



The Right to Health of Women Prisoners with Hearing Impairment in Selected Prisons of Central Ethiopia Regional State

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Addis Ababa, Ethiopia

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**The Right to Health of Women Prisoners with Hearing Impairment in
Selected Prisons of Central Ethiopia Regional State**

**A Thesis Submitted to the School of Law, Addis Ababa University, in Partial
Fulfillment of the Requirements for the Degree of Master of Laws (LL.M) in
Human Rights Law**


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**Addis Ababa, Ethiopia
January 2025**

Declaration

I, Mitke Mathewos, hereby declare that this thesis entitled “**The Right to Health of Women Prisoners with Hearing Impairment in Selected Prisons of Central Ethiopia Regional State**” is original work and has never been presented in any other institution. To the best of my knowledge I also declare that any information used has been duly acknowledged.

Advisor: Anchinesh Shiferaw (PhD)

Signature _____  _____

Date _____ 1 February 2025 _____

Acknowledgement

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Acronym and Abbreviations

ACHPR	African Charter on Human and peoples Right
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Right of the Child
CRPD	Convention on the Rights of Persons with Disabilities
ICESCR	International Covenant on Economic, Social and Cultural Rights
SMR	Standard Minimum Rules for the Treatment of Prisoners
UDHR	Universal Declaration of Human Rights
PWDS	Persons with Disabilities
WPWHI	Women Prisoners with Hearing Impairment

Abstract

The right to health is a basic human right on its own and is essential for realization of other human rights, as outlined in numerous international and regional human right treaties and standards. Ethiopia ratified various international and regional instruments that guaranteed the right to health of all including women prisoners with hearing impairments. The main objective of this thesis is to assess the realization of the right to health of women prisoners with hearing impairment in selected prisons of central Ethiopia region. To achieve this objective, the study employed a qualitative method which is used to gather data from primary sources and secondary sources through interviews and personal observations. Various key informants were interviewed, including (both able prisoners and women prisoners with hearing impairment), prison health providers, and officials from the central regional state. The study discloses that healthcare services at the selected Prisons do not meet the UN SMR's principles and minimum standards. There is no sign language interpreter, hearing aid and other alternative mechanisms to communicate with women prisoners with hearing impairments. Furthermore, prisoners including women prisoners with hearing impairments do not get basic medical treatments such as mental health care, dental care and specialized treatment essential for the needs of women prisoner with hearing impairment including hearing examination. In the prisons, insufficient healthcare facility including shortage of medical equipment, medical personals, medications are the main challenges women prisoners with hearing impairment face in addition to insufficient health care service such as referral services, medical screenings and information's related to sexual and reproductive health without accessible communication formats. Lack of training in sign language to healthcare provider, inadequate awareness to accommodation patients with hearing impairments, double discrimination and stigma, low level of government commitment are the contributing factors for inadequate service to women prisoners with hearing impairments. Insufficient food, water and poor-quality hygienic and sanitation facilities also hinder women prisoners with hearing impairments from leading a healthy and quality life. Therefore, right to health of women prisoners with hearing impairments in selected prisons of Central Ethiopian region is far from realization and does not meet international human right instruments and standards that Ethiopia ratified.

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Chapter One

1. Introduction

Health is the key to a happy and productive life of individuals. Its contribution can be seen in various ways including economic growth, social well-being, education, improved quality of life and longer life expectancy. “Health is a fundamental human right in itself and indispensable for the exercise of other basic human rights.”¹ Human right by nature is conceived as universal and the same for everyone regardless of color, legal status, economic status, political attitude, race, religion, language and personal status. Thus, like any other persons, women prisoners with hearing impairment are entitled to the enjoyment of the right to health by the mere fact of being human.

The right to health is recognized at international, regional, and national levels such as Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of Persons with Disabilities (CRPD), Convention on the Right of the Child (CRC), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), African Charter on Human and peoples Right (ACHPR), UN Standard Minimum Rule for the Treatment of Prisoners, United Nations Rules for the Treatment of Women prisoners and Non-Custodial Measures for Women Offenders (The Bangkok Rules) and others, these instruments in one way or the other point out the essential nature and components of the right to health. The right to health includes access to and quality of health care services, essential medicines and information related to health, and so on. Health is the core human right of everyone including women prisoners with hearing impairment without any kind of discrimination based on gender, disabilities, or criminal act.

Realization of the right to health entails the participation of states, non-state actors and women. Without collaboration, it’s impossible to achieve the full realization of the right to health of women prisoners with hearing impairment. States are obligated under international human right

¹Committee on Economic, Social and Cultural Right General Comment No 14: The Right to the Highest Attainable Standard of Health (art 12), (twenty second Session, 2000) para1.

instruments to respect, protect, and fulfill the right to health for all²especially for marginalized groups including women prisoners with hearing impairment. The state must discharge the minimum core obligations of the right to health in an accessible, available, adaptable and acceptable manner by prioritizing vulnerable groups.³ Non-state actors and NGOs play a crucial role at the international level concerning human rights in general and the realization of the right to health in particular.⁴ Promoting better healthcare for disadvantaged populations including women prisoners with hearing impairment by raising awareness, influencing policies and providing resources like financial, technological, or expertise within the prison setting.⁵ Women prisoners with hearing impairment also play a vital role in advocating for their health right.

Studies have highly stated that women in prison tend to experience a higher prevalence of health issues compared to women in the general population. Women prisoners often face neglect in their health due to abuse, alcohol, drug dependence and inadequate healthcare.⁶ The UN committee on the rights to persons with disabilities in its general comment elaborate that the lack of accessible medical equipment and healthcare facilities puts deaf and deaf-blind women at high risk and being excluded from healthcare services.⁷ “Women Prisoners with disabilities often have specific healthcare needs related to their disabilities. Sadly, their special needs are often unaddressed and overlooked.”⁸

Ethiopia is a party to numerous International and Regional human right treaties including UDHR, ICESCR, CRPD, CEDAW, CRC, Maputo protocol, ACHPR and others that clearly stipulate the right to health of everyone including women prisoners with hearing impairment. The Ethiopian Constitution promotes the rights of women with disabilities under article 41(5) by underscoring the state's responsibility to offer rehabilitation and support to individuals with

²Committee on Economic, Social and Cultural Right General Comment No 3: The Nature of State Parties’ Obligations (art 2), (fifth session, 1990) Para 4.

³ Ibid

⁴Common Wealth Human Rights Initiatives, ‘Community participation in prisons a civil society perspective’ (2008) CHRI publication 5

⁵ Ibid

⁶Megan Bastick, ‘Women in Prison: Article on the UN Standard Minimum Rules for the Treatment of Prisoners’ (2008) 95 Journals of Human Rights and Refugees 12.

⁷Committee on the Rights of Persons with Disabilities General Comment No 3: Women and Girls with Disabilities (art 6), (thirteen session, 2016) Para 4.

⁸United Nations Office on Drugs and Crime, *Handbook on Prisoners with Special Needs* (United Nation publication 2009)17

physical and mental disabilities.⁹ Under article 41(3), 44(1) and 89(8) the right to health is recognized and guaranteed.¹⁰ In addition to that Federal prison proclamation No 1174/2019, Federal prison warden administration Regulation No. 137/2007, FDRE Prison Administration, Directive for the Admission, accommodation and administration of Prisoners No. 2/2017 and Central Ethiopia Regional State Prison Commission Establishment Proclamation No.5/2024, However, in Ethiopia hundreds of prisoners are enduring deplorable conditions in the facility including the lack of medical professionals, examination facilities, lack of access to clean water, proper sanitation and treatment options for mental health conditions further exacerbates the dire situation and led to the spread of water-borne diseases.¹¹ Additionally, the absence of basic amenities such as medical laboratory and proper nutrition, along with unhygienic living conditions point to a systemic failure in meeting the basic needs of the prisoners particularly the women prisoners with disabilities¹² including women prisoners with hearing impairment.

Into account the above situations of human right practice in Ethiopia. This study asses the realization of the right to health of women prisoners with hearing impairment in the case of selected prisons of central Ethiopia region. Thus, the study investigates the accessibility, availability and quality of health service and health care equipment's in line with the international and regional instruments.

1.1 Statement of the Problem

The right to health is a human right that everyone enjoyed by the mere facts of human being without any discrimination. It encompasses physical, mental, and social well-being. International Covenant on Economic, Social and Cultural Right in its article 12 stipulates that “everyone has the right to enjoyment of the highest attainable standard of physical and mental health”¹³ This also applies to prisoners as every other human being. The United Nation Basic Principles for the Treatment of Prisoner's Principle 9 elaborates that “prisoners shall have access to health services

⁹ Proclamation No. 1/1995, Proclamation of the Constitution of Federal Democratic Republic of Ethiopia, Federal Negarit Gazeta, 1st year No. 1, Addis Ababa, 21st August, 1995 art 41(5).

¹⁰ Ibid art 89(8).

¹¹ Wondimagen Goshu, ‘Prison Reform in Ethiopia: Normative Gaps, Challenges in Practice and Recommendations’ [2021] Legal and justice affairs publications 136.

¹² Ibid

¹³ United Nation International Covenant on Economic, Social and Cultural Rights, G.A.Res.2200A (XXI), (1976) art 12

available in the country without discrimination on the grounds of legal situation.”¹⁴ From a legal perspective, it is the responsibilities of states to ensure that health care service in prison uphold the human right of prisoners. UN Committee against Torture in its concluding observations for Ethiopia stated that “prison conditions in Ethiopia have overcrowding, inadequate hygiene and sanitation, insufficient sleeping space, lack of food and water, inadequate healthcare, and the absence of special health facilities for women prisoners with disabilities lead to the worst conditions.”¹⁵ As the UN special rapporteur report “women prisoners with hearing impairment are vulnerable groups within the community of prisoners, due to their gender and their disabilities.” The special needs of such persons are rarely taken into account, for that reason they are isolate themselves more so in prisons. They can also be victims of psychological abuse and bullying. This situation may be aggravated by the lack of access to health care, mental health care, hearing examination and counseling programs, due to difficulties they have in communication.¹⁶ To the best of the researcher’s knowledge, there is no specific research conducted on the right to health of women prisoners with hearing impairments. There is a study in Nigeria which focuses on the “Hearing Loss among Inmates of a Juvenile Facility in Nigeria.”¹⁷ It underscores the overlooked health challenges of juvenile inmates with hearing loss, who often lack timely medical treatment, hearing aids and adequate rehabilitation programs leading to heightened risks of mental health issues like anxiety and depression. However, the study did not address the unique challenges faced by women prisoners with hearing impairments nor did it consider their right to health and specific needs. Furthermore, the study's geographic limitation to Nigeria.

In Ethiopia, a research in the area of health right of women with disabilities is low. There are some studies on the related topics. The first one is Behailu T. Weldeyohannes’ study reveals the lack of policies and insufficient women-specific health services in Ethiopian prisons.¹⁸ While the study addresses general women's health needs, it does not focus on women prisoners with

¹⁴United Nation Basic Principles for the Treatment of Prisoners, G.A.Res.45/111, UN.Doc A/45/51 (1990) principle 9.

¹⁵ United Nations Committee against Torture, ‘Concluding Observations and Recommendations on the 1st Initial Periodic Report of Ethiopia’ (2011) Para 7

¹⁶Manjoo Rashida, *Violence against Women: Its Causes and Consequences* (United Nation publication 2012) 53

¹⁷Habeeb Omokanye, ‘Hearing loss among inmates of a juvenile correctional facility in Nigeria’ (2022) 22 African Health Sciences Journal.

¹⁸Behailu Weldeyohannes, ‘Reforming Prison Policy to Improve Women-Specific Health and Sanitary Care Conditions of Prisons in Ethiopia’ (2017) 24 Journal of Women & Law 101

hearing impairments and fails to consider the holistic aspects of the right to health. The second one is Sewnet Tilahun's study, it highlight that women with disabilities struggle to access sexual and reproductive health services in Ethiopia despite their right to equitable health care.¹⁹ The study does not address the human right perspective and does not focus on women prisoners with hearing impairments. The third one is Taddele Teka's study, it revealed that inadequate healthcare and facilities failing to meet international standards that Ethiopia ratified.²⁰ However, the study focused on male prisoners, excluding women prisoners and was limited to federal prisons.

The issue of hearing impairment among women prisoners has received little attention in Ethiopia. This led to severe health disparities and right violation as well as they suffered a lot in prisons without any accommodation. There is a noticeable gap in research focusing on the health right and unique needs of women prisoners with hearing impairment. This research seeks to fill this gap by examining the extent to which the right to health of women prisoners with hearing impairments is being realized in selected prisons of central Ethiopia region. By focusing on these selected prisons, the research aims to provide a detailed and context-based understanding of the challenges faced by women prisoners with hearing impairments in Ethiopia and to assess the implementation of women prisoners' right to healthcare service which is access, in good quality complying with infrastructure and sanitation standards in light of international human right instruments.

1.2 Research Questions

- ❖ What are the normative foundations of the right to health of women prisoners with hearing impairment under international and regional human right instruments?
- ❖ How did Ethiopia address its international commitment on the right to health of women prisoners with hearing impairment within its domestic legislative and policy frameworks?
- ❖ What is the state of access to healthcare for women prisoner with hearing impairment in selected prisons of central Ethiopia region?

¹⁹Sewnet Tilahun, 'Barriers and Enablers for Women with Disabilities to Access Sexual and Reproductive Health Service in Addis Ababa' (MA thesis, Addis Ababa university 2023)

²⁰Taddele Teka, 'Health Rights of Prisoners in Ethiopia: A Case Study of Federal Maximum-Security Prison' (MA thesis, Addis Ababa University Center for Human Rights 2019).

- ❖ What are the contributing factors and barriers for women prisoners with hearing impairment to access healthcare in selected prisons of central Ethiopia region?
- ❖ What are the core challenges towards the provisions of quality health care for women prisoners with hearing impairment in selected prisons of central Ethiopia region?
- ❖ What are the roles of stakeholders towards the realization of the right to health of women prisoners with hearing impairment in selected prisons of central Ethiopia region?

1.3 Research Objectives

1.3.1 General Objective

- ❖ The general objective of this research is to assess the realization of the right to health of women prisoners with hearing impairment in selected prisons of central Ethiopia region.

1.3.2 Specific Objectives

- ❖ To assess the normative foundations of the right to health of women prisoners with hearing impairment under international and regional human rights instruments.
- ❖ To examine the legislative and policy frameworks of Ethiopia towards the realization of the right to health of women prisoners with hearing impairment.
- ❖ To assess the state of access to healthcare for women prisoners with hearing impairment in selected prisons of central Ethiopia region
- ❖ To assess the contributing factors and barriers to access healthcare by women prisoners with hearing impairment in selected prisons of central Ethiopia region.
- ❖ To assess the core challenges towards the provision of quality healthcare of women prisoners with hearing impairment in selected prisons of central Ethiopia region.
- ❖ To assess the roles of stakeholders towards the realization of the right to health of women prisoners with hearing impairment in selected prisons of central Ethiopia region.

1.4 Methodology of the Study

To achieve the intended objectives and to come up with reliable findings, the study employed a qualitative research approach. Qualitative research is supposed to gather an in-depth understanding of human behavior and the reason that govern such behavior. The qualitative

method investigates “why and how decision-making is handled.”²¹ It is also better suited to allow the researcher to investigate initial participant responses; by using open-ended questions ask why or how with full freedom and flexibility.²² The other main reason to use this method is to enable informants freely express their ideas in their own words and get the full picture of the situation.²³ The researches employed a descriptive research design that effectively and efficiently capture the respondents experience and perspectives.²⁴

1.4.1 Sources of Data

This research employed both primary and secondary sources of data. The primary sources were gathered from different categories of informants through in-depth interview and key informant interviews with both women prisoners with hearing impairment and able prisoners in Hosanna, Durame and Wolikite prisons, with higher government officials and non-governmental stakeholder to obtain information. In addition to that, Secondary source of data also gathered from published books, journal articles, reports, conference papers, published and unpublished research papers and working papers.

1.4.2 Data Collection Tools

1.4.2.1 Key Informant Interviews

Key informant interviews are qualitative, interviews with Individuals who have a deep knowledge and insights about a particular topic or situation.²⁵ The purpose of key informant interviews was to collect information from professionals and the women prisoners with Hearing impairment who have first-hand knowledge about the impact.

1.4.2.2 In-depth Interview

In-depth interviews are qualitative, that collect detailed information on the specific topics of the research through interview with individuals.²⁶ Hence, in-depth interviews were conducted with selected government officials and non-government bodies to buttress the data collected from the subjects whose fundamental right is question.

²¹Yates Alemayehu, *Human Rights Research: A Practical Guidebook on Methodology and Methods* (Addis Ababa University Press 2013) 139.

²²Ibid

²³Ibid

²⁴Ibid

²⁵Ibid

²⁶Ibid

1.4.2.3 Personal Observation

The researcher made personal observations and field visit by going to areas in the central Ethiopia regional state prisons that the study is focused too by developing a check list. Such observation is very useful for this study to understand the real factors that hinder access to healthcare for women prisoners with hearing impairment that may help to conduct this study in a good manner.

1.4.2.4 Document Analysis

Analysis of published and unpublished writings from diverse sources also made part of this study. The opinions and views of prominent scholars and researchers with respect to the right to health of women prisoners with hearing impairment analyzed.

1.4.3 Sampling Techniques

Based on factors such as time, finance, and the likes, “it is important to select samples in a systematic way to ensure that the community/users/ and external actors see it as a credible and indicative sample.”²⁷ However, in a qualitative research, statistical representativeness is not the aim. Instead, samples in qualitative research are usually purposive.²⁸ To ensure that the sample is credible and covers the main groups one is interested in, the study used purposive sampling techniques. It employed these techniques based on the writer’s professional judgment that considered the place, where the data is collected, is relevant to the problem under study. It has to be borne in mind that sample sizes are typically small in qualitative work, because it has nothing to do with the number, but focus on the quality. One way of identifying how many people to interview is to keep interviewing until “point saturation is reached,” or interviewing a number of people until nothing new comes from the interview.²⁹ Accordingly, the present study has benefit much by making use of such a sampling size approach.

