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ACCESS TO HEALTH CARE SERVICES FOR PERSONS WITH PHYSICAL AND SENSORY DISABILITIES IN ETHIOPIA: THE CASE OF ADDIS ABABA'S YEKA SUB-CITY.

BY

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Declaration

I, the author of this thesis, Tsega Woreta Zelelew, Registration number GSR/7552/12, do hereby declare that, this thesis entitled **"Access to Health Care Services for Persons with Physical and Sensory disabilities in Ethiopia: The Case of Addis Ababa's Yeka Sub-City"** is my original work. It has not been submitted partially or fully by any other person before for an award of a degree in any other university/institution. All the sources I have used in this research have been totally acknowledged.

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Signature Tsega Woreta

Date 28/09/2021

Approval

The undersigned certify that they have read and hereby recommend to the Addis Ababa University to accept the thesis submitted by Tsega Woreta Zelelew, entitled **"Access to health care services for persons with physical and sensory disabilities in Ethiopia: the Case of Addis Ababa's Yeka Sub-City"**, in partial fulfillment of the requirements for the award of Master's Degree in Human Rights.

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Acronyms/ Abbreviations

AU	African Union
BMC	Bio Med Central
BOLSA	Bureau of labor and social affairs
CAT	Convention against Torture andOther Cruel, Inhuman or Degrading Treatment or Punishment
CDC	Center for Disease Control and Prevention
CEDAW	Convention on the Elimination of All Forms of Discrimination againstWomen
CFDRE	Constitution of the Federal Democratic Republic of Ethiopia
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DCI	Development Cooperation for Ireland
ECDD	Ethiopian Community Development for Disabilities
ENAB	Ethiopian National Association of the Blind
ENAD	Ethiopian National association of the Deaf
ENAPH	Ethiopian Association of the Physically Handicapped
EU	European Union
FIGO	Federation of InternationalGynecology and Obstetrics
MOH	Ministry of Health
GIZ	The Deutsche GesellschaftfürInternationaleZusammenarbeit
GTP	Growth and Transformation Plan
HCS	Health Care Service
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IJRC	International Justice Resource Center
ILO	International Labor Organization
MOLSA	Ministry of Labor and Social Affairs
NPA	National Plan of Action
OAU	Organization of African Unity
PWDs	Persons with Disabilities
SNE	Special Needs Education
TVET	Technical and Vocational Education and Training
UN	United Nations
UNCRPD	United Nations' Convention on the Rights of Persons with Disabilities
UNDIS	United Nations Disability Inclusion Strategy
WB	World Bank
WHO	World Health Organization
CBR	Community Based Rehabilitation

Abstract

Addis Ababa, the capital of Ethiopia, the seat of the AU and a variety of regional and international organizations is a city where persons with disabilities continue to face everyday challenges especially lack of access to primary health care services. This thesis intends to scrutinize the issue of accessibility right to health care services in Ethiopia with a special reference to Addis Ababa's Yeka Sub-City. Yeka sub-city has been chosenas a research area purposively considering the landscape, data availability and its being forestry and mountainous with long outer boundary line with rural woredas all of which are not suitable for PWDs. Compared to other Sub-Cities,Yeka Sub-City consists of low status residents who are not able to help persons with disabilities to access required services.PWDs, health professionals and some persons in the society have been selected applying purposive sampling to give the required data and information. PWDs consist of physical, visual, hearing and speech impairments. Health professionals consist of doctors, health officers, nurses and health assistants. Persons in the society include directors, officers and association leaders. A total of 60 participants of which, 34 male and 26 female has participated in the interviews and two focus group discussions.

In the course of the research, international and regional human rights instruments, together with national legal frameworks, policies and strategies, which are relevant to the research issues as well as practical situations and implementations in health care centers have been observed and studied deeply. The research has also employed review of literatures, interview discussions, focus group discussionsand observations as data collection tools.In the research, it is realized and understood that the problem of accessibility to health care services to PWDs is more prevailing in Ethiopiadue to the negative impacts of barriers.Lack of monitoring mechanisms, ineffective enforcement mechanisms and failure to institutionalize disability issues aboutPWDs' benefits and human rightscauses violations of their rights. The researcher analyzed the thesis using qualitative method and descriptive analysis and structured it organizing the required data and information.Additionally, the problem of accessibility to health care services for PWDs is attributed to the low level of information transmission in the community and lack of disaggregated legal frameworks, policies and strategies in accordance with each disability types. The health care service provision problem for PWDs is very high and complex in Addis Ababa and it is possible to imagine how it is even worse in rural areas of the country.

Therefore, the country particularly the city administration, needs determined action to develop horizontal accessibility laws (laws which govern non-state or private actors on human rights), disaggregating disability types and develop convenient legal frameworks; design policies, strategies and guidelines; train and educate health professionals about human rights of PWDs, and create awareness integrating community based organizations. All these should be backed by adequate budget and effective monitoring and evaluation mechanisms to realize the access to health care services for persons with disabilities as perthe standards of international and regional human rights instruments, and national legal frameworks.

CHAPTER ONE

1.1. Introduction

Disability is an evolving concept which results from the interaction between persons with impairments and attitudinal and environmental barriers hindering their full and effective participation in life processes on an equal basis.[1] Health care services are to be accessed properly for persons with disabilities to enjoy their rights and survival in their community. Access to health care services for persons with disabilities in relation to human rights protection and fulfillment should be examined andevaluated in order to make their lives enjoyable. According to the Constitution of the World Health Organization, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[2] From the definition, we can understand that persons with disabilities cannot be free of general health problems and that health care services should be accessible to them equally with that of persons without disabilities. The factors which affect health care services for persons with disabilities should be determined so that they will be addressed in order not to affect PWDs' general health negatively. Persons with disabilities who experience disproportionately high rates of poverty may often face conditions that impact their health negatively and their human rights may be violated. At an individual level, factors such as age, sex, hereditary factors and lifestyle choices are important that access to health care services problem is to be determined and addressed.[3]

People with disabilities experience worse socioeconomic outcomes than people without disabilities and they experience higher rates of poverty, lower employment rates, and have less education.[4]This shows that PWDs have unequal access to health care services due tosocioeconomic status and therefore have unmet health care needs compared with the general population to enjoy their human rights equally without discrimination. The study focuses on the availability of health care centers, the presence or absence of disability friendly skilled health professionals or health workers and well-constructed disability accessible health care centers. It also took into account factors which affect access to health care services for persons with disabilities to investigate gaps and suggest recommendations

[1]World Health Organization, World Report on Disability, 2011, p.37.

[2]World Health Organization, Constitution of the World Health Organization, Geneva,1948.

[3]United Nations, Inclusive Health Services for Persons with Disabilities, Toolkit on disability for Africa, Division for Social Policy development(DSPD), Department of Economic and Social Affairs(DESA), Module 10.

[4]World Health Organization, World Report on Disability, 2011, p.81.

for the concerned bodies. Availability and quality of health care centers and hospitals in relation to PWDs areaddressed. The targets for interview and focus group discussions are PWDs, health professionals and a few members of the society. Some health centers and hospitals in Addis Ababa's Yeka Sub-City are observed and evaluated. The study tries to explore the gap with regard to physical constructions and availability of the health centers, the presence of policies and strategies and the health professionals' capacities in relation to persons with disabilities to ensure their rights. Health institutions (hospitals and health centers) are observed whether they are constructed based on the needs of persons with disabilities or not.

Generally, the thesis investigates accessibility of health care centers and perception of professionals to treat the persons with disabilities on the basis of respecting their human rights according to pertinent international and regional human rights instruments and domestic legal frameworks. The study consists of four chapters including introduction, conceptual and legal frameworks, the research findings, and recommendation and conclusion.

1.2. Back ground of the study

The UN Convention on the Rights of Persons with Disabilities (CRPD) is a modern human rights treaty with innovative components.[5]The innovative components are amongst others that States Parties have to establish a national human rights mechanism, that the Convention allowed the EU to become a member as a regional integration organization, that it has two standalone development provisions, but most significantly that it modernizes international equality law (Art.11Situation of risk and emergency, Art.32 International cooperation, and Art.33 National implementation and Monitoring).[6]Art. 11 states that "States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters".

Art.33(1,2 &3) states that "States Parties, in accordance with their system of organization, shall designate one or more focal points within government for matters relating to the implementation of the present Convention, and shall give due consideration to the

[5]Disability in a Human Rights Context, Department of Social Work, Education and Diaconia, Protestant University of Applied Sciences, Bochum 44803, Germany; 12 July 2016,p. 1.

6 United Nations, Convention on the Rights of Persons with Disabilities, United Nations Treaties Series, 2008, vol. 2515, p. 3. Found at https://treaties.un.org/doc/publication/unts/volume%202515/v2515.pdf accessed 09 August 2021.

establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels"; "States Parties shall, in accordance with their legal and administrative systems, maintain, strengthen, designate or establish within the State Party, a framework, including one or more independent mechanisms, as appropriate, to promote, protect and monitor implementation of the present Convention. When designating or establishing such a mechanism, States Parties shall take into account the principles relating to the status and functioning of national institutions for protection and promotion of human rights", and Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process".[7]

PWDs have been considered negatively, being marginalized and victimized by segregation to access every aspect of their needs including education, health care and information before due consideration was given by conventions for disabilities at regional and international levels. Article(c) of the CRPD states that "reaffirming the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment of health care without discrimination." [8]The accessibility and equality of health care service deliveryfor PWDsand persons without disabilitiesare not implemented well to ensure equal rights for all. Persons with disabilities were removed from normal social life conditions due to prejudices that saw disability as an illness and their survival depended on society's help by extending charity as if they couldn't be productive in the labor market. With the evolution of disability and society, this attitude has been modified towards social and human rights based approaches to consider persons with disability as a social groupwhich entails that PWDs undergo the limitations created by society and environment.

According to Center for Disease control and prevention (CDC), "Disability is defined as any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)".[9]There is no realization of general health problems of PWDs, as a result it should be assessed and solutions to address them should be found to

[7] OHCHR, Convention on the Rights of Persons with Disabilities, found at https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#11

[8] Ibid

9 CDC, Disability and Health Overview, foundathttps://www.cdc.gov/ncbddd/disabilityandhealth/disability.html#,(accessed on 25 March 2021).

minimize their livelihood difficulties. We can understand the definition gap between CRPD and CDC inthat CDC defines disability narrowly in relation to impairment, activity limitation and participation restriction while CRPD defines the concept broadly in relation to human rights as PWDs need to ensure their human rights to access all the required services beyond those limitations to ensure human rights. Following the entry into force of CRPD, disability is increasingly understood as a human rights issue to protect and fulfill the rights ofPWDs to enjoy their livelihood.[10]

CRPD manifests a shift from the charity, medical and social models to the human rights model of disabilities to promote and protect the rights of PWDs in order to realize their human rights protection and fulfillment in a given society. The international community recognized the importance of accessibility to the physical, social, economic and cultural environment, to health and education and to information and communication, in enabling persons with disabilities to fully enjoy all human rights and fundamental freedoms.[11] Although the international community gives attention for persons with disabilities, the practice on the ground in most states especially in developing countries like Ethiopia is not good in that persons with disabilities cannot exercise their rights as expected. Over 1 billion people live with some form of disability and the number of people with disability is dramatically increasing due to demographic trends and increases in chronic health conditions, among other causes.[12]

When the population increases, poor health services and other low degrees of social services delivery may aggravate violations of human rights of persons with disabilities unless their rights are supported with economic development and good independent (disaggregated) disabilities' policies and strategies. The reality on the ground shows that a large number of persons with disabilities in Ethiopia do not access most services particularly proper health care. Health care service conditions of persons with disabilities should be improved according to the raise in their number. Disability is caused by many factors, including

10 World Health Organization, World Report on Disability, 2011, p. 21.

11 Kemal Seid, Assessment of Barriers of Accessing Primary Health Care Services For Persons with Hearing, Visual and Physical Impairments in Gulele Sub City, Addis Ababa University,2014,p. 1.

12 World Health Organization,disability and health, 2019, p.13,found at https://www.who.int/news-room/fact-sheets/detail/ (accessed 23 March 2021).

malnutrition and disease, environmental hazards, traffic and industrial accidents, and civil conflict and war, and the number of people with disabilities continues to increase.[13]

Disability is part of the human condition in the sense that almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning.[14]In Ethiopia, health care necessary for preventing and treating impairments is available to a limited extent and allows addressing the immediate disability problems such as eye care for those with vision problems, auditory services for those with hearing impairments, and physical rehabilitation services for those with mobility impairments, amongst others. The fact that people with disabilities are individuals that also need access to general health which is not specifically related to their impairments is quite often forgotten or ignored.[15] The CRPD of 2006 has had profound impact on disability law and human rights laws globally in that most States Parties have reviewed and revised domestic disability laws and have established National Monitoring Mechanisms as prescribed by the Convention. The CRPD seeks to bring about a paradigm shift in disability policy that is based on a new understanding of disabled persons as right holders and human rights subjects being given due attention.

The CRPD has been one of the most quickly adopted international human rights treaties, with the goal of upholding the rights of persons with disabilities in all countries. To date, 165 states and the European Union have ratified the Convention, with a number of new ratifications.[16]Health care needs of individuals are addressed through health promotions, preventative care through such services as immunization, treatment of illnesses and referral to specialized services where needed.[17]CRPD is a paradigm shift in approaches to disability, moving from a model where persons with disabilities are treated as objects of medical treatment, charity and social protection to a model where persons with disabilities are recognized as subjects of human rights, active in the decisions that affect their lives and

13 African Studies Centre, Leiden, Disability in Africa, A brief introduction outlines the situation of Africans with disabilities and recent initiatives to promote their rights and improve their well-being, 2008. https://www.ascleiden.nl/content/webdossiers/disability-africa#Physical%20disability (accessed 21 March 2021)

14World Health Organization, World Report on Disability, 2011, p. 15.

15 Kemal Seid, Assessment of Barriers of Accessing Primary Health Care Services for Persons with Hearing, Visual and Physical Impairments in Gulele Sub-City of Addis Ababa, 2014, p. 27.

16International Development Association (IDA), 3August, 2016, Found at https://www.internationaldisabilityalliance.org/blog/progress-towards-universal-crpd-ratification-2016,(accessed 9August 2021).

17 World Bank & WHO, World Report on Disability, Washington, DC. 2011, http://www.who.int/disabilities/world_report (accessed on 17 March 2021).

empowered to claim their rights.[18]The barriers such as physical obstacles and negative attitudes of the society towards persons with disabilities constitute challenges that prevent the full enjoyment of health care services and human rights by persons with disabilities.

Social rights protect and promote the persons with disabilities in society, such as the right to education and the right to health but PWDs may not have economic freedom and educational opportunity to access the necessary health care services on equal basis due to incapability of paying the required fee, discrimination and marginalization. Global research suggests that persons with disabilities face barriers when accessing health care services.Economic, social, physical and cultural barriers are the main obstacles that hinder the access to every aspect of managing life and human rights for persons with disabilities. Access to health care services is a main requirement for persons with disabilities to survive happily and equally within a given society.

1.3. Statement of the Problem

For the vast majority of the world's persons with disabilities, public facilities, shops, transport and even information are largely out of reach so that their lives are full of challenges to cope with the challenges and survive in a given community. The right to health for persons with disabilities is a particular challenge in developing countries like Ethiopia as a result the gap should be assessed and addressed in order to ensure the right to access health care services for PWDs. Institutions and infrastructures in relation to health care service delivery for PWDs should be assessed as to whether they are in accordance with the required standards. The knowledge, skills and attitudes of health professionals in relation to PWDs should be found out in order to deliver the requiredhealth care services to fulfill their rights.It is possible to investigate that PWDs are not provided with adequate health care services in a way they need with equalopportunities.The issue of accessibility in a society is a question that comes at the forefront among the basic needs of persons with disabilities and the UN convention on the rights of persons with disabilities to which Ethiopia is a party signifies its importance. The rationale is that almost every aspect of human life is influenced by the services delivered and health conditions of individuals.

The challenges they face in accessing health care services are to be examined and problems will be investigated in this thesis. According to Article 9(1) of the CRPD, in order to enable

18United Nations Human Rights, office of the High Commissioner, Advocacy Toolkit, Professional Training Series No. 15, 2008, P.7.

persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.[19] People with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than non-disabled people.[20]

Inadequate health services together with the absence of a disability friendly health care system and social environment in Addis Ababa are challenges that complicate persons with disabilities' access to basic medical services. The contribution of health systems to improve health services depends on how easily peoples in general and people with disabilities in particular can access appropriate and effective health services. Access to effective preventive and curative health services is a right of all persons although the reality is not beyond accepting and ratifying international and regional Human Rights instruments (such as UN Universal Declaration of Human Rights, Inter-American Convention on All Forms of Discrimination against Persons with Disabilities, UN Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities and African Charter on Human and Peoples' Rights).Protection against financial hardship to secure health access for persons with disabilities is another challenge to be alleviated by creating job opportunities for them. However, many non-financial reasons such as physical accessibility and cultural acceptability of the services and various forms of social exclusion and marginalization may also affect their access to health. The knowledge, skills and attitude of health service providers is also identified as a barrier with poverty as a negative additional factor.[21].

Communication with health care providers is also an issue when it comes to individuals with hearing impairments because they find it hard to discuss their health conditions with health care providers if they do not have interpreters of their own. A Literature review has revealed that rising to the challenge of providing excellent and accessible health care to persons with impairments is imperative as a matter of equity and it recommends health professionals, health administrators and all other concerned bodies to work hard in realizing the rights of the population and avoid the misconceptions on disability and make all services barrier free for

19United Nations, Conventions on the Rights of Persons with Disabilities (UNCRPWDs), 2006, p. 24.
20TigistAlemuKassa, Globalization and Health, Sexual and reproductive health of young people with disability in Ethiopia: a Study on Knowledge, Attitude and Practice: a Cross-Sectional Study, 2016, p. 1.
[21]World Bank & WHO, World Report on Disability, Washington, DC. 2011, http://www.who.int/disabilities/world report.

persons with disabilities to the greatest extent possible.[22] Disability is associated with illiteracy, poor nutrition, lack of access to clean water, low rates of immunization against diseases, and an unhealthy and dangerous working environment which affect the fulfilment of their rights.[23] Although the CRPD became part of Ethiopian domestic law, it is challenging to apply it in a manner that secures the free access to health care services of persons with disabilities as per the standards of the Convention in the country in general and in the capital Addis Ababa's Yeka Sub-City in particular.

1.4. Objectives of the study

1.4.1. General Objective

The study aims to assess the right to access of quality health care services by persons with disabilities in Addis Ababa, Yeka Sub-City and how the services are delivered to them in order to fulfill their human rights according to CRPD standards which Ethiopia has ratified. It can be highlighted that Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) emphasizes the right of persons with disability to attain the highest standard of health care, without discrimination.[24]

1.4.2. Specific objectives

- Assess the availability and suitability of health centers and hospitals for PWDs in Yeka sub-city,
- Explore whether and, if so, the extent to which health care professionals have knowledge, skills and attitudetowards PWDsin Yeka sub-city,
- Identify factors or barriers which negatively affect health care service provision for PWDsin Yeka sub-city,
- Explore whether there are particular health care service policies, strategies and legal frameworks for persons with disabilities.

1.5. Research questions

To accomplish the general and specific objectives of the study, the following research questions are developed.

[22]Baart, J. &Taaka, F. (in press), Barriers to health care services for people with disabilities in developing countries,2017, found at .https://lab.light-for-the-world.org/wp-content/uploads/2018/01/(accessed 27 March 2021).
[23] Dr. T.S.N. Sastry, Professor &Head Department Of Law Coordinator, HRE Program, Human Rights Of Vulnerable And Disadvantaged Groups, University Of Pune, 2012, p. 80.
[24] World Health Organization, Disability and health,2020, https://www.who.int/news-room/fact-sheets/detail/.

1. What are the major barriers to access health care services for PWDs?
2. What is the availability and quality of health care centers and hospitals?How do they affect access to health care services for PWDs?
3. What are the perceptions of service users/persons with disabilities and service providers/health professionals and workers on the CRPDin relation to the right to access health care services?
4. What mechanisms, policies and strategies are available and are to be designed to address the challenges of accessing health care services for persons with disabilities?
5. What is expected from the government and wider society in terms of supporting the provision of quality health care services for persons with disabilities?

1.6. Significance of the study

It is well known that many studies have been conducted in relation to PWDs but almost none in relation to the human right to access health care services. The findings of this thesis will be helpful in identifying and assessing the effective implementation of the rights of access to health care services for persons with disabilities.Access to health care services for persons with disabilities is quite often forgotten or ignored sothat this study may pave the way to address the challenges PWDs face. Although Ethiopia has accepted and ratified the CRPD and tries to implement it, the awareness of health professionals, PWDs and the wider societyabout the human rights of PWDs need to be ensured. The principles to implement and deliver quality health care services should be understood by all stakeholders. PWDs show high rates of not receiving adequate health care services as compared to people without disabilities to enjoy their human rights. The study encourages the concerned bodies to deal with all the challenges faced by PWDs in relation to health care services. It also explains the treatment, the human rights aspect and the legal framework for access to health care services concerning persons with disabilities.

The sensitivity of health care service providers in relation to persons with disabilities is assessed in the thesis and some recommendations are listed out. It investigated if and to what extent verbal, physical and mental abuses characterize the health care service providers' approach towards persons with disabilities, negatively impacting their equal treatment. The significance of the study is to assess the accessibility of health care services for persons with disabilities without discrimination and marginalization following equality and other pertinent principles included in human rights instruments. Based on the study's recommendations, the

access to health care services for persons with disabilities may improve if the concerned bodies take the recommendations into account and implement them.

Similarly, the findings of the study will help future researchers who want to conduct a research in this area since not much research has been conducted regarding rights of PWDs in relation to access to health care services. Yetthis issue is a global phenomenon and should therefore be adequately studied.No specific study on the human right to access health care services has been conducted in Ethiopia before, so that this study will be useful for policy developers in relation to health care accessibility for persons with disabilities. The study will try to show how the misconception about persons with disabilities affects the delivery of the required health care services on the basis of the Country's policies and legal frameworks.

1.7. Scope of the Study

The study area is limited to Addis Ababa's Yeka Sub-City and covers access to health care services for persons with physical and sensory disabilities. It focuses on persons with physical and sensory disabilities leaving other impairments like mental and neural problems aside because of time constraints and financial limitations. The study specifically covers accessibility of health care services among many problems faced by PWDs. The respondents include a number of health professionals working in selected health care centers and hospitals, and persons with physical and sensory disabilities. Physical and sensory disabilities in this thesis include physical, hearing, speech and visual impairments.

With regard to the research area, the research does not cover the entire country or even the entire Addis Ababa, which may limit the generalizability of the research data and information at country and city administration levelas it is limited to Yeka Sub-City only.The researcher chose Yeka sub-city considering the landscape, data availability and its being forestry and mountainous to be accessible for PWDs. Yeka Sub-City haslong outer boundary line with rural woredas of Oromia regional state which are not suitable for PWDs. Compared to other Sub-Cities in Addis Ababa, the population ofYeka Sub-City mainly consists of low status residents who are not able to support themselves let alone persons with disabilities to access primary health care services. It is understandable that the landscape of Yeka Sub-City needs due consideration and maximum effort to make health care services accessible for persons with disabilities.

1.8. Limitations of the study

Research limitations includelack of time, finance and involuntariness of some respondents to give the required data and information so that the problems and challenges of PWDs in relation to the rights of access to health care services might not be investigated in sufficient details. The sample respondents might not be representative of the population which may make the thesis less reliable and complete as it is a challenge to get complete data. The whole of Addis Ababa City is too broad to cover and handle in this study so that the research is limitedin a Sub-City level. Some respondents were biased to talk only the challenges they face rather than talking some good practices exercised in delivering and obtaining the required health care services.

Some of the respondents focus on their problems rather than talking general problems PWDs face in relation to access to health care services delivered. There were some respondents who were not voluntary to give data and information and this is one of the challenges the researcher faced. The research was conducted applying purposive sampling method which may have a limitation of representativeness.The other challenge is that since there is no study about the right to access health care services in relation to PWDs in Ethiopia before, organizing the research was difficult. It was time taking to make the concerned concepts clear to the respondents to get the required data and information. There might be data reliability limitation because of personal biases in the processes of data and information giving by the respondents to the researcher.

1.9. Research design/organization

For better understanding of the effect of the right to access health care servicesand investigate measures taken to minimize the challenges for PWDs,the researcher used a qualitative research method. Qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem.[25] The use of qualitative research method helped the researcher in understanding the research problem or topic of the research from the perspective of the sample population in this study consisting of PWDs, health professionals and some persons in the society.The study investigates access to health care services for persons with physical and sensory disabilities by assessing different

[25]0Creswell, J. W Research Design; Qualitative, Quantitative, and mixed Methods Approaches (Fourth ed.). (V.K.al, Ed.) London, UK: SAGE publications India Pvt. Ltd, 2014.

impeding factors such as poverty, lack of information, lack of facilities, discrimination and marginalization.

Sampling methods: In this research, sampling is selected purposively by the researcher to get the required data and information. This means participants are selected purposively because they are likely to generate useful data for the thesis to be developed. In this study, among the Sub-Cities found in Addis Ababa, theresearcher purposely selected Yeka Sub-City, because out of the 11 Sub-Cities in Addis Ababa,YekaSub-City is one which has the largest share of longer boundaries with rural villages; it is mountainous and full of forests; it is observed not suitable for PWDs; it iswhere low-income groups are concentrated. In the area health centers and hospitals are also far apart to be accessed by PWDs.

