

## RESEARCH

# Livelihood Assets and Strategies of People with Disabilities in Urban Areas of Ethiopia

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The relationship between poverty and disability has continued to be contentious and relevant as it contributes to policies addressing the needs of disabled people. Yet, this remains complex and under-researched in the context of developing countries. The literature on disability has used isolated elements of the livelihood capitals: natural, human, physical, financial, and social capital. This article seeks to fill this gap by bringing evidence from the study undertaken in Hawassa, Ethiopia, by employing a sustainable livelihood framework holistically. By using a sustainable livelihood framework, the paper reveals that livelihood challenges resulting from disability are multifaceted and inter-related. Infrastructural inaccessibility and social discrimination compounded by structural factors limit the human, social, and financial capital of disabled people. Consequently, they depend on their family and NGOs as a source of financial capital (loan) and skill training; and engage in informal, vulnerable, and socially insecure livelihoods to survive. Different policies and practical measures are proposed to overcome this situation.

**Keywords:** disabled people; poverty; livelihood; assets; Ethiopia; urban

## Introduction

Disability is a limitation caused by social, environmental, cultural, and economic barriers. Disabled people represent about 10–20% of any population and the poorest sections of communities (WHO/World Bank 2011). Consequently, eradicating poverty requires addressing the rights and needs of disabled people (WHO 2010). Disability becomes an international development issue recently, and there have been policy initiatives to mainstream disability in the development agenda. However, disability has not been adopted as a cross-cutting development issue (Beisland & Mersland 2012; Coe 2012; Lord et al. 2010).

The link between poverty and disability is well-established in the literature (Braithwaite & Mont 2009; Lord et al., 2010; Mitra, Posarac & Vick 2011; Mwendwa, Murangira & Lang 2009; Palmer 2011; Yeo 2005; Elwan 1999). However, researchers in the field often failed to consider the 'southern' perspectives (Banks, Kuper & Polack 2017; Eide et al. 2011; Grech 2011; Grech & Soldatic 2016; Grut, Olenja & Ingstad 2011; Ingstad & Eide 2011; 2013; Katsui 2012), and the existing evidence is very thin, complex, nuanced, and in the form of report than evidence-based (Banks, Kuper & Polack 2017; Groce et al. 2011; Palmer 2011) and focus on the economic/monetary poverty (Banks, Kuper & Polack 2017; Palmer 2011; Trani and Loeb 2012). Although livelihood is a complex concept that incorporates different aspects of people's lives, literature on disability has reduced livelihood discussions to employment and income by neglecting the influence of other factors (Hanass & Mitra 2016). In Ethiopia, research on the livelihoods of disabled persons in general, and urban livelihoods of disabled persons in particular, are lacking. This paper aimed to fill this gap by bringing data from the context of a developing country, using sustainable livelihood framework holistically to better understand the multi-dimensional nature of poverty and disability through the voices and experiences of disabled persons themselves. It also addressed the coping strategies that disabled people employ to make their living.

Sustainable livelihood framework acknowledges multiple capitals contributing to livelihood. Consequently, using a sustainable livelihood framework enables us to analyze the opportunities and challenges of disabled people in a holistic fashion by investigating the five livelihood capitals, and permits to systematically approach the entry points for economic interventions to ensure household well-being (Hanass & Mitra 2016). The livelihood approach is also important to alleviate poverty more effectively by recognizing the complexity of poverty and the various factors determining poverty. Thus, the livelihood approach is not only about income generation and the means to survive, but it is also about human development and building capabilities. Hence, this paper addresses the following research questions: To what extent

are livelihood assets available to disabled people in urban areas of Ethiopia? How do disabled people pursue their livelihoods? What are the institutional processes and structures mediating the livelihoods of disabled people?

After this introduction, a literature review follows on disability, livelihood, and poverty. This leads to a theoretical framework on what constitutes livelihood. Then the paper approaches the context of disability and disabled people in Ethiopia. The empirical section starts by examining the livelihood assets of disabled people in the urban context. Thereafter, the paper analyzes the institutional frameworks mediating the livelihood of disabled people. After that, the paper explores how disabled people pursue their livelihoods, and lastly, there is a discussion before the paper concludes.

