



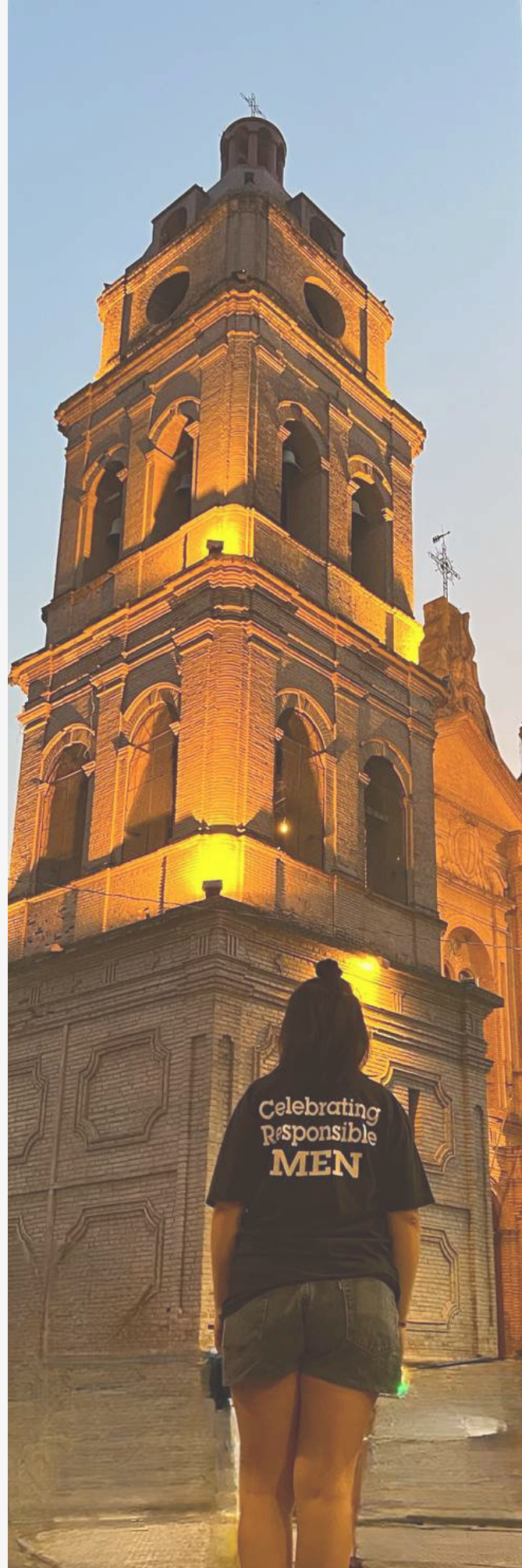
WVD ANNUAL REPORT 2023

OVERVIEW

This document summarizes and reviews the principal activities implemented during World Vasectomy Day 2023.

Between our core of 4 full time staff members, several part time employees, a team of 8 Regional Coordinators and an active and energetic network of enthusiastic and generous supporters, including men who have received vasectomies, doctors who provide them, students who are learning to become providers and the participation of institutions such as Ministries of Health and local, national and international NGOs, WVD continues to emerge, not only as global champions for male sexual and reproductive health, but as an innovative model for public health interventions.

Each year we choose a different country (with one repeat in Mexico, 2017 and 2022) that serves as headquarters for our global event and where we focus most of our time and resources. For this, our 11th year, WVD was based in Bolivia where we collaborated with the country's three most active NGOs dedicated to reproductive health, including CIES, Marie Stopes Bolivia and ProSalud, as well as the Ministry of Health, UNFPA and the Centro de Salud of Santa Cruz.



OUR 2023 HIGHLIGHTS

While Santa Cruz, Bolivia was our 2023 home base, as always, there were multiple programs taking place in different countries and regions throughout the world. One of our highlights was building a base in Zambia.

We organized a six week Act of Love Campaign in Zambia

This included a week long training mission (for five doctors) with **60 men getting their vasectomy**. We joined the Ministry's Technical Working Group for Reproductive Health. We presented on multiple radio and t.v. shows and put together a 25 member team of community health workers, 18 of whom have gone on to get their vasectomies. In total, in 2023, we did **191 vasectomies in Zambia**, while a year earlier, in 2022, only 7 vasectomies were reported.

Finding interest for men's reproductive health programs in Africa takes time, creativity and persistence, but due to our success in 2023, including confirmed participation from the Ministry of Health, we're excited to bring WVD back to Africa with Zambia serving as our **2024 headquarters**. The Children's Investment Fund Foundation has already agreed to support the project.

Overall, in 2023 we trained 13 doctors (8 in Bolivia, two of whom then went on to train 4 other doctors, and 5 in Zambia, for a total of 17 trainees

Recognizing the importance of a support team, we held workshops for nurses and medical staff in multiple institutions. Working within (and a bit beyond) the 'rules and restrictions' of each country, we brought over and donated **200 sets of instruments, 25 electrocautery units and 250 electrocautery tips, enough to do up to 5,000 vasectomies**.

Finding the **700 clients (500 in Bolivia and 200 in Zambia)** required for assuring a standard of excellence in our trainees, we formed partnerships with networks of local filmmakers and media outlets. Together, we produced over 100 short films, memes and messages that were shared online, on television and at live events. Using a communication strategy that combined media with live promotional events, in Bolivia alone, we inspired **1,443 vasectomies during WVD and over 3,600 more** throughout the year.



On an institutional level, because of lobbying efforts, Bolivia's MoH now includes vasectomy as a service that can and should be freely offered in public health facilities throughout the country. The decision to invest in institutional relationships at the Ministry level is a long-term strategy as we help inspire the creation of sustainable vasectomy programs that reach the widest audience possible. To that end, **in 2023, for the first time, we worked directly with UNFPA**, who helped coordinate our program in Bolivia. We are already exploring ways to deepen that relationship region wide. We also collaborated with FP2030, who generously hosted and produced an hour-long session during our 24-Hour Event. The panel included the participation of Julia Bulous, from the Bergstrom Foundation, Miles Kemplay from CIFF, Erin Mielke from USAID and Logan Nickels, Male Contraceptive Initiative.

WVD believes that doctors play a fundamental role in promoting vasectomies, especially in countries with low acceptance rates. With a vision towards the future, we strengthened our network of participating medical students including medical student associations in 6 African countries: Nigeria, Kenya, Rwanda, Uganda, Tanzania and Zambia. **Almost 500 students from 11 different schools participated in our quarterly webinars**, the 24-Hour Global Conversation and Vasectomy-athon and the annual Summit for Vasectomy Providers.

