy helps to transform his or her community or country.
3. A doctor whose career is dedicated to making the highest quality vasectomy services to men and families.

While the award comes with no financial guarantee, this year we have committed to cover the tuition costs for the daughter of this year's winner in the category of 'Man of the Year'. In the coming years, we hope to expand this program through further funding.

### **Man and Family of the Year**

In 2012, **George Mbogah** traveled 20 hours by bus to get a vasectomy so that his wife would not have to risk a pregnancy in the future. He found the courage to take a decision no one else in his community shared. Jonathan Stack, who had accompanied Dr. Doug Stein on an NSVI mission to Kenya was so moved by George's story, where a man undertakes an act of love on behalf of his family, that he was inspired to start World Vasectomy Day by aggregating the good intentions of such men around the world.

The following year, World Vasectomy Day was celebrated in 26 countries with almost a thousand men taking this heroic step in celebration of the day. George has continued to inspire men in Kenya and elsewhere by his example and authentic personal story, which he shares widely in support of vasectomy.

Thank you, George, for this growing movement, which today will be celebrated in 52 countries during 24 plus hours and with ten thousand expected to join the ranks of responsible men everywhere. We thank George, for his wisdom and heartfelt expression of the founding principles of our movement.

### **Mobilizer of the Year**

**Frohnice Cagalitan** is a woman who lives in the largely Catholic country of Philippines, where her advocacy for family planning through the promotion of vasectomy has moved many in Cebu to greater understanding of the benefits of taking control of family size, lifting children out of poverty, and creating opportunities that benefit everyone in the family and the community. As much as we need excellent doctors and courageous men, we must have mobilizers and organizers who are willing to build the movement.

Despite conservative elements in her society to discourage her efforts, Frohnie demonstrates tireless energy and commitment as she advocates, sensitizes, and opens the doors for frank discussions about family planning that are difficult under these most challenging circumstances.

Today, Frohnie is one of the biggest sharers on our World Vasectomy Day Facebook site and we honor her for her dedication, perseverance, eternal cheer and enthusiasm.

### **Doctor of the Year**

In 1990, **Dr. Baljit Kaur**, from the state of Punjab, received her medical degree in family medicine. Recognizing the particular needs of men, by 1999 she had become a specialist in No Scalpel Vasectomy and one year later she achieved the status of official NSV trainer for the Government of India. By 2007 Dr. Kaur was recognized for her outstanding contribution in the field of no scalpel vasectomy by India's Ministry of Health and Family Welfare.

In her current position as state program officer for FP in the Office of Health and Family Welfare for the Government of Punjab, she has raised acceptance rates from under 1% to over 30%, a remarkable feat that reflects her dedication and her passion.

Her efforts on behalf of family planning, HIV medicine, male and female sterilization methods, mobilizing for no scalpel vasectomy, and her tireless promotion of including men in the conversation about family planning make her a most deserving recipient of this, the first Elliot-Smith award.

Thank you, Dr. Kaur, for your great contributions to the promotion of vasectomy with your esteemed colleague, Dr. Mutri Kaza.

**Dr. Ramchandra Mutri Kaza** considered the father of no scalpel vasectomy in India was already a successful surgeon in 1992 when he was introduced to the no-scalpel technique. He immediately recognized that the value of this minor surgery to family planning was in engaging men in what he knew then was the most important conversation in a family's life.

With government approval but little funding, Dr. Ramchandra Mutri Kaza chose to give up his surgical practice and set out on a mission to train doctors throughout the country. He eventually reached 440 of India's 600 districts, using his own funds to build a movement, until the government of India ultimately recognized the value of his work.

India now celebrates World Vasectomy Day for a fortnight each year, largely due to the dedication of Dr. Mutri Kaza. Thank you, Dr. Mutri Kaza, for the lifetime of sacrifice and dedication to a noble and worthwhile educational effort on behalf of your country and all the others you have inspired.