### **Disability, Livelihood, and Poverty**

Numerous authors argued that disability and poverty are mutually constitutive, and researchers often focus on the global North (OECD 2003). Systematic data on the livelihood of disabled people in the global South is, however, scant, and disabled people in the global North and South are disadvantaged economically (Eide et al. 2011; Schneider et al. 2016).

Disabled people in the global South encounter barriers to accessing different livelihood capitals. Poor infrastructures such as lack of sanitation and housing, unsafe and unaffordable transportation, inaccessible school and classrooms, lack of suitable teaching materials, and lack of teachers who are trained in special need education can be barriers for disabled people in accessing health and education services (Braathen & Loeb 2011; Eide et al. 2011; Ingstad, Baider & Grut 2011).

Disabled people also face barriers to health due to lack of access to healthcare, disability accommodation, and remoteness of healthcare centers (Groce et al. 2011; WHO/World Bank 2011) and poverty (Swartz & Bantjes 2016). Disability and poverty also affect education level and future livelihood, which in turn perpetuates the cycle of poverty (Eide et al. 2011; Wickenden & Elphick 2016). Poor and disabled children are less likely to be healthy and educated, which affects their prospect of employability (Braathen and Loeb 2011; Eide et al. 2011). Dhungana (2006) and Kiani (2009) relate the lack of employment of disabled women to unsuitability or lesser relevance of vocational training to the local job opportunities.

Disabled peoples experience unemployment due to stigma and discrimination (Groce et al. 2011; WHO/World Bank 2011), inaccessibility of the workplace or the failure of employers and their staff to reach out to disabled persons, or the negative attitudes of the community towards disability (Grut, Olenja & Ingstad 2011). Disability stigma can overlap with other forms of discrimination such as gender and HIV/AIDS (Dhungana 2006; Grut, Olenja & Ingstad 2011; Ingstad, Baider & Grut 2011). Moreover, disability may also influence the employment opportunities of the non-disabled family members who provide care (Ingstad, Baider & Grut 2011; Muyinda & Whyte 2011).

The lack of access to livelihood capitals restricts disabled people's prospect of employment or the type and duration of work (Eide et al. 2011; Groce et al. 2011; Ingstad & Eide 2011). Consequently, disabled people are more likely to be self-employed (Eide et al. 2011; Loeb et al. 2013; Mitra & Sambamoorthi 2008).

The relationship between disability and livelihood is complex, and I have attempted to summarize a large body of literatures that reveal the multidimensional and bi-directional nature of the links between livelihood capitals, employment, and disability. Although this literature review is not exhaustive, it provides sufficient evidence that disabled people are more often deprived of livelihood capitals and encounter multiple and interrelated livelihood challenges.

The existing literatures examined the effect of disability on livelihood capitals, often focusing on a single capital. Empirical literatures describing and assessing the livelihood situation and how to develop the livelihoods of disabled people in the global South is limited. Hence, this paper aimed at examining the relationship between poverty and disability and how it is shaped by livelihood capitals in the global South by emphasizing the five livelihood capitals.

### **Sustainable Livelihood Approach: An Analytical Framework**

Livelihood refers to the means, entitlements, activities, and assets by which people make a living (Elasha et al. 2005). Handicap International (2010), defines livelihood as the sum of the ways in which individuals, households, or communities make and sustain a living. It refers to both assets and income-generating activities mediated by institutional and social relations. Thus, livelihood is beyond economic poverty.