Our signature 24-Hour Global Event, launched from Santa Cruz in Bolivia, **took us to over 20 countries and gave a platform to 238 different speakers**. Topics ranged from funding efforts to women's roles to the intersection of religion and reproductive health. Speakers range from men and their partners choosing the procedure to representatives and leaders from the Ministries of Health discussing the challenges they face. This year WVD included representatives from Mexico, Argentina, El Salvador and Peru. As a result of the relationships established through our events, we are currently developing a new vasectomy program in El Salvador, and in early February, we signed a letter of intent to bring [WVD Headquarters to Argentina in 2025](#) as part of a three-year plan that will begin immediately with research, advocacy and training.

THEORY OF CHANGE/BUILDING MOVEMENTS NOT PROGRAMS

World Vasectomy Day has existed for 11 years and has successfully introduced its programming to over 20 countries on multiple continents. With little in the way of resources, but a deep well of creative energy and a strong commitment to social change, WVD set out to launch a movement that would grow over time rather than just producing public health programs that only exist as long as there is third party aid.

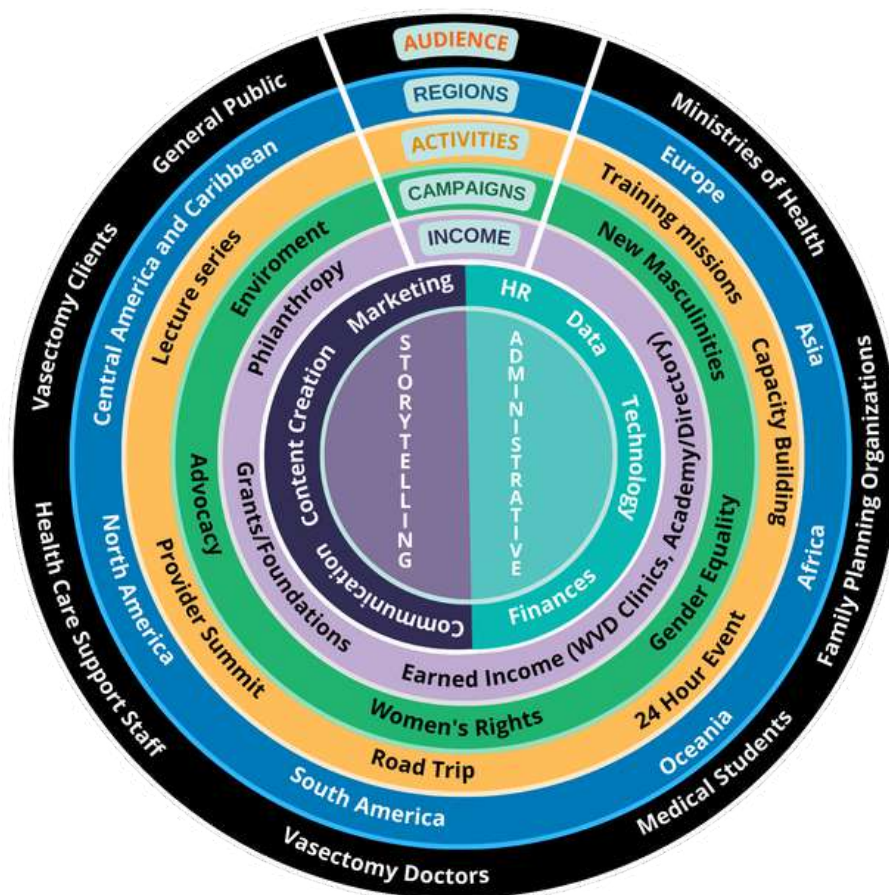
The key objectives for our movement are:

- 1 That men share equal responsibility for family planning.
- 2 That they have access to quality sexual & reproductive healthcare.
- 3 That they play a positive and active role in making families, societies and our future more just and hopeful.

To inspire this movement, we conceive doctors as key players in our story, not only providing expertise and sharing expertise with other doctors and medical students, but as advocates and champions in their own right.

Our intention - an intention not yet fully realized - is to work with the men who choose a vasectomy, and then aggregate, harness and channel the positive energy generated by these men into a collective movement for social good.

To make this possible, we continue to advocate for affordable and accessible care, provided through strategic allies including Ministries of Health and international, national and local NGOs that advocate for and provide reproductive health services.



The key to building a movement is constructing the narrative in such a manner that it attracts and channels energy towards ‘declared outcomes’. By keeping the circles rotating (figuratively speaking), we attract new doctors, clients, men and allies and over time, move them towards more robust participation. For example, doctors might begin their relationship with WVD as a guest attendee at one of our quarterly webinars.

Over time this could grow into being a donor, then into leading academic sessions and eventually even volunteering on missions. For men, that can begin with interest in learning more about vasectomy on our website, to using the directory to find the right provider, making an informed decision to get a vasectomy, sharing their experiences publicly and ultimately donating resources or volunteering time.

TURNING PASSIVE
CONSUMERS INTO
**ACTIVE, AND EVEN
VOCAL PARTNERS,**
IS THE KEY TO
BUILDING
**A SUSTAINABLE
MODEL OVER TIME**

THE SEED MODEL AND THE THEORY OF CHANGE

Our program structure is based loosely on Engender Health's three pillared Seed model. The three pillars required to launch and sustain a successful public health, or in this case, a vasectomy program include;

1. Supply through capacity building and training;
2. Supporting an Enabling Environment through advocacy and networking and;
3. Demand Generation campaigns that combine traditional storytelling with cutting edge interactive media technology.

See the full Theory of Change

THE TEAM MEMBERS ARE KEY

Recognizing that launching a movement promoting sterilization in men would encounter resistance - resistance grounded in a legitimate, and sometimes tragic history of human rights abuses - WVD's founder Jonathan Stack convinced many of the world's most passionate and skilled vasectomy providers as well as defenders of reproductive rights and leaders in public health advocacy to join in. All recognized that until and unless public health programmers are able to include men, the full potential and purpose of sexual and reproductive health programs would fall short of expectations.

Our foundational strength and our movement's frontline leaders are amongst the most passionate vasectomy providers in the world and are led by our three member organizing committee, including Dr. Doug Stein, co founder of WVD, Dr. Michel Labrecque, lead researcher and Dr. Esgar Guarin, acting director for the WVD Academy.

These three leaders form the core of our programming committee. For the third year in a row, WVD offered a quarterly webinar series and our annual half day Summit. Sanctioned by Laval University, each participating provider can receive a single CME credit per hour of programming, which includes 1 credit per lecture (3 per year) and 3 for the Summit for a total of 6 credits.

