Exploring Adolescents with Disabilities' Access to Education, Social Protection and Employment Opportunities in Ethiopia

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Abstract

The importance of providing inclusive services for persons with disabilities has been gaining increasing international attention in line with the 2030 Sustainable Development Agenda and pledges made at the 2018 Global Summit on the Rights of Persons with Disabilities to scale up investments in inclusive education, health and employment services. This trend has been mirrored in Ethiopia as highlighted by the National Action Plan for Persons with Disabilities (2012–2021). This article explores the extent to which adolescents with disabilities in Ethiopia are able to access inclusive services to realise their full capabilities, drawing on longitudinal data collected before and after the onset of the Covid-19 pandemic with a sample of young people with physical, visual or hearing impairments aged 10–19 from Afar, Amhara and Oromia Regions and Dire Dawa City Administration. The findings highlight that while recent investments in special needs education services have made a critical difference to adolescents' access to formal education in Ethiopia, there are significant quality deficits, including inadequate teacher training, a dearth of adapted teaching materials and infrastructure and under-investment in follow-on inclusive education services beyond 4th grade. These challenges are compounded by inadequate social protection to address economic barriers to education service uptake, and a dearth of inclusive youth- and disability-friendly psychosocial support services. The article concludes by reflecting on context-sensitive and cost-effective entry points for strengthening inclusive services in Ethiopia, including case management by social workers, in line with international commitments enshrined in the Convention of the Rights of Persons with Disabilities.

Keywords: *Adolescents, Disabilities, Education, Inclusive Services*

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Introduction

Over the past five years, there has been increasing attention to the importance of providing inclusive services for persons with disabilities. At the international level, key policy commitments include the 2030 Sustainable Development Agenda and its call to "*leave no one behind*", with a number of targets related to supporting the rights of persons with disabilities to equal access to services and opportunities; and the 2018 Global Disability Summit, held in London, where countries pledged to scale up investments in inclusive services, especially education, health and employment. The policy framework shaping the Government of Ethiopia's response to these global commitments to services and programming that support the inclusion of persons with disabilities builds upon policies across a range of sectors. The National Youth Policy, for example, has a focus on supporting the psychosocial wellbeing of youth with diverse disabilities (MYSC 2004); the Ministry of Education is committed to inclusive education and provides educational stipends to support students with disabilities (MoE 2012); and the Ministry of Labour and Social Affairs in line with the National Plan of Action has a social assistance programme that targets persons with disabilities (MoLSA 2012).

Unfortunately, however, the global Covid-19 pandemic has brought about unprecedented disruptions to education, employment and other basic services, and there are widespread fears of the significant and potentially lasting consequences for young people, especially the most disadvantaged, including young people with disabilities. One year on from the official declaration of the pandemic, the situation facing countries is highly varied. In many low- and middle-income countries (LMICs), schools remain closed, with an estimated 168 million children experiencing school closure for at least a year (UNICEF 2021). In other contexts, including Ethiopia, although schools have now reopened, there are significant differences compared to pre-pandemic classroom realities, and there are concerns that millions of young people who were enrolled prior to the pandemic will not return, due to heightened poverty, paid work pressures and child marriage.

The global economic impacts of the pandemic have also been far-reaching and are expected to push 71 million people into extreme poverty (Mahler et al. 2020). This has consequences for food security and nutrition, which is particularly critical for adolescents given that the second decade of life is a key window for physical and cognitive development. Although adolescents are generally at a lower mortality risk from Covid-19, the pandemic is having significant negative impacts on young people's mental health in LMICs, with girls, older adolescents and those with pre-existing vulnerabilities most at risk (Bellerose et al. 2020; Kılınçel et al. 2020; Majeed and Ashraf 2020; Patel 2020; Pinchoff et al. 2020; Zhou et al. 2020). Heightened household stressors as a result of economic and privacy constraints, especially in contexts of crowded living conditions, are putting girls and young women in particular at greater risk of age- and gender-based violence (Marques et al. 2020; Peterman et al. 2020).

With the endpoint of the 2030 Agenda for Sustainable Development, now less than a decade away, recognition that improving outcomes for children and adolescents is necessary in order to achieve the Sustainable Development Goals (SDGs) is gaining traction. This is especially the case for SDG 1 on access to social protection, SDG 4 on education and learning, SDG 5 on gender equality and the prevention of harmful practices such as child marriage and gender-based violence, and SDG 10 on reducing inequalities. In line with the commitment in Article 11 of the United Nations (UN) Convention on the Rights of Persons with Disabilities for member States to take "*all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk*" (see also Sakellariou et al. 2020), understanding the impact of Covid-19 on the lives of adolescents with disabilities will be critical to inform national post-pandemic response plans.

This paper thus explores the experiences of adolescents with disabilities in rural and urban communities in Ethiopia prior to and after the onset of the Covid-19 pandemic, focusing on their access to education and learning, to economic opportunities and social protection, and to psychosocial wellbeing. It draws on two rounds of survey and qualitative data collected pre-pandemic in late 2019/early 2020 and one year later, from November 2020 to January 2021.

International Context: Multi-dimensional Impacts of Covid-19 Pandemic

The literature on the impacts of Covid-19 on persons with disabilities, and on adolescents and youth with disabilities in particular, is very limited. The literature that does exist highlights challenges in terms of (1) education exclusion, (2) household stressors (with spillover effects on parents' and young people's mental health and possible risks around domestic violence), and (3) exacerbated risks in terms of access to disability-responsive social protection.

On education, a growing number of studies highlight the significant impacts of school closures on adolescent education and learning, impacts which are greater for adolescents with disabilities (Engzell et al. 2021; Bayrakdar and Guveli 2020; Coe et al. 2020; Haeck and Lefebvre 2020; Masonbrink and Hurley 2020; Onyema et al. 2020). Key challenges include: limited access to distance education, especially outside of large urban areas, due to connectivity issues (around infrastructure, physical and social access to devices, and costs); limited teacher contact and support in general and lack of in particular support that is tailored to the learning needs of adolescents with disabilities; low parental education levels, which make it challenging for parents to support their adolescent children with disabilities; and pressures on adolescents to support family domestic and agricultural work (Caarls et al. 2021; Favara 2021; UNESCO 2020).

Moreover, there is also increasing recognition that when schools reopen, very significant challenges will remain in terms of addressing learning loss, particularly among adolescents with disabilities. These challenges are linked to inadequate investments in catch-up classes and very limited outreach efforts to encourage re-enrolment of young people most at risk of dropping out, including those with disabilities (Jones et al. 2021; Global Education Monitoring Report 2020)

In relation to household stressors, a number of studies highlight job losses and poverty, as a result of pandemic-related lockdowns, are exacerbating household stress and mental health issues (Bailey et al. 2021). Further, because of what Bailey et al. (2021) term the "*systemic nature of families*", increased stress may have an impact on parenting practices, which can in turn lead to behavioural or emotional problems for children (Bailey et al. 2021; Ehrler et al. 2021; Masi et al. 2021), especially for young people with disabilities who often have complex needs.

On social protection, the literature underscores that a reduction in formal and informal support and services for persons with disabilities, including less access to information on Covid-19 prevention measures, is a key challenge (Yap et al. 2020). Many of the health and social services that people with disabilities need (such as rehabilitation, assistive devices, care for chronic conditions, psychiatry, medications and personal assistance) have been disrupted due to the pandemic (Banks et al. 2021).