## SECTION 7: VASECTOMY in KENYA

In the weeks we spent in Kenya, people consistently asked two questions,

1. “Why did you bring WVD to Kenya?”
2. “What happens after November 18<sup>th</sup>?”

The answer to number one was simple, “We’ve already had our headquarters in Australia, the US, and Indonesia, so it’s time to bring the event to Africa”. More specifically, we were drawn to Nairobi because it’s not only a gateway to the entire continent, but a link between Africa and the rest of the world. Their reputation as trendsetters in new media increased our capacity to use technology to expand our movement and in so doing help us ‘rebrand’ Africa as innovation leaders, both in FP and in communications.

The second question, about sustainability, was more challenging. As a start up NGO with little funding and a limited track record, imagining a role for WVD beyond November 18th initially seemed unattainable. My answer, *‘The responsibility of WVD is to light the spark and in so doing, demonstrate that a sustainable program is possible. It is up to the government and the stakeholders to figure out how to spread the flames’*, did not satisfy either the questioner or myself.

As we saw our movement in Kenya grow, we began contemplating what a sustainable program might look like and how to best maintain the momentum we had helped generate. In that spirit, we proposed a side event to be sponsored by the MoH and organized with APHRC (Africa Population and Health Research Centre). Although this event did not take place as we had initially hoped, we believe it is something worth contemplating going forward. Here was our agenda as we outlined it.

### INFORMAL/FORMAL MEETING ON BUILDING A VASECTOMY PROGRAM

#### **WHAT:**

Meeting to explore optimal implementation of the new protocols on family planning, specifically related to vasectomy and review of ‘demand generation’ created through World Vasectomy Day event.

#### **WHO:**

MoH representatives from the Division of Reproductive Health

NCPD

WVD

INTRAEALTH

DKT, ENGENDER HEALTH, MSKenya, PSKenya, IPPFARO, FHOK, FHI 360, JHPIEGO, and other interested parties.

**GOALS:**

1. To develop a framework for action and evidence generation about the strengths, opportunities and gaps that are limiting optimal implementation of national protocols including vasectomy as an affordable, long-acting method of contraception.
2. To debrief on the past WVD activity
3. Announce plans for WVD 2017 in Kenya, including year-long program.
4. Develop on going communication strategy to increase demand.

**JUSTIFICATION:**

With the attention on World Vasectomy Day, this meeting provides an opportunity for all of the key partners and stakeholders, led by the Ministry of Health and the County Health Department of Nairobi (as well as that of Busia, Kisumu and Kakamega), to work towards a plan of action for increasing vasectomy uptake. Working collaboratively, we will explore not only what is known, but also what is unknown, and where additional research is needed as the country moves towards an effective program.

It also provides an opening for real and committed public/private partnerships in delivering services to the widest possible population, supported by intensive awareness and sensitization for a population that is typically the most resistant to health-seeking behavior.

**LEADERSHIP:** The Ministry of Health as well as the Nairobi County Health Department would provide overall stewardship and leadership of the meeting. APHRC, which was in discussions at the time with the NC Health Department, could serve as the research partner and help to facilitate, both in terms of documenting the outputs of the meeting as well as in providing the space.

**FORMAT:** The intention of this meeting is for an informal consultative dialogue between committed partners to begin to develop the broad lines of where more information is needed in order to effectively and optimally implement new protocols for family planning, in this case specifically related to vasectomy as a long-acting method of contraception.

**TIME:**

08:30: Welcome remarks from Ministry of Health, NC Department of Health, WVD

09:00 – 10:30:

A look at the new protocol related to vasectomy as a LARM, pulling out the following details:

1. Who should conduct the procedure?
2. What is the lowest-level facility at which the procedure is going to be conducted?
3. What training is envisioned to support the acquisition of skill for a larger complement of health providers?
4. What degree of community-level mobilization, sensitization and awareness raising is envisioned to encourage wider uptake of the service?
5. Where are the financial resources going to come from to implement the policy, from national or county resource pools?