Regarding the hospitals, (Yekatit 12 and Menelik II), theyare old and are giving services for very large populations so that their convenience for PWDs is under question. The old buildings of the hospitals do not have the facilities required for PWDs while only one new building for each hospital with lifts is there even though they are not enough to deliver the required services for PWDs.

Regarding the clinics (Woreda 1, Entoto No.2 clinic and Yeka clinic), they are built on places which are not convenient for PWDs. If we take Yeka clinic and Entoto No.2 as an example, they are built near high ways which are built with long walls and PWDs cannot cross the high way after they are dropped off taxies at opposite sides. Let alone for PWDs, it is not convenient for persons without disabilities to cross the walls. It is necessary to go long ways to access both clinics so that both PWDs and without disabilities are suffering because of the long way to cross.

Regarding the interview and focus group discussion of participants, PWDs, health professionalsand some persons in the society have been selected applying purposive sampling and have participate to give the required data and information. PWDs include persons with physical impairments, visual impairments, hearing impairments and speech impairments. The researcher has faced persons with hearing impairments who do not have a problem of speech impairments. Health professionals consist of doctors, health officers, nurses and health assistants. Persons in the society include directorsin Bureau of labor and social affairs and CSOs, support staffs in health centers and hospitals selected purposively to get the required data. and association leaders. A total of 60 of which 34 male and 26inYeka sub-city, female

respondents have participated.The number of participantsis high because of the different categories considered by the researcher. When we see the respondents in more detail, their number is not as such inflated as they are some from each group to assure the reliability of the data and information gathered. (For the details about participants,see summary table1 on page 61).

1.10. Methods (Instruments) of data collection

As the methods used to gather data are the most important aspect of the research affecting the outcome either positively or negatively, the researcher collected data from primary and secondary sources. Secondary sources are journals, reports, magazines and other documents and the primary sources areinterviews, focus group discussions and observations. The primary data collection has been conducted applying face to face communication techniques based on the problems and objective of the study. The study was conducted taking manageability of data in to account. To ensure the reliability of thestudy, the data and information werecollected from different groupsof concerned individuals, associations and organizations. To increase confidence and reliability and minimize errorsthe researcher used the different groups as a source of primary data.

Primary sources: Data and information werecollected by using writing and audio recording devices depending on the willingness of the respondents.By using qualitative research methodology, the researcher tried to look at the participants from different perspectives. The researcher went into the actual environment to collect the required data to the study through interview, Focus Group Discussion (FGD) and Observation of the physical environment and health centers.

Interviews: A face- to- face communication which was guided by interview research questionswas conducted with the interviewees in accordance with the groups.To arrive at a description of the nature of the particular outcome, interview questions were developedin a way that allow interviewees to express their own views in relation to the research objective. Interview guiding questions which initiate respondents served specificallywith issuesin relation to access to health care servicesregarding the research outcomes.Semi structured interviews were conducted to substantiate the data in which the face to face interview helped the researcher to go deeper and add more relevant questions which were not included in the preliminary research questions.

Regarding PWDs,20 participants of which 12 Males and 8 Females participated in the interview. PWDs participated in the interview included 5 physically, 7 visually and 8 hearing and speech impaired persons.

Regarding health professionals, 15 participants of which 9Femaleand 6 Male participated in the interview.The participants in the interview include 2 doctors, 4 health officers, 7 nurses and 2 health assistants.

Regarding persons from the society, 10 participants of which 7 Male and 3 Female participated in the interview. The researcher has interviewed 2 association leaders, 5 support staff experts, 1 CSO leader, 1 institution director and 1 health bureau officer.

As it is stated above, interview has been conducted with 45participantswho are engaged under different working areas such as associations, hospitals, clinics and offices. The total interview length for each of the interview questions were not limited by time rather it depends on the respondents understanding and responses in relation to the issues. It helped the researcher gain more information from every interviewee's experience and understanding about the issues in relation to access to health care services for PWDs.

Focus group discussions (FGDs): As a supplementary to the individual interview as well as to gain compiled and articulated ideas regarding the right to access health care services, FGDs were also utilized. Two different FGDs were conducted constituting of 10persons with disabilitiesof which 7 Male and 3 Female in one group and 5 health professionals of which 3 Female and 2 Male in the other. FGD with health professionals consisted of 1 doctor, 2 health officer and 2 nurses. Regarding the PWDs, the researcher aimed to conduct the FGD by participants comprised of 3 physically, 3 visually and 4 with hearing & speech impaired persons. The different groups of primary data sources are used by the researcher to increase the reliability and acceptance of the thesis.

Observation: In this study the researcher also undertook physical observations as a source of data after observing the real environment and buildings of health centers, hospitals and the external environments. In the observation the internal and external physical environments were looked. The internal environment is in the compounds of the hospitals and clinics starting from the outer gate to the inner physical buildings, toilets, ramps and laboratory and other facilities. The external environment includes the bridges, the roads, the transport access and societal supports for PWDs.

Secondary sources of data: In addition to the primary sources the study used secondary literatures, including both published and unpublished materials such as, different international instruments, policy briefs, guidelines, journals, news, and publications of different organizations and individuals. Moreover, the secondary data helped the researcher to analyze and determine the reaction of the government in designing legal frameworks, policies and strategies in order to realize rights of PWDs to access health care services.

Method of data analysis: After primary dataarecollected using qualitative research methodology, the data analysis of the study followed by reading, transcribing, reducing, and interpreting the relevant information. The researcher analyzedusing qualitativemethodand descriptive analysis and structured the thesis organizing the required information. Finally, after each story analyzing of findings based on the nature of the research topic conducted.

Ethical and safety considerations: The research was conducted in a manner that ensured anonymity. The participants were asked about their consent in advance and it is after they showed their willingness to participate that the interviews and focus group discussionstook place. A recording was used to register information from those who expressed their willingness to be recorded. Of course, there were participants who didn't want to be recorded.

CHAPTER TWO

2. The Right of Persons with Disabilities to Access Health Care Services: Conceptual and Legal Frameworks

2.1. Introduction

The right to access health care services for persons with disabilities is a human right that should be upheld with equality avoiding discrimination and marginalization. Health care services must conform to the international and regional human rights standards comprising the right to health, namely, the standards guaranteeing availability, accessibility and quality of health facilities, goods and services in order to fulfill rights.[26] The standards also apply to the underlying determinants of healthcare services including access to information and other necessary services to satisfy the demands of persons with disabilities in a given society. Inclusiveness in all aspects of life for persons with disabilities, particularly health care services, is crucial for them to be healthy and participate in all required activities in the community. Persons with disabilities can be productive if their general health is properly addressed and mainstreamed. Health care services such as eye care for those with vision problems, auditory services for those with hearing impairments, and physical rehabilitation services for those with mobility impairments are amongst others to be ensured.[27] General health care is as important as these services are and the fact is that people with disabilities are individuals that also need access to general health care services which are not specifically related to their impairments.

Art.(f) of the CRPD states that "Recognizing the importance of the principles and policy guidelines contained in the World Program of Action concerning Disabled Persons and in the Standard Rules on the Equalization of Opportunities for Persons with Disabilities in influencing the promotion, formulation and evaluation of the policies, plans, programs and actions at the national, regional and international levels to further equalize opportunities for persons with disabilities".[28]

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[26] UN Committee on Economic, Social and Cultural Rights, Human Rights and Women's Health Case Contraceptive of choice,, General Comment 14, 2000, p. 60.

[27] World Bank & WHO, World Report on Disability, Washington, DC. , 2011. http://www.who.int/disabilities/world report (accessed on 29 March 2021).

[28] OHCHR, Convention on the Rights of Persons with Disabilities, found at https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#11

This chapter discusses conceptual frameworks, and international, regional and national legal frameworks that provide a basis for the thesis and structures the findings in relation to the right of persons with disabilities to access health care services. It also deals with the policies, strategies, human rights based approaches, availability and accessibility of primary health care services for persons with disabilities.

2.2. Conceptual Framework

2.2.1. Understanding disability and access to health care services in relation to human rights

Disability refers to the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome,depression, physicaland sensory problems) and social and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social support).[29] From this statement, we can realize that it is not only the impairment which challenges persons with disabilities but also the environmental and social barriers together with general health problems which affect their livelihood negatively and cause death. The general health problems for PWDs are not realized and addressed to make their life safe and simple. Although impairment is an obstacleand a problem by itself, persons with disabilities may be affected by general health problems which are not strictly recognized by governments and the society. General health problems of persons with disabilities are not treated up to the problem level by giving due attention. The general health care services for persons with disabilities are neglected in developing countries like Ethiopia. According to the WHO, It is possible to understand that disabilities are complicated experiences associated with the individual, the environment and the society.

According to CRPD Article (1), persons with disabilities are defined as "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".[30]The definition can be explained in such a way thatPWDsare able to perform tasks like non-disabled persons if the necessary support and equal opportunities are given to them. Hence, all the society and Government need to support, encourage and mainstream

[29]Francais et al, Disability and Health,1 December 2020, foundathttps://www.who.int/fr//news-room/fact-sheets/detail-disability- and -health, (accessed on 13 April, 2021).
[30]OHCHR, Convention on the Rights of Persons with Disabilities, found at https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#11

persons with disabilities to protect their rights and enable them to enjoy equal access and opportunities.

> *Professor Stephen W Hawkingsaid that "I have benefitted from access to first class medical care. I rely on a team of personal assistants who make it possible for me to live and work in comfort and dignity. My house and my workplace have been made accessible for me. Computer experts have supported me with an assisted communication system and a speech synthesizer which allow me to compose lectures and papers, and to communicate with different audiences. My success in theoretical physics has ensured that I am supported to live a worthwhile life. It is very clear that the majority of people with disabilities in the world have an extremely difficult time with everyday survival, let alone productive employment and personal fulfillment".*[31]

From these statements, one can infer that Professor Hawking became a world class and renowned scientist because of continuous support and delivery of quality health care services to make him successful in his career. He is a model example to show how persons with disabilities are successful if the required support is given and the environment is made conducive to them. But there are so many challenges for PWDs to be alleviated especially in accessing health care services and exercising their rights equally with others to the best of their livelihood.

According to CRPD paragraph (b) of the preamble, "Recognizing that the United Nations, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, has proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth there in, without distinction of any kind". Among all the rights, accessibility to quality health care services for persons with disabilities is the one which fulfills the right to healthy life in the societies. The explanation considers the rights of all persons equally without distinction to access every required human right in the instruments. It is understandable that all kinds of barriers which hinder equal participation and opportunities to basic social services for PWDsare not recognized and avoided by full involvement of government and society in the actual practice. In the process, access to quality health care services for PWDs will be realized in accordance with human rights instruments and practices as far as societies in communities are fully participating and involved to avoid negative perceptions.

[31]World Health Organization, World Report on Disability, WHO Library Cataloguing-in-Publication Data, 2011, p. ix.

According to paragraph (y) of the preamble of the CRPD, peoples should be "Convinced that a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities will make a significant contribution to redressing the profound social disadvantage of persons with disabilities and promote their participation in the civil, political, economic, social and cultural spheres with equal opportunities, in both developing and developed countries". This explanation shows that the disadvantages of persons with disabilities should be addressed by promoting and protecting human rights by ensuring all the required social services.Human rights are a set of principles that relate to equality and fairness. These principles are based on concepts that people around the world have agreed as essential to live a good life free from fear, discrimination and harassment.

For persons with disabilities, the right to life is assured when access to quality health services is available and delivered in the required standards. Before the introduction of the latest understanding of the concept of disability as a notion consisting of human right elements, the most prevailing definition of disability has been that of the medical and traditional perception of physical limitation and health and subsequent inability of earning livelihood.[32] Such understandings ignore that persons with disabilities are capable of doing and attaining anything like others to achieve their interests and livelihood. But they are facing numerous challenges to do so, which requires their problems to be addressed to reduce the complexity and challenges of their lives. The human rights model is the latest to consider every challenge for PWDs is to be considered in relation to human rights and violations of human rights should be addressed.

Access to health care services is one of the challenges that should be addressed by health workers and many other actors in accordance with protecting the human rights of persons with disabilities. Disability is extremely diversein which some health conditions associated with disability result in poor health and extensive healthcare needs, others do not. However, all persons with disability have the same general healthcare needs as everyone else, and therefore need access to mainstream and deliver the required healthcare services.[33] Health care providers appear to be insensitive, whether on purpose or because of a lack of

[32] United Nation, Initial Reports of Ethiopia, submitted to Committee on the Rights of Persons with Disabilities under article 35 of the Convention, 2012, p 4.

[33] Francais et al, Disability and Health, 1 December 2020, https://www.who.int/fr//news-room/fact-sheets/detail-disability-and -health, (accessed 26 March 2021).

knowledge about the health care needs of people with disabilities.[34] The response of health care workers to handle health problems of persons with disabilities seems not immediate so that access to general health care services is a real challenge for PWDs in Ethiopia. Even though it is not sufficient, relatively more attention is given by the Government in supporting the impairment rather than addressing their general health problems, which is equally important for life.[35]

Persons with disabilities are amongst the most marginalized and poorest in the world; their basic rights are not protected and societal acceptance is often out of reach.[36]Unless there is acceptance of persons with disabilities in the society, challenges will continue being unsolved. The perception of the society towards disabilities should be positively changed to make every social service accessible to all peoples without discrimination. The way we understand disabilities is notcritical in realizing the basic needs and special needs of persons with disabilities in response of respecting and protecting their human rights. Currently, the negative perception of society about disabilities alters not only the concept of human rights understanding but also changes the health care service delivery mechanisms.[37] This is because the society discriminates and marginalizes persons with disabilities thinking that they are not capable of contributing in the development process. But they are productive like persons without disabilities if they are treated equally without discrimination and conducive environments are created to provide them with access to all the required social services particularly the general health care. It is important to recognize the different interests of persons with disabilities in societies in terms of their cultures, specific values and trends they live in by designing disability friendly policies and strategies and supporting with law enforcement mechanisms.[38] It is possible to understand that the issues, concepts and needs of persons with disabilities are growing and that our understanding should be progressive accordingly.

Access to health care services for persons with disabilities is a challenge as the physical environment, the health centers and health workers are not friendly to them. Persons with

34Gaihre, R. et al, Understanding the sexual and reproductive health needs of young persons with disability in Nepal,2016, p. 41.

[35]United Nation, Initial Reports of Ethiopia, submitted to Committee on the Rights of Persons with Disabilities under article 35 of the Convention, 2012, p 21.

36Kassa et al, Sexual and reproductive health of young people with disability in Ethiopia: a study on knowledge, attitude and practice, Globalization and health, 2016, p. 1.

[37] Ibid

[38] Ibid

disabilities and society at large are not working harder to avoid the obstacles to access what is required at the right time. Peoples should be conscious of human rights protection principles to respect rights of persons with disabilities on the basis of international and regional human rights instruments.[39] Access to health care services is a way of preventing and protecting the general health conditions of persons with disabilities to keep their livelihood safe as a result of which the human right concept, the right to life, will be realized.

We can generalize that disabilities by themselves cannot be challenges for persons with disabilities although the perception of the society is not changed positively and environmental barriers are not avoided and the Government is not committed to fulfill the required services for social achievements of PWDs and well organized disability friendly institutions are not made available. Physical environments, institutions and social services are not disabilities friendly so that the human rights of PWDS are not fulfilled without discrimination and marginalization.

2.2.2. Disabilities, Human rights based approach and access to health care services

A human rights-based approach to disability implies that all people are active subjects with legal claims and that persons with disabilities need to participate in all spheres of society on an equal basis with their non-disabled peers.[40]It is possible to make PWDs participate in all social activities to fulfill their legal claim in order to address and deliver disabilities' needs particularly general health care problems through human rights based approaches. Disability is complex, dynamic, multidimensional, and contested.[41] The complex and multidimensional challenges for persons with disabilities should be taken in to account to address and decrease their negative impacts. Quality health care services are not accessible to persons with disabilities to make livelihood simple for them. The predominant models for making sense of disability in the West have been medical and social constructs.[42] According to Adam M. Samaha, "a social model of disability relates a person's disadvantage to the combination of

[39]SirakAkaluIyassu and Fiona McKinnon, Disability Rights are Human Rights: Pushing Ethiopia Towards a Rights-based Movement, 19 NW. J. HUM. RTS.51, 2021, https://scholarlycommons.law.northwestern.edu/njihr/vol19/iss1/5.

[40] GIZ, Human Rights-Based Approach to Disability in Development, Entry Points for Development Organizations p. 4.

[41] World Health Organization, world report on disability, WHO Library Cataloguing-in-Publication Data, 2011, p. 3.

[42]SirakAkaluIyassu and Fiona McKinnon, Disability Rights are Human Rights: Pushing Ethiopia Towards a Rights-based Movement, 19 NW. J. HUM. RTS.51, 2021, https://scholarlycommons.law.northwestern.edu/njihr/vol19/iss1/5.

personal traits and social setting".[43] The model, like all social construction accounts, has essentially no policy implications in which its impact depends on normative commitments developed by some other logic such as membership in the disability rights movement. On the contrary, the **human rights model** focuses on the inherent dignity of the **human** being and subsequently, but only if necessary, on the person's medical characteristics in which it places the individual center stage in all decisions affecting him/her and, most importantly, locates the main 'problem' outside the person and in society.[44]

According to the human rights-based approach to development as defined by the UN, development cooperation contributes to capacity development of duty bearers or States and their institutions acting with delegated authority to meet their obligations, and of the rights of PWDs, particularly the right to access health care services, will be claimedand delivered. A conversation to consider disability as a broader social element appeared to begin in Ethiopia with the ratification of the Convention on the Rights of Persons with Disabilities (CRPD) in 2010.The actual practice in relation to PWDs on the ground is not yet satisfactory and the good beginnings to realize their challenges. Accepting and ratifying CRPD by itself does not have meaning unless it is well implemented and practiced accordingly to ensure rights of PWDs. The CRPD defines accessibility as a general principle (art. 3) and a stand-alone right (art. 9) and mentions it in many other rights.[45] Accessibility thus recognizes that removing the multiple barriers to access in society is a key requirement for the inclusion of persons with disabilities. According to GIZ, the four dimensions of accessibility, physical accessibility, information and communication accessibility, institutional accessibility, and economic accessibility, should be guaranteed to persons with disabilities. In case of access to health care services, persons with disabilities should access the four dimensions to fully exercise their general health care right. That is, persons with disabilities need to secure all the four dimensions so as to enjoy their health rights equally with that of persons without disabilities.

Discrimination against persons with disabilities includes any distinction, exclusion, restriction or preference, or denial of reasonable accommodation which has the effect of nullifying or impairing the recognition, enjoyment or exercise of all their human rights and

[43] Adam M. Samaha, What Good is the Social Model of Disability? Vol. 74, No. 4, Journal Article, The University of Chicago Law Review, 2007, p. 1251.
[44]TheresiaDegener, A Human Rights Model of Disability, Cutting Edge Scholarship from Rout ledge and CRC Press, July 2016, https://www.routledgehandbooks.com/doi/10.4324/9781315612881.ch3, (accessed on June 9, 2021).
[45]GIZ, Human Rights-Based Approach to Disability in Development, Entry Points for Development Organizations, 2008, p. 6.

freedoms, the rights of PWDs may be violated.[46] Through neglect, ignorance and prejudice as well as through exclusion, distinction or separation, they have very often prevented PWDs from exercising their civil, political, economic, social and cultural rights equally with their counterparts.TheCRPD further elaborates "the concept of reasonable accommodation embedding it within the non-discrimination mandate in which inclusion of reasonable accommodation within the framework of non-discrimination and equality constitutes a considerable advance in the re-unification of all human rights obligations. The linkage between reasonable accommodation and disability discrimination thus creates an obligation of immediate effect. In view of that, the CRPD ensures that reasonable accommodation is equally required in relation to civil, political, economic, social and cultural rights".[47]

There are three different ways in which reasonable accommodation has been understood. They are explained as the first approach, which states that reasonable accommodation will only be provided if it does not impose excessive difficulties or costs on the side of providers,the second approach focuses on the effectiveness of reasonable accommodation in allowing the individual in question to carry out the necessary tasks rather than the difficulties and costs and the third approach tries to reconcile these conflicting approaches thereby saying the reasonable accommodation must be effective and that it must not impose significant inconvenience or cost on the duty bound actors.[48] This is to show the reasonable accommodation of all required service for PWDs like others equallyin order to enjoy their rights.

According to Retief, M. &Letšosa, R., there are four main frameworks, known as disability models, to describe disabilities in a given societal system.They are: The medical model, the charitable model, the social model and the human rights model.[49]

The charitable modelviews people with disability as being vulnerable, and reliant on people without disability to perform certain tasks.This model considers people with disability unable

[46] Committee on Economic, Social and Cultural Rights, Convention Abbreviation: CESCR General Comment 5 Persons with disabilities, Paragraph 15, 1994, found at: www.unhchr.ch/tbs/doc.nsf/.../4b0c449a9ab4ff72c12563ed0054f17d, (Accessed 10 August, 2021).

[47] Lord, Janet and Brown, Rebecca, the Role of Reasonable Accommodation in Securing Substantive Equality for Persons with Disabilities: the UN Convention on the Rights of Persons with Disabilities, Available at SSRN: http://ssrn.com/abstract=1618903 or http://dx.doi.org/10.2139/ssrn.1618903, 2010, Accessed on April, 04, 2021.

[48] Discussion Paper - Workshop 6, Reasonable Accommodation Legislative Background, found at: www.non-discrimination.net/.../Reasonable%20Accommodation%20-..., 2011, Accessed 25 April, , 2021.

[49] Retief, M. &Letšosa, R. Models of disability: A brief overview, HTS Teologiese Studies/ Theological Studies, 2018, found at https://hts.org.za/index.php/hts/article/view/4738/10993, (accessed 24 March 2021).

to perform their tasks without the support of other persons without disabilities which contradicts the reality on the ground since it is a traditional model which didn't take the abilities and achievementsof PWDs in to account.[50] This model explains that the livelihood of PWDs is with the support of others showing the fact that they cannot performand live independently. This model denies the fact that PWDs can perform all activities like persons without disabilities even more if equal opportunities without discrimination are given.

The medical model views people with disability as being broken and incapable of fitting into mainstream society. The medical model of disability, which the CRPD tries to overcome, regards disability as an impairment that needs to be treated, cured, fixed or at least rehabilitated consideringdisability as a deviation from the normal health status. Exclusion of disabled persons from society is regarded as an individual problem and the reasons for exclusion are seen in the impairment.[51] Disability according to the medical model remains the exclusive realm of helping and medical disciplines such as doctors, nurses, special education teachers, and rehabilitation experts.

The social modelasserts that the limitations experienced by people with disability are the result of inaccessible systems and processes in mainstream society.[52] The social model envisions disability as something that is created by the barriers and attitudes in society not a trait or characteristic that is inherent in the person. Under the social model, society creates many of the social and physical barriers we consider "disabling," and this model focuses on eliminating those barriers, not on "fixing" or "curing" disabilities. This includes modifying the created environment, providing information in accessible formats and ensuring that laws and policies support the exercise of full participation and non-discrimination.[53]

The human rights modelasserts that people with disability have the same rights as everyone else in society and that governments around the world have a role to play in upholding these rights.The human rights model of disability improves the social model of disability.[54]The

[50]Retief, M. &Letšosa, R. Models of disability: A brief overview, HTS Teologiese Studies/ Theological Studies, 2018, found at https://hts.org.za/index.php/hts/article/view/4738/10993, (accessed 24 March 2021).
[51]TheresiaDegener , Disability in a Human Rights Context, Department of Social Work, Education and Diaconia, Protestant University of Applied Sciences, Bochum 44803, Germany, 2016, p. 3.
52 Retief, M. &Letšosa, R. Models of disability: A brief overview, HTS Teologiese Studies/ Theological Studies, 2018, found at https://hts.org.za/index.php/hts/article/view/4738/10993, (accessed 24 March 2021).
[53] United Nations, Inclusive Health Services For Persons With Disabilities, Toolkit On Disability for Africa, Module 10 - Division for Social Policy Development (DSPD), Department of Economic and Social Affairs (DESA), 2002, p. 21.
[54]TheresiaDegener , Disability in a Human Rights Context, Department of Social Work, Education and Diaconia, Protestant University of Applied Sciences, Bochum 44803, Germany, 2016, p. 5.

three different models of disability can be attributed to different concepts of equality that the medical model corresponds with formal equality, the social model with substantive equality and the human rights model can be linked with transformative equality.[55]

Over recent decades, the disabled peoples' movement together with numerous researchers from the social and health sciences have identified the role of social and physical barriers in disability.[56] A balanced approach is needed, giving appropriate weight to the different aspects of disability to address their challenges at the actual ground. Although the social model paves the way for the concerns of persons with disabilities, the human rights model embraces impairment, recognizes people with disabilities as experts in all matters to reduce their challenges in all aspects of life. Equality does not mean treating everyone the same but places accountability on governments to take action in fulfilling the rights of persons with disabilities.[57] The human rights based approach is all rounded to address all challenges faced by persons with disabilities. Equality and accessibility rights will be achieved by persons with disabilities through human rights based approaches adopted in accordance with international and regional human rights instruments and national legal frameworks.

Access to health care is a human right to be achieved by all human beings (including PWDs). Inclusive development is founded in a human rights-based approach emphasizing normativity, accountability, non-discrimination and equality, and the principles of participatory decision-making processes and transparency.[58] This translation of needs into rights and the associated obligations on the part of States to ensure their realization establishes a powerful framework for challenging the social exclusion of and discrimination against all persons with disabilities. The human rights model places accountability on governments to take action while the social model provides a framework for describing disability, it does not require governments to take any proactive steps to advance the rights of persons with disabilities.[59] The human rights model addresses such shortfall by explaining the steps that must be taken by governments to uphold, promote and protect the rights of persons with disabilities in each area of public life and service delivery.