The literature also highlights inadequate and slow scale-up of social protection, particularly protection that is disability responsive, noting challenges around eligibility criteria, application processes, delivery of benefits, adequacy and relevance (Banks et al. 2021). This is especially problematic for persons with disabilities who are more likely to live in poverty due to stigma, discrimination and weaker social networks (Sakellariou et al. 2021; Banks et al. 2020).

The Ethiopian Context

Over the past two decades, Ethiopia has made a significant progress in formulating policies and strategies to improve the lives of persons with disabilities, and particularly adolescents with disabilities. The 1994 Training and Education Policy aimed to provide "*free education for all*", focusing on expanding special needs and inclusive education for adolescents with disabilities (MoE 2002, 1994). Ethiopia also ratified and adopted most of the international legal initiatives and frameworks on the rights of persons with disabilities. These include the ratification of the UN

Convention on the Rights of Persons with Disabilities in 2010 (Federal Negarit Gazeta 2010); the proclamation on the duties and powers of the executive organs, which include consideration of the issues of vulnerable members of the society including persons with disabilities (Federal Negarit Gazeta 2018); the higher education proclamation to decide the powers and duties of higher education institutions, which include ensuring transparency, equity and accountability including towards the rights of persons with disabilities in priorities and the governance system (Federal Negarit Gazeta 2019).

The Ministry of Labour and Social Affairs (MoLSA) designed the National Physical Rehabilitation Strategy (2011) to improve physical rehabilitation services for persons with disabilities, having estimated that 95% of persons with disabilities live below the poverty line (MoLSA 2011). The 2012 Special Needs/Inclusive Education Strategy laid the foundations for the expansion of special needs and inclusive education for children and adolescents with disabilities in rural and urban areas (MoE 2012). Ethiopia's current social protection policy (MoLSA 2014) also pays special attention to the provision of social protection to vulnerable populations, including persons with disabilities, who are entitled to "*the direct support modality*".

However, most of these policy documents and legal texts have given limited attention to the condition of adolescents and young people with disabilities. Despite some progress, for example, on expanding special needs schools in some areas, adolescents with disabilities still face strong social stigma and are excluded from their communities and access to services (Mueller 2019; Jones et al. 2018b).

Because disability has typically been seen as a curse in Ethiopia, children with disabilities have been kept hidden at home to protect the family's reputation. Therefore, there is very little research that has included, much less focused on, the experiences of young people with disabilities (Rohwerder 2018; Tefera 2016). There is some limited evidence that the impacts of stigma and exclusion are wide-ranging. With special needs education being relatively recent, largely confined to urban areas and under-resourced, most children with disabilities are not only more likely to be out of school, but also to have poor learning outcomes even when in school (Tedla and Negassa 2019; Temesgen 2018; Malle, Pirttimaa and Saloviita 2015). This is particularly true at the secondary and tertiary levels, where students are exclusively mainstreamed in classrooms that offer little accommodation (Ibid).

Stigma and exclusion also shape psychosocial wellbeing. Research with blind adolescents in Bahir Dar found that they are less resilient than their sighted peers, with girls disadvantaged compared to boys, and children that have been blind since birth disadvantaged compared to those that have become blind during childhood (Zegeye 2019). These findings are in line with previous research, which has highlighted that discrimination inside and outside the home and self-blame lead to depression and other socio-emotional problems (Abeshu 2017; Mulat et al. 2015).

More specifically, research in Ethiopia shows that out-of-school adolescents and young people with disabilities have limited access to services, including education, health and legal services (Kassa et al. 2016). They face mobility restrictions due to inaccessible infrastructure and transportation, unaffordable assistive technologies, discriminatory attitudes and safety concerns. Stigma and discrimination, especially among family and community members, are the main challenges for achieving inclusion of adolescents with disabilities (Jones et al. 2018a). They also have extremely limited access to skills training, microfinance and small-scale business support, and employment opportunities that could enable independent future livelihoods. Technical and vocational education and training (TVET) colleges require at least grade 10 completion and are thus out of reach for many adolescents with disabilities, given that most of them are out of school due to limited numbers of special needs schools and the structural and attitudinal barriers to inclusive education (Ibid).

Methods

This report draws on two rounds of mixed-methods research undertaken before the Covid-19 pandemic (from late 2019 to early 2020) and during the pandemic (from November 2020 to January 2021). The research is part of the Gender and Adolescence: Global Evidence (GAGE) longitudinal study, collecting data in rural and urban sites in three regions of Ethiopia (Afar, Amhara and Oromia) and three urban locations, including Dire Dawa City Administration, Batu (formerly known as Ziway) in Oromia Region, and Debre Tabor in Amhara Region. These geographic locations were chosen for their combination of economic and social vulnerabilities (areas with higher levels of food insecurity and high prevalence of child marriage). Their varying distances from the district towns also allowed us to explore the relative importance of distance to services and markets. The three urban settings – Batu/Ziway in East Shewa (Oromia), Debre Tabor in South Gondar (Amhara) and Dire Dawa City Administration – are just as diverse. Differences in their location, cultural and religious diversity, size and migration patterns help to explain the different opportunities, services and threats faced by adolescents with and without disabilities.

The mixed-methods approach contributes to the validity of the study by allowing for triangulation of data and mitigating drawbacks of relying on one method alone. While data collected from these locations may not be generalizable across all of Ethiopia, these six sites are unique and highlight the heterogeneity of cultures in Ethiopia and the varied experiences of adolescents across the country. Adolescents aged 10–12 were initially recruited for participation in the research study in late 2017 and early 2018 using random selection from researcher-generated community household lists. A door-to-door listing that followed a specific protocol was undertaken at each research site and was complemented with purposive sampling. The purposive sampling helped to make certain that the sample was consistently drawn from across sites and to ensure the inclusion of the most disadvantaged adolescents (such as out-of-school adolescents, married adolescents and adolescents with disabilities). This article reports on the second round of pre-Covid-19 quantitative data collected in late 2019 and early 2020. A detailed description of the study design (based on a community listing process) and data collection can be found in Baird et al. (2020a; 2020b) and the surveys and qualitative research instruments are available on the GAGE website.[12]

Quantitative data collection for the pre-Covid-19 survey took place through face-to-face interviews with trained enumerators. During Covid-19, virtual surveys (telephone) were conducted using tablets and computer-assisted telephone interviewing software (SurveyCTO). For both rounds of data collection, survey instruments covered topics on adolescent wellbeing, with separate surveys for the adolescent and their primary female caregiver (PFC) or another knowledgeable household member when the PFC was not available. The survey locations were the same as the pre-Covid sample, but respondents from Afar were not included in the telephone surveys since most households lack phone numbers and connectivity. Questions in the survey covered six capability areas, including education, health, bodily integrity, psychosocial wellbeing, voice and agency, and economic empowerment. Telephone surveys were adapted to limit potentially sensitive topics that adolescents might not have been comfortable to discuss over the phone, and also given the challenges of ensuring privacy for the respondent in phone rather than face-to-face interviews.

