Health Sector Disability Mainstreaming Manual

Federal Democratic Republic of Ethiopia
Ministry of Health

January 2017


It's hard to create a healthier community without full and effective participation of persons with disabilities!

Message from the director

Currently, the issue of persons with disability is recognized and endorsed on a global level, and it is essential to full fill the interests of persons with disability, especially in the pursuit to meet the sustainable development goals. Federal Ministry Health, Women and Youth Affairs Directorate (WYAD) has been working on various issues to mainstream disability at the grassroots level within health sector in collaboration with health sector women and youth structures. Especially, Federal ministry of health women's and youth affaire directorate examines and inspect services accessibility of health facilities starting from the design, providing comprehensive awareness raising trainings on understanding of disability and disability mainstreaming as well as sign language training for health professionals, the directorate creates access to health and health related information for persons with hearing impairment/deaf through sign language interpretation to health related programs and spots and for persons with visual impairment/blind through Braille, this are among the many works that are currently being done by the directorate. In order to insure full and effective inclusion of persons with disability in to health sector, it is essential to produce a manual or guideline to implement different activities in systematic manner. For this reason, federal ministry of health womens and youth affairs directorate developed Health Sector Disability Mainstreaming Manual (HSDMM) to address the issue of disability in a systematic approach as well as to it plays a great role in support and realization of health sector transformation agendas. Health sector disability mainstreaming manual intended to address and ensure accessible health services/health facilities for persons with different impairment, enhance the awareness of health service providers on disability mainstreaming and inclusive health service, it sets out detailed standards and guidelines for ensuring quality and equitable access to health services for persons with disability just like none disabled persons. This manual developed in support of, national and international law, guidelines, decrees, proclamation and regulations. Additionally, Health Sector Disability Mainstreaming Manual (HSDMM) will facilitate to achieve compassionate respectful and caring health professionals and health services, the manual will have a significant role to play in the development of the information revolution, ensuring quality and equity health services for all and it facilitate to achieve Woreda transformation agendas. Therefore, I believe health sector disability mainstreaming manual will facilitate to take advantage of the country's resources towards health sector for all citizens without any discrimination, and I strongly recommend and advise health sector officials, senior managerial level staffs, middle level managers and officers, as well as for the staffs at various levels should be keen to take this mandate and put into practice on the work they have doing in the planning, implementation, monitoring and evaluation. Finally, I extend my gratitude to all governmental and non-governmental organizations and professionals involved in producing this manual.

Mrs. Yamrot Andualem
Federal Ministry of Health
Women and Youth Affairs Directorate Director

Acknowledgment

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- •Mr. Ahmed Jemal

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- •Mr. Bereket Huseman

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- •Mr. Abraham Sileshi

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- •Mrs. Liya Solomon

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F.D.R.E Ministry of Health

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Introduction

Currently, the number of persons with disability estimated to be more than one billion globally, according to the joint report of World health organization and World Bank 2011 for most countries it is estimated that more than 15.3 % of the total number of their people are persons with disability, and the number of persons with disability reaches an average of 15-20 % in developing countries. According to the Ethiopian Population and Housing Census data 2007, Ethiopia has a total of 1.09 % persons with disability. However, according to World Health Organization and World Bank report on 2011, there are 17.6% of persons with different impairment live in Ethiopia.

United Nation Convention on the Rights of Persons with Disability (UNCRPD) is one of the agreements that Ethiopia has ratified and promoted to accelerate its growth and transformation plan. Under this convention Article 25 stated that, "States Parties recognize the persons with disability have the right to access to the highest healthcare without any discrimination based on their types of impairment." In this section Article A there is a further suggestion that "to provide persons with disabilities a limited, quality, accessible, and affordable healthcare program to other people, including sex and reproductive health and public health programs that are based on public health".

Federal Ministry of Health is conducting and implementing a number of activities aimed at promote and scale up equity, quality and accessible health services for persons with disability, for instance, before the actual construction of health facilities the issue of persons with different impairment take in to consideration on design stage. In particular, Women and Youth Affairs Directorate (WYAD) is working hard create accessible health services by mainstream persons with different impairment in health different services starting from its annual plan. Beside, rising the awareness of health professionals to create accessible health services for persons with different impairment, the directorate is working hard in collaboration with Public Relation and Communication Directorate (PRCD) including sign language translation to health and health related spots and information and TV program of the sector intended to reach the deaf audience.

Ministry of Health is doing the above stated and other different activities to ensure healthier society, but it is not as such progresses are made towards creating accessible health facilities for persons with disability. Therefore, there are still works to be done to create equity and quality health services for persons with disability beneficiaries just like none disabled persons.

The development of this manual will create accessible health services an equal basis for persons with disability without any barrier and this manual will also contribute for the success of health sector transformation plan.

I. National and International Conventions and Legal Frameworks on Disability

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

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) was launched in December 2006 and was ready for signing in March 2001. As of June 26, 2012, 172 countries have ratified the Convention, and 162 countries have signed the agreement. It also 92 countries approved the operational protocol.

Ethiopia has signed the convention on March 2007 and ratified the declaration of the Rights of persons with disabilities on July 2010. Ethiopia has proclaims the convention inform of proclamation number 676/2002 on the approval. This convention is a law that is adopted from the convention on the rights of persons with disabilities in all corners of the world. Moreover, if the countries that have signed the Protocol have been violated any of these provisions, the case has been established for the international court.

In 2006, the United Nations a Convention on the Rights of Persons with Disabilities (UNCRPD) Article 25 states that "States Parties need to recognize persons with disability have the right to access to the highest healthcare without any discrimination based on their types of impairment." This convention is a document based on right based model, and it is anchored or based on eight (8) Basic Principles. These are,

1. Respect for inherent dignity, individual autonomy, including the freedom to make one's own choices, and independence of persons
2. Non-discrimination
3. Full and effective participation and inclusion in society
4. Respect for difference and acceptance of persons with disability as part of human diversity and humanity
5. Equality of opportunity
6. Accessibility
7. Equality between men and women
8. Respect for the evident capacities of children with disability and respect for the right of children with disability to preserve their identities

In addition to the international convention on the Rights of Persons with Disabilities, it is important to note that other international agreements, conventions and other legal frameworks impose disabilities.

Ethiopia's Commitments to Disability at the National Level

1. FDRE Constitution (1995) states, "The State shall, within available means, allocate resources to provide rehabilitation and assistance to the physically and mentally disabled, the aged, and to children who are left without parents or guardian."
2. A proclamation of FDRE (Proclamation No. 916/2015) to determine the power, duties, responsibilities and decision-making orders; Regarding person with disability, Article 10/4 says, "All public sectors need to institutionalized and empowered the issue of persons with disability to act and as equal opportunity and to create full and effective participation"
3. Proclamation No. 624/2009 (Ethiopian Building Proclamation) on Article 36 Sub Article 1 and sub article 2 it clearly states "Facilities for persons with disability". It specifies charter to implement of proclamation 5-2003 in Article 33,
4. National Plan of Action for Inclusion of Persons with Disabilities 2010-2020,
5. Proclamation of rights to employment of persons with disability 568/2000 and its implementation guideline,
6. National Programme of Action of Rehabilitation of persons with disability 2011,
7. Developmental Social Welfare Policy, November 2007, is the main focus area of the policy is person with disability,

II.Objectives of the manual

★ **Main objective**: mainstream and create accessible health service provision for persons with disability as a citizen of the country within the ministry at all directorates and at a national level as well as to assist to meet the intended agendas of Ministry of Health

★ **Specific Objective:**

→ To enable health professionals to have an overall understanding of disability and to enable them to be and provide compassionate, respectful and caring health services.