6. In what way are non-public facilities going to be engaged in the implementation of the policy?
7. What defines success, or what does optimal implementation look like, with respect to established indicators related to the above questions? How is monitoring toward achievement of that success going to be carried out?
8. What role can and should communications play in designing a successful program?

10:30-11:00 Health Break

11:00-12:00 Participants break into three groups (depending on size of the larger group) and begin to unpack what is needed to answer each of the queries. These discussions will be guided by the queries below:

- What do we know? What do our existing data tell us at the NCC level that can help guide implementation of the new policy?
- What do we know we don't know? What are the limitations we already know we have in terms of data and ability to optimally implement?
- What don't we know – what sort of contingencies do we need to envision that could limit our ability to implement optimally?
- Training a new generation of providers – working with KMTC's Clinical Officer programs

12:00-13:00 sharing and next steps. Each group shares what they discussed and it all gets brought together. Then we look at where there are synergies – because these synergies are the priority areas, which are likely to be related to service delivery; funding; and community mobilization. We develop a way forward to look more deeply at these priority areas, with each actor laying out where and in what way they think their organization could contribute to engaging in that priority area.

A steering committee guiding the population and elaboration of the framework of priority areas will be nominated, that will be led by the NCC/MoH, to continue to make progress toward answering the questions outlined above, and, potentially, where additional resources could be mobilized to help generate the evidence needed to answer those questions and implement the answers.

### **Challenges for Building a Sustainable Program in Kenya**

1. The lack of opportunity for financial return on vasectomy - unlike that for the commodities business for women and condoms for men, all of which are produced by for profit companies - makes finding sponsors for WVD challenging.
2. Lack of profit motivation for vasectomy services means there is no group lobbying for their inclusion (besides WVD).
3. Doctors are not incentivized to specialize in male family planning, and opportunities to train as a vasectomy specialist are limited to non-existent.

4. It takes time and persistence to convince men to consider paying for a vasectomy. This requires years of 'investment' in communication before it becomes a culturally acceptable option.
5. Men have a hard time giving up the possibility of procreating. Fears that they will be abandoned by their wives and replaced by younger, and still fertile males, are common. Adding the possibility of reversal, even if it's not guaranteed to succeed, will help alleviate this fear.
6. Religious pressure can make choosing vasectomy even more difficult. Still, finding religious support for vasectomy (or any form of FP) is not insurmountable. For every 'church leader' who is opposed, there are others who support FP campaigns.
7. Preference amongst established donors towards funding female family planning programs. While we acknowledge the need to provide more resources for women, we are concerned that continuing to leave men out of the equation is a strategic mistake with negative ramifications that extend beyond 'numbers'. Societies in the modern economy require male and female collaboration to raise children to adulthood.
8. Lack of FP options for men continues to be an obstacle to male engagement. Between 'condoms', mostly marketed as safe sex, and vasectomy, still a permanent form of FP and as such not appropriate for most sexually active men, there is a huge opportunity to develop more male choice in contraception.
9. Issues of 'incentivizing' acceptance of vasectomy are tricky. While programs in many countries such as Kenya resist any financial exchange, in others that is still the norm. We don't have a simple answer, but we do not believe that men will give up their fertility for sums as low as \$20, (a sum prevalent in Bangladesh or India). It is rather a way to acknowledge value in making a tough and ultimately voluntary choice.

Where we remain resolute is that that getting men to voluntarily participate in limiting family size brings potential value to one's home life, one's community and one's country. Acknowledging the men who do so at a time in history when population size creates enormous challenges for developing nations, seems to be a wiser investment in resources than only incentivizing making babies (as is done with tax rebates for larger families or the subsidization of other family planning choices). At the very least, supporting public debate is needed at this critical juncture in time.

Certainly, history provides examples of unethical and immoral sterilization programs that should serve as cautionary tales, but as things stand today the greater problem we face remains lack of male engagement and lack of dialogue.