For the post-pandemic-onset data, a first round of qualitative telephone interviews was undertaken from April to June 2020 with 86 adolescent girls and 84 boys from four urban sites (Debre Tabor in Amhara region, Batu in Oromia region, and Dire Dawa City Administration) and in six rural communities across South Gondar, Amhara region, East Hararghe, Oromia region and two pastoralist communities in Zone 5 of Afar region. The aim was to capture diversity in the short-term educational response to Covid-19 and related education and learning outcomes. The sample also included a subset of the most marginalized adolescents such as those with physical and visual impairments, out-of-school adolescents, and married adolescents. These findings were triangulated with 27 key

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[12] See www.gage.odi.org/publications
https://www.gage.odi.org/publication/ethiopia-round-2-survey-2019-2020/
https://www.gage.odi.org/publication/covid-19-phone-survey-round-2-in-ethiopia/
https://www.gage.odi.org/publication/gage-baseline-qualitative-research-tools/.

informant interviews with community leaders, teachers and school principals, and local government officials. A second round of qualitative data was collected in November and December 2020, when the same subset of adolescents and key informants interviewed during the first round were re-interviewed by telephone.

All data collection activities were conducted in the relevant local languages (Afaan Oromo, Amharic or Somali [13]). Enumerators interviewed respondents of the same sex and were trained to discuss potentially sensitive topics in ways that made the respondent more comfortable. Some questions about violence and sexual activity were not included in the second round as enumerators were not able to ensure that respondents had complete privacy during the phone interviews. Ethical approvals were obtained from the George Washington University Committee on Human Research, Institutional Review Board (071721), the Overseas Development Institute Research Ethics Committee (02438) and the Ethiopian Public Health Institute and regional bureaus of health in Ethiopia. In line with 'do no harm' research ethics principles, during the phone survey, local field facilitators were trained in Covid-19 preventative measures so as to ensure that the interviews were carried out safely for both the interviewee and the researcher. These included keeping a safe distance, use of hand sanitizers and face masks. During the interview, the enumerators checked Covid-19 protocols were properly implemented by respondents.

Sample

GAGE's Ethiopian pre-Covid quantitative sample for this report includes 434 adolescents with identified functional disabilities [14] and 7,092 adolescents without disabilities as well as their caregivers (see Table 1). The quantitative sample was divided into two cohorts: younger adolescents aged 12–14 and older adolescents aged 15–19. The quantitative sample during Covid includes 207 adolescents with disabilities and 2,859 without. While the data analyzed for this paper is part of the longitudinal sample, a cross-sectional analysis was used to understand the differences between those with disabilities before and during the pandemic.

Qualitative core adolescents were purposefully sub-sampled from the quantitative sample (Table 2). The qualitative sample also purposely included the most marginalized adolescents such as married girls, adolescents with disabilities and out-of-school adolescents.

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[13] Somali was used in interviews in Dire Dawa city administration.

[14] This is the terminology used by the Washington Group questions which are now the global standard for surveys on disability.

Table 1: Quantitative sample

		Overall	Female	Males	Urban	Rural
Before Covid	Adolescents with disabilities	434	242	192	152	282
	Adolescents without disabilities	7,092	4,086	3,005	1,835	5,257
During Covid	Adolescents with disabilities	207	98	109	97	110
	Adolescents without disabilities	2,859	1,585	1,274	1,505	1,354

Table 2: Qualitative sample

	Research type	**Site**	**Girls**		**Boys**		**Key informants**	**Total**
			Young	**Old**	**Young**	**Old**		
Before Covid	Midline	Rural	11	6	10	5	19	51
		Urban	2	6	-	5	16	29
	Participatory	Rural	1	-	-	-	-	1
		Urban	-	23	-	24	-	47
After Covid	Participatory	Rural	1	-	2	1	5	9
		Urban	1	11	-	15	21	48
	Total		**27**	**52**	**20**	**57**	**93**	**249**

Data Analysis

The analytic approach uses ordinary least squares (OLS) models to identify differences between adolescents with disabilities and those without identified disabilities for indicators on education, violence, mental health and stress, and livelihood outcomes. The models control for the age of the adolescent and for urban or rural residence. Robust standard errors are clustered at the enumeration area level. Findings show heterogeneity by gender, and differences highlighted in the text are significant at a $p<0.10$ level. Quantitative analyses were conducted on STATA 15.1.

The quantitative findings were triangulated with the qualitative findings, conducted on translated interview transcripts coded using the qualitative software package MAXQDA and based on a thematic codebook that follows adolescent wellbeing domains. Debriefing sessions to discuss emerging themes from the data collection helped to ensure the codes have captured country-specific issues. During qualitative data analysis, we prioritized themes that resonated across the cohort or specific subgroups of adolescents; the selected quotes are used to illustrate these insights.

Measures

The GAGE survey follows the Washington Group definition to define disability in six core functional domains: seeing, hearing, walking, self-care, cognition and communication (Washington Group on Disability Statistics 2020). We include in our definition adolescents who have a functional difficulty in any of these domains, as well as those that have an assistance device that resolves a functional difficulty for seeing, hearing or walking. In this analysis, adolescents with disabilities were defined by being in the disability group at the time of listing or during the midline data collection before Covid. Analysis was, however, not disaggregated by disability type. For adolescents aged 14 and under, the adult PFC responded to the questions about functioning on their behalf.

Findings

Our findings focus on the experiences of adolescents with disabilities compared to their peers without disabilities, before and following the onset of the pandemic. By comparing these two groups of adolescents, we highlight some of the differences in outcomes that may be influenced by differential access to services. The focus of the comparison is on education and learning, livelihoods and access to social protection, and psychosocial wellbeing, paying particular attention to gender differences.

Association of Disability Status and Education

Pre-Covid Onset

Our pre-Covid findings paint a mixed picture about the educational aspirations of adolescents with disabilities. While the survey findings point to lower likelihood of aspiring to secondary education among girls and boys and their caregivers, the qualitative findings underscore adolescents who have managed to secure support from more inclusive education services are increasingly aspiring to further education and professional careers. However, the findings point to a disconnect between aspirations and education enrolment, with young people with disabilities, especially girls, significantly less likely to be in education than their peers without disabilities prior to the onset of the pandemic.

Table 3: Association of adolescents' disability status and education outcomes, pre-Covid[15]

	Girls			Boys		
Outcome	Mean for those w/o disabilities	Coefficient	p-value	Mean for those w/o disabilities	Coefficient	p-value
Enrolled in school during most recent session	0.664	-0.065	0.077	0.783	-0.120	0.001
Highest grade attended (0–15, (KG)=1, Univ=15)	6.196	-1.189	0.000	6.566	-1.514	0.000
Adolescent aspiration for highest grade (0–15)	13.252	-0.489	0.072	13.789	-1.079	0.001
Adolescent aspires to attain at least some secondary school (or higher)	0.891	-0.099	0.001	0.915	-0.147	0.000
PFC aspires for adolescent to attain at least some secondary education	0.962	-0.043	0.135	0.982	-0.049	0.079

Aspirations

Our findings in Table 3 highlight significant differences in educational aspirations among adolescents without disabilities and those with disabilities. Among girls (when controlling for urban or rural location and age of respondent), 89.1% of those without disabilities aspire to attain at least some secondary education, whereas girls with disabilities are 9.9 percentage points less likely to aspire to the same. Among boys with disabilities, the gap is even larger: compared to their peers without disabilities, they are 14.7 percentage points less likely to aspire to attain some secondary school education. In terms of PFC aspirations for their adolescents, we found no statistically significant difference among PFCs of adolescent girls with disabilities compared to PFCs of girls without disabilities. PFCs of boys with disabilities were 4.9 percentage points less likely to aspire to secondary education or higher compared to PFCs of boys without disabilities (98.2%).