→ To provide accessible health services for persons with different types of impairment according to their need and interest.

→ Creating a system approaches to guarantee equity, quality and accessible health service provision for persons with disability;

→ Provide health and health related information accessible to persons with disabilities in accordance with their needs, interest and disability type;

Section One

1.1. Understanding disability

The way we understand disability and impairment is critical in understanding the basic need and special needs of persons with disability in response of their human rights and to respond to their service demand. This means that our understanding these concepts is based on a negative or positive attitude on disability. Currently, the perception of disability and its deep impact doesn't only translate or alter the concept but also changes the meaning of these key terms.

It is important to recognize that the societies have a different ways of understand persons with disability in terms of their culture, within specific values and trends they are live in. Thus, while the concept of disability is a growing issue or concept, our understanding of the subject should be progressive when we understand the meaning and concept of these key words in terms of our level of thinking.

1.1. Impairment and disability

Impairment

Impairment is a limited or total loss of functioning in parts of the body or organ of the body, this means loss of long or short term physical, mental, vision, hearing and other physical and sensory impairment. Thus, when the body faces physical and emotional impairment and mental illness, the effect will be activity limitation, which signifies a person's physical condition, vision or hearing loss, mental illness and physical limitations.

Disability

Disability is a long-term or a short term physical, mental, intellectual or sensory (vision & hearing) Impairment which in interaction with environmental, social, attitudinal, institutional and various barriers may hinder full and effective participation in society on an equal basis with others (UNCRPD, 2006).

It is common to use the terminology disability and impairment interchangeably as it described the above. Disability is defined as the result of interactions between persons with different impairment in dealings with environmental, social, institutional and other barriers that hinders and face in a full and effective way in the community just like none disabled persons. In most parts of our community believe that impairment is the direct result of disability. However, based on the concept, there is a linkage between impairment and disability, it is important to realize that disability is the result of negative attitudes and lack of access.

On the other hand, the umbrella terminology is defined by World Health Organization (WHO) 2001 as, which includes physical functioning, operational limitations, and participation limitations.

According to proclamation number 568/2000, persons with disability is a person who is disadvantaged due to physical, mental, or sensory impairment to economical, social or cultural disparity which result unequal opportunity to employment.

Due to short and long term physical, mental, psychological and sensory impairment may hinder full and effective participation of persons with disabilities in the community like none disabled persons (UNCRPDs Dec 6/2006).

According to the World Health Organization (WHO), disability is an umbrella terminology that refers to participation limitation, activity limitation, and physical limitation. Disability is a limited function and challenge for the individual to make or to do, and the limitation of participation is the challenges that defy the individual to participate in daily life. Accordingly, disability is a complicated experience associated with the individual and the community. While the concept of disability often has no uniform implications, there are several points to consider when interpreting. These points may differ in the meaning, for example, for employment issues, support cases, court case, education, etc. However, it is possible to understand the word in terms of four major models. These models are the lenses that we see and perceive disability.

Additionally, the models use and provide the legal frame work to the community and the structure as a reference. These models are;

- Charity Model
- Medical Model
- Social Model
- Rights Based Perspective

Particularly, Ministry of Health believes that it is essential to support the right based model/perspective to make health services accessible to persons with disability and, in some ways accept a social model.

1.3. Causes of impairment and disability

1.3.1. Causes of impairment

Impairment can occur during prenatal, during birth and postnatal periods, in natural or manmade accidents or ways.

1.3.2. Causes of Disability

Causes of disability are factors that contribute to the incident of disability, which is physical, environmental, attitudinal, institutional, communication barriers and other challenges.

1.4. Types of Impairment

There are different types of impairment, look at these types of impairment with their appropriate word in the table below:

No	Types of impairment	Title
1	Visual impairment (partially visual impaired and blind)	A person with visual impairment
2	Hearing impairment (partially hearing impaired and Deaf)	A person with hearing impairment or Deaf
3	Physical Impairment (leprosy, wheelchair users, a person with short stature, a person with spinal cord and other related impairment, quadriplegia, paraplegia, hemiplegia, Amputation of upper and lower limbs etc.	A person with disability

4	Intellectual Impairment (down syndrome, autism, etc)	A person with intellectual impairment
5	Mental illness (schizophrenia, bipolar mood disorders, etc.)	A person with mental illness
6	Deaf and Blind	A person with Deaf and Blind
7	Multiple impairment (more than one types of impairment)	A person with multiple impairment
9	Learning and specific learning impairment	
10	Speech impairment (stuttering, stammering, etc.)	

★ Visual Impairment

Visual impairment mean, the absence of the eye function as it expect to do partially or totally. It is divided into two parts, the first one is total blindness and the second is partial blindness. Total blindness is when the eye does not function completely, and partial blindness is reduced of the sight of the eye until it assisted by eye glass.

★ Hearing impairment

It is types of impairment when people lose or reduce their sense of hearing in natural or manmade catastrophes. Depend on the degree of their hearing loss persons with hearing impairment can be classified in to two parte this are partial deaf/ partial hearing loss and deaf. Deafness varies from person to person based on the age of their hearing loss, we can classify them before and after they developed/ acquired spoken language.

spoken language, the deaf can often speak and also can read lips, but those who lose their hearing ability before they developed spoken language are more prefer to use sign language than lip read and also they can't talk.

★ Physical Impairment

Physical impairment refers to any short and long term injures or impairment on physical or which hinders mobility. Including neurologic, musculoskeletal disorders (leprosy, polio), both of the paraplegia, of all knee muscle fibers (quadriplegia), cerebral palsy, (Ostogenesis imperfect) (multiple sclerosis), prostate hemiplegia, amputation of limbs, short stature, and other similar types of injuries.

★ Intellectual Impairment

Intellectual impairments – Refer to below average intellectual function that results in the person requiring supervision during with related that daily activities in life with daily life activities. It begins early in life during the developmental period (before age 18). Intellectual impairment will occur due to alcohol consumption during pregnancy, iodine deficiency in pregnancy, injury to the brain at birth or later in the developmental period, genetic and metabolic disorders and other related causes. Persons with intellectual impairment have below average mental ability or intelligence quotient (IQ).

★ Multiple impairments

While more than one types of impairment happen at a person, we call it multiple impairments. These are, deaf-blind, mental illness and speech, intellectual and mental impairments, physical and speech impairments, intellectual impairment and physical impairment, etc. when a person impaired by more than one impairment and an individual will need extensive support for the long-term involvement in one of the major functions.

1.5. Ways to effectively communicate with persons with disabilities

There are a number of ways to use to communicate with persons with disabilities and a few of these are:

- When you engaged in a long conversation with a person on a wheelchair try to position yourself at the same eye level by sitting or stooping down, if your conversation is more than a minute. This/your action will be more positive to the individuals and they will not get their head up.
- Greetings by handshaking, if the individuals have limited ability to use his or her hand, touch/tap their shoulder with a smile. If you want to get help, ask properly and listen to their needs carefully before you are rendering assistance. Explain directions to the person about where assistive devices are.
- When persons with low vision or total blind is moving place to place in the compound, do not leave half open or half close the doors, you should close or open the doors or windows completely.
- When it is appropriate, ask for help to read Inc information for blind persons.
- If you are assisting blind persons, allow them to hold your arm on top of the elbow, move one step forward rather than thrust or push forward. Explain for them that it is "this is the stair" or " now we are ascending the stair"
- Even if you have previously been contacted with the person with visual impairment, do not assume that the person is aware of your voice. Introduce yourself by name, keep the volume of your voice normal, and talk to the person directly:
- Always be sure of your method of communication while communicating with the deaf or hard of hearing. Make sure you talk to them face to face without covering your mouth or looking towards other directions. If necessary, communicate in writing;

- Where there is a sign language interpreter, it is better to talk looking directly to the deaf than the interpreter. .Avoid asking the interpreter as "Please . . . tell him/her that…' .
- It is important to recognize the different levels of Intellectual disability. It can be either mild or sever. If individuals with intellectual disabilities speechless or have difficulty to speak, we should be patient and listen to them. If you want to make sure that a person with intellectual disability understood what you have said, you should politely ask him/her 'Did you hear me? Do you want me to repeat what I have said? Do you understand what I have said? They also understand it better if it is a good idea to reiterate what you said in a simple, slow language or using pictures.