## **BUILDING A SUSTAINABLE PROGRAM**

Working with the Kenya's Ministry of Health, both at the national and county level, the NCPD and interested stakeholders and implementers, we suggest five areas of focus:

1. Training of mobilizers
2. Training vasectomists
3. General Vasectomy Policy and Protocols (these might already exist)
4. Demand generation through communications
5. Vasectomy Service delivery

**TARGETED COUNTIES:**

While we continue to build on the support and interest, not to mention the ‘male champions’ we’ve supported in Nairobi, we will begin to extend to other counties:

1. Busia
2. Kakamega
3. Kisumu
4. Nairobi

**PARTNERSHIPS:**

Project will be housed with a ‘to be determined’ implementing partner. The following groups are being considered; IntraHealth, JHPIEGO, Engender Health, PSKenya, IPPF ARO, Marie Stopes and/or DKT.

**STAFF:**

We propose bringing together key players from WVD 2016 to continue in similar rolls.

Direction/Production: Jonathan Stack, Co Founder and Dedra Smith, Producer

Director of Outreach: Nimrod Silla

Communication Director: Sennah Akoi

Administrative Personnel: Sarah Oiro and Sheila Gabeya

Social Media: Noah Miller

Strategic MoH alliance: Isaac Munene/Judy Karia (currently on contract with IntraHealth).

**SCHEDULE:** January – December, 2017

Activity 1: Set up one day meeting of all interested parties to debrief on WVD and structure meeting going forward.

Activity 2: Design and implement mobilization plan and schedule.

Activity 3: Design/launch Vasectomy App

Activity 4: Design/launch social media campaign and outreach program.

Activity 5: Build towards WVD, December 5<sup>th</sup>, 2017

## SECTION 8: Finances and Fundraising

This year we raised over \$200,000.00, more than double that of previous years. The added finances afforded us the possibility of spending 12 straight weeks in country while putting together a staff that eventually ballooned to 30 people, producing more media than ever and focusing heavily in Kenya.

Given our ambitious objectives, this is still a very meager budget and leads to compromised decision-making and failure to fulfill our potential. For example, we did not do as good a job as we'd like in managing our clients/partners around the world. We need to invest in that effort going forward if we're to be of service to all our members.

Furthermore, this year we focused our effort on larger donors instead of individual donations and while we raised more money, we ended up with fewer people participating. Fundraising is a very labor-intensive enterprise and crowd-funding campaigns that seek individual, and mostly small donations, is a questionable use of time. That said, getting our 'followers' to increase their commitment to our cause, including helping with fundraising, is very important to our long-term strategy.

At the same time, getting major institutions and established donors to participate in WVD not only means more financing for more programs, but greater overall commitment to male engagement by groups who are already well established in the field. We will continue to seek these alliances and integrate our work with others.

## SECTION 9: PARTNERS

### Collaborating with NSVI

This year, once again, we worked closely with NSVI, No Scalpel Vasectomy International, whose President Dr. Ramon Suarez, brought over five doctors to oversee all the vasectomy services provided both during the event and in the week leading up to it. They participated in lectures, workshops and one-on-one meetings with government leaders to discuss building a sustainable vasectomy program in Kenya.

In a country without a strong vasectomy program, their presence guaranteed quality service that would otherwise not be possible. A key component of our strategy revolves around creating 'champions' for vasectomy from a pool of satisfied customers. Certainly, there are several doctors in Kenya qualified to do vasectomies, but lack of 'demand' means little opportunity to practice. We must also mention Dr. Charles Ochieng, a long time member of WVD and likely one of the most practiced and skilled providers in the country. He will play a central role for a vasectomy program going forward.

To support other providers, we organized a week-long training session. During that time we were able to provide limited hands on experience for 4 local doctors. While we would have accommodated more with a larger pool of 'male volunteers', the truth is until demand grows in Kenya, there is no urgent need for more providers.

