BUILDING CAPACITY FOR QUALITY VASECTOMY SERVICES IN BURUNDI

TECHNICAL BRIEF | AUGUST 2017

BACKGROUND

Vasectomy is a minor operation for male sterilization that involves cutting and blocking the vas deferens duct which transports sperm from the testicles. The entire procedure takes approximately ten minutes to perform in a doctor’s office, and requires only local anesthesia administered via micro-needle. Latest techniques use a hair-width needle which causes less pain, anxiety and "stinging" than previous methods. Most men feel that "it is less bad than going to the dentist!" Vasectomy is a relatively simple, safe and inexpensive procedure. Yet it is extremely effective and involves no known health risks or impact on sexual vigor.

Vasectomy has been offered as a voluntary permanent contraceptive method for more than fifty years. The method became popular in large countries such as the USA, China, the United Kingdom, and India, with approximately 5.5 million procedures performed between 1965 and 1970. During the 1970s and 1980s, vasectomy was introduced in other countries, particularly in Asia and Latin America. In some places the practice declined as additional long-acting and permanent contraceptive methods became more widely available, including female tubal ligation. With support from international agencies, vasectomy programs were introduced in Africa as well, including in Burundi in 1970, in Somalia and Rwanda in 1968, and in the Central African Republic in 1983.
AIMING TO MEET FP2020 COMMITMENTS

The Family Planning 2020 (FP2020) movement began in 2012, when more than 150 political, scientific and public health leaders convened in London and pledged to provide access to voluntary contraception to 120 million women from the world’s poorest countries by 2020. During the meeting, the Government of Burundi committed to reposition FP as a national priority and increase contraceptive prevalence among married women to 50% by 2020. In addition, the Government of Burundi committed to expand access to FP services; increase public-private partnerships; train health workers on the delivery of permanent, reversible long-term methods; and raise awareness of the importance of FP. In 2014, with the objectives to reduce the unmet needs, the Government supported capacity building for 27 doctors and 27 nurses working in vasectomy procedure rooms, as well as 14 doctors and 14 nurses on tubal ligation. Together, capacity building, demand creation, and expanded availability of “FP services for men” can increase modern contraceptive prevalence and help Burundi reach its FP aims.

Vasectomy among the FP package offered in Burundi

The Government of Burundi has taken a strong role in committing to both FP overall and vasectomy specifically. Demographic pressures necessitated FP scale-up and expanded methods to meet ambitious targets.

With financial support from its historic partners, since 2014 the Government of Burundi has continued developing the capacity of a pool of doctors and nurses in vasectomy services. The Government’s commitments were followed by participation and support from its partners, including the United Nations Population Fund (UNFPA), to train numerous doctors and nurses.

USAID Integrated Health Project contribution

Per national guidelines, all family FP methods should be provided in health center and/or district hospitals. However, the project’s baseline assessment, Service Availability and Readiness Assessment (SARA) has found that required FP methods were not available in many intervention areas in health centers and district hospitals. For instance, FP methods were available in less than 80% of health centers in Kayanza, Gahombo, Kirundo, and Gashoho health districts. Also, Gahombo and Kirundo District Hospitals did not offer any FP methods. Vasectomy and Female Sterilization, which should be offered in district hospitals, were only provided in six of nine hospitals that were assessed. The lack of FP methods available may have reduced access to and use of FP in the 12 districts.

Thus, IHPB joined this effort to contribute to the Government of Burundi’s commitment and capacitated additional five (5) physicians and five (5) nurses in vasectomy procedures. Additionally, IHPB followed up widely the support for FP in general with a series of trainings for 2,049 community health workers (CHWs) from the 173 health facilities in which the project intervenes to support distributing contraceptives and increasing community awareness and uptake of family planning.

IHPB supported 12 health districts to build staff capacity and raise awareness about family planning, including vasectomy

IHPB has then helped to strengthen local capacity in vasectomy in Kayanza, Kirundo and Muyinga health provinces. Eleven doctors and nurses were trained by the project and currently work at Kirundo, Mukenke, Giteranyi, Gashoho, Kayanza, Musena and Gahombo District Hospitals.

IHPB has also helped increase community awareness and demand for FP methods. Altogether, this heightened demand and local capacity are helping increase uptake of vasectomy procedures, particularly in areas with large families and socio-economic difficulties. Between October 2016 and March 2017, IHPB trained providers who performed 192 vasectomies all over IHPB districts.
IHPB strengthens the Burundi health system to contribute effectively to family planning

Since its inception IHPB has sought to strengthen provider capacity in family planning through training and supportive supervision sessions. These include training on modern contraceptive technology and youth-friendly FP/RH services in Muyinga and Kirundo provinces. The latter included a five-day training on more key concepts and vulnerability factors among adolescents and young people, RH and demographic challenges in Burundi; adolescent and youth sexual and RH rights; and contraceptive methods. At community level, IHPB trained CHWs on RH which enabled them to provide counseling on and offer FP methods, including condoms and oral contraceptives. HPTs provide injectable contraceptives in the community and referrals to HCs for long-acting and permanent methods (IUD, implants, tubal ligation and vasectomy). Many awareness theatre sessions and integrated mobile team activities have been conducted at the community level.

Despite the training of doctors and operating room nurses in some hospitals in the IHPB intervention area, the rate of vasectomy performed did not increase. In addition, several of the doctors trained in 2014 in the IHPB intervention provinces had already left the hospitals where they were trained. IHPB, in 2016, intervened in the training of new units in these hospitals which no longer had staff trained in vasectomy, and 5 doctors and 5 nurses from the hospitals of Kayanza, Musema, Kirundo, and Gahombo received training. It also plans to support the movement of teams trained in vasectomy to perform Vasectomies in CDS, a new approach that will achieve the maximum number of customers while shortening the journey for the latter.

