Nationalities SERVICE CENTER

Caring for the Health of Refugees and Immigrants with Disabilities

# Democratic Republic of the Congo

Population of DRC: 78.74 million (2016 estimate)

The Democratic Republic of the Congo (DRC) has faced centuries of colonial violence. Between 1994 and 2003, the DRC was embroiled in a civil and proxy war, which led to the deaths of over 5 million people, primarily due to disease and starvation. Unrest persists in the eastern portion of the country and refugees continue to flow out of the country into Uganda, Rwanda, Burundi, Tanzania, Angola, and other neighboring states. Historically, political and economic collapse of the DRC has had a dramatic negative impact on the healthcare system. Hospitals and clinics lack the infrastructure to provide critical medicine and supplies. An estimated 70% of Congolese have little or no access to healthcare.

In 2010, the DRC voted to ratify the *United Nations Convention on the Rights of Persons with Disabilities (CRPD),* an international and legally-binding treaty that aims to protect the rights of persons with disabilities. In 2010, the DRC also established the Programme National de l'integration et de Rehabilitation des Personnes Handcapées (PNIR/PH), which asserts that people with disabilities have the right to free health care, access to education, and discounted taxes.

It is estimated that there are 10.5 million people living with a disability in the DRC, accounting for roughly 15% of the population. The main causes of disability in the DRC are infectious diseases such as polio and leprosy, war injuries, congenital defects, and obstetric emergencies. Outside of large cities, there are few medical and educational support services for persons with disabilities. While the country's constitution prohibits discrimination of persons with disabilities and states that children with disabilities have a right to an education, no provisions have been made to enforce these aspects of the law. Discrimination is common and most children with disabilities remain uneducated.

## Disability in the Democratic Republic of the Congo

**Stigma:** Due to deeply-ingrained cultural beliefs regarding disability, persons with disabilities are systemically discriminated against and are often victims of violence and neglect. Many persons with disabilities are accused of witchcraft and as result are subjected to exorcisms and torture. Women and children in the DRC are particularly vulnerable to abuse. Children with disabilities are often rejected and ostracized by their families and communities. Women are often the target of gender-based violence, contributing to disability. Persons with disabilities face educational and employment barriers, with 90% of persons with disabilities illiterate, 93% unemployed, and 96% living in poverty.

**Education:** Primary education in the DRC is not free, and many children (regardless of disability status) are unable to attend school because it is too expensive. Furthermore, many school-aged children were unable to go to school during the civil war, and as a result there are 5.2 million students in the DRC who have no education. However, there are some educational services for disabled children in the DRC. For example, *Village Bondeko* provides education and training centers located in Kinshasa that educate and provide vocational training to children with disabilities. *Humanity & Inclusion* (operating under the name Handicap International in the DRC) provides rehabilitation care and promotes the inclusion of children with disabilities in schools.

**Services:** In the DRC, there are a variety of legal, educational, employment, and advocacy services offered to persons with disabilities through international organizations such as *Humanity & Inclusion*, which provides rehabilitation services to persons with disabilities and victims of violence and abuse, and NGOs such as the *Fédération Nationale des Personnes Vivant Handicap (FENAPHACO),* a network of more than 529 Congolese NGOs working to promote the rights of persons living with disabilities in the DRC.

**People from the DRC are referred to as Congolese. The official language of the DRC is French. Other languages spoken are: Lingala, Kingwana, Kikogo, Kinyarwanda. Individual family members may have different levels of language proficiencies or speak a variety of languages within the home. Christianity is the main religion of the Democratic Republic of the Congo.**


**Health Beliefs:** The Congolese generally accept Western medicine. However, because of barriers faced in the DRC, the Congolese may seek traditional medicines in lieu of Western therapies. Christian Congolese may rely heavily on prayer.

**Mental Health**: Access to mental health care and screening are limited in the DRC. Mental illness is often considered a curse or caused by supernatural elements or witchcraft and is not often openly discussed. Providers may find it useful to offer education about the connection between mental health and experiencing trauma, substance abuse, violence, etc. Mental illness is heavily stigmatized and services are limited in DRC, with a total of 46 mental health providers in a country of nearly 80 million people.

**Gender Roles**: Because of the conflict, the roles of Congolese women have expanded to working outside of the home and seeking employment, such as selling handcrafts or running small businesses. Education is accessible to both men and women in urban areas, but women remain unequal in most sectors of society because of bias. Many women have experienced sexual or gender-based violence including female circumcision.

## Notes for Providers when Working with Refugees and Immigrants with Disabilities

The United Nations states, "*a disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual of their group. The term is often used to refer to individual functioning, including physical, sensory, cognitive, and intellectual impairments, mental illness, and various types of chronic disease.*"

People with disabilities are more likely to experience poorer health, fewer economic opportunities, and higher poverty compared to people without disabilities. Many individuals with disabilities lack equal access to healthcare, education, and necessary disability-related services. These factors are primarily due to lack of resources including services, transportation, information, and technology. Persons with disabilities face barriers in the forms of the physical environment, legislation and policy, societal attitudes, and discrimination. Evidence has shown when those barriers are lifted, individuals are more empowered to participate in their society, which thereby benefits the entire community. Fifteen percent of the world's population has some form of a disability, with eighty percent of persons with a disability living in developing countries (UN).

According to the Women's Refugee Commission, of the 68.5 million people displaced worldwide, there are 13 million displaced persons with disabilities. Refugees are one of the most vulnerable and isolated groups of all displaced persons. Because of physical and social barriers, stigma, and attitudes, many individuals with disabilities are often excluded from mainstream assistance programs. During displacement, refugees with disabilities experience more isolation than when they were in their home communities.

Refugees and immigrants with disabilities are entering the United States with many unmet disability-related needs. There exists much disconnect between refugees and immigrants and disability service systems. These barriers are present because of mistrust between the different service entities and lack of cross-cultural nuance among disability service organizations. These findings contribute important insights to the literature on disability disparities.

The U.S. healthcare system is complex and can be difficult to understand and navigate, especially for a refugee or immigrant coming from a country with limited healthcare services. Because resettlement services are time limited, it is important for care providers to work with other professionals to coordinate care for persons with disabilities. To best serve refugees with disabilities, providers need to consider the client's history, life and experience in the country of origin or host country, and cultural perceptions of disability.

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