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June 2022

Research brief

Barriers to accessing sexual and reproductive health, family planning and safe abortion services for persons with disabilities and vulnerable groups in Kinshasa, Democratic Republic of Congo

Knowledge about the barriers to accessing health care for persons with disabilities and vulnerable groups has increased significantly in recent years. However, the availability of data is still a challenge in many countries. In the Democratic Republic of Congo (DRC), the lack of data makes it difficult for government and partners to have clear strategies to facilitate access to health care for persons with disabilities, particularly in sexual and reproductive health and family planning (SRH/FP).

To address this gap, Options conducted a study from December 2021-January 2022 to explore the barriers persons with disabilities and vulnerable groups[1] encounter in accessing sexual and reproductive health services, and the context in which SRH/FP services are offered to persons with disabilities. This brief presents a summary of the main findings from this study and appropriate recommendations to different actors working in the SRH/FP sector in DRC.

The study

The study was the result of different conversations Options held with the Ministry of Health as part of the WISH programme on the need for better insights into access to SRH/FP services amongst those with disabilities and the most vulnerable in society.

The School of Public Health in Kinshasa was commissioned to undertake this study, which involved a literature review of existing standards, guidelines and regulations related to access to care for persons with disabilities and semi-structured interviews with 30 key informants, including persons living with disabilities, street children, orphans, persons living in poverty and persons working in the field of support workers and carers (carers include also family members) of persons with disabilities. The research was conducted in Kinshasa, the capital of the DRC, between December 2021 and January 2022.

Main findings

1. **Persons with disabilities and other vulnerable persons have limited knowledge regarding SRH services and products, including FP and safe abortion, and where they can access them.** The main causes cited by participants were:

    - The messages around SRH/FP and the means of dissemination are not tailored to the needs of persons with disabilities or other vulnerable groups. For example, participants mentioned the need for more materials in braille.

- Knowledge and information are often given (and mediated by) parents/carers for persons with disabilities. For example, many orphanages are run by Catholic organisations. While they do provide some family planning advice, this does not extend to the provision of, or signposting to, SRH/FP services.

2. **Many participants did not believe in using FP services because of their social and religious beliefs.** The vast majority of them did not agree with abortion.

3. **Some participants reported feeling stigmatised by SRH/FP service providers.**

   "Once I went to buy a condom for a friend, the lady in the pharmacy who was selling it, she asked me why I was looking for it, she said be careful, we all pay for our sins. I told her it was not for me afterwards, moreover I told the woman that in my head I thought it was a medicine when my friend asked me for this service. Afterwards she sold me the condom."

   Male participant, 21, with cerebral palsy

4. **The urban environment was not the primary physical barrier to accessibility as reported by participants.** The main access problems are associated with the geographical distribution of health services.

5. **However, physical accessibility is not optimal and the service delivery points and existing infrastructures do not respond to the needs of persons with disabilities** (e.g., no ramps or texts in braille).

6. **Financial inaccessibility to health care, although affecting the general population, is more pronounced among persons with disabilities and vulnerable groups, as most of them are unemployed and depend on their families or households, in a context marked by poverty and socio-economic constraints.** Although practices to support vulnerable persons, such as health insurance and reduced prices for health services and products exist, many perceive that these practices are not respected or applied uniformly throughout the city.

7. **Most disabled and vulnerable persons do not make the decision on whether or not to use SRH services and products. Family members or care providers decide for them.** This is due (in part) to the perception that persons with disabilities and other vulnerable groups do not have an understanding of their own SRH needs or of the risks and vulnerabilities they may confront.

8. **Vulnerable groups, including persons with disabilities, have the perception that there are no government structures in charge of supporting them.** This is linked to the lack of laws and guidelines in favour of vulnerable persons or persons with disabilities.

Summary of recommendations

- Develop or adapt the national strategy for the provision of SRH/FP services and safe abortion to persons living with disabilities.
- The Government, through the National Reproductive Health Programme and partners, should adapt the construction standards of health facilities to the needs of persons with disabilities.
- Emphasise person-centred quality services during providers training and through coordinating governance structures. Ensure this includes a focus on bias and equity and equality in service provision.
- Advocate with the government, the National Assembly and the Senate to draw up or revise laws, directives and regulations in favour of vulnerable persons through governance and coordination structures.

- Mainstream essential services, including those related to SRH, in all health areas and put in place strategies to enable the population to locate them easily (signs or signposts on the main roads) and accessible information in the local community media.
- Inform and sensitise healthcare professionals about the rights of vulnerable persons, particularly persons with disabilities, to make informed choices and the importance of respecting their decisions, autonomy and dignity.
- Increase the exposure of vulnerable persons, especially persons with disabilities and their carers, to messages on SRH services. The means of dissemination and content must be suitable and tailored to different audiences. Future messaging can build on the accessible communication guidance produced by Leonard Cheshire under the WISH programme.

References

1. The definition of vulnerabilities was informed by both the WISH programme strategy and data from DRC. For the purposes of this report vulnerable includes street children, orphans and those living in poverty.

About WISH

The Women's Integrated Sexual Health programme (WISH), funded by UK Aid, is expanding sexual and reproductive health care services in 26 countries across Africa and Asia and strengthening national stewardship for delivering these services into the future. As part of this programme, Options leads the enabling environment component in 10 countries. We work directly with government and civil society actors to prioritise sexual, reproductive health and family planning by strengthening the capacity of civil societies to hold governments accountable to SRH/FP commitments, supporting development and implementation of favourable policies for SRH/FP, strengthening national stewardship of quality improvement for SRH/FP and improving domestic financing.

Options is the leading partner on the national ownership and stewardship, and has been working with governments and civil society partners to promote an enabling environment for increased public investment in SRHR by using evidence, advocacy and accountability to foster policy change, ensure quality of services and protect and fulfil SRHR financing.

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