Although discrimination at school and in the community were common themes that dampened the educational aspirations of adolescents with disabilities, our qualitative findings highlighted that a significant number of young people who had managed to secure an education aspired to further education and professional careers. As one 16-year-old girl with a disability from Debre Tabor, South Gondar, explained: "*I want to be a civil servant employed in government offices, because I want to live on my own*

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[15] Regressions are OLS models with disability status as the independent variable, controlling for the adolescent's age and urban or rural location. Robust standard errors clustered at the enumeration area level.

because I am not different from or inferior to others". In fact, adolescents' own vulnerabilities were often key drivers of their aspirations, leading them to seek careers that could help others facing similar challenges. A 17-year-old girl with a disability from Debre Tabor, South Gondar, noted that she "*needs to be a doctor … to give support for those who have physical disabilities*". Similarly, another 17-year-old girl with a disability from Batu, East Shewa, explained that "*I want to become a teacher, since I want to support individuals with a hearing disability*".

Enrolment

Girls with disabilities were 6.5 percentage points less likely to be enrolled in school than their peers without disabilities, while boys with disabilities were 12 percentage points less likely to be enrolled than boys without disabilities. However, it is important to note that the overall rate of girls who were enrolled was significantly lower than that of boys, 66% compared to 77.6%. In terms of highest grade attended, girls without disabilities had reached a mean grade of 6.2 whereas girls with disabilities had attained, on average, 1.2 grade levels less. Among boys, those without disabilities had attained a mean grade level of 6.6 whereas boys with disabilities had attained 1.5 grade levels less (see Table 3).

Our qualitative findings suggest three reasons for lower enrolment rates among adolescents with disabilities. First, rural schools often cannot accommodate them; infrastructure and curricula are not adapted; and teachers have no training in educating children with special needs. As the mother of a 16-year-old boy with a physical disability in Community A (Zone 5) explained, "*Teachers tried to help him a lot, but he could not stay in the classroom for a long time, and also he couldnot listen and learn attentively like other children*". Second, many parents, mindful of the stigma that surrounds disability, choose not to send their children to school, in order to keep them safe. "*I advised her that children may hit her and pressure her to stay at home*", recalled the mother of a 10-year-old deaf girl from Community I (East Hararghe). "*My mother worries a lot... whenever I leave home and go to places*", added a girl with a physical disability (also aged 10) from Community D (South Gondar). In this respect, parents' fears are not unfounded, as many adolescents with disabilities are bullied in school until they drop out. The mother of a 15-year-old girl with a communication disability from Community D (South Gondar) described her daughter's experience: "*She was going to school. But when her heart was bright, her mouth was tied. When others were reading, and when she was trying to read, she could not read well and others would laugh at her. Then she left school.*"

Progress is being made, however, especially in South Gondar. Enrolment figures have increased in recent years, according to research participants, because special needs schools have slowly been expanding from cities into rural towns. “*I immediately began once the special needs education programme was opened*”, stated a 16-year-old girl with a visual impairment attending fourth grade in Community C (South Gondar). Adolescents attending these schools were largely enthusiastic about their teachers. “*They answer all my questions if they know the answer and if they do not, they ask their friends and get back to me*,” reported a 17-year-old blind girl attending a special needs school in Debre Tabor. Some young people with disabilities felt that they were being transitioned into mainstream classrooms too soon and with too little support. This means that even those who had been learning well were beginning to fall behind, as an 18-year-old boy with a hearing disability in Batu explained: “*Compared to lower grades, the work is getting tough from grade 5 to 6 and from 6 to 7, it keeps getting tough … I am trying hard to attend school, I am working hard. But since the teachers do not know any sign language, understanding becomes tough for me*.” Adolescents with disabilities who had been integrated into mainstream schools emphasized that their learning challenges are exacerbated by their peers, who are often so loud and rowdy that it is difficult for them to hear or even see the teacher. “*Grade 4 was better … the students do not disturb*,” explained a 14-year-old girl with a hearing disability from Debre Tabor.

Post-Covid onset

In Ethiopia, the challenges of school closures emerged as especially difficult for young people with disabilities. Among adolescents enrolled in any form of education (formal or informal) prior to the pandemic, 15% of those with a disability were using the internet, television (TV) or radio to continue learning, compared to 22% of adolescents without a disability. Among adolescents with disabilities who were previously enrolled in formal school, less than 1% reported using the Ministry of Education’s online programming as their primary method to continue learning, compared to the already low 2.5% figure of adolescents overall. Girls with disabilities were significantly less likely to continue learning while school was closed, though for boys there was no difference in this regard between those with disabilities and those without. While 22.1% of girls without disabilities faced challenges in continuing to learn when schools were closed, having a disability was associated with a 15.3 percentage point increase in reporting challenges. This gap is also seen among boys: 34.3% of adolescent boys without disabilities faced challenges continuing to learn during school closures, and having a disability was associated with a 13.1 percentage point increase.

Table 4: Association of adolescents' disability status and education outcomes, post-Covid onset[16]

	Girls			Boys		
Outcome	Mean for those w/o disabilities	Coefficient	p-value	Mean for those w/o disabilities	Coefficient	p-value
Returned to school when school reopened (among those enrolled before Covid)	0.926	0.003	0.926	0.939	-0.002	0.947
Currently enrolled in school (among those enrolled before and school is open)	0.798	-0.015	0.753	0.903	0.021	0.495
Doing something to continue learning during school closures (among those enrolled before Covid)	0.777	-0.120	0.031	0.796	-0.003	0.950
Faced challenges to continue learning when schools were closed (among those enrolled before Covid)	0.221	0.153	0.007	0.343	0.131	0.012
Family provided support for formal school during closure (among those enrolled before Covid)	0.532	-0.069	0.226	0.599	-0.119	0.018

More positively, adolescents with a disability who were enrolled in school prior to the pandemic were just as likely as their peers without a disability to receive family support for learning during school closures (58%). There were also no significant differences in the percentage of adolescents who returned to school when schools reopened, with 93% of students with and without disabilities returning, likely underscoring the importance that adolescents with disabilities accord schooling once enrolled. However, it should be noted that the percentage of students enrolled in school before Covid in the telephone sample was higher than in the face-to-face sample and survey before Covid, indicating that adolescents in school were easier to reach by phone and so overall less vulnerable.

Our qualitative research also highlights that adolescents with and without disabilities both faced difficulty in following up their education during school closures. This is particularly problematic in rural areas where uptake of remote learning is more difficult due to lack of access to

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[16] Regressions are OLS models with disability status as the independent variable, controlling for the adolescent's age and urban or rural location. Robust standard errors clustered at the enumeration area level.

technological devices and social media. This is illustrated by a comment from a *woreda* (district) education official in East Hararghe, who said:

> *There is education given by TV, but our students do not have TV since they are living in rural areas. There is also radio education that our students from rural areas cannot access because they do not have it. There are books sent by telegram, but we are not printing and delivering them to students as they are in PDF format. There are a lot of problems… Most students from rural areas do not have a mobile phone. There is no education given online.*

Students with disabilities reported feeling somewhat forgotten in relation to online remote learning. As one girl with a visual impairment from South Gondar (Amhara), explained:

> *It is hard for special needs people like us. It is easier for people with no sight problem––they can copy and read any material they want. For us, it is all about listening to the teacher and trying to remember what he has said. Sometimes we ask other students to read it to us to study for examinations. Now, there are no students to read to us.*

Disability Status and Livelihoods: Household and Adolescent-specific

Pre-Covid Onset

Employment

Quantitative findings show that before Covid, across those with and without disabilities, 68.4% of adolescents lived in a household with a parent who was employed as a wage earner, including self-employment such as farming or selling agricultural products at market. There was no significant difference between adolescents with a disability and those without in terms of household participation in paid labour. In regards to adolescent employment, 14.8% of girls without disabilities reported having done paid work in the past year. Having a disability made the likelihood of having done paid work 4.2 percentage points lower. A similar trend is seen for boys, though more boys without disabilities participated in paid work (20.3%) than their female counterparts.

