



Establishment of SUSTAINABLE VASECTOMY PROGRAMS in Low-Resource Areas by Both International and Domestic Provider Teams: A case study in Haiti *No Scalpel Vasectomy International, Inc.*

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1990 – “No Scalpel” vasectomy – enhanced the “mobility” of vasectomy:
reduced the number of instruments and disposables needed for vasectomy.

2002 – “No Needle” vasectomy – eliminated fear of needles:
reduced the amount of anesthetic needed and the amount of waste generated.

Haiti – Poorest country in Western Hemisphere: Population 11M; 1.2%↑ per year

FHI360 Framework: 3 components of a successful and sustainable program:

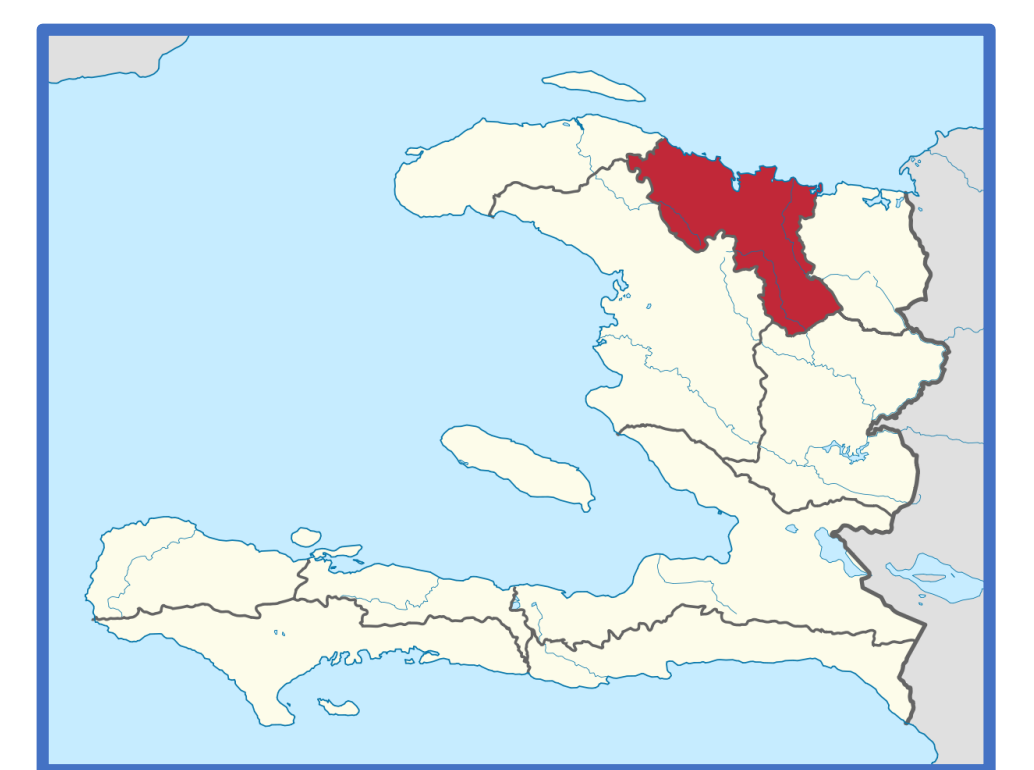
Enabling Environment *Supply of Services* *Demand for Services*



REPUBLIQUE D'HAITI

MINISTERE DE LA SANTE PUBLIQUE ET DE LA POPULATION

DEPARTEMENT SANITAIRE DU NORD



Supportive Department
Director: Ernst Jasmin, MD

Supportive Partner NGO:



Two excellent vasectomists:
Fritz Lolagne, MD
Maudelin Mesadieu, MD



EDUCATION by CHWs re:

- Ease of vasectomy
- Benefits of vasectomy

INEFFECTIVE



Eager support staff
and international
guest vasectomists.

Vasectomy requires more commitment (“down time”) than condoms

1. PD-3 of USAID FP Policy “permits compensation of reasonable expenses in order to make VS [voluntary sterilization] as equally available as other methods”. **NO INCOME can mean NO FOOD**
2. Men who have undergone vasectomy are the BEST EDUCATORS.