The criteria considered to select the three prisons (Hosanna, Durame and Wolikite prisons) are an availability of significant number of women prisoners with hearing impairment who live in selected prisons. The research wanted to ensure that the prisons selected have women informants with hearing impairment as it is crucial to know the experience and needs of these women. The

²⁷Michael Quinn, *A Guidebook to Using Qualitative Research Methodology* (Medicines Sans Frontiers 2002) 9

²⁸ Ibid

²⁹ Ibid

researcher conducted interview with ten women prisoners with Hearing impairment and fifteen able male and female prisoners in Hossana, Durame and wolikite prisons using semi-structured and open-ended questions. The researcher selects women prisoners with hearing impairment and able prisoners in purposive sampling, those who were able to understand research problem and respond, able to communicate to the interview, those who have in depth knowledge, experience, information-rich and received health services before the study and those who achieved majority age are selected for the interviews. For better data collection and for the sake of smoothness of the process of interview, the researcher used well-trained sign language interpreter from Hosanna School for the Deaf. The researcher employed a purposive sampling to carefully select individuals that can provide crucial information on specific issues on which there is not available information from other sources and who have direct or indirect connections to women prisoners with hearing impairments and health concerns. The researcher conducted interview with seven health care providers, three women prison guards, and three prison officials on the selected prisons. The researcher also conducted interviews from eight professionals and officials including Ministry of Women and Social Affairs, central Ethiopia Region Prison Commission, health bureau, justice bureau, Ethiopian human right commission, Ethiopian national association of the deaf and Justice for All-Prison Fellowship Ethiopia.

1.4.4 Data Analysis

After collecting the desired information, the researcher first organizes the data because the data gathered through interview are documented separately. After that, the researcher translated the Amharic language in to English language. The researcher used thematic data analysis to identify key themes and patterns concerning the right to health of women prisoners with hearing impairment. The data analyzed in order to reach easily in a given conclusion were drawn to address the research question and objectives.

1.5 Literature Review

In this part of the thesis, the researcher examines related literatures to the topic at the hand. Internationally many authors and researchers wrote in the issues of human right of prisoners in general and the protection of prisoners' right to health in particular. But there is a scarcity of research on the right to health of women prisoners with hearing impairment. Accordingly, the researcher has reviewed some literatures in relation to the prisoners right that done in Ethiopia.

Particular focus is given in examining the researches done previously by different researchers on the right to health of prisoners in general and women prisoners in particular. A study conducted by Addisu Gulilat, examines that the practice of treatment of detained persons in Ethiopia with focus in Addis Ababa, in light of international human right instruments.³⁰ The study revealed that the treatment of detained persons in Addis Ababa did not fully comply with minimum standard of international human right. The study also stresses that “overcrowding, disease, malnutrition, unhygienic conditions, and lack of separate treatment based on sex, age, illness, torture, cruel, inhuman or degrading treatment or punishment in prison highly violate the human right of prisoners.”³¹ However, the study fails to specific the right to health of prisoners in general and women prisoners with hearing impairment in particular. It also geographically limited in Addis Ababa. The other study conducted by Tesfaye Tadesse revealed that the standard of prisoner’s treatment in the selected prisons of Oromia nation regional state’ is poor.³² Additionally, the study finds that there is a massive violation of the right to freedom from torture, inhuman or degrading treatment or punishment of prisoners. However, the study did not discuss prisoners' right to health in general and women prisoners with hearing impairment in particular. A study conducted by Fasil Birhanu revealed that the “insufficient food provisions, poorly equipped and overcrowded dormitories,” lack of proper medicines and health service, inadequate sanitary facilities, and lack of proper hygiene amenities violates the Prisoners’ right to adequate standard of living.³³ The study found that the treatment of prisoners in Yem Special Woreda Prison Institute does not meet international, regional and national human right instruments and standards. However, the study was general and not addresses the prisoner’s right to health in general and women prisoners with hearing impairment in particular. It was also geographically limited on Yem special woreda prison.

A study conducted by Beminate Lemma revealed that prisoners in Gondar city prison have poor physical and psychological health.³⁴ The study stress that depression is one of the core factors

³⁰Addisu Gulilat, ‘The Human Rights of Detained Persons in Ethiopia: Case study in Addis Ababa’ (LL.M thesis, Addis Ababa University 2012).

³¹ Ibid

³²Tesfaye Tadesse, ‘Freedom from Torture, Inhuman or Degrading Treatment or Punishment: The Case of Some Selected Prisons of Oromia Nation Regional State’ (LL.M thesis, Addis Ababa University 2011).

³³Fasi Birhanu, ‘Prisoners right to adequate standard of living: a critical assessment in Yem special woreda Saja prison institute, SNNPR of Ethiopia’ (LL.M thesis, Jimma university 2021).

³⁴Beminate Lemma, ‘Health-related quality of life and associated factors among prisoners in Gondar city prison Northwest Ethiopia’ (2023)12 Plos one journal 8.

that affect the quality life of prisoners. “In Ethiopia there is no much attention given to the symptoms and treatments of depression.”³⁵ The study revealed that a low level of health care provision, lack of psychiatrists, lack of appropriate health care equipment’s and medical personals in prison worse their health condition as well as affect mental, physical and psychological well-being of prisoners.³⁶ However, the study did not discuss women prisoners' right to health in general and women prisoners with hearing impairment and their unique needs in particular. A study conducted by Taddele Teka highlights the inadequate health care delivery in the federal maximum-security prison with regarding of timely treatment, hygiene, water and infrastructure provisions.³⁷ The study found that the health care delivery in the prison failure to adhere international standards and principles. However, the study only focused on male prisoners and did not address women prisoners in general and women prisoners with hearing impairment in particular. A study conducted by Van Mhlanga found out that, women prisoners in Sub-Saharan Africa (SSA) including “Ethiopia face harsh conditions, overcrowding, poor nutrition, and inadequate hygiene.”³⁸ These conditions contribute to the spread of infectious diseases. The study also revealed that despite being a minority, women prisoners encounter human rights abuses, struggle to access both prison-based and community health care and a lack of gender-specific information for women prisoners in sub-Saharan countries.³⁹ The study revealed that a health care provision for women prisoners in the region is fall short of human right standards and international instruments. However, the study did not discuss women prisoners with hearing impairment and their unique needs.

A study conducted by Selamawit Takele study stresses on the right to conjugal visits in general and birth of women prisoners in particular. ⁴⁰ The study revealed that the right to conjugal visit under FDRE Constitution does not have a clear legal interpretation, for this reason women prisoners face vulnerability due to their biological reproductive age, which can be affected by

³⁵ Ibid

³⁶ Ibid

³⁷Taddele Teka, ‘Health Rights of Prisoners in Ethiopia: A Case Study of Federal Maximum-Security Prison’ (MA thesis, Addis Ababa University Center for Human Rights 2019).

³⁸Van Mhlanga, ‘Contemporary women prisoners health experiences, unique prison health care needs and health care outcomes in sub-Saharan Africa: a scoping review of extant literature’ (2018)18 BMC Int Health Hum Rights31.

³⁹ Ibid

⁴⁰Selamawit Takele, ‘The Reproductive Rights of Women Prisoners: the Case of Kality Prison Addis Ababa’ (LL.M thesis, Bahir Dar University 2021).

long-term or life sentences.⁴¹ This can lead to psychological problem, feelings of hopelessness and a higher risk of commit crime. Additionally, “impracticability of conjugal visit can lead to the dissolution of marriages and increase the risk of same-sex relationships and HIV/AIDS.”⁴² However, the study did not discuss the right to health of women prisoners in holistic dimensions in general and women prisoners with hearing impairment and their unique needs in particular. A study conducted by Behailu Weldeyohannes highlights the core factor of insufficient women-specific health care services in Ethiopian prisons and the lack of specific policies, regulations and practical gaps put women prisoners in devastating conditions.⁴³ The study found that special health needs and women-specific health and sanitary care services for women prisoners is unaddressed in Ethiopian prisons. However, the article does not focus on the health needs of women with hearing impairment. A study conducted by Daniel McCullouch revealed that deaf prisoners face challenges such as feeling unsafe, experiencing loneliness, isolation, and struggling to understand the prison regime due to communication barriers.⁴⁴ The study also finds that lack of effective communication can lead to misunderstandings, breaches of safety rules and feelings of disorder within the prison environment. “Hearing impaired prisoners often feel cut off from their fellow inmates, leading to a sense of double imprisonment and a lack of participation in prison life.”⁴⁵ This leads to mental and other health challenges. However, the study didn’t address the right to health of women prisoners with hearing impairment and their unique needs. The study also geographically limited in England.

The study conducted by Habeeb Omokanye revealed that Prisoners with hearing loss often do not receive prompt treatment, such as medical service, hearing aids and lack sufficient rehabilitation programs.⁴⁶ They are at higher risk of mental health conditions such as anxiety and depression. However, the study didn’t address the right to health of women prisoners with hearing impairment and their unique needs. The study also limited in Nigeria. Therefore, the

⁴¹Ibid

⁴²Ibid

⁴³Behailu Weldeyohannes, ‘Reforming Prison Policy to Improve Women-Specific Health and Sanitary Care Conditions of Prisons in Ethiopia’ (2017) 24 *Journal of Women & Law* 101.

⁴⁴Daniel McCulloch, ‘Not Hearing Us: An Exploration of the Experience of Deaf Prisoners in English and Welsh Prisons’ (2012)19 *Howard League for Penal Reform* 4.

⁴⁵Ibid

⁴⁶Habeeb Omokanye, ‘Hearing loss among inmates of a juvenile correctional facility in Nigeria’(2022) 22 *African Health Sciences Journal* 2.

researcher finds the gaps in these researches and shows what she wants to fill those gaps in her research.

1.6 Scope of the Study

This study is limited to assessing the realization of the right to health of women prisoners with hearing impairment in selected prisons of central Ethiopia region. The study also placed particular and greater emphasis on access, quality, availability and non-discrimination of healthcare service.

1.7 Significance of the Study

The writer believes that this study will have both academic and practical importance. Academically, it helps as baseline information, knowledge and reference for conducting further research studies in this area. In terms of its practical significance, it serves as a source for the Government and other stakeholders to find possible solutions for those practical problems that are pointed out in the research, so that it could effectively realize the right to health of women prisoners with hearing impairment. Therefore, the research goes a long way in identifying and pointing out the practical problems and recommending possible solutions so that the right to health of women prisoners with hearing impairment is effectively realized.

1.8 Ethical Considerations

The researcher strictly adheres to the ethical principles for academic research throughout the interaction with the people directly and indirectly participated and/or affect by the study. This means that utmost respect given to the privacy and anonymity of the participants. Their informed consent obtained and the principle of confidentiality carefully upheld. Participants rest assured that any information shared only be used for academic purpose and never lead to the disclosure of their identity under any circumstances. Due to the unique nature of the prison environment, the researcher taking extra precautions to ensure the utmost confidentiality during interviews with women prisoners with hearing impairments and able prisoners. The interviews conducted without any staff present and typically take place in private rooms that are designated for legal and medical purposes. Verbal approval for attribution was secured from other participants such as prison officials, ministry representatives and NGOs/CSO members granting permission for their names to be included in the research.

1.9 Organization of the Study

The paper is organized in five chapters. The first chapter deals with introduction, statement of the problem, objective of the study, research questions, significance of the study, scope of the study, research methodology, sources of data, literature review, ethical consideration and organization of the study. The second chapter discusses the normative foundation and content of the right to health of women prisoners with hearing impairment under international and regional instruments. The third chapter focuses on examining the issue from the perspective of our country. It discusses and analysis domestic laws, policies and strategies that uphold the right to health for women prisoners with hearing impairments. The fourth chapter, which is the core of the study, investigates the right to health of women prisoners with hearing impairments in selected prisons of central Ethiopia region. Finally, the fifth chapter concludes the study by summarizing the findings and put the recommendations based on the identified problems.

Chapter Two

2.1 The Right to Health of Women Prisoners with Hearing Impairment under International and Regional Human Right Instruments

Before discussing about the legal framework of the right to health, define necessary terms. Health has been defined in several ways. According to the preamble of the 1948, constitution of the world Health Organization (WHO), “**Health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”⁴⁷ This definition stresses that health is not just the absence of illness or disease, but also includes a person's overall physical, mental and social well-being. It goes beyond just the absence of disease or infirmity to encompass a holistic view of a person's well-being.

Hearing Impairment: “ A condition where an individual experiences partial or complete difficulty in detecting sounds in one or both ears. This can occur due to problems in the outer, middle and inner ear. The severity of hearing loss can vary from mild to profound and it often affects communication, social engagement, and overall well-being.”⁴⁸

Prisoner: who are individuals found guilty of a crime and serving a sentence, as well as individuals detained in custody under a court order while awaiting trial.⁴⁹

Rational for the Realization of the Right to Health

The first one is the right to health is basic human right. It is universally guaranteed under numerous human right instruments such as UDHR, ICESCR, CRPD, Banjul Charter and others. “Everyone has the right to a standard of living adequate for the health and well-being of himself” this means that everyone enjoyed their health right without any kind of discrimination. Health plays a vital role in all aspects of human life and enabling individuals that lead productive (successful), dignified and happy life. So, women prisoners with hearing impairment as everyone enjoyed their right to health. Thus, health is enhancing their quality of life as well as empowers

⁴⁷Constitution of the World Health Organization (adopted 22 July 1946, entered into force 7 April 1948) preamble

⁴⁸World Health Organization, Deafness and Hearing Loss available at <https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss> accessed 25 December 2024.

⁴⁹Proclamation No.365/2003, Federal Prison Commission Establishment proclamation, Federal Negarit Gazeta, 9th Year No. 90, Addis Ababa, 9th September, (2003) art 2(5).

them to pull discriminations and challenges. So, health is crucial and necessary for women prisoners with hearing impairment as an instrument to achieve their dignity and promote their rehabilitation. The second rational is that the right to health is a basic human right on its own and is essential for realization of other human right, as outlined in numerous international and regional human right treaties and standards. Socio economic and civil and political right are not fully exercised and realized without the right to health because “human rights are interrelated and indivisible.”⁵⁰ If women prisoners with hearing impairment are provided access to quality health, they will have opportunity to pursue education, participate in skill developments and other productive activities. Therefore, the right to health is crucial and vital for women prisoners with hearing impairment.

2.2 International Legal Framework on the Right to Health

Under this section, an attempt is made to assess the foundation of the right to health under international and regional instruments. Accordingly, the section looks in to the core components of the right to health the minimum cores of the right and the obligation of states towards the realization of the right to health of women prisoners with hearing impairment.

2.2.1 Universal Declaration of Human Rights (UDHR)

It is the first human right instrument to formally recognize the right to health in 1948. It encompasses 30 articles which have been elaborated in subsequent treaties, regional human right instruments, national constitutions and laws. A right to health is directly and specifically recognized for the first time in this declaration. It is not a binding instrument but through process and acceptance it gets the customary law status. It affirmatively states the right to health under Article 25(1) of the UDHR “Everyone has the right to a standard of living adequate for the health and wellbeing of himself and his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”⁵¹ The instance raised by this provision is persons with disabilities must get special health care. Everyone has the right to health without any kind of discrimination. The term "everyone" is used to refer to all individuals, regardless of their status or situation. This means

⁵⁰ General Comment 14, Para 1

⁵¹United Nation Universal Declaration on Human Rights, G.A.Res.2174 (III), (1948) art 25(1).

that the right to health applies to women prisoners with hearing impairment and they should have access to healthcare service and other essential elements necessary for good health. The article also recognizes the right to health as an essential component of the right to a standard of living adequate for the well-being of individuals and their families. In addition to that, article 2 clearly describes this fact by stating "everyone is entitled to all the rights and freedoms set forth in this declaration 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."⁵² In this provision, it is possible to include women prisoners with hearing impairment in the protection by interpreting the phrase "other status." Thus, women prisoners with hearing impairment have equal right to health as their peers without discrimination.

2.2.2 International Covenant on Economic Social and Cultural Rights (ICESCR)

It is a part of the International Bill of Human Rights, along with ICCPR and UDHR. It encompasses of a preamble and 31 articles. The right to health is recognized under ICESCR. As per article 12(1) of the Covenant States that "state parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."⁵³ Everyone has the right to health including access to medical care, sanitation and other health related services. The article identifies some of the measures that the state should take "to achieve the full realization of the right including States to take steps to prevent, treat and control epidemic and endemic diseases and to create conducive environment that would ensure everyone's access to medical services."⁵⁴ This includes women prisoners with hearing impairment who particularly vulnerable to health risks due to their disabilities, gender and status or living conditions. The other issues addressed by this provision is that "Health is not just as a right to be healthy but beyond that as a right to control one's own health and body including reproduction and be free from interference such as torture or medical experimentation." States must protect this right by ensuring that everyone within their jurisdiction has access to the underlying determinants of health such as clean water, sanitation, food and through a comprehensive system of healthcare, which is available to everyone without discrimination and economically accessible to all. In addition to that article 12 implicitly contain the concept of

⁵² Ibid art 2.

⁵³ United Nation International Covenant on Economic, Social and Cultural Rights, G.A.Res.2200A (XXI), (1976) art 12.

⁵⁴ Ibid

equality of health opportunity which is reinforced by the non-discrimination language contained in Article 2(2) of the Covenant which reads as: “States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”⁵⁵ From this provision one can conclude that, women prisoners with hearing impairment can be grouped under the ground of "other status" and based on this they have the right to get accessible and quality health same like their peers without any kind of discrimination.

