



Country
Ethiopia

Region
Eastern and
Southern Africa
Region (ESAR)

Case study

Multidimensional approach to disability inclusion

August 2024

Acknowledgements

The development of this case study on disability inclusion in emergencies was possible with the financial support of the Government of Norway through its HAC allocation grant for disability-inclusive humanitarian action to the eastern and southern Africa region.

Many people worked together to ensure the success of this case study.

Special thanks must go to Daeun Han (Emergency Officer, ESARO), Yetneberesh Nigussie Molla (Programme Specialist, Disability Inclusion-ESARO) and Nyaboke Faith Omache (Programme Officer, Children with Disabilities) who planned and coordinated this study. Thanks are also due to Tala Deaton (Emergency Specialist, Ethiopia), Elvis Lundberg (UNV Social Policy Inclusion Specialist, Ethiopia), Rediet Tariku Diro (UNV, Ethiopia), Diana Hodulikova (UNV Social Policy Officer, Ethiopia), and Ahmed Ghanem (Programme Specialist, Children with Disabilities-New York HQ) for their invaluable input.

The author also appreciates the valuable input from UNICEF Ethiopia colleagues in both Country and Field Offices.

The study was led by Peter Ouma (Disability Inclusion Consultant for Humanitarian Action-ESARO). This was overseen by Daeun Han and Yetneberesh Nigussie Molla, with technical input from Ahmed Ghanem.

Contents

Acronyms	4
1. Executive summary	5
2. Introduction	6
3. Background	6
4. Intervention and results	7
4.1 Inclusive education in emergencies:	7
4.2 Inclusive WASH:	8
4.3 Humanitarian cash transfers:	8
4.4 Provision of assistive technology:	8
5. Lessons learned	10
6. Challenges	11
7. Way forward	11
Potential replication	12

Acronyms

BoLSA	Bureau of Labour and Social Affairs
BoWCSA	Bureau of Women, Children and Social Affairs
CERF	Central Emergency Response Fund
CFM	Child functioning module
EDHS	Ethiopian Demographic Health Survey
ESARO	Eastern and Southern Africa Regional Office
FCDO	UK Foreign Commonwealth and Development Office
HAC	Humanitarian Action for Children
IASC	Inter-Agency Standing Committee
LFTW	Light for the World
MHH	Menstrual health and hygiene
OPDs	Organizations of persons with disabilities
SEN-E	Special Education Needs Ethiopia
SIDA	Swedish International Development Cooperation Agency
UNICEF	United Nations Children's Fund
WGQs	Washington Group Questions

1. Executive summary

UNICEF has made great progress in recent years in assisting children with disabilities in emergencies.

It has focused on:

- **education**, enabling more than 67,000 children (48.5 per cent girls) to access learning in both mainstream and special schools
- **water, sanitation and hygiene (WASH)**, creating accessible safe spaces for Menstrual Hygiene and Health (MHH) in schools and adapting approaches to meet the specific needs of persons with disabilities
- **assistive technology**, giving 192 children with disabilities and their caregivers assistive technology adapted to their specific needs
- **unconditional shock-responsive cash transfers**, distributing disability cash top-ups to more than 2,500 households in Amhara and Somali regions
- **strengthening disability disaggregated data-collection and targeting**, using the Washington Group Questions both Short Set and Child Functioning Module (CFM) tools.

Lessons learned during this work highlight the importance of these key interventions and the need to mobilize resources and create synergies across different sectors, as well as gathering disability disaggregated data to strengthen and scale up disability-inclusive activities in emergencies.

One of the major challenges that UNICEF Ethiopia faces is a lack of reliable data. It is hoped that the Ethiopia Demographic and Health Survey, due out next year will, specifically disaggregated, help UNICEF pinpoint areas for improvement in current social policies, legislation and resources and provide a concrete base for effective planning and requests for funding.