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[55] TheresiaDegener , Disability in a Human Rights Context, Department of Social Work, Education and Diaconia, Protestant University of Applied Sciences, Bochum 44803, Germany, 2016, p. 1.

56 World Health Organization, world report on disability, WHO Library Cataloguing-in-Publication Data, 2011, p. 4.

57 Common Wealth of Australia, Rights of people with disability, Public sector guidance sheets, Attorney-General's Department, 2018, p. 12.

[58] UNICEF, Discussion Paper, using the human rights framework to promote the rights of children with disabilities, an analysis of the synergies between CRC, CRPD and CEDAW, 2009, p. 15.

[59] Australian Government, Annual Report on Achieving a just and secure society, Attorney-General's Department,2018, found at https://www.ag.gov.au/about-us/publications/attorney-generals-department-annual-report.

The human rights based approach requires governments to report to the United Nations on the steps taken to advance the rights of people with disability every four years and to actively consult with people with disabilities in the development of all new policies, laws and programs that might affect PWDs. Health care needs of individuals are addressed through health promotions, preventative care such as immunization, treatment of illnesses and referral to specialized services where needed due to the implementation of human rights based approaches.[60] However, notwithstanding these achievements, there are people, many of them persons with disabilities, who have still not seen their benefits.

In June 2019, the UN Disability Inclusion Strategy (UNDIS) was launched by the UN Secretary-General to promote 'sustainable and transformative progress on disability inclusion through all pillars of the work of the United Nations'.[61] This shows how much attention is being given for persons with disabilities to protect their human rights taking their challenges as cross-cutting issues. The human rights based approach is used to address all the challenges of PWDs to protect and fulfill their human rights fully accessing all required services equally without discrimination.

2.2.3. Barriers and Vulnerability of persons with disabilities in relation to health care services

2.2.3.1. Barriers which negatively affect access to health care services for PWDs

There are so many barriers which hinder access to health care services for persons with disabilities which lead themtowards unsafe livelihood. There are seven main barriers to access health care services for persons with disabilities which are four on the demand side and three on the supply side.[62]The four demand side barriers are unawareness that they can access mainstream health services, additional expenses in accessing services, limited mobility and self-stigmatization; and the three supply side barriers are found at the level of the health service provider such as negative attitudes of health care staff, inability to communicate with patients and inaccessible facilities**.**[63]Discrimination, stigmatization and marginalization, poverty, ignorance, physical environments, roads and health center buildings are other

[60] World Bank & WHO, World Report on Disability, Washington, DC. 2011, p.10.http://www.who.int/disabilities/world_report, (accessed on 21 March 2021).
[61]Francaiset al, Disability and health, 1 March, 2020, p.14.
https://www.who.int/fr/news-room/fact-sheets/detail/disability and-health (accessed on 25 March 2021)
[62]Ahumuza, S.E. et al., Challenges in accessing sexual and reproductive health services by people with physical disabilities in Kampala, Uganda, Reproductive Health, 2014, p. 59.
[63]Ibid.

negative factors which hinder access to health care services because they are not yet addressed effectively. For interventions aimed at increasing the accessibility of health care services for persons with disabilities to function, both the demand as well as the supply side barriers to health care services need to be addressed. Barriers to health services were found to be similar irrespective of the country's development level and it can thus be assumed that disaggregation by location would not have made a significant difference in facing the challenges by PWDs in any country in our world.[64]The barriers are all the same in every country in the world although their way of tackling the challenges is different.

Countries with high degrees of economic development may try to avoid the barriers while those with low levels of economic development like Ethiopia may not because of negative perceptions of society, backward cultural beliefs,illiteracy and poverty. The maximum possible efforts should be exerted to minimize the barriers even though economic constraints are challenges to intervene and bring positive changes. There are no commitments with concerned bodies to ensure the human rights of PWDs by decreasing if possible eradicating the barriers which affect access to health care services negatively. There is an exception in sexual and reproductive health care, where much more research has been done, and with reason, as barriers are compounded due to the intimate and sensitive nature of sexual health even though disability mothers' health care problems are not investigated well.[65] That is when a third body to support persons with disabilities involves, the sexual health problem victims doubt the dissemination of their secrete information to others.

According to Gaihre et al., "People with disabilities are denied access because of the strong belief that people with disabilities do not need sexual and reproductive health services".[66] This belief is against nature which shows how much the perception of the society about persons with disabilities is very negative. Public awareness creation about challenges, inclusiveness and accessibility in relation to PWDs in the society is very low that the possibility to develop positive perception is also very low. Although lack of communication and information is a barrier, the situation of sexual health services may not be accessed as people may not feel comfortable discussing the issue in the presence of a sign language

[64]Eide, A.H. et al., Perceived barriers for accessing health services among individuals with disability in four African countries, PLoS ONE, 2015 p.113.
[65]Baart, J. &Taaka, F. (in press),Barriers to Health Care Services for People with Disabilities in Developing Countries, 19 January 2018, found at https://lab.light-for-the-world.org/barriers-health-care-services-people-disabilities/
[66]Gaihre, R. et al, Understanding the sexual and reproductive health needs of young persons with disability in Nepal. 2016, p. 26.

interpreter or accompanying family member, or asking for information which other people might get through radio or billboards.

The negative attitude of health center staff, varying from frustration about not being able to communicate, to outright verbal and physical abuse has been observed as a significant barrier to health care service delivery for PWDs.[67] Combined with the fact that marginalization by family, care takers and communities, as well as negative attitudes towards PWDs is another oft-mentioned barrier which seems to indicate that tackling attitude change at individual, community and health center level would be a necessary challenge.[68] The positive consciousness of persons with disabilities themselves, the health care workers and the society's perception about disabilities is very low in developing countries that health care service delivery is highly hindered and affected. Affordability of health services and transportation are two main reasons why people with disabilities do not receive the required health care in low-income countries like Ethiopia; 32-33% of non-disabled people are unable to afford health care as compared to 51-53% of people with disabilities.[69] This is due to poverty that let alone persons with disabilities, the non-disabilities are not in a position to access the required health care services in developing countries.

Most disabled persons are not employed to generate income which helps to have not only health care services but also their survival. People with disabilities were more than twice as likely to report finding health care providers' skills inadequate to meet their needs; four times more likely to report being treated badly; and nearly three times more likely to report being denied care.[70] This is due to inadequate skills and knowledge of health workers in health care centers to realize the health problems of persons with disabilities and to treat them properly. All the barriers in relation to PWDs challenge their livelihood negatively as access to health care services particularly maybe affected. Difficulty to survive for PWDs results from the environmental barriers and negative social attitudes towards them together with the impairments. The challenges due to many barriers affect the livelihood of PWDs negatively that their exposing rate to general health problems increases.

[67] Ormsby et al. the Impact of Knowledge and Attitudes on Access to Eye-Care Services in Cambodia. Asia-Pacific Journal of Ophthalmology, 2012, pp.331-335, found at: http://ovidsp.ovid.com/ovidweb.cgi.
[68] Ibid.
69 United Nations, Inclusive Health Services For Persons With Disabilities, Toolkit On Disability for Africa, Module 10 -, Division for Social Policy Development (DSPD), and Department of Economic and Social Affairs (DESA).
[70] Francaiset al, Disability and health, (1 March 2020), https://www.who.int/fr/news-room/fact-sheets/detail/disability and-health

2.2.3.2. Vulnerability of persons with disabilities in relation to health care services

Vulnerability is a universal human condition, but is experienced differently, depending upon one's life circumstances and other variables including pre-existing impairments or disabilities, homelessness, or being in conflict with the law.[71] Feeling vulnerable comes as a result of being at risk for physical, psychological, or emotional harm in which risk of harm can come from within one's body or psyche as intrinsic vulnerability, or from external sources including poverty, environmental disaster, or discriminatory attitudes. Persons with disabilities face discrimination and marginalization in every aspect of their lives. Discrimination arises not from the intrinsic nature of their disability, but rather from entrenched social exclusion resulting from rejection becauseofdifference, poverty, social isolation, prejudice, ignorance and lack of services and support.[72] The whole society in developing countries perceives persons with disabilities negatively as a result they are vulnerable to harm and challenges in their livelihood. Approximately 426 million people with disabilities in developing countries live below the poverty line and are often among the 15% to 20% most vulnerable and marginalized and they are poor in such countries.[73] The World Bank has estimated that people with disabilities may account for as many as one in five of the world's poorest people.[74]

Indeed, persons with disabilities often lag well behind national averages of progress. The denial of human rights, exclusion, discrimination and a lack of accountability are barriers to the pursuit of human development. Due to all these barriers, persons with disabilities are challenged in accessing the required access to health care services in particular and all social services in general. Realizing human rights for persons with disabilities requires an awareness of the barriers that impede the realization of their rights so that they are able to achieve equal access as all other persons to education, health care, sanitation, clean water, protection and other services necessary for their survival, growth and development.

According to media presentations, persons with disabilities are more vulnerable to human rights violations than the non-disabled persons. They are not able to protect themselves from

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71 Deborah Stienstra, Ph.D. And Harvey Max Chochinov, M.D., Ph.D., F.R.S.C., Palliative and supportive care for vulnerable populations, University of Manitoba, Cambridge University Press, 2012, p. 38.

72UNICEF, Discussion Paper, Using the human rights framework to promote the rights of children with disabilities, an analysis of the synergies between CRC, CRPD and CEDAW, 2009, p. 4.

73Ibid, p.5

74 Ann Elwan, 'Poverty and disability: a survey of the literature', paper prepared for the World Bank, 1999, available at: http://siteresources.worldbank.org/in to poverty/ Resources/WDR/ Background/Elwan.

harm and they face so many challenges to access all social services and exercise their rights in the given community. Because of their vulnerability, their families and the society at large do not consider their challenges and persons with disabilities are not encouraged to go to health care centers to cure their general health problems. This is because the society perceives persons with disabilities negatively which prohibits their empowerment to attain the required services. Most societies in developing countries like Ethiopia believe that persons with disabilities are not capable of doing productive activities by themselves assuming that their survival depends on others.

The society assumes persons with disabilities are dependent on others for every aspect of their survival instead of making the required conditions convenient to them to perform and achieve the required services by themselves. This makes them vulnerable to any negative impacts to access social services particularly access to health care services. Human rights of persons with disabilities are violated due to discrimination; marginalization and inaccessibility of important social services since necessary conditions are not fulfilled being friendly as the disability standards require. Experiences of marginalization often result, intentionally or unintentionally, in differential treatment in health care.[75] According to Deborah Stienstra and Harvey Max Chochinov, "This increased vulnerability may result from attitudes of health care providers or from barriers as a result of "normal" care practices and policies that may exclude or stigmatize certain populations.

2.2.4. Emerging Challenges like Covid-19 pandemics in relation to disability's health care services

The COVID-19 pandemic, which has been overwhelming health care systems and posing a dramatic threat to public health worldwide, highlights the issue of explicit and implicit bias against persons with disabilities in accessing health care and being treated equally and with full dignity therein.[76] Reports from around the globe show how biases that have always been present have become magnified by COVID-19. For instance, Romanians with disabilities with full-blown COVID-19 in institutional care have been quarantined instead of hospitalized, something that is not being done to those without disabilities.[77] Descriptions of Guatemala's sole public psychiatric hospital note that it is a "dumping ground" for persons

[75] Deborah Stienstra, Ph.D. And Harvey Max Chochinov, M.D., Ph.D., F.R.S.C., Palliative and supportive care for vulnerable populations, University of Manitoba, Cambridge University Press, 2012, p. 37.
[76] Omar Sultan Haque& Michael Ashley Stein COVID-19 Clinical Bias, Persons with Disabilities and Human Rights, Volume 22/2,December 2020,
[77] COVID-19 Clinical bias-persons with disabilities and human rights, https://www.hhrjournal.org2020/11/

with disabilities and a COVID-19 breeding ground.[78] In the United States, there are claims of persistent discrimination against individuals with disabilities trying to access COVID-19-related health services, such as ventilators.[79] Globally, the COVID-19 Disability Rights Monitor Dashboard—an organization that monitors experiences of injustice by persons with disabilities has received approximately 1,600 complaints from people in more than 120 countries.[80]

COVID-19 is a pandemic which attacks all human kind, yet persons with disabilities are more vulnerable to the pandemic than others. According to the World Bank, one billion people, or 15% of the world's population, experience some form of disability, and disability prevalence is higher for developing countries.[81] Persons with disabilities are more likely to experience adverse socioeconomic outcomes such as less education, poorer health outcomes, lower levels of employment, and higher poverty rates due to COVID-19 which is a pandemic that negatively affects their lives. During the COVID-19 crisis, persons with disabilities who are dependent on support for their daily living may find themselves isolated and unable to survive during lockdown measures, while those living in institutions are particularly vulnerable, as evidenced by the overwhelming numbers of deaths in residential care homes and psychiatric facilities.[82] Barriers for persons with disabilities in accessing health services and information are intensified so that they are more likely to become victims of the pandemic than other persons.

In the area of health, many persons with disabilities have additional underlying health needs that make them particularly vulnerable to severe symptoms of COVID-19, if they contract it. Persons with disabilities may also be at increased risk of contracting COVID-19 because information about the disease, including the symptoms and prevention, are not provided in accessible formats such as print materials in Braille, sign language interpretation, captions, audio provision, and graphics.[83] While the COVID-19 pandemic threatens all members of society, persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19

[78] COVID-19 Clinical bias-persons with disabilities and human rights, https://www.hhrjournal.org2020/11/
[79] Ibid
[80] Ibid
[81] World Bank, Disability Inclusion overview, (Oct. 01, 2020),: found at https://www.worldbank.org/en/topic/disability,last accessed on 7 March 2021.
[82] United Nation High Commissioner, Covid-19 and the Rights Of Persons With Disabilities, Covid-19 response, Topics in Focus, 19 April, 2020.
[83] World Health Organization, Disability consideration during the COVID-19 Outbreak, 18 March 2020.

response.[84]With widespread school closures, children with disabilities are lacking access to basic services like meal programs; assistive technologies; access to resource personnel; recreation programs; extracurricular activities; and water, sanitation, and hygiene programs. Covid-19 has led to a sudden shift in the role of the parent/caregiver to act simultaneously as their teachers departed from them. As public transport systems reduce or stop services due to COVID-19, persons with disabilities who rely on these methods for accessible transport may not be able to travel, even for basic necessities or critical medical appointments. Barriers to full social and economic inclusion of persons with disabilities include inaccessible physical environments and transportation, the unavailability of assistive devices and technologies, non-adapted means of communication, gaps in service delivery, and discriminatory prejudice and stigma in society.[85]

Global awareness of disability-inclusive development is increasing even though the practical implementation in developing countries is inadequate due to resource constraints together with the unsolved challenges and barriers.[86] The United Nations Convention on the Rights of Persons with Disabilities (CRPD) promotes the full integration of persons with disabilities in societies but COVID-19 is a horrible disease that affects support for persons with disabilities as the disease mainly transmits through contact, so that persons without disabilities are afraid of supporting them. The CRPD specifically references the importance of international development in addressing the rights of persons with disabilities even though COVID-19 is a big challenge for all countries in the world be it developed or developing due to the virus's variable and long lasting nature.

The 2030 Agenda for Sustainable Development clearly states that disability cannot be a reason or criteria for lack of access to development programming and the realization of human rights.[87] But COVID-19 is a big challenge to eradicate through the achievement of development as it has been a major challenge of the world (developed and developing countries) for a year and above. As it is observed on the ground, the vaccine developed is not equally accessible throughout the world, which implies that the fate of peoples in poor countries is unpredictable. The human rights of persons with disabilities during COVID-19 are not promoted and protected in accordance with the required standards due to the variable

[84] United Nations High CommissionerCovid-19 and the Rights of Persons with Disabilities, COVID-19 Response, Topics in Focus, 19 April, 2020.
[85]World Bank, Disability Inclusion overview, Oct. 01, 2020. found at https://www.worldbank.org/en/topic/disability.
[86] World Economic Forum, Corona virus: A pandemic in the age of inequality, 2020.
[87]World Bank, Disability Inclusion overview, (Oct. 01, 2020. Found at https://www.worldbank.org/en/topic/disability.

characteristics of the disease and contact transmission behavior. In the case of emerging issues and Situations of risk and humanitarian emergencies, significant measures and legal frameworks particularly in relation to PWDs have not yet been developed in Ethiopia that their rights are not ensured.

2.3. Legal frameworks for persons with disabilities in relation to access to health care services

We know that legal frameworks are basic to promote and protect the full human rights of persons with disabilities. The question as to how the human rights, fundamental freedoms and access to general social services of persons with disabilities can be protected and delivered should be answered to show the importance of international, regional and national legal frameworks in relation to access to health care services to fulfill human rights of PWDs.

2.3.1. International legal frameworks

The United Nations (UN) human rights system includes a significant body of legal instruments that can be used to protect the rights and liberties of persons with disabilities. Human rights instruments established by international law protect all persons without distinction of any kind such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.[88] Persons with disabilities are supposed to be protected through the fulfillment of their rights (social, economic, cultural and political rights). The right to access quality health care services and the freedoms of persons with disabilities should be taken into account to protect them from any harm. It is understandable that the United Nations from its very inception has been concerned with the status and rights of persons with disabilities, and has also recognized that discrimination against persons with disabilities adversely affects the economic and social development of entire communities.[89] The United Nations has sought to promote the rights of persons with disabilities in its very founding principles, which are based on fundamental freedoms and equality of all human beings.

The United Nations Human Rights instruments which are binding include the International Covenant on Civil and Political Rights (1966), International Covenant on Economic, Social and Cultural Rights (1966), Convention on the Elimination of All Forms of Discrimination

[88] Committee on the Rights of Persons with Disabilities, General comment No. 6 on equality and non-discrimination, 2018.
[89] Ibid

against Women (1979), Convention on the Rights of the Child (1989), Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984), Convention concerning Vocational Rehabilitation and Employment (Disabled Persons) (1983) and Convention on the Rights of Persons with Disabilities (2006).These international instruments enforce states that have accepted and ratified the conventions to implement them and Ethiopia as a UN member state is under an international legal obligation to implement the instruments it has accepted and ratified. The international human rights instruments emphasize on equality but the actual practices in most developing countries like Ethiopia are not practically exercising their implementations. Ratifying the international and regional human rights instruments by Ethiopia is promising to practice the protection of rights in the future.

Article 6 of theInternational Covenant on Civil and Political Rights (ICCPR) states that "every human being has an inherent right to life and that no one shall be arbitrarily deprived of his or her life and that each State Party to the Covenant will respect all individuals within its territory and subject to its jurisdiction without distinction of any sort".[90] That is to mean discrimination and marginalization of persons with disabilities is forbidden and they should be able to access all the rights under the Convention on an equal basis. Equality of all human beings is a basic principle in the conventions so that persons with disabilities should access quality health care services equally with the general public without discrimination. Although ratifying the human rights instrument is promising, it does not guarantee the equal rights of PWDs unless it is practiced on the ground. Article 7 protects every person from being subjected to torture or to cruel, inhuman, or degrading treatment or punishment. Specifically, it states that "no one shall be subjected to medical or scientific experimentation without his or her free consent" as these are some causes of increasing disabilities. It is possible to realize that the general health care conditions of persons with disabilities should be taken into account apart from their disability problems and burden. Human rights of persons, particularly the rights of persons with disabilities, should be protected in accordance with the Convention.

The Ad Hoc Committee of CRPD with regard to accessibility in paragraph 12 recommends that in accordance with General Assembly resolutions 58/246, 59/198 and 60/232 and decision 56/474, the Committee reiterated the need for additional efforts to ensure

[90] The International Covenant on Civil and Political Rights (ICCPR), 1966.

accessibility at the United Nations, with reasonable accommodation regarding facilities and documentation, for all persons with disabilities.[91] Alike the standard rules, the Vienna declaration on human rights, under its 64th Paragraph recognizes "the existence of persons with disabilities everywhere thereby guaranteeing equal opportunity through the elimination of all socially determined barriers, be they environmental, financial, social or psychological, which exclude or restrict their full participation in the society".[92]

International Covenant on Economic, Social and Cultural Rights (ICESCR) requires States Parties to guarantee that the rights enshrined in this instrument will be exercised without discrimination of any kind. Although the Covenant does not specifically refer to access to health care services for persons with disabilities, the encompassing call for non-discrimination implicitly includes persons with disabilities. Under Article 12, the States Parties recognize that all persons have the right to the enjoyment of the highest attainable standard of physical and mental health. In order to achieve the full realization of this right, States Parties will take steps to ensure the healthy development of children, the improvement of all aspects of environmental and industrial hygiene and the prevention, treatment and control of epidemic, occupational and other diseases.

According to this Covenant, States Parties must take steps individually and through international assistance and cooperation to progressively achieve the full realization of the rights recognized equally without discrimination. It is discrimination and marginalization that prevent persons with disabilities from attaining the maximum possible rights protection mentioned in the conventions. Equality for all human beings is the principle to be practiced on the ground. Access to health care services should be delivered to all without discrimination and marginalization in accordance with the Convention.

In relation to disability, CESCR General Comment no. 5 (Persons with disabilities), paragraph 3: There is still no internationally accepted definition of the term "disability". For present purposes, however, it is sufficient to rely on the approach adopted in the Standard Rules of 1993, which state "The term 'disability' summarizes a great number of different functional limitations occurring in any population ... People may be disabled by physical,

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[91] UN enable Ad Hoc Committee, A Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities, **Seventh session** New York, 16 January-3 February 2006 found at https://www.un.org/esa/socdev/enable/rights/ahc7report-e.htm,

92 The World Conference on Human Rights, Vienna Declaration and Program of Action, 1993, Paragraph 64, found at www2.ohchr.org/english/law/vienna.htm, (Accessed on August, 10, 2021).

intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature".[93]In relation to discrimination on the ground of disability,CESCR General Comment no. 5 (Persons with disabilities), paragraph 15: …For the purposes of the Covenant, "disability-based discrimination" may be defined as including any distinction, exclusion, restriction or preference, or denial of reasonable accommodation based on disability which has the effect of nullifying or impairing the recognition, enjoyment or exercise of economic, social or cultural rights.[94]

TheConvention on the Elimination of All Forms of Discrimination against Women (CEDAW) does not include any specific language on disability rights, but in protecting the rights of all women, it includes women with disabilities under its umbrella of protection. Article 11 safeguards women's right to protection of health and safety in working conditions. Under Article 12, States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning. When we talk about women in general, disabled women are included although their challenges are not treated separately. Reproductive health problems affect all women, but particularly women with disabilities; as a result there should be special skill, knowledge and attitude development of health professionals. Health center equipment should be arranged and formulated on the basis of disability to be accessed equally.

TheConvention on the Rights of the Child (CRC) contains human rights provisions with regard to children and adolescents; in Article 2 states that "States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members".Article 23(1, 2, 3 & 4)states that "States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community"; "States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application

[93]UN enable Ad Hoc Committee, Jurisprudence of human rights treaty bodies (Draft Article 3), Found at https://www.un.org/esa/socdev/enable/rights/wgjrefa3.htm (accessed 08 August 2021).
[94] Ibid

is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child"; "Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development", and "States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries".

Article 24 recognizes the right to the enjoyment of the highest attainable standard of health. Article 25 recognizes the right to periodic review of treatment given to children placed in institutions for physical or mental health reasons. Article 27 recognizes the right of children to be protected from performing any work likely to be hazardous or to interfere with their education or to be harmful to their health or physical, mental, spiritual, moral, or social development.According to Article 19 (1 & 2) **"**States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child" and"Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement".[95]

[95] OHCHR, Convention for the Rights of the child (CRC), found at https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

TheConvention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) protects persons with disabilities who are supposed to be under the protection of governmental officials, institutions and organizations. Under Article 2, States Parties agree to take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under their jurisdiction. Article4 requires States Parties to ensure that all acts of torture are offences under their criminal law. Moreover, this Article requires States Parties to make these offenses punishable by appropriate penalties which reflect their grave nature. We know that torture may cause disabilities of persons in a society which aggravates the access to health care problems. This instrument establishes that each State Party shall take steps to prevent in any territory under its jurisdiction acts of cruel, inhuman or degrading treatment or punishment when such acts are committed by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. These provisions are extremely important for the protection of mental and physical health and the prevention of disabilities in the context of public institutions. Unlawful acts like torture and other cruel inhuman treatments may cause disability and health problems.

TheConvention concerning Vocational Rehabilitation and Employment of Disabled Persons is a treaty of the International Labor Organization (ILO), a UN specialized agency. It commits States parties to formulate, implement and periodically review a national policy on vocational rehabilitation and employment of persons with disabilities (Article 2). Further, underlining equal opportunity, it states that “measures designed to equalize opportunities and treatment between workers with disabilities and other workers shall not be regarded as discriminating against workers with disabilities”. When persons with disabilities get jobs, they will be able to challenge health care problems they face keeping other factors fulfilled.

The Convention on the Rights of Persons with Disabilities (CRPD) is the first comprehensive human rights treaty which is intended as a human rights instrument with an explicit social and economic development dimension. It reaffirms that all persons with all types of disabilities (including mental disabilities) must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of human rights and fundamental freedoms apply to persons with disabilities and identifies areas where adaptations have been made for persons with disabilities to effectively exercise their rights

and areas where their rights have been violated, and where protection of rights must be reinforced.