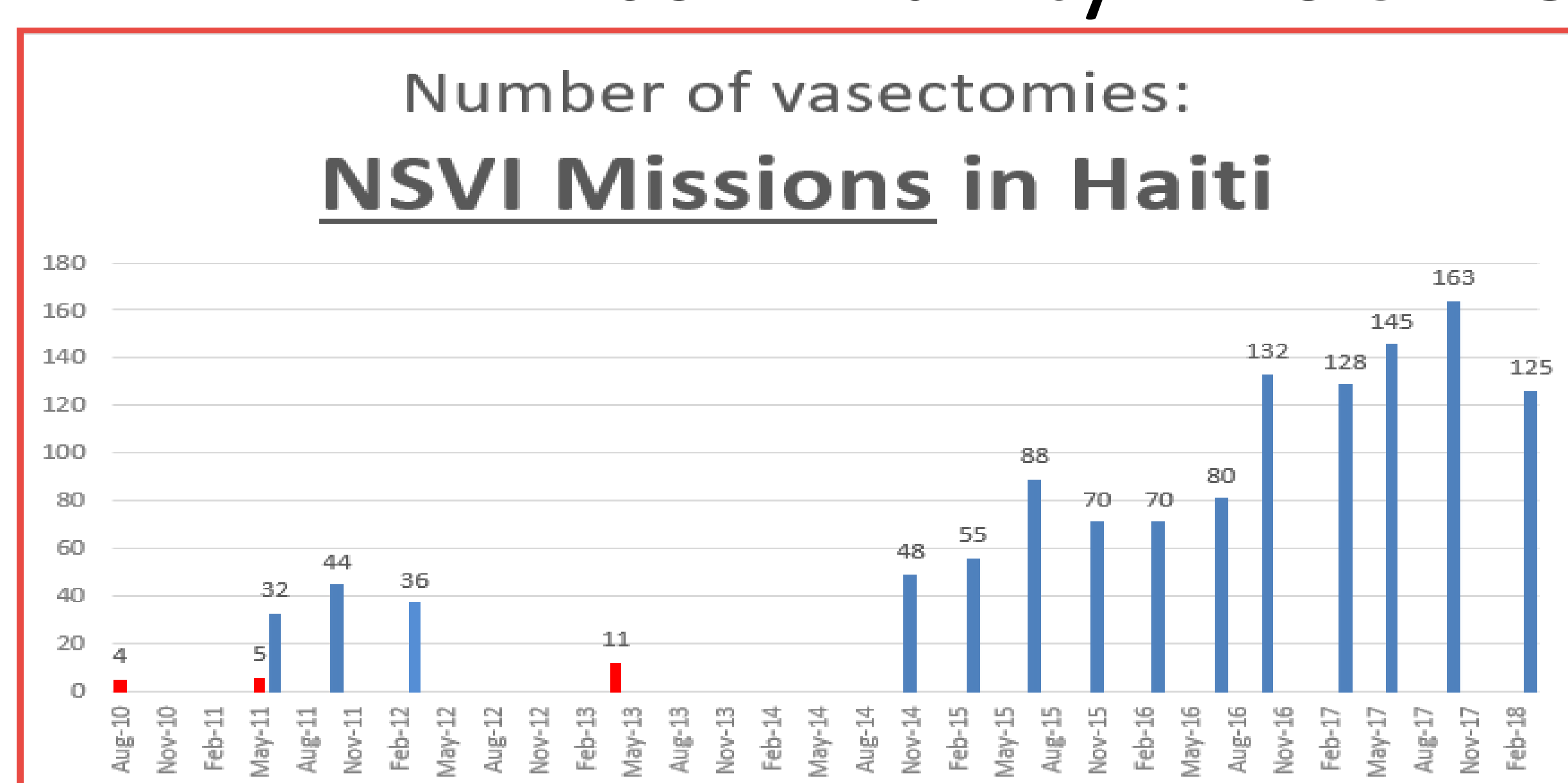
Program Intervention/activity tested: Periodic missions to Haiti