UNICEF Ethiopia is working towards securing a dedicated budget for inclusive education in emergencies by:

- supporting teacher training
- procuring assistive devices
- ensuring schools are inclusive and have disability-friendly environments.

It is also working with partners to develop an inclusive monitoring and accountability framework for the WASH sector, and has a strategy to develop and provide national guidelines for adolescent, maternal, infant and young child nutrition counselling materials in multiple, accessible formats.

2. Introduction

This document highlights examples of disability-inclusive humanitarian action by UNICEF Ethiopia Country Office and its field offices. It showcases good practice in interventions, progress made, lessons learned, challenges faced and the way forward. Funding has been supplied by the UK Foreign Commonwealth and Development Office (FCDO), the Swedish International Development Cooperation Agency (SIDA), Central Emergency Response Fund (CERF), and the United States Fund for UNICEF. These activities aim to ensure sustained progress towards the UNICEF goal of ensuring children and adolescents with disabilities, and their caregivers, have inclusive and safe access to humanitarian services and programmes.

3. Background

Based on the findings of a UNICEF 2018 situational analysis,¹ extrapolating from 2015/2016 survey data, it is estimated that the number of persons with disabilities in Ethiopia ranges from 7.8 million (9.3 per cent of the population) to 15 million (17.6 per cent) with an estimated 55 per cent of these being children. Children and women throughout Ethiopia are at high risk because of protection concerns, armed conflict and violence, climate shocks and stressors, multiple disease outbreaks, new refugee influxes and large-scale population displacements. Some 20 million persons require humanitarian assistance in Ethiopia, including 15.4 million children and women, and nearly 1.8 million children with disabilities, due to emergencies and multidimensional poverty.² Multidimensional poverty for children with disabilities impacts every aspect of a household, including the access to, and affordability of, basic services (health, nutrition, education, WASH and protection).

However, there is a lack of reliable data on which to base the inclusion of, and provision of services to, persons with disabilities in emergencies. A comparison of the 2007 census and the UNICEF 2018 survey shows a significant variance in this number; the census putting the figure at 1 per cent, and the survey estimating it at between 7.8 per cent and 9.3 per cent.

4. Intervention and results

The case study highlights three main areas of inclusive approaches to persons with disabilities:

- education, which aims to facilitate the access, enrolment and retention of children with disabilities in mainstream schools
- WASH, which focuses on providing accessible water, sanitation and hygiene facilities in sites for internally displaced people and schools
- humanitarian cash transfers, which offer financial support to help cover additional disability-related expenses.

The main cross-cutting methods of enabling these interventions include disaggregated information identifying persons with disabilities and their specific needs, and assistive technology, which increases access to services.

The three key focus areas are detailed below.

4.1 Inclusive education in emergencies:

Children with disabilities in emergencies face deplorable challenges, particularly at schools, regardless of their basic rights to education. Only 3 per cent of children with disabilities in Ethiopia go to school and this situation is worse in emergencies where there is no support for, or reliable data on, their education.³ To facilitate the education of children with disabilities, **UNICEF invested in the design and implementation of inclusive humanitarian interventions such as school feeding, assistive technology and cash support for families of children with disabilities. This enabled the provision of equitable and inclusive access to education** for more than 67,000 children (48.5 per cent girls), including 983 children with disabilities, in both mainstream and special schools in Amhara, Afar, southwest Ethiopia, south Ethiopia, Tigray and Sidama regions.

1 Sabates, Ricardo et al., 'Disability and learning in Ethiopia: what changed as a result of the COVID-19 pandemic?', *International Journal of Inclusive Education*, 22 April 2024, <www.tandfonline.com/doi/full/10.1080/13603116.2024.2342362#>.

2 United Nations Children's Fund, 'Ethiopia', <www.unicef.org/media/149876/file/2024-HAC-Ethiopia.pdf>, accessed 13 December 2024.

3 HandicapInternational, 'EthiopiaCountryCard-2017', <https://handicap-international.de/sn_uploads/de/country/201709_cc_ethiopia_e3n.pdf>.