1.6. Barriers for participation for persons with disabilities

Persons with disability have the right to participate in various social, economic, and political issues, like any other persons without disabilities, but they are not actively participating due to various challenges/ barriers. Among these barriers the followings are the major ones,

- Attitudinal Barrier
- Communication barrier
- Institutional barrier
- Environmental and Physical barriers

1.7. Measures that should be taken to include persons with disabilities

- Assign a representative or a focal person who can handle and follow the issues of disability at health facilities;
- There should be a systematic approach and strategy to guarantee the issue of disability addressed, mainstreamed and given emphasis on planning, implementation, monitoring and evaluation;

- Budget should be allocated to accomplish various activities, such as awareness raising training for staff;
- Information and communications and other related issues should be accessible for persons with different impairment;
- Make appropriate improvements to health facility / at the workplace or the process / service delivery.
- Make sure reasonable accommodation is in place for persons with different impairment to ensure that they are using services or employed.

Section Two

2. Awareness Creation and Advocacy on Accessibility

Awareness creation programs are the key tool to change the attitudes of the general community especially for health professional, administrative bodies, and for those engineers working in health sector and members of bid making committees to eradicate traditional beliefs and myth about disability and persons with disability, and it is a tool that to eradicate inaccessible health service provision.

Especially, it is very much important and must to raise the awareness of health service providers, administrative staffs, higher officials and health professionals so as to enable persons with disability have an exclusive health services provision according to their impairment type.

As we know, health service providers are a key factor or actor to bring a dynamic change that our country wishes to meet the expected goals, from this health service providers, health extension workers are key actors for the success of Ethiopian health sector strategic plan. It is important and essential to cascade and establish a system or a structure to capacitating health extension workers on the awareness and inclusive health services for persons with disability, this will bring a lot change on the sector, because health extension workers are working in close proximity to the community and need to develop their awareness, skills and knowledge on inclusive health service for persons with disabilities.

2.1. Creating Awareness on disability for health service providers

It is essential to create a wide range of capacity building and awareness rising programs for health service providers so as to enable them to provide accessible, inclusive, equity and quality health services for persons with different impairments as well as for none disabled persons. Because of this reason it is important to provide the following major topics on standard training package. These are:-

1. Understanding disability
    - 1.1. Impairment and disability
    - 1.2. Causes of impairment
    - 1.3. Types of impairment
    - 1.4. Disability terminology
    - 1.5. Discriminatory actions or activities
    - 1.6. Models of disability
    - 1.7. Barriers of disability
    - 1.8. Disability in Ethiopia
    - 1.9. Collaboration of national Association of persons with disability with health sector

2. Inclusive health services for persons with disability
    - 2.1. What is disability inclusive health service mean
    - 2.2. Issues to be considered in disability inclusive health service delivery
      - Inclusive health service policy and packages
      -Other national and related policies
    - 2.3. Enabling environment on health service delivery
    - 2.4. Reasonable accommodation to health service provision
    - 2.5. Accessible health service in twin track approach

3. Reproductive health and other related health service provision
4. Gender and disability in health sector

As it mentioned in the above, it is important to provide a standardized training of trainer of training for selected health service providers, after training they will going to give an awareness rising training at least for two consecutive days for health bureaus staffs, for engineers/constructors of the health sector, for health service providers/professionals, for administrative staffs, for higher officials, for member of bid making members, and for other individuals who are working in health sector.

Alongside this, it is essential to provide basic Ethiopian sign language training for health service providers (starting from gate keepers up to higher officials with health service). A trainee has to take Ethiopian sign language training for not less than 27 consecutive days for 4 hour per a day. For this reason the training should focus on:-

- Basic courses of Ethiopian Sign Language for communication training
- Essential, permanent courses of Ethiopian Sign Language training
- Health and health related sign language training courses
- Drama and role play methods of Sign Language training

To implement effective training for intended period of time on basic training of Ethiopian sign language and disability mainstreaming awareness raising training, the following stages has to be implemented/practiced:-

- Adult training
- Group discussion and presentation
- Role play and demonstration
- Experience shearing
- Case Study
- Filed visit.... etc.

2.2. Accessibility

Persons with disabilities have equal right As any citizins (human being) to participate and take part in different aspects of economical, social, and political issues. It is essential for a person to have and establishing a family, to participate in social and political activities, to participate on religious issue, accessing public utility/facilities, to move around from place to place, and also it is essential to arrange and prepare standardized full range of conditions so that persons with disability can find the whole way of life.

Access to health service means that the Health service accessibility mean, without any obstacle or discrimination factor bridge the gap to create disability friendly and accessible health service provision/delivery as well as accessible health services through health extension workers for persons with different types of impairment. Moreover, accessibility indicates, providing equity and quality health service for all members of the society.

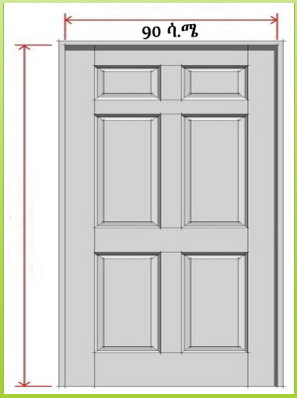
Still accessibility is a major issue or problem for developing countries like Ethiopia. The society at large believes and understood that accessibility is all about rump and having an elevator which is incorrect. But, there are different forms, types and features of accessibility.
Accessibility can be categorized in to three major parts, these are,

1. Environmental and physical accessibility,
2. Access to means of information and communication,
3. Institutional and policy accessibility.

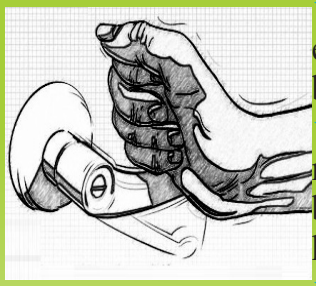
2.3. Environmental and physical accessibility of health services

Environmental accessibility means creating a facilitator condition to physical accessibility for a person with different types of impairment to maneuver in health services facilities without any barrier. Health service deliveries should have to have or be ready to accommodate the needs and interests of everyone who seeks access to services. This means, patients shod have to receive any services without any barriers. Physical inaccessibility of health services is prohibiting everyone especially persons with disability to no to access services according to their impairment type. It is the result of a physical barrier that services are not accessible for a wheelchair and a crunch user as well as for visual impaired and low vision person. Because of this reason, persons with visual and a person with physical impairment are not accessing health services just like none disabled persons. To reduce this problem, health service deliveries have to be accessible and accommodate for everyone.
Persons with disabilities are facing different form of barriers when they come to health service starting from their home, so health service providers and the compound itself has to be ready to provide exclusive health services for persons with different types of impairment. Therefore, health service has to be accessible for persons with different types of impairment without any obstacle/barrier starting from outside gate to every service delivery room.