2010–2013: Education only → **LOW ACCEPTANCE**

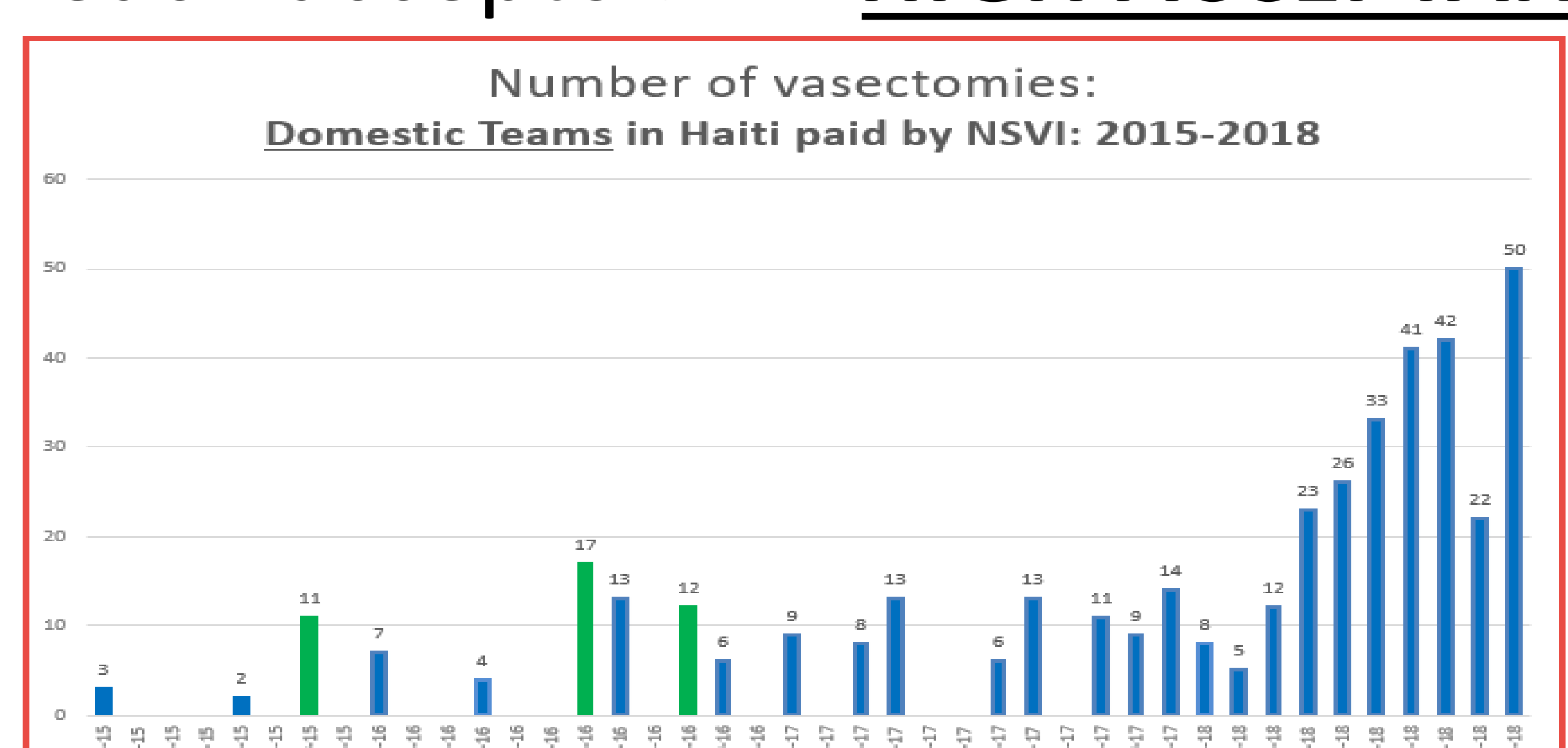
2014–2018: 1. Payments to ACCEPTORS for lost income and transportation.

2. Provision of BROCHURES and payments to

community EDUCATORS for each acceptor. → **HIGH ACCEPTANCE**



■ Southern Haiti: Education by CHWs. No income replacement or educator compensation.
■ Northern Haiti: INCOME REPLACEMENT and COMPENSATION for educators.



■ “OVERFLOW” from missions. ■ “INDEPENDENT” of missions.