The UNICEF Education Sector in Tigray and Amhara regions partnered with local organizations with expertise in disability inclusion. The partnership with both Special Education Needs Ethiopia (SEN-E) and Light for the World (LFW) in Tigray and Amhara respectively, supported the capacity-building of more than 400 teachers on inclusive education practices. This included the identification of 41,808 children (18,580 girls) with disabilities⁴ who were enrolled in mainstream schools. UNICEF donated 181 tables and 574 chairs to improve classroom environments in selected mainstream schools in Tigray region, and engaged SEN Ethiopia in Tigray to inspect schools for accessibility. This enabled UNICEF to construct ramps on classroom blocks where necessary and to make toilets accessible.

4.2 Inclusive WASH:

Inaccessible and unhygienic sanitation facilities can cause illness, injuries and secondary impairments; as well as reduce the dignity of, and increase stigma for, a person with a disability. This is especially so in emergencies where services for persons with disabilities are often dire. UNICEF and partners coordinating WASH service provision in Ethiopian emergency areas, have supported the most vulnerable people by creating accessible safe spaces for Menstrual Hygiene and Health (MHH) in schools and adapting existing facilities to meet the specific needs of persons with disabilities. These interventions included the provision of inclusive WASH materials in different formats, training on inclusive WASH and social behaviour change for organizations of persons with disabilities (OPDs) and WASH teams, and training on inclusive MHH for girls with disabilities in emergencies.

In the camps for internally displaced people in Tigray, UNICEF has ensured disability inclusion by identifying persons with disabilities through the registration process, enabling them to get specific services or accommodation close to water points and accessible restrooms.

In schools such as Yekatit 23 High School, in a site for internally displaced people, UNICEF has constructed an accessible restroom for children with disabilities for both boys and girls, including safe spaces for MHH. The accessible WASH facilities in schools have improved the confidence of children with disabilities, ensuring their retention and their ability to attend school with dignity.



An accessible latrine at Yekatit 23 High School

4.3 Humanitarian cash transfers:

With funding from SIDA, FCDO and CERF, UNICEF Ethiopia provided unconditional shock-responsive cash transfer top-ups to more than 2,500 households that have persons with disabilities in Amhara and Somali, as a response to the critical emergencies in these two regions.

In 2023, through collaboration with the Amhara Bureau of Women, Children and Social Affairs (BoWCSA), UNICEF implemented humanitarian cash transfers for conflict-affected communities, internally displaced people and returnees in Amhara.

Eleven Woredas (villages) were selected to pilot a one-time cash transfer for a disability top-up. Some 1,125 Ethiopian Birr (20 per cent of the original cash transfer) was allocated to 1,800 households with at least one person with a disability, identified using the Washington Group Questions tool. The unconditional cash transfers enabled affected families to decide how to meet extra expenses such as additional transport costs, assistive devices and other specific needs.

Helen, a young mother of a child with disability shared her experience:

The success of these cash transfers has led to their replication in drought and cholera-affected communities in Somali.

4.4 Provision of assistive technology:

For the vast majority of children with disabilities, inadequate access to assistive technology, or none at all, excludes them from education, health and social services, resulting in lifelong consequences for their participation in, and access to, services especially in emergencies.

The project, entitled 'Enhancing mobility and functioning in the emergency situations of drought-affected internally displaced people's sites in Borena', was implemented in 2023 in the Oromia region. In this UNICEF partnered with Cheshire Services Ethiopia which has more than 60 years of humanitarian work experience with persons with disabilities, together with the Bureau of Labour and Social Affairs (BoLSA) to identify children and their caregivers with disabilities who are internally displaced due to conflict, environmental and socioeconomic conditions or emergencies; assess their needs and deliver appropriate assistive devices.