Our qualitative findings similarly underscore that employment opportunities, even in the informal sector, are very limited for adolescents with disabilities, especially those who have not had access to specialist education, and are often only secured through support from neighbours. The following quote from an 18-year-old adolescent girl in South Gondar reflecting on the limited opportunities that a girl with a hearing impairment in her neighbourhood faces illustrates this:

> *My neighbour [an adolescent girl with a hearing impairment who is an age-mate of the narrator] works alongside the people in the next-door compound … She told us that she was going to start selling tella [traditional alcohol], by watching what other people were doing. We told her that she would not be able to do it and make herself understood …. But for 10 birr [the price of a drink in local currency] she shows you her tongue as it is red [the same sound as the word for the price], for five birr she will show you the hand with her five fingers …. Sometimes for neighbours she also prepares them injera [traditional bread] …. She does not do this regularly. It is only sometimes, when people ask her, when they are busy with other things.*

Similarly, a 19-year-old adolescent boy with a physical disability studying in a special needs education class noted that he buys exercise books in bulk prior to the beginning of the academic year from a local merchant who is supportive of students with disabilities and this helps him to supplement his meagre education stipend:

> *I sell exercise books each September…. I buy exercise books and sell them to the students…. The shopkeepers sell to us at a discount and we sell them on in the open market … I saw others doing it and followed suit as there are not many options to generate an income ... It makes an OK profit.*

Access to social protection

In Ethiopia, the Productive Safety Net Programme (PSNP) aims to reduce food insecurity among the most vulnerable households. Overall, 25.1% of households in the sample had ever benefited from the PSNP, with no significant difference between households with a boy or girl in the sample. There was also no significant difference between girls with disabilities and those without. For boys, 26.4% without disabilities lived in a household that benefited from PSNP, while having a disability was associated with a 7.7 percentage point increase in living in a household with PSNP (see Table 5).

Table 5: Association of adolescents' disability status and livelihood outcomes, pre-Covid onset[17]

	Girls			Boys		
Outcome	Mean for those w/o disabilities	Coefficient	p-value	Mean for those w/o disabilities	Coefficient	p-value
Household (HH) has ever benefited from the PSNP	0.243	0.030	0.346	0.264	0.077	0.047
HH participates in paid labour, including self-employment	0.692	0.006	0.886	0.665	0.032	0.485
Adolescent has done paid work in the past year	0.148	-0.042	0.076	0.203	-0.053	0.034

Our qualitative findings indicate that Ethiopian adolescents with disabilities have extremely limited access to the training and microfinance programmes and employment opportunities that would support independent futures. As stated earlier, TVET courses require 10th grade completion, which is not possible for most young people with disabilities given the limited availability of special needs education. Moreover, due to the stigma surrounding disability, young people with disabilities are not generally encouraged or supported to consider employment. As a special needs teacher in Debre Tabor noted: "*Even their family does not consider them as productive, instead they consider them as dependent*."

For adolescents with disabilities, access to social protection is also highly limited. Families are not prioritized for PSNP support, even though disability often entails higher costs (for medication, transport, specialized nutrition, education materials and assistive devices, etc.). Also, although some adolescents with visual and hearing impairments receive a stipend to partially offset their cost of living while they are studying at urban special needs schools, the amounts are low (200–350 birr per month, depending on the type of impairment), not available for those with physical disabilities, and can be co-opted by caregivers for general household use.[18]

As a result, many adolescents with disabilities are compelled to balance school with work or, in some cases, begging. Parents in rural areas often do not (due to discrimination) or cannot (due to poverty) provide additional support. A 16-year-old girl with a visual impairment from Debre Tabor, who receives a small stipend to attend education, explained that: "*I want to earn some money and put myself through school. I am now living*

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[17] Regressions are OLS models with disability status as the independent variable, controlling for the adolescent's age and urban or rural location. Robust standard errors clustered at the enumeration area level.

[18] The stipend is provided by the Ministry of Education from the Amhara regional government

on people, so I want to be independent, I want to work and change my life". Similarly, a 17-year-old boy with a physical disability in Debre Tabor, who runs a poultry business, explained that his family is poor and that *"they do not have the capacity to support me, so I support myself"*.

Post-Covid Onset

Our findings highlight that the economic impacts of the pandemic were significant at both the household and individual adolescent levels, and that stepped-up access to social protection was largely not available. Households with an adolescent with a disability were more likely to report not being able to buy essential items over the past week compared to households with non-disabled adolescents (see Table 6). Although 68.3% of households with girls and 66.3% of households with boys reported being able to buy all essential items, households with girls with disabilities were 9.5 percentage points less likely to be able to buy essential food items, and households with boys with disabilities 13.7 percentage points less likely. The qualitative findings underscored that young people with disabilities who were already very precarious economically are facing additional financial strain during the pandemic. An 18-year-old adolescent boy with a visual impairment from Debre Tabor explained his experience as follows:

> *Because of the ban on transportation [due to the pandemic-associated lockdowns] the prices of food have gone up; peanuts were 10 birr and now they cost 15 birr. Grain was 20 birr and now it is 25 birr. The impact has been critical, very critical for us [youth with disabilities] … It is good for the reduction of the spread of the disease but it has a lot of impacts on us.*

As for loss of household employment during Covid, at the time of the survey, there were no significant differences between households of adolescents with disabilities and those without, though 24.9% of households reported losing employment temporarily or permanently since the start of the pandemic. While more households with boys (48.8%) reported losing income since Covid began compared to households (37.2%) with girls, there were no significant differences between households with adolescents with disabilities and those without.

For girls and boys alike, there were no differences between those with disabilities and those without disabilities in terms of doing current paid work or reporting having done paid work before Covid. Only 1.8% of the sample reported that the time they spend doing paid work outside of the household had increased since the onset of Covid restrictions in March 2020, likely because there were contracting rather than expanding labour market opportunities.

The qualitative findings, however, suggest that adolescents with disabilities who often rely on self-employment due to lack of other employment options may have been especially negatively affected due to reduced mobility and the closure of street markets. An 18-year-old adolescent boy with a hearing impairment from Ebenat noted:

> *Since coronavirus there has been a decrease in the number of customers and in demand. It has really interrupted my work … people are trying to avoid contact with others as that is one of the corona prevention methods …. My handcrafts were affected a lot …. Before corona there were many women who took my handcrafts but during that time, they all stopped buying them.*

While there are no differences between those with disabilities and adolescents without disabilities living in households that have ever received PSNP for girls, boys with disabilities are 6.6 percentage points more likely to live in a household that has received PSNP compared to those without disabilities. The drop in households that have ever received PSNP from the pre-Covid sample to the post-Covid-onset phone survey sample again indicates a major difference in the level of vulnerability between the two samples.