2.3.1. Internal doors, entrance gates and windows



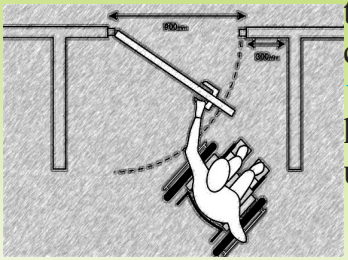
- ☆ Every accessibility issues begins from the entrance gates because of that every entrance gates has to be free from any obstacles and barriers has to be removed for persons with disability,
- ☆ Service delivery room doors and entrance gates has to be user friendly for any persons who seek to access health services without any difficulty,
- ☆ Whether or not the gateway has always been a double entry, the width must be above 90 cm. Above 1.80 cm width will allow transporting two wheelchairs side by side



☆ Therefore, any service provision areas/ room's interior doors should be 90 cm by 2.10 cm.

☆ For persons with physical impairment, the width of the door must have to be 90 cm, and the door handle should not have to be above 90 cm tall.

☆ Doors must be easy to open and it should be automatic (25 seconds), door handles must be long and easy to hold for opening which should be accessible to a a wheelchair users.



☆ There must have been enough space for wheelchair users to open and close the doors.

- ☆ If the door is made of glass, a partial glass should be painted to prevent damage to the person with low vision.
- ☆ Windows should be well lit. This is ideal for treating patients with limited vision and interpreting sign language or lip reading.
- ☆ Do not have the thresholds. If there is a must to have, it should be as close to 2 cm as possible. It should not be overstated,
- ☆ Doors of glass must be tinted or marked in color or shade in between 85-100 and 1.40-160 cm height. At the bottom of the door, kicking plate should be created up to 30 cm height.
- ☆ Door ring or alarm sounds and other audio recordings on the door must have a light signal.

2.3.2. Pathways, corridors and lifts/elevator

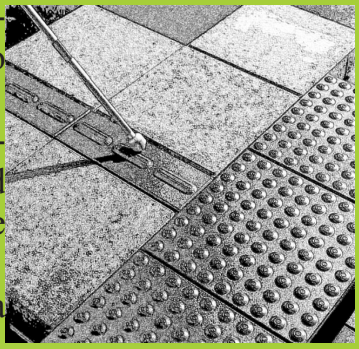
☆ Inland lane must be connected from entry point to any service area and to the bathroom or toilet, and the width should be more than 1.50 cm. 1.80 cm of path width can be transport two wheelchair at a time.

☆ Pathways must have a free space that can rotate wheelchair freely. The free space size should be 1.50 cm diameter. it should not be reduced,

☆ Corridors that are located in health facilities should be arranged fairly for those persons with different types of impairment, and there should not be any obstacles/barrier that restricts any movement in these corridors.

☆ Each corridors and pathways must have a minimum width of 1.80 cm, which can serve two service seekers at the same time (deaf and his interpreters, visual impaired persons and their assistants or two wheelchair users at a time).

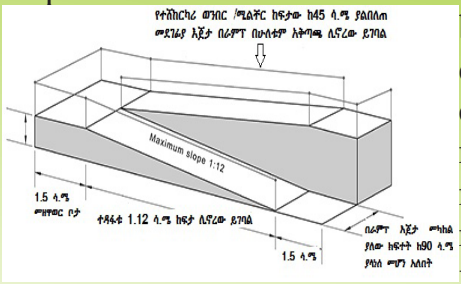
☆ Every corridor (passageway) and inner lane will be made attractive and indexed on the floor, allowing visual impaired/blind customers/patients to easily refer to white cane.



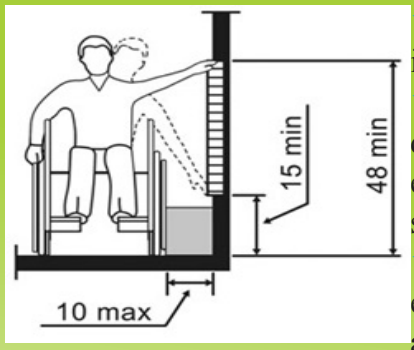
☆ Internal roads must be free of stumbling blocks. If there are holes and open sewerage, they should be sealed.

☆ Direction need to be hanging up at a height of more than two meters.

☆ If there is various steps/stairs on the ways of service delivery rooms an if there is no elevator/lift, ramp is required to be in place for wheelchair users. If the slopes of the ramps should be between 5% and 8% it will be easy to use and safe for wheelchair users. If the length of the ramp is longer than 600 cm (6 m) or if the ramp changes it direction, it has to have a 1.50 cm free space for rest.



- ☆ A hand rail is needed to be installed on either side of the ramp to lean on it for persons with physical impairment on the height between 70 cm and 90 cm.
- ☆ At both edge of the ramp, the stand must be 5 cm long and paint must be rubbed to facilitate for a wheelchair user person not to fall and to indicate for person with low vision.
- ☆ The width of the steps of stairs should be equal. The width should not exceed 30 cm and the height should not exceed 16 cm.
- ☆ The floor of the stairs should not be sleeper; it must be build by rough substances/materials.
- ☆ The surfaces at the beginning and at the end of the steps of stairs should be colored, and the layers of the edges (the forefront) should be marked with different colors.



- ☆ f the health facility has a building, it must have functional elevators or lift.
- ☆ The width of the elevator shutter/door should not be below 90 cm. the entrance/door of the elevator height should not be less than 2.10 cm.
- ☆ An interior liner width of the lift/elevator must be not less than 1.10 cm and the bottom depth or length should not be less than 1.40 cm. if the diameter area is between 1.40 cm and 1.60 cm it allows wheelchairs users to maneuver their wheelchairs easily.
- ☆ Elevator Button must be placed at 90 cm up to 1.10 cm height and the buttons must have Braille text and sound for persons with visual impairment/blind.

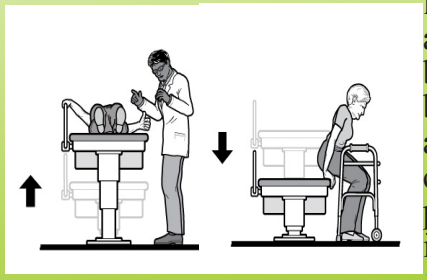
- After the doors of the elevator opened, there should be a free space with the size of 1.50 cm x 1.50 cm diameter,
- A hand rail should be provided with an elbow on all three walls and the support should be above 80 cm up to 85 cm above the floor.

2.3.3. Medical Equipment and Service Provision Rooms

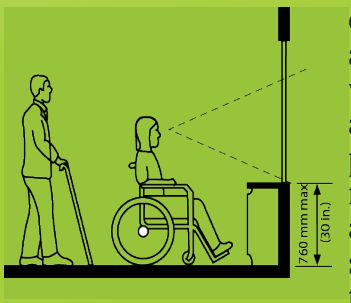
- There should be a display on the top of the door or on the side of the door which shows about the services that is provided in service rooms. If the displays are in written format, it should be in color and in Braille texture which makes it easy for persons with disability.
- Health services provision rooms should be accessible for persons with disability and the rooms need to have free space for wheelchair users to maneuver their wheelchair.
- Health service delivery rooms that are directly providing different service for persons with disability should be no less than 12 square meters (4 m x 3 m), and it has to have at least 90 cm width free space in the corner. As it mentioned in the above, it is important to install the door handle at 90 cm tall and verify the door width at 90 cm. there should be adequate/sufficient light in the room.
- The items on the floor should not restrict movement of persons with visual impairment/ blind around service delivery rooms and entire compound.
- Half opened doors and windows into the service area should be completely closed or fully open, as they may expose additional injury to persons with visual impairment/ the blind.
- If service delivery rooms and compounds have stairs, a mobile ramp (made of wood or metal), has to be prepared or a standardized ramp has to be constructed. This creates accessible for persons with physical impairment.