According to General Comment number 14(1) of committee on Economic Social and Cultural rights states that, “Health is a fundamental human right in itself and indispensable for the exercise of other human rights.”⁵⁶ And the right to health as not to be healthy rather as a right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health.⁵⁷ The committee interpret the right to health as an inclusive right, it is not only to timely and appropriate health care but also extending to the underlying determinants of health “such as access to safe and potable water, adequate sanitation, adequate supply of safe food, nutrition, healthy occupation and environmental conditions and access to health related education and information including on sexual and reproductive health.”⁵⁸ The committee also elaborates the right to health contains both freedoms and entitlements.⁵⁹ The freedoms include sexual and reproductive freedom and free from interference.⁶⁰ The entitlements include providing equal opportunity and treatment control of disease.⁶¹ In addition to that, general comment number 14(2) stated that, the right to health is one of the basic human rights that “inseparable and indivisible from other rights.”⁶² This means that “achieving the right to health is both central to and dependent upon the realization of other human rights, to food, housing, work, education, and others.”⁶³ The enjoyment of most of the rights categorized under the civil and political rights as well as socio economic rights are

⁵⁵ Ibid art 2 (2).

⁵⁶ Committee on Economic, Social and Cultural Right General Comment No 14: The Right to the Highest Attainable Standard of Health (art 12), (twenty second Session, 2000) Para 3.

⁵⁷ Ibid

⁵⁸ Ibid

⁵⁹ Ibid

⁶⁰ Ibid

⁶¹ Ibid

⁶² Ibid

⁶³ Ibid

extremely dependent upon the right to health. By realizing the right to health, countries create an environment where individuals can thrive, learn and contribute to their societies. For instance, when someone's health deteriorates, their ability to work effectively or pursue education may be compromised. Thus, unless the right to health of women prisoners with hearing impairment is fully realized, it is impossible to realize their other fundamental rights.

2.2.3 United Nation Convention on the Elimination of all forms of Discrimination against women (CEDAW)

It is the most well known international human right instruments on the rights of women adopted in 1979 by the UN General Assembly entered into force 1981. It recognized the right to health of women including women prisoners with hearing impairment under article 12 of the convention. As per article 12 of the convention states that “States parties shall take all necessary and appropriate measures to eliminate any kind of 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.”⁶⁴ This means that the state parties must remove laws, policies, or practices that deny or limit women's access to healthcare compared to men and equal access to all health services includes sexual and reproductive health. This also applies to all healthcare settings, including prison health centers, rural clinics and hospitals. And also the “state parties ensure and provide women specific health care services including pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.”⁶⁵ This means that the state parties must provide at minimum prenatal care, Safe childbirth services and postnatal care. If a woman cannot afford maternal care, the state must cover costs to prevent preventable deaths. Pregnant and breastfeeding women must receive adequate food. Women prisoners with hearing impairment like other women's they get accessible Healthcare in clear communication formats including Sign language interpreters.

⁶⁴ Convention on the Elimination of All Forms of Discrimination against Women (adopted 18 December 1979, entered into force 3 September 1981) 1249 UNTS 13, art 12

⁶⁵ Ibid

2.2.4 United Nations Convention on the Rights of Persons with Disabilities (CRPD)

The Convention on the Rights of Persons with Disabilities (CRPD), adopted in 2006, by United Nations General Assembly aims to promote, protect and ensure the full enjoyment of all human rights and fundamental freedoms for all persons with disabilities. It recognizes the inherent dignity and equal rights of all individuals emphasizing that everyone is entitled to the rights and freedoms outlined in the Universal Declaration of Human Rights and other international covenants. It underscores the universality, indivisibility and interrelatedness of human rights including those of persons with disabilities. It also acknowledges that disability is an evolving concept, arising from the interaction between impairments, attitudinal and environmental barriers. It emphasizes the need to guarantee full participation in society for persons with disabilities on an equal basis with others. The right to health of persons with disabilities is recognized and endorsed directly and clearly for the first time in this instrument. According to article 25 stated that “States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination”.⁶⁶ The other issues raised by this provision is that the States shall take all necessary and appropriate measures to ensure and enable access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.

The core element of this provision is that States shall “Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs” sexual and reproductive health care are essential for the women in general and women prisoners with hearing impairment in particular. Therefore, women prisoners with hearing impairment should get accessible and effective sexual and reproductive health care. The other issues are states create conducive environment to “health professionals to provide care of the same quality to persons with disabilities as to others including on the basis of free and informed consent by, inter alia, raising awareness of the human right, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care providers.”⁶⁷ The main concern is that the state to take measures

⁶⁶United Nation Convention on the Rights of Persons with Disabilities, G.A.Res.61/106, UN.Doc. A/61/67 (2007) art 25

⁶⁷ Ibid

for the Prevention of discriminatory denial of health care, health services, food and fluids on the basis of disability. According to Article 6 of CRPD specifically address women with disabilities state that “the States Parties recognize that women and girls with disabilities are encounter multiple discrimination and the state shall take necessary measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms without discrimination by take all appropriate measures, advancement and empowerment of women with disabilities.”⁶⁸ These provisions clearly figure out and understand the multiple challenges and discrimination that suffer women with disabilities deeply. The state parties understand their double discrimination on the basis of gender, disabilities and status and to take necessary measures that women prisoner with hearing impairment enjoy their right to health and other human and fundamental rights without discrimination.

The United Nations Committee on the Rights of Persons with Disabilities issued General Comment No. 3, specifically addressing women and girls with disabilities. It stresses that denial of reasonable accommodation is considered as discrimination and it violates their human rights and dignity.⁶⁹ The committee urges that the state parties to ensure reasonable accommodation to women with disabilities including women prisoners with hearing impairment for the sake of full enjoyments of human rights and fundamental freedoms. Article 2 of CRPD clearly define what reasonable accommodation means “Reasonable accommodation means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.”⁷⁰ This means that making changes and adjustments that are needed and appropriate to people with disabilities access and enjoy their rights and freedoms just like everyone else. These modifications ensure that people with disabilities can participate fully in society, workplaces, schools, and other areas of life without facing unfair barriers. The committee also stresses that inaccessible health information in general and sexual and reproductive health information in particular for women with hearing impairment can increase their risk of subjected to different kinds of violence.

⁶⁸ Ibid art 25.

⁶⁹ Committee on the Rights of Persons with Disabilities General Comment No 3: Women and Girls with Disabilities (art 6), (thirteen session, 2016) Para 9.

⁷⁰ Ibid

⁷¹According to Article 9 of CRPD state that the state parties to take all appropriate measures to accessible medical facilities and other health service as well as adequate sanitation, provide sign language interpreters, healthy occupational and environmental conditions.⁷²

2.2.5 United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules)

The United Nations Standard Minimum Rules for the Treatment of Prisoners, also known as the Nelson Mandela Rules, are a set of guidelines adopted by the United Nations in 1955 and revised in 2015. It consist 122 rules. It intended to set out the minimum standards for the treatment of prisoners and promote the protection of their human rights. The rules cover various aspects of prison life, including the treatment of prisoners, their living conditions, health care, and disciplinary measures. According to Rule 24 “states that the healthcare services provided to prisoners should be organized in close relationship to the general public health administration and should be of the same quality as those available to the general population.”⁷³ Prisoners including women prisoners with hearing impairment as everyone enjoy the same level of quality health as available to people outside of prison. Rule 26 also clearly stipulated that the necessary healthcare services should be accessible and free of charge. The provision also prohibits discrimination on the ground of legal and other status. This rule states that every prisoner including women prisoners with hearing should have access to necessary healthcare services free of charge without discrimination on the grounds of their legal status. The principles stress that Prisoners should be treated with respect, recognizing their inherent dignity, value as human beings and receive equal treatment, without discrimination based on various factors such as race, color, sex, religion, or social status. The other essential point raised under this principle is Prisoners should have access to health services, including preventive measures, diagnosis, treatment for physical and mental health issues and the Prison conditions should be humane, ensuring access to adequate food, clothing, and medical care, Cruel, inhuman, or degrading treatment should be avoided.

⁷¹ Ibid

⁷² CRPD, Art 9.

⁷³United Nations Standard Minimum Rules for the Treatment of Prisoners, G.A.Res.70/175, UN.Doc. A/70/76 (2015) r 24.

2.2.6 United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok rules).

The Bangkok Rules was adopted by the United Nations General Assembly in December 2010. These rules specifically address the gender-sensitive needs of women in prison, acknowledging that their experiences differ from those of male prisoners. The Rules consist of 70 rules that address the treatment of women prisoners and non-custodial measures for women offenders. These guidelines focus on gender-sensitive approaches, recognizing the unique needs and experiences of women within the criminal justice system. According to rule 6 Bangkok Rule stipulated that “the health screening of women prisoners shall include comprehensive screening to determine primary healthcare needs, and also shall determine, the presence of sexually transmitted diseases or blood-borne diseases, depending on risk factors, women prisoners may also be offered testing for HIV, with pre- and post-test counseling, Mental health-care needs, and the reproductive health history of the women prisoners, including current or recent pregnancies, childbirth and any related reproductive health issues.”⁷⁴ This provision explains that women prisoners including women with hearing impairment have the right to health including mental health care, sexual and reproductive health care and sufficient medicines. Rules 5 to 25 of the UN Rules for the Treatment of Women Prisoners prioritize the health and well-being of women prisoners. They address issues such as hygiene, access to water, health screenings, psychological support, and medical confidentiality, healthcare for children, gender-specific healthcare, mental health care, HIV/AIDS prevention, substance abuse treatment, and support for women reporting abuse. The focus is on ensuring the rights of women prisoners are respected and their physical and mental well-being is prioritized. Like other, women prisoners with hearing impairment are entitled to the same standard of health care and medical services. This includes access to both physical and mental health services that accommodate their specific needs. Being hearing impairment does not diminish their entitlement to receive comprehensive health care and to live a healthy life.

⁷⁴ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders, G.A. Res.65/229, UN. Doc. A/65/71 (2010) r 6.

2.3 Regional Legal Framework

2.3.1 African Charter on Human and People's Rights (Banjul Charter)

The African Charter on Human and Peoples' Rights (also known as the Banjul Charter) is a regional human rights instrument. Adopted on June 27, 1981, like international human rights instruments, it emphasizes core principles such as freedom, equality, justice and dignity. It also recognized the right to health of everyone including women prisoners with hearing impairment. Article 2 of the African Charter on Human and Peoples' Rights state that "every individual shall be entitled to the enjoyment of the rights and freedoms recognized and guaranteed in the present Charter without distinction of any kind. These distinctions include race, ethnic group, color, sex, language, religion, political or any other opinion, national and social origin, fortune, birth, or other status."⁷⁵ This provision clearly prohibited any kind of discrimination the word "other status" include discrimination on the basis of disability. Therefore, women prisoners with hearing impairment like every individual enjoy their right to health by the mere fact of human being without any distinction or discrimination on the basis of status, disability, sex and other prohibited grounds. As per article 16 (1) of the charter stipulated that "every individual shall have the right to enjoy the best attainable state of physical and mental health"⁷⁶ This includes access to healthcare service, facilities and health information. The charter also recognizes the right to a healthy environment, which is essential for the enjoyment of the right to health. Women prisoners with hearing impairment as every individual the right to get access to healthcare service, facilities, health related information and they live a healthy environment. And under article 18(4) it talks about the special measures and protection to the physical and moral needs of persons with disabilities. The provision also gives attention for the person with disabilities in general and women prisoners with hearing impairment in particular with regard to health.

⁷⁵African Charter on Human and People's Rights, OAU Doc. CAB/LEG/67/3 (1986) art 16.

⁷⁶ Ibid

2.3.3 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)

It is a significant regional human right instrument adopted on July 11, 2003. It solely focuses on the rights of women and girls in Africa. It recognized the right to health of women .The protocol clearly prohibits “any kind of distinction, exclusion or restriction or any differential treatment based on sex and whose objectives or effects compromise or destroy the recognition, enjoyment or the exercise by women, regardless of their marital status, of human rights and fundamental freedoms in all spheres of life.”⁷⁷ This means that any unfair treatment or limitations based on gender whether intentional or unintentional that negatively impact women's rights and freedoms are considered as discrimination. It applies to all aspects of life, regardless of whether a woman is married or not. Article 2 of the protocol mandates member countries to enact and implement laws and measures to curb all forms of discrimination against women. This includes combating harmful practices that endanger women’s health and general well-being and to ensure equal access to health services for women and girls including women prisoners with hearing impairment. The protocol also gives a huge place for the right to health of women including women prisoners with hearing impairment. According to Article 14 of the protocol guarantees women’s right to health including sexual and reproductive health. It focuses on the access to essential health services, maternal care, family planning, and prevention of sexually transmitted infections (STIs) and HIV/AIDS. The protocol recognizes that health is a basic human right that entitled for all human beings and it ensures eliminating gender-based discrimination in healthcare for women prisoners with hearing impairment. And also clearly recognized the right to women with disabilities under article 23 of the protocol it shows that more attention is given for the protection of women with disabilities including women with hearing impairment and recognized the right to health of women prisoners with hearing impairment.

⁷⁷ Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, AU, Doc. COR/REG/26/36/3 (2003) art17

The protocol ensures equal access to health services for women prisoners with hearing impairment without any kind of distinction or discrimination on the basis of status, sex, disabilities and etc.

2.3.4 Protocol to the African Charter on Human and Peoples Rights on the Rights of Persons with Disabilities in Africa.

It is the first human right instrument in Africa that clearly stipulates the human rights of persons with disabilities in a comprehensive manner. Persons with disabilities enjoy human right and fundamentals freedom as everyone without any kind of biases and discriminations on the basis of disabilities and any other prohibited grounds. The right to health of persons with disabilities including sexual and reproductive health guaranteed and recognized under article 17 of protocol to persons with disabilities in Africa. A person with disabilities has get the health care like other persons with same quality, standard and range in a free or affordable manner. The state party takes necessary measures that person with disabilities accesses the special health care service with their disabilities, that decrease or prohibit further disabilities and to provide and facilitate accessible format for the smooth and effective communication between healthcare professionals and persons with disability. The protocol in its provision 15 stated that person with disabilities has the right to access medical and other service without any barrier and obstacle. The state party takes all reasonable and appropriate steps that persons with disabilities fully enjoy their human rights. With this regards the provision also stipulate that the state parties facilitate the way that persons with disabilities get accessible information and communication by sign languages and assistive technologies. The other core provision is article 27 of African disability protocol, this provision into account the vulnerabilities of women with disabilities on the enjoyment of human rights in Africa. Women with disabilities has entitled to human rights and fundamental freedoms without discrimination on the basis of disabilities, gender and other prohibited scenarios. The provision also highly emphasis and recognize that reproductive and sexual right of women with disabilities. Women prisoners with hearing impairment also categorized under women with disabilities and they have also the right to sexual and reproductive health rights without any kind of discrimination. The African disability protocol is very specific and detail as well as add some provisions that are not exist under UNCRPD and African disability protocol is take in to account the context of African disabilities.

2.4 Jurisprudence on the Right to Health of Prisoners

The UN Human Rights Committee stated that prisoner's right to health must be acknowledged by providing them with quality medical care.⁷⁸ In a related vein, the Human Rights Committee decided against the Russian Federation in the case of *Lantsova v. The Russian Federation*, where the prisoner passed away while in prison without receiving the proper medical care after considering individual complaints. The Committee found that the Russian Federation had violated the prisoners' right to life, which is protected by article 6(1) of the ICCPR.⁷⁹ The Human Rights Committee agreed that the right to health, or the right to obtain suitable medical care, is a fundamental part of the right to life under ICCPR which requires states to ensure that all prisoners have access to medical care regardless of its financial limitations. The state must provide the required medical care to inmates in order to ensure their health. Therefore, the state should provide all necessary medical care to maintain the lives and health of inmates. In order to maintain or improve the inmates' health, it should also appropriately manage their conditions.

The other case is the European Court of Human Rights in *Semikhvostov v. Russia* (Application number. 2689/12).⁸⁰ This case was brought by a wheelchair user prisoner who, while serving his sentence, was subjected to ill-treatment in jail due to a lack of reasonable accommodations and authorities failed to provide adequate medical care for prisoners with disabilities and chronic illnesses during their detention. According to the court ruling prisoners with disabilities have the right to the best possible health care without discrimination on the basis of disability. This involves access to proper medical treatment, prevention of additional disabilities, and an end to disability-based care denials. The Court determined that states have a positive obligation to protect detainees' well-being when they are particularly vulnerable due to significant health conditions.⁸¹ The right to health is inextricably tied to the freedom from torture and ill-treatment. Denial or lack of reasonable accommodation for disabled individuals in prison amount to torture according to the Special Rapporteur on Torture.⁸² The Court attaches a special stigma to torture, defining it as deliberate inhuman treatment causing severe suffering. The UN Convention against Torture (CAT) defines "torture as inflicting severe mental or physical pain,

⁷⁸*Lantsova vs. Russian Federation* [2002] UNHRC 74.

⁷⁹ *Ibid*

⁸⁰*Semikhvostov vs. Russia* [2012] ECHR 65.