Webinar Series	Topic	Date	Facilitators	Attendance
	FREEZING SPERM: How Hot an Idea is it Really?	February	Dr. Martin Bastuba Guy Shepherd Mel Cohens Parker Olive	114
	Post-Vasectomy Semen Analysis: What's Up with that Lurking Sperm?	June	Dr. Jay Sandlow Dr. Melanie Atkinson Mathieu Boilard Dr. Donal Snyder Dr. Charles Monteith Happy Tahirih Kampire	284
	Vasectomy and men with intelectual disabilities	September	Dr. Kinda Abujbarah Erica Baron Dr. Steven Shu Dr. Doug Stein	267
	4th Annual Provider Summit	November	Dr. Alex Galante Dr. Doug Stein Dr. John Curington Dr. Nick Demediuk Dr. Chic Wilson Dr. Doug Stein Dr. Peter Schlegel Heather Vahdat Dr. Guillermo Ortiz Dr. Robert Kellar Dr. John De Caro Natalia Rivera-Sanchez	283
Total Attendance				948

World Vasectomy Day's quarterly webinar series, for doctors and medical students from throughout the world, are a crucial part of our community building strategy and bring together doctors and students from nearly 50 countries. These educational sessions serve as a vital platform for disseminating knowledge, sharing best practices, and fostering a supportive community among healthcare providers and address a significant gap in medical education and public health strategy.

Firstly, these webinars equip healthcare professionals with the latest techniques, research findings, and innovations in vasectomy procedures. This is essential for improving the quality of care, minimizing complications, and enhancing patient satisfaction. The comprehensive training ensures that practitioners are well-versed in both the technical and counseling aspects of vasectomy services, enabling them to support patients effectively in making informed decisions.

Furthermore, the webinars play a pivotal role in challenging and changing societal perceptions about male involvement in family planning. By educating doctors and medical students, World Vasectomy Day fosters a new generation of healthcare providers who can advocate for vasectomies not only as a safe and reliable contraceptive method but also as a means to promote gender equality and shared responsibility in reproductive health.

Lastly, these sessions facilitate a global exchange of ideas and experiences among professionals, creating a collaborative network that transcends geographical boundaries. This collective wisdom is instrumental in addressing common misconceptions, reducing stigma, and ultimately increasing the acceptance and uptake of vasectomies worldwide.

Backing up our leadership committee, The WVD Team includes three advisory boards, made up of key figures in the field of Medical, Sexual and Reproductive Health and Media. Group meetings are rare, but input from individuals occurs regularly throughout the year. With this exceptional network from nearly 2 dozen countries offering guidance and advice, WVD has gained the respect and credibility within the field of Sexual and Reproductive Health.



For all of the expertise we are honored to have brought on board, the actual hard work and daily grind of building a movement comes down to a small team of extremely dedicated individuals. The WVD staff consists of 4 full time staff members and 8 half year contributors. Team members live and work in 9 different countries and together speak 21 languages. Few started out as experts or specialists, but over time, through loyalty and love of our shared mission, they have become leaders in their own right. Weekly meetings (translated through closed captioning keep what is a geographically disparate group connected.

During the months and weeks leading up to our primary events we expand to meet the deliverables with between 25-30 staff members, including, during the final four months, the support of the Regional Coordinators.

REGIONAL COORDINATORS

Each year for the past 4 years, we've worked with the support of the Bergstrom Foundation to build a truly global team with representatives from Colombia, Mexico, Bolivia, Brazil, Zambia, Uganda and this year in Tanzania. With a few exceptions, these men and women have returned yearly to join our effort and are now part of the bedrock of our organization.

For 2023, we originally set very specific goals for each individual coordinator, but due to the ambitious agenda we had set and the opportunities that emerged unexpectedly, we asked all members to take on larger roles that spanned across countries and even continents.

This year, in some ways, we took a small step back from a global focus on key indicators, such as numbers of vasectomies and participating doctors, and put more attention in:

- 1 Deepening our relationship with Ministries of Health and major international organizations such as UNFPA and FP2030.
- 2 Putting in place systems to automate our work across languages and landscapes.
- 3 Building up the WVD Academy to be able to offer standardized high quality training opportunities.
- 4 Structuring our organization to be eligible to receive more programming resources, including increasing our focus in Africa.

To pursue these objectives, we worked intensely with our global team. We had originally intended to hire 6 regional coordinators and 1 supervisor, but by hiring several team members for shorter periods of time, we were able to bring 8 individuals on board. Given the challenges of working in two languages - Spanish and Portuguese in Latin America and English in Africa - and the volume of work, we decided to work with two part-time supervisors rather than one.

NAME	LOCATION	PRIMARY ROLE
Kizza Blair	Kenya and Uganda	Medical Student/WVD Academy
Ibrahim Nkonge	Uganda	24 Hour Programmer Establishing network in Uganda
Michael Mulusa (2 months)	Nigeria	Establishing network in Nigeria
Zulu Daliso	Zambia	Outreach and communications
Isabel Galeano (2 months)	Colombia/Tanzania	WVD Academy Coordinator
Ireland Adel Mendez	Bolivia	Production Coordinator
Bruna Honda (2 months)	Brazil	Doctor Directory
Maria Eugenia Vera	Mexico	Finances Office
Sheila Gabeya	Zambia	Co-Supervisor (English)
Silvana Resendy Birhuett	Bolivia	Co-Supervisor (Spanish)

THE BOLIVIA REPORT

In 2019, WVD initiated communication with partners at CIES and Marie Stopes, Bolivia, with the objective of integrating them into WVD's annual global celebration. Due to social upheaval, a planned trip to organize a workshop on demand generation was canceled. Then in November, 2021 WVD arrived in La Paz, Bolivia to lead an intensive capacity training program at Marie Stopes Bolivia, who in turn received financial support for the procedures through the Bergstrom Foundation. WVD trained four doctors during this event while performing 128 vasectomies.

Over the next month an additional 372 vasectomies were done to reach the total of 500 cases. Over the next few years, the four Marie Stopes' trained doctors in turn trained six other providers from the same organization, and since then, the number of procedures performed at Marie Stopes has tripled, while the cost to each patient has been cut in half.

In this same period, CIES began participating in WVD activities and received vasectomies support from the Bergstrom Foundation. This included engagement and participation in the annual WVD 24-Hour Global Celebration.

During the next three years, the number of vasectomies performed at Marie Stopes and CIES grew rapidly - from 741 procedures between both institutions in 2020 to 2,372 vasectomies in 2022.

Since WVD's virtual arrival in Bolivia in 2020 and our direct intervention in 2021, the number of vasectomies have risen in both organizations. On one hand, the training of doctors using WVD's technique has had an impact on men's access to the service; whereas before only urologists could do a vasectomy in Bolivia, now any 'trained' general practitioner can perform the vasectomy. And rather than requiring that procedures be done in an operating room environment under general anesthesia, today those procedures are being done in an office setting with local anesthesia. This shift has not only increased access, it has lowered the costs of this service for the organization and consequently, the price of the service for men.