Going forward, it's important to have enough male volunteers as well more coherent institutional partnerships so that the training sessions serve their full purpose. To that end, we'd suggest working with medical schools such as the Kenyan Medical Training Centre.

## **Support Network and Stakeholders Contacts for WVD 2016**

### **DKT Kenya**

Collin Dick [collin.dick@dkthealthcare.org](mailto:collin.dick@dkthealthcare.org)

#### **US based**

Chris Purdy [chris@dktinternational.org](mailto:chris@dktinternational.org)

### **Engender Health**

#### **Kenya based**

Japheth Ominde [JOminde@engenderhealth.org](mailto:JOminde@engenderhealth.org)

Isaac Achwal [IAchwal@engenderhealth.org](mailto:IAchwal@engenderhealth.org)

#### **US based**

Carmela Cordero [CCordero@engenderhealth.org](mailto:CCordero@engenderhealth.org)

Mark Barone [MBarone@engenderhealth.org](mailto:MBarone@engenderhealth.org)

### **Family Health Options Kenya (<http://www.fhok.org>)**

Melvine Ouyo [mouyo@fhok.org](mailto:mouyo@fhok.org)

Amos Simpano [asimpano@fhok.org](mailto:asimpano@fhok.org)

Jill Adhiambo [jadhiambo@fhok.org](mailto:jadhiambo@fhok.org)

Ester Muketo [emuketo@fhok.org](mailto:emuketo@fhok.org)

### **FHI: 360**

#### **Kenya based**

Dr. Marsden Solomon [msolomon@fhi360.org](mailto:msolomon@fhi360.org)

#### **US based**

Lucy Wilson [LWilson@fhi360.org](mailto:LWilson@fhi360.org)

Trinity Zan [TZan@fhi360.org](mailto:TZan@fhi360.org)

### **Family Planning Voices**

Elizabeth Futrell [elizabeth.futrell@jhu.edu](mailto:elizabeth.futrell@jhu.edu)

Sarah Harlan [sarah.harlan@jhu.edu](mailto:sarah.harlan@jhu.edu)

### **HC3/Springboard**

Jennifer Boyle

[jenniferboyle@jhu.edu](mailto:jenniferboyle@jhu.edu)

## **International Planned Parenthood Federation**

### **UK based**

Dr. Yilma Melkamu

[ymelkamu@ippfaro.org](mailto:ymelkamu@ippfaro.org)

### **Kenya based**

Dr. Haingo Rabearimonjy

[hrabearimonjy@ippfaro.org](mailto:hrabearimonjy@ippfaro.org)

Dudu Simelene

[dsimelane@ippfaro.org](mailto:dsimelane@ippfaro.org)

Lucien Kouakou

[lkouakou@ippfaro.org](mailto:lkouakou@ippfaro.org)

## **IntraHealth**

### **Kenya based**

Caroline Karutu

[ckarutu@intrahealth.org](mailto:ckarutu@intrahealth.org)

Isaac Munene

[imunene@intrahealth.org](mailto:imunene@intrahealth.org)

Judy Karia

[jkaria@intrahealth.org](mailto:jkaria@intrahealth.org)

Wycliffe Omanyia

[womanya@intrahealth.org](mailto:womanya@intrahealth.org)

### **US based**

Karen Doll

[kdoll@intrahealth.org](mailto:kdoll@intrahealth.org)

Gracey Vaughn

[gvaughn@intrahealth.org](mailto:gvaughn@intrahealth.org)

Laura Hoemeke

[lhoemeke@intrahealth.org](mailto:lhoemeke@intrahealth.org)

Roy Jacobstein

[rjacobstein@intrahealth.org](mailto:rjacobstein@intrahealth.org)

Pape Gaye

[pgaye@intrahealth.org](mailto:pgaye@intrahealth.org)