⁸¹ *Ibid*

⁸² *Ibid*

intentional infliction, and pursuit of specific purposes.”⁸³ Failure to guarantee disabled prisoners' rights could amount to torture. The court decided the case at hand there is a violation of Article 3 of the European Convention on Human Rights,

In continental jurisprudence the land marks decision of the African Commission in *Malawi African Association and Others vs. Mauritania*.⁸⁴ The prisoners' deaths due to inadequate medical care, violates their right to life that clearly recognized under article 4 of the African charter on Human and People's Rights (Banjul Charter). The Commission determined that "denying medical assistance to four inmates" violated their right to life.⁸⁵ In this ruling the commission stipulated that human rights are interdependent this means that without the full enjoyment of the right to health, the right to life is unthinkable. Ensuring adequate health care is crucial for the rights to health of prisoners. Improving adequate healthcare for prisoners is crucial at least the basic healthcare service. ⁸⁶

2.5 State Obligation Towards on the Realization of the Right to Health

2.5.1 Progressive Realization

The ICESCR article 2(1) and 12 clearly stipulates that the implementation of economic, social and cultural rights in general and the right to health in particular could only be undertaken progressively, as the full and immediate realization of all the rights was beyond the resources of many States. In general sense resources is a crucial factor in the implementation of socio-economic rights including the right to health, So States are usually expected to implement them progressively. According to article 2(1) of ICESCR “Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the Maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means including particularly the adoption of legislative measures”.⁸⁷ The concepts of “progressive realization” portray a main aspect of States obligation to fulfill in connection with economic, social and cultural rights under international human rights

⁸³ Ibid

⁸⁴ *Malawi African Association and Others Vs Mauritania* [2000] ACHPR

⁸⁵ Ibid

⁸⁶ Ibid

⁸⁷ United Nation International Covenant on Economic, Social and Cultural Rights. A. Res .2200A (XXI), (1976) art 2.

convention. The obligation to take appropriate measures towards the full realization of economic, social and cultural rights depends to the maximum of their available resources.⁸⁸ The reference to “resource availability” reflects a recognition that the realization of these rights can be hampered by a lack of resources and can be achieved only over a period of time. Equally, it means that a state’s compliance with its obligation to take appropriate measures is assessed in the light of the resources, finances, and others available to it. Progressive realization acknowledges that, especially for states with limited resources, some parts of the right to health are only practically achievable over time. The ICESCR does not mandate achieving any degree or kind of health, taking into account the accessibility of sufficient infrastructure, knowledge, and resources.⁸⁹ It needs states to fully realize their potential by making the required adjustments within the highest degree of accessible resources. This implies that the degree to which the right to health is realized must be evaluated in the context of the resources at hand. However, progressive realization should not be construed as removing all obligations. Progressive realization should not be misunderstood as absolving the obligation of all meaningful content, as this would contradict the goal and purpose of the ICESCR, which is to establish explicit obligations for States parties regarding the full realization of the rights in question.⁹⁰ Additionally, this should never be interpreted as giving States the right to continuously put off efforts to ensure full realization.⁹¹ Furthermore, even though steps towards achieving full realization of the relevant right may be taken progressively, they must be taken within a reasonable amount of time after the state in question ratified the Covenant.⁹² All states, regardless of their resource availability, must set benchmarks to gradually move beyond the core content and to eventually achieve full realization. Therefore, in order to achieve women prisoners with hearing impairment health rights, states cannot neglect their responsibilities under the pretense of “progressive realization.”

⁸⁸United Nations High Commissioner for Human Rights, ‘Frequently Asked Questions on Economic, Social and Cultural Rights’ (2008)33UNHCR

⁸⁹Committee on Economic, Social and Cultural Right General Comment No 3: The Nature of State Parties’ Obligations (art 2), (fifth session, 1990) Para 2.

⁹⁰ Ibid

⁹¹ Ibid

⁹² Ibid

2.5.2 Immediate Obligation

Even though States may realize the right to health progressively, they must also take immediate action, irrespective of the resources they have, in four areas immediate realization of the right to health is expected, those are non-discrimination, the obligation to “take steps”, non-retrogressive measures and Minimum core obligations. States must prohibit discrimination during the realization of socio-economic rights including the right to health. “Discrimination on the basis of race, color, sex, language, religion, political or other opinions, national or social origin, property, birth, disability, or other status must be prohibited.”⁹³ States are expected to eliminate both direct and indirect discrimination on the right to health of women prisoners with hearing impairment. secondly, the obligation to “take steps”, as mentioned above, even under the obligation of progressive realization, States have to make constant efforts to improve the enjoyment of economic, social, and cultural rights.⁹⁴ This means that, while their full realization may be achieved progressively, steps towards that goal must be taken forthwith. “Such steps should be deliberate, concrete and targeted as clearly as possible, using all appropriate means, including particularly but not only the adoption of legislative measures”. For instance, States should take towards for progressive realization such as formulating health policies, strategies and plans, incorporating indicators and time-bound targets, which should be realistic, achievable and designed to assess progress in the realization of these right and making adequate funds available to put the plans and strategies into practice, regularly monitoring and assessing the progress made in the implementation. Thirdly, which requires immediate realization are non-retrogressive measures. States should not allow the existing protection of economic, social, and cultural rights including the right to health to deteriorate unless there are strong justifications for a retrogressive measure. To prove it, a State would have to demonstrate that it adopted the measure only after attentively considering all the options, evaluating the impact, and fully using its maximum available resources.⁹⁵ For instance, restricting access to health care services, the needs and health status of women, limiting access to contraceptives and other methods of preserving sexual and reproductive health would amount a deliberate retrogressive measure. The last state duty which requires automatic realization is Minimum core obligations. Under the International

⁹³ Ibid

⁹⁴ Ibid

⁹⁵Committee on Economic, Social and Cultural Right General Comment No 3: The Nature of State Parties’ Obligations (art 2), (fifth session, 1990) Para 8.

Covenant on Economic, Social, and Cultural Rights, there are obligations considered to be of immediate effect to meet the minimum essential levels of each of the rights, they are called minimum core obligations.⁹⁶ If a State fails to meet these because it does not have the resources, it must demonstrate that it has made every effort to use all available resources to satisfy, as a matter of priority, these core obligations. Even if a State has clearly inadequate resources at its disposal, the Government must still introduce low-cost and targeted programs to assist those most in need so that its limited resources are used proficiently and productively. The CESCR in its Commentary No.3 (1990), paragraph 10, stated that as “minimum core obligation to ensure the satisfaction of, at the very least, minimum essential levels of each of the rights that are incumbent upon every State party.”⁹⁷ Thus, for example, a state party in which any significant numbers of individuals are deprived of essential foodstuffs, of essential primary health care, or of the most basic forms of education is, prima facie, failing to discharge its obligations under the Covenant.”⁹⁸ The right to non-discriminatory access to health facilities, goods, and services, particularly for vulnerable groups, is crucial. Women prisoners with hearing impairments should not be denied access to health facilities or medications due to discrimination based on the basis of disabilities, status, sex and others. The state gives priority for women prisoners with hearing impairment. The Committee believes that the realization of the core minimum, or the minimally necessary level of health, should get special focus including universal access to primary health care and public health. The second one is the right to a primary health care is the other essential component of the right to health. Despite the fact that the term "primary health care" is not defined by international human rights law, WHO is the main institution that has attempted to define and clarify the meaning of primary health care. “Primary health care enables a person’s health needs from health promotion to disease prevention, treatment, rehabilitation, palliative care and more.”⁹⁹ The primary health care including, granting equal access to health determinants, offering sexual and reproductive health services, and disseminating information on health-related matters are all requirements for states. Therefore, access to clean water, hygienic conditions, safe and nourishing food and skilled medical personnel through efficient and integrated health systems also into account under the WHO perspective. Generally, with respect

⁹⁶ Ibid

⁹⁷ Ibid

⁹⁸ Ibid

⁹⁹World Health Organization, ‘Primary health care’ (WHO, 3 November 2023) <https://www.who.int/health-topics/primary-health-care> accessed 25 December 2024

to the right to health, the committee on economic, social and cultural rights has underline that States must ensure the right of access to health facilities, goods and services on non-discriminatory basis, especially for vulnerable or marginalized groups, access to the minimum essential food which is nutritionally adequate, sanitation and an adequate supply of safe drinking water, the provision of essential drugs and equitable distribution of all health facilities, services and goods. So, this is the minimum core obligations of States with regarding of the right to health. The state party in which any significant numbers of individuals are deprived of essential primary health care or the most basic forms of health is prima facie, failing to discharge its obligation under the covenant.¹⁰⁰

2.6 The Core Components of the Right to Health

Availability

Public health and health care facilities, goods and service, as well as programs have to be available in sufficient quantity for all ¹⁰¹ including Women prisoners with hearing impairment. This includes hospitals, clinics, trained medical and professional personnel and essential drugs.¹⁰² Health services and medical facilities must be available within the prison setting, for women prisoners with hearing impairment, this means having access to gynecological care, mental health services, gender-specific health needs, access to audiologists, hearing aids, and other necessary medical equipment.

Accessibility

Health facilities, goods and services have to be accessible for everyone without discrimination.¹⁰³ This must include Women prisoners with hearing impairment. “Accessibility has four overlapping dimensions: non-discrimination, physical accessibility (health facilities within safe reach), economic accessibility (affordable service) and Information accessibility (the right to seek, receive, and impart health-related information).”¹⁰⁴ Health services must be accessible to all prisoners without discrimination. Women prisoners with hearing impairment like everyone

¹⁰⁰ Ibid

¹⁰¹Committee on Economic, Social and Cultural Right General Comment No 14: The Right to the Highest Attainable Standard of Health (art 12), (twenty second Session, 2000) Para 4.

¹⁰² Ibid

¹⁰³ Ibid

¹⁰⁴ Ibid

have get adequate transportation to medical facilities, privacy, and access to health information, which can contribute to good health outcomes.

Acceptability

All health facilities, goods and service must be respectful of medical ethics and culturally appropriate. “Respectful of the culture of individuals, minorities’ people's and communities”¹⁰⁵ including Women prisoners with hearing impairment as well as to respect confidentiality and improve the health status of those concerned. Health services must be culturally appropriate and respectful of the needs of women with hearing impairments. This includes ensuring that medical staffs are trained to communicate effectively with hearing-impaired prisoners and that the services provided are sensitive to their specific needs, including reproductive health, mental health, and trauma-informed care.

Quality

Health facilities, goods and services must also be scientifically and medically appropriate and good quality.¹⁰⁶ This requires skilled medical personnel, scientifically approved and unexpired drugs, hospital equipment, safe, effective, timely and efficient health service. Women prisoners with hearing impairment as everyone to have the right to get quality, scientific, medically appropriate drugs, safe and efficient health service without any exclusion and discrimination. The quality of health services for women prisoners with hearing impairments must be adequate. This can result from specialized medical personnel, sufficient medical equipment, and a general awareness about the needs of women prisoners with hearing impairment. Quality health services in prisons can lead to adequate and quality treatment.

2.7 Intersectionalites between Gender, Disability and Imprisonment

Intersectionalites is “a concept used to describe how different social identities, such as race, gender, sexual orientation, class, ability, and others, intersect and overlap to create unique experiences of discrimination and privilege.”¹⁰⁷ It recognizes that individuals hold multiple, intersecting identities that cannot be understood in isolation from one another. It emphasizes that the experiences of people who belong to multiple marginalized groups are unique and different

¹⁰⁵ Ibid

¹⁰⁶ Ibid

¹⁰⁷Crenshaw Kimberle, ‘Mapping the Margins: Intersectional, Identity Politics, and Violence against Women of Color’ (1991)43 Stanford Law Review 99

from those who belong to only one marginalized group. For example, a women living with disabilities may face discrimination in the workplace not just because she is a woman but also because of her disability. Her challenges and experiences are distinct from those faced by women who do not have disabilities. The idea of intersectional discrimination acknowledges that people don't face discrimination as part of a single, uniform group instead they experience discrimination through various overlapping aspects of their identities, statuses, and life situations. Intersectional aims to understand the combined and dynamic impacts of multiple forms of discrimination or oppression interacting with one another.¹⁰⁸ The intersection of gender and disability presents a unique set of challenges and experiences for women. This intersection affects various aspects of their lives including access to healthcare, education, employment and social inclusion.¹⁰⁹ As per article 6 (1) of CRPD stipulated that “states parties recognized that women and girls with disabilities are subject to multiple discrimination and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.”¹¹⁰ This article stress that women with disabilities including women prisoners with hearing impairment get equitable and safe environment like all individuals regardless of their gender or disability status. The state parties ensure human rights and fundamental freedoms without discrimination and take in to account their vulnerabilities.

This means that women with disabilities often face various forms of discrimination simultaneously due to both their gender and their disabilities. When these two types of discrimination intersect, the impact is compounded. For example, women and girls with disabilities might find it even more difficult to access quality health, quality education or employment opportunities than their male counterparts with disabilities or non-disabled women.¹¹¹ According to UN women report “Women with disabilities are twice as likely as women without disabilities to feel discriminated against and they are ten times more likely to be a victim of violence than women without disabilities or even men with disabilities.”¹¹² This clearly elaborate women and girls with disabilities endure discrimination on the basis of

¹⁰⁸United Nation Expert Group, ‘Gender and racial discrimination’ (OHCHR, 2000)

¹⁰⁹ Ibid

¹¹⁰United Nation Convention on the Rights of Persons with Disabilities, G.A.Res.61/106, UN.Doc. A/61/67 (2007) art 6

¹¹¹Ibid

¹¹²United Nation Women, ‘Making the SDGs Count for Women and Girls with Disabilities’ (2017)<http://www.unwomen.org/media/headquarters/attachments/sections/library/> accessed 19 December 2024

disability, gender and other prohibited grounds. Due to this their human rights and freedoms are restricted. Their right to life free from abuse, exploitation and violence is violated by unequal power dynamics, stigma, and discrimination also raises their risk of gender-based violence. Women with disabilities are severely marginalized as a result of the intersection of gender and disability. “Gender has a significant impact on disability and perpetuates gender inequality. Women's gender roles and perceived weakness are badly impacted by disability, which frequently makes prejudice against them worse. Multiple layers of discrimination are created by this interaction.”¹¹³ Women and girls with disabilities are disproportionately impacted by the intersection of gender and disability, as they are frequently at the center of various types of marginalization and discrimination.

The intersection of imprisonment and gender in women prisoners presents a unique set of challenges that amplify the complexities of their incarceration experience.¹¹⁴ Women in prison often have distinct needs related to reproductive health, mental health, and trauma from past abuse, which are frequently overlooked in a system designed primarily for men.¹¹⁵ For these results inadequate healthcare, social stigmatization and limited access to rehabilitation programs affect women in prison setting. Women prisoners are more likely to face gender-specific vulnerabilities including higher rates of sexual abuse and insufficient support for maternal responsibilities. With regarding of access to health care is “seven times more likely to be denied to women with disabilities because of financial, informational, behavioral and physical barriers.”¹¹⁶ This means that women with disabilities are at a significant disadvantage compared to their non-disabled counterparts. Women prisoners with disability in prison have particular difficulties and structural problems. Compared to men (17%), a greater percentage of women in prison are (24%) report having some form of disability.¹¹⁷ “Prisons are as a site and cause of trauma for women prisoners with disabilities.”¹¹⁸ Women prisoners with disabilities face compounded discrimination due to their intersecting identities. This can lead to a higher likelihood of

¹¹³ Ibid

¹¹⁴ Van Bergh, ‘Imprisonment and women’s health: Concerns about gender sensitivity, human rights and public health’ (2010) 89 Bulletin of the world health organization 15.

¹¹⁵ Ibid

¹¹⁶ Ibid

¹¹⁷ Ibid

¹¹⁸ Stuti Shah, ‘The Intersection of Gender and Disability in Women's Prison Experiences’ (2024) 59 Economic and political weekly 22

experiencing trauma as their needs are not fully understood or met by the prison system.¹¹⁹ Access to essential healthcare services such as mental and reproductive health care and accommodation is frequently denied to women with disabilities in prison. The intersection of imprisonment, gender and disabilities simultaneously affect women prisoners with disabilities especially women prisoners with hearing impairment.

¹¹⁹ Ibid

Chapter Three

3 Ethiopian Legal Frameworks on the Right to Health

In Ethiopia the rights of persons with disabilities like everyone including their right to health are protected by several laws and policies. In this section the legal framework on the right to health of Ethiopia will be discuss.

3.1 Federal Democratic Republic of Ethiopia (FDRE) Constitution

Ethiopia is a party to numerous international and regional human right treaties including ICESCR, CEDAW, CRC, Maputo protocol, African charter and others that clearly stipulates the right to health of everyone including women prisoners with hearing impairment. International human right treaties ratified by Ethiopia are integral parts of the law of the country as per article 9(4) of the FDRE constitution. So International and regional human right treaties and laws ratified by Ethiopia provide obligation for States parties. States are a primary duty bearer to take appropriate and necessary measures such as legislative and administrative measures including enacting policies and strategies. The FDRE constitution recognized and guaranteed the right to health of all citizens including women prisoners with hearing impairment. As per Article 25 of FDRE constitution stipulated that “All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall guarantee to all persons equal and effective protection without discrimination on grounds of race, nation, nationality, or other social origin, color, sex, language, religion, political or other opinion, property, birth or other status.”¹²⁰ This means that all individuals are entitled to equal protection and treatment under the law without discrimination. The phrase "other status" can indeed be interpreted to include disabilities as a prohibited ground for discrimination. This means that individuals with disabilities should receive the same and equal protection and legal treatment as all other individuals. According to article 35(1) of FDRE constitution stipulated that “Women shall, in the enjoyment of rights and protections provided for by this Constitution, have equal right with men.”¹²¹ This means that women’s like men’s should receive the same legal protection, rights and opportunities regardless of their gender and other factors. The other core provision is article 35(9) this provision states that “To prevent harm arising from pregnancy and

¹²⁰ Proclamation No.1/1995, proclamation of the Constitution of Federal Democratic Republic of Ethiopia, Federal Negarit Gazeta, 1st year No.1, Addis Ababa, 21st August, (1995) art 25.

