

SITUATION AND ACCESS TO SERVICES OF PERSONS WITH DISABILITIES IN ADDIS ABABA

BRIEFING NOTE







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Situation and access to services of persons with disabilities in Addis Ababa

This briefing note discusses the situation of persons with disabilities in Addis Ababa, including how to define disability, available data on prevalence, and levels of access to services and assistance. The information is drawn from a 2018 study on service delivery for destitute households in Addis Ababa carried out by Development Pathways on behalf of UNICEF Ethiopia and the Ministry of Labour and Social Affairs.

The research included an in-depth literature review, secondary analysis of survey datasets, and qualitative field research in the Addis Ababa sub-cities of Addis Ketema and Arada. Interviews were conducted with nearly two hundred people, including: individuals and families living on the street; officials from the federal, city, sub-city and woreda administrations; NGOs and community-based organisations; and frontline workers involved in service delivery.

What is disability?

Disability is a complex and multi-faceted concept, and approaches to defining and measuring disability have evolved during the last few decades. *The International Classification of Functioning, Disability and Health* (ICF) conceptualises disability as an umbrella term covering impairments, activity limitations, and participation restrictions.

- An impairment is a problem in body function or structure for example, blindness or paralysis;
- An activity limitation is a difficulty encountered by an individual in executing a task or action for example, walking or eating; and
- A participation restriction is a problem experienced by an individual in involvement in life situations for example, employment discrimination.

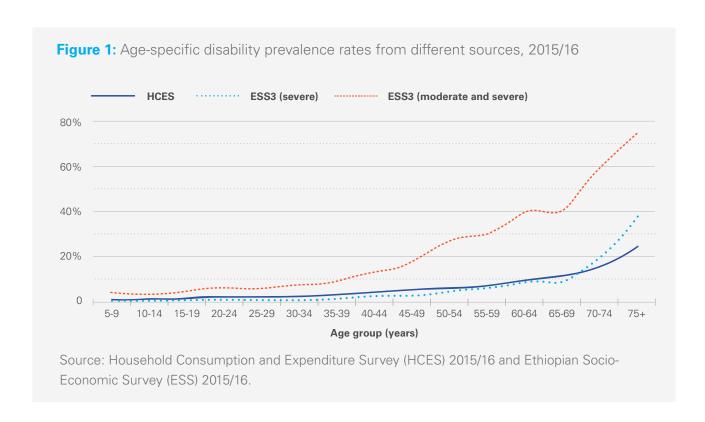
The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) indicates that persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

Legislation and policies in Ethiopia have typically used a medical model approach, without considering the social or human rights elements of the concept of disability. A person with a disability was first defined in an imperial order in 1971 as "any person who, because of limitations of physical or mental health, is unable to earn his livelihood and does not have one to support him and shall include any person who is unable to earn his livelihood because of young or old age." The 1994 proclamation on the employment rights of persons with disabilities refers to "a person who is unable to see, to hear to speak or suffering from injuries to his limbs or from mental retardation, due to natural or manmade causes; providing however, the term does not include persons, who are alcoholic, drug addicts and those with psychological problems due to socially deviant behaviours." More recent policies acknowledge the role of contextual factors and align more closely with the definition used in the Convention.

Prevalence of disability

Using survey data from 2015/16, nearly 7.8 million people in Ethiopia are estimated to live with some form of disability, or 9.3 percent of the country's total population. Of these, up to 2.2 million people (2.4 percent) have very profound difficulties. The estimated number of people with severe disabilities in Addis Ababa is around 47,000, and 324,000 in other urban areas of the country.

There is a higher risk of disability at older ages (Figure 1). The prevalence of severe disability is around 1 percent among children under 18 and increases to 13 percent among people aged 60 years and above. However, child disability is likely to be under-reported because it is more difficult to measure than disability among adults, and surveys in Ethiopia have not yet included specific modules on child functioning. In absolute terms, around 30 percent of all disabled people are children and youth under the age of 25.