This study depends on the Sustainable Livelihoods Framework developed by the United Kingdom Department for International Development (DFID). According to the framework, ensuring livelihood depend on five types of capital which are mediated by policies, institutions, processes, and indigenous/local structures (Alinovi et al. 2010; Farrington et al. 2002): human, financial, physical, social, and natural assets. *Human capital* refers to the labor resources available to households and its quality. *Financial capital* entails the savings, credit, pensions, and remittances that allow households different income streams and livelihood options. *Physical infrastructure* involves basic infrastructures such as housing, transportation, communications, and water supply as well as the equipment and tools by which people pursue their livelihoods. *Natural capital* comprises natural resources useful to livelihoods such as land, water, and public resources. *Social capital* implies relationships based on trust and membership in a group or community, which are important for employment, loans, and other types of assistance (Beall & Schütte 2006; Bennett 2010; DFID 1999; Farrington et al. 2002; UNDP 2013).

Livelihood strategies are the planned activities that men and women carry out to build their livelihoods and are shaped by assets available to the poor, their choices, and the policies, institutions, and processes that affect their ability to use these assets (Alinovi et al. 2010; Farrington et al. 2002; Mulugeta 2009). The livelihood pursued by people is vulnerable to external environmental contexts—shocks, trends, and seasonality—over which households and individuals have limited or no control (DFID 1999; Farrington et al. 2002).

Livelihood strategies lead to livelihood outcomes—goals people plan to achieve. This includes increased income, reduced vulnerability, improved food security, more sustainable use of natural resources, and increased well-being (Alinovi et al. 2010; Farrington et al. 2002; Handicap International 2010).

### **Disability and People with Disability in Ethiopia**

In Ethiopia, different estimates of the rate of disability have made it difficult to find reliable statistics. The Secretariat of the African Decade of Persons with Disabilities (2010) estimated more than 7.3 million disabled people in Ethiopia while the Ethiopian Central Statistics Agency (CSA) (2008) estimated 805,492 people, which is about 1.09% of the total population. According to CSA (2008), males and females constitute 53.25% and 46.74% of the total disabled people, respectively. Regionally, the rate of prevalence of disability ranges higher in Oromia to lower in Harari regional states (CSA 2008). The majority of disabled people fall within the productive age category. Regarding the types of disability, walking problems (non-functional lower limb) and vision (seeing difficulty) are the most predominant, whereas speaking difficulty and deafness are the least common forms of disability.

The situation of disabled people in Ethiopia is far worse than the average for developing countries (Secretariat of the African Decade of Persons with Disabilities 2010). Disabled people are excluded from educational, health, and social services as economically dependent and irrelevant to development (Lewis 2009). Moreover, their ability to command normal life is constrained by the lack of a friendly physical environment, stigma, and discrimination (Malle, Pirttimaa & Saloviita 2015; MoLSA 2012).

Consequently, the Ethiopian government adopted different proclamations and directives and established different institutional frameworks and rehabilitation departments that protect the rights of disabled people. Nevertheless, the degree to which these institutional frameworks have impacted the livelihood assets and strategies thereby livelihood outcomes of disabled people in urban settings is not well explored.

### **Materials and Methods**

The study aimed at obtaining an in-depth understanding of people's daily experiences and existing challenges and coping strategies. Consequently, a qualitative approach based on semi-structured interviews, focus group discussion, and field visits were selected as methods of data collection. Semi-structured interviews were undertaken with eight participants, and two focus group discussions consisting of eleven and six disabled participants were conducted. The data was analyzed thematically. Content analysis was also used to address the third research question and augment the finding from primary sources.

The Southern Nations, Nationalities and People Regional State, where Hawassa is the capital, was selected as a research site for the prevalence of disability. It constitutes 170,113 disabled people and ranked third (CSA 2008). Moreover, the site was selected due to the rapport I established with disabled people while I was an intern at the Ethiopian Center for Disability and Development (ECDD), an organization that works on empowering disabled people. The exploratory nature of the study makes Hawassa city sufficient as a study site (Yin 2012).

The sample consists of both married and unmarried individuals who are physically impaired only. The interviews were conducted in the informants' home while the focus group discussions were undertaken in the ECDD venue, Hawassa branch. Only disabled people who were receiving benefits from ECDD were included. Thus, people with intellectual impairment were not included in the study.