The Optional Protocol provides specific mechanisms for enforcing the Convention such asimprove existing protection mechanisms for persons with disabilities; complement existing protection mechanisms; enhance the State's understanding of the steps it must take to protect and promote the rights of persons with disabilities;vindicate State action in cases where the Committee makes a finding that no violation has occurred; foster changes in discriminatory laws, policies and practices; and create greater public awareness of human rights standards related to persons with disabilities.

According to Article 1 the purpose of the CRPD "to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity."CRPD is the first human rights instrument which acknowledges that all disabled persons are right holders and that impairment may not be used as a justification for denial or restrictions of human rights in which such an approach recognizes that disability is a social construct which is created when impairment interacts with societal barriers.[96]

The CRPD also significantly impacts on international human rights law and its system. The CRPD Committee, established in 2009, consists of 18 independent experts of whom all but one, are disabled persons. No other treaty body has had such a high number of experts with impairments. As a consequence accessibility of UN buildings and information and communication systems became an issue. A Secretariat-Wide Inter-Departmental Task Force on Accessibility has been established and several resolutions on making the United Nations more accessible and inclusive for persons with disabilities have been adopted.[97]As Andrea Broderick has analyzed recently, a theoretical and comparative perspective can be said with certainty that the CRPD goes further in its approach to equality than previous international human rights instruments.[98]

[96]TheresiaDegener , Disability in a Human Rights Context, Department of Social Work, Education and Diaconia, Protestant University of Applied Sciences, Bochum 44803, Germany, 2016, p. 2.
[97]United Nations General Assembly. "Promotion and protection of human rights: Human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms. A/C.3/70/L.56." 2 November 2015, found at http://www.un.org/disabilities/, accessed 09 August 2021.
98 Andrea Broderick, The Long and Winding Road to Equality and Inclusion for Persons with Disabilities, Ph.D. Dissertation, Maastricht University, Maastricht, The Netherlands, 20 November 2015, p. 149.

In the second meeting of the Ad Hoc CRPDCommittee of experts on the rights of persons with disabilities on an international Convention, an educational tool was designed to assist Governments, national and international policy makers, intergovernmental organizations, international organizations, non-governmental organizations, researchers in the area of disability rights, civil society organizations concerned with disability issues and the global disability community to identify effective measures to promote, protect and integrate the rights of persons with disabilities into all areas of national legislation, policies and programs and to promote increased awareness of internationally accepted norms on: 1) the equalization of opportunities for persons with disabilities; 2) the full and effective integration of persons with disabilities in social life and development; and 3) standards to protect and promote the rights of persons with disabilities".[99]

From the statement, we can realize how much attention is given to disabilities' rights at the international level so that regions, UN member States and local communities may follow the same procedure to promote and protect the rights of persons with disabilities. Access to health care services is one of the key rights to be assured for them without discrimination and marginalization by implementing the principles of the human rights instruments. It is possible to realize that the right to access quality general health care services for persons with disabilities is not given due attention compared to that of the disability itself by states and policy designers.The UN sustainable Development Goal under target ten, reduce inequality, sub targets 10.1, 10.2, 10.3 and 10.4state thatreduce income inequalities;promote universal social, economic and political inclusion; ensure equal opportunities and end discrimination and adopt fiscal and social policies that promotes equality respectively.[100]

2.3.2. Regional legal frameworks

Regional human rights systems are developed on the basis of international human rights instruments to fulfill the rights of peoples in their region based on their contexts. Although human rights are universal, regions try to promote and protect the rights of their peoples in accordance with their development level, culture and social status. The regions are supposed to develop legal frameworks to realize the rights of persons with disabilities even though disaggregated legal frameworks in relation to disabilities' health care access have not yet

[99] UN enables, Second Meeting of the Ad Hoc Committee on an International Convention, Compilation of International Norms and Standards Relating to Disability, New York, 2003, https://www.un.org/esa/socdev/enable/discom001.htm# (accessed on 19 March 2021).

[100] UN sustainable Development Goals, found at https://www.google.com/search?client=firefox-b-d&q=targets+10.2+and+10.3+of+the+Sustainable+Development+Goals , (accessed 10 August 2021).

been developed. When domestic institutions fail to uphold the law and are in some cases the violators of law, it may be possible or necessary to seek redress beyond national boundaries through the help of regional instruments. Legal provisions at the regional level are generally created according to the rules on treaty making in public international law as laid down in the Vienna Convention on the Law of Treaties. For those States who are not Parties to the latter Convention, the substantive rules embodied in the Convention may be applicable as part of customary law.[101] The World Program of Action Concerning Disabled Persons paragraph 34 states that "the regional commissions of the United Nations and other regional bodies should encourage regional and sub-regional co-operation in the area of prevention of disability, rehabilitation of disabled persons and equalization of opportunities".[102] The opportunities to health rights of persons with disabilities should be designed at regional level to assure the implementation at national and community levels in accordance with the human rights instruments.

The regional human rights systems are found in Europe, America, Africa and Asia to implement the human rights instruments on the basis of their development level, contexts and cultures. **European regional systems** consist of the council of Europe instruments, the Council of Europe remedies under the European conventions, the economic commission to Europe and the European Union. **American regional systems** consist of the Inter American convention on human rights, the Inter American convention on the elimination of all forms of discrimination against persons with disabilities, the Inter American commission on human rights and the Inter American Court of human rights. **Asian regional human rights systems** consist of regional seminar and meetings. According to the preamble paragraph (4) of the protocol to the African charter on human and peoples' rights of persons with disabilities in Africa, "The African Union and its agencies as well as states parties to the African charter have made various efforts towards ensuring the rights of persons with disabilities". [103]

African regional human rights systems: The African System is the youngest of the three judicial or quasi-judicial (in Africa, the America, and Europe human rights systems) and was

[101] UN enables, Second Meeting of the Ad Hoc Committee on an International Convention, Compilation of International Normsand Standards Relating to Disability, New York, 2003. https://www.un.org/esa/socdev/enable/discom001.htm#background,(accessed on 28 March 2021).

[102] United Nations, World Program of Action Concerning Disabled Persons, Department of Economic and Social Affairs, 34/154 of 17 December 1979, p. 20.

[103] The protocol to the African charter on human and peoples' rights of persons with disabilities in Africa

created under the auspices of the African Union (AU).[104]The African Commission on Human and Peoples' Rights (ACHPR), African Court on Human and Peoples' Rights (AfCHPR), and African Committee of Experts on the Rights and Welfare of the Child (ACERWC)all of whichassess States' compliance with human rights standards, including by deciding individual complaints of human rights violations. However, the jurisdiction and activities of each body are distinct.The responsibilities of these special mechanisms include gathering and disseminating information on respect for the human rights of certain vulnerable groups.[105]

The African Commission on Human and Peoples' Rights (ACHPR) is the premier human rights body of the African Union, established under Article 30 of the African Charter on Human and Peoples' Rights (the African Charter), the founding treaty of the African Human Rights system for the promotion and protection of human rights in Africa.[106]The mandate of the ACHPR is defined in Article 45 of the African Charter and includes: the protection and promotion of human and peoples' rights on the continent; the interpretation of any provision of the African Charter at the request of a State Partyand the formulation of principles and rules on fundamental freedoms on which African governments can base their legislation.[107]The African Commission on Human and Peoples' Rights (ACHPR) has established multiple special mechanisms to assist the Commission with the promotion and protection of human rights.[108]

The African Charter makes provision for the following mechanisms to monitor its implementation state reporting; a communications procedure; and a judicial procedure.[109]State reports and communications are received by the African Commission on Human and Peoples' Rights.In order to remedy the omission of people with disabilities, the Focal Point was expanded in 2009 to become a 'working group on the rights of older Persons and people with disabilities in Africa'.[110]

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[104] IJRC, African Human Rights system, found at https://ijrcenter.org/regional/african/, (accessed 09 August 2021).

[105]Southern African Legal Information Institute (SALII), TheAfrican Disability Rights Yearbook, 2013, found athttp://www.saflii.org/za/journals/ADRY/2013/9.html.

106 Commissioner Solomon Ayele, Press Conference, May 4, 2021, found at https://au.int/en/pressreleases/20210504/achpr-68th, (accessed 09 August 2021).

107 Ibid

[108]IJRC, African Human Rights system, found at https://ijrcenter.org/regional/african/, (accessed 09 August 2021).

109 Ibid

110IJRC, African Human Rights system, found at https://ijrcenter.org/regional/african/, (accessed 09 August 2021).

110 Ibid

The Protocol, which was adopted in 2018 by the 30th Ordinary Session of the Assembly of Head of States and Governments of the African Union (held in Addis Ababa, Ethiopia from 22to 29 January 2018) in Art. 1Sub Articles (i-xii) aim at guaranteeing that Persons with Disabilities are offered the frameworks and capacities to effectively participate on an equal basis with others to all matters pertaining to their civil, political and social life which entails that disability must not, for whatever reason, be a basis of any forms of exclusion and discrimination against Persons with Disabilities.[111] The Protocol represents a major milestone that has saved Africa centuries of negotiations and consensus-building on harmonized policies that protect the rights of persons with disabilities.The Protocol which has registered so far only six signatures (Burkina Faso, Central African Republic, Gabon, Rwanda, South Africa, Togo) with no single ratification to date, states at its Article 1 that "The purpose of this Protocol is to promote, protect and ensure the full and equal enjoyment of all human and people's rights by all persons with disabilities, and to ensure respect for their inherent dignity"; and provisions of the Protocol which specifically pertain to "participation" and the "leadership" role of Persons with Disabilities.[112]

The African Court on Human and Peoples Rights (AfCHPR)is a regional human rights tribunal with advisory and jurisdiction concerning the interpretation and application of the African Charter on Human and Peoples' Rights ("Banjul Charter") and other instruments.[113]Its jurisdiction extends to those States that have ratified the Protocol to the African Charter on Human and Peoples' Rights on the Establishment of an African Court on Human and Peoples' Rights. In addition to deciding cases, the Court may issue advisory opinions and adopt thematic reports.

The Court also has jurisdiction to hear cases brought by individuals and non-governmental organizations with observer status before the African Commission, but only when the relevant State has accepted this jurisdiction by making a declaration under Article 34 of the Protocol.[114]For the judicial procedure, the relevant institution is the African Court on Human

[111] African Commission on Human and Peoples' Rights, Statement of the Working Group on the Rights of Older Persons and People with Disabilities in Africa of the African Commission on Human and Peoples' Rights, at the occasion of the International Day of Persons with Disabilities,3 December 2019, found at https://www.achpr.org/pressrelease/detail?id=462.
[112]African Commission on Human and Peoples' Rights, Statement of the Working Group on the Rights of Older Persons and People with Disabilities in Africa of the African Commission on Human and Peoples' Rights, at the occasion of the International Day of Persons with Disabilities,3 December 2019, found at https://www.achpr.org/pressrelease/detail?id=462.
113 Ibid
[114] International Justice Resource Center (IJRC), African Rights Court Issues Landmark Advisory Opinion Rejecting Vagrancy Laws, December 9 2020, found at https://ijrcenter.org/2020/12/09/african-rights-court-issues-landmark-advisory-opinion-rejecting-vagrancy-laws/, (accessed 13 August 2021).

and Peoples' Rights. The current status of the African Court can best be summarized as 'all dressed up and nowhere to go'. Having largely overcome its initial logistic problems, the African Court is now being held back by the reluctance on the part of states to ratify the Protocol establishing the Court and to make the Declaration allowing individuals and NGOs to submit cases directly to the Court.

The African Committee of Experts on the Rights and Welfare of the Child (ACERWC)is charged with protecting human rights in Africa and interpreting the African Charter on the Rights and Welfare of the Child. It is made up of 11 individuals elected by the Assembly of the African Union to serve for one term of five years. Out of the African Union's 55 Member States, 50 have ratified the African Charter on the Rights and Welfare of the Child of which Ethiopia is one. The Committee's activities include issuing "general comments," guidance and interpretation regarding the ACRWC; monitoring the ACRWC's implementation; reviewing reports by States and civil society organizations concerning States parties' implementation of the ACRWC and issuing recommendations ("concluding observations"); deciding "communications," complaints that allege violations of the ACRWC by States parties; conducting fact-finding and promotional missions concerning systematic violations of child rights in States parties; and, establishing standards and guidelines to guide States parties in fulfilling their obligations.[115] The committee monitors the implementations of all legal frameworks in every member states so that the rights of children with disabilities will be protected and insured. Their right to access health care services will be protected and fulfilled in accordance with the comments of the committee.

The Committee on the Protection of the Rights of People Living with HIV (PLHIV) and Those at Risk, Vulnerable to and Affected by HIVwas established by the African Commission on Human and Peoples' Rights with the adoption of Resolution 163 at the 47th Ordinary Session held in Banjul, the Gambia in May 2010. The mandate calls for the Committee toundertake fact-finding missions, where necessary, to investigate, verify and make conclusions and recommendations regarding allegations of human rights violations;engage State Parties on their responsibilities to respect, protect and fulfill the rights of people living with HIV and those at risk; recommend concrete and effective strategies to better protect the rights of people living with HIV and those at risk; integrate a gender perspective and give special attention to persons belonging to vulnerable groups, including

[115]IJRC, African Human Rights system, found at https://ijrcenter.org/regional/african/, (accessed 09 August 2021).

women, children, sex workers, migrants, men having sex with men, intravenous drugs users and prisoners; andreport regularly to the African Commission on human and peoples' rights.[116]

Adoption of Draft Protocol on Persons with Disabilities' Rights by African Commissionaddresses continued exclusion, harmful practices, and discrimination affecting those with disabilities, especially women, children, and the elderly.The protocol, adopted during the ACHPR's 19th Extraordinary Session,February 16 to February 25/ 2016 is the culmination of the African Union's focus on the rights of persons with disabilities.Art. 1(g) ofthe protocol guarantees equal protection of economic, social, cultural, civil, and political rights to individuals with "physical, mental, intellectual, developmental or sensory impairments" and will require States parties to implement affirmative actions to advance their equality.[117]The intent in drafting the protocol was to lay out the rights of persons with disabilities in a continental context, drawing from the United Nations Convention on the Rights of Persons with Disabilities but also addressing additional issues specific to Africa. The draft protocol, accordingly, addresses issues faced by persons with disabilities in Africa, such as increased rates of poverty; systemic discrimination; and risk of violence and abuse, particularly for those with albinism and women and girls with disabilities.

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, better known as the **Maputo Protocol**, is an international human rights instrument established by the African Union that went into effect in 2005. It guarantees comprehensive rights to women including the right to take part in the political process, to social and political equality with men, improved autonomy in their reproductive health decisions, and an end to female genital mutilation.[118]

[116] IJRC, African Human Rights system, found at https://ijrcenter.org/regional/african/, (accessed 09 August 2021).
[117]IJRC, African Human Rights system, found at https://ijrcenter.org/regional/african/, (accessed 09 August 2021).
[118] Maputo Protocol, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, adopted in 1981, enacted in 1986, found at https://en.wikipedia.org/wiki/Maputo_Protocol

Due to the African states affirmation of the rights of persons with disabilities in a new landmark Protocol, the UN Human Rights Council Advisory Committee held in Geneva from 19 to 23 February2018),in a press release by the Office for the High Commissioner for Human Rights,a UN human rights expert has said thatthe newly adopted Protocol to the African Charter on Human and People's Rights has great potential to strengthen the implementation of universal human rights for 84 million Africans with disabilities.[119] Miss Devandasencouraged all 53 States which have already signed up to the Charter to ratify the Protocol without delay and she also reminded the African states of their responsibility to ensure protection and promotion of the rights of persons with disabilities in conformity with the standards of the UN Convention on the Rights of Persons with Disabilities.[120]The Special Rapporteurof UN human rights expert also added that "The Protocol is expected to trigger a much greater inclusion of the concerns of people with disabilities in laws, policies and budgets, because it ensures increased accountability and closer oversight of how States implement their human rights obligations."[121] There is no explicit legal framework about access to health care services for PWDs in Africa's Human rights systems although it is included implicitly in all the systems.

The human rights systems in every region provide the right of persons with disabilities to access health care services implicitly as there is no explicit framework on the right to access general health care services. When we talk about accessibility, it is understandable that health care services are addressed implicitly. As far as the legal frameworks are developed, they will serve all the peoples without distinction if the required implementation processes take place on the ground in accordance with equality and non-discrimination. However, explicit stipulations are required to take good care of the health of disabled persons and monitor its practice on the ground.

2.3.3. Ethiopian legal and policy frameworks

Disability was formally defined for the first time in Ethiopia in 1971 under an imperial order issued to establish an agency on disability. Emperor Haile-Selassie issued order No. 70/1971 to provide for the establishment of the rehabilitation agency for the disabled.[122] This imperial

[119]OHCHR, African States Affirm the rights of PWDs in a new landmark Protocol,15 February 2018, GENEVA, found at https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22661&LangID=E, (accessed 13 August 2021).
[120]Ibid
[121] Ibid
[122] United Nations, Initial Reports of Ethiopia, submitted to Committee on the Rights of Persons with Disabilities under article 35 of the Convention, 2012, p. 35.

order defines a person with a disability as, “Any person who, because of limitations of physical or mental health, is unable to earn his livelihood and does not have one to support him and shall include any person who is unable to earn his livelihood because of young or old age”. The order assumed that persons with disabilities were not capable of doing everything necessary to support their livelihood. This definition represents an approach of identifying disability as a health problem to be an obstacle by itself to survive with a consequence of being unable to earn livelihood in the absence of a person to support them. But persons with disabilities are beyond that as they are so much efficient and productive if necessary conditions like inclusiveness and equal opportunities are createdfor them. The imperial order definition is a traditional one which didn’t take their performing ability and capacity to survive independently in to account.

Practically, there are a number of persons with disabilities who were considered incapable of earning a livelihood but are productive not only to support themselves but also contributing to their community and the nation at large. The legal framework in the imperial period was concerned with the social and economic support to persons with disabilities by others but not with guaranteeing their equal access and independent livelihood. Although it was not all rounded to fulfill all the required rights of PWDs, it is possible to recognize the fact that consideration for persons with disabilities was given more attention in Ethiopia long ago.

The steps taken and activities carried out by the Governments of Ethiopia in the past aimed at prevention of disability-based discrimination, promotion of independence, participation, equalization of opportunities, accessibility, gender equality and recognition of children’s evolving capability.[123]Butthe CRPD Committee is concerned that the concept of reasonable accommodation enforced in domestic law is only related to employment and not to other areas covered by the Convention and it also notes with concern that the denial of reasonable accommodation is not recognized as a form of discrimination in all areas, including the denial of reasonable accommodation in detention and in education.[124]This may indicate that Ethiopiadoesnot behave according to the CRPD requirements as it is not successfully satisfying the needs of PWDs according to the CRPD standards. Reporting to the CRPD Committee will help to show the gaps and enforce the country to fulfill the rights of PWDs according to the set standards of international and regional human rightsinstruments.

[123] United Nations, Initial Reports of Ethiopia submitted to Committee on the Rights of Persons with Disabilities under article 35 of the Convention, 2012, p. 21.
[124]UN, CRPD Committee, Concluding Observations on the Initial Report of Ethiopia, 4 November 2016, paragraph 9.

In principle, discrimination on any ground is forbidden under the Constitution of the Federal Democratic Republic of Ethiopia. The Constitution has already guaranteed the right to equality and prohibits discrimination in all its forms which includes access to health care. Although Ethiopia is a developing country, it has tried to develop legal frameworks for persons with disabilities to fulfill their human rights as per its capacity although disaggregated frameworks for all disability types, especially in relation to health care services are not yet developed.

Ethiopia has adopted the Constitution of the Federal Democratic Republic of Ethiopia, 1995, (of which Article 41(5) is particularly relevant).[125] A Proclamation concerning the Rights to Employment for Persons with Disabilities, No. 568/2008,[126] Building Proclamation, No. 624/2009,[127]Proclamation No. 676/2010, on the Ratification of the "UN Convention on the Rights of Persons with Disabilities" (UNCRPD),[128] Framework Document 2009 of Special Needs Education (SNE) in Technical and Vocational Education and Training to uphold the rights of persons with disabilities.[129] Although such policies are designed, the practicability is questionable and the organizations, institutions, law enforcing bodies, CSOs, and others are supposed to involve making the policy efficient and effective.

Inrelation to accessibility, the issue of accessibility does not seem to have a long history in Ethiopia that not many physical structures or informational services are disability friendly. The Government of the Federal Democratic Republic of Ethiopia recognizes the importance of accessibility to the life of persons with disabilities although the practice is not as such satisfactory. It is understood that independent living and full participation is hardly possible in the circumstance that environmental and informational barriers continue to challenge the lives of persons with disabilities. Access to physical environment and information and communication including the information technology system is one of the crucial means of achieving independence and full participation in societal affairs.[130] For the creation of accessible environment for persons with disabilities, The Parliamentreactsand the Council of

[125] Federal Democratic Republic Of Ethiopia, Constitution of the Federal Democratic Republic of Ethiopia, Proclamation No. 1, NegaritGazeta No. 1, Year 1, Addis Ababa, 1995.
[126] National Legislative Bodies / National Authorities, Ethiopia: Proclamation No. 568/2008 of 2008, Right to Employment of Persons with Disability Proclamation, 25 March 2008, available at: https://www.refworld.org/docid/4ba79d7b2.html (accessed 8 June 2021)
[127] Ethiopian Building Proclamation No. 624/2009, Federal NegaritGazeta, No. 31, pp. 4673-4700.
[128] Convention on the Rights of Persons with Disability Ratification Proclamation No. 676/2010, Federal NegaritGazeta, 16th Year No. 32 ,11th June, 2010 , P 5301
[129] Federal Democratic Republic of Ethiopia: Ministry of Education (MOE), Education and Training Policy, 199, p 14.
[130] UN, CRPD initial Report of Ethiopia, Under Article 35, CRPD/ETH/1, 2012, p 15.

Ministers particularly the Ministry of Urban Development and Construction issued a regulation and directive respectively.

Constitution of the Federal Democratic Republic of Ethiopia:Unlike the three preceding constitutions of Ethiopia enacted in 1930, 1955 and 1987 which didn't give attention for PWDs,the Constitution of the Federal Democratic Republic of Ethiopia, Article 41(3, 4, 5 and 6) states that "Every Ethiopian national has the right to equal access to publicly funded social services"; "The State has the obligation to allocate ever increasing resources to provide to the public health, education and other social services"; "The State shall, within available means, allocate resources to provide rehabilitation and assistance to the physically and mentally disabled, the aged, and to children who are left without parents or guardian"; and "The State shall pursue policies which aim to expand job opportunities for the unemployed and the poor and shall accordingly undertake programs and public works projects"[131] respectively.

The Constitution sets out the State's responsibility for the provision of necessary rehabilitation and support services for people with disabilities as mentioned above. The Government is not following health care services given for PWDs according to the constitution by designing an independent legal framework and monitoring mechanism in relation to access to health care services for PWDs. The constitution provides general concepts and the government should develop disaggregated frameworks to implement. When we talk about the health conditions of persons with disabilities, we are considering their impairments but not the challenges they face with regard to the general health conditions within communities.

In relation to the right to life, there is no special legislation on the protection of the life of persons with disabilities in Ethiopia. However, the Ethiopian legal system contains provisions protecting equally all lives. The relevant constitutional provision extends its protection to everybody according toarticle 15 of the constitution of the Federal Democratic Republic of Ethiopia. Article 15 states that "Every person has the right to life. No person may be deprived of his life except as a punishment for a serious criminal offence determined by law". As can be clearly inferred from the constitutional provision, the life of every person is equally protected regardless of his disability, sex, age, social status etc. The protection under this

[131] Federal Democratic Republic of Ethiopian Constitution, Federal NegaritGazeta of the 1st Year No. 1, 21 August 1995.

provision is therefore, good enough to protect the lives of persons with disabilities as well. The constitutional provision has been given effect through the criminal law of the country.

There are no explicit legal frameworks, policies, rules and regulations in relation to access to general health care services for PWDs. The process of building a barrier free society requires a persistent and successive policy, legislative and practical measures. But in order to alleviate the day to day challenges of persons with disabilities in accessing services and facilities, the Government is taking some provisional steps, which includes providing services on the first floor, arranging offices for persons with disabilities on the ground, organized meetings at accessible venues, making new buildings meet accessibility requirements.[132]

Proclamation concerning the Rights to Employment for Persons with Disabilities, No. 568/2008,[133] prohibits any law, practice, custom, attitude and other discriminatory situations that limit equal opportunities for persons with disabilities. It also requires employers to provide appropriate working and training conditions; take all reasonable accommodation measures and affirmative action, particularly when employing women with disabilities; and assign an assistant to enable a person with disabilities to perform her or his work or follow training. This legal framework helps persons with disabilities to generate income to treat their health problems as they will be able to pay medical treatment fees and get required medical treatments to be healthy. When they are employed,they will get income and can access quality health care services since they will be able to pay health care service fees. The latest authority on the definition of disability in Ethiopia is the 2008 employment right legislation. Article 2 (1) of the proclamation which states that "Person with disability" means an individual whose equal employment opportunity is reduced as a result of his physical, mental or sensory impairments in relation with social, economic and cultural discrimination.[134]

At present, Ethiopia has adopted the social or human right perspective of disability by incorporating the definition given by the Convention (CRPD) in its totality. It should be noted however, that there is a need to develop contextual and formal definition of disability in the sense of addressing all issues and cases of disabilities in order to have a clear understanding to address the required services with program implementation on the ground.