Policies and service delivery

Disability inclusion is slowly but surely gaining policy traction in Ethiopia. The country ratified the UNCRPD in 2010 and is on track with its treaty-reporting obligations to the Committee on the Rights of Persons with Disabilities. The Growth and Transformation Plan for 2010-2015 was the first to identify disability as a cross-cutting issue, while the National Plan of Action for the Inclusion of Persons with Disabilities adopted in 2012 provides an ambitious policy framework that aims to mainstream disability issues in all fields of society by 2021. The National Social Protection Policy (NSPP) also calls for the expansion of services for persons with disabilities. Other important policies and legislation include, among others, the Proclamation Concerning the Rights of Disabled Persons to Employment (2008), the Ethiopian Building Proclamation (2009), and the Master Plan for Special Needs and Inclusive Education (2016). However, there remains a range of policy gaps and barriers that make it challenging for children and adults with functional limitations to participate fully in society.

Policies and standards. The UN Committee on the Rights of Persons with Disabilities (2016) has expressed concern that legislation and policies continue to employ derogatory terms such as 'insane', 'infirm' and 'deaf-mute' to refer to persons with disabilities. Policy makers and programme managers tend to have limited understanding of modern approaches to disability and, as a result, programme design does not sufficiently take into account into account the needs of persons with disabilities.

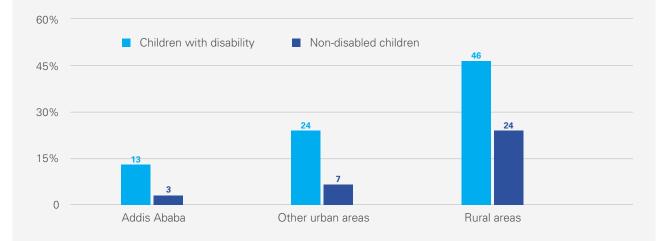
- Social protection. Ethiopia has made significant progress in expanding social protection coverage through its Productive Safety Net Programme (PSNP), one of the largest on the continent. The country does not, however, implement disability-specific social protection schemes, nor do existing schemes take into account the extra costs faced by people with disabilities just to be able to achieve the same standard of living as others. The operational manual of the Urban Productive Safety Net Programme (UPSNP) offers no guidance on how to define or measure disability when assessing eligibility for direct income support.
- **Disability-specific services.** The 'supply side' is very weak, and most people with disabilities are unable to access services such as rehabilitation, support and assistance. Services that do exist are largely run by NGOs and often focus on people with physical impairments, with less attention being paid to those experiencing other forms of disabilities, such as intellectual impairments.
- Limited funding and human resources: Officials from the Bureau of Labour and Social Affairs recognise that they do not have the resources needed to fulfil their mandate. All departments at woreda and sub-city levels are severely understaffed and, partially due to the relatively low wages, there is high staff turn-over. The Bureau of Health is somewhat better resourced.
- Data and evidence: Large amounts of data are being collected every year by different government agencies through house-to-house visits and other registration activities. However, the quality of data collection and assessment tools used by, for example, the Bureau of Labour and Social Affairs at woreda level or the Ministry of Education in schools is generally low. Frontline workers and community volunteers have insufficient knowledge and capacity to identify, assess and screen vulnerable populations, including persons with disabilities.

Disadvantages experienced by people with disabilities

These barriers contribute to the disadvantages experienced by people with disabilities. Examples include the following:

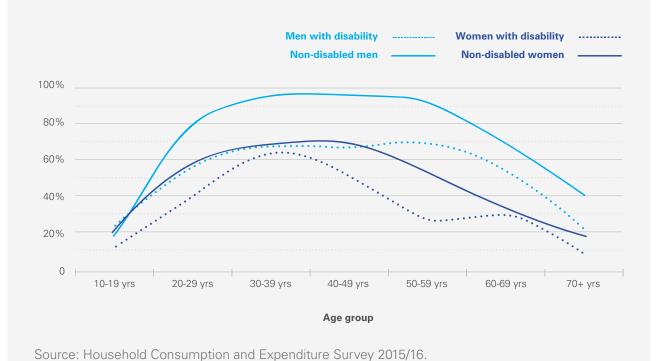
■ Educational achievements. Children with disabilities are much less likely to start school than their peers without disabilities. Survey data from the HCES 2015/16 indicate that 43 percent of school-age children with disabilities had never attended school, compared with an overall average of 22 percent. Levels of access to education are higher in Addis Ababa and other urban areas, but the equity gap remains large (Figure 1). According to the Ministry of Education, some 219,000 students with special education needs were attending primary school in 2016/17, which is well below the target of 1.7 million set out in the Master Plan for Special Needs Education.