Concerning ethical requirements, participants provided their informed consent and were assured that participation was voluntary and confidential. To avoid a socially desirable response, participants were assured that all their responses would be kept confidential and anonymous. Although the findings in this article are typical of most urban contexts in Ethiopia, they are not generalizable across the country. Therefore, it reflects the experiences of physically disabled people in a specific location.

### **Analyzing the Livelihood Assets of People with Disabilities in Urban Areas of Ethiopia**

This section explains the degree to which livelihood assets are available to disabled people in urban Ethiopia, particularly in Hawassa.

#### ***Physical infrastructures and services (physical capital)***

The existence of accessible social infrastructure is more fundamental to disabled people than non-disabled ones. However, the buildings in the study site do not consider the special interest of disabled people, as they lack ramps, appropriate gates, and restrooms. Similarly, the UN Committee on the Rights of Persons with Disabilities (2016) confirmed that the existing legislation and policies on the accessibility of infrastructures and building codes in Ethiopia lack enforcement and are exclusionary as they placed emphasis only on people with physical impairment.

The unaffordability of transportation services and the negative attitude of drivers limit the mobility of disabled people. Consequently, disabled people primarily depend on public transport for all purposes. They are often accompanied by their family, which increases the cost incurred.

Bajaj—a three-wheel drive transporting only three people—is the most common public transport used by disabled people due to their physical accessibility in areas where they are needed and the inaccessibility of public buses caused by the limited number, use of only main roads (bus stop far away), and crowds. Moreover, taxis are unavailable and unaffordable to disabled peoples. This limited mobility of disabled people deprives them of access to formal employment and livelihoods, which aligns with the work of Nokrek et al. (2013) and Fitaw and Boersma (2005), conducted in Bangladesh and Ethiopia, respectively.

The accessibility of public infrastructure varies between different types of disabilities. The wheelchair users encounter serious difficulties in moving and transporting the wheelchair. Focus group discussants stated that:

The owners and drivers of vehicles were not willing to drive us before. However, now there are improvements. ... They provide us priority relative to people without disabilities. Nonetheless, wheelchair users are still suffering from a lack of transportation services (Focus group discussion 1, 2015).

The rough nature of the roads and the cobblestone roads are not suitable for wheelchair users, as the wheelchairs are inflexible and require additional pressure to push.

Disabled people also encounter housing difficulties due to their inability to purchase/construct private houses and the reluctance of renters to rent them. Consequently, disabled peoples depend on their parents or live in low-quality houses or governmental houses, which limit their livelihood options.

Moreover, lack of accessible workplaces due to remoteness from their area of residence restricts their ability, particularly for those with mobility problems, to earn their livelihoods. The inaccessibility of physical capital has implications for other resources (capitals) available to disabled people.

#### ***Education and healthcare services (human capital)***

The education and health sectors are the primary areas where the building of human capital takes place. The proximity and accessibility of infrastructures affect access to healthcare and educational services. In Ethiopia, disabled peoples have inadequate access to education and healthcare services due to the inaccessibility of buildings, lack of special needs education, negative attitude of the community, family, and the school community. Accordingly, most disabled peoples complete either secondary or primary school, or do not attend school at all. Focus group discussants stated that

Disabled females' opportunity to join school is comparatively lower than their male counterparts due to the negative attitude of the community, family, and the disabled themselves leading to income differential between disabled males and females. However, the level of income earned by disabled males differs based on the types of disabilities as visually impaired peoples have better access to join boarding schools (Focus group discussion 2, 2015).

The educational attainment of disabled people vary in terms of gender and type of impairment. Disabled males in urban areas are more likely to attend higher educational levels than their female counterparts, which corroborates the work of Addis Ababa University (cited in U.S. State Department Country Reports on Human Rights Practices 2010). Policies that enable disabled students to effectively access education, particularly for disabled girls, are lacking (UN 2016). This is due to the patriarchal nature, cultural values, and negative attitude of the society as well as the low self-esteem and self-confidence of disabled people and the mistrust of their families. Moreover, there are disparities in educational attainment among disabled females, as those who are highly injured and need the assistance of others to move are less likely to attain a higher educational level than others. Visually impaired people are more likely to attain higher educational level than others because of the existence of boarding schools.