[132] UN, CRPD initial Report of Ethiopia, Under Article 35, CRPD/ETH/1, 2012, p 16, paragraph 47.
[133] Federal Democratic Republic of Ethiopia, Proclamation No. 568/2008, Right to Employment of Persons with Disability, NegaritGazeta, 14th Year No. 20, on 25 March 2008.
[134] Ibid

The Federal Civil Servant Proclamation No. 515/2007, which is also revised by proclamation No. 1064/2017,[135] consists Conditions of Work Applicable to Persons with Disabilities in article 49(1-4) stating that 1) "Persons with disabilities shall be entitled to affirmative actions in recruitment, promotion, transfer, redeployment, education and training" 2) "Any government institution shall ensure that its working environment is conducive to civil servants with disabilities, provide them with the necessary tools and materials and train them how to use such tools and materials"; 3) "Any government institution shall have the responsibility to assign a person who shall provide proper assistant for those civil servants with disability that requires assistance" and 4) "Privileges prescribed by other laws to persons with disabilities shall be applicable for the implementation of this Proclamation".[136]

The ILO states that the proclamation is applicable to government institutions only leaving private and non-governmental organizations aside, which provides for special preference in affirmative action in recruitment, promotion, deployment, education and training among others; ensuring working environments are conducive for PWDs; assigning proper assistants for PWDs and privileges prescribed by other laws for PWDs.[137]It is better if the proclamation also governs private and non-governmental organizations to accommodate persons with disabilities in the process of recruitment, employmentand creating conducive working environments.

Labor Proclamation, No. 377/2003,[138] amended by Labor Proclamation No. 494/2006,[139] **"**makes it unlawful for an employer to discriminate against workers on the basis of nationality, sex, religion, political outlook or on any other conditions as discrimination is the very barrier for persons with disabilities to access all their human rights, particularly the right to be employed which in turn affects access to health care services of PWDs".[140]If they are able to be employed, they will have income as a result they will be able to afford health care service fees. This proclamation is concerned with discrimination and marginalization which

[135]Federal Civil Servants Proclamation NO.1064/2017, Federal Negarit Gazette, 24th Year No.12 Addis Ababa, 15th December, 2017.

[136] Federal Civil Servants Proclamation NO.1064/2017, Federal Negarit Gazette, 24th Year No.12 ADDIS ABABA, 15th December, 2017

[137] ILO, Inclusion of People with Disabilities in Ethiopia, fact sheet, found at https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms.

138 Federal Democratic Republic Of Ethiopia, the Labor Proclamation No. 377, NegaritGazeta, 10th Year No. 12, Addis Ababa, 2003.

139 Federal Democratic Republic of Ethiopia, Proclamation No. 494/2006 Labor (Amendment) Proclamation, Federal Negarit Gazette, 12thYear No. 30 Addis Ababa 29hJune, 2006

[140]ILO, Inclusion of People with Disabilities in Ethiopia, fact sheet, found at https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms

hinder the employment of persons with disabilities to get income which in turn affects the access to general health care services in health institutions by paying. The proclamation demands equal pay for equal job irrespective of disability and other related factorslike sex, age, ethnicity and religion without discrimination.

Proclamation on the Definition of Powers of Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia, No. 691/2010,which has been revised in proclamation No. 1097/2018, in article 29 sub article 11(a & c) states that "work in collaboration with the concerned bodies to strengthen the social protection system to improve and ensure the social and economic wellbeing of citizens and, in particular, to enable persons with disabilities benefit from equal opportunities and full participation; and prevent social and economic problems and provide the necessary services to segments of the society under difficult circumstances particularly the elderly and people with disabilities".[141] Sub article 13 also states that "enhance the accessibility of efficient and equitable employment services". Every institution should be strengthened and be accessible for PWDs in order to ensure their rights.

"The proclamation**No. 691/2010**provides for conditions of equal opportunities and full participation of persons with disabilities and those living with HIV/AIDS".[142] Persons with disabilities should be treated equally with the general public to access all the necessary services as citizens without discrimination in accordance with the proclamation. As far as they are able to perform their duties, their rights should be respected and protected equally.

Building Proclamation, No. 624/2009,[143] provides for accessibility in the design and construction of any building to ensure suitability for physically impaired persons. To access health care services, persons with disabilities face challenges of non-standardized roads and health center buildings. That is the buildings are not constructed being disability friendly keeping the necessary standards to be accessible for them. Medical centers like clinics and hospitals should be constructed fulfilling the construction standards to be accessible to persons with disabilities. The laboratory equipmentsshould be installed being accessible to

[141] Federal Democratic Republic of Ethiopia, Definition of Powers and Duties of the Executive Organs Proclamation No. 1097/2018, Federal Negarit Gazette, 25th Year No.8 ADDIS ABABA, 29th November, 2018.
[142]ILO, Inclusion of People with Disabilities in Ethiopia, fact sheet, found at https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms.

[143] Federal Democratic Republic of Ethiopian Building Proclamation No. 624/2009", 15th Year No. 31 ADDIS ABABA 6th May, 2009.

persons with disabilities in order to treat them in the medication processes.In building code proclamation, article 36 (1) states that. "Any public building shall have a means of access suitable for use by physically impaired persons, including those who are obliged to use wheelchairs and those who are able to walk but unable to negotiate steps". And 36 (2) states that "Where toilet facilities are required in any building, as adequate number of such facilities shall be made suitable for use by physically impaired persons and shall be accessible to them".[144]

The regulation issued by the council of ministers has also been issued to implement the general standard set in the proclamation. The building regulation provides in article 28 (2) that design of category "C" buildings shall have suitable access to staircases, parking lots, and lavatories accessible for people with disabilities. Article 33 (3) of the regulation also provides that lifts shall be suitable for all users including people with disabilities. Article 34 of the same regulation has set out essential facilities that a public building should have for persons with disabilities. Besides, the directive issued by the Ministry of Urban Development and Construction, deals with accessibility (both physical and informational) at great length. Article 33 of directive No. 5/2011 is fully devoted to how buildings should be disability-friendly in several ways.

Proclamation No. 676/2010,[145] on the Ratification of the Convention on the Rights of Persons with Disabilities (CRPD), which Ethiopia has accepted and ratified is the basis for most disability rights to be adopted and implemented. CRPD requires all states parties to adopt legal frameworks domestically and Ethiopia has tried to do so (as reflected by the legal provisions discussed above) although access to health care services has not yet been legalized being disaggregated and addressed separately. All the CRPD articles are to be practiced by Ethiopia as they are part of the domestic laws after they have been accepted and ratified in that the country is supposed to practice accordingly.

Framework Document 2009, providing for Special Needs Education (SNE) in Technical and Vocational Education and Training (TVET) makes persons with disabilities

[144]Federal Democratic Republic Of Ethiopia, Constitution, Proclamation No. 1, NegaritGazeta No. 1, Year 1, Addis Ababa, 21st August 1995.
[145]FDRE, on the Ratification of the Convention on the Rights of Persons with Disabilities (CRPD), Proclamation No. 676/2010 , Negarit Gazette, 16th Year No. 32 Addis Ababa, 11th June, 2010.

participate to develop their skill for employment competing with the general public.[146] If they have the skill they may be employed and generate income to access health care services by their own paying capacity although other negative factors are still obstacles. The government of Ethiopia should work harder for persons with disabilities to make them achieve their success and fulfill human rights and livelihood. Special needs education makes them conscious of their rights to exercise their human rights to keep their advantages and demand general health services.

Ethiopia's Growth and Transformation Plans(GTP I &II, 2010-15 &2016-2020, **and the 10 years development plan 2021-2030)**established disability as a cross cutting sector of development where focus is given to preventing disability and to providing education and training, rehabilitation and equal access and opportunities to persons with disabilities.[147]

The twophases 5-years term Poverty Reduction Strategic plans which expressively address persons with disabilities to make them benefit from their societal contributions and shares equally. They focus on education and training, rehabilitation and equal access to services and opportunities for persons with disabilities, as well as strategies to prevent disability. The National Plan of Action for the inclusion of Persons with Disabilities 2012 – 2021 is a policy framework that aims to mainstream disability issues in all fields of society to address the challenges of PWDs.[148] It makes provision for comprehensive rehabilitation services, equal opportunities for persons with disabilities in all services, skills training and proper working conditions as well as full participation in the lives of their families, communities and the nation at large.

> *The ten years Development Plan, a pathway to prosperity, of 2021-2030 states that "prosperity should be defined in terms of the overall human and institutional capability we create over the long-term whose development outcomes can be expressed as follows: 1) Improvement in income levels and wealth accumulations so that every citizen would be able to satisfy their basic needs and aspirations; 2) Basic economic and social services such as food, clean water, shelter, health, education, and other basic services should be*

[146]ILO, Inclusion of People with Disabilities in Ethiopia, fact sheet, found at https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms.
[147] ILO, Inclusion of People with Disabilities in Ethiopia, 31 January 2013, p. 2, found at https://www.ilo.org/skills/pubs/WCMS_112299/lang--en/index.htm
[148] Ibid

accessible to every citizen regardless of their economic status; 3) Creating an enabling and just environment where citizens would be able to utilize their potentials and resources so that they lead quality life and 4) Improvement in social dignity, equality, and freedom where citizens can freely participate in every social, economic, and political affairs of their country regardless of their social background".[149]

Making disability into a cross cutting sector of development needs the participation of persons with disabilities themselves, of government bodies, of CSOs and of the wider society. This shows that the government has given attention for persons with disabilities and all institutions in the country will take disabilities in to account to access and enjoy their rights fully even though the real practice on the ground is under question.

Ensuring a disability perspective in all aspects of policy and labor legislation, effective implementation and enforcement of existing disability laws and policies and providing for equal employment and training opportunities are among the factors that contribute to the reduction of poverty and to the social and economic inclusion of people with disabilities in Ethiopia.[150]

TheNational Plan of Action (NPA) of Persons with Disabilities (2012-2021) of Ethiopia aims at making Ethiopia an inclusive society. It addresses the needs of persons with disabilities in Ethiopia through comprehensive rehabilitation services, equal opportunities for education, skills training and work, as well as full participation in the life of their families, communities and the nation. This action plan shows that persons with disabilities will participate in every plan to incorporate their demands in every aspect of their life to fulfill their rights. It is hard to create a healthier community without full and effective participation of persons with disabilities![151] The legal frameworks, policies and strategies to be adopted for persons with disabilities should involve their participation to incorporate their real problems and interests and be practically implemented.

At the federal level, the Ministry of Labor and Social Affairs together with regional Bureaus for Labor and Social Affairs are the main governmental organs responsible for the provision

[149]Ethiopian Planning and Development Commission, Ten Years Development plan,a pathway to prosperity, 2020, p.19.
[150]ILO, Inclusion of People with Disabilities in Ethiopia, 31 January 2013, p. 2, found at https://www.ilo.org/skills/pubs/WCMS_112299/lang--en/index.htm p. 4
[151] Federal Democratic Republic of Ethiopia: Ministry of Health (MOH), Disability Mainstreaming Manual, 2017, p. 3.

of social and vocational rehabilitation of people with disabilities while other ministries are expected to take responsibility for mainstreaming disability into their respective areas of work as stated under Proclamation No. 691/2010 on "Definitions of Power of the Executive Organs of the Federal Democratic Republic of Ethiopia". The Federal Democratic Republic of Ethiopia, Ministry of Health has developed a health care main streaming manual for persons with disabilities which helps them to access health care services in all medical centers without discrimination.

The main objectives of Social Protection Policy of Ethiopia are the following: 1) protect poor and vulnerable individuals, households, and communities from the adverse effects of shocks and destitution; 2) increase the scope of social insurance; 3) increase access to equitable and quality health, education and social welfare services to build human capital thus breaking the inter-generational transmission of poverty; 4) guarantee a minimum level of employment for the long term unemployed and underemployed; 5) enhance the social status and progressively realize the social and economic rights of the excluded and marginalized; and 6) ensure the different levels of society are taking appropriate responsibility for the implementation of social protect.[152]

The UN Committee on the Rights of Persons with Disabilitieson the Concluding observations on the initial report of Ethiopia stated that "the State party eliminate the use of all derogatory language to refer to persons with disabilities and ensure that all existing and new laws and regulations, and definitions used therein, comply with the human rights-based model of disability in accordance with the Convention".[153] It also recommended that "the State party provide legal protection against disability-based discrimination, multiple and intersectional forms of discrimination faced by persons with disabilities and establish effective legal remedies. It also recommends the provision of training and awareness-raising for public officers, the judiciary and organizations of persons with disabilities on how to bring complaints and access justice. It further recommends that the State party take into account article 5 of the Convention while implementing targets 10.2 and 10.3 of the Sustainable Development Goals"**.**[154]

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[152] Food and Agriculture Organization of UN, National Social Protection of Ethiopia, 26 March, 2012, found at http://www.fao.org/faolex/results/details/en/c/LEX-FAOC189010/, (accessed 10 August 2012)

153UN, CRPD Committee, Concluding Observations on the Initial Report of Ethiopia, 4 November 2016, paragraphs6&12.

154UN, CRPD Committee, Concluding Observations on the Initial Report of Ethiopia, 4 November 2016, paragraphs6&12.

Ethiopia has adopted such legal frameworks and policies in relation to PWDs but there are considerable implementation problems and most of the legal documents are general in content which do not address the problem in a disaggregated manner in relation to the disability types to access the required health care services. Access to health care services for PWDs has not yet been considered separately in Ethiopia. Together with attention for impairments, the general health conditions of PWDs are not taken into account and barriers to access health care services are not minimized by designing PWDs friendly legal frameworks, policies, and strategies.

CHAPTER THREE

3. The Right to Access Health Care Services for Persons with Physical and Sensory Disabilities in Addis Ababa's Yeka Sub-City

3.1. Introduction

As we have vividly observed in the preceding chapters, persons with disabilities continue to face health care service problems because of a number of factors or barriers. Yet, persons with disabilities are not different from persons without disabilities in duty bearing and right holding. Disability is an issue and a reality in any society and it is also a fact of life and naturally occurring event affecting the livelihood of every individual that there are somany barriers which do not be addressed to create obstacles for PWDs to access health care services.[155]We should thus understand the importance of making the health care services accessible to PWDs at any cost and condition to protect and fulfill their human rights. Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) emphasizes the right of persons with disability to attain the highest standard of health care, without discrimination.[156] The factors negatively impacting the fulfillment of this right, as the respondents has explained, are lack of quality and disability friendly health professionals, lack of quality health care centers and hospitals, lack of disability friendly infrastructures, lack of disability inclusive laboratories, discrimination and marginalization. The relationship between health conditions and disabilities is complicated in which often the interaction of several conditions rather than a single one contributes to the relationship between health conditions and disability.[157]

The conceptual framework of the effective ways in tackling the challenges namely accessibility, reasonable accommodation and universal design should be realized to respect, protect and fulfill the human rights of persons with disabilities so that they will enjoy their livelihood keeping the principles of equality and accessibility in a given society. A number of international and some selected regional human rights instruments which give special attention to rights of PWDs and their ramifications on the accessibility and delivery of health care services have been thoroughly explained in the previous chapter. It is time to assess the

[155] Dr. X, from Woreda 1 health center responded saying that disability is what nobody knows When to Face and the Presence of Barriers, 12 April 2021.
[156] World Health Organization, Disability and health, 2020, p. 2, https://www.who.int/news-room/fact-sheets/detail/,(accessed on 5 April 2021).
[157] WHO & WB, World Report on Disability, 2011.

access of health care services of PWDS in Ethiopia in general and in Addis Ababa's Yeka Sub-City in particular. Yeka sub-City is one of the 11 Sub-Cities of Addis Ababa. Its landscape is not convenient for PWDs to access every social services particularly health care service. Yeka Sub-City is mountainous, full of forests, inaccessible roads and health centers, and very long rural woredasboundary line. Due to many barriers, the number of persons with disabilities who access health services is very small as confirmed by the interviewees.Beyond understanding of the rights and concerns of persons with disabilities, organizations representing persons with disabilities have reiterated the continuing attitudinal barriers in health care, including patronizing and ignorant front-line staff.[158] Negative attitudes and harmful beliefs create significant barriers to the provision of health care services for persons with disabilities so that measures to achieve genuinely inclusive health services must address attitudinal barriers including the education of health care professionals on the rights of persons with disabilities to access the required health care services. Attitudinal barriers can have a devastating impact on the quality of health care services to be delivered not only for PWDs but for others too.[159]

This chapter thus intends to investigate the major barriers, the negative consequences of those barriers, the availability and quality of health care centers and hospitals, the problems associated with the quality of health care services delivered to PWDs, perceptions, knowledge, skills and attitudes of health professionals; mechanisms, policies and strategies; and what should be done to solve the problems of access to health care services for PWDs. In this thesis, a total of 60 participants consisting of PWDs (physical, hearing, visual and speech impairments), health professionals (doctors, health officers, nurses and health extension workers/assistants) and others (from disability associations, health support staffs and some persons from society) have participated to provide the required data and information.

3.2. Overview of the study area, Yeka sub-City

Addis Ababa is the Federal Capital of Ethiopia and a Chartered City; having three layers of Government: City Government at the top, 11 Sub City Administrations in the Middle and 116 Woredas, which are the lowest administrative units. The city is one of the fastest growing cities in Africa. Despite the strong theoretical economic growth trends, Addis Ababa faces

[158] United Nations, Division for Social Policy Development (DSPD), A toolkit on Disability for Africa, Department of Economic and Social Affairs (DESA), p. 20.
[159] Sister Y, from Entoto No.2 health centre, Responded Attitude of individual health professionals may affect the treatment of PWDs during health care delivery, 16 April 2021.

significant development challenges and poverty in its residents. For instance, unemployment and poverty levels in Addis Ababa remain high, estimated at 23.5% and 22% respectively and the informal sector employs about 30% of the economically active labor force in the city.[160]PWDs are part of the residents in the city administration and they are affected by the impacts of poverty in that they may not able to get the required services due to the expensive service fees.

Yeka Sub-City is one of the 11 City administrations in Addis Ababa City Administration with longer boundaries with some Woredas of Oromia regional state.It is located in the northeastern parts of Addis Ababa City Administration. The Sub-City has 14 woredas and it borders the four Sub-Cities of Gullele, Arada, Kirkos and Bole. The Sub-City has a total area of 85.46 square kilometer which is the third largest next to AkakiKaliti and Bole. The Sub-City has a total population of 424,217 as it is projected in 2016 population projection.[161] Out of the total population, there are 1043 registered persons with disabilitiesin Yeka Sub-City, of which 555 Males and 488 Females (See AnnexA). There are13 health centers and 2 hospitals (one newly built) in the Sub-City which are far apart from each other and their number is not enough to deliver the required health care services let alone for PWDs even for persons without disabilities. Most of the health centers are built in places which are not convenient and suitable for PWDs to be accessible.

3.3. Data Reliability of PWDS, Characteristics and pointsraised byParticipants

3.3.1. Data Reliability of PWDS

The participants of this thesis are persons with disabilities, health professionals, health assistants, persons without disabilities and officials working in disability associations and other organizations. A total of 60 participants of which 34 males and 26 females have participated in the interview and focus group discussions to give the required data and information about access to health care services for PWDs. All are stake holders, either as beneficiaries on the demand side or as service givers on the supply side with regard to the provisions of health care services in Addis Ababa, particularly in Yeka Sub-City. According to survey results, namely a democratic survey undertaken in 1979/80, the national census of 1984, a baseline survey in 1995, the national census of 1994 and the national housing and population census of 2007, the incidence and prevalence of disability in the country is 5.48%,

[160] Addis Ababa, Ethiopia Enhancing Urban Resilience Adopted by City Strength, Resilient City Program June 2015.
[161] https://link.springer.com/article/10.1007/s40864-018-0076-6/tables/4, (accessed on 04 August 2021).

3.6%, 2.95%, 1.9% and 1.2% respectively.[162] These survey results show decreasing incidence and prevalence of disabilities but the reality on the ground seems the opposite. According to the thesis assessment and the country's bad experiences, the incidence and prevalence of disabilities are increasing due to civil war and ethnic conflicts, car accidents, raise of silent killer diseases like blood pressure and diabetes, consequences of old age, poverty by itself and others. There are numerical data problems in relation to PWDs in Ethiopia as the interviewee and focus group discussion participants explained repeatedly. [163]

According to the Central Statistical Agency (CSA) 2007 census out of a total population in Ethiopia of 73,750,932, there were 864,218 (1.17%) persons with disability of which 464,202 were males and 400,016 were females. Given the growth in population since 2007, it can be estimated that the national population in 2010 could have reached over 80 million of which approximately 1 million are persons with disabilities, which is 1.25%.[164] On the other hand, WHO & World Bank 2011 report states that of the total population of Ethiopia, 17.6% are estimated to live with some sort of impairment.[165]

From the given numerical data, there is a contradiction on the numbers of PWDs, which makes the reliability of the housing and population census under question. The difference between 17.6% and 1.25% is very big and impossible to reconcile. From this, we can understand that without having the actual number of PWDs; it is difficult to address the problems they face. The gap should be addressed by getting the actual number so that the problems will be addressed by allotting the required budget to fulfill the needs for health facilities and deliver the required services. The actual number of PWDs should be known to make all the required services accessible so that they will enjoy their human rights. Knowing the actual number and getting the required services in order to keep equality and accessibility rights in the society. The participants said that recording the actual data of PWDs makesthemenjoytheir rights byrealizing political participation, social participation,accessquality services particularly health care services to sustain their livelihood positively. According to the Addis Ababa bureau of labor and social affairs, the number of PWDs in Addis Ababa city administration was estimated to be about 45,936 in 1994, 36,940

[162] Federal Democratic Republic of Ethiopia: National Plan of Action for persons with Disabilities (2012-2021), Ministry of Labor and Social Affairs (MOLSA), April, 2012, p.2.
[163]Mr. Z, Director from Addis Ababa Bureau of Labor and Social Affairs and others, responded the non-reliability of PWDs data, 13 April 2021.
[164]Federal Democratic Republic of Ethiopia: Central Statistical Agency (CSA), Census for housing and Population Report in Ethiopia, 2007.
[165] World Bank & WHO, World Report on Disability, Washington, DC. 2011, p. 272. http://www.who.int/disabilities/world_report, (accessed 12 April 2021).

in 2007 and 50,107 at present. The numbers are approximations due to a number of reasons, particularly no housing and population census.

According to BOLSA of Addis Ababa, the disability associations in the city administration have 13,128 members and 1091 employees as teachers and other civil servants. As mentioned by most respondents, getting the actual number of PWDs is a challenge in Ethiopia, particularly in Addis Ababa's Yeka Sub-City. According to a director in bureau of BOLSA, the available data cannot be used as a reliable basis to adequately deliver the services, especially primary health care services. Referring different documents he said that the reliability of the data in relation to the number of PWDs is still not accurate due to the reasons such as data collection methods during census;scope of survey; setting of the questionnaires; level of understanding of the data collectors; invisibility of some impairment; willingness of people to openly disclose the information of PWDs due to the stigma and marginalization; political games played by Governments not to deliver the required services to PWDsin relation to poverty; and ignorance of the society to understand that numbers matter to build infrastructures and get the required services.

There is no difference with PWDs and persons without disabilities in accessing and delivering services that all are equal and found in the same system and conditions so that the access to health care services are affected by the variables equally for both but the challenges of PWDsseverely worsens due to the impact of their impairments. As interviewee Mr. T responded, all persons should realize that disabilities occur at any age, in all sexes, education levels, ethnicity and religious affiliations and that every human being should be taking care of disabilities' situations and handling mechanisms.[166]According to the respondents, the socio-economic factors impacting access to health care services for persons with disabilities include occupation, education, income, wealth and where someone lives. The respondents said that most PWDs are poor and uneducated that they are vulnerable to any negative impacts. Their income is too low to get the required health care services. There is no full demographic information about PWDs to make certain generalizations about groups to identify customers and adjust service levels to be delivered. To makehealth care services available, demographic information in relation to PWDs should be known so that the required services at all levels will be accessed.

[166]Mr. T, visually impaired from ENAB responded disability is cross cutting to face at any age, sex, religion, education level and ethnicity, 29 April 2021.

The interviewees said that clear data registration of PWDs is not managed according to the disability types by institutions and organizations such as health bureaus, hospitals and health centers. They also said that the required health care services are not well delivered to address not only PWDs but others without disabilities too. In the processes of the assessment, the researcher realized that Addis Ababa health Bureau does not have PWDs related disaggregated data that attention is not yet given according to proclamations and international and regional conventions Ethiopia has accepted and ratified and in accordance with MOLSA and BOLSA's PWDs checklists.

The researcher assessed different groups of primary data sources to increase data reliability and acceptance. The thesis will be more reliable and acceptable when different groups of data sources are used although collecting the data needs more time, energy and money. It also needs patience of the researcher to be engaged and communicate with different persons with different professions and behaviors. The number of participants seems too much due to the different categories addressed and it is not as much when it is disaggregated as shown in the table. It is possible to observe how they are very low in the distribution among the different groups.

The primary data sources of different groups who participated in this thesis are shown in a summary table below. The narrations of each group of participants are given accordingly next to the summary table.