¹²¹ Ibid art 35(1).

childbirth and in order to safeguard their health, women have the right of access to family planning education, information and capacity.”¹²² This means that women protected from health risks associated with pregnancy and childbirth, they must have access to education and information about family planning as well as the necessary resources to make informed decisions about their reproductive health. Women prisoners with hearing impairments should have equal access to health care services, including their specific needs. This includes regular medical screening, health information, family planning, mental health support, and any special medical equipment, hearing examination or services they might require. As per article 41(3) of the Constitution it States that “all citizens have the right to equal access to publicly funded social services, which includes health services.”¹²³ The provision highly stress that the state’s responsibility to allocate resources for the realization of the right to health. As per article 44 of the FDRE Constitution clearly states that “all persons have the right to a Clean and healthy environment.”¹²⁴ This talks about the right to health indirectly. The more we have healthy environment, the more we are healthy. Pursuant to article 90(1) of FDRE constitution states that, “to the extent of the country's resources permit, policies shall aim to provide all Ethiopians access to public health and education, clean water, housing, food and social security.”¹²⁵ From the above article, we can deduce that, public health means about providing health facilities to everyone. Also, as per article 92(1) of the same constitution, “Government shall endeavor to ensure that all Ethiopians live in a clean and healthy environment.”¹²⁶ The right to health and have healthy environment is interdependent and closely linked. If the environment is healthy, there is a possibility to reduce endangering by pandemic disease like cholera, Malaria and others.

3.2 The Federal Prison Proclamation No. 1174/2019

The Proclamation introduces significant reforms to the country’s prison system. For instance, with regarding of dignity and human rights of prisoners, rehabilitation, reintegration, security management and other reforms are part of a broader effort to modernize the Ethiopian criminal justice system and improve the conditions within the country’s prisons.¹²⁷ As per article 32 of the

¹²² Ibid art 35(9).

¹²³ Ibid art 41.

¹²⁴ Ibid art 44.

¹²⁵ Ibid art 90(1).

¹²⁶ Ibid art 92(1).

¹²⁷ Proclamation No. 1174/2019, Federal Prison Proclamation, Federal Negarit Gazeta, 26th year No.14, Addis Ababa, 17th February, (2020).

proclamation stated that Prisoners have the right to be treated with respect, dignity and also protected from degrading, inhumane, or cruel treatment.¹²⁸ The proclamation also gives much emphasis that discrimination based on “gender, age, nationality, ethnicity, language, religion, political opinion, economic, or social conditions and any other similar conditions are prohibited.”¹²⁹ One can concluded that the phrase “any other similar conditions” including disabilities. Women prisoners with hearing impairment like everyone treated with dignity, respect and without any kind of discrimination based on gender, disabilities and status. The right to health of prisoner is recognized and guaranteed under this proclamation as per article 37(1) stated that “Prisoners are entitled to free and accessible medical care according to national health service legislation.”¹³⁰ This means that prisoners should receive necessary and accessible medical care at no cost in prisons. The government is responsible for ensuring that women prisoners with hearing impairment have access to the same standard of medical care as the general population. This includes medical screenings, emergency care, treatment for illnesses and any necessary medical procedures and special health needs which is related to their impairments provided free of charge.

The other core element outline that the commission establish medical center with trained staff, equipment and medication in prison. The prisons are provided with a comprehensive medical facility and a sufficient supply of medicine to ensure their continuous medical care.¹³¹ Under article 37 (3) stated that the medical team will be made up of experts in psychiatry, mental health, general healthcare and they discharge their duty as per the professional ethics and law of the country.¹³² The Proclamation mandates that if prisoners need special medical care or communicable diseases that can harm others' health, Prisons must prepare separate areas for these prisoners. Prisoners with medical problems or illnesses have the right to receive proper medical care at any time. If a prisoner's health requires services beyond the center's capacity, the Commission will ensure they are taken to a public hospital under escort. Prison police officers must monitor communications between prisoners and medical professionals. The Commission will also facilitate healthcare awareness and training programs for prisoners and prison staff. As

¹²⁸ Ibid

¹²⁹ Ibid art 32

¹³⁰ Ibid art 37

¹³¹ Ibid

¹³² Ibid art 37(3).

per article 55 of the proclamation stated that “The Commission shall organize and responsible for providing adequate treatment and facilities for persons with disabilities, including dormitories, dining rooms, sanitation, medication and visitation areas.”¹³³ This article elaborate that the proclamation gives a palace for the prisoners with disabilities including women prisoners with hearing impairment. According to article 53 stated that “The Commission will provide sanitary pads for female prisoners and allocate funds for a child under 24 months' care, ensuring their growth and health.”¹³⁴ Female prisoners with children outside prison can visit their children, or the Commission can arrange a meeting. Prisons must establish hospital birth procedures for pregnant prisoners and provide medical care during and after birth.

3.3 Treatment of Federal Prisoners Council of Ministers Regulations No. 138/2007

This regulation recognized and guaranteed the rights of prisoners. It give much emphasis on the equality and non -discrimination clause under article 3(1) of the regulation. The provision state that prisoners enjoy and exercises their human right freely without discrimination. The regulation also recognized the right to health of prisoners under article 11 stated that “prisoners have the right to access medical service free of charge.”¹³⁵ The regulation mandates prison administration to conduct medical screenings for prisoners upon admission. It also outlines the standards of prisoner medical service, ensuring free access to facilities with appropriate equipment, experts, and pharmaceuticals. Prisoners who require referral treatment must refer to a recommended institution. The regulation also mandates professional counseling for behavioral change and proper access to sanitation facilities. Women prisoners with hearing impairment have the right to access medical services, necessary medicine, adequate and available appropriate facilities.¹³⁶ The regulation also elaborates that Prisoners including women prisoners with hearing impairment are provided with clean water, sanitation materials, toilet facilities and a balanced diet, with special food for health-conscious prisoners and clean drinking water.

3.4 Federal Prison Commission Establishment Proclamation No.365/2003

The proclamation clearly stipulates the power and duties of the commission and the treatment of prisoners. The proclamation clearly stipulate that prisoners should be treated in human dignity

¹³³ Ibid art 55.

¹³⁴ Ibid art 53.

¹³⁵ Regulation No. 13812007, Council of Ministers Regulation on Treatment of Federal Prisoners, Federal Negarit Gazette, 13th year No. 47, Addis Ababa, 1st June (2007).

¹³⁶ Ibid

and respects without any kind of discrimination on the basis of gender, religion, political opinion, nationality, or social origin under article 22 and 24 of the proclamation respectively.¹³⁷ This means that all prisoners including women prisoners with hearing impairment without adverse distinction have equal protection and access to rights and service. The proclamation under article 27 guaranteed health care and food for prisoners free of charge and it provided with sufficient, necessary and it take in to account nutritious that helpful for the health of them.¹³⁸ The Commission is responsible for providing all appropriate and necessary support for the health and care of the infant.¹³⁹ This includes ensuring the infant's well-being while staying with their mother in custody and also “if the mother situations affect the well-being of the infant, the commission facilitates the way that finds tutor or guardian to the infant.”¹⁴⁰ This means that female prisoners with infant must get the necessary and helpful support that take in to account their situations. The commission also collaborate with the regional prisons provide training to prison wardens and other staffs on the rights and treatment of prisoners. The regional prisons Submit regular reports and statistics to the Commission with regarding of the situations and over all treatment of prisoners.¹⁴¹ So, women prisoners with hearing impairment as all prisoners get the necessary health care and food that sufficient and nutritious.

3.5 Ethiopian National Plan of Action of Persons with Disabilities

It was framed by ministry of labor and social affairs for the creation of inclusive society and to enable conducive as well as favorable environment for the needs and comprehensive rehabilitation centers and equal opportunities and full participation in all sectors including healthcare.¹⁴² The plan stipulated the stakeholders including key Government Ministries, UN organizations, persons with disabilities and civil society organizations in Ethiopia. The plan stipulated a definition of disability consistent with the CRPD and integrated twin-track approach combining mainstream initiatives and disability-specific interventions, both were essential to ensuring equal opportunities and full societal participation for persons with disabilities. The plan has outlined health and medical treatment among the most priority areas. The plan clearly

¹³⁷ Proclamation No. 365/2003, Federal Prisons Commission Establishment proclamation, Federal Negarit Gazeta, 9th Year No. 90, Addis Ababa, 9th September, (2003) art 22&24.

¹³⁸ Ibid art 27

¹³⁹ Ibid

¹⁴⁰ Ibid art 28.

¹⁴¹ Ibid art 34(6).

¹⁴² MOLSA, National Plan of Action of persons with disabilities (2012-2021)

emphasis that the access to healthcare for persons with disabilities into account or inline of their disabilities. “Health care personnel in public and private health facilities to provide inclusive family planning and reproductive health services to women and girls with disabilities increased.”

¹⁴³The plan stipulate the ultimate responsibility for ensuring the provision of health care including sexual and reproductive and specialized medical services including hearing examination and technical aids and devices including hearing aids, sign language interpreters to persons with hearing impairments rests with the Ministry of Health, in collaboration with the Regional Health Bureaus.

3.6 Health Sector Transformation Plans and Disability Mainstreaming Manual

The nation's health sector transformation plan reaffirms the fundamental tenets of the health policy. A strategy for the development of the health industry has been developed. The first Health Sector Transformation Plan (HSTP) was implemented in 1997.¹⁴⁴ The Health Service Transformation Program seeks to attain optimal health and quality of life for all citizens by delivering and overseeing an extensive array of promotive, preventative, curative, and rehabilitative health services. The transformation agenda emphasizes for the quality of care and equity. Equitable health outcomes and high-quality health services will be used to gauge the performance of HSTP.¹⁴⁵ The second Health Sector Transformation Plan (HSTP-II) spans the fiscal years 2013–2017 in Ethiopia.¹⁴⁶ It was created using a thorough situational analysis and performance review of HSTP-I. It is in line with the nation's broader macroeconomic development framework and takes into account its international responsibilities. Equal access to high-quality healthcare as well as pharmaceutical accessibility is the goal of the current health strategy and transformation plan.¹⁴⁷ Clinical services, emergency and critical care, quality of health services, blood transfusion services, laboratory and diagnostic services are all included in this strategic goal.¹⁴⁸ The main aims of the plan are to promote population health through universal health coverage and safeguard people from the health emergencies. The HSTP-I and II emphasizes the importance of providing accessible and equitable health services for all citizens

¹⁴³ Ibid

¹⁴⁴ Ministry of Health, ‘Health Sector Transformation Plan I(2015/16-2019/20, October 2015).

¹⁴⁵ Ibid

¹⁴⁶ Ministry of Health, ‘Health Sector Transformation Plan II(2020/21-2024/25, July 2020).

¹⁴⁷ Ibid

¹⁴⁸ Ibid

without discrimination. Women prisoners with hearing impairment like as everyone they get equitable and quality health care. Therefore, the main aim of both health sector transformation plans is to reach the best attainable level of accessible and high-quality health care for all citizens. A women prisoner with hearing impairment has also the citizens of the country so the health sector plans work for them also without discrimination. Health sector disability mainstreaming manual also have a significant role with regarding of equal access and quality of healthcare for persons with disabilities. The aim of manual is to create favorable environment for the full realization of the right to health for persons with disabilities by provide accessible and quality healthcare service on the needs of persons with disabilities.¹⁴⁹ The relevance of the health transformation and disability mainstreaming manual is high on the equal and quality health care services for all including women prisoners with hearing impairment.

3.7 Central Ethiopia Regional State Prison Commission Establishment Proclamation No.5/2024

The proclamation clearly stipulates that all prisoners shall get service without any kind of discrimination in sex, religion social status and other prohibited grounds.¹⁵⁰ It recognized and guaranteed the prisoners have the right to health care service free of charge under article 33 of the proclamation.¹⁵¹ The prisons must have a health centers or clinics and equipped with the appropriate, sufficient and necessary medical instruments, drugs and healthcare professionals. The health service of prisoners is not limited under prison medical center but also general hospitals depend on the health situations of the prisoners.¹⁵² The other core provision is that the prison gives necessary due care for women prisoners with infants and pregnant. The proclamation clearly stated under article 32 prisons provide sufficient and nutritious food, necessary medicines and other appropriate care for prisoners. Prisoners shall be entitled to available food that contains nutrients and pure water. The underlying determinants of health like food, water and sanitation is necessary for the well-being of women prisoners with hearing impairment.

¹⁴⁹ Ministry of health, Health sector disability mainstreaming manual (2017)

¹⁵⁰ Proclamation No.5/2024, Central Ethiopia Regional State Prison Commission Establishment proclamation, Maekelawi Negarit Gazeta, 3rd year No.5, wolikite, 28 February, (2024) art 33.

¹⁵¹ Ibid

¹⁵² Ibid

Conclusion

The right to health of every one including prisoners is recognized and guaranteed under different international and regional instruments that Ethiopia ratified such as UDHR, CRPD, UN SMR, Bangkok Rule and others. Ethiopia also recognized the right to health of citizens in FDRE Constitution. There is a proclamations and regulations in federal and regional level with regarding of treatment of prisoners such as The Federal prison proclamation No. 1174/2019, Treatment of Federal Prisoners Council of Ministers Regulations No. 138/2007, Revised Proclamation No 199/203, on Definition of powers and function of executive organs of Central Ethiopia Regional State and Central Ethiopia Regional State Prison Commission Establishment Proclamation No.5/2024. There is also the health policy, strategies and plans in a country that works for all. In country level there is special needs education policy, employment laws for persons with disabilities. However, there are no policies and strategies with regarding of health of persons with disabilities in general and women with hearing impairment including prisoners in particular. Women prisoners with hearing impairment suffered a lot with regarding of their health due to doubled vulnerabilities on the basis of their gender, impairment and imprisonment. So, there are not only implementation gaps but also a legal framework gaps too that not to address their special needs of women prisoners with hearing impairment. Therefore, there are no adequate laws and policies that protect the health rights and the special needs of women with hearing impairment including prisoners.

CHAPTER FOUR

4 Implementation of the Right to Health of Women Prisoners with Hearing Impairment in the three Selected Prisons of Central Ethiopia Regional state

This chapter evaluates the fulfillment of the right to health for women prisoners with hearing impairment in three selected prisons of central Ethiopia regional state. The researcher has pinpointed three prisons within the Central Ethiopia Regional State. The criteria considered to select the three prisons are an availability of significant number of women prisoners with hearing impairment who live in selected prisons. The research wanted to ensure that the prisons selected have women informants with hearing impairment as it is crucial to know the experience and needs of these women. Consequently, the researcher believes that the insights gleaned from these prisons could reflect the conditions present in other similar institutions. It examines the access to health care in prisons, the reasons for low levels of access to health care and the significant challenges that hinder them regarding their health right and the contributions of various stakeholders towards achieving the right to health.

4.1 Access to Healthcare to Women Prisoners with Hearing Impairment

Prisoners should enjoy their right to health in sufficient and quality manner. The prison should be responsible to adequately address health care service for prisoners including women prisoners with hearing impairment. According to Rule 24 of Mandela rule “the healthcare services provided to prisoners should be organized in close relationship to the general public health administration and should be of the same quality as those available to the general population.”¹⁵³ Women prisoners with hearing impairment as everyone are entitled to enjoy the same level of quality health as available to people outside of prison. Rule 26 also clearly stipulated that the necessary healthcare services should be accessible and free of charge. In addition to that, as per article 37(1) of the federal prison proclamation stress that “prisoners are entitled to free medical care like all other populations according to national health service legislation.”¹⁵⁴ This means that women prisoners with hearing impairment should receive medical service similar to how all other citizens in the country are entitled to healthcare. As the key informants and my

¹⁵³ United Nations Standard Minimum Rules for the Treatment of Prisoners, G.A.Res.70/175, UN.Doc, A/70/76 (2015) r 24

¹⁵⁴ Proclamation No. 1174/2019, Federal Prison Proclamation, Federal Negarit Gazeta, 26th year No.14, Addis Ababa, 17th February, 2020art 37(1).

¹⁵⁴ Ibid

observation, there is a clinic in selected prisons of the central Ethiopia region. The clinic addresses medical needs such as physical injuries, severe bleeding and vomiting.¹⁵⁵ Medical test in the prison also not adequate as there is one laboratory in each prison even it tests only malaria and typhoid. Even not get the results of the test timely.¹⁵⁶ According to the key informants, the prisons have pharmacy but the prison frequently experiences an insufficient medicines supply which is necessary and essential. Most of the time women prisoners with hearing impairment often do not receive the medicines what they need due to ineffective medical consultations and appropriate treatments.¹⁵⁷

One participant stated *“Previously I was given general health care and the health care service are equipped and take into account my health situation. Here in the prison, there is no service that compared with outside the prison clinic look like first aid service. So, there is a huge difference between in health experience when I am in pain outside the prison, I get the medicine timely and in appropriate manner but here it is impossible even they refer hospitals it takes a time for go there and get health service.”*¹⁵⁸

As the key informants, each prison clinic typically has a maximum of five health personnel including one laboratory technician, nurses, and health officers. However, there are no doctors, dentists, psychiatric nurses, or mental health professionals present in these clinics.¹⁵⁹ The health personnel available are not equipped to provide specialized healthcare examinations offering only primary healthcare which is often neither adequate nor readily available. This limited staffing and lack of specialized care significantly impede the ability to meet the diverse healthcare needs of women prisoner with hearing impairments. The prison clinic is not equipped to manage chronic medical conditions including diabetes, hypertension and asthma. The reproductive and sexual health care, psychiatric, dental care and other necessary examinations and health services are also neglected in these prisons.¹⁶⁰ Prisoners including women prisoners with hearing impairment with serious health issues are referred to public health institutions outside the prison. Unfortunately, logistical difficulties, security measures and transportation

¹⁵⁵ Interview with Birhanu Tumoro, officials, Hossana prison (Hossana, 5 December 2024)

¹⁵⁶ Interview with Participant B, prisoners, Hossana prison (Hossana, 5 December 2024)

¹⁵⁷ Ibid

¹⁵⁸ Interview with Participant C, Prisoners, wolikite prison (wolikite, 8 December 2024)

¹⁵⁹ Interview with Abinet Markos, Director, Health department of central Ethiopia regional prison commission (Halaba, 15 December 2024)

¹⁶⁰ Interview with Participant D, prisoners, Durame prison (Durame, 2 December 2024)

delays, prevent women prisoners from receiving timely medical care and treatment.¹⁶¹ As the informant's interview the health care provision that given in the prisons is very less and even not comparable from the public health that given to general public, in terms of access to medical service, medicines supply, health professionals with quality, quantity and not take in to account the unique needs of women prisoners with hearing impairment. Generally, the information from my observation and key informants indicates that the medical services provided at the prison fail to comply with international standards and principles set by Bangkok Rules, Mandela Rules, CRPD and others that clearly stipulate women prisoners with hearing impairment get the same quality health care for general population.