With acceptance growing in Bolivia, on December 6, 2022, in a UNFPA-sponsored virtual meeting with more than 300 participants from the country's Ministry of Health and Sports, World Vasectomy Day shared a presentation covering the organization's history and mission, including our comprehensive training program offered through the WVD Academy. Following the meeting, UNFPA and the Ministry of Health and Sports invited WVD to train up to 15 doctors. This led to our decision to bring WVD's 2023 rotating headquarters to Bolivia.

Having decided to bring our work to Bolivia, in June, 2023, WVD approached PROSALUD, a third organization in Bolivia that provides health services nationwide and one of the most important in the country. We agreed to train two of their providers and in early September, WVD brought its Latin American trainer, Dr. Eloísa González, from Mexico to Bolivia. Despite concerns that there would be a shortage of clients, with WVD's support, over the course of the week, 168 patients participated in the training program. These two Bolivian doctors have trained 4 additional PROSALUD doctors as part of a secondary training program in November in Cochabamba. Once again, WVD secured financial support from the Bergstrom Foundation to subsidize these trainings.

Until WVD's intervention, PROSALUD had not offered vasectomy services. This year, vasectomies are available in five PROSALUD clinics in Cochabamba, La Paz, Oruro, El Alto and Santa Cruz.

Importantly, with an influx of men visiting the clinic, the demand for complementary health services for men increased and in January, 2024, PROSALUD opened a new portfolio of services called Men's Health. According to Martha Mérida, executive director of PROSALUD, this was a direct result of a strategic alliance with WVD that allowed them to see and take action in the face of a latent need in the men's health market. CIES has also opened a men's health clinic in La Paz.

THE MINISTRY OF HEALTH & UNFPA

While the role of the private and non-profit health sectors as innovators and early adopters for vasectomy programs is certainly crucial, to achieve scale and reach the widest audience in most countries, WVD focuses on supporting and empowering the public sector. In Bolivia, WVD joined forces with Dr. William Michel of UNFPA and his representatives, both from the Ministry of Health in La Paz and SEDES in SCZ, to begin preparations for the November 2023 campaign.

Working with these three partners, we established the following objectives:

1

Train four doctors in the public health system in no-scalpel vasectomy.

2

Introduce the no-scalpel vasectomy technique as developed by the World Vasectomy Day Medical Advisory team.

3

Train medical staff, including nurses and coordinate supply chain options.

4

Motivate and promote men's co-responsibility in the adoption of vasectomy as an act of contraceptive equity and familial love.

PROJECT IMPLEMENTATION

The Ministry of Health and Sports of Bolivia chose the city of Santa Cruz de la Sierra (SCZ) for training purposes and SEDES, SCZ agreed to serve as partners in the development of a pilot program. WVD met on multiple occasions with their representatives and visits were made to each of the following centers: El Tatú, Los Olivos, 10 de Octubre and Brígida. Doctors were chosen from each place. Both the visit to the centers and the selection of the doctors were overseen by the Ministry of Health and SEDES; the presence of WVD was to ensure that the places visited had the right conditions for the training.

The short-term goal was to build a successful program in all four clinics and eventually replicate the model, first in other health centers in SCZ and then throughout Bolivia. All parties agreed that the long term objective was to support the country's health system and turn it into a Center of Excellence for Vasectomy in the region.

PILLAR 1: GENERATE DEMAND

During September and October, WVD launched a series of public events, with appearances throughout the city. The following actions were carried out: activation in neighborhoods, markets, unions, soccer stadium, The work was



undertaken by a team of community outreach workers who mobilized throughout the city. They conversed with passers-by, met with neighbors and set up meetings at community centers. They exchanged ideas and criteria about vasectomy, its myths and barriers, and shared complementary brochures and offered a scheduling QR for those who were interested.

At the same time, WVD trained a team of local filmmakers who produced and edited 160 short films. More than 117 [memes](#) were designed on social media platforms that generated significant engagement.

Some of the videos produced by the team:

[Let's Talk About Vasec-to-my!](#)

[Vasectomy Decision](#)

[The Better Man Podcast.](#)

The response was exceptional, reaching 842,631 on Facebook with more than 6,465 interactions. In addition, in the weeks leading up to the November training program, WVD representatives appeared on more than a dozen radio and television programs, including major media outlets such as Unitel, Radio El Deber, Red Uno, Bolivisión, PAT among others.



The audio-visual materials WVD produced were then organized into "media packages" that are available for continued use in Bolivia. These packets are available to be distributed at the clinics chosen as testing locations. The materials can also be reused for future campaigns.

A team of five people was hired to be in charge of a platform that offered information to men interested in vasectomy, help schedule people who were ready to get a procedure and answer questions and respond to the needs of men and women. The material and interaction offered served to dispel common doubts about vasectomy, while demolishing myths and erroneous beliefs regarding this procedure.

To provide information and provide online scheduling for people who were interested in the no-scalpel vasectomy procedure, WVD hired a WEB platform as a CRM. The platform enabled the team to communicate confidentially and immediately with interested parties, provide needed information, and schedule an appointment. To do this, platform agents were hired who were totally dedicated to serving these interested parties in such a way that attention to each prospective client was personalized.

The WVD-trained staff scheduled virtual orientation calls for each man who wanted a vasectomy. Prior to the orientation, a video was sent to each man so that he could have more extensive information. Once all the points were clarified, potential clients were able to make a final and informed decision whether to proceed.

During the orientation process, some men who had heard that a vasectomy was 'reversible' changed their minds. Our team made it clear that vasectomies are not 100% reversible and that the decision to get a vasectomy should be considered permanent. Indeed, in Bolivia reversals are not available.

After the campaign, these same health workers contacted each man 7-10 days after their vasectomy to find out if they had any inconvenience or discomfort. Those in need were able to talk to the doctors who performed the vasectomy. Only 5 of the 193 vasectomized men reported any doubt or discomfort, the rest indicated that they were fine and did not require a follow-up visit.

WVD takes the position that reproductive health is a long-term commitment for men, where the relationship to fertility is transitory and changes over time. To that end, WVD not only promotes vasectomy, but emphasizes male responsibility in all aspects of men's reproductive health and overall well-being.

To that end, WVD's final event at SCZ was a Men's Reproductive Health Fair held on Saturday, November 18 at La Plaza del Estudiante, produced in partnership with the Faculty of Medicine of UDABOL. More than 1,000 people attended, including men and women, mostly between 18 and 25 years old. During the day



a wide range of information on family planning, responsible masculinity and public health was shared, as well as musical performances and entertainment.

