

## 5 Autonomy and awareness

# Peer educator training on sexual and reproductive health and rights of people with disabilities in Burundi



**Geography and scale:** Burundi; provinces of Mwaro, Muramvya and Gitega

**Type of disability:** All persons with disabilities with a focus on youth (10-24 years old)

**Involved actors**

- National Program for Reproductive Health, Ministry of Health of Burundi
- National Union of Burundi for people with disabilities (UPHB)
- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
- Local health centres (14) and associations for people with disabilities
- Province and district health management teams
- Specialized educators for people with disabilities
- Youth with disabilities



**Best practice description**

Youth with disabilities were trained to become peer educators in sexual and reproductive health and rights (SRHR) of people with disabilities. The training was implemented in 2021 by UPHB in collaboration with GIZ. Peer educators then hold informative sessions for youth with disabilities in specialized centres and inclusive schools. SRHR are promoted among youth of different faiths and settings, depending on their specific needs and age groups. Key contents include SRHR, sexually transmitted diseases, contraception, body changes, physical, psychological and sexual violence, etc. Healthcare providers and other partners in the project area also participated in trainings about inclusive health for people with disabilities.

**Origin / impetus for best practice**

- In 2020, centres and associations for people with disabilities were identified in the provinces of Mwaro, Muramvya and Gitega to assess SRHR needs regarding health information and access to health services. This mapping and assessment was conducted by GIZ in collaboration with UPHB.
- People with disabilities in Burundi have poor access to SRHR education and are exposed to abuse. The specific needs of people with disabilities are not taken into account in health structures. There is a lack of health worker training on disability and SRHR, as well as a lack of adequate educational materials. In addition, health facilities have poor physical accessibility and health care providers tend to have discriminatory behaviour towards people with disabilities.

**Impact / results of implementing best practice**

- Improved knowledge of SHRH among youth.
- Training of 90 peer educators on SRHR.
- 52 information sessions on SRHR held by peer educators, reaching over 1500 youth with disabilities.
- Training of 43 healthcare workers and 2 partners on inclusive health for people with disabilities.

**Critical success factors for best practice**

- Youth with disabilities as peer educators on SRHR.
- Topics covered and training methodology.
- Follow-up of peer educators after training and management of peer educators' turn-over.
- Collaboration with religious leaders, as they are the main support of organizations for people with disabilities.
- Funding from an international organization for SRHR and disability inclusion.

**Impact statement**

• A course on SRH was organised involving people with disabilities. Their participation is a first. Thanks to the training and contacts with the specialised structures, we are thinking of involving people with disabilities in our awareness-raising activities on SRH", Gaudence (caregiver, Fota)

**Lessons learned**

- Collaboration with SRH stakeholder networks will help to reach people with disabilities in the community.
- Commitments made during training should be implemented and awareness raising activities monitored.
- Future needs include provision of accessible equipment, refresher trainings, and experience sharing between stakeholders and other actors.

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| <b>Sources</b> | <ul style="list-style-type: none"> <li>• Training guide for providers in inclusive approaches, 2021, UPHB (Internal use)</li> <li>• A Victorious Youth, Sexual Health and Reproductive Rights Education Guide, 2017, GIZ</li> </ul> |
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| <b>Further links &amp; information</b> |  |
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