Table 1: Detailed summary of different groups of primary data sources

I	Participants in the interview			Male	Female
	Main groups	**Sub-groups**	**Number of participants**		
1	Persons with disabilities	Physically impaired	5	3	2
		Visually impaired	7	4	3
		Speech and hearing impaired	8	5	3
2	Health professionals	Doctors	2	2	-
		Health officers	4	1	3
		Nurses	7	1	6
		Health assistants	2	1	1
3	Persons from society	Association leaders	2	2	-
		Directors	1	2	-
		CSO leader	1	1	-
		Health bureau Officer	1	1	-
		Support staff	5	3	2
4	**Sub Total $_1$**		**45**	**25**	**20**
II	**Participants in FGDs**				
5	PWDS	Physically impaired	3	2	1
		Visually impaired	3	3	-
		Speech and hearing impaired	4	2	2
6	Health Professionals	Doctors	1	1	-
		Nurses	2	-	2
		Health officers	2	1	1
7	**Sub Total $_2$**		**15**	**9**	**6**
8	**Grand Total = Sub T_1 + Sub T_2**		**60**	**34**	**26**

3.3.2. Participants among the health care service beneficiaries (PWDs)

Participants in the interview from beneficiaries (PWDs) are persons with physical, visual, hearing and speech impairments. A total of 30 participants of which, 18 male and 12 female, from PWDs participated in both the interview and focus group discussion. In the interview from these groups,20 participants of which 12Male and 8female participated in the interview. PWDs participated in the interview included 5 physically, 7 visually and 8 hearing and speech impaired persons. 1o participants of which 7 Male and 3 Femalecomprised of 3

physically, 3 visually and 4 with hearing & speech impaired persons have participated in the focus group discussion.

The participants are from disability associations, disability workers and other individuals in different organizations. The interviews and FGDs were intended to find out how PWDs are treated in health centers and hospitals to ensure their health right. The interviewees were also initiated to talk about accessibility, health care facilities; human rights based approaches, knowledge, skills and attitudes of health professionals towards PWDs; availability and quality of HCCs and hospitals; and affordability of service fees, family planning and treatment of mothers with disabilities. The discussion was free of any intervention/interruption to make the participants feel confident and free to give the required information.

Useful ideas and data in relation to the objective of the thesis were obtained. The participants are educated (from diploma to masters level) and uneducated (from completely illiterate to grade three) yet all have many experiences to share and according to the researcher's understanding the educated ones are more aware of what to talk about the right to access health care services and their rights compared to that of the uneducated.

Mr. B, visually impaired from ENAB, said that the buildings, toilets, laboratories and other facilities are not accessible in most health centers and hospitals. They are not built being PWDs friendly that access to health care services is very difficult. The problems start from external environments that PWDs without helpers wait at home other than going to clinics and hospitals even though they are ill feeling hopelessness. Mr. B also stated that families who have disabled members do not want to disclose to the society that PWDs having such families suffer being at home even if they are ill. They are exposed to traditional medication at home which brings another unexpected impact on their general health conditions. They do not get other required services because they are not disclosed for government and society. Mr. B respondedthat there are privacy issues so that if the health professionals were able to communicate with sign language, a third party will not intervene and the secrets of persons with hearing and speech impairments will be protected from third party disclosure.[167]

[167] Mr. B visually impaired from ENAB responded if health officers were able to have sign language training, privacy would not be disclosed to third party and disclosure is a challenge, 19 April 2021.

Mr. S, visually impaired, said that there should be commitment to implement to solve the challenges of PWDs on the ground beyond talking and virtually behaving. He said that most politicians in the government try to abuse the rights of PWDs to get political advantages from them rather than solving their problems doing concrete things about the general health conditions and services on the real ground. The government works seasonally not continuously to make it sustainable to benefit PWDs in any service delivered. He said that the government does not work with commitment that the larger society also does the same and the livelihoods of PWDS are challenging. He responded that health care services for PWDs are considered to be a luxury by most part of the society that the solution for the challenges to access health care services are too far to be achieved.[168]

Miss R, with hearing impaired from ENAD, said that the Government of Ethiopia accepted and ratified most of the international and regional human rights instruments, particularly the CRPD, and made them part of the domestic laws but their practice on the ground is almost none. She said that the health rights of persons with hearing and speech impaired are not protected as there are communication barriers between the health professionals. Health professionals are not so sensitive to give fast response for the health problems of PWDs because of lack of disabilities related education. There is no curriculum designed in relation to PWDs to educate children in schools, students in a higher education and doctors in medical schools.[169]

> *Miss R, with hearing impaired from ENAD, said that "some health professionals do not realize that PWDs do make sex and give birth. She said that when PWDs go to health centers being pregnant, they asked questions such as why do you be pregnant? How do you make your child grow? Do you have enough income to give birth for a child? You are a burden to your family and the society and yet you are to bring another one. Some health professionals are not ethical that they said it is better to abort at this stagerather than giving birth. They said let you abort and live free of any duty being out of problems. I was deeply sorrowed how they perceived PWDs that I refused to do so and by changing the health center I gave birth to a*

[168] Mr. S, visually impaired from ENAB said that no commitment by Government and there is no sustainability 29 April 2021.

[169] Miss R, hearing impaired from ENAD, responded about ratifications of international and regional human rights instruments and designing of curriculum in different levels of educational institutions, 10 April 2021.

baby boy and he is growing well. There are some persons who do not realize PWDs being human and believe that PWDs may not make sex".

She also said that there are some health professionals who are not aware of and do not realize the equality of PWDs with others so that they need all the social needs and services like others without discrimination. She emphasized that there is a big gap of awareness in most part of the society about PWDs that they don't understand challenges of PWDs facing in their livelihood. She also said that all relevant services are not established, arranged and given, and there are not treatment and support to alleviate additional agonies of PWDs attacked by sexual harassment who came to health centers for medical treatment and rehabilitation. The perpetrators of sexual harassment are not punished in accordance with the severity of the human rights violations and the psychological impacts brought on the victims.

Disability associations (See Annex B) such as Ethiopian Federation of PWD's (EFPWD), The Ethiopian Association of the Physically Handicapped (ENAPH), Ethiopian National Association of the Blind (ENAB) and Ethiopian National Association of the Deaf (ENAD) have participated in the interviews and focus group discussions to get the necessary information. According toEFPWD, the number of members of eachassociationis very small in that mostpersons with disabilitiesare not members of the disabilityassociations. The associations are not strong to create awareness and protect the rights of PWDs. The director of the federation said that families with disability members do not want to disclose and bring PWDs to associations. To be members of the different association according to the disability types may keep their advantages of getting different services like education and health care.The disability associations do not work on awareness creation even for their members in order to make them ask/demand their rights of getting equal services and treatments from the health institutions in a given community. Getting quality and equal services is a right but not a charity and disability associations should make PWDs aware of this.

A visually impaired Mr. S from ENAB said that "Ethiopia does not have Emerging challenges like COVID-19 pandemics and other disaster conditions handling mechanisms, legal frameworks, policies and strategies to maintain the challenges for the general public especially for PWDs. He also said that there are no enough budget allotment and investments towards disability sectors that serious problems are not addressed to enjoy our livelihood. The access to health care services is the untouched area that

not onlyPWDs but persons without disabilities do not get the required health services. Government bodies do not work with integration and cooperation to alleviate the general health care problems since there is no strong monitoring and evaluation mechanisms".

The respondents said that the different associations of PWDs are weak to protect the rights of their members and PWDs who are not members and families having disabled members are not aware of the benefits of the associations to disclose their disabled family members. As interviewee Mr. S responded,political intervention, uneducated association leaders, lack of information, lack of budget and ignorance of most members made the associations weak as a result of which they cannot challenge the Government and the society to protect and fulfill the rights of their constituencies.[170] The associations are not well organized and equipped to accommodate and organize PWDs and make them benefit from their associations to get the required information and keep advantages of services, particularly health care services in accordance with international and regional human rights instruments. The CRPD Committee is further concerned that persons with disabilities and their representative organizations are not systematically consulted in the development of all policies and laws, training and awareness-raising across all sectors, and that restrictions to foreign donor funding of disability rights hinder the liberty of association of persons with disabilities.[171]The respondents said that Plans, strategies and projects are not inclusive and participatory for PWDs to simplify their life and ensure their survival in any society. The weaknesses of their associations play a big role here that they do not demand to participate in most policies design, plans and strategies to fulfill their rights.

Mr. K, physically impaired from ENAPH, said that there is lack of awareness in all elements of the society (health professionals, PWDs, some government bodies and the society at large) about the right to access health care services for persons with disabilities. He also said that most elements of society do not realize that access to health care services is a right of PWDS. He responded that the numbers of health care centers and hospitals are not enough and their quality is very low to deliver the required services being accessible for PWDs. They are not suitable let alone for PWDs even for persons without disabilities.[172] He also said that the

[170] Mr. S, visually impaired from ENAB responded political intervention of government makes Disability Associations weak, 29 April 2021.
[171]UN CRPD Committee, Concluding Observations on the Initial Report of Ethiopia, 4 November 2016, paragraph 7.
[172] Mr. K, physically impaired, from ENAPH said that there is not enough HCCs and hospitals and they are not accessible, 16 April 2021.

Ethiopian MOH does not work with the communities that the society doesn't play the required role to support PWDs to access the general health care services equally without discrimination. There are many community based organizations which can bring change in awareness creation about PWDs in the society if they work together cooperatively.

Mr. D, a hearing impaired from ECDD, said that disabilities should be considered according to their impairment types to give the right solutions for the challenges they face as the problems of each disability types are completely different to access health care services. For example sign language is very important for hearing and speech impairments but it does not servevisually impaired persons. Persons with hearing and speech impairments may not need ramps but a television program with sign language in health centers is needed.Ramps are needed for physically impaired persons to access health care services in buildings which have many floors. He said that, of course, there are common problems to be addressed by designing common legal frameworks, policies and strategies but treating disaggregating independently according to the needs is important. He also said that it is possible to mention so many differences among disability types so that they are to be treated independently according to their types rather than being treated being aggregated.[173]

According to the interviews and FGDs, there are challenges and many problems to access all social services like education, lack of information, low income, lack of participation, illiteracy, lack of communication and in particular lack of access to general health care services. Although there are different types of associations based on disability types, the Government and the society try to consider and address them in aggregate even though their problems are different. Let us consider the cases/problems of hearing impairments as an example. Sign language is very important for persons with hearing impairments to communicate and get information. But most service givers, especially health professionals, do not have sign language skills and there are no sign language interpreters in health centers and hospitals to help persons with hearing impairments so that they cannot discuss their issues clearly.

Interviewee and FGD participants underlined that it is only the health professional with whom they need to talk and communicate so that they will feel confident and free. As we can realize, sign language is not an issue for persons with other types of disabilities. While on the

[173] Mr. D, hearing impairment from ECDD responded due to different types of disabilities, there should be disaggregated treatments, 17 April 2021.

other hand, ramps in health centers, hospitals, buildings and roads are not issues for persons with hearing and speech impairments. When the researcher visited health care centers and hospitals, there were not many PWDs getting services and asked why that was so. The health professionals and PWDs answered in a similar manner by pointing out that their numbers, especially in clinics is very small, because they do not have assistants to support them and they doubt whether to get the right health care services. Most PWDs try to go to hospitals to get services and they are not satisfied because of the barriers and challenges they face. They emphasized the negative issues, the barriers, and problems they face rather than mentioning positive experiences in most health care services and hospitals. Almost all the respondents answered that there was no awareness about human rights based approaches and human rights instruments to give and get the health care services keeping the required standards. PWDs pointed out the health professionals do not consider giving health care services for disabilities as the fulfillment of rights but as acts of charity and humanity.

3.3.3. Participants among the service givers (health professionals)

As members of the caring professions, health professionals have a particularly important role so that awareness among health service professionals of the needs of persons with disabilities in health care settings is of paramount importance. Health professionals are the main participants to get the required data and information on behalf of health centers and hospitals to understand and realize whether health professionals are aware of disability friendly approaches and whether the health centers are accessible. The health care providers are medical doctors, health officers, nurses, health assistants/health extension workers and non-health professionals who are support staffs.

A total of 20 participants of which, 12 female and 8 male, have participated in both interviews and FGDs. In the interview**,** 15 participants of which 9 femaleand 6 males participated in the interview.The participants in the interview include 2 doctors, 4 health officers, 7 nurses and 2 health assistants. In the FGD with health professionals, 5 participants of which 3 female and 2 male participated consisting of 1 doctor, 2 health officers and 2 nurses.All the respondents were asked how they are managing and treating disabilities' health care. The support staffs of health workers in the health centers and hospitals are also important interview respondents as they are working on facility fulfillments to deliver the required health care services for PWDs. Officers in health Bureaus and Bureaus of labor and social affairs were also participants.

Health officers P and E said that there is not any on job training for health professionals about PWDs to improve the delivery of their primary health care service provisions and even there is no discussion on how PWDs are to be helped in periodic meetings in any of the health centers and hospitals visited (Menelik II Hospital, Yekatit 12 Hospital, Entoto No. 2, Yekaand Woreda 1 health centers).They also said that health care centers try to give some medication services for PWDs on the first floor mixing with emergency patients which exposes them to communicable diseases and pandemics.[174]None of the health professionals who participated in giving data and information have the concept of a human rights based approach and CRPD in that their treatment and service delivery is not right based for all society, particularly for PWDs.

As interviewee Dr. H responded, in the health service delivery, health professionals are addressing the health care problems not with the knowledge of human rights and legal frameworks but on the basis of their humanitarian motives and medical ethics.The Dr. also said that all health care services and facilities are not found in each health centers so that PWDs are suffering in finding the services in different places. He explained gates of health care centers are not wide enough for wheelchairs and crunches to pass easily and PWDS prefer to remain at home rather than going to health care centers to get medical services even if they are ill since they are afraid of all the barriers and sufferings they think they will face.[175]

Most of the interviewees are not aware of special supports and services given for PWDs and they are not able to treat them as per the standards required on the basis of human rights based approaches. All of the 20 interview and FGD respondents responded that they have never been trained about PWDs in relation to their health care services and human rights except the medical code of ethics which prescribes equal service provision for all human beings. The health professionals responded that they treat PWDs like others patients without disabilities as they learned in the medical code of conduct which explains equal service delivery for all.

As interviewee health officer F responded,there is no special training in relation to PWDs to give special support to them to give the required health care services. She said that training

[174]Health officers P and E in the target health centers said that there is no training about disabilities, 7 April 2021.
[175] Dr. H, from Entoto No2 health centre responded health professionals treat PWDs without the knowledge of human rights and legal frameworks, 7 April, 2021.

about how to treat PWDs should be given for health professionals in all training institutions.[176] The respondents said that some health professionals treat PWDs friendly understanding their problems with patience keeping medical code of conducts while others treat them wrongly depending on their personal behavior, religious background, ethics of communities they grow in and other personal factors. This shows that there is no common guide line and understanding by all health professionals to make the service delivery uniform in all the health centers. Support staffs and administrators play a role which is very important to make all the services available (budgets, building structures, health facilities, coordination and inclusive approaches). But they are not playing their role properly as per the required standards. Even during meetings and discussions, disability issues have never been an agenda as the researcher has understood.

Sister M, a nurse, said that there are no different groups organized to support PWDs and most of them don't come to health centers to get medication since they doubt getting proper health care services. She said that there is no special training given for health professionals in relation to PWDs' rights. Most of the time,some health professionals help PWDs by their own initiatives even though there is no common structure and system in health centers and hospitals. She also said that health professionals respect medical ethics to give services equally to all human beings although PWDs need special attention. The service is given like any other patients coming to the clinic as the system does not allow giving special treatment for PWDs.

Dr. X said that there are highly affected persons with disabilities who have no families or supporters to bring them to health care centers and get services when they feel ill. For such PWDs, there is no home to home health care service delivery or free transport access to treat their illness. He also said that they live very far away from the health care centers and their homes are not conducive. The external environment is full of barriers which is not accessible for persons with disabilities to move anywhere they want.

Some nurses and health officers said that the health care services for PWDs are given mixed with emergency patients on the ground since health centers do not have lifts and ramps to be treated in the other floors. They said that it is risky for PWDs that communicable diseases and pandemics are to be contracted by them. They may be victims of new communicable

[176] Health officer F, from Woreda1 health centre responded there is no special training about how to treat PWDs for health professionals, 9 April 2021.

diseases rather than being treated for the disease they contracted before. They said that if the health centers were constructed keeping the standards, such problems would not arise and PWDs would not be victimized with communicable diseases.

Almost all respondents explained that the general health care services of PWDs are not given due attention that their health is impacted negatively and their life and livelihood are endangered. They said that awareness about access to health care services should be given for the health professionals, PWDs themselves and the larger society to protect their lives. There is a problem for treating disability mothers in prenatal, during birth and post-natal periods. Some of the respondents said that there were good beginnings some years ago to train health professionals about sign language but it stopped and was not sustained. There is continuous turnover of health professionals in hospitals and health centers that the trained professionals left the institutions and the problem continues. There are no permanently employed sign language experts to give the service of interpretation as a result hearing and speech impairments suffer from lack of communications to talk their health problems and get medication.

As the researcher observed, the toilets, laboratories and other facilities are not conducive for PWDs as the buildings are not constructed keeping the required standards to serve PWDs. Respondents said that Government, CSOs and NGOs try to make the facilities available but they are not continuous and sustainable in practice.

3.3.4. Participants from the wider society

Participants from the wider society were engaged to triangulate and increase the reliability of the research. Some persons working on issues related to disabilities and other ordinary members of the society were interviewed to get the required data and information. The researcher has interviewed health centers' support staffs,association leaders, CSOleader, institution director and health bureau officer just to know the perceptions and feelings of the society about human rights and access to health care services for PWDs. The interviewees wereasked how the society behaves towards PWDs to assess the contributions (positive or negative) to protect and fulfill their human rights. Inthe interview and focus group discussions, they said that even if we have some awareness about PWDs, the largest part of the society has negative perception towards PWDsand perceive being disabled as a curse and consider persons with disabilities asburdens to Government and the society.

The researcher purposively selected 10 participants of which 7 male and 3 female participated in the interview. The researcher has interviewed 2 association leaders, 5 support staff experts, 1 CSO leader, 1 institution director and 1 health bureau officer. The interviewees said that most PWDs are not disclosed to the society rather they are kept at home and their rights are violated by families or care takers at their home. They also say that the actual number of data for PWDs is not knownbecause they are not disclosed to the society and included in the housing and population census.

Mr. Z, a director in Addis Ababa Bureau of labor and social affairs,said that there is a good beginning to work on legal frameworks, policies and strategies at a higher level to access every service for persons with disabilities although there is problem of practical implementation on the ground because of lack of institutionalization, skilled man power and lack of Governmental commitments. He also said that there arecontinuity and sustainability problemsof implementations as they are not led by strong institutions and qualified experts. The director also said that although some persons working with disabilities are aware of the problems PWDs face, most of the population is not aware of the challenges during medication processes of general health care.

Mr. W said that most community members do not realize the capacities of PWDs and their potential contributions to development processes if necessary conditions are fulfilled and made available to them. He also said that due to negative beliefs, bad cultures, negative perceptions and lack of awareness, some families do not want to disclose their disabled family members. As a result, an unknown number of PWDs remain at home. This prevents them from accessing the required health care services in the community.[177]This is because most people are not educated and ignorant and are therefore not aware of how persons with disabilities are effective and productive like persons without disabilities if only they get equal opportunities and required supports.

Miss A, said that the exact number of PWDs is not known by the Government and the societyso that their rights in accessing services are not fulfilled. She also said that not knowing the actual data prevents necessary budget allotment as a result of which PWDs do not get the required services including quality medication. Despite the large number of

[177] Mr. W said that PWDs are productive if conditions are made conducive for them and many remain at home due to bad culture, 11 April 2021.

PWDs, officiallyregistered members in the population and different disability associations are very low showing the fact that many remained at home without disclosure.[178]

MissG, from BOLSA of Addis Ababa, said that the Government of Ethiopia tried to develop and proclaim legal frameworks, policies and strategies but they are not implemented and practiced on the ground to address the real problems of PWDs in accordance with the required standards. She also said that health care centers and hospitals are not capacitated with human resources who have knowledge, skills and attitude to treat PWDs friendly and give the required services.[179]

Most respondents explained that access to health care services is not addressed for PWDs and othersequally. They said that PWDs are not guaranteed to access all social services equally with others on the basis of the human rights based approach. Each individual is deemed to be of inestimable value and nobody is insignificant. The human rights based approach values people not just because they are economically or otherwise useful but because of their inherent human nature and self-worth but PWDs are not treated accordingly. The human rights model focuses on the inherent dignity of the human being and subsequently, but only if necessary, on the person's medical characteristics.[180]The human rights based approach places the individual center stage in all decisions affecting the individual and most importantly, locates the main problem and challenge outside the person but in the wider society in the case of PWDs. The wider society does not perform what is expected to consider PWDs to participate and benefit in all political, economic, social and cultural rights, particularly access to health care services, in accordance with international and regional human rights instruments together with the national legal frameworks and policies.

3.4. Availability and quality of health care centers and hospitals

In 1984, Ethiopia had 87 hospitals with 11,296 beds, which amounts to 1 bed per 3734 people and there were 1949 health stations and 141 health centers. Yet many had no physician, and attrition among health workers was high due to lack of government support.[181]In the following years this gradually changed in that the number of health centers and hospitals

[178] Miss A said that actual data of PWDs is not yet known and the required services may not be delivered, 11 April 2021.
[179] Miss G, from the society responded health Centers are not Capacitated with human and material resources, 23 April 2021.
[180] United Nations, Division for Social Policy Development (DSPD), a toolkit on Disability for Africa, p. 5.
[181]RM Hodes& H Kloos, Health and Medical Care in Ethiopia, 1988, p.10.https://pubmed.ncbi.nlm.nih.gov/3419456/ (accessed, on 15 May 2021).

increased even though still not up to the level required to satisfy the health needs of the society. Poor quality and low facilities of health care centers and hospitals are questions to be answered with hard work and continuous improvements. According to the Health Indicators, FMOH: EFY 2001, there were about 144 regional hospitals placed in the major cities and towns. Out of the total 144 hospitals, about 90 of them were public while the rest, about 54 hospitals, were run by private investors and non-profit organizations.[182]

In Addis Ababa alone, there were 96 health centers, 11 public hospitals, 28 private hospitals and 882 clinics. As of 2014, Addis Ababa had 52 hospitals, 12 of them state run and more than 40 private ones. According toYeka Sub-City health bureau, the Sub-City has 13 health centers and two hospitals (one is newly built). When the health centers and hospitals are compared with the population number, the ratio is very insignificant, which also affects the health care services provided to PWDs. The low availability of health care centers and the lower quality of health care services delivered affect not only the lives of PWDs and their families but also others since unhealthy citizens are not efficient, effective and productive for the national development.

If we consider the number of population per Governments health center in Yeka Sub-City, we have a total population of 424,217 and the number of health centers excluding private clinics is 13 which gives a population of 32, 632 per health center. Here we can realize that one health center accommodates 32,632 persons showing the low availability of health care centers. From the ratio, we can see how much the health centers are crowded to accommodate PWDs together with persons without disabilities to give the required health care services with the required quality. Not only the unavailability but also the quality of the health care centers is very low. When we consider the population to hospital ratio, there are two hospitals (one newly built) and the ratio is 212108 persons per hospital. It is possible to imagine how hard it is to access health care services and to be treated. The quality of the hospitals and the health centers is very low, which implies that the satisfaction of PWDs, but also other patients is also very low.

As the informants explained during the interviews and FGDs, it is possibleto understand that availability of the health care centers and hospitals in Yeka Sub-City is very low so that let

[182] List of hospitals in Ethiopia, last edited on 14 April 2021, at 17:04 (UTC), https://en.wikipedia.org/wiki/ (accessed on 8 May 2021).

alone PWDs, other citizens do not have sufficient access to health care services either. The number of health centers and hospitals is inadequate considering the population size which implies that many people, and particularly PWDs, suffer from lack of access to health care services and low quality medication. The situation is even much worse in many other parts of the country since most hospitals and health centers are highly concentrated in Addis Ababa and other regional cities. Most informants from PWDs said that all of us living in Addis Ababa city are suffering from inaccessibility, low availability, low quality services, marginalization and discrimination.

The participants in the interviews and FGDs said that health care fees are very expensive due to unavailability of health care centers and hospitals. Especially in private health care centers and hospitals, health care fees are very high so that let alone persons with disabilities, even persons without disabilities cannot afford the service fees. PWDs remain at home rather than going to health care centers to address their general health problems because of high cost, unavailability and low quality health care services delivered.

3.5. Major barriers to access health care services for PWDs

Barriers are the factors which hinder the health care access of PWDs to get relief from their primary health problems. According to the definition adopted by the United Nations in the Convention on the Rights of Persons with Disabilities, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. [183]But the health care service environment in Ethiopia, particularly in Addis Ababa city is full of barriers for PWDs to access the limited primary health care service in hospitals and health care centers.

According to the research, the major barriers which negatively affect access to health care services for PWDs are: lack of awareness by PWDs, health professionals and the society; lack of information/ lack of sign language interpreters; affordability of health care service fees/too costly, lack of income and poverty; structural and environmental problems/lack of infrastructures, medical equipment and disability friendly laboratories; self-stigmatization and societal marginalization together with discrimination; lack of support and helpers; and lack of transportation.

[183]United Nations Convention for Rights of Persons with Disabilities (CRPD), 2006, p. 4.

Almost all the participants in the interviews and focus group discussions (PWDs such as physically, visually, hearing and speech impairments; health professionals such as doctors, health officers, nurses and health assistants; and a few members of the society) raised the following barriers as obstacles for PWDs to access quality health care services.

Lack of awareness about health care services: lack of awarenessnegatively affects the accessibility since most PWDs, especially uneducated ones, are not aware of their rights to receive medical treatments. Most PWDs remain at their homes even if they are ill because of lack of awareness and thinking that they will not be treated well because of their disability. Awareness creation for PWDs should be done to make them aware of their rights to get services especially primary health care services. Most stakeholders, PWDs, health professionals and the society at large do not have awareness about the rights of PWDs. It is the duty of all to give services and to provide support which helps persons with disabilities getting the required social services in a given society.