4.2 Contributing Factors and Barriers for the Realization of the Right to Health of Women Prisoners with Hearing Impairment

4.2.1 Communication Barriers

The CRPD clearly recognized that health care service is accessible in appropriate and necessary means and take to account their needs of persons with disabilities. According to article 9(1) of CRPD clearly stipulated that the state party to take necessary and appropriate measures that person with disabilities enjoyed their right in equal manner as everyone.¹⁶² Accessibility is the core and vital elements for the achievements of all human rights of persons with disabilities including women prisoners with hearing impairment.¹⁶³ "Transportation, medical facilities, schools, information and communication should be accessible for person with disabilities including women prisoners with hearing impairment."¹⁶⁴ This means that the prison administration facilitates and accessible the way that persons with disabilities exercise their right to health. Health care in general and reproductive health care for women and girls with disabilities in particular should be accessible in a way that they understand. This means that women prisoners with hearing impairment have the right to health so if they enjoyed this right, communication is the necessary things. Healthcare provision, health related information and health related Communication should be accessible and available through sign language and

¹⁶¹ Ibid

¹⁶² United Nation Convention on the Rights of Persons with Disabilities, G.A.Res.61/106, UN.Doc. A/61/67 (2007) art 9(1)

¹⁶³ Ibid

¹⁶⁴ Ibid

assistive technologies for women prisoners with hearing impairment.¹⁶⁵ As the key informants, there are no sign language experts and hearing aid in the prisons.¹⁶⁶ This lack of specialists and assistive technology's including hearing aids, visual aids and others significantly impede the delivery of customized health care and create a major barrier to providing accessible, sufficient support and services for women prisoners with hearing impairment within the prison system. One participant said *“there are no communication tools like sign language interpreters or hearing aid technology. Healthcare providers don't understand my needs or know how to communicate effectively with me. That's the problem here. I don't even know what they said and don't understand them.”*¹⁶⁷ Women prisoners with hearing impairment find it difficult to express their health situations especially obtain correct treatment and diagnoses and comprehend medical instruction without sign language interpreters.

*“It's difficult to communicate with them about their pain and medical treatment. I try to my best to understand their needs, even by making written instructions but it's hard and that makes it hurdle to treat them effectively.”*¹⁶⁸

As the key informants and my observation, the medical treatment, health care service and health information's in the prison given for women prisoners with hearing impairment without any accessible communication instruments and this doesn't consider their needs. This lacks of effective communication format results insufficient treatment and low level of health conditions thereby compromising the health right of women prisoners with hearing impairment in prisons. Therefore, the information from the informants implies that the provision of medical and health service is challenged by ineffective communication and it leaves behind women prisoners with hearing impairment from the accessible and adequate health service. Ineffective communication in health service in the prison violated the right to health of women prisoners with hearing impairment that's recognized under CRPD and different international principles and standards.

4.2.2 Inadequate Training for Healthcare Providers and Prison Community

As per article 25(d) of CRPD requires that state parties equipped experts who are proficient in sign language and to train health professionals and staff at all levels of health facilities including

¹⁶⁵ Ibid

¹⁶⁶ Ibid

¹⁶⁷ Interview with participant D (n158)

¹⁶⁸ Interview with Bayush Alebachew, Health professional, Durame prison (Durame, 2 December 2024)

prison system, to ensure the right to health for hearing impaired persons including women prisoners with hearing impairments.¹⁶⁹ It is vital to have special health needs personnel or experts to support women prisoners with hearing impairments by giving training to health professionals about the special needs of them. Informants, explicitly state that there is no training programs provided effective communication methods for healthcare professionals to smoothly communicate with these women about their health needs.¹⁷⁰ According to one informant *“Health professionals do not understand even my words and reactions to communicate effectively with me.”*¹⁷¹ Furthermore, there are no initiatives to offer training or raise awareness about using alternative communication methods such as written instructions or visual aids. One informant concurred to this saying *“Sometimes health experts give training on general health care of prisoners but nothing specific to the rights of persons with disabilities.”*¹⁷² This lack of basic training and resources severely impedes effective communication, making it difficult for healthcare providers to understand and meet the health needs of these women. Women prisoners with hearing impairments do not receive the adequate care they require which is leading to poor health outcomes and a violation of their right to health. *“We’re not treated as right holders by the prison community. They just see us as needy or dependent, like we can’t do anything for ourselves or speak for our own needs.”*¹⁷³ As the respondent indicate that the attitudes of prison guards and non-disabled prisoners can vary widely. Some may lack awareness or understanding of the specific needs of women prisoners with hearing impairments, while others might hold biases or misconceptions about their rights. This issue stems from the lack of training provided to prison staff and fellow inmates. Without proper training, prison guards and prisoners without disabilities may not be aware of the human rights of women with hearing impairments. This lack of awareness and inadequate training contribute to the low level of access to health care and medical services provided to women with hearing impairments, further undermining their right to health and well-being within the prison system that clearly guaranteed under CRPD and international principles and standards.

¹⁶⁹ United Nation Convention on the Rights of Persons with Disabilities, G.A.Res.61/106, UN.Doc. A/61/67 (2007) art 25(d)

¹⁷⁰ Interview with Tsehay Melese, Health professionals, Hossana prison (Hossana, 5 December 2024)

¹⁷¹ Interview with participant B (n154)

¹⁷² Ibid

¹⁷³ Ibid

Generally, the information from the respondent indicates that the prisons are not providing trainings and programs with regarding of communication and special health needs of women prisoners with hearing impairment. Due to this, even if women prisoners with hearing impairments have access to healthcare services, they cannot make substantial progress without healthcare providers who have undergone basic sign language training. This lack of trained health professionals severely hampers effective communication and understanding between healthcare providers and women prisoners with hearing impairments. With the financial and economic implications of the country it is difficult to train all health professionals' sign language but at least each healthcare institutes need to have trained health care providers with sign language.

4.2.3 Double Stigma and Discrimination

All prisoners enjoy their right to health without any kind of discrimination. As per article 6 of CRPD stipulate that the state party guaranteed the human rights of women with disabilities and it take an appropriate measure for the equal and full enjoyment of them without discrimination.¹⁷⁴ This implies that the state parties understand their double discrimination on the basis of gender, disabilities, status and to take necessary measures that women prisoner with hearing impairment enjoy their right to health and other human rights without discrimination. The United Nations Committee on the Rights of Persons with Disabilities in its General Comment No. 3 high the instance that denial of reasonable accommodation is considered as discrimination and it violates their human rights and dignity.¹⁷⁵ The committee urges that the state parties to ensure reasonable accommodation to women with disabilities including women prisoners with hearing impairment for the sake of full enjoyments of human rights and fundamental freedoms. As informants indicated that in prisons, there is a recreation activity including sports. Male and women prisoners participate in sporting activities but women prisoners with hearing impairment can't participate in sporting games. One participant stated that *"We are participating in sporting activities, but those with hearing impairments are not participating because joining such activities might cause them harm."*¹⁷⁶ This view seems like to support women prisoners with

¹⁷⁴ United Nation Convention on the Rights of Persons with Disabilities, G.A.Res.61/106, UN.Doc. A/61/67 (2007) art 6

¹⁷⁵ Committee on the Rights of Persons with Disabilities General Comment No 3: Women and Girls with Disabilities (art 6), (thirteen session, 2016) Para 9.

¹⁷⁶ Interview with Participant E, prisoners, Hossana prison (Hossana, 5 December 2024)

hearing impairment but it proposes discrimination because denying women prisoners with hearing impairments the opportunity to participate in sporting activities solely based on their disability is discriminatory. It assumes that their impairment automatically makes them unfit for participation or more prone to harm without considering accommodations or modifications that could ensure their safety and inclusion. Excluding individuals with disabilities without exploring reasonable adjustments or alternative arrangements perpetuates inequality and violates their right to participate on an equal basis with others that clearly stipulated under CRPD and other international instruments. Respondents indicate that *“being humiliated mocked especially when I try to talk something and treated as less than others by some prisoners and even when other prisoners without disabilities breach the rules of the prison and covered on me.”*¹⁷⁷ This kind of exclusion reflects broader systemic neglect of their rights to inclusion, participation as well as impacting their mental health and overall well-being of these women’s. Therefore, the information from informants and my observation implies that there is no reasonable accommodation provided for women prisoners with hearing impairments in prisons and this is violation of international human right instruments like CRPD, UN SMR, Bangkok rule and others. These scenarios highly aggravate their situations into compounding the vulnerability, isolation and neglects of women prisoners with hearing impairments.

4.2.4 Low level of Government Commitment to Ensure the Right to Health of Women Prisoners with Hearing Impairments.

The state parties should take necessary measures for the full realization of the right to health of women with disabilities. “Even though States may realize the right to health progressively, they must also take immediate action, irrespective of the resources they have, in four areas one of those are the obligation to “take steps,”¹⁷⁸ This means that, while their full realization may be achieved progressively, steps towards that goal must be taken forthwith. Such steps include the adoption of legislative measures. States should formulate health policies, strategies and plans incorporating indicators. However, there is no policy on the right to health of persons with disabilities in Ethiopia. Lack of polices and strategies in health of women with disabilities including women prisoners with hearing impairment lead them poor and low level of health care

¹⁷⁷ Interview with participant B (n154)

¹⁷⁸ Committee on Economic, Social and Cultural Right General Comment No 3: The Nature of State Parties’ Obligations (art 2), (fifth session, 1990) Para 2.

for them.¹⁷⁹ The Ethiopian government in general and the central Ethiopia region in particular has not provided sufficient attention to the right to health for women with hearing impairment including women prisoners with hearing impairments. *“Even now the government gives attention to persons with visual impairments in terms of building schools, providing assistive technologies that fulfill their special needs and offering other services. However, it has neglected the needs of persons with hearing impairments in all level.”*¹⁸⁰ Despite international human right commitments that advocating for universal access to healthcare, Ethiopia has struggled to achieve this goal. The primary reason not to discharge this duty is that lack of dedication to ensuring the health rights of women prisoners with hearing impairment on the side of government.

Significant efforts are made to ensure healthcare for women without disabilities, the same level of commitment is not seen for those women with disabilities including women prisoners with hearing impairments because they suffered by their gender, status, disabilities and they don't get accommodation.¹⁸¹ This lack of commitment is further evidenced by the government's failure to provide sufficient budgeting for disability-specific healthcare needs and a lack of healthcare professionals trained to address the needs of women with hearing impairments.¹⁸² In addition to that, the government has not developed detailed and specific strategies and plans to guide concerned bodies on how to provide healthcare services for women prisoners with hearing impairments.¹⁸³ This lack of strategic planning and commitment significantly hampers the realization of the right to health of women prisoners with hearing impairment.

Almost most of the barriers on the realization of the right to health of women prisoners with hearing impairment also a barrier for women with hearing impairment outside the prison too. While the barriers may be similar however, prison has unique challenges that exacerbate the situations. The first reasons are that there is a limited access to health care in prison, women prisoners with hearing impairment does not access specialized care and treatment due to a restricted access. The second one is that stigma and discrimination is highly pronounced in

¹⁷⁹ Interview with Yohannes Teklay, President, Ethiopian National Association of the Deaf (Addis Ababa, 22 November 2024).

¹⁸⁰ Ibid

¹⁸¹ Interview with Selamawit Girmay, Director of prison and police management, Ethiopian Human Right Commission (Addis Ababa, 25 December 2024)

¹⁸² Interview with Tamirat Alemu, officials, Wolikite prison (Wolikite, 8 December 2024)

¹⁸³ Ibid

prison setting, women prisoners with hearing impairment face double simply being in a prison carries leave them in the instance they don't deserve respect, care and also there is no accommodation that access the right to health as their peers. So, this scenario highly exacerbates the stigma and discrimination. The third one is resources allocation; prisons have fewer resources allocated from the government compared to the general public health care facilities. As we know that prisoners including women prisoners with hearing impairment are not an income generated means so all these and other reasons hamper the right to health of women prisoners with hearing impairments.

4.3 Major challenges Towards the Provisions of Quality Healthcare for Women Prisoners with Hearing Impairment.

4.3.1 Insufficient Availability of Nutrient Food, Hygienic and Sanitary Facilities

The right to health is not only getting timely and appropriate health care but also it combines different necessary determinants. Those underlying determinants of the right to health such as access to safe and potable water, adequate sanitation, adequate supply of safe food, nutrition, healthy occupation and environmental conditions, access to health related education and information including on sexual and reproductive health.¹⁸⁴ The efficient and effective fulfillment of this underlying elements are crucial and necessary for the full realization of available, adequate and quality health care of women prisoners with hearing impairment. The UN SMR stipulated that every prisoner should be provided with nutrient food and drinking water in adequate and quality manner for the wellbeing and health of them.¹⁸⁵ And also, every prisoner should get sanitary facilities including toilets, soap, showers and other essential articles in hygienic or clean manner. It urges the prison administration to provide and facilitate the underlying determinants for prisoners including women prisoners with hearing impairment.

As the key informants, the provision of food in prison is three time in one day but the food is insufficient in quantity and it doesn't contain nutrients. The prison allocated 33 birr for food of prisoners on a daily basis.¹⁸⁶ One participant stated that *"The prison provides very little food, not even enough for a child. Prisoners that have money buy additional food from the supermarket*

¹⁸⁴ Committee on Economic, Social and Cultural Right General Comment No 14: The Right to the Highest Attainable Standard of Health (art 12), (twenty second Session, 2000) Para 5.

¹⁸⁵ United Nations Standard Minimum Rules for the Treatment of Prisoners, G.A.Res.70/175, UN.Doc A/70/76 (2015) r 27.

¹⁸⁶ Interview with Abinet Markos (n157)

within prison compound, but others can't."¹⁸⁷ There is inadequate food and water provision for women prisoners with hearing impairment in these prisons.¹⁸⁸ The respondent indicates that the accommodation of sanitary and hygienic instruments is not adequate in prisons.¹⁸⁹ There is three toilet and two shower in women prisoners' compound in each prison. But the infrastructure is not clean enough and not convenient to use for women prisoners especially for physically disabled women.¹⁹⁰ There is an inadequate provision of water, which highly block access to these facilities. Due to water shortages, women prisoners with hearing impairment have inadequate access to a shower and toilet, which is dirty and unclean.¹⁹¹ Insufficient availability of nutrient food, hygienic and sanitary facilities is the major challenges towards the provisions of quality health of women with hearing impairment. Even if women prisoners with hearing impairment get access to medical service, they are not achieving quality health care service unless they get sufficient nutrient food, hygienic, sanitary facilities and other necessary underling determinants of the right to health.

Therefore, the information from respondents indicates that the provision of food, water, sanitation and hygienic facilities for women prisoners with hearing impairment in selected central Ethiopia regional state prisons is inadequate, inaccessible and short fail of meet Mandela rules, Bangkok rules and international principles.

4.3.2 Absence of Specialized Care

As per article 25 of CRPD stated that state party acknowledges that persons with disabilities are entitled to the highest possible health standard without any discrimination on the basis of their disabilities. And also, article 25 (b) of the same instruments provision of health services that persons with disabilities specifically need due to their disabilities.¹⁹² This article clearly stipulated that persons with disabilities need to get the healthcare service like every one without disabilities without discrimination. When in the provision of health care service for persons with disabilities, their special needs are taken into account. The particular needs of prisoners with disabilities vary depending on the type of disability they have.

¹⁸⁷ Interview with Participant F, prisoners, wolikite prison (wolikite, 8 December 2024)

¹⁸⁸ Interview with Participant G, prisoners, wolikite prison (Wolikite, 8 December 2024)

¹⁸⁹ Ibid

¹⁹⁰ Ibid

¹⁹¹ Ibid

¹⁹² United Nation Convention on the Rights of Persons with Disabilities, G.A.Res.61/106, UN.Doc A/61/67 (2007) art 25(b).

As the respondent's information, there are no hearing examination services totally in the prisons and the prison even does not send them to the hospitals for the checkup and situations of their hearing status.¹⁹³ As the informants stated that the prison gets to know their hearing status with the profile from the courts and the condition of women prisoners with hearing impairments. And, for the effective and efficient exercises of their health rights, they require equipment and service including sign language interpreters, hearing aid and others. But this equipment also does not exist in the selected central Ethiopia prisons.¹⁹⁴ This implies that the absence of hearing impairment specific care highly exacerbates their challenges, vulnerabilities and neglect of women with hearing impairments and failure to recognize the intersectional challenges that they faced on the basis of gender, disabilities and status.

Therefore, the non-existence of the disabilities specific care in the selected central Ethiopia regional state prisons highly hamper and diminish the effective and efficient realization of the right to health of women prisoners with hearing impairment and it fail short of international human right instruments including CRPD that clearly indicate that the health rights of persons with disabilities including women prisoners with hearing impairment it takes account their special needs. This disregard for women prisoners with hearing impairment health needs violates the principles of equity and inclusivity in healthcare.