Once again in 2023, WVD produced its exclusive global celebration and 24-hour vasectomy with presentations **from 258 men and women from 22 countries and more than a thousand visitors.**

Topics covered included the trend of more young men undergoing vasectomies who have no children, vasectomy reversals, and the relationship between population environment, and family planning. This event placed Bolivia at the center of a global conversation and movement about men and reproductive health.

A new highly popular event was the Vasecto-Comedy Special to launch the week long event.

PILLAR 2: TRAIN CLINICIANS

WVD has organized training programs in more than a dozen countries on five continents. Our members include many of the world's most committed and experienced vasectomy providers including urologists, general practitioners, family physicians, surgeons, gynecologists, and registered nurses. All the physicians who lead our mission are volunteers who strongly believe in WVD's mission.

Based on extensive experience in a dozen countries, WVD's panel of expert trainers has determined that a successful comprehensive training program requires that each trainee perform 30 or more vasectomies during the training.

Unable to obtain permission to organize the workshops in the four health centers of the Ministry of Health as originally conceived, the training program was moved to the CIES Main Clinic and Marie Stopes.



The training program was held from Monday, November 13 to Friday, November 17 from 8:30 a.m. to 5:30 p.m.

WVD's training program covers all aspects of service delivery, including instrument care and patient registration. In addition to training physicians, the WVD program also works with medical support staff. WVD has provided all the supplies required for the training, including instruments, thermocautery units, replaceable tips and supplies.

In anticipation of future growth in the country, WVD included a basic course introducing no-scalpel vasectomy to medical students. This year's hybrid event was held on November 9 with more than one hundred fifth-year medical students from the Gabriel René Moreno Autonomous University in attendance. The Spanish version was also attended virtually by 150 students and doctors from 13 other Latin American countries. The English version, produced on November 10, featured nearly 500 students from 12 medical schools in 10 different African countries.

To provide ongoing support to trained physicians, the WVD Academy offers several programs that run throughout the year, including membership in an online community of experts who share knowledge and experiences daily, a series of quarterly conferences covering a wide range of technical and ethical issues related to men's reproductive health, and an annual Summit held during the week of WVD celebration in November. All Bolivian doctors who participated in our program are invited, free of charge, to access this program.

PILLAR 3: SERVICE DELIVERY

Having successfully met the responsibilities and challenges of Pillar One (demand generation) and two (capacity building), it is only with the third pillar that a sustainable and scalable vasectomy program can be achieved.

Since the program began in Bolivia in early 2023, WVD has been working collaboratively with representatives from UNFPA, MSyD and SEDES to ensure that the goal – the logistical challenges of service delivery – are overcome and that men and families are offered ongoing access to affordable vasectomy services within the public health system.

This area has been challenging due largely to the fact that as an outside organization, WVD cannot fully understand the reasons or offer the solution. Whether it's a lack of coordination between different government agencies or simply a bureaucratic process that requires more time, there is still work to be done in this regard, and while it is not up to WVD to resolve the challenges of this pillar, our organization remains 100% committed to continuing to support the efforts of the government and the doctors who were trained.

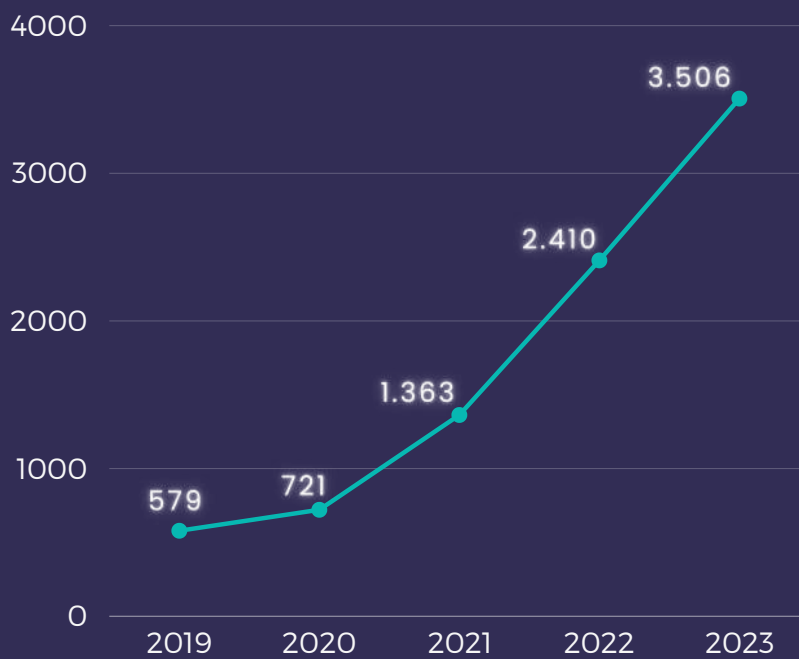
One potential hurdle that concerns all representatives is access to the equipment and tools needed for vasectomies. To meet this challenge, WVD has already agreed to supply the necessary material to launch the program.

CONCLUSIONS

World Vasectomy Day came to Bolivia to support the Ministry of Health and its partner agencies in providing quality vasectomy care to their citizens. Throughout the year, the organization a) trained physicians, b) designed, and implemented an innovative and ambitious demand generation campaign, c) provided equipment to perform more than 2000 vasectomies, d) provided assistance to hundreds of families, and e) worked diligently with the appropriate agencies to ensure a sustainable and scalable vasectomy experience.

