

Assessment on Access to SRH services by Persons with Disabilities - Key Findings







Assessment on Access to SRH services



Objective

The main objective of the study was to ascertain the extent to which persons with disabilities (PWDs) access sexual and reproductive health (SRH) services.



Methodology

The study analyzed the environment under which PWDs access SRH services by assessing the infrastructure and the readiness of HCWs to provide services to PWDs as well as interviewing PWDs on their views with regards to provision of SRHR services.



Sampling

This was a nationwide study covering 16 health facilities; 4 per region and representative of all types of health facilities



Respondents

Study utilized 2 types of respondents; health care workers (HCWs) and focused group discussions (FGDs) of persons with disabilities (PWDs)



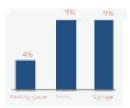
Sample Size

In total, 23 HCWs were interviewed and 20 PWDs (physically challenged, visually impaired, hearing impaired & albinism) participated in the 4 FDGs.

by Persons with Disabilities - Key Findings



(a) Availability of amenities in health facilities



- Only 4% of the facilities have designated parking for PWDs, whilst toilets that are fit for physically challenged persons are available in only 9% of the facilities. However, wheel chair driveways are available in most facilities.
- Similarly, signage is available in only 9% of the facilities.
- Some examination beds including table counters are not appropriate for PWDs.

(b) Access to SRHR services, including information



- HCWs and PWDs unanimously concurred that SRHR services are available for PWD; these include screening for SGBV, STI and cancer, ANC, PNC and delivery. However, it would seem that some HCWs are reluctant to teach visually impaired persons on how to use condoms.
- None of the facilities have braille IEC.
 This implies that visually impaired persons are unable to access IEC and to read instructions on how to take their medication.
- Only 1 of the facilities has a sign language interpreter

(c) Language barrier between HCWs and PWDs



 74% of the HCWs are not trained to serve PWDs. For example, many cannot communicate in sign language, neither can they handle mentally challenged patients or patients with albinism.

(d) No exemption on medical bills



 PWDs pay user fees to access health services.

(e) No feedback machanism



 Only 18% of HCWs said that they have a feedback mechanism (suggestion box) in place for all clients including PWDs.



Recommendations

(a) Capacity building



 There is an urgent need to train HCWs in sign language, psychology and on the use of braille to enable smooth provision of health services to PWDs.

(b) Accessibility



 There is an urgent need to upgrade infrastructure at all service points in health facilities to ensure that it is accessible to PWDs.