4.3.3. Shortage of Sexual and Reproductive Health Care

As per article 25 of the CRPD clearly stated that States shall take all necessary and appropriate measures to ensure and enable access for persons with disabilities including women prisoners with hearing impairment to health services that are gender-sensitive including health-related rehabilitation¹⁹⁵ and also article 6 of the Bangkok rule highly emphasize that the medical examination of Women prisoners in prison not only comprehensive primary health care needs but also encompasses mental health care need, reproductive health care including pregnancy, childbirth and others.¹⁹⁶ This provision explains women with hearing impairment have the right to health including mental health care, sexual and reproductive health care and sufficient medicines.

¹⁹³ Interview with participant F (n185)

¹⁹⁴ Interview with participant G (n186)

¹⁹⁵ CRPD art 25

¹⁹⁶ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders, G.A. Res.65/229, UN. Doc. A/65/71 (2010) r 6

Respondents indicate that when the admission, women prisoners examined for pregnancy tests. Then pregnant women in the prison refer to external hospitals.¹⁹⁷ There is no care and treatment for pregnant women prisoners in prisons. *“The prison allocates 33 birr for food on daily basis for all prisoners and also give equal to their mother for child but that are not enough to fulfill our needs like milk, foods and other essential nutrients that are necessary for the health and wellbeing of infant and mothers.”*¹⁹⁸ The prison lacks specific or separate facilities for women prisoners with infant.¹⁹⁹ Pregnant women prisoners in these prisons are not treated in line with international standards and principles. In my observation and informants indicate that, none of women prisoners with hearing impairment is pregnant. However, the absence of pregnant women prisoners with hearing impairments does not justify the lack of preparation or inclusive healthcare standards. This means that systems and services should be designed to meet the needs of all individuals including those with disabilities even if they are not currently present, prisons are ensuring proactive measures that rights are protected, human dignity is upheld and international obligations are met. The prison provides pads but provision of menstrual pads in the prison is inadequate. This shortage creates a huge impact on their hygiene and well-being. Not only had that but also decreased their confidence too. Sometimes religious organizations also contribute their efforts to provide menstrual pads.²⁰⁰ However, it is not enough too. As the informant indicated that the prisons collaborate with health personnel’s give a training and information to women prisoners about their rights to health in general and reproductive health in particular once in a year. ²⁰¹However, the training sessions are ineffective for those who are hearing impaired women, as they cannot understand what is being communicated due to the lack of accessible communication methods. One participant *“There is training on the rights of women prisoners, but I don’t get anything from it because there is no sign language interpreter. They speak, but I can’t hear them, so the training is useless for me and sometimes can’t attend the training.”* ²⁰² This significant gap in the delivery of critical health information considered as women prisoners with hearing impairment remain uninformed about their reproductive health rights and available services.

¹⁹⁷ Interview with Abinet Markos (n157)

¹⁹⁸ Interview with Participant A (n153)

¹⁹⁹ Ibid

²⁰⁰ Interview with participant B (n154)

²⁰¹ Interview with Melikamu Ayele, officials, Durame prison (Durame, 2 December 2024)

²⁰² Interview with participant G (n186)

The concept of conjugal visit is “where prisoners are allowed to spend private time with their spouses or partners.”²⁰³ It is a debatable issue universally including Ethiopia. There is for and against arguments about conjugal visit. Proponents stated that conjugal visit highly promote rehabilitation process and highly reduce recidivism this means that conjugal visit help to strong family bonds, which are vital for the active rehabilitation of prisoners, it highly improve the character of the prisoners, it supports mental health of the prisoners and it give a chance for women prisoners exercise their right to childbirth in prison.²⁰⁴ The Opponents state that implementing conjugal visit requires a significant resources, infrastructure and accommodation. Prisoners those particularly convicted in heinous crimes should not be guaranteed this kind of privileges and it encourages risk of exploitation or coercion in arranging it.²⁰⁵ Though controversial, research has shown that permitting conjugal visits for prisoners can help decrease incidents of homosexuality, physical and sexual violence within prison environments. In Ethiopia, the legal framework surrounding conjugal rights is still developing. The Constitution of the Federal Democratic Republic of Ethiopia does not clearly permit or forbid prisoners from having conjugal visits. The respondents indicated that they have a strong desire for conjugal visits. One participant stated “*I am 30 years old and I haven’t even served half of my sentence yet, and I feel very depressed. I feel sad that I might not get the chance to have a child or maintain a family, if it possible, it would help people like me.*”²⁰⁶ The most informants’ information is almost the same with regarding of conjugal visit they desire is that it would be allowed. Therefore, information from key informants and my observation implies that lack of sexual and reproductive health care service for women prisoners with hearing impairment in this prison directly contradict and is incompatible with Bangkok rules, Mandela rules, CRPD and other international human right instruments. For this reason, women prisoners with hearing impairment in central Ethiopia regional prisons leave behind their right to health in general and sexual and reproductive health in particular.

²⁰³ Selamawit Takele, ‘The Reproductive Rights of Women Prisoners; the Case of Kality Prison, Addis Ababa’ (LL.M thesis, Bahir Dar University 2021)

²⁰⁴ Ibid

²⁰⁵ Ibid

²⁰⁶ Interview with participant D (n158)

4. 3. 4 Absence of Mental Health Care

As per principle 22 (1) of the UN SMR stipulated that every prison should avail at least one qualified and equipped medical personal with crucial knowledge of psychiatry.²⁰⁷ Mental health care is necessary and crucial for prisoners especially for vulnerable prisoners including women prisoners with hearing impairment. As the key informants indicated that there are no mental health service and counseling for woman prisoners with hearing impairment in selected central Ethiopia regional prisons.²⁰⁸ There is no psychiatrics or the health provider with knowledge of psychiatry.²⁰⁹ The health personals with prison clinic limited in number as well as not equipped to mental health service. Women prisoners with hearing impairments face multiple and doubled layers of discrimination that amplify their vulnerability in the prisons. As women, they encounter the massive gender-based barriers and struggles such as inadequate sexual and reproductive health services. As persons with hearing impairment, they face systemic neglect and communication barriers. As prisoners they are subjected to stigma, discrimination and dehumanization. Therefore, absence of mental healthcare service exacerbates their vulnerability at the peak. The information from informants implies that the non-existence of mental health care and counseling service in prisons highly hamper the realization of the right to health of women prisoners with hearing impairments. Therefore, the prisons did not address the mental health of women with hearing impairment that clearly stipulated under UN SMR, CRPD and other human right instruments.

4.3.5 Inadequate Health Professional and Medical Equipment's

As per article 25(1) of the UN SMR stated “that every prison shall give particular attention to prisoners with special health needs. And it consist sufficient qualified personals as well as sufficient experts in psychiatry and a qualified dentist in each prison.”²¹⁰ The informants explain that in each prison maximum five health professionals’ work.²¹¹ The prisons don’t have doctors; mental health professionals, dentists²¹² and even those health providers that give health care

²⁰⁷ United Nations Standard Minimum Rules for the Treatment of Prisoners, G.A.Res.70/175, UN.Doc .A/70/76 (2015) r 22

²⁰⁸ Interview with participant E (n174)

²⁰⁹ Interview with participant A (n153)

²¹⁰ United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules), G.A. Res. 70/175(2015) r 25.

²¹¹ Interview with Bayush Alebachew, Health professional, Durame prison (Durame, 2 December 2024)

²¹² Interview with Mahlet Bekele, Health professional, Hossana prison (Hossana, 5 December 2024)

service in prisons are not equipped for the specialized services and take in to account the special needs of women prisoners with hearing impairment. Only one laboratory in each prison and it is not fully giving the service for the patients. There are no gynecological tests and diagnoses. Drugs are also inadequate and unavailable. The prisons do not have ambulance; this implies women prisoners with hearing impairment are not even get timely and adequate health care service. In general, lack of necessary medical personnel, medical equipment's and drugs highly hamper the quality health of women prisoners with hearing impairment.

4.3.6 Shortage of Comprehensive, Detailed, and Researched Data at a National Level about the Status of Women with Hearing Impairments

As per article 31 of the CRPD clearly stipulate that state parties collect necessary or appropriate data such as statistical or researched data to ensure and formulate laws and policies to protect and promote the human rights of persons with Disabilities.²¹³ The data should be disaggregated to elaborate and address the challenges faced by persons with Disabilities.²¹⁴ In Ethiopia, there is no systematically collect and disaggregate data on the disability status, gender or specific health situations of persons with disabilities. There is no data about the women prisoners with hearing impairment. These challenges also hamper their health rights of women prisoners with hearing impairment.

4.4 The Role of Stakeholders towards the Full Realization of the Right to Health of Women Prisoners with Hearing Impairment in Central Ethiopia Regional Prisons.

4.4.1. Central Ethiopia Regional state Prison Commission

The Commission is responsible for overseeing the implementation of the right to health of women prisoners with hearing impairments in the Central Ethiopia Region.²¹⁵ To enhancing the right to health of prisoners including women with hearing impairment is the core duty of the prison commission. Therefore, the commission is actively working to hold the prison administration and other entities accountable when they infringe the right to health of women

²¹³ United Nation Convention on the Rights of Persons with Disabilities, G.A.Res.61/106, UN.Doc. A/61/67 (2007) art 31

²¹⁴ Ibid

²¹⁵ Proclamation No.5/2024, Central Ethiopia Regional state prison commission Establishment proclamation, Maekelawi Negarit Gazeta, 3rd year No.5, woliqite, 28 February, (2024) art1

prisoners with hearing impairments. In addition to that the commission has a duty creating awareness about the right to health of women prisoners with hearing impairments.²¹⁶ Federal prison commission provided necessary equipment's, vehicles and technological products for the prisons of central Ethiopia region. The federal prison commission collaborates with ministry of justice to trained prison officials and police on the treatment and human rights of prisoners.²¹⁷ It plays a crucial role in changing the attitudes of the prison community towards these women and their health rights. To raise awareness the commission targets prisoner guards, prison staffs, and the health providers as a whole. To address the lack of sign language experts in healthcare centers in prisons the commission has planned to provides sign language interpreter in each prison.²¹⁸ It also arranges smooth communication including visual and written instruction and basic sign language. It also plans to give training for women prisoners with hearing impairment during admission stage, that's why most of the time there is no clue and understanding about sign language training. This training will improve the sign language skills of women prisoners with hearing impairment. It also gives the training to provide to healthcare staff. Giving training for healthcare provider in basic sign language would help address health care concern for women prisoners with hearing impairments.²¹⁹ International human right instruments such as CRPD require Ethiopia to provide such kind of training to healthcare staff. CRPD urges state parties to provide sign language interpreters and also to train healthcare professionals at all levels of healthcare. With regarding of this, the prison commission has short fail from the commitment that arise under CRPD and other international human right instruments that Ethiopia ratified.

4.4.2. Ministry of Women and Social Affairs

The Ministry of women and social affairs is primarily responsible for the creating of directives, policy and strategies with regarding of persons with disabilities.²²⁰ In doing so, the ministry has recognized the importance of addressing the health needs of women prisoners with hearing impairments.²²¹ It also developed specific polices and strategies to guide concerned bodies and

²¹⁶ Interview with Abinet Markos, Director, Health department of central Ethiopia regional prison commission (Halaba, 15 December 2024)

²¹⁷ Ibid

²¹⁸ Ibid

²¹⁹ Ibid

²²⁰ Proclamation No.1263/2021, Definition of Powers and Duties of the Executive Organs Proclamation, Federal Negarit Gazeta, 28th Year No.4, Addis Ababa, 25th January, (2022) art 36(1)

²²¹ Interview with Asalifew Ahmed, Director of women and Disability affairs, ministry of women and social affairs (Addis Ababa, 20 December 2024)

stakeholders in upholding the right to health for persons with disabilities (PWD) in general and for women prisoners with hearing impairments in particular. The ministry collaborates with ministry of health to give training for health personals on the health rights of persons with disabilities and to get health with related to their needs, any healthcare facilities give priority for them. When in the time of COVID-19 outbreak, there was a great achievement with collaboration to ministry of health and Ethiopian national association of the deaf that play a huge role on giving training on how to protect them from the disasters and given priority for their health in prisons and other institution. Recently, in Ethiopia almost 20 million persons with disabilities live.²²² However, there is no a strong national law on the human rights of persons with disabilities. So, to overcome these challenges the ministry drafted proclamation and submitted it to ministry of justice for review. The proclamation so called Ethiopian persons with disabilities rights proclamation. So, the right to health of women with disabilities including prisoners with hearing impairment also highly emphasized in this proclamation.

Another significant role of the ministry is to enhance the competence of federal administrations and regional states. The ministry gives supportive and assistive technologies for persons with disabilities including wheelchairs, hearing aids with in light of their needs in different regions of Ethiopia including central Ethiopia regional state.²²³

The ministry gives training for health professionals on the different level with collaboration to ministry of health that take into account the vulnerabilities of women with disabilities due to gender and disabilities. To facilitates the health insurance for them in almost all regions of Ethiopia including central Ethiopia regions and provide funds and other technologies for the service and needs of women with hearing impairment.²²⁴ The ministry provides ongoing support and oversight to ensure that the regions are functioning correctly and fully equipped with medical supplies and equipment as well as have qualified staff to maintain high healthcare standards.²²⁵ The ministry plan to give awareness-raising campaign will be provided to the entire prison community and specifically to healthcare staff focusing on how to care for women prisoners with hearing impairments.²²⁶ By provide sign language interpreter, training and related

²²² Ibid

²²³ Ibid

²²⁴ Ibid

²²⁵ Ibid

²²⁶ Ibid

programs, the ministry plays a crucial role to build the competence of healthcare staff to enhance that women prisoners with hearing impairments receive high quality healthcare.

4.4.3. Central Ethiopia Regional State Bureau of Labor and Social Affairs

The bureau plays a vital role on the central Ethiopia region with regarding of implementation of human rights of persons with disabilities. Ensuring that policies and regulations that enacted by the regional bodies are in place to protect the rights of persons with disabilities.²²⁷ Person with disabilities get equal and full participation in all sectors. The bureaus collaborate to ministry of women and social affairs to build rehabilitation centers and educational facilities especially for the hearing impaired and visual impaired persons.²²⁸ The bureau distributes wheelchairs for physically disabled persons with collaboration to ministry of women and social affairs. The bureau facilitates free medical service for abused and raped women with disabilities including women with hearing impairment. The bureau has a plan to address the special needs of women with disabilities that suffer a lot and intersectional manner in different segments, one of them is prisons.²²⁹ Therefore, the bureau plays a crucial role for the realization of health rights of women with disabilities including women prisoners with hearing impairments.²³⁰

4.4.4 Central Ethiopia Regional State Health Bureau

The Central Ethiopia Health Bureau plays a crucial role in implementing health initiatives, policies and ensuring the well-being of the population in the region. The bureau also gives the attention for women with disabilities by establishing the directorate of women and persons with disabilities and considered them as a vulnerable groups and it take necessary measures for the health of women with disabilities.²³¹ The 12% of medicines take in to account the health of persons with disabilities in national level.²³² The bureaus in collaboration to prisons give free malaria and typhoid medicines and medical equipment. It also gives awareness creation training for prisoners and prison community as the whole. And a great training campaign about the

²²⁷ Revised Proclamation No 199/203, Definition of powers and function of executive organs of central Ethiopia regional state, Maekelawi Negarit Gazeta, 3rd year No. 199, wolikite, 19 August (2023) art 23

²²⁸ Interview with Tereza Abayne, Human resource officer, Central Ethiopia Regional State Bureau of Labor and Social Affairs (Hossana, 17 December 2024)

²²⁹ Ibid

²³⁰ Ibid

²³¹ Interview with Tsedeke Abraham, Vice president, Health bureau of central Ethiopia regional state (Werabe, 16 December 2024)

²³² Ibid

communicable disease prevention and control measures in continuous manner. The bureau also gives training on sexual and reproductive health rights for women prisoners and also the training for health providers on the communication of women with hearing impairment by written instruction.²³³ The bureau conducts health education campaigns to raise awareness about various health issues and promote healthy lifestyles among women prisoners. The bureau gives priority in prison and other institution for women prisoners with disabilities including women prisoners with hearing impairment on the time of public health emergencies such as outbreaks of infectious.

4.4.5 Central Ethiopia Regional State Justice Bureau

The bureau plays a crucial role in ensuring the human rights of prisoners in the central Ethiopia regional state. The bureau facilitates sign language interpreters for women with hearing impairment in court hearing process. And also give training for prison officials, police and health care personals for the treatment and human rights of prisoners. The bureau check policies and strategies are inclusive of the healthcare needs of women prisoners with hearing impairment. The bureau has also a plan to give training to women prisoners with hearing impairment about comprehensive sign language and provide sign language interpreters in each prison and provide basic sign language training for health professionals as well as give training for prison community about the human rights and needs of women prisoners with hearing impairment in collaboration to regional prison commissions and health bureau.²³⁴

4.4.6. Ethiopian Human Right Commission

The Ethiopian human right commission is the commission that undertakes the duty to ensure the protection of human right of prisoners.²³⁵ The commission focused on the vulnerable groups in the prison such as women, women with children and women with disabilities. The most duties of the commission in prison are that to ensure and safeguards the human rights of prisoners.²³⁶ And to investigate the violations that inflicted in women with hearing impairment and give

²³³ Ibid

²³⁴ Interview with Beyene Belete, Human resources officer, Central Ethiopia Regional State Justice Bureau (worabe, 19 December 2024)

²³⁵ Amended Proclamation No.1224/2020, Ethiopian Human Right Commission Establishment proclamation, Federal Negarit Gazeta, Addis Ababa, 18th august, (2020)

²³⁶ Interview with Selamawit Girmay, Director of prison and police management, Ethiopian human right commission (Addis Ababa, 25 December 2024)

recommendation for concerned government body to address the problem. The commission has established Police and prison management directorate to monitor, follow up and investigate the practice and implementation of the police stations and prisons in line with international conventions and standards that Ethiopia ratified.²³⁷ And the staffs evaluate the health, food and other human rights of prisoners including women prisoners with hearing impairment. For instance, in 2016 E.C, the great achievements of the commission is that when there is a directive that the healthcare clinics should generate incomes and the health care process is suspended for prisoner a while but the commission investigate and evaluate the case and give the recommendation for ministry of health and communicate the case and fix the problem because this is not in line with international standards and women in general and women prisoners with hearing impairment suffer a lot in prisons.²³⁸ The commission gives recommendations on the accommodation of prisoners with disabilities including women prisoners with hearing impairment. There is a great achievement in kality prison zone 4 that women prisoners with disabilities access materials/equipment taking into account of their disabilities.²³⁹ And also, healthcare providers are accessible and they get the training that addresses the needs of those women and the ambulance service is active for 24 hours.²⁴⁰ The commission also plans to continue this trend for regional prisons with collaboration to stakeholders. The commission followed up and investigates the prison conditions and it has shared its recommendations for accommodation of prisoners to concerned body. The commission directorate gives awareness creation training for stakeholders about the promotion and ensuring of the human right of prisoners.²⁴¹ Therefore, the commission has a plan to organize various disability forums to create awareness about the promotion and protection of the right to health of women with disabilities including women prisoners with hearing impairment.