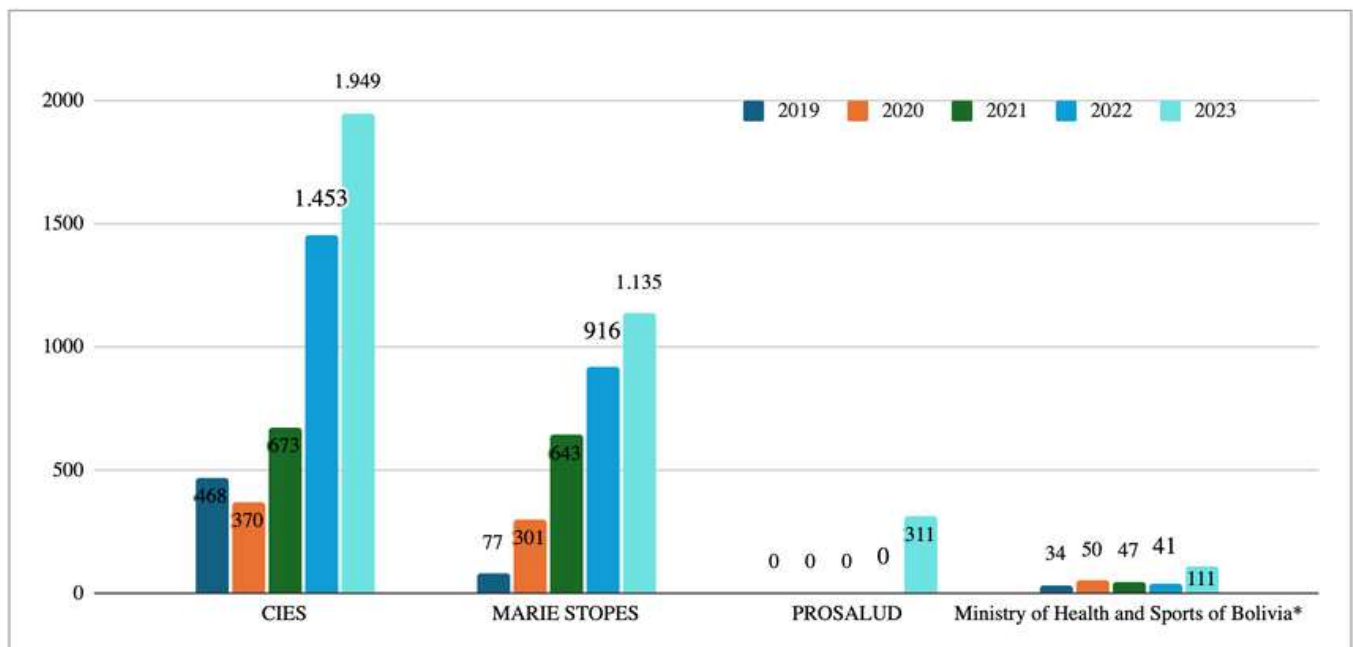
Unfortunately, as a result of an unanticipated and unavoidable political divide between the Ministry of Health and Sports of Bolivia and SEDES of Santa Cruz, the coordination and teamwork required to enact our shared vision was undermined. In response, WVD had to reconfigure its team and our strategy to achieve previously agreed upon objectives.

Although WVD managed in three years to help transform the status and availability of vasectomy services in the nonprofit sector, there is still much work to be done in the public sector. WVD remains 100% committed to achieving that goal.



Despite the challenges as a consequence of our work in Bolivia, over the past 4 years, the numbers of vasectomies nationwide has increased by over 500%.

Vasectomy growth in Bolivia



ZAMBIA REPORT

After the success of the March [Act of Love Campaign](#) (see report in attachments), a follow up program was launched on 28th September 2023 and ran until the 17th of November 2023, targeting seventeen districts in Lusaka and Chongwe and their respective number of respondents during the campaign. One came from outside Lusaka province. These areas were picked after careful analysis of their geographical settings, population and needs of the men.

We set a goal of one hundred vasectomies, but completed 124 vasectomies during the campaign. Additional reports were prepared by our regional coordinators in [Tanzania](#) and [Uganda](#).

As a result of the success in Zambia, despite limited resources, ClIFF interest in supporting our work in Zambia and in Africa increased greatly. We produced a proposal to that end, which has since been approved.

AGE GROUP

The average age group ranges between 31 – 84 years old. The numbers of children ranged from zero to eleven children, with the average age at 4.2

CAMPAIGN AWARENESS

We distributed 3,500 flyers and 1,500 brochures during our door-to-door campaigns. This resulted in 254 inquiries out of which 16 men came for vasectomy. During door-door campaign awareness, we handed out flyers and brochures to the men we met on the street and took time to introduce what a vasectomy is .

WORLD CONTRACEPTION DAY

WVD participated in World Contraception Day, which was organized by the Ministry of Health of the Republic of Zambia in Chongwe district on 26th September 2023. We distributed 75 brochures to men and some women who wanted information for their husbands. WVD counseled 6 men and 2 responded and chose to get a vasectomy.

Week ending	No. of Vasectomies carried out
28.09.2023 to 30.09.2023	12
02.10.2023 to 07.10.2023	17
09.10.2023 to 14.10.2023	10
16.10.2023 to 21.10.2023	27
23.10.2023 to 28.10.2023	21
30.10.2023 to 31.10.2023	18
03.11.2023 to 07.11.2023	19
TOTAL	124

FINDINGS

- Men don't have safe spaces where they can open up and feel comfortable enough to talk about sexual health. The more men-only dialogues we held, the easier it was for men to ask questions around vasectomy and sexual health. Thus, we need to create an enabling environment in which various men from all walks of life can thrive.
- Many men think vasectomy and castration are the same thing. It was important for us to be clear about the differences in both procedures. Having the chart to show where the vasectomy is done was very helpful.
- Working with trained Community Based Mobilizers who live in the same communities is effective. These are people who are known in the community and are easily identified within the community and as a result, the message was accepted and received because a “friend” had done it.
- Once a man signs up to have a vasectomy, he wants to get it over the next few hours and doesn't like to wait days. Each time the procedure was delayed whilst at the hospital due to backups, some vasectomy clients left and didn't return because of the long wait times.
- As we speak, Zambia has good problems. We have over 30 men that have registered and are in line to get vasectomies. This is testimony of the good word our champions are taking in communities.

LESSONS LEARNED

- ▶ The need to train more doctors to carry out vasectomies: Due to the unavailability of 4 out of 5 doctors we had earlier trained to perform non-scalpel methods, our stand out physician, Dr. Robert Kachacha was overwhelmed by immediate demand. . Furthermore, a single health center providing vasectomy is not enough in a community where more men and families are opting for the procedure. There is a need to train providers in other health facilities to cut down the distance men have to travel to get the service and to also cut down their wait time.
- ▶ Need to train more Community Based Mobilizers: The current crop of community based mobilisers did a commendable job, although we could have covered more ground and yielded more than 124 champions had we doubled the number of field workers.
- ▶ Need for a separate medical facility: Due to limited surgical space at UTH, we were largely inconvenienced in carrying out our objectives on time. There is a need to furnish and equip our own clinic in order to enhance fluidity of operations.
- ▶ Using other institutions' facilities proved to be time consuming and expensive as the champions were made to wait for long hours as the doctors attended to their patients before ours.
- ▶ Need to hire 2 interns to help with media duties: production of our work was slow because a single individual had to film, set up, edit and produce content.
- ▶ Need to make our campaign a perennial activity: In Zambia, keeping the conversation going with men is important, as it takes time for the messages to take effect. Working year-round would yield substantial increases in vasectomy uptake.

- ▶ Need to extend our programs to all the 10 provinces in Zambia and beyond.
- ▶ As we evolve into a Center of Excellence and serve as the host of World Vasectomy Day 2024, extensive work must be done in various provinces. There are calls by the general public to roll out this campaign to other areas of the country and the region. The fact that we had some people travel 590 km from Solwezi in NorthWestern, 420 km from Kitwe, Copperbelt and 2 men from Botswana and Zimbabwe respectively, shows the gap WVD needs to fill.