☆ For ramps that have already been built or new, it must have handrail on both sides. This is because any patient that uses a wheelchair, crunch, or person with visual impairment can access and lean on.

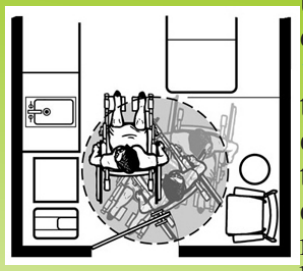
☆ Surgical tables, examination tables, delivery tables and hospital beds should be flexible and automatic or manual; this will create easy and comfortable service provision for patients with different impairment.



☆ Receptions, information desks, card rooms, pharmacies, laboratories and other relater service provision room windows located in health care facility are usually not standardized for clients/ patients with different types of impairment. Therefore, these kinds of service areas especially windows should be designed up to 50 cm height to entertain the interest of persons with short stature, for wheelchair users, for persons with different kinds of physical impairment.



☆ An accessible bathroom/toilets needs to be constructed in a nearby reachable areas. Men and women must have different toilets. The toilet room has to have 1.50 cm x 1.50 cm square/diameter. Door width must be no less than 90 cm and it hast to be opened to outside with simple lock.



☆ The toilet door handles has to lie at a height of 90 cm above the ground, it has to be long, easy to grab and open and close it. Moreover, adequate space should be available for wheelchair users.

- ☆ Accessible toilet should have seat type rather than squat types and it should include armrest connected to the wall in three directions, over 80 cm above the floor. The width between the two parallel supports should be 60 cm.

- ☆ The toilet seat has to be on the opposite side of the door and the height should be 50 cm from the floor. As well as, the room has to contain enough light.
- ☆ Toilets need to be designed for wheelchair users with the 1.50 cm diameter to maneuver freely and free space must be allocated to park their wheelchair when the use the toilet.

- ☆ International sign should be placed on the top of the toilet wall or on the side of the wall. The toilet door should be light and bright colors.

- ☆ Hand washing facilities that are used in bathroom for any patients or clients should not exceed 50-70 cm height.

2.4. Transferring important information and communication

Information is a key for everyone. When we transfer information or messages, the information must be correctly accessed and has to reach the intended recipient. A person who is going to transfer the information or message should be able to access and understand exactly how to transfer information as it is for the others.

Persons with disabilities are able to communicate with health service providers while going to access health services. During this time, they will face various forms of communication barriers. It is the fact that persons with visual impairment and persons with hearing impairment are facing different forms of communication barrier. Therefore, it is important to understand how service providers can and should be able to provide information to the blind / visual impaired persons and the clients who are deaf and hard of hearing.

2.4.1. For blind and partially blind/visual impaired clients

- ☆ Direction indicator poles and other information provision methods found in health facility should be prepared with large fonts for persons with low vision
- ☆ Every elevators/lifts found in health service facilities must be provided with sound and brail information.
- ☆ Information about services and other related issues about the rooms, professionals and services must be on posted at diagnosis rooms and other related service provision areas (pharmacies, laboratories, toilet or bathroom, cafe or lounges, etc.), on the top of the door in Braille format and large fonts to let blind and partially blind people to access every information freely and fairly.
- ☆ It is important to consider the issue of partially blind persons when there is a preparation of health and health related information through flyer, pamphlets, newsletters, and etc. As well as, health and health related information's and communications must be transcribed to Braille format to reach visual impaired persons.
- ☆ One of the health services that isn't accessible to persons with visual impairment is different medicine that are given by pharmacists doesn't have Braille on it. Therefore, pharmacies under health service provisions should consult with a person or an organization that supply Braille medicaments.

2.4.2. For hard of hearing and deaf persons

- ☆ It is important to note that information and communications are the main challenge that persons with hearing impairment currently faced when they access health services. Because of this reason, there should be an enormous activities have to be implemented to scale up the attitudes of health service providers.
- ☆ Health service providers at health facilities have to know that, there are different ways (sign language, text/writing, lip reading, by sign language interpreter and other different ways) of communication when they face deaf and hard of hearing clients.
- ☆ It is essential to provide sign langue training for health service providers to enable information and communication accessibility to deaf and hard of hearing clients. If this isn't possible, they can communicate with the various methods mentioned above.

- When we provide health service and related information's through sign language interpreter to deaf and hard of hearing persons, we must consider that we are transferring the patient information to third party. However, when we communicate with our client or patient we must turn our face to the patient not to the interpreter. If our client can read and write, we can communicate freely through writing without any challenge.
- We can communicate through lip reading with persons who lost their hearing after they acquired language. At this time, it is important to make sure that we have adequate lighting around and speaking normally (we do not need to be too slow or too fast);
- We have to raise our voice during informal conversations with customers who are hard of hearing. It is important to make sure that the area is not noisy and that our voice is not gulp down by the outside noise during communication.

Section Three

3. Monitoring and Evaluation

For successful implementation of this manual, regular monitoring and evaluation activity will be conducted continuously through federal ministry of health in collaboration with regional health bureau, zonal health departments, Woreda health offices, Kebele and with health institutions. Information's and findings in the monitoring and evaluation process will help to identify those challenges and barriers to provide both feedback and technical support to address these issues. Ministry of health, women and youth affair directorate in collaboration with policy plan directorate follows the implementation of this manual and monitors every activity towards mainstreaming disability in health sector. Standardized checklists and report formats will be developed in consultation with concerned stakeholders and used for monitoring and evaluation activities. In the ministry of health, those reports prepared at different levels of directorate should mainstream the issue of disabilities in reporting systems of the health sector. In addition, those issues included in this manual will be given an emphasis and should be raised as an agenda in different levels of health sector review meetings. Moreover, the effectiveness on the implementation of issues included in this manual will be evaluated on annual review meetings of health sectors by involving National associations of persons with disability, different health service providers and stakeholders and those organizations work on disability.

Federal Ministry of Health will monitor the performance of Zonal, Woreda and Kebele health offices on the activities carried out starts from their plan to the quarterly, biannual, and annual, reports on the activities they have done to mainstream persons with different types of impairment in to health service Provisions and give appropriate feedbacks.

Section Four

4. Conclusion, focus areas and way forward

4.1. conclusion

Creating a healthy society is priority task of Federal Ministry of Health to achieve health sector transformation plan, and to accelerate the country's renaissance journey. Thus, health sector should be strengthened to ensure equity and quality health services for persons with disabilities. It's not only geographical or physical accessibility that ensure inclusive health services for persons with disability but also there should be different forms of health service accessibility at all levels. Therefore, it is not only the government responsibility or health sector to mainstream the issue of persons with disability but also it requires the struggle and the involvement of all citizens, particularly by health sector officials, health professionals and different support staffs of the sector should be able to contribute to the realization of the strategic plan of the sector.

Federal Ministry of Health, Regional Health Bureaus, Zonal health offices, Woreda Health Offices, health service providers and health professionals have to realize that there are a number of persons with disability in the country and should be committed to provide health services based on knowledge and skills. Every health sector disability mainstreaming services should be provided in to consideration of four strategic agendas, which is information revolution, Woreda Transformation, equity and quality health services and compassionate, respectful and caring health services and health professionals.

Thus, Health Sector Disability Mainstreaming Manual (HSDMM) is intended to achieve the above mentioned transformation agendas especially to create and provide equity and quality health services for persons with disabilities.