## **JHPIEGO**

### **Kenya based**

Gathari Ndirangu

[Gathari.Ndirangu@jhpiego.org](mailto:Gathari.Ndirangu@jhpiego.org)

Isaac Malonza

[Isaac.Malonza@jhpiego.org](mailto:Isaac.Malonza@jhpiego.org)

Mildred Mudany

[Mildred.Mudany@jhpiego.org](mailto:Mildred.Mudany@jhpiego.org)

Catherine Ndungu

[Catherine.Ndungu@jhpiego.org](mailto:Catherine.Ndungu@jhpiego.org)

Sam Mulyanga

[Sam.Mulyanga@jhpiego.org](mailto:Sam.Mulyanga@jhpiego.org)

Angela Mutenga

[Angela.mutenga@jhpiego.org](mailto:Angela.mutenga@jhpiego.org)

Nelson Keyonzo

[Nelson.Keyonzo@jhpiego.org](mailto:Nelson.Keyonzo@jhpiego.org)

Mercy Kamau

[mkamau@tupange.or.ke](mailto:mkamau@tupange.or.ke)

### **US based**

Monica Kerrigan

[Monica.Kerrigan@jhpiego.org](mailto:Monica.Kerrigan@jhpiego.org)

Ann Pfitzer

[Anne.Pfitzer@jhpiego.org](mailto:Anne.Pfitzer@jhpiego.org)

## **Male Contraceptive Initiative**

David Sokal

[david@malecontraceptive.org](mailto:david@malecontraceptive.org)

Aaron Hamlin

[aaron@malecontraceptive.org](mailto:aaron@malecontraceptive.org)

**Marie Stopes International**

Dr. Dhammika Perera

[dhammika.perera@mariestopes.org.uk](mailto:dhammika.perera@mariestopes.org.uk)

**Marie Stopes Kenya**

Faustina Fynn-Nyame

[cdkenya@mariestopes.or.ke](mailto:cdkenya@mariestopes.or.ke)

Roselyne Ouso

[roselyne.ouso@mariestopes.or.ke](mailto:roselyne.ouso@mariestopes.or.ke)

**Ministry of Health**

Dr. Nicholas Muraguri, Principal Secretary

Dr Jackson Kioko, Medical Director

Dr. Kigen Bartilol

[kigenbrms@gmail.com](mailto:kigenbrms@gmail.com)

**National Council for Population and Development (NCPD)**

Dr. Josephine Kibaru-Mbae

[jkibarumbae@ncpd-ke.org](mailto:jkibarumbae@ncpd-ke.org)

**NSVI**

Dr. Doug Stein

[steinmail@vasweb.com](mailto:steinmail@vasweb.com)

Dr. Ramon Suarez

[suarezmdfac@gmail.com](mailto:suarezmdfac@gmail.com)

Dr. Jack Chang

[j.chang316@gmail.com](mailto:j.chang316@gmail.com)

Dr. Baljit Kaur

[drbaljitkaur@gmail.com](mailto:drbaljitkaur@gmail.com)

Dr. Ramchandra Mutri

[kazarcm@gmail.com](mailto:kazarcm@gmail.com)

**PSKenya**

Anthony Okoth, Country Director

[aokoth@pskenya.org](mailto:aokoth@pskenya.org)

Rachel Mutuku

[RMutuku@pskenya.org](mailto:RMutuku@pskenya.org)

Enola Maina

[Emaina@pskenya.org](mailto:Emaina@pskenya.org)

**UNFPA**

Gift Malunga

[malunga@unfpa.org](mailto:malunga@unfpa.org)

Dorothy Kamawara

[kamawera@unfpa.org](mailto:kamawera@unfpa.org)

**WISPIVAS**

Dr. Charles Ochieng

[chrIsochieng74@gmail.com](mailto:chrIsochieng74@gmail.com)

**WVD TEAM****US based**

Jonathan Stack, Co Founder

[jonathanstack08@gmail.com](mailto:jonathanstack08@gmail.com)