The project distributed different assistive devices to 192 children and caregivers with disabilities, these included wheelchairs and prosthetics, white canes, hearing aids and prescription spectacles. The project also provided short-term, centre-based specialized rehabilitation services to children and persons with disabilities, including their families, from sites struck by drought for internally displaced people in Elowye, Dubuluk, Hego, Anole and Yabelo towns.



Mihret Desta at home on her wheelchair with her mother and siblings

“Thanks to the combination of shock-responsive cash transfer, disability top-up and dignity kit (totalling 12,225 Ethiopian Birr), I was able to pay off my debts, buy enough food, start my own business and purchase shoes for my child with physical disability.”

T



Life has changed dramatically for Mihret Desta, six, since UNICEF gave her a wheelchair. Before, she had to crawl on the floor at home, and couldn't go to school. Now Mihret can sit comfortably and attend school. Her mother says Mihret is happy and active, and dreams of becoming a doctor. She added, "She calls her wheelchair her 'car', which shows how independent she feels."

Mihret Desta at home on her wheelchair with her mother and siblings

Mihret Desta's story underscores the need for comprehensive support systems for children with disabilities, ensuring they have the tools and resources to thrive.

Disability Disaggregated data:

The lack of reliable disaggregated data on disability in Ethiopia, especially in emergency areas, makes it difficult to support vulnerable people and deliver essential services.

UNICEF strengthened the collection and targeting of disaggregated data on disability by integrating the Washington Group Questions with both Short Set and CFM tools. Nevertheless, adapting these modules to emergencies led to several challenges. These included a lack of detailed understanding, on the part of respondents, about devices such as

hearing aids, which resulted in an underestimation of the prevalence of disability. In response, UNICEF's Social Policy programme tailored the questionnaires to the local context, information into local languages and recruited and trained local community members through the Government regional BoLSA.

This approach resulted in a more realistic and accurate targeting of persons with disabilities in emergencies. The disaggregated data has also been featured in reports such as the End of Year Results Summary Narrative 2023. Additionally, UNICEF-Ethiopia Country Office successfully advocated for the CFM⁵ to be included in the upcoming Ethiopian Demographic Health Survey (EDHS).

5. Lessons learned

Disability disaggregated data is critical in understanding, and planning for, the specific needs of persons with disabilities, including monitoring their access to humanitarian assistance. The Washington Group Questions, both the Short Set and the Child Functioning Module, can be employed in any specific location for effective and accurate targeting and service delivery, especially in preparing for, and responding to, emergencies. By tailoring questionnaires to the local context, translating tools into local languages, and training community members, UNICEF was able to target persons with disabilities in emergencies more realistically and accurately, leading to improved data representation in annual reporting.

A focus on sectoral disability-specific issues is significant for staff capacity training. Rather than generalized training, it is also important to have tailored sectoral training to address more specific and in-depth challenges and solutions in a more interactive learning environment.

The provision of assistive technology plays a key role in enabling persons with disabilities to access several emergency services. This also allows them to enhance their quality of life and that of their families. Identification of these needs, and partnership with specialized service providers of assistive technology can provide effective referrals and provision for such services. However, it is also important for UNICEF to ensure a specific budget for assistive technology as part of disability-inclusive programming.

Inclusive cash transfers. Persons with disabilities are faced with functional limitations in many different ways and all these come with additional costs. For instance, a person using a wheelchair may be charged additional transport costs for their wheelchair to reach a service centre; some may require other specific nutritional needs or even additional support such as a guide or an assistant. Providing an additional percentage top-up on

the original cash transfer enables such extra costs to be met. Moreover, post-distribution monitoring should assess if persons with disabilities in a household have been able to cover any essential specific needs. Market monitoring should also assess the availability of any goods needed, and any barriers they might face in using cash independently. It was also realized that giving cash transfers in the name of persons with disabilities in the households improves their standing, status and participation in household decision-making.

Strong integration of services at all levels in collaboration with other sectors is important.

Cross-sectoral coordination across education, health, protection, WASH and nutrition is crucial for effective disability-inclusive planning and implementation. This provides synergies, coordination and a more effective approach to addressing people's different specific needs especially in schools, camps for internally displaced people, and other communities in emergencies.