It is possible to realize that lack of awareness by PWDs and others affect the access to health care services negatively. The participants said that if awareness is created among PWDs, health professionals and the society, the problems of PWDs will be understood and some of the challenges will be minimized and some of the required conditions will be fulfilled as per the capacity of the Government and the community. They also said that to alleviate the problems and challenges in relation to awareness gradually, awareness creation should be done continuously. The participants said that problems and challenges are different and awareness creation should be done differently in accordance with disability types.

Lack of information: This is a barrier to access health care services for PWDs especially for those who are not educated and have no supporters. The informants said that most PWDs are at their home and they will never access information which helps them get the required health care services from the concerned health centers and hospitals in order to cure from their illness. Access to information is basic especially for PWDs to get the required services from both governmental and non-governmental health centers and hospitals timely. The informants said that self-stigmatization and societal marginalization are challenges for PWDs to get all the necessary information so that social services especially health care services may not be accessed at the necessary time. Persons with hearing impairments said that most of hearing impaired persons cannot read and write so that they are not able to get information about the availability and delivery of health care services. They also said that especially when

pandemics are attacking the society, they hear the information after long time and most of them have been impacted.

> *A sign language interpreter said that"when COVID-19 emerged and was announced in Ethiopia, persons with hearing and speech impairments were not able to get information and they were not conscious of what was happening. She said that I and my two friends were trying to get some television channels to interpret and tell about the pandemic to them. It was very difficult to get the television program managers passing the guards and their secretaries. We have visited more than 5 television channels but not one was voluntary to communicate with us. Time has passed rounding here and there to get channels to disseminate information about the pandemic. She said that it took us two weeks to get one television program manager and we talked to him. The program manager told us let me think and talk to my friends. We were to interpret freely without fee but things were complicated to do so. Finally, the program manager agreed and we did the interpretation voluntarily without payment and it was transmitted even though it was too late and it was not that much satisfactory for us as it was not timely".*

Televisions do not use sign language to access and give information to hearing impaired persons who have the chance to watch it. Health centers and hospitals do not employ sign language professionals for PWDs to make information and health care services accessible and health professionals do not have the skills of sign language so that they will not be able to communicate and give the required service. There are not enough sign language interpreters to give information and during COVID-19, persons with hearing impairments explained that they heard the information about it after two weeks. As a result, hearing impaired persons assume that they are forgotten and neglected. These hearing impaired persons are information sensitive and lip readers and the mask because of COVID-19 on the faces of others became an information barrier for them. A respondent from Ethiopian National Association of the Deaf (ENAD) said that there are about 5 million persons with hearing impairments in Ethiopia. Although the number of persons with hearing impairments is very high, the Ethiopian National Association of the deaf has merely 10,500 members with an age of 18 years and above in 27 branch offices all over the country.

This shows that there is no readiness by the government of Ethiopia and other private organizations at any time to alleviate emergency cases like natural disaster and pandemics.

There are no legal frameworks, policies and strategies about emerging issues to alleviate them.

Poverty and affordability problem: the participants said that poverty is the main barrier for PWDS to access quality health care services as most persons with disabilities are uneducated and poor. Most of them have no income and when they have some it is very low and spent for daily survival. The government of Ethiopia has taken a number of legislative and policy measures that indicate commitment to advance the rights of persons with disabilities. But the practice on the ground is not encouraging. In terms of international instruments, these steps include signing and ratifying the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2010. Another important step is the adoption of the Developmental Social Welfare Policy of 1997, which makes reference to the inclusion, participation and independence of persons with disabilities, including children. However, all the problems continue largely unsolved because of lack of commitment, poverty and capacity limitations. If legal frameworks and policy issues are practiced and implemented on the ground, the income of PWDs will increase so that their access to health care services will be improved.

According to the Ministry of Labor and Social Affairs, 95% of persons with disabilities in the country live in poverty of which the vast majorities in rural areas, where basic services are limited and the chances of accessing rehabilitative or support services are remote.[184] Likewise, as some rapid assessments revealed, nearly 98% of Persons with disabilities of working age are unemployed in Ethiopia.[185] Poverty implies high vulnerability to access health care services for PWDs. Poverty and lack of access to health care services are very high in rural Ethiopia and PWDs are suffering the very consequences. Proclamation 568/2008 Concerning the Rights of Disabled Persons to Employment, which aims to protect and promote the rights of persons with disabilities to appropriate training, employment opportunities and salaries, and to prevent workplace discrimination was proclaimed to protect the rights of persons with disabilities. The effectiveness of laws in improving employment opportunities for disabled persons whether they are vocational rehabilitation laws, quota legislation or anti-discrimination legislation – is central, not only in terms of the economic rights of disabled people, but also their broader social and political rights, which are closely

[184] Federal democratic Republic of Ethiopia: Ministry of Labor and Social Affairs, National Action Plan for Persons with Disabilities, (2012-2021), Addis Ababa, Ethiopia, April 2012, p. 2.
[185] Addis Ababa City Administration, Bureau of Labor and Social Affairs (BOLSA), Development for PWDs Strategy Manual, January 2013, p. 1.

linked to economic empowerment.[186] This can minimize the poverty barrier so that PWDs will able to pay and access the required health care services to enjoy their rights.

Structural and Environmental problems include lack of infrastructures, lack of medical equipments, and lack of disability friendly laboratories and health facilities, inaccessible buildings characterized by absence of lifts and ramps, difficult bridges and roads, forests, mountains and lack of transport. It is not only lack of transport but inaccessibility for PWDs to move from one place to another as the health care centers and hospitals are away from their residents. Building Proclamation No. 624/2009 provides for accessibility in the design and construction of any building to ensure suitability for physically impaired persons. The external environments of Yeka Sub-City are full of forests and the area is mountainous which challenges PWDs from accessing the public services particularly primary health care services.

Most disabled persons do not have helpers and health facilities are not set depending on disability types. Article 41(5) of the 1995 Constitution sets out the state's responsibility for the provision of necessary rehabilitation and support services to "physically and mentally disabled persons". Furthermore, under Article 9(4) and Article 13(2) of the same Constitution, all international agreements ratified by the Ethiopian government automatically become part of the law of the land. The state is therefore obliged to ensure the rights of persons with disabilities as prescribed in the CRPD.Implementation strategies of Ethiopian legal frameworks and policies include creating accessible physical environments, promoting positive attitudes towards disability, and assisting NGOs working on the issues of disabilities. Structural problems in the internal environment of health centers and hospitals and external environment of the landscape, road construction and transportation reveal the problems and challenges faced by PWDs. Although there are legal frameworks and policies, they are not still practiced and implemented on the ground to solve the service provision limitations.

[186] International Labor Organization, Employment of People with Disabilities: The Impact of Legislation (East Africa), the ILO In Focus Program on Skills, Knowledge and Employability, Development Cooperation Ireland (DCI), International Labor Office Geneva, 2004, p. 12.

.

The already existing legal frameworks, policies and strategies are encouraging although they are not well implemented/practiced and there are also legislative and policy gaps in Ethiopia.For example Ethiopia has not signed the Optional Protocol to the CRPD, which would allow persons with disabilities whose rights have been violated to bring individual complaints to the Committee on the Rights of People with Disabilities. Several domestic laws still have to be harmonized with the CRPD, as required by Article 4 of the treaty. In addition, monitoring of disability policy implementation remains weak to the extent that the implementation and practice of legal frameworks and policies have never been monitored and evaluated.

The Charities and Societies Proclamation of 2009 required all non-governmental organizations working on rights-based advocacy to generate 90% of their operational funding only from local sources and not from international collaborations of any sort. This has a negative impact budget for those CSOs working around access to health care services since the local sources of operational funding is very low because of low level of economic development and poverty. This has negatively affected the contributions of CSOs and NGOs towards the promotion, protection and fulfillments of the rights of PWDs. But this has already been addressed through the enactment of a new law on civil society organizations (CSOs)on March 12, 2019; this is Proclamation No. 1113/2019 (CSO Proclamation) which replaces the Proclamation of Charities and Societies No. 621/2009 (2009 Proclamation). In fact, the new law specifically encourages CSOs to engage in advocacy and lobbying in regard to laws and policies which have a relationship with the activities they are performing and PWDs are beneficiaries of that.

Implementing agencies responsible for advancing the rights of persons with disabilities in Ethiopia are vested in the Ministry of Labor and Social Affairs (MOLSA) and Regional Bureaus of labor and social affairs (BOLSA) together with other federal Ministries. Within the Ministry of Labor and Social Affairs, the Department of Rehabilitation Affairs has the mandate to coordinate disability issues at the federal level to provide policy guidance and technical support to other organs of the state. In each of the 10regions and 2 city administrations, BOLSA is responsible to implement national disability policies and promote the integration of persons with disabilities at the regional level. Besides MOLSA, the other main ministries involved in disability policy and program implementation are the Ministries of Health and Education. Respondents said that societal, structural and environmental

problems are not given attention and alleviated to access the required health care services by the general public particularly PWDS.

The Ministry of Health is responsible to provide general health services to persons with disabilities along with the rest of the population equally without discrimination. It has produced a health care service mainstreaming manual to be used as a guideline across the country showing how MOH has given attention to PWDs to make health care services accessible. But the respondents said that its implementation is very low that serious follow up is required by designing monitoring and evaluation mechanisms.

3.6. Negative consequences of barriers to access quality health care services

The informants said that due to the internal and external barriers, PWDs may not come to health care service centers and hospitals and their access to primary health care will consequently be negatively affected. PWDs said that they doubt the skills and knowledge of some health professionals since their service delivery is not up to their needs. They said that the health professionals might not take continuous training to improve their skills and knowledge. World Health Organization noted that due to **inadequate skills and knowledge of health workers,**People with disability were more than twice as likely to report finding healthcare provider skills inadequate to meet their needs, four times more likely to report being treated badly, and nearly three times more likely to report being denied care.[187]

An interviewee who is physically impaired said that many PWDs die because of lack of primary health care services due to communicable and curable diseases. He also said that PWDs contribute a lot for the community and the development processes if the required services are fulfilled. He explained that because of barriers, PWDs do not only, not receive primary health care services but also other services like education and community participation. The respondent emphasized that the main consequence of the barriers is making PWDs not to get the required health care services, which implies that they face double challenges, the disability and the disease, affecting their livelihood and their life will be miserable.

[187] WHO, Disability and Health, 1 December 2020, found at https://www.who.int/news-room/fact-sheets/detail/disability-and-health, (accessed 10 August, 2021).

A visually impaired officer said that mothers with disability may not be in a position to get family planning services, prenatal, during delivery and post-natal services in health centers and hospitals because of internal and external barriers as a result their fate is to die with controllable conditions. She also said that the negative social perceptions affect PWDs as they are far less likely to be employed, are less likely to complete high school compared to their peers without disabilities, people with disabilities are more likely to have an income lower than that of people without disabilities and children with disabilities are more likely to experience violence than children without disabilities all of which have health care service delivery impacts.

As interviewee Mr. L responded, attitudinal barriers are the most basic and contribute to other barriers in such a way that some people may not be aware that difficulties in getting into a place can limit a person with a disability from participating in everyday life and common daily activities.[188] Attitudinal barriers include stereotypical attitudes towards PWDs such as, assuming their quality of life is poor or that they are unhealthy because of their impairments as well as stigma, prejudice, and discrimination. Within society, these attitudes may come from people's ideas related to disability in that people may see disability as a personal tragedy, as something that needs to be cured or prevented, as a punishment for wrong doing, or as an indication of the lack of ability to behave as expected in society.

The participants explainedthat although there is improvement of disability friendly frameworks, policies and mechanisms, still many challenges are there on the ground affecting PWDs negatively. When individuals' functional needs are not addressed in their physical and social environment, their livelihood will be affected and their moral and psychological suffering will negatively impact their health. By not considering disability a personal deficit or shortcoming, and instead thinking of it as a social responsibility in which all people can be supported to live independent and full lives, it becomes easier to recognize and address challenges that all people including those with disabilities experience.

The interviewees, PWDs said that the health professionals and health workers' attitude towards PWDs may be positive or negative depending on the individual's personal behavior. They said that since training in relation to service delivery to persons with disabilities has never been given to health professionals, there is no common understanding on how to

[188]Mr. L, visually impaired from ECDD responded attitudinal barrier contributes more to other barriers to limit common daily activities, April 17 2021.

provide such services resulting in differential treatment. Most interviewees of PWDs said that there are health professionals who serve them well behaving with humanitarian feelings and there are some who behave negatively violating their rights.

Almost all the participants said that the quality of health centers and hospitals are not standardized and the institutions are not accessible so that PWDS are not interested in visiting them to get the treatment of the primary health problems they face. Physical barriers/ not standardized health centers and hospitals cause uneven access to buildings (hospitals, health centers), inaccessible medical equipment, poor signage, narrow doorways, internal steps, inadequate bathroom facilities, and inaccessible parking areas create barriers to healthcare facilities. For example, women with mobility difficulties are often unable to access breast and cervical cancer screening because examination tables are not height-adjustable and mammography equipment only accommodates women who are able to stand.[189]The standardized ones are accessible to PWDs and they are the positives of the above mentioned negatives.

Health officer F said that barriers have negative consequences such as poorer health outcomes, lower educational achievements, lower rates of employment, higher prevalence of poverty and illness.[190] The barriers should be minimized and addressed and through time, if possible, they should be completely eradicated. Real accessibility and inclusiveness in the context of health care services implies affordable services, accessible infrastructure, sensitization of health care professionals and involving disability professionals in the health system. As most of the participants in the interview and FGD responded, there are no employeeswith disabilities (both health professionals and support staffs) in health centers and hospitals which the researcher visited exceptfor one doctor whose right leg had impairment problem. If PWDs were employed in health centers and hospitals, they would understand some of the problems caused by barriers and try to solve and minimizethe immediate challenges by discussing with the whole staffs and find solutions.

[189]WHO, Disability and health, 1 December 2020, found at https://www.who.int/news-room/fact-sheets/detail/disability-and-health, (accessed 10 August 2021).
[190]Health Officer F, from Woreda1 health centre responded that barriers cause many problems on quality of health to give the required health services for PWDs, 9 April 2021.

3.7. Perceptions of PWDS, health professionals and society on access to health care services

Perception is the way the stakeholders understand PWDs and it is a very important concept to treat PWDs positively or negatively. As participants in the interviews and FGDs responded, the perception of an individual (each PWD, each health professional and each individual element of the society) depends on the personality, humanity, religious background, community in which he/she grows in, psychological makeup and social construction of groups. The participants tried to explain that for those who have a positive attitude and realize the capacities of PWDs, impairments are nothing but a phenomenon all human kinds face and their human rights should be protected and ensured. Persons in this group realize that PWDs contribute their share in the community's success and country's economic development processes. But for those who hold a negative attitude and don't realize they have human rights like persons without disabilities, they consider PWDs as a burden for government and society and their productivity and contributions are insignificant and they are not capable of contributing to any social, economic and cultural sphere in the country.

Most of the participants in the research said that it is a reality in our world, particularly in our country Ethiopia, that there are many PWDs who perform and achieve better than persons with non-disabilities if they are provided with equal opportunities inclusively. They said that most part of the society including PWDs themselves has negative perceptions towards PWDs and discriminates and marginalizes which hinders them from participating in the social, economic, cultural and political activities to manage their livelihood. This is because they don't understand the real world or they don't want to understand, observe and see the productivity, contributions and impacts of PWDS in any society's activities and achievements. There are world class mind disabled persons such as Stephen Hawking of Britain, a scientist, and YetnebershNigussie, an Ethiopian social worker, who contributed a lot in their society and tried to change the world in a way they want to make it conducive for the peoples of the globe. It is very difficult to cure this negative impression and perception. Hence, continuous awareness creation, law enforcement and policy arrangements in favor of PWDs are required to increase the positive perceptions by all elements of the society.

According to CDC, social barriers are related to the conditions in which people are born, grow, live, learn, work and age – or social determinants of health – that can contribute to

decreased functioning among people with disabilities.[191]The health conditions of PWDs determine their performance and achievementsin any community to manage the day to day livelihood that access to general health care should be delivered equally like persons without disabilities. That is every healthy citizen functions very well to contribute a lot and PWDs should be healthy to increase their contribution for themselves and the community.The environmental and social barriershinder PWDs to enjoy universally and regionally proclaimed human rights that the barriers should be minimized and alleviated as much as possible.

Generally as most of the respondents explained, the perceptions of those literate and disability aware persons are positive while that of illiterateand disability unaware persons are negative towards PWDS. They said that the awareness of the people of Ethiopia towards PWDs is very low as the illiterate peoples are much greater than the literates.

3.8. Lack of Mechanisms, Policies and Strategies to Address Challenges of Accessing Health Care Services for PWDs

The participants in the interviews and FGDs explained that there are no health care specific mechanisms, policies and strategies in the country and Addis Ababa's Yeka Sub-City. The health care service challenges faced by PWDs are very high and solutions for the challenges are not yet considered. To address the health care service problems and make the lives of PWDs easier, there are no disaggregated disability friendly legal frameworks, policies and strategies. The complex health care problems of PWDS are not considered strategically to minimize and eradicate the barriers which cause hindrance in accessing health care services.The participants said that there are no specific PWDs related health care services national health development strategiesdesigned to improve the quality of their lives.

The participants in the interviews and FGDs said that a strategic plan for the development of rehabilitation services is not supported by enough budgets commensurate with capacity of the country and the city administration to solve and alleviate health problems. The Ministry of Health didn't organize and manage the health issues in relation to PWDS following participatory approaches towards the Government and other stake holders. The health system didn't integrate community-based rehabilitation as an intervention strategy to implement in all regions in order to make health care services accessible for all PWDS found all over the

[191] Centers for Disease Control and Prevision (CDC), Common Barriers to Participation Experienced by PWDs found at https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html, last accessed 21 April 2021.

country, in the city administration and in the Sub-City. Coordination for an inclusive health care services strategy is low but it requires bringing all stakeholders together to develop adequate mechanisms. Most participants in the interview explained the absence of health insurance mechanisms, free health care service mechanisms for the very poor and cost sharing mechanisms for those who have minimum income. All the above mentioned challengesmay increase and maximize accessibility health care service problems for PWDs.

Participants said that there is no strategy to design medical equipments and physical structures of health care centers and hospitals. The buildingsare adhering to disability standards and being accessible to PWDs. All services are not made available in the health centers and hospitals; and time, energy and money of PWDs are wasted in finding the services. Health care service centers and hospitals are not built being accessibleand suitable to minimize the challenges of PWDs as much as possible.Laboratories and toilets are very far and very difficult to access especially for disability mothers and those who use wheelchairs and crunches. Finding laboratory services, ordering medicines and other medical machineries (Ultrasound, X-ray, City-Scan, endoscopy and MRI)are very difficult to be accessible by PWDs, if they are present but they are not found in most health centers and hospitals being complete. The informants said that most Government health centers and hospitals do not have complete health and medical facilities so that PWDs cannot get full services there. As a result they are forced to get the services from private institutions with high cost after wasting their time and energy in finding the services. There are no all in one service mechanisms and strategies in Government institutions (health centers and hospitals) which are used to minimize time, energy and money spend by PWDs to get the required medical services.

According to Article 1 of CRPD, the purpose of the treaty/convention is “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.” The states parties should support the Convention and design legal frameworks, policies and strategies adapted to their context and these are not strictly implemented to protect the rights and interests of PWDs as per the capacity of the country as the interviewees explained. Ethiopia has ratified most major international and regional human rights instruments but the implementation and practice on the ground is almost insignificant as stated by most respondents. The participants said that there are no monitoring and evaluation tools to assess the implementation problems

on the ground. They said that the implementation problems have negatively impacted the effectiveness of the policies, strategies and legal frameworks already designed by the Government. They replied that it is not only about designing legal frameworks, policies and strategies but what equally matters is implementation and practice to protect and ensure the human rights of PWDs accordingly.

Almost all the participants do not have the ideas of the human rights model of disability and human rights based approach to protect and ensure the rights of PWDs, particularly access to quality health care services to them. The human rights model and human rights based approach are more comprehensive to protect and fulfill all the rights of PWDs but all stakeholders are not conscious of the concepts. According to the informants, PWDs, health professionals and the society are not made aware of civil and political as well as economic, social and cultural rights.

Directors and different disabilities' association leaders raised the interesting idea of using indigenous knowledge to make the elements of the society aware of challenges for PWDS. They said that there is no trend of using our indigenous knowledge in our country Ethiopia. The problems of PWDs, especially disability disclosure problem in every family with disability member at any corner of the country could have been alleviated through the use of indigenous knowledge.

They mentionedan indigenous social structure called "Edir" in Ethiopia which is democratic, participatory and inclusive to govern the given society in any community with the principles of equality and equity together with accessibility to all citizens. The structure is found in every part of the country be it city, town and rural Kebele. It has positive social, economic and cultural effects in the given society. They said that we Ethiopians are not using it as a strategy to create awareness about PWDs and make them participate in the society whether it is a city or rural environment as it is found in every parts of the country in any community. They stated that Edir can help to know the actual number of PWDs in the country and in any city, Woreda and Kebele so that the necessary budget and infrastructures will be allocated and constructed respectively. They explained that if Edir leaders provide information about PWDs to their members, all the members unreservedly accept the information since the leaders are elected democratically and have high societal legitimacy. PWDs can be taken to health care service centers and hospitals with the help of the members in the Edir since there is no one outside the radars of the social structure. Government as well as the society is not

voluntaryto apply our indigenous knowledge in any strategic issues particularly in relation to the challenges of PWDs to bring changes. They finally said Edir, the indigenous social structure, is not yet used to make the minds of every one aware so that families with PWDs disclose their impaired members and they will exercise their rights as part of the society and contribute their share in the development processes.

Most participants in the interviews and FGDs said that it is possible to realize that having services available, being able to travel to services, being able to get into premises and access information; benefit from accessible facilities, being able to have free or reimbursed services, being treated with respect and being able to have high quality and acceptable services are all part of health care access which are not properly understood and practiced. PWDs face a number of challenges and barriers to access health facilities in Ethiopia and in Addis Ababa's Yeka Sub-City and they are not yet alleviated by working cooperatively and strategically.

They responded that the stakeholders (the Sub-City administration, health bureau, bureau of labor and social affairs, health centers and hospitals and the society) are not working cooperatively and in a coordinated manner to provide health care services for PWDs and to protect and ensure their human rights. None of the stakeholders follow and practice procedures, rules and regulations but they do their tasks randomly so that they are not efficient, effective and productive to make quality health care services accessible. They explained that there have been some attempts to address access to health care services for PWDs by Government, health institutions, CSOs, NGOs and others but there is a problem of continuity and sustainability as they start and phase out without ensuring being institutionalized. Most participants said that MOH doesn't work being integrated with community based organizations that its work cannot be effective to bring the required changes in relation to PWDs general health conditions to ensure their right to access the required services by full participations of the societybeing owner of the issues.

All the above mentioned challenges are not yet alleviated designing disaggregated policies, strategies and legal frameworks in accordance with PWDs types to protect and fulfill their rights by working together being participative, integrated, and cooperative.

3.9. Best practices about services in relation to PWDs

To implement and realize the right to access health care services for persons with disabilities in Ethiopia, let us see some good practices exercised in some countries.

Rwanda: In support of Article 25 of CRPD which states abouthealth, Rwanda's universal health insurance, Mutuelle de Santé, specifically aims to relieve some of the financial burdens of accessing healthcare. The introduction of higher premiums in 2010 made it challenging for people to pay for enrollment in the Mutuelle de Santé. While Rwanda has achieved one of the highest coverage rates for antiretroviral HIV treatments in Africa, many infected PWDs still do not feel comfortable getting tested and many healthcare workers still feel uncomfortable offering the test.[192]Based on the reviewed evidence in Rwanda, publications highlighted efforts towards supporting the rights of PWDs, such as policy adoption and the establishment of organizations for PWDs thatresearch on the implementation of the UN CRPD was found to be in four main areas including Articles 7 (Children with Disabilities), 8 (Awareness-Raising), 9 (Accessibility), and 25 (Health).[193]

Article 25 (Health) was most considered due to the country-wide health insurance, Mutuelle de Santé, as well as other significant government investments in health. Access to basic health services in Rwanda is nearly universal; 91% of the population has access to health insurance coverage and health care is community-based andmany other policies and programs exist within the Ministry of Health that addresses the rights of PWDs, such as the Non-Communicable Diseases Policy, a National Strategic Plan for the Prevention of Avoidable Blindness, and the Injury and Disability Unit.[194]The Ministry of Health in Rwanda implemented the Mentoring and Enhanced Supervision at Health Centers for PWDs, a systematic approach to integrated primary healthcare that capacitates front-line public to support and deliver them with the required health services.

Uganda: Uganda's commitment to providing education to children with disabilities dates back to a modest start in 1983 when a one-staff section for special needs education was established in the Ministry of Education. In 1987 the government established the 'Kajubi Commission' to review the entire education sector, and its report of 1989 emphasized the need for government to prioritize special needs education, a recommendation which was adopted in the 1992 government White Paper on Education. [195]Uganda's initial report to the UNCRPD 2010, states that all government programs for promoting education – Universal

[192]Janet Njelesani et al, Realization of the rights of persons with disabilities in Rwanda, May 10 2018, found at https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0196347, (accessed 16 August 2021).
[193]Janet Njelesani et al, Realization of the rights of persons with disabilities in Rwanda, May 10 2018, found at https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0196347, (accessed 16 August 2021).
[194]Ibid
[195] African Journal of Disability, Uganda's disability journey: Progress and challenges, 25 November 2014, found at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5443041/, (Accessed 16 August 2021).