Dedra Smith, Producer

[dsmith@worldvasectomyday.org](mailto:dsmith@worldvasectomyday.org)

Nicolas Cuellar, Event director

[cuellar.nicolas@gmail.com](mailto:cuellar.nicolas@gmail.com)

Silas Fischer, Content Director

[silas@worldvasectomyday.org](mailto:silas@worldvasectomyday.org)

**Kenya based**

Sennah Akoi, Communication Director

[marksennah@gmail.com](mailto:marksennah@gmail.com)

Nimrod Silla, Outreach Director

[nimsilla@gmail.com](mailto:nimsilla@gmail.com)

Sheila Gabeya, Executive Assistant

[sheilagabeya@gmail.com](mailto:sheilagabeya@gmail.com)

Sarah Oiro, Administrative Director

[sarah.oiro@gmail.com](mailto:sarah.oiro@gmail.com)

Noah Miller, Social media director

[NMiller@sochin.agency](mailto:NMiller@sochin.agency)

## SECTION 10: THE (near) FUTURE OF WVD

We believe that while communication costs for launching a sustainable program are high and the acceptance rate still low, the affordable cost per procedure makes adding vasectomy to the 'method mix' important. Furthermore, with subsidies for family planning commodities likely to go down in the coming years and the cost to go up, the importance of getting men to consider vasectomy will only increase.

### **WVD 2017: India and Beyond**

As the 2016 event ends and preparations for 2017 begin, we are officially declaring India as our host country for WVD 2017 and our date, the 5<sup>th</sup> of December. It is fitting that as WVD takes root, with now over 1000 doctors in 50+ countries, that we celebrate our 5<sup>th</sup> anniversary in a country that is predicted to be the largest population in the world by 2022 and one that has a long history of male engagement. As much as India provides WVD an extraordinary opportunity for growth, it also presents enormous challenges. To achieve our goals and continue to grow into our potential, WVD itself will have to evolve.

While working in Kenya required overcoming the predominating belief that vasectomy equals castration, in India our objective is scale. Indeed, getting it right in India translates into positive impact worldwide.

There are five criteria for achieving maximum success in choosing a WVD host country:

- a. At least one vasectomy provider and hopefully more, who believe in our movement.
- b. Backing from the government at the highest level.
- c. Institutional support from stakeholders.
- d. Grassroots, national and global organizations
- e. National Media partners

With all three in place, and two more to be developed in future visits, India provides an ideal setting to host WVD 2017.

#### 1: Vasectomy Providers

Soon after our founding in 2013, we began working closely with Dr. Baljit Kaur, Reproductive Health Director for the state of Punjab, and Dr. Ramchandra Mutri Kaza, the 'Father of No Scalpel Vasectomy' in India. It was through participation that over 300 Indian doctors have signed on to WVD and because of their passion that India declared WVD an official event back in 2014.

This year we invited Dr. Kaur and Dr. Kaza to participate in our 2016 Kenya event and took advantage of their presence to offer them a "Life time Achievement Award" in FP for their contribution in the field of vasectomy. Our intention in bringing them to Kenya was to introduce



them to our program as well as to explore how best to adapt our event to the particularities of India itself. As a side note, going forward, we highly recommend inviting representatives from 'the following year's event' to attend the year beforehand, and to that end, we hope to bring Mexican representatives to India this coming year as they plan to host WVD 2018.

## 2: Government Participation

The second component, government support has been demonstrated every year. India's Ministry has no longer declared WVD an official event, but each year they've provided financial resources to support our campaign.

During the WVD live-stream this past November 18<sup>th</sup>, once again we interacted with Dr. S. K. Sikdar who reiterated India's commitment to hosting WVD. As a reflection of the resolve of Dr. Kaur, Dr. Kaza and Dr. Sikdar, the Ministry announced that November 21<sup>st</sup> – December 4<sup>th</sup> as the official days of WVD with December 5<sup>th</sup> designated as the date for a global celebration. The fortnight of activities leading up to WVD are divided into two parts; week one is dedicated to mobilization and training and week two to providing services. To accommodate their very ambitious vision, we declare **December 5<sup>th</sup> as WVD 2017**.