Having a resource mobilization and financing strategy is key to ensuring adequate budget allocation for disability inclusion at all planning steps in all programmes and within each sector. It has been found that low or no budget allocation for disability inclusion is a major impediment to disability inclusion. During the planning process, and through the technical support of the disability inclusion focal person or specialist, targeted funds can be mobilized to help remove barriers, promote participation and provide targeted activities for persons with disabilities.

Conducting disability survey studies is crucial in providing relevant information on disability for emergency response and preparedness planning. For example, the study on social and behaviour change, conducted by UNICEF Ethiopia has been instrumental in emergency planning and resource mobilization.

6. Challenges

While UNICEF has committed to participatory approaches one challenge has been engaging OPDs to inform the design, planning and implementation of programmes. However, this has become easier through partnerships with local organizations with expertise in disability inclusion and the Government's Bureau of Women and Social Affairs.

Sometimes budget allocation has been limited in addition to the technical capacity to provide the required support on disability inclusion in emergencies

Organizations for persons with disabilities have little capacity, and this hampers partnerships with them, especially at regional levels, in emergencies. This needs to be strengthened in order to support their meaningful participation

Lack of reliable disaggregated data on disability in emergencies is especially challenging when asking for funding since most donors set out evidence-based conditions.

7. Way forward

UNICEF Ethiopia is working towards securing a dedicated budget for inclusive education in emergencies by:

- supporting teacher training
- procuring assistive devices
- ensuring schools are inclusive and have disability-friendly environments.

This will support interventions in emergencies, especially support for assistive devices and other reasonable accommodations

UNICEF is working with partners to develop an inclusive monitoring and accountability framework for the WASH sector. The framework aims to monitor the impact and establish accountability measures on whether national WASH policies and strategies are having an impact at the community level on persons with disabilities as well as women and girls both in development and emergencies.

UNICEF Ethiopia is working on developing a gender and disability representation for the relevant organizations in the media guide. This will also support engagement and coordination with regional OPDs

The Nutrition Sector has a strategy to develop and provide national guidelines for adolescent, maternal, infant and young child nutrition counselling materials in multiple and accessible formats for persons with disabilities in emergencies.

UNICEF is conducting a nationwide survey on persons with disabilities in Ethiopia. This is aimed at enhancing the development of an inclusive society by pinpointing areas for improvement in current social policies, legislation and resources.

Potential replication

- **Application of the Washington Group Questions** helped to identify more persons with disabilities who had been underreported because of the previous rudimentary observation method used. This led to more accurate targeting and inclusion of persons with disabilities. However, the enumerators need to be trained to pose the questions sensitively. Key to replicating interventions is disaggregated data systems as part of preparedness planning.
- **Collaboration with OPDs and local organizations with expertise in disability inclusion** facilitates meaningful involvement and ensures a range of specific risks are addressed; this should be in addition to actions that develop their capacity. The already existing initiative by UNICEF Ethiopia WASH, Social Protection and Education Sectors on

collaboration with local organizations with expertise in disability inclusion and OPDs including actions on strengthening the capacity of OPDs is deserving as it directly responds to the Must Do Actions defined in the IASC guidelines on the inclusion of persons with disabilities in humanitarian action.

- **Inclusive humanitarian cash transfer with a disability top-up** helps ensure that persons with disabilities enjoy equal and equitable access to services in emergencies. UNICEF Ethiopia has taken up this practice because it helps meet additional disability-related expenses. This was a one-time cash transfer initiative in the Amhara region, but has been replicated in the Somali region and is worthy of scaling up.



For more information contact
UNICEF ESAR Office

Email: ymolla@unicef.org

Photos:

© UNICEF Ethiopia/2023/Diana Hodulikova (front cover, pages 8-9))

© UNICEF Ethiopia/2023/Gezachew Weldegerdis (page 7)