RECOMMENDATIONS

- Establish offices locally with a permanent address where men interested in vasectomy can come for information..
- Many were asking where the offices are found so that they could come for further information and counseling. WVD staff would either meet them at the hospital or follow them if they were free. Others were not willing to come to the hospital, as they wanted to keep the issue of vasectomy private.
- To scale the programme to reach the many other provinces that are underserved, a dedicated vehicle would expedite the WVD outreach.
- The programme needs to continue even after the campaign, even if it means having just one person per week for a vasectomy in order to prevent the message about vasectomy from dying down. Many men are still calling to get a vasectomy.
- WVD needs a clear follow up protocol for vasectomy champions so we can support clients with more information and post-vasectomy care services. After vasectomy, there is an opportunity to both follow up with the patient and identify any concerns, but also provide him with information he can, if willing, share with others.

- WVD needs a clear follow up protocol for vasectomy champions so we can support clients with more information and post-vasectomy care services. After vasectomy, there is an opportunity to both follow up with the patient and identify any concerns, but also provide him with information he can, if willing, share with others.
- There is also need to give assistance to those who may have prolonged healing periods due to repair of hydrocele and other related issues discovered during vasectomy, as some of these respondents do not have permanent or stable sources of income but live, survive and rely on hand to mouth lifestyle.
- WVD should put in place an incentive to make use of champions to bring other champions. This method proved very effective. Vasectomy awareness spreads like “bush fire” and very quickly when it is men who are bringing awareness to their fellow men and peers.
- Vasectomy programmes should be enhanced in Zambia and with the availability of support, and with the support of MOH mobile vans which will help WVD reach underserved communities.

RESEARCH

As World Vasectomy Day transforms from a startup company to an established organization, the value, importance and opportunities for doing thorough and innovative research have increased greatly. This exciting new work will be directed through our WVD Academy and overseen by different members of our Medical Advisory committee.

We are currently completing a IRB-approved research paper that was undertaken with Marie Stopes Bolivia and supported our own supervisory team, including Alison Hoover and Dr. Michel Labrecque. The paper should be completed and ready for publishing within the next six months.

As part of the 2023 deliverables, and done with the supervision of Dr. Labrecque and overseen by Lic. Silvana Resendy Birhuett, WVD produced a thorough report on the status of men and vasectomy. Data has been collected from the two training programs undertaken this year (at PROSALUD in September at CIES/MoH in November. [\(click to read\)](#)

For the 2024 campaign in Africa, we're currently developing tools to measure the core principle of our 'theory of change' - to what extent are we able to transform passive - albeit satisfied- participants, (i.e. clients or providers) into champions and activists. In essence, the key indicator we are measuring is what percentage of men who choose a vasectomy, become active advocates for the procedure, and to what extent.

The following diagrams contain the framework for that investigation.

GOAL: Engage men to increase their understanding about vasectomy and their role in family planning.

OBJECTIVE: Explore and test best practices for engaging men to transform them from acceptors to champions of SRHR, in targeted settings

Activity 1: Production of the playbook on male engagement and vasectomy in SSA.

Activity 2: Community-level participation and action

- Training vasectomy acceptors who become champions on how to deliver family planning education in the community
- Training of vasectomy providers
- Training ten community health workers to work alongside the champions
- Partnering with community members as consultants to tailor vasectomy promotion campaigns around their awareness needs
- Empowering community members (men and women) to take ownership and control of family planning campaigns to improve health and well-being through continuous health education

Activity 3: Creating health promotion materials

- Organizing men-only indaxbas (community meetings) twice a month to discuss men's role in family planning and enable champions to talk about their experience
- Creating radio and TV ads that target the middle-class with information on vasectomy and where they can find more information
- Media advocacy by hosting champions on radio and TV talk shows where they share their experiences.
- Creating flyers and brochures to improve health literacy.
- Organizing two mobile men-only clinics in 2024 with other implementing partners; one in Zambia and one in Uganda.

	Evidence	Indicator with targets	Data Collection Method	Data Source
1.	<p>What proportion of the 100 projected vasectomy acceptors are expected to become champions?</p> <ul style="list-style-type: none"> At the end of 2023, 21 percent of acceptors were champions in Zambia. 	<p>ZAMBIA</p> <ul style="list-style-type: none"> 15 percent of acceptors will become champions between February – June, 2024. 500 eligible men in the Central Province in Zambia will be reached during the campaign. <p>UGANDA</p> <ul style="list-style-type: none"> 10 percent of acceptors will become champions between February – June, 2024. 400 eligible men will be reached during the entire campaign. 	<ul style="list-style-type: none"> Registry Review Cross-sectional survey 	<ul style="list-style-type: none"> Vasectomy Provider Report Registry Number of men attending community dialogue meetings
2.	<p>How many men do the champions turn from non-use to intention-to-use if they reach 25 men in five months? (500 men in Zambia, 250 men in Uganda)</p>	<p>ZAMBIA</p> <ul style="list-style-type: none"> 40 percent of men go from non-use to intention-to-use (200 men). <p>UGANDA</p> <ul style="list-style-type: none"> 30 percent of men go from non-use to intention-to-use (200 men). 	<ul style="list-style-type: none"> Cross-sectional surveys done after start of awareness campaign Focus groups or natural groups 	<ul style="list-style-type: none"> Indaba attendance records (men-only meetings) recorded by the peer champions and WVD staff.
3.	<p>How many of those men reached by the champions will actually get vasectomies? (uptake)</p>	<p>ZAMBIA</p> <ul style="list-style-type: none"> 25 percent of men will go from intention-to-use to uptake. (50 of the 200 men) <p>UGANDA</p> <ul style="list-style-type: none"> 20 percent of men will go from intention-to-use to uptake. (15 of the 75 men) 	<ul style="list-style-type: none"> Routine service data 	<ul style="list-style-type: none"> Vasectomy provider inputs into health center registry and shares report of numbers with WVD.

ZAMBIA SUMMARY

2023

In 2023, we had 191 vasectomy acceptors – 62 vasectomies during the first campaign from February-March, and 129 vasectomies in the second campaign from September-November, 2024. Of these, 21 percent became champions (40 men). Not all men are actively working as champions; some of them have only talked to their inner circle, while others have organized community-based men-only meetings.

2024

In 2024 from February to June, we are targeting 100 acceptors and we expect 15 percent of these acceptors to become champions.

The champions will each reach out to five men every month between February and June making it 500 men total. We expect 40 percent of the men they reach to go from non-use to intention-to-use, and 25 percent of those to go from intention-to-use to uptake.

UGANDA SUMMARY

2024

In 2024 from February to June, we are targeting 100 acceptors and we expect 10 percent of these acceptors to become champions.