Currently, with the decentralization and integration of services aimed at equitable access to service and care, the availability of FP services and vasectomy is a reality. It should also be noted that this availability is currently known to users and the community. Some indicators are rising and even that of the couple year protection despite a period of fall following rumors that have circulated since 2015.

LEARNED LESSONS

Vasectomy has become increasingly interesting and more solicited

The beginning of the awareness of men in the management of the birth rate follows the sensitizations and the frequency of the side effects of the other methods contraceptives used by the women lead the men to more solicit the vasectomy.

Vasectomy is less painful and is accompanied by less bleeding. A study sponsored by FHI in several countries found that out of 1,428 randomly selected men (705 with SSV and 723 with traditional incision), only 10 men in the VSS group versus 67 in the traditional group had had hematomas (blood clots), and only an infection at the puncture against eight at the incision. The group that had undergone VSS suffered much less.

4 main reasons why it is solicited are following:

- It is a very simple and not painful operation. At worst, it will cause a slight discomfort for a few days;
- It is the safest contraceptive, if you are sure you do not want (or more) children, that can fight quickly against...
the monstrous observed population growth;
- It does not interfere with sexual intercourse, with the ability to have an erection, with libido or the possibility of reaching orgasm;
- You can resume your sex life one week after the operation.

Respect of consent and rejection of incentives

As with other family planning methods, vasectomy is a voluntary act, a decision by the couple to limit the size of their family. Indeed, a consent form must be duly completed and signed by the client, accompanied or not with his spouse. Incentives have no place for fear of regrets or movements of claims of justice as has been in many European countries. It is besides the requirements of the Government of Burundi and the donors of IHPB.

Worthy partnership with district and comprehensive strategic recommendations

In its perspective, IHPB will continue to support FP and vasectomy activities in its area of intervention to help Burundi’s government meet its FP goals. Since the PF indicators are at a low level in its area of intervention, IHPB is considering adopting the strategies needed to trace improve these indicators.

- IHPB has trained all CHWs, HPTs and the bulk of providers in the 12 districts in its FP intervention area, and the exploitation of its human resources assets will contribute to the achievement of targets. Integrated supervision, advanced vasectomy strategy activities, meetings with the involvement of the administrative staff and the basis of male sensitization on methods are recommended strategies to the districts.
- Capitalizing on the existing commitment to generate demand for vasectomy through various channels of communication, particularly radio, to disseminate accurate information about vasectomy, particularly to the subjects of method safety and its effect on virility and physical strength.
- Engage and support champions of vasectomy among religious, political and community leaders, health providers, community health workers, and clients satisfied with the vasectomy.

Vasectomy clients’ success stories and feed-back

Bizimana Frederic, Cultivator, Gasuru Sub-Hill, Kinga Hill, Zone-Commune-Province Kayanza, February 2017: “I know the contraceptive methods such as injection, pills, IUDs, condoms as well as permanent male contraception. My wife and I have used some a lot since our first-born in 1997. We had the 2nd child in 1998, and this non-spacing in difficult financial circumstances led our child to develop kwashiorkor. My wife had started using pills but with side effects and terrible pain during intercourse. She changed and took injections until 2013, but we were not successful. We had our 7th child. We said that we had to stop making children by taking a permanent contraceptive method and my wife wanted me to accompany her. As I noticed the side effects and pain she had endured, also because her health has become increasingly fragile with already 7 pregnancies, I offered to take a permanent male contraception myself regardless frightening rumors and beliefs that it was downright castrating the man. The main reason for my vasectomy was the fact that I had more unplanned children (7 children when we wanted just 5); while my wife and I are still very young (she’s 35 years and I 40 years today) with the risks of making other children. Moreover, I realize that I have increasingly very little financial resources to raise them"
Ndikumana Simeon, Cultivator, Kavoga Sub-Hill, Gwegura Zone, Muruta Commune, Kayanza Province, February 2017: "There is a demographic increase in my country. I have nine children today. I was 43 years old at my last child. With 47 years old today, I am afraid to continue making children. My wife is a Christian of the Pentecostal Protestant Church and does not want to take any contraceptive method. Since the 5th child, I begged her but she refused. She is still very young: I married her at 19. She was 38 years old when she got her 9th pregnancy. I was surprised and not happy. I decided to take myself a method for men. It was the CHW of Kavoga who told me that a permanent contraception for men existed. I visited him again so that he explained well and he referred me to Kavoga health center where the chief nurse explained everything to me. I felt reassured. Back home, my wife did not agree at all. I explained to her that I will do it for our good. Indeed, for some time, she was sick from successive pregnancies. She also had tuberculosis and I could no longer see her suffer more. Also, I was tired by the housework alone. Later, my wife agreed that I take it myself. I was then accompanied by the CHW at Kayanza Hospital. There, they welcomed me, and put under anesthesia. The operation took an average of thirty minutes. It was not at all painful. I went back home and, 4 days later, I could go into the fields again. It was after 30 days that I started to re-engage sex normally; I find more enjoyment than before, I even double the time of enjoyment. I no longer feel any pain in my spine after intercourse when before I suffered terribly. I did the vasectomy for free, but after the good effects on me, I would even be able to pay the fees if asked."

REFERENCES

- IHPB Y2&3 Annual Reports via http://pdf.usaid.gov/pdf_docs/pa00mb9h.pdf
- IHPB October-December 2016 Quarterly report: 69 CHWs were trained last year on the community-based distribution of contraceptives and 2037 CHWs were trained during the last quarter on promotion of FP at the community level
- IHPB Service Availability and Readiness Assessment
- IHPB House Holds Survey

ADDITIONAL INFORMATION