## 3: International Stakeholders and Donors

During WVD 2016, ten NGOs, including many of the major international FP organizations stepped up and joined our movement. Most of these groups have a strong presence in India and we are already reaching out to them as we prepare for this year's event. In addition, as our 'brand' expands from vasectomy to include general FP engagement, gender equity, positive behavior and male responsibility as well as and general 'wellness', we will be reaching out to other groups.

## 4: National, Grassroots and Global Indian Partners

India is an emerging economic powerhouse and a force of innovation in technology and media. We are committed to engaging as many groups and individuals, both in India and abroad as possible. Coalition building will be a significant part of our upcoming trips to India.

## 5: Media: Local, National and International

India is as complex a country as exists; a nation whose citizens thrive not only within its borders but throughout the planet. It is diverse in every sense of the word and presents challenges and opportunities that will require sophisticated storytelling and energized partners.

## **STORYTELLING**

The storytelling part of this project - how to get maximum involvement, engagement and support - is at the heart of our effort and at this point, still an unknown. As in the past, Jonathan Stack, WVD co founder, will begin with an investigative trip to India during which he will meet with a wide variety of potential partners, as well as FP, male movement, gender rights and environmental cause advocates.

In past years, the content created, although distributed on multiple platforms, adhered to a mostly traditional styles and structures. This year, WVD hopes to begin embracing more innovative storytelling techniques.

## **WORLD IMPACT**

This year, with more involvement and support from the government and international stakeholders, we hope to focus greater attention on our global presence. We see opportunities for a more robust interaction with doctors, providers and organizations. To that end, building alliances with established public health advocates and implementers is crucial.

## **WVD 2017: OBJECTIVES AND GOALS**

With committed government support and resources to expand already existing programs, our objectives shift:

1. Work with over 2,500 Indian doctors in all 29 states and 7 union territories to do upwards of 25,000 vasectomies in India alone.
2. Increase participating providers from 50 to 60 countries.
3. Create a multi-month media campaign, including telenovelas with dramatic FP storylines. Goal is to get as wide an audience engaged in our event as possible. Pursue more innovation in multi-platform storytelling.
4. Establish India as global leaders in male engagement in FP.
5. Put greater focus on positive gender relations and gender equity in FP and beyond.
6. Continue to promote male wellness programs.
7. Emphasize 'global' nature of WVD with more attention paid to partners in other countries.
8. Have Mexico's 2018 representatives visit India during the event.
9. Create a 'media center' that emphasizes high tech capabilities in India. We are imagining a "Skype Dome" where we're able to 'virtually' connect with all of our participating providers.
10. Produce Apps that provide core information about vasectomy.
11. Produce an App based game to begin to explore ways of creating income generation for economic self-sustainability.
12. Maintain momentum generated by repeating and expanding WVD in Kenya.
13. Work to establish multi-year funding with major donors.
14. Begin effort with Indian government and PPD to make WVD an official UN event.
15. Work towards establishing global ambassadors
16. Establish a stronger and more active board of directors
17. Update website to make it more participatory.
18. Improve data and administrative systems to run company more effectively
19. Hire skeletal administrative staff (from current number of zero)
20. Build more robust alliances with global stakeholders and donors
21. Create a coalition of supporters with organizations that are compatible with WVD ethos.
22. Increase the sophistication of storytelling and quality/quantity of content.
23. Produce ancillary content (Apps, Games, etc.) for income generation
24. Increase budget:

- a. For management of WVD
- b. For media production and promotion
- c. For producing actual WVD event
- d. For improving/increasing relations with vasectomy providers/doctors.

**FIRST STEP TOWARDS 2017?**

**Jonathan Stack goes on an exploratory trip to India in January**