4.2. Focus Areas and Way Forward

4.2.1. Federal Ministry of Health

1. Federal Ministry of Health (FMoH) has to mainstream or include the issue of persons with disability in to health sector policies, manuals and strategies to make sure equity and quality

health services addressed for all. It is necessary to establish a team of professionals as a committee to evaluate the disseminated policy, strategies, and manuals to assess the implementation process and to fill the gaps. It is important to assign focal persons at ministry of health as well as to the regional health bureau, Zonal and Woreda health office.

2. It is to be noted that indicators must be set in Health Management Information system (HMIS) database to register persons with different impairment service users.
3. It is well known that previously built health service facilities are not accessible for persons with different impairment. So, federal ministry of health has to take this issue into consideration by creating reasonable and accessibility modification.
4. Health and Health related television messages, information, spots and programs that are produced by different directorates in the ministry or by other stakeholders/partners must include a sign language interpretation, as well as health and health related information's should be prepared in radio, audio and Braille format to reach persons with visual impairment and deaf audiences.
5. Various directorates at the Ministry of Health need to ensure that they are taking in to consideration and mainstream the issue of persons with disability in to their plans, with the commitment to monitor and evaluate the planning performance.
6. Designs that are presented by Health Infrastructure Directorate should be consulted and evaluated by relevant internal directorates and with concerned stakeholders regarding the accessibility to persons with disability before the actual construction.
7. Health Extension Directorate of the Ministry need to plan and work on awareness rising activities to health extension workers and mainstream the issue of disability on a different actions and packages to be trickledown to grassroots level.
8. Regarding medicines fund and supplies, Ministry of Health should make sure that Braille text are included in packages of the medicament that are imported from abroad or produced locally.
9. Ministry of Health, in collaboration with stakeholders, will establish disability audit task forces and the task force will prepare a questionnaire and will conduct disability audit. Based on the audit result the taskforce will provide a feedback.

4.2.2. Regional Health Bureau, Zonal and Woreda Health offices

1. Regional health bureaus, Zonal and Woreda health offices should obtain Health Sector Disability Mainstreaming Manual (HSDMM) and implementation strategies prepared by Federal Ministry of Health. They should also translate the Manual in to their regional language, and they should trickle down the implementation of the manual to hospitals, health centers, health post and health professionals.
2. Regional health bureaus, Zonal and Woreda health offices should have to include the issue of persons with disability in their annual plan, follow the implementation process and provide feedback.
3. Health and Health related television messages, informations, spots and programs that are prepared by regional health bureau, zonal and woreda health office must include sign language interpretation, as well as health and health related informations should be prepared in radio, audio and Braille format to reach persons with visual impairment/Blind audiences.
4. Regional Health Bureaus, Zonal and Woreda Health Offices should work in partnership with national associations of persons with disabilities and with Disabled people Organizations (DPOs).
5. To provide accessible health service for persons with disability and to ensure the implementation of these manual, focal persons should be assigned in different strictures of the region.

4.2.3. Health Service Providers

1. Governmental, non-governmental and private health service providers should identify their gaps in relation to accessible health service provision for persons with disability and discuss with relevant bodies to set a possible solution.
2. Health service providers should have to assign a focal person who will follow a provision of equity and quality health services for persons with disability as well as the implementation of health sector disability mainstreaming manual.
3. Health service providers will need to include the issue of persons with disability in to their annual plan and follow their performance with potential feedback.
4. Health and Health related television messages, informations, spots and programs that are prepared by themselves or by regional health bureau, zonal and woreda health office must ncluded sign language interpretation, as well as health and health related informations should be prepared in radio, audio and Braille format to reach persons with visual impairment and deaf audiences.

5. If previously built health service facilities are not accessible for persons with different impairment, service providers has to take this issue into consideration by creating reasonable and accessibility modification for persons with different impairment.
6. Various written manuals and instructions intended to mainstream disability in health sector should have to be kept in a place where every staffs can access them.
7. Health service providers should have to prepare and provide awareness rising training on disability mainstreaming and basic sign language training for the staffs.
8. Awareness raising platform should be arranged for the patients and to general community at health service facility waiting areas by inviting and involving organizations that are working on disability.

4.2.4. Health professionals and Administrative staffs

1. Health professionals and Administrative staffs should have to know that, the service they are providing is not given as s gift, but they should be aware it is the rights of persons with disability based on the laws of the country and when they face different challenges in relation to disability mainstreaming health service provision, they have to seek alternate solutions to address the issues.

4.2.5. Role of Stakeholder

1. Disable people organizations and disable national associations that are around health facilities should provide technical and personnel support to health service providers so as to mainstream the issue of persons with disability.
2. Disable people national associations and disable people organization should invite health professionals to their programs to provide health information, education, and services to their member's. In addition, the organizations and national associations of persons with disability should encourage its members to use nerby health facility that is accessible for those persons with different impairment.

Annex

Annex 1: A tool to assess health service accessibility

Ministry of Health has prepared a tool, to assess and provide enhanced health service comprehensive packages. This questionnaire is intended to ensure and to take action the service that is provided to persons with disability.

Name of the health care institution / office _____

_____

Region_____ Sub City / Zone Woreda _____

Questionnaire completed on day / month / year. _____

The name of the expert who collected the data _____

_____

No	Questions	Yes	partial	No
Concerning the entrance gates				
1	The gate is friendly for crunch or a wheel-chair user patient/clients			
2	Accessible to visual impaired/blind			
Concerning health facilities compound				
3	There are an opening holes that are not sealed			
4	The advertisements or other billboards are hanging at a maximum height.			
5	The compound is user friendly or accessible for wheelchair and crunch users			
6	Are there any obstacles that are placed at sidewalk which prohibits mobility			
Health service provisions rooms				
7	The rooms are accessible for a wheel-chair/crunch users clients			

8	Descriptions about the room is written and posted at the top of the door or at the side of the wall			
9	Descriptions about the room is written by Braile and posted at the top of the door or at the side of the wall			
10	The windows are bright enough			
11	Utility Equipment (such as beds, chairs, tables, etc.) are accessible for wheelchair user patients/ clients			
12	The height of information desks were made short/			
13	The height of the window minimized for the services that are provided through window,			
14	If glass windows are used at the facilities, is it painted to reduce the risk			
Elevators/lifts, stairs, and corridors				
15	The lifts/elevators are accessible for wheelchair users without any challenge.			
16	Lifts/elevators have adequate information (such as Audio and Braille) for persons with visual impairment service seekers			
17	The lifts/elevator has providing information through light for persons with hearing impairment/deaf.			
18	There are ramps which replace stairs/there are ramps side by side the stair			
19	The slop of the ramps are accessible and user friendly for persons who uses a wheelchair and crunch.			
20	The size and the width of the corridors in health facilities are conducive for a person who uses a wheelchair and crunch.			
21	The stairs has painted with different colors			
Toilets/ bathrooms				

22	Toilets doors are accessible for a person who uses a wheelchair and crunch without any challenge.			
23	The toilet door is opening to outside			
24	The toilet seat is accessible/user friendly for wheelchair and crunch users patients/ clients.			
25	The toilet has enough space to maneuver a wheelchair without any problem.			
26	Different toilet rooms assigned for women and men			
27	The toilet has enough light for users			
28	Universal sign of toile is posted at door of every washing/toilet rooms			

Annex 2: Words We Must Use to Communicate with persons with Disabilities

* Do not use negative words when you communicate with persons with disabilities,
* Confirm if the words are appropriate before you use (consult Concerned bodies),
* If you have any doubts, do not use the words,
* Use words to break traditional beliefs, attitudes and myths,
* Do not prioritized the disability before the person (not visual impaired women, but a person with visual impairment),
* Identify the person, not the disability,
* Disability is not a disease, don't say (sick, victim, sufferer, etc.),
* Talk to persons with disability or their national associations otherwise professionals about the words you have to use.