The champions will each reach out to five men every month between February and June making it 400 men total. We expect 30 percent of the men they reach to go from non-use to intention-to-use, and 20 percent of those to go from intention-to-use to uptake.

TOWARDS SELF SUSTAINABILITY AND AUTONOMY

When we first launched in 2012, there was a decided lack of interest in male engagement in family planning both amongst funders and major institutions, including most Ministries of Health. The general perception - repeated on multiple occasions by different people and organizations - was that when it comes to family planning, men are not a good 'return on investment'. Although limited funding and interest has had its challenges, it also created an opportunity for WVD to play an outsized role for a small NGO on a global scale, while still developing its long term game plan.

Over the years, WVD has attracted and generated increased revenue, including more individual donors and two major investors, including DKT, who donated \$200,000 per year for the past six years and CIFF, which has now committed to \$440,000 over the next 2 years. The Bergstrom Foundation, with an investment of \$25-40,000 per year since 2019, has also been a consistent and welcomed supporter of our work. In addition, the number of individual donors has grown, and the total amount has now reached over \$40,000 per year.

Notwithstanding, to achieve WVD's ultimate objective goal of building sustainable vasectomy programs, in 2024 we are launching our first vasectomy and reproductive health clinic in Zambia. Opened in partnership with Dr. Robert Kachacha, the clinic will offer reproductive health services for men, including vasectomy. We are aware that the vasectomy component of the practice will need to be subsidized, but the clinic itself will generate revenues in other areas and it will also serve as our main office for WVD 2024.

In fact, the main reason to build a brand of male focused reproductive health services is because to date there is no institution in Zambia, or for that matter in most of Africa, where men can feel comfortable finding clinics that take into consideration their own particular needs. We will work to create a model male focused reproductive health program that might evolve into a Center of Excellence for Vasectomy in the region, and a model to expand to other countries in Africa.

KEY INDICATORS:

VASECTOMIES & CYPs

We set goals each year based on the previous year's achievements as reported by our partners. Despite efforts and tools for measuring numbers, in 2023, the commitment to get more doctors to actually register their numbers remains challenging. With institutions such as ProFamilia in Colombia or the MoH in Mexico, the numbers are accurate. When it comes to private sector data, it's at best incomplete.

We distributed a simple Google form amongst our participating providers and organizations requesting numbers of vasectomies done as part of the WVD Men's Reproductive Health celebration, but we will have to continue to encourage individuals to take the time to fill them out.

This year's goals are based on estimations from previous year's achievements as reported by our partners.

Country	Numbers of vasectomies 2022	Numbers of CYPs 2022	Numbers of vasectomies estimated 2023	Numbers of CYPs Achieved
Australia	1,419	14,190	1,500	15,000
Argentina	20	200	40	400
Bangladesh	283	2,830	300	3,000
Bolivia	745	7,450	1250	12,500
Brazil	17	170	100	1,000
Canada	2,167	21,670	2,500	25,000
Chile	13	130	25	250
Colombia	2,211	22,110	2,000	20,000
Costa Rica	2	20	10	100
Ecuador	146	1,460	200	2,000
France	21	210	50	500
Germany	21	210	50	500
Guatemala	82	820	100	1,000
Ghana	3	30	5	50
Haiti (Cap Haitian)	38	380	75	750
India	509	5,090	560	5,600
Ireland	372	3,720	400	4,000
Kenya	261	2,610	250	2,500
Mexico	13,793	137,930	8,500	85,000
Nepal	63	630	50	500
New Zealand	31	310	40	400
Nicaragua	0	0	10	100
Papua New Guinea	125	1,250	125	1,250
Panama	6	60	10	100
Paraguay	9	90	20	200
Peru	79	790	100	1,000
Philippines	93	930	100	1,000
Poland	214	2,140	225	2,250
Rwanda	10	100	10	100
Spain	24	240	25	250
Tanzania	2	20	4	40
Uganda	14	140	100	1,000
UK	312	3,120	400	4,000
United States	1,297	12,970	1,400	14,000
Uruguay	0	0	5	50
Venezuela	26	260	25	250
Total	24,428	227,180	20,564	191,245

NEXT STEPS/NEXT PLACE

Working directly with Ministries of Health presents unique challenges. Changes in personnel, lack of capacity, and political opposition and inertia can undermine a lot of well-spent time and resources. In that regard, we learned many lessons in 2023 that are already serving us well in 2024. We are moving ahead cautiously in Argentina with agreements being drafted which will be signed by the Minister of Health for the Province of Buenos Aires.

Here is a copy of the letter sent in English. .

It's with great pleasure that after considering multiple options throughout Latin America, the World Vasectomy Day team has chosen Argentina as host nation for our 2025 headquarters.

It is never an easy decision, but the passion, the commitment to innovation and the collaborative spirit you and your team have exhibited as well as the changing attitudes and increasing acceptance for vasectomy amongst the male population of reproductive age in your state, assured us that together we can achieve great things.

To serve as WVD host is a multi-year commitment to work together to leave in place a viable and sustainable vasectomy program that provides the highest standard care to men in Argentina.

Furthermore, WVD programs not only emphasize quality vasectomy services, but gender equity as well as reproductive rights and conscientious environmental stewardship. By empowering men as partners, we inspire positive masculinity and healthier communities.

The three years are broken down in the following manner:

Year 1:

- Academic protocols and market research
- Write long term objectives
- Design a program to match those objectives
- Develop a communication strategy
- Select influencers
- Organize training programs
- Secure official permissions and agreements.
- Organize celebration during November,
- WVD 2024 event to make global
- Announcement during WVD in Zambia.

Year 2:

- Organize lead up events during the year to raise awareness about the event.
- Produce and release media required for building demand.
- Link Argentina's program with countries around the world
- Organize additional training programs as needed.
- Choose 'champions'
- Publish any research studies undertaken.
- Host WVD events the month of November, culminating on the 24 Hour Global
- Celebration and Vasectomy-Athon on November 21st.

Year 3:

- Most year 3 programs are determined by the host nation and their priorities.
- WVD will continue to supervise and support, but the day to day work will be primarily undertaken by the host.
- WVD will work to consolidate the host nation as a Center of Excellence for other parts of the country, and where possible, other countries in the region. Spread program to new parts of the country of state.

While WVD is committed to work together, the final determination for our full participation will only be made once a written agreement is signed by both parties. That said, we are excited and confident that together we can bring positive change to your country and much needed services to the families you serve.

FOR WVD, THE CHANCE TO BUILD A VASECTOMY PROGRAM, HAND IN HAND WITH THE THIRD LARGEST COUNTRY IN SOUTH AMERICA IS CONFIRMATION THAT OUR VISION FOR ENGAGING MEN AS PARTNERS IS SUCCEEDING.



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