Primary education (UPE), Universal Secondary Education (USE) and Business and Vocational Technical Training are all embedded with affirmative action for learners with disabilities.[196]In addition, Uganda has a strong training focus on Community Based Rehabilitation (CBR) programs established in 1992 under the Ministry of Gender, Labor and Social Development. Community Based Rehabilitation follows WHO strategy for involving PWDs in developing their communities through equal access to community resources including health, education, rehabilitation and employment, and ensures social inclusion of PWDs. A five year National CBR Strategic Plan 2002–2007 was developed to fully integrate PWDs into the community and ensure equal opportunities for PWDs. The practical enactment of different laws of Uganda include the election of PWDs at all levels of political life from the village to parliament, making Uganda one of the countries with the highest numbers of elected representatives with a disability in the world.[197]

In some countries in our world such as America and other developed ones, delivery of health care services through telephone is common and the service is called Telehealthservice which reduces staff exposure to ill persons, preserve personal protective equipment (PPE), and minimize the impact of patient surges on facilities especially during pandemics like COVID-19. Healthcare systems have had to adjust the way they triage, evaluate, and care for patients using methods that do not rely on in-person services. Telehealth services help provide necessary care to patients while minimizing the transmission risk of SARS-CoV-2, the virus that causes COVID-19, to healthcare personnel (HCP) and patients.[198]Before the COVID-19 pandemic, trends show some increased interest in use of Telehealth services by both HCP and patients. However, recent policy changes during the COVID-19 pandemic have reduced barriers to Telehealth access and have promoted the use of Telehealth as a way to deliver acute, chronic, primary and specialty care.[199]Many professional medical societies endorse Telehealth services and provide guidance for medical practice in this evolving landscape.

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[196]Janet Njelesani et al, Realization of the rights of persons with disabilities in Rwanda, May 10 2018, found at https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0196347, (accessed 16 August 2021).

[197] World Health Organization & World Bank, World report on Disability, 2011, p. 171, found at http://whqlibdoc.who.int/publications/2011/9789240685215eng. pdf? ua=1[Ref list].

[198]CDC, Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic, Updated June 10, 2020, found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html, (accessed 16August 2021).

199 CDC, Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic, Updated June 10, 2020, found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html, (accessed 16August 2021).

Telehealth services can facilitate public health mitigation strategies during this pandemic by increasing social distancing through which these services can be a safer option for Health Care Personnel and patients by reducing potential infectious exposures.[200] Maintaining continuity of care to the extent possible can avoid additional negative consequences from delayed preventive, chronic, or routine care. Remote access to healthcare services may increase participation for those who are medically or socially vulnerable or who do not have ready access to providers.[201]This may not be relevant for developing countries like Ethiopia but just to realize the practice how it is functional for those highly disabled persons who have no supporters and remained at home even if they are ill as an alternative to medicate them at their home in relation to all the primary and pandemic health problems.

Ethiopia: Ethiopia has worked a lot oneducation considering that it is a human right, as reflected in the principle of Universal Primary Education (UPE) and Education for All (EFA) goals by 2015 to which Ethiopia is committed.[202]CRPD recognizes the right of PWDs to inclusive education at all levels of the education system. Subsequent to the ratification of the CRPD, this right has become part and parcel of the Constitution of FDRE. MOE specifically works toenhancePWDs' quality of life, enable them to become independent and productive citizens with a sense of dignity and self-worth; have an economic benefit, both for individuals and for society; contribute to a just and democratic society and the elimination of discrimination and the promotion of social equity; promote the achievement of UPE and EFA; be more cost-effective than the creation of special schools across the country; assist all children in their learning to develop and realize their potentials, and help children with disabilities stay with their families.[203] The Ministry of Health is not working like the Ministry of Education in that access to health care and inclusiveness is not supported with independent and disaggregated policies and strategies. There are so many challenges to access health care services for PWDs in Ethiopia as a result they suffer so much with general health problems together with the impairments. The MOH designed health mainstreaming manual but there is no strong monitoring and evaluation mechanism to follow up its implementation with the concerned institutions on the ground.

[200] American Medical Association, AMA Digital Health Research: Physician's motivation and requirements for adopting digital health—adoption and attitudinal shifts from 2016 to 2019. https://www.ama-assn.org/system/files/2020-02/ama-digital-health-study. (Accessed, 16 August 2021).
[201] Ibid
[202] FDRE, Ministry of Education: Special Needs/ Inclusive Education Strategy, July 2012, p. 3.
[203]FDRE, Ministry of Education: Special Needs/ Inclusive Education Strategy, July 2012, p. 3.

CHAPTER FOUR

4. Conclusions and Recommendations

4.1. Conclusions

There are so many Challenges for PWDs to be alleviated by the commitment of the Government and society to deliver quality health care services. The health professionals try to treat all patients equally according to their training in medical ethics even though they didn't train being disability friendly. There is no disability specific training for health professionals either in the form of long-term training or on the job training to understand the standards and treatment of PWDs in a way they need.All health professionals explained that there is no training and discussion in relation to the health of PWDs in health centers and hospitals contrasting with the attention given to HIV/AIDS and other diseases. Health professionals are not trained about human rights in general and about treatments of PWDs in particular. The knowledge, attitude and skills of most health professionals in relation to PWDs are very low and no common understanding and procedures to guide the way they treat PWDs. The health care centers and hospitals are built below the standards requiredfor PWDs so that health care services are inadequate to treat even persons without disabilities. There is not any on job training for health professionals in relation toPWDs to improve their primary health care service provisions.

The health care centers try to give some medication services for PWDs on the first floor mixing with emergency patients which exposes them to communicable diseases and pandemics. None of the health professionals who participated in giving data and information have the concept of a human rights based approach so that their service delivery is not human rights based. Not all health care services and facilities are found in the health centers so that PWDs are suffering in finding the services in different places. The gates of health care centers are not wide enough for wheelchairs and crunches to pass easily. Most PWDS prefer to remain at home rather than going to health care centers to get medical services even if they are ill since they are afraid of all the barriers and sufferings to face. According to the respondents, PWDs have the same health needs as all other people, including immunization, screening, sexual and reproductive health, and all other aspects of regular health care but they are not attaining them properly. PWDs may also need additional support because of their

impairments and the negative consequences of barriers in accessing the required health care services.

The government has tried to design legal frameworks, policies and strategies in relation to PWDs but their practice and implementation on the ground is very low and they do not prevent that PWDs do not get the required services, particularly the general health care. There are no monitoring and evaluation mechanisms to see whether the laws, policies and strategies are implemented and practiced or not. Although Ethiopia has accepted and ratified most international and regional human rights instruments, the country has not been able to promote, respect, protect and fulfill the human rights of PWDs in accordance with the demands/requirements of the instruments. There is an investigation that PWDs need mainstreaming services with others while health professionals argued in favor of the establishment of independent health centers and hospitals for PWDs. All old buildings do not have lifts, voice outputs and ramps but the new buildings have only ramps up to the first floor in that PWDs do not get all services in the 2nd, 3rd and 4th floors.

There are not disaggregated legal frameworks, policies and strategies in accordance with disability types and there are no specific access to general health care service delivery legal frameworks, policies and strategies except disability main streaming manual designed byMOH in relation toPWDs.According to most respondents, PWDs do not benefit from the designed legal frameworks, policies and strategies because of discrimination, marginalization and low attention. Ethiopia ratified the CRPD but didn't practice and fulfill the health care demands of persons with disabilities beyond designing some policies and declaring proclamations. Let alone in rural Ethiopia, even cities like Addis Ababa and other regional capitals have not fulfilled the health care demands of persons with disabilities. Some health professionals and health care centers in Addis Ababa are not disability friendly that PWDs cannot get quality health care services.

Almost all human rights issues in relation to access to quality health care services for PWDs are not addressed properly due to many barriers which are both internal and external impacting the service provision negatively.PWDs in Ethiopia, particularly in Addis Ababa's Yeka Sub-City, do not get quality health care services because of barriers such as unavailability and lack of quality health centers and hospitals; lack of disability friendly trained health care professionals; discrimination and marginalization; inaccessible building structures; inaccessible bridges and roads; lack of disabilities' rights awareness in the minds

of PWDs themselves, health professionals and the society at large; lack of access to information; lack of supporters and sign language interpreters and lack of human rights education, which are the major barriers causing negative impacts and hindrance on access to primary health care services. Laboratories and health facilities in health centers and hospitals are not disability friendly and do not facilitate access to health care services especially for mothers with disabilities in prenatal, during delivery and post-natal periods.

Generally, almost all the respondents (PWDs, health professionals and the society) do not even have a basic understanding of CRPD showing the fact that human rights concepts and human rights based approaches are not realized and human rights are not protected and fulfilled. PWDs do not demand their rights and most of them remain at home even though they feel ill and they do not get the required medication so that their right to life is in question. It is possible to imagine that there are PWDs who die because of lack of access to health care services since they remain at home thinking that they will not get the right services in hospitals and health care centers. To achieve health equality and equity for PWDs, access to health care service is a vital prerequisite which is not just about physical access to a health care facility but also covers factors such as availability, quality, financial affordability, geographical accessibility and acceptability of service delivery.The formulation of all plans, programs, actions and evaluation in Ethiopia seem to be not to equalize opportunities for PWDs in accordance with the World Program of Action due to economic problems, lack of commitment by the government and other factors.

Despite efforts by the government to meet the rights of PWDs, discrimination against persons with disabilities still exists and there are no greater investments in the disability sectors andcommunity based rehabilitationsaccess to their health care services. There are no legal frameworks, policies and strategies inrelation to access to health care services to be implemented during emerging challenges like COVID-19 pandemics for the generalpublic and particularly for PWDs that we are in confusion of what to be done during disasters and emerging challenges.Helpers and supporters who are able to communicate with sign language are not assigned or employed in hospitals and health centers to avoid communication barriers. Health professionals are not trained in the use of sign language that persons with hearing and speech impairments are not able to discuss their health problems. The secretesof PWDs are disclosed to a third party that they are not free to communicate with the health professionals.

4.2. Recommendations

The main purpose of the thesis is to recommend a solution for the problems and challenges investigated which hinder access to health care services for PWDs. The research recommends based on the problems investigated.Lack of strict practice andimplementation of legal frameworks, policies and strategies in order to promote, respect, protectand fulfill the human rights of PWDs with regard to health care services by all segments of the society is the very challenge. The following are the recommended solutions for the problems and challenges investigated in the thesis which may mitigate the health care challenges faced by PWDs;

- Extensive work should be done on awareness creation about PWDs' equality and productivity in a society,this should convey the message that impairment is not a disease by itself and that persons with disabilities are successful if the required support by government and society is provided to them. Disabilities' education should be given and incorporated into the curriculums of elementary to higher education in order to increase the awareness of the society about the need to protect and ensure the human rights of PWDs.
- PWDs are treated in the first floor together with emergency cases and they are at risk to contract communicable diseases and pandemics so that the buildings of health centers and hospitalsshould be made disability friendly and accessible keeping the required standards; and health professionals should get disability friendly training and have the concepts of human rights to realize health care problems faced by PWDs.Helpers and supporters who are able to communicate with sign language should be assigned or employed in hospitals and health centers to avoid communication barriers. It is better to train health professionals in the use of sign language so that secretes of persons with hearing and speech impairments will not be disclosed to a third party andthe cost made to employ sign language interpretersmay be saved.Training health professionals with sign languagestrengthens PWDs' trust and confidentiality in the services delivered by health professionals and health centers.
- There should be home to home services for those with high level of impairments, who have no helpers and who are economically very poor so that transport costs, time and energy spent by PWDs will be minimized. Special arrangements for signs and monitors transmitting sign languages should be placed and be available for persons

with hearing impairments to show them directions and give information about where to move and to wait for their turn (they cannot hear when their name is called) as a result their turn passes missing the service delivery time which has a considerable psycho-social impact.

- All the health care services and facilities should be available in every hospital and health center so that PWDs will access all services and facilities in the same place saving their energy, time and money. As such, challenges posed by internal and external barriers will be minimized. There should be a policy and strategy to get all facilities in a given health center and hospital to minimize the challenges.
- Include family planning service to benefit PWDs and information about family planning health care should be accessible for them. Vaccination and prevention awareness should be given to guarantee mothers with disabilities' prenatal, during birth and post-natal health care service coverage. All relevant services should be established, arranged and given for sexual harassment victims who come to health centers to be treated. There should be psychological treatment and support to alleviate additional agonies of PWDs attacked by sexual harassment and take medical treatment and rehabilitation in health centers. The perpetrators should be punished commensurate in accordance with the severity of the human rights violationthey did and the psychological impacts brought upon the victims due to the harassments. There should be a designed legal bindingto punish the perpetrators within the time frame to teach others not to do sexual harassment and violate the human rights of PWDs.
- Free services and health insurance should be given to PWDs to avoid affordability problems or their economic problems should be addressed through the design of different mechanisms to create sources of income, to bring psychological relief, to increase self-confidence, to strengthen their participation in the society and to increase their efficiency, effectiveness and productivity. Give attention and design food security service program platform to help very poor PWDs to produce capitals and be benefited to manage their livelihood and health issues properly and sustainably.
- Government has the highest responsibility to coordinate all stake holders, protect and fulfill all the qualities and facilities of health care services for PWDs and accepting and ratifying conventions, designing domestic legal frameworks, developing policies and strategies to benefit them. Doing all these alone does not have meaning without

practical implementations as a result monitoring & evaluation mechanisms should be designed and applied. Plans, strategies and projects need to be made inclusive and participatory for PWDs to simplify their life and ensure their survival in any society. The associations of PWDs should be strong and participate in every legal framework development, policy design and implementation to fulfill their human rights.

- Participation and coordination of all stakeholders (Governmental organizations, CSOs, NGOs, international, regional and national organizations, health institutions, human rights workers and the society at large) are needed to make the required health care services available and to guarantee their sustainability and continuity in a given community.
- Know and understand the actual number of disabilities in the country particularly, in Addis Ababa city administrationand assign a focal person in any organization so that the required budget will be allotted to provide the required services in order to mainstream disability issues in any organizational plan to protect and ensure their human rights. Organize data about the performance for PWDs at organizational, regional and national level and make this information accessible.
- Disaggregated legal frameworks, policies and strategies in relation to disability types should be developed and implemented with strict follow up and participations of all stakeholders to promote protect and fulfill human rights of PWDs, particularly access to general health care services. MOH should establish institutions which integrate non formal and formal community based organizations like Edir and others which consist of most society as a member to solve challenges of persons with disabilities. There should be independent and disaggregated health proclamation in relation to PWDs like building and employmentproclamations to protect and fulfill their human rights of access to quality health care services.Well-coordinated and integrated implementing mechanisms should be developed so that challenges of PWDs will be addressed.
- All the above mentioned recommendations may not be fulfilled in short time due to capacity and economic limitations and lack of commitment but they can be implemented gradually as per the government’s capacity and level of development in the country however, decreasing and alleviating health care service problems and challenges of PWDs should be given immediate attention and it should be done continuously to bring improvements.

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2. Sister Y, from Entoto health centre, Responded Attitude of individual health professionals may affect the treatment of PWDs during health care delivery, 16 April 2021.
3. Mr. Z, a director from Addis Ababa Bureau of Labour and Social Affairs, responded the non reliability of data for PWDs, 13 April 2021.
4. Mr. T, visually impaired from ENAB responded disability is cross cutting to face at any age, sex, religion and ethnicity, 29 April 2021.
5. Mr. B, visually impaired from ENAB responded how disclosing disabled family members is difficult, 29 April 2021.
6. Mr. S, visually impaired from ENAB responded intervention of government made Associations weak, 29 April 2021.
7. Mr. D, hearing impaired from ECDD responded due to different types of disabilities, there should be disaggregated treatments, 17 April 2021.
8. Dr. H, from Entoto No2 health centre responded health professionals treat PWDs without the knowledge of human rights and legal frameworks, 7 April, 2021.
9. Health officer F, from Woreda1 health centre responded that there is no special training about how to treat PWDs for health professionals, 9 April 2021.
10. Mr. L, visually impaired from ECDD responded attitudinal barrier contributes more to other barriers to limit common daily activities, April 17 2021
11. W/r G, from the society responded health centres are not capacitated with human and material resources, 23 April 2021.

Annexes

Annex A: Yeka Sub-City, number of Disabilities in Types

Taken from Yeka Sub-City,Bureau of Labor and Social Affairs

Woredas	Sex		Total	Disability Type						
	Male	Female		Hand	Leg	Hand &Leg	Eyes	Ear	other	Unexplained
W1	81	49	130	5	50	7	13	5	21	3
W2	37	35	72	1	23	2	14	7	15	10
W3	30	48	78	4	32	4	15	7	10	6
W4	80	66	146	8	30	9	23	10	31	14
W5	50	41	91	3	28	1	28	1	21	9
W6	23	44	67	Not present	15	1	4	1	14	32
W7	16	24	40	1	17	1	6	5	9	1
W8	17	13	30	3	5	2	3	1	5	11
W9	29	37	66	1	18	3	8	4	3	29
W10	57	53	110	38	29	74	17	3	8	8
W11	51	32	83	3	26	6	10	4	11	3
W12	53	23	76	2	25	3	9	2	6	29
W13	31	23	54	3	20	1	5	1	16	8
Total	555	488	**1043**	**72**	318	114	155	51	170	163

Annex B: Disability Associations

Taken from Country Profile for persons with disabilities, Annex Ethiopia

No.	Name/Title	Year of Establishment	Activities
1	Ethiopian Federation of PWD's (EFPWD)	1996	Advocate human rights and equal opportunities of PWDs by adopting UN standard rules (UNSR's). Capacity building, collection and compilation of information and research, awareness raising, role as umbrella of the PWDs associations, coordination of workshops, project preparation, fund raising
2	The Ethiopian Association of the Physically Handicapped (ENAPH)	1993	Protect civil, economic and human rights of people with physical disabilities (PWPD) Represent PWPD at national and international level Promote the living standards of PWPD in co-operation with GO's, NGO's and individuals Build the psychological make-up of PWD's Create public awareness of the rights of PWPD Research the possibilities to minimize disability causes Improve accessibility of orthotic and prosthetic appliance for PWDs
3	Ethiopian National Association of the Blind (ENAB)	1960	Elementary boarding school for blind persons, training programs, community based rehabilitation program, educational equipment and materials, library services, public awareness activities, project design for rehabilitation, promotion of self employment, survey and studies on the situation of blind persons, co-operation with other agencies, advocacy for the right and privilege of blind persons, fund raising, assistance coordination
4	Ethiopian National Association of the Deaf (ENAD)	1971	Assistance for deaf persons on rights, human dignity, equal opportunities and full participation in social and cultural activities (educational, vocational training and audio-logical fields), cooperation with NGOs and other interested group

Annex C: Interview and Focus Group Discussion Questions

Interview Questions

1. How would you assess the access to health care services for persons with disabilities? What are its strengths and weaknesses?
2. Do you think there are discrimination and marginalization for persons with disabilities to access health care services in hospitals and health centers? If there are, what are they? (for PWDS & others)
3. How do you assess the health workers and professionals' skills, knowledge and attitudes towards persons with disabilities?
4. What can you say about the availability and suitability of health care services in relation to PWDs? What about laboratories and other facilities?
5. How is the treatment of mothers with disabilities in the processes of prenatal, during birth and postnatal periods?
6. What can you say about equality and accessibility of health care services for both persons with and without disability?
7. Would you please mention some institutions and training centers established for the purpose of persons with disabilities' health care services?
8. What do you say about COVID-19 pandemic and situations of persons with disabilities?
9. What do you say about the standards of infra structures of hospitals and health care centers in relation to persons with disabilities? What should be done to keep the right standards?
10. What are the main barriers which hinder the access to health care services for PWDs? What are the negative consequences?
11. What do you think about the perceptions of the society in relation to health care services for PWDs?
12. Do you have information about the policies, strategies, and legal frameworks adopted for PWDs?
13. What do you know about human rights? How are the human rights of PWDS promoted and protected in relation to access to health care?
14. What responsibilities are expected from government, disability associations, health professionals, society and PWDs about the quality Health Care Services to be delivered?

Focus Group Discussion questions

1. How would you assess the access to health care services for persons with disabilities? What are its strengths, weaknesses and challenges?
2. Assess the access to health care services for persons with disabilities in relation to health centers, roads and health professionals.
3. Discuss access to health care service barriers and their negative consequences in relation to PWDs
4. Recommend policies, strategies and legal frameworks to be implemented to make health services accessible for PWDs.
5. Discuss health care services delivery to PWDs in relation to human rights based approach. Discuss treatment of mothers with disabilities in health centers.
6. Discuss about the skills, knowledge and attitudes of health professionals to give health care services for PWDs
7. Discuss about COVID-19 pandemic and health situations of persons with disabilities

Annex D: Amharicversion of interview and FGD Questions

1. ለአካልጉዳተኞችእየተሰጠያለውንየጤናአጠባበቅአገልግሎትሁኔታእንዴትያዩታል?
   ጥንካሬዎቹንናድክመቶቹንቢገልጹልን
2. ስለአካልጉዳተኞችበሆስፒታሎችናበጤናጣቢያዎችየጤናአገልግሎትአሰጣጥዙሪያአድልዎናመገለልአለብለውያምና ሉ? ካለሁኔታዎቹንቢገልጹልን
3. የጤናሰራተኞችናባለሞያዎችንከአካልጉዳተኞችየጤናአገልግሎትአሰጣጥአንጻርያላቸውንብቃት፤ዕውቀትናአመለካከ ትእንዴትይመለከቱታል?
4. ለአካልጉዳተኞችየጤናአገልግሎትለመስጠትየጤናማዕከላትናሆስፒታሎችበበቂሁኔታአሉ?ጥራታቸውስእንዴትነው ? ቤተሙከራዎችናሌሎችአገልግሎቶችስየተሟሉናቸው?
5. የአካልጉዳተኛእናቶችየቅድመወሊድ፡በወሊድጊዜናከወሊድበኋላያለውክትትልምንይመስላል?
6. ስለጤናአገልግሎትተደራሽነትእናእኩልነትለአካልጉዳተኞችናአካልጉዳተኛላልሆኑሰዎችስላለውየአሰራርሁኔታምንየ ሚሉትአለ?
7. የአካልጉዳተኞችንጤናአገልግሎትተደራሽነትለመተግበርተብሎየተመሰረቱጥቂትተቋማትናማሰልጠኛማዕከላትንመ ጥቀስይችላሉ?
8. ስለአደገኛውኮረናቫይረስናየአካልጉዳተኞችሁኔታምንህሳቦችንሊያካፍሉንይችላሉ?
9. የጤናማዕከላትናሆስፒታሎችመሰረተልማቶችከአካልጉዳተኞችአንጻርጥራታቸውንየጠበቁናቸው? ካልጠበቁጥራታቸውንለማስጠበቅምንመደረግአለበት?
10. ዋናዋናዎቹየአካልጉዳተኞችየጤናተደራሽነትመሰናክሎችምንምንናቸው? በጤናተደራሽነቱስላይየሚያስከትሉትተጽዕኖምንይመስላል?
11. ማህበረሰቡስለአካልጉዳተኞችየጤናተደራሽነትያለውእሳቤምንይመስለዎታል?
12. የአካልጉዳተኞችንበተመለከተስለታወጁስርዓቶች፡የአሰራርስርዓቶችናየህግማዕቀፎችዕውቀቱአለዎት?
13. ስለሰብአዊመብቶችዕውቀቱአለዎት?
    የአካልጉዳተኞችየጤናተደራሽነትሰብአዊመብቶችከጤናአጠባበቅአንጻርእንዴትእየተስፋፉናእየተከበሩናቸው?
14. ለአካልጉዳተኞችጥራቱንየጠበቀየጤናአገልግሎትከመስጠትአንጻርከመንግስት፤ከአካልጉዳተኛማህበራት፤ከጤናባለ ሞያዎች፤ከማህበረሰቡእንዲሁምከአካልጉዳተኞችምንማድረግይጠበቃል?

የቡድንውይይትጥያቄዎች

1. ለአካልጉዳተኞችእየተሰጠያለውንየጤናአጠባበቅአገልግሎትሁኔታእንዴትያዩታል?
   ጥንካሬዎቹ፤ድክመቶቹእናተግዳሮቶቹምንምንናቸው?
2. ለአካልጉዳተኞችእየተሰጠያለውንየጤናአጠባባቅተደራሽነትከመንገዶች፣ከጤናተቋማትናከጤናባለሞያዎችአንጻርብን ዳስሰው
3. ለአካልጉዳተኞችየጤናአጠባበቅአገልግሎትተደራሽነትእንቅፋቶችምንምንእንደሆኑበመጥቀስተጽኖዎቻቸውምንምንእ ንደሆኑእንወያይባቸው
4. ለአካልጉዳተኞችየጤናአጠባበቅአገልግሎትተደራሽነትሊዘጋጁናሊተገበሩየሚችሉፖሊሲዎች፣የአሰራርስርዓቶችናየህግ ማዕቀፎችምንምንመሆንእንዳለባቸውብንወያይበት
5. ከሰብአዊመብትጥበቃአሰራርአንጻርየአካልጉዳተኞችየጤናተደራሽነትእንዴትእንደሆነእንወያይበት፤የአካልጉዳተኛእናቶ ችየጤናክትትልበተመለከተእንወያይበት
6. የጤናባለሞያዎችከአካልጉዳተኞችየጤናአገልግሎትአሰጣጥአንጻርያላቸውንብቃት፤ዕውቀትናአመለካከትእንወያይበት
7. የአደገኛውንየኮረናቫይረስናየአካልጉዳተኞችንየጤናሁኔታበተመለከተእንወያይበት