For instance

Inappropriate word (don't use)	Appropriate words (you can use)
Handicap/invalid/disabled/ suffers from/victim	A person with disability
Paralyzed, lame, weak, impaired,/ injured,	A person with physical disability
Idiot/retard/imbecile/mentally retarded/slow	A person with intellectual impairment/learning disability (or impairment)
insanity, Mad/lunatic /crazy	A person with mental illness / psychiatric/ psychosocial disability/ impairment
deaf, speechless, and dumb	A person who is deaf/with hearing impairment
The blind/visually impaired	A person who is blind/with low vision/with vision impairment
Wheelchair-bound/confined to a wheelchair	A wheelchair user

Leprosy	A person affected by leprosy
Her body has cerebral palsy	A person with cerebral palsy
Epilepsy	A person who has seizure
Born with disability /deformed	Disabled before born
	Disabled during and after born
Walk by crunch	A person who use a crunch/assistive device
Disabled community	disability community
Dwarf/midget	A person of small/short stature
Disabled seating/disabled toilets bathrooms	Accessible toilets, accessible bathrooms, accessible parking etc.
Has a down syndrome	A person with down syndrome
The right person / normal person,/ able bodied	not disabled person,
Cripple/lame Attack/fit/spell	A person with physical impairment/muscular dysfunction

Source: From Federations of Ethiopian National Associations for Persons with Disability (FNAPD) Manual

Annex 3: Addresses of Federation and National associations of persons with disability address

No	Name of Association	Address	Telephone Number	P.O. Box	Email Address
1	Federation of National Associations of Persons with Disabilities (FNAPD)	Woreda 04, Gulele Sub city, A.A	0 1 1 1 1 1 2 9 3 6 0 1 1 1 5 8 0 8 0 2 0 1 1 1 5 5 3 0 0 3 0111565158	18430 AA	fenapd@gmail.com sastawes@yahoo.com www.fenapd.org
2	Ethiopian National Association of the blind (ENAB)	Woreda 06, Arada Sub City, A.A	0 1 1 1 1 1 1 0 2 1 0111119293		enab@ethionet.et
3	Ethiopian National Association of the Deaf (ENAD)	Woreda 03, Gulele Sub city, A.A	0111222517	21359 AA	enadet1972@gmail.com enad@ethionet.et
4	Ethiopian National Association Peoples Affected by Leprosy Leprosy Families (ENAPAL)	Woreda 01, Kolfe Keranyo Sub-City, Addis Ababa	0 1 1 3 2 1 1 5 0 3 0 1 1 3 2 1 1 2 5 9 0 1 1 3 2 1 1 2 8 7 0118300057	70811 AA	enapahd@ethionet.et www.enapal.org
5	Ethiopian National Association of Intellectual Disability (ENAID)	Woreda 04, Bole Sub city, Addis Ababa, Ethiopia	0 1 1 6 6 3 1 8 6 6 0116622723	14457	enaid@ethionet.et sdom@ethionet.et
6	Ethiopian National Association of Deaf and Blind (ENADB)	Woreda 06, Arada Sub City, Addis Ababa, Ethiopia	0 1 1 1 5 5 7 8 9 7 0911108984	32041	enadbd@gmail.com

No	Name of Association	Address	Telephone Number	P.O. Box	Email Address
7	Ethiopian National Association for Persons with Physical Impairment for development	Woreda 01, Arada Sub City, Addis Ababa,	0111266748 0922584727		enapedet@gmail.com
8	Ethiopian Women with Disability National Association	Woreda 08, Yeka Sub City, A.A	0118120500	43128 AA	ewdna2015@gmail.com www.ewdna.org

Annex 4: Disability Inclusion Survey questionnaire

Ministry of Health has prepared a tool, to assess and provide enhanced health service comprehensive packages. This questionnaire is intended to ensure and to take action the service that is provided to persons with disability.

★ General Information

1. Name of the health service facilities: _____ _____
2. Name and responsibilities of the focal person : _____ _____
3. The Addresses of The health Facilities: _____ _____
   Phone number: _____ Email Address: _____
4. Number of staffs; Male _____ Female_____
5. Number of Persons with disability staffs; Male _____Female _____
6. Types of service that are provided by health facility _____ _____ _____
7. Do you have a persons with disability clients _____
8. If your answer is Yes;

A. A person with physical Impairment: Male: ____ Female: ___Total: ___
B. A person with hearing Impairment: Male: ___ Female: ___ Total: ____
C. A person with visual Impairment: Male: ____ Female: _____ Total: __
D. A person with Intellectual impairment: Male: ___ Female: ___ Total: _
E. A person who are Deaf and Blind: Male ____ Female ____ Total ____
F. Other _____: Male ____ Female ____ Total ____

9. The age range of persons with disability who accessed health services

A. 1-4	B. 5-8	C. 9-12
D. 13-18	E. 19-30	F. 31-40
G. 41-60	H. More than 60	

A. Identifying the obstacles of participation

1. What do you consider to be the least obstacle for persons with disabilities to access health facility?

☐ They do not want to benefit from their health services provided by the health facility;
☐ The physical conditions of the health facility are not accessible to persons with disability
☐ Other/none disabled clients/patients do not want to be with people with disabilities
☐ Reasonable accommodation is not budgeted for persons with disability
☐ None disabled health service providers do not want to be close to persons with disabilities
☐ health service providers don't have the awareness on how to workers closely with persons with disabilities
☐ different programs of the health facility are not suitable as well as accessible for persons with disability;
☐ The policy of health sector does not encourage Persons with disability to have a role in the organization
☐ other: _____

2. What do you think is the barrier to working in partnership with the National Associations and organizations of persons with disability?

☐ Organizations and National Associations of persons with disabilities are not happy with your programs and agendas,
☐ The awareness of the organizations and national Associations of persons with disabilities about development program is very low,
☐ The physical and environmental conditions of the health facility are not accessible to persons with disability,
☐ Health sector programs did not include/ mainstream the issue of persons with disability,
☐ Reasonable accommodation is not budgeted for persons with disability
☐ We have a low awareness of disability associations and their programs
☐ No national associations of persons with disability come to our facilities for work with us,
☐ Our policy is not encouraging to work in partnership with the persons with disability,
☐ other: _____

B. Awareness, knowledge and understanding of health service providers about persons with disability;

1. As a manager, what kind of understanding that do you think employees have about persons with disability?

☐ It is assumed that, creating inclusion of persons with disabilities is not a responsibility of the health facilities,
☐ Persons with disabilities need to be included in our programs and need to be supported/assisted,
☐ Service providers fell like persons with disabilities are not effective in their work and participation,
☐ They think that inaccessibility of the facility minimized the partnership, accessing the service and participation of persons with disability.
☐ Some employees think that it is unnecessary to create a connection to work with people with disabilities,
☐ They think that reasonable accommodation is to costy to mainstream persons with disability,
☐ They think that, health facilities doesn't know how to include people with disabilities,
☐ They think, they do not know about disability
☐ Other: _____

C. Creating Accessible environment and services for persons with disability

What are the programs and activities that the health service should do to accommodate persons with disabilities?

1. Enhance the capacity of health service providers on disability mainstreaming by creating awareness rising and inclusive development?