4.4.7. Ethiopian National Association for the Deaf

Ethiopian National Association for the deaf is a civil society organization. The primary function of the association is to work on the inclusion and participation of persons with hearing impairment in education, health, employment and other rights. In Ethiopia recently more than 5

²³⁷ Ibid

²³⁸ Ibid

²³⁹ Ibid

²⁴⁰ Ibid

²⁴¹ Ibid

million persons with hearing impairment live.²⁴² The association mainly works to make sign language interpreter accessible in all sectors. The association has 28 branches in different regions of Ethiopia. The association collaboration with ministry of health and family guidance association of Ethiopia to facilitate general health care and reproductive health of women with hearing impairment and with those low economic statuses given free health care service. The association advocates that health center should have at least one sign language interpreters.²⁴³ In 28 branches in different regions, it gives sign language training for persons with hearing impairment including women with hearing impairment.²⁴⁴ The association gives basic training for health care professionals in the needs and treatments of women with hearing impairments. The associations also assign sign language interpreter with the request of prisons when the prisoners with hearing impairment in a pain. In case of Addis Ababa kality prison, the prison communicates the main office of Ethiopia national association of the deaf and in case of regions they communicate the branches.²⁴⁵ Basically, the association gives training for police on the treatment of persons with hearing impairment collaborate with the ministry of women and social affairs and ministry of justice. The association also facilitates sign language interpreters in courts by request of person with hearing impairment or courts. The association is highly involved in creating awareness about the right to health of persons with hearing impairment including women prisoners with hearing impairments. Through organizing training sessions at different sectors, the association a plan to trains the health providers and other concerned bodies in all level and all sectors including prisons about the rights of these women with a particular focus on health.²⁴⁶ Through these initiatives, the Ethiopian national association of the deaf plays a crucial role in advocating for and ensuring the right to health of women prisoners with hearing impairments addressing their needs and upholding their rights.

4.4.8. The Justice For all Prison Fellowship Ethiopia (JFA-PFE)

Non-Governmental Organizations (NGOs) play a vital role with regarding of the right to health of prisoners by providing necessary health care facilities; provide supports and funds and training. The informants stated that the JFA-PFE give trainings for prison officers in different

²⁴² Interview with Yohannes Teklay, President, Ethiopian National Association of Deaf (Addis Ababa, 22 November 2024)

²⁴³ Ibid

²⁴⁴ Ibid

²⁴⁵ Ibid

²⁴⁶ Ibid

regions of Ethiopia including central Ethiopia regional state prisons about the human rights of prisoners and the way that how to treat them in line with international principles and standards.²⁴⁷ The JFA-PFE also provides trainings about the right to health of prisoners for prison officials and prison healthcare providers especially in mental health care and addiction prevention.²⁴⁸ It also collaborates with ministry of justice and civil society organization to deal on policy and strategies that take in to account the human rights of prisoners including the right to health. It also has a plan to give capacity building and awareness creation trainings for key prison officials about the rights, needs and treatments of prisoners with disabilities. As the informant's information due to government restrictions on NGOs involvement in prisons, the involvement and encouragement of NGOs for the promotion of the right to health of prisoners are highly declined and decreased.²⁴⁹

²⁴⁷Interview with Wubishet Kibru, Senior policy advisor, Justice For all Prison Fellowship Ethiopia (Addis Ababa, 30 December 2024)

²⁴⁸ Ibid

²⁴⁹ Ibid

Chapter Five

Conclusion and Recommendation

5.1 Conclusion

Although loss of freedom significantly hinders, limits, or even eliminates the chance for individuals to claim their fundamental rights, prisoners do not lose their entitlements simply due to their imprisonment. The right to health is a basic human right in its own and is essential for realization of other human rights, as outlined in numerous international and regional human right treaties and standards such as the UDHR, ICESCR, CRPD, ACHPR, UN SMR and others, affirm that the right of everyone to achieve the highest possible standard of physical and mental health. All nations uphold this right and offer mechanisms to safeguard it. The UN SMR stress that health service, medical care, sanitation, food and water accessible in quality and non-discriminatory manner for prisoners. The UN CRPD also stated persons with disabilities including women prisoners with hearing impairments are entitled to the right to health like everyone without any kind of discrimination. Ethiopia has ratified various international and regional human rights instruments. These treaties affirm the right to health for all individuals, requiring state parties to respect, protect and fulfill the right to health. Government ought to respect the basic minimum duties concerning the right to health overall and specifically the health rights of women prisoners with hearing impairments in a manner that is accessible, available of high quality and acceptable. Ethiopia has general policies and strategies to protect the right to health for all its citizens. These guidelines and plans, nonetheless lacks implementation and remain merely on paper for individuals with hearing impairment including women prisoners with hearing impairment. It notably lacks specific policies that exclusively address the health needs of persons with disabilities such as women prisoners with hearing impairments. Women prisoners with hearing impairment in central Ethiopia regional state prisons encounter mental and physical health problems.

As a result, this thesis determines that healthcare accessibility for women prisoners with hearing impairment is still not realized. The study discloses that healthcare services at the selected

Prisons do not meet the UN SMR's principles and minimum standards. There is no sign language interpreter, hearing aid and other alternative mechanisms to communicate with women's prisoners with hearing impairments. Furthermore, prisoners including women prisoners with hearing impairments do not get basic medical treatments such as mental health care, dental care and specialized treatment essential for the needs of women prisoners with hearing impairment including hearing examination. In the prisons, insufficient healthcare facility including shortage of medical equipment, medical personals and medications are the main challenges women prisoners with hearing impairment face in addition to insufficient health care service such as referral healthcare services, medical screenings, check-ups and information's related to sexual and reproductive health without accessible communication formats. Lack of training in sign language to healthcare provider, inadequate awareness to accommodation patients with hearing impairments, double discrimination and stigma, low level of government commitment are the contributing factors for inadequate service to women prisoners with hearing impairments. Insufficient food, water and poor-quality hygienic and sanitation facilities also hinder women prisoners with hearing impairments from leading a healthy and quality life. Therefore, the right to health of women prisoners with hearing impairments in selected prisons of Central Ethiopia regional state is far from realization and does not meet international human right instruments and standards that Ethiopia ratified.

5.2 Recommendations

To effectively address the issues discussed in this study and ensure the right to health for women prisoners with hearing impairments is upheld, the following recommendations are proposed.

- The prison authorities, covered under the study must facilities the prison healthcare are accessible and provide specialized, inclusive healthcare Services by provide sign language interpreters for healthcare interactions and health-related information sessions, by deliver health information in accessible formats and by providing training for health professionals on basic sign language.
- The prison authorities, covered under the study collaborates with partner provide ongoing training programs and awareness creation campaign for healthcare providers, prisoners and prison staff on the rights and specific needs of women prisoners with hearing impairment as well as to combat discrimination and stigma.
- The prison authorities, covered under the study should provide essential medicines and health care providers in a sufficient manner including doctors, dentists and physiatrist and medicines in accessible and quality manner.
- The prison authorities, covered under the study should Provide specialized and inclusive healthcare services like hearing examinations, reproductive and sexual health, mental health service, provide safe and nutritious food, water, sanitation and hygiene in accessible and quality manner and improve the access of equipment, materials and ambulance service.
- The central regional state prison commission allocate budget in to account the special health needs of women prisoner with hearing impairment. This will ensure that there are sufficient resources to meet their healthcare needs.
- The Government should enact the drafted "Ethiopian Persons with Disabilities Rights Proclamation" to strengthen legal protections.
- The central Ethiopia region prison commissions collaborates with the health bureau and justice bureau Create and implement gender-sensitive and disability-specific policies

addressing the healthcare needs of women prisoners with hearing impairments. These policies should provide clear guidelines for reasonable accommodations and services.

- The prison authorities, covered under the study partner with NGOs and disability rights advocates to develop and implement programs that improve healthcare of women prisoners with hearing impairment.
- The Government Gather and publish comprehensive and researched data at a national level on the status and needs of women with hearing impairments.
- The central Ethiopia region prison commission collaborates with the selected prisons under the study encourages and facilitates NGOs involvement in promoting the right to health of women prisoners with hearing impairment in prisons.
- The Ethiopian Human Rights Commission, along with other civil society organizations should conduct regular monitoring and follow up to ensure that healthcare services are adequately provided and that the right to health including protection and promotion is upheld for women prisoners with hearing impairment.

Reference

- **Books**

- ✓ Alemayehu Y, *Human Rights Research: A Practical Guidebook on Methodology and Methods*(Addis Ababa University Press 2013)
- ✓ Quinn M, *A Guidebook to Using Qualitative Research Methodology* (Medicines Sans Frontiers 2002)
- ✓ United Nations Office on Drugs and Crime, *Handbook on Prisoners with Special Needs*(United Nation publication 2009)

- **Articles**

- ✓ Bastick M, 'Women in prison: a commentary on the UN standard minimum rules for the treatment of prisoners' [2008] journal of Human Rights and Refugees
- ✓ Bergh V, 'Imprisonment and women's health: Concerns about gender sensitivity, human rights and public health' (2010) 89 Bulletin of the world health organization
- ✓ Goshu W, 'Prison Reform in Ethiopia: Normative Gaps, Challenges in Practice and Recommendations' [2021] Legal and justice affairs publications
- ✓ Lemma B, 'Health-related quality of life and associated factors among prisoners in Gondar city prison Northwest Ethiopia' (2023)18 Plos one journal
- ✓ McCulloch D, 'Not Hearing Us: An Exploration of the Experience of Deaf Prisoners in English and Welsh Prisons' (2012)19 Howard League for Penal Reform
- ✓ Mhlanga V, 'Contemporary women prisoners health experiences, unique prison health care needs and health care outcomes in sub-Saharan Africa: a scoping review of extant literature' (2018)18 BMC Int Health Hum Rights
- ✓ Omokanye H, 'Hearing loss among inmates of a juvenile correctional facility in Nigeria'(2022) 22 African Health Sciences Journal
- ✓ Shah S, 'The Intersection of Gender and Disability in Women's Prison Experiences' (2024) 59Economic and political weekly
- ✓ United Nations High Commissioner for Human Rights, 'Frequently Asked Questions on Economic, Social and Cultural Rights' (2008)33UNHCR

- ✓ Weldeyohannes B, 'Reforming Prison Policy to Improve Women-Specific Health and Sanitary Care Conditions of Prisons in Ethiopia' (2017) 24 Journal of Women & Law
- **Thesis/Dissertation**
- ✓ Birhanu F, 'Prisoners right to adequate standard of living: a critical assessment in Yem special woreda Saja prison institute, SNNPR of Ethiopia' (LL.M thesis, Jimma university 2021)
- ✓ Gulilat A, 'The Human Rights of Detained Persons in Ethiopia: Case study in Addis Ababa' (LL.M thesis, Addis Ababa University 2012)
- ✓ Tadesse T, 'Freedom from Torture, Inhuman or Degrading Treatment or Punishment: The Case of Some Selected Prisons of Oromia Nation Regional State' (LL.M thesis, Addis Ababa University 2011)
- ✓ Takele S, 'The Reproductive Rights of Women Prisoners; the Case of Kality Prison, Addis Ababa' (LL.M thesis, Bahir Dar University 2021)
- ✓ Teka T, 'Health Rights of Prisoners in Ethiopia: A Case Study of Federal Maximum-Security Prison' (MA thesis, Addis Ababa University Center for Human Rights 2019)
- ✓ Tilahun S, 'Barriers and Enablers for women with disabilities to access sexual and Reproductive health service in Addis Ababa' (MA thesis, Addis Ababa university 2023)
- **International and Regional Instrument**
- ✓ African Charter on Human and People's Rights, OAU Doc. CAB/LEG/67/3 (1986)
- ✓ Committee on Economic, Social and Cultural Right General Comment No 3: The Nature of State Parties' Obligations (art 2), (fifth session, 1990)
- ✓ Committee on Economic, Social and Cultural Right General Comment No 14: The Right to the Highest Attainable Standard of Health (art 12), (twenty second Session, 2000)
- ✓ Committee on the Rights of Persons with Disabilities General Comment No 3: Women and Girls with Disabilities (art 6), (thirteen session, 2016)
- ✓ Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, AU, Doc. COR/REG/26/36/3 (2003)
- ✓ United Nation Basic Principles for the Treatment of Prisoners, G.A.Res.45/111, UN.Doc. A/45/51(1990)
- ✓ United Nation Convention on the Rights of Persons with Disabilities, G.A.Res.61/106, UN.Doc. A/61/67 (2007)

- ✓ United Nation International Covenant on Economic, Social and Cultural Rights, G.A.Res.2200A (XXI), (1976)
- ✓ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders, G.A. Res.65/229, UN. Doc. A/65/71 (2010)
- ✓ United Nations Standard Minimum Rules for the Treatment of Prisoners, G.A.Res.70/175, UN.Doc. A/70/76 (2015)
- ✓ United Nation Universal Declaration on Human Rights, G.A.Res.2174 (III), (1948)
- **Report and Recommendations**
- ✓ United Nation Special Rapporteur, 'Violence against Women: Its Causes and Consequences' (HRC No 38, 2012)
- ✓ United Nation Expert Group, 'Gender and racial discrimination' (OHCHR, 2000)
- ✓ United Nations Committee against Torture, 'Concluding Observations and Recommendations on the 1st Initial Periodic Report of Ethiopia' (2011)
- **National Instruments**
- ✓ Proclamation No. 1/1995, Proclamation of the Constitution of Federal Democratic Republic of Ethiopia, Federal Negarit Gazeta, 1st year No. 1, Addis Ababa, 21st August, 1995 Art 41(5)
- ✓ Proclamation No. 1174/2019, Federal Prison Proclamation, Federal Negarit Gazeta, 26th year No.14, Addis Ababa, 17th February, 2020
- ✓ Regulation No. 13812007, Council of Ministers Regulation on Treatment of Federal Prisoners, Federal Negarit Gazetta, 13th year No. 47, Addis Ababa, 1st June 2007
- ✓ Proclamation No. 365/2003, Federal Prisons Commission Establishment proclamation, Federal Negarit Gazeta,9th Year No. 90, Addis Ababa, 9th September, (2003)
- ✓ Proclamation No.5/2024, Central Ethiopia Regional State Prison Commission Establishment proclamation, Maekelawi Negarit Gazeta, 3rd year No.5, woliqite, 28 February, (2024)
- ✓ Proclamation No.1263/2021, Definition of Powers and Duties of the Executive Organs Proclamation, Federal Negarit Gazeta, 28th Year No.4, Addis Ababa, 25th January, (2022)
- **Interview**
- ✓ Interview with Abinet Markos, Director, Health department of central Ethiopia regional prison commission (Halaba, 15 December 2024)

- ✓ Interview with Asalifew Ahmed, Director of women and Disability affairs, ministry of women and social affairs (Addis Ababa, 20 December 2024)
- ✓ Interview with Bayush Alebachew, Health professional in Durame prison (Durame, 2 December 2024)
- ✓ Interview with Mahlet Bekele, Health professional, Hossana prison (Hossana, 5 December 2024)
- ✓ Interview with Selamawit Girmay, Director of prison and police management, Ethiopian human right commission (Addis Ababa, 25 December 2024)
- ✓ Interview with Tsehay Melese, Health professionals, Hossana prison (Hossana, 5 December 2024)
- ✓ Interview with Tsedeke Abraham, Vice president, Health bureau of central Ethiopia regional state (werabe, 16 December 2024)
- ✓ Interview with Wubishet Kibru, Senior policy advisor, Justice For all Prison Fellowship Ethiopia (Addis Ababa, 30 December 2024)
- ✓ Interview with Yohannes Teklay, President, Ethiopian National Association of Deaf (Addis Ababa, 22 November 2024)
- **Cases**
- ✓ *Lantsova vs. Russian Federation* [2002] UNHRC 74
- ✓ *Malawi African Association and Others Vs Mauritania* [2000] ACHPR 120
- ✓ *Semikhvostov vs. Russia* [2012] ECHR 65
- **Website**
- ✓ United Nation Women, ‘Making the SDGs Count for Women and Girls with Disabilities’ (UNwomen,2may2017)<http://www.unwomen.org//media/headquarters/attachments/sections/library/> accessed 19 December 2024
- ✓ World Health Organization, ‘Primary health care’ (WHO, 3 November 2023) <https://www.who.int/health-topics/primary-health-care> accessed 25 December 2024