Disabled people's access to quality healthcare services depends on the level of income, awareness of their families, and proximity to healthcare centers. A lower level of income among disabled people and their families, as well as the distance of health centers from disabled people's residences, lowers the treatment prospects given the additional cost of transportation, hotels, and foods, which corroborate the finding of UN's Committee on the Rights of Persons with Disabilities (2016). In addition, people consider impairment a divine curse. Consequently, they resort to religious/spiritual services rather than to healthcare services. A female household head stated that

I was born in a small village and got impaired eighteen years ago. I have never been to a healthcare station. My parents don't have awareness that I will be cured. They cannot also afford the cost of medication and transportation as the health station is located six hours away from our village on foot (Personal interview 2015).

These factors combined with ill health result in lost working days and capital due to additional cost of food, medicines, or credit. This, in turn, erodes income and assets, exacerbating their vulnerability.



Hence, the human capital—the skills, knowledge, ability to labor, and good health that are crucial to pursuing different livelihood strategies—is missing among disabled people, restricting their employability, as discussed below.

### **Employment**

Employment is an important variable that depends on the skill, knowledge, and good health of people. It enables people to earn their livelihoods independently and contributes to the well-being of family and the community. It also creates a sense of importance, belonging, and independence.

However, in Ethiopia, the rate of employment of disabled people is very low (UN 2016). Disabled people lack access to paid jobs both in private and public enterprises. Government offices discriminate against disabled people, citing lack of budget as a reason. This finding corroborates the work of Nokrek et al. (2013) and Tefera (2005; 2013), who in Bangladesh and Ethiopia, respectively, found employers reluctant to hire and pay disabled persons according to their qualifications. According to a male household head interviewee:

The employment proclamation provides priority to disabled people who have the necessary qualification and equal or close scores to non-disabled. However, there is a problem with its implementation. When government officials see our impairment, they claim that they have no budget to hire us (Personal interview 2015).

This shows that the need to supplement the existing legal frameworks with improved attitudes of private and public employers towards disability. The employability of disabled people is also hindered by the inaccessibility of employing organizations and corresponding job information. In this regard, the focus group discussants stated that

Disabled peoples have no access to media. For instance, a lot of information is posted on different advertisement boards while visually impaired people cannot read it. Information is broadcasted on radio or television while people with hearing difficulties cannot access it (Focus group discussion 2, 2015).

The systematic denial of information and low level of focus accorded to the special needs of disabled people have limited their employability.

The lack of access to formal and paid employment caused by employers' discrimination compels disabled people to engage in informal and self-employment as discussed below.

### **Starting capital for self-employment (financial capital)**

Self-employment requires starting capital. However, disabled people's access to financial capital from microfinance institutions is limited because of the stringent conditionalities attached to it, including collateral, higher saving rate, and paired/group and public surety. This parallels the finding of Nuwagba et al. (2012), who in Uganda found possession of adequate savings or collateral and perceived trustworthiness as factors that determine disabled people's access to loans from microfinance institutions. Additionally, the loans obtained from microfinance institutions are inadequate to start a business. This was stated by focus group discussion participants:

Microfinance institutions require a system of paired surety in which all members will be made responsible to pay the loan for a defaulter or require a public servant surety to secure loan personally. They also demand a house plan or car libre as collateral. Also, we don't secure adequate money to start a business in a group as securing a higher amount of loan requires saving a bigger amount of money, which is very difficult for us (Focus group discussion 1, 2015).

These factors together discourage disabled people from joining and receiving a loan from microfinance institutions, which is in line with Handicap International's (2006) argument about the underrepresentation of disabled people among the clients of microfinance institutions.

Therefore, disabled people are lacking access to financial capital in the form of savings, and supply of credits from formal public institutions are limited. This constrains their capability to earn livelihoods. Consequently, disabled people depend on the support of their families and NGOs to secure starting capital.