☐ Provide staff with a explanation of disability policies, awareness on how mainstream and how to incorporate the issue of persons with disability into their programs,
☐ Provide training for health service providers on inclusive health service,
☐ providing useful materials or assistive devices for persons with disability to access the service or on their job,
☐ Share information on counseling, training, reasonable accommodation and accessibility measures that should be taken into consideration by inviting organization and national associations of persons with disability,
☐ other: _____

2. What to do to crate disability inclusive service, programs and activities,

- ☐ Give emphasis to disability inclusion in all institutional programs and policies,
- ☐ Develop a detailed planning and implementation strategy on the issue of disability
- ☐ Representing or assign a focal person who will monitor the planned activity implementation
- ☐ Register children's with disability, youngster and adult as well as men and women's with disability beneficiary of health service provision
- ☐ To create equity and quality health services regarding on gender and disability, it is important to focus on women's with disability,
- ☐ Integrating the issue of disability into the program monitoring and evaluation (performance level, accomplished activities, number of persons with disability who participated and beneficiated for the service, etc),
- ☐ Create a partnership with national associations and by employee a concerned specialist provide a training for the staffs, follow the accomplishment of the program activities as well as implement other activates concerning persons with disability,
- ☐ other: _____

3. Create a collaboration with Organizations and National associations of persons with disability

- ☐ Invite influential members of the association to visit field activities,
- ☐ Visit the associations and joining their meetings
- ☐ Visit the activities that are accomplished or implemented by the associations,
- ☐ Involve the association as a public wing at the conference meetings the health service conducted by health sector
- ☐ Provide a training to the staffs using managers of the association and persons with disability individual,
- ☐ Invite member of the association and organization as a representatives in to planning and monitoring committee,
- ☐ Other:_____

4. Create accessible health facilities and accessible offices

- ☐ Invite concerned stakeholders to conduct disability audit and figure out a possible solution to mainstream disability in the health sectors and down to the other service providers,

☐ Meetings and other related activities that is financed by health sector, need to be conducted in accessible meeting hall and during the meeting, training or other related activities, information accessibility need to be implemented through Braille, large fonts and sign language interpretation,
☐ Ensure and provide health and health related information printing are accessible to persons with disability and provide alternative options,
☐ Other: _____

5. The commitment of the institution/facility to inclusive development

☐ Demonstrating the successful implementation of the sector/facilities towards inclusion of persons with disability in different ways (through report, flyer, etc.),
☐ Distribute various information to national associations of persons with disability and nongovernmental organization to disseminate the information by their information dissemination method,
☐ Provide media / multimedia platforms specifically for people with disabilities
☐ The issue of persons with disabilities should be included in effective lesson learned, best practices, discussions, and reports,
☐ Establish a promotion method about the institution's commitment and its effort on the activities that are implemented regarding inclusion of persons with disability,
☐ Other: _____

★ Action plan

1. What is required for the health service facility to include persons with disabilities into the program (you can mark in all answers that you believe it is right)

☐ A policy or commitment to be derived from the relevant body
☐ Donors commitment
☐ Commitments of the management
☐ Provide a training for the staffs

☐ Get the insights of the community
☐ Creating accessible services targeting persons with disabilities in the community
☐ Review program plans
☐ Develop a reasonable accommodation in health services and health facilities
☐ Receive technical assistance from organizations and national associations of persons with disabilities
☐ Exceptional financial support
☐ I do not know
☐ Other: _____
_____
_____

2. What should the health facility do to provide equity and quality health services for persons with disability?
☐ General information on disability and related issues
☐ Information on how the disability inclusive development applies
☐ Information on how to mainstream persons with different impairment
☐ Assistance to develop disability related policy
☐ Developing a comprehensive health policy for all
☐ Provide awareness rising training for service providers
☐ Invite the eligible candidates with disabilities to share their experiences
☐ Getting people with disabilities out of the community
☐ all of them
☐ I do not know
☐ Other: _____
_____
_____
_____

Annex 5: Duties and responsibilities of the focal person

Even though, it is the responsibility of all health sector staff to enhance the participation and to benefit persons with disabilities in the health service provision, but it is also important to consider and assign a focal person who will follow-up and monitor every health related activities that will take place in the area. The focal person may possibly select from Women and Youth Affairs Directorate, or any other relevant office in the sector and the focal person will handle the following and other related tasks:

- To mainstream disability in to health sector, the focal person will develop action plan and implementation strategy to cascade jointly with concerned office in health sector,
- The focal persons will follow and monitor each health sector offices and departments mainstreamed the issue of disability in to their annual plan,
- The focal person will considers the participation and benefit of persons with disabilities in health sector during planning, monitoring, and supportive supervision as well as evaluation period,
- The focal person will produce a report on the area of accessing health services activities and other related issues, and the focal person will send the report to concerned body,
- The focal person will conduct follow up and support the implementation of health sector disability mainstreaming manual,
- The focal person will follow up and make sure focal persons are assigned to the lowest level of health sector structure,
- The focal person will endeavor to provide a possible solutions on the challenges that persons with disability faces day to day in health sector or he/she call for a solution to concerned body/office,
- The focal person will establish a joint force to assess the accessibility of health facilities for persons with disabilities found under his supervision and at all level. he/she will produce and submit the findings of the assessment to concerned office as well as the focal person will figure out possible intervention and solution on the findings observed during assessment,
- In collaboration with human resource department, the focal person will work on the employment of persons with disability in the sector,

- The focal person should map and identify organizations and national associations of persons with disability and need to work collaboration with them to increase access to health and related services for persons with disability,
- After the focal person received a training of trainers on health sector disability mainstreaming strategies, he/she will facilitate a training or provide a training to health professionals and health sector different staff,
- The focal person will put into action the above mentioned activities as well as he/she will perform other different related activities assigned by women's and youth affairs director or concerned department.

Ministry of Health

HEALTH CENTER/HOSPITAL OPD ABSTRACE REGISTER

Identification							Diagnosis			Provider Initiated Testing and Counseling (PITC)			TB Screening		Referred to**	Died (√)	Remark
										HIV test							
Serial No.	Service Date (DD/MM/YY)	MRN	Age	sex (M/F	Types of Impairment (Disability) **	Woreda/ Subcity	HMIS disease classification (if patient admitted, do not write diagnosis, write admitted)	New (√)	Repeat (√)	Offered (√)	Performed(√)	Test result R, NR, I	Screened for TB (√)	TB screen result (P/N)			

**Referal codes for column 13
1 - Hospital 2 - Health Post 3 - ART
4 - ObGyn 5 - Health Center 6 - MCH
7 - SOPD 8 - TB Clinic 9 - Other

*Age in month (M) if under 1 year, and in days (D) if under 1 month

**Types of Impairment (Disability)
VI - Visiual Impairment PI - Physical Impairment
HI - Hearing Impairment MI - Mental Impairment
II - Intellectual Impairment O - Other

References

1. Central Statistical Agency of Ethiopia (2007), Population and Housing Census Information.
2. Federal Democratic Republic of Ethiopia (1995 EC), Constitution
3. Federal Democratic Republic of Ethiopia (916/2015), A Proclamation to Obtain the Power and Duties of the Executive Orders,
4. Ministry of Labor and Social Affairs (2012-2021), National Action Plan for Persons with Disabilities.
5. Ministry of Labor and Social Affairs (2000 EC), Employment of Persons with Disabilities Act 568/2000 EC,
6. Ministry of Labor and Social Affairs (2014), National Social Protection Policy,
7. Ministry of Works and Urban Development (2009), Construction of Ethiopian Building Proclamation No.624 / 2009,
8. Ministry of Works and Urban Development (2010), Construction of Ethiopian Building Proclamation implimentation strategy No. 5-2003.
9. The Conceptual Framework for the National Plan of Action for the Physical Rehabilitation in Ethiopia (2005)
10. The United Nations, International Convention on the Rights of Persons with Disabilities (2006)
11. World Health Organization and World Bank (2011), Joint Global Report on the Disability