The qualitative findings revealed that for adolescents attending school, social protection for education programmes were discontinued, leaving adolescents with disabilities highly vulnerable. A 19-year-old boy with a visual impairment from Debre Tabor explained that:

> *Previously, they [the regional government] were giving us 350 birr per month for attending school but since the closure of schools [in April 2020] the payments were halted …. We also get the same amount per month from SOS [an NGO] but they also stopped paying in September … They gave no explanation. It just wasn't in our accounts …. It is very challenging …. Some students are going back home to their rural villages as they cannot survive here like this … but I do not have that option.*

Table 6: Association of adolescents' disability status and livelihood outcomes, post-Covid onset[19]

	Girls			Boys		
Outcome	Mean for those w/o disabilities	Coefficient	p-value	Mean for those w/o disabilities	Coefficient	p-value
Household (HH) has ever benefited from the PSNP	0.114	0.049	0.198	0.123	0.066	0.094
HH lost employment permanently or temporarily due to Covid	0.274	0.071	0.134	0.210	0.039	0.333
HH lost at least some income due to Covid	0.370	0.068	0.174	0.482	-0.006	0.894
HH able to buy essential food items in past 7 days	0.683	-0.095	0.080	0.663	-0.137	0.012
Adolescent reports paid work before Covid	0.063	-0.029	0.207	0.095	-0.033	0.291
Adolescent has paid work currently	0.045	0.043	0.129	0.109	0.011	0.721
Time spent doing paid work outside the HH has increased since March 2020	0.009	-0.011	0.000	0.027	0.020	0.320

Disability Status and Stress: Household and Adolescent-specific

Pre-Covid

Adolescents with disabilities are at heightened risk of poorer psychosocial wellbeing. For boys and girls in our sample, those with disabilities scored significantly higher on the Patient Health Questionnaire (PHQ) depression scale, which indicates higher levels of depressive symptoms including feeling hopeless or depressed, and little interest or pleasure in doing things (see Table 8). Adolescents with disabilities were also less likely to have a trusted adult or friend, which are measures of resilience and coping. Among girls, 64.5% of those without disabilities have a friend they trust, while this figure is 15.5 percentage points lower for girls with disabilities. These figures are mirrored for boys, with 67.3% of boys without disabilities having a friend they trust, falling by 19 percentage points for boys with disabilities. For girls, there was no significant difference between those with disabilities and those without when it comes to having an adult they trust; for boys, 71.4% of those without disabilities reported having an adult they trust, whereas having a disability was associated with a 13.5 percentage point drop in this measure.

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[19] Regressions are OLS models with disability status as the independent variable, controlling for the adolescent's age and urban or rural location. Robust standard errors clustered at the enumeration area level.

Table 7: Association of adolescents' disability status and mental health and stress outcomes, pre-Covid[20]

	Girls			Boys		
Outcome	Mean for those w/o disabilities	Coefficient	p-value	Mean for those w/o disabilities	Coefficient	p-value
Score on PHQ-8 (0–24, higher score indicates worse mental health)	0.778	1.581	0.000	0.956	0.978	0.002
Has a friend (s)he trusts	0.645	-0.155	0.000	0.673	-0.190	0.000
Has an adult (s)he trusts	0.610	-0.036	0.308	0.714	-0.135	0.000

Our qualitative research findings underscore that these poorer mental health outcomes are probably due to the high levels of stigma, discrimination and social isolation that adolescents with disabilities experience. As one out-of-school, 15-year-old girl who is blind explained, *"I do not have friends. I do not tell anyone when I feel sad and have worries. I just keep quiet and sit."* A 17-year-old girl from Debre Tabor (South Gondar, Amhara) with a physical disability emphasized that her anxiety stems from her limited independence and feeling humiliated if she has to ask for help: *"I am psychologically depressed because I think I am inferior from my colleagues and I lack something … Even if people around me support me, the feeling is there. Begging every time for help is very painful."* Parents also recognized the psychological stress on their children and how it impacts their education. The mother of a 15-year-old girl with a communication disorder in South Gondar said:

> *Last year she had attended education for about three months. Since other students without disabilities laughed at her and teased her, she decided to drop out. The teachers also could not help her to improve her communication with other students. I also did not ask the teachers to do it. She was so frustrated and finally decided to quit it. Now she stays at home doing nothing. She has no choice except sitting idle.*

It is important to note that our qualitative findings included cases of positive psychosocial outcomes and strong social connectedness with peers and mentors, especially among those in urban areas where there are more likely to be educational services and other sources of support for adolescents with disabilities. A 16-year-old girl with a visual impairment explained that:

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[20] Regressions are OLS models with disability status as the independent variable, controlling for the adolescent's age and urban or rural location. Robust standard errors clustered at the enumeration area level.

> *I was so scared. Everything was blank. I used to cry all the time. But when I see that people in the town live freely, I chased away my fear and stress. I no longer live in fear. I know that I can be just like other people… people who work in the justice bureau, town administration and in a college…*

An 18 year old, also with a physical impairment, explained that before, when she lived in the rural village and was out of school, she suffered from social isolation, but going to school and mixing with peers had improved her connectivity to peers: "*No one was accompanying me to play and entertain me. I suffered a lot when I was in the rural area. Since I joined this class, I can play with children and friends that are similar to me. Here, I enjoy life and I feel good because I joined this school…*"

Post-Covid Onset

The qualitative data shows that stigma and discrimination towards adolescents with disabilities has been a widespread phenomenon. This is especially in urban areas, since as a result of social distancing regulations there are more concerns about coming into physical contact with others to assist them to navigate the urban environment. As an older boy with a physical disability from Batu explained:

> *The spread of the pandemic and the closure of schools have created stress for me. As I spend much of my time at home, I have not attended any educational programme since the closure of schools. Also, other family members want to watch the news when I want to use the TV for education. I am frustrated by this.*

The quantitative data indicates that the pandemic may have had a greater negative association with the mental health of adolescents with disabilities compared to their non-disabled peers. As seen before Covid, the PHQ-8 scores of adolescents with disabilities continue to be higher, indicating their higher levels of depressive symptoms. Our findings on mental health after the onset of Covid highlight the disparities between boys and girls with disabilities and their peers without disabilities. Boys with disabilities are more likely to be completely or moderately worried or anxious as well as scared or fearful of Covid-19. Whereas 38.5% of boys without disabilities reported being completely to moderately scared about Covid, having a disability was associated with a 10.5 percentage point increase in being scared or fearful about Covid. Among girls, there was no difference between those with disabilities and those without disabilities on this measure.

For boys, those with disabilities reported receiving less support from their families than those without disabilities. They were also less likely to report receiving more support from their families. Of boys without disabilities, 17% reported receiving more support during Covid than before, but having a disability was associated with a decrease of 7.8 percentage points on this measure. Fewer girls reported receiving more support than did boys, but among girls there was no significant relationship between those with disabilities and those without.

Table 8: Association of adolescents' disability status and mental health and stress outcomes, post-Covid onset[21]

	Girls			Boys		
Outcome	Mean for those w/o disabilities	Coefficient	p-value	Mean for those w/o disabilities	Coefficient	p-value
Total score on PHQ-8 (0–24)	0.570	0.811	0.001	0.647	1.068	0.000
Completely or moderately scared/fearful about Covid	0.343	0.012	0.813	0.385	0.105	0.034
Completely or moderately worried/anxious about Covid	0.290	0.035	0.481	0.295	0.134	0.006
Receives less support during Covid	0.096	0.060	0.117	0.089	0.084	0.024

Conclusions and Policy Implications

Our findings from before and after the onset of the Covid-19 pandemic highlight that while recent investments in special needs education services have made a critical difference in terms of access to formal education for adolescents with disabilities, these services are characterized by significant quality deficits, including inadequate teacher training, a dearth of adapted teaching materials and infrastructure, and under-investment in follow-on inclusive education services (grades 5 and beyond). These challenges are compounded by inadequate social protection to address the economic barriers to education service uptake, and a dearth of inclusive adolescent/youth- and disability-friendly psychosocial services.