### **Social capital/resources**

In Ethiopia, the exclusionary and discriminatory attitudes of the community, which is manifested through ridiculing or mistreatment based on disability, limits the connections that disabled people form with others. Governmental policies and legislations also continue to use derogatory terms to refer to disabled people (UN 2016). Furthermore, the community considers disabled people as weak, hopeless, and dependent. Moreover, they are also segregated from participating in different formal and informal social gatherings and organizations such as weddings, funerals, and self-help organizations, social networks, local neighborhood associations, advocacy organizations, and so on, which are the basis for forming friendships and social support networks. This deprives disabled people of personal and social capital, limiting their access to resources and opportunities to make choices and decisions that influence their quality of life and to the supports that enable them to live more self-determined lives. This finding corroborates the work of Tefera

(2005) and Nokrek, et al. (2013), who attributed disabled people's lack of integration into mainstream development activities to the negative attitude of the community.

The negative attitude of the community also erodes the confidence of disabled people, leading them to switch their areas of residence. In this regard, a female household head interviewee stated that

After I got impaired I have been hidden in my family's home. All members of the community were expressing their sorrow towards my impairment. Consequently, I have relocated to my current hometown where most people don't know my background (Personal interview, 2015).

This shows how the negative attitude of the community undermines the confidence of disabled people to work and earn income to improve their livelihoods. This aligns with ILO's (2006) finding of public misunderstanding of the capacity of disabled people to work and support others.

The level of participation of disabled people in social organizations is influenced by gender differences. Disabled males are more likely to participate in social organizations than their female counterparts, which corroborates the finding of Tefera (2005).

Thus, the negative social and cultural attitudes enshrined in the society constrains the social capital and resources (such as networks, membership of groups, the relationship of trust, and access to wider institutions of society) upon which disabled people draw in pursuit of their livelihoods.

### **Institutional Frameworks Mediating the Livelihoods of People with Disabilities in Ethiopia**

The livelihood assets and strategies pursued by people are mediated through institutional processes and structures including government, laws, norms, policies, international legislations, and their enforcement.

Ethiopia has adopted national and international legislation to protect the rights and welfare of disabled persons. The Federal Democratic Republic of Ethiopia (FDRE) Constitution (1994) article 41 guarantees the equality of disabled persons and protect them from any kind of discrimination. The Proclamation on the Employment Rights of Persons with Disabilities (2008) requires employers to provide accessible working or training conditions and materials to disabled persons and avoid employment discrimination based on disability. Furthermore, the Ethiopian Building Proclamation (2009) also emphasizes the accessibility of buildings and restroom facilities for disabled persons. Federal Civil Servants Proclamation no. 1064/2017 under article 13(2) and 49 (1–4) states that disability should not be grounds for employment discrimination, and disabled civil servants shall enjoy affirmative action during recruitment, promotion, transfer, redeployment, education and training. Government institutions are responsible to create conducive work environment, provide the necessary tools, materials, training, and assign assistants to disabled people. Moreover, disabled people are allowed to import wheelchairs and crutches free of taxation (Directive No. 36/98). The 2009 framework document that aimed to provide special needs education (SNE) in Technical and Vocational Education and Training and the National Plan of Action of Persons with disabilities (2012–2021), which aimed to make Ethiopia an inclusive society, were also adopted.

At the international level, Ethiopia ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2010; the Standard Rules on the Equalization of Opportunities for Persons with Disabilities in 1993, and the Salamanca Statement and Framework for Action on Special Needs Education in 1994. It also ratified the ILO Convention on Discrimination in Respect of Employment and Occupation 1958, (No. 111) in 1966 and the ILO Convention concerning Vocational Rehabilitation and Employment (Disabled Persons) 1983, (No. 159) in 1999.

Nonetheless, as can be discerned from the previous discussions, these legislations are not properly enforced as disabled people are not receiving the necessary support from the government because of lack of organizational capacity and institutional weakness established to oversight and serve the rights of disabled persons. This finding corroborates the work of the Secretariat of the African Decade of Persons with Disabilities (2010), MoLSA (2012), and the UN's Committee on the Rights of Persons with Disabilities (2016). Furthermore, there has been no legal ground that obliges the private sector to employ disabled people.