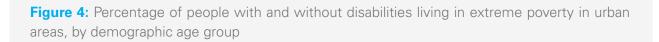


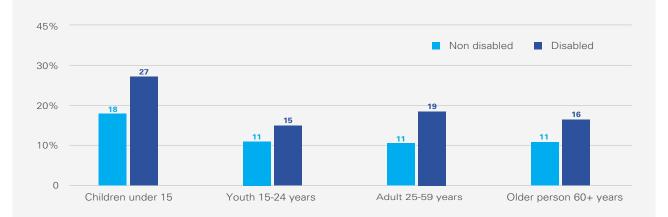
Source: Household Consumption and Expenditure Survey 2015/16.

Figure 3: Labour market participation rate among men and women in urban areas across the life cycle, by disability status



- **Employment rates**. People with disabilities are disadvantaged in the labour market. Figure 3 illustrates the significant gap in labour market participation rates between men and women with disabilities and their non-disabled peers. Survey data indicate that those most excluded from the labour market are people with mental health difficulties or intellectual impairments (nearly 70 percent). Adults with disabilities who work are more likely to be self-employed or to do unpaid work.
- Poverty rates. Persons with disabilities and their households are more likely to live in poverty compared with the rest of the population. Disability may lead to, or aggravate, poverty through lost earnings due to barriers in the labour market, and through the additional costs of living with disability, such as extra medical, housing and transport costs. In urban areas, the extreme poverty rate is 41 percent higher among people with disabilities than among their non-disabled peers. Children with disabilities in particular, had the highest risk of extreme poverty (Figure 4).





Note: Extreme poverty refers to living in a household with a per capita consumption expenditure below the international poverty line of \$1.90 per person per day (in PPP).

Source: Household Consumption and Expenditure Survey 2015/16.

Recommendations

The Ethiopian government should be supported to strengthen efforts to implement the existing legal and policy frameworks for inclusion of people with disabilities and to address service delivery gaps. Key recommendations include, among others, the following:

- Strengthen identification mechanisms and guidelines for assessing the needs of people with disabilities, either as a cross-cutting national disability assessment mechanism, or as sector- or programme-specific mechanisms.
- Make the UPSNP more disability friendly. For example, payment systems should be accessible; benefit levels should recognise the additional cost of living with disabilities; and the Public Works component should be made accessible for people with disabilities who are able to work. Caregivers of persons with severe disabilities could be made eligible for Direct Support.
- Provide funding to invest in specific programmes and interventions for persons with disabilities. There is an urgent need to expand the supply of rehabilitation services and assistive devices by Government and/or NGOs. Public housing and communal water and sanitation facilities need to be made accessible to all.
- Strengthen awareness-raising, training and advocacy efforts. At present, knowledge of modern approaches to disability is limited among policy makers, programme managers and frontline workers. There is a need to identify 'champions' in different government departments who can promote disability inclusion and to strengthen coordination with and involvement of DPOs.

Notes

For more information and a list of references, please see: UNICEF, MOLSA and Development Pathways (2019). *Situation and access to services of people with disabilities and homeless people in two sub-cities of Addis Ababa.* Research report prepared for UNICEF Ethiopia and the Ministry of Labour and Social Affairs.

This brief is drawn from of the full study report entitled: Situation and Access to Services of Persons with Disabilities in Addis Ababa. The study was commissioned by UNICEF Ethiopia under the Social Policy and Evidence for Social Inclusion (SPESI) section. It was undertaken by Development Pathways.

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