We conclude by reflecting on context-specific and cost-effective entry points for strengthening inclusive services for adolescents with disabilities in Ethiopia, in line with international commitments enshrined in the UN Convention on the Rights of Persons with Disabilities to "*enjoy all human rights and fundamental freedoms*". In general, we concur with Sakellariou et al. (2020), who argue that a twin-track approach is required whereby young people with disabilities are considered in mainstream policy responses to the pandemic as well as in disability-specific policy, including with regard to education, psychosocial support, livelihoods

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[21] Regressions are OLS models with disability status as the independent variable, controlling for the adolescent's age and urban or rural location. Robust standard errors clustered at the enumeration area level.

support, and protection from violence and abuse. The following are priority actions to be undertaken by government stakeholders together with the support of civil society actors and development partners.

- Ensure that adolescents and youth with disabilities who have returned to school receive adequate support through catch-up initiatives, and undertake targeted outreach to make sure that young people who were enrolled prior to the pandemic are able to return.
- Learn lessons from the period of school closures and experience with distance learning to invest in the development of disability-friendly distance learning approaches. Because many young people with disabilities do not have access to a TV or the internet to access online learning programmes, it is important to provide other options. Providing recorded lectures on memory cards that can be used on mobile phones is one example of good practice that could be scaled up (see Emirie et al. 2020).
- Strengthen awareness-raising efforts targeting parents, moving beyond general messaging about the value of education to include more practical ways that parents can support their children with disabilities to access education. This should include messaging about the importance of education for all young people, and provide information and referrals to appropriate education facilities depending on a child's disability type and needs.
- Invest in psychosocial support services (online and in-person), including through social workers and youth volunteers, as part of a broader package of social support. Adolescents and youth with disabilities have been particularly affected by the psychosocial impacts of the pandemic, especially social isolation and trauma related to sexual violence and stigma. Work with families and relatives of young people with disabilities to encourage them to understand the interests and constraints facing those young people. Create opportunities for youth with disabilities to start to reconnect with peers so that they can interact and share experiences, which will help tackle stress and anxiety.
- Rapidly scale up the urban PSNP and ensure that young people with disabilities are targeted, including those who are attending school and who are dependent on educational stipends that are discontinued when schools are closed. Given the high levels of vulnerability experienced by many young people with disabilities during the pandemic, it is critical when scaling up the urban PSNP to give adequate weighting to disability status as an eligibility criterion, especially given heightened mobility challenges during the pandemic. The PSNP should be modified so that it can flexibly adapt to tackle the effects of unexpected shocks, such as Covid, especially as they impact adolescents with disabilities. Additional

support could include an increase in the stipend for adolescents with special needs.

- Establish guidance for service providers, community leaders and families on how to support young people with disabilities in a safe, socially distanced way. Adolescents and youth with disabilities in urban centres where social distancing is enforced are facing challenges in receiving sufficient support to ensure their safe mobility, due to limited awareness among the community, and discrimination and stigma. Such guidance should be included in public health communication around Covid-19 prevention, alongside messaging about tackling stigma against persons with disabilities and other disadvantaged groups. Information in accessible formats, including braille, and TV broadcasts accompanied by sign language interpreters, could also enhance outreach to a wider group of youth with disabilities.

References

Abeshu, Getachew. 2017. "Psychosocial Challenges Students with Disabilities Encounter in Selected Primary Schools of South Western Ethiopia." *Indian Journal of Health and Wellbeing* 8(4): 297–304.

Bailey, Tom, Richard Hastings and Vasiliki Totsika. 2021. "COVID-19 Impact on Psychological Outcomes of Parents, Siblings and Children with Intellectual Disability: Longitudinal Before and During Lockdown Design." *Journal of Intellectual Disability Research* 65(5): 397–404. https://doi.org/10.1111/jir.12818.

Baird, Sarah, Joan Hamory, Nicola Jones, Jennifer Seager and the GAGE Consortium. 2020a. *Ethiopia Round 2 Survey 2019/2020. Adult Female Module*. London: Gender and Adolescence: Global Evidence.

Baird, Sarah, Joan Hamory, Nicola Jones, Jennifer Seager, and the GAGE Consortium. 2020b. *Ethiopia Round 2 Survey 2019/2020. Core Respondent Module*. London: Gender and Adolescence: Global Evidence.

Banks, Lena Morgon, Calum Davey, Tom Shakespeare and Hannah Kuper. 2021. "Disability-Inclusive Responses to COVID-19: Lessons Learnt from Research on Social Protection in Low- and Middle-Income Countries." *World Development* 137: 105-178. doi:10.1016/j.worlddev.2020.105178.

Bayrakdar, Sait and Ayse Guveli. 2020. *Inequalities in Home Learning and Schools' Provision of Distance Teaching during School Closure of COVID-19 Lockdown in the UK* (No. 2020-09). ISER Working Paper Series. Colchester: ISER.

Bellerose, Meghan, Maryama Diaw, Jessie Pinchoff, Beth Kangwana and Karen Austrian. 2020. "Pre-pandemic Influences on Kenyan Girls' Transitions to Adulthood during COVID-19." *Girlhood Studies* 13(3): 133–150.

Caarls, Kim, Victor Cebotari, Despina Karamperidou, Maria Carolina Alban Conto, Juliana Zapata and Rachel Yang Zhou. 2021. *Lifting Barriers to Education During and After COVID-19: Improving Education Outcomes for Migrant and Refugee Children in Latin America and the Caribbean*. Florence: UNICEF Office of Research – Innocenti.

Coe, Rob, Ben Weidmann, Robbie Coleman and Jon Kay. 2020. *Impact of School Closures on the Attainment Gap: Rapid Evidence Assessment*. London: Education Endowment Foundation.

Ehrler, Melanie, Isabelle Werninger, Barbara Schnider, Dominique Eichelberger, Nadja Naef, Vera Disselhoff, Oliver Kretschmar, Cornelia Hagmann, Beatrice Latal and Flavia Wehrle. 2021. "Impact of the COVID-19 Pandemic on Children with and without Risk for Neurodevelopmental Impairments." *Acta Paediatrica* 110(4): 1281–1288. https://doi.org/10.1111/apa.15775.

Emirie, Guday, Abreham Iyasu, Kiya Gezahegne, Nicola Jones, Elizabeth Presler-Marshall, Kassahun Tilahun, Fitsum Workneh and Workneh Yadete. 2020. *Experiences of Vulnerable Urban Youth under Covid-19: The Case of Youth with Disabilities.* Policy brief. London: Gender and Adolescence: Global Evidence.

Engzell, Per, Arun Frey and Mark D. Verhagen. 2021. "Learning Loss due to School Closures during the COVID-19 Pandemic." *Proceedings of the National Academy of Sciences*, 118(17): e2022376118. https://doi.org/10.1073/pnas.2022376118.

Favara, Marta, Richard Freund, Catherine Porter, Alan Sánchez and Douglas Scott. 2021. "Young Lives, Interrupted: Short-Term Effects of the COVID-19 Pandemic on Adolescents in Low- and Middle-Income Countries." *Covid Economics, Vetted and Real-Time Papers*. Centre for Economic Policy Research 67, 4 February 2021: 172–198.