### **The Livelihood Strategies of Persons with Disabilities in Urban Ethiopia**

The livelihood strategies pursued by disabled people vary depending on the level and type of their impairment. A higher level of injury entails a high level of dependence of disabled people on their families for earning their livelihoods while their contribution to the livelihoods of the family is very meager. The level of dependence is higher among disabled people who are both impaired and have children. One of the focus group discussion participants mentioned that

I have two children and my husband is also physically impaired. My mother is the main breadwinner of the family. We earn income from renting houses and pension. My husband also earns a small amount of money. But the income is insufficient to support the livelihoods of the family (Focus group discussion, 2015).

The livelihood strategies of disabled people are also shaped by gender differences. Disabled females mainly engage in hairdressing, selling firewood and charcoal, manual embroidery, sewing up cultural clothes, baking bread, running a

small kiosk, poultry, or preparing different spices for the local community. Disabled males, on the other hand, earn their livelihoods as daily laborers, as shoe shiners, cleaning cars, and the like.

The types of impairment also affect the livelihood strategies of disabled people. People with hearing impairment earn their livelihood largely as daily laborers and maids, while the physically impaired are chiefly engaged in shoe shining, sewing clothes, and operating small businesses. Therefore, the livelihood strategies of disabled people, together with their dependence on their families, deny them access to formal social security.

The self-employment engaged by disabled people does not demand starting capital at all, or it demands a small amount (if any). Consequently, disabled people depend on their families, interest-free loans, and revolving funds from NGOs, which Beisland and Mersland (2012) called 'ad hoc scheme'. Accordingly, Cheshire Ethiopia, an organization that provides rehabilitation services to disabled people, and revolving funds from Abilis Foundation serve as a source of starting capital for disabled people. However, disabled people lack information concerning the date the loan is to be available.

NGOs, mainly Cheshire Ethiopia, provide different pieces of training concerning HIV/AIDS and other sexually transmitted diseases, family planning, skill training (sewing and weaving), necessary treatment and medications, and drugs at its own expense. One male household interviewee stated that

Cheshire Ethiopia is the only organization that supports us while we are in need. I have received sewing skill training and sewing machine from Cheshire Ethiopia, which helped me to earn my livelihood (Personal interview, 2015).

Nonetheless, the increase in the cost of raw materials, the short-term nature of the skill training, and lack of access to workplaces limit the practical operationalization of the skills. This shows the livelihood of disabled people is affected by the external environment in which they are living in the form of shocks and seasonality of prices. This was explained by the focus group discussion:

We cannot start the work immediately upon the completion of the training due to the short-term nature of the skill training. How could an individual master weaving within a month? Starting the work has a lot of challenges attributed to a lack of starting capital and the workplace. As time went on, we forget the skill(s) we are trained in (Focus group discussion, 2015).

Therefore, the lack of physical assets in the form of workplaces and financial assets hinder disabled people's ability to transform the skill they have acquired into practice. Disabled people consider schooling/education of children as a long-term livelihood strategy.

However, the income generated by disabled people through self-employment is inadequate to support their living. Subsequently, disabled people depend on their families to pursue their livelihood, and self-employment as a livelihood strategy is unreliable and constrained by several external factors. This aligns with the work of Nuwagaba et al. (2012), who discussed the unreliability of the income generated by disabled people because of lack of a formal job and self-employment without fixed income.

## Conclusion

The application of the livelihood approach showed that the framework is useful for understanding the multi-dimensional character of poverty and how disability and poverty are combined in terms of livelihood assets, coping strategies, and livelihood challenges. The study also attempted to explore the subjective experiences of disability and participation that was overlooked in the past (Ingstad & Eide 2011). Although Ethiopia has ratified the Convention on the Rights of Persons with Disabilities to promote and safeguard the full enjoyment of all fundamental freedoms and human rights of disabled people, it failed to comply with the convention (UN 2006).

The livelihood challenges resulting from disability are multifaceted and interrelated. The livelihood capitals of disabled people are restricted by the absence of accessible physical infrastructures, including unaffordable and inaccessible transport, inaccessible buildings and facilities, lack of workplace and shelter, inconvenient (rough) roads, and social discrimination.

The educational attainment of disabled people is constrained by the inaccessibility of school facilities, the negative attitudes of the community, social discrimination, and lack of special needs education; and they vary across gender and the type of impairment. This influences the educational level and future livelihoods of disabled people as it perpetuates the cycle of poverty.

Disabled people's access to healthcare services is restrained by the low level of income and lack of awareness of disabled families, the remoteness of healthcare centers, and the negative attitudes and cultural values of the community. Disabled people have limited access to loans from formal financial institutions such as microfinance schemes due to their inability to fulfill the requirements, including collateral, higher saving rate, paired/group surety, and public servant surety.

The inaccessibility of physical infrastructure and facilities combined with the health conditions, educational attainment, societal and employers' attitudes, and access to financial resources restrain the capability of disabled peoples to participate in paid public and private employment. Consequently, they engage in self-employment that does not require financial resources and formal training.

The study also revealed that disabled people are socially discriminated against in formal and informal community events, gatherings, and organizations, which restrains social participation, thereby compromising the social capital and integration of disabled peoples. The existing national and international institutional frameworks failed to enhance the capability of disabled people to achieve their livelihoods due to limited institutional capacity and attention provided to the issue.

In this context, the concept of social suffering and structural violence (Kleinman, Das, & Lock 1997; Kleinman 2000) is important in understanding the conditions of disabled people living in poverty. The combination of the above-discussed factors leads to social sufferings that are beyond the control of disabled people and that persistently restrict their opportunities to lead a decent livelihood. This may lead them to engage in degrading solutions to survive and expose them to multi-dimensional poverty. Consequently, they depend on their family and NGOs as a source of financial capital (loan) and skill training. This allows them to participate in small-scale business (such as sewing, running kiosks, etc.) at best or daily labor at worst, which leaves them in informal, vulnerable, unreliable, risky, and socially insecure livelihood options that do not require sophisticated skills and financial resources. This is in line with the social model of disability.

Breaking the evil of poverty disabled people are facing requires well-rounded actions and the participation of multiple stakeholders. Disabled people need to be offered different accessible services and facilities, including but not limited to education, health, transportation, mobility aids, and employment compounded by an enabling environment that helps them in addressing the prevailing functional, structural, and socio-economic limitations and enhances their capacity to lead a decent livelihood. The government must establish an autonomous and strong (financially, human resources, etc.) public institution that primarily advances the cause of disability, advocates and enforces legislations and conventions, and supports disabled people with its full capacity. Concerning employment, the government should adopt legislations that force different employers and companies to hire disabled people as part of their social responsibility. Such legislations need to be supported by raising the awareness of employers. Moreover, the government should consider employing disabled peoples in emerging industrial parks of the country by assigning them to tasks suited to their abilities. The government in cooperation with other stakeholders could also organize disabled people in cooperatives by facilitating loans, work premises, and short-term training (sewing, handcraft, etc.) as well as revoking requirements, for example, educational attainments, in the context of disabled people. Fourth, disabled people organizations that are imparting skill training and providing loans (revolving funds) should form partnerships with employing companies. The provision of training should be preceded by a need assessment that helps to identify the available labor market and suitable occupations for disabled peoples. Fifth, microfinance institutions should develop special schemes that enable disabled peoples to secure financial resources, for example by lifting requirements. Finally, different stakeholders need to join hands to transform the negative attitudes of the community towards disabled people. Such efforts require involving disabled people in decision making at a different level, raising the level of awareness of the community about disabilities by using different community-based organizations such as *Idir*, *Ikub*, *mahiber*, and other neighborhood associations as a forum. Moreover, the media plays role by setting the cause of disability on the agenda and bringing to light the experience of successful disabled people around the world. Disabled peoples also need to get both formal and informal psychological support to improve their self-esteem.

### Competing Interests

The author has no competing interests to declare.

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