Federal Negarit Gazeta. 2019. *Higher Education A Proclamation, Proclamation No. 1152/2019.* Addis Ababa, 12 August 2019.

Federal Negarit Gazeta. 2018. *A Proclamation to Provide for the Definition of the Powers and Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia, Proclamation No. 1097/2018.* Addis Ababa, 29 November 2018.

Federal Negarit Gazeta. 2010. *Convention on the Rights of Persons with Disability Ratification Proclamation No. 676/2010.* Addis Ababa, 11 June 2010.

Global Education Monitoring Report (GEMR) Team. 2020. *Global Education Monitoring Report. Inclusion and Education: All Means All.* Paris: UNESCO.

Haeck, Catherine and Pierre Lefebvre. 2020. "Pandemic School Closures may Increase Inequality in Test Scores." *Canadian Public Policy* 46(S1): S82–S87.

Jones, Nicola, Elizabeth Presler-Marshall and Maria Stavropoulou. 2018a. *Adolescents with Disabilities: Enhancing Resilience and Delivering Inclusive Development*. London: Overseas Development Institute.

Jones, Nicola, Laura Camfield, Ernestina Coast, Fiona Samuels, Bassam Abu Hamad, Workneh Yadete, Wafaa Amayreh, et al. 2018b. *GAGE Baseline Qualitative Research Tools*. London: Gender and Adolescence: Global Evidence.

Jones, Nicola, Silvia Guglielmi, Agnieszka Małachowska, Bassam Abu Hamad, Workneh Yadete, Shoroq Abu Hamad, Eman Abu Hamra, et al. 2021. *"Some got arried, others don't want to attend school as they are involved in income-generation": Adolescent Experiences following Covid-19 Lockdowns in Low- and Middle-income Countries.* Report. London: Gender and Adolescence: Global Evidence.

Kassa, Tigist Alemu, Tobias Luck, Assegedech Bekele and Steffi Riedel-Heller. 2016. "Sexual and Reproductive Health of Young People with Disability in Ethiopia: A Study on Knowledge, Attitude and Practice: A Cross-Sectional Study." *Global Health* 12(5). https://doi.org/10.1186/s12992-016-0142-3.

Kılınçel, Şenay, Oğuzhan Kılınçel, Gürkan Muratdağı, Abdülkadir Aydın and Miraç Barış Usta. 2021. "Factors Affecting the Anxiety Levels of Adolescents in Home-quarantine during COVID-19 Pandemic in Turkey." *Asia-Pacific Psychiatry* 13(2): e12406. doi: 10.1111/appy.12406.

Mahler, Gerszon Daniel, Christoph Lakner, R Andres Castaneda Aguilar and Haoyu Wu. 2020. *Updated estimates of the Impact of COVID-19 on Global Poverty.* Data Blog. Washington, DC: World Bank Blogs.

Malle, Abebe Yehualawork, Raija Pirttimaa and Timo Saloviita. 2015. "Inclusion of Students with Disabilities in Formal Vocational Education Programs in Ethiopia." *International Journal of Special Education* 30(2): 57–67.

Marques, Emanuele Souza, Claudia Leite de Moraes, Maria Helena Hasselmann, Suely Ferreira Deslandes and Michael Eduardo Reichenheim. 2002. "Violence against Women, Children, and Adolescents during the COVID-19 Pandemic: Overview, Contributing Factors, and Mitigating Measures." *Cadernos de Saúde Pública* 36(4). https://doi.org/10.1590/0102-311X00074420.

Masi, Gabriele, Gianluca Sesso, Chiara Pfanner, Elena Valente, Agnese Molesti, Francesca Placini, Silvia Boldrini, et al. 2021. "An Exploratory Study of Emotional Dysregulation Dimensions in Youth with Attention Deficit Hyperactivity Disorder and/or Bipolar Spectrum Disorders." *Frontiers in Psychiatry* 12:409. https://doi.org/10.3389/fpsyt.2021.619037.

Masonbrink, Abbey and Emily Hurley. 2020. "Advocating for Children during the COVID-19 School Closures." *Pediatrics* 146(3): e20201440. doi: 10.1542/peds.2020-1440.

Ministry of Education (MoE). 2012. *Special Needs/Inclusive Education Strategy.* Addis Ababa, Ethiopia: Ministry of Education, Federal Democratic Republic of Ethiopia.

Ministry of Education (MoE). 2002. *Training and Education Policy.* Addis Ababa, Ethiopia: Ministry of Education, Federal Democratic Republic of Ethiopia.

Ministry of Education (MoE). 1994. *Training and Education Policy.* Addis Ababa, Ethiopia: Ministry of Education, Federal Democratic Republic of Ethiopia.

Ministry of Labour and Social Affairs (MoLSA). 2014. *National Social Protection Policy.* Addis Ababa, Ethiopia: Ministry of Labour and Social Affairs, Federal Democratic Republic of Ethiopia.

Ministry of Labour and Social Affairs (MoLSA). 2012. *National Plan of Action of Persons with Disabilities (2012–2021).* Addis Ababa, Ethiopia: Ministry of Labour and Social Affairs, Federal Democratic Republic of Ethiopia.

Ministry of Labour and Social Affairs (MoLSA). 2011. *National Physical Rehabilitation Strategy of Ethiopia.* Addis Ababa, Ethiopia: Ministry of Labour and Social Affairs, Federal Democratic Republic of Ethiopia.

Ministry of Youth, Sport and Culture (MYSC). 2004. *National Youth Policy.* Addis Ababa, Ethiopia: Ministry of Youth, Sport and Culture, Federal Democratic Republic of Ethiopia.

Mueller, Carlyn. 2019. "Adolescent Understandings of Disability Labels and Social Stigma in School." *International Journal of Qualitative Studies in Education* 32(3): 263–281.

Mulat, Mekonnen, Hannu Savolainen, Elina Lehtomäki and Matti Kuorelahti. 2015. "Socio-Emotional Problems Experienced by Deaf and Hard of Hearing Students in Ethiopia." *Deafness & Education International* 17(3): 155–162.

Onyema, Michael Edeh, Nwafor Chika Eucheria, Faith Ayobamidele Obafemi, Shuvro Sen, Fyneface Grace Atonye, Aabha Sharma and Alhuseen Omar Alsayed. 2020. "Impact of Coronavirus pandemic on education." *Journal of Education and Practice* 11(13): 108–121.

Patel, Khushboo. 2020. “Mental Health Implications of COVID-19 on Children with Disabilities.” *Asian Journal of Psychiatry* 54: 102273. doi: 10.1016/j.ajp.2020.102273.

Peterman, Potts, O’Donnell, Thompson, Shah, Oertelt-Prigione and van Gelder. 2020. *Pandemics and Violence Against Women and Children*. CGD Working Paper 528. Washington, DC: Center for Global Development.

Pinchoff, Jessie, KJ, Santhya, Corinne White, Shilpi Rampal, Rajib Acharya and Thoai D Ngo. 2020. “Gender Specific Differences in COVID-19 Knowledge, Behavior and Health effects among Adolescents and Young Adults in Uttar Pradesh and Bihar, India.” *PLoS ONE* 15(12): e0244053. https://doi.org/10.1371/journal.pone.0244053.

Rohwerder, Brigitte. 2018. *Disability Stigma in Developing Countries*. K4D Helpdesk Report. Brighton, UK: Institute of Development Studies.

Sakellariou, Dikaios, Ana Paula Serrata Malfitano and Elena S Rotarou. 2020. “Disability Inclusiveness of Government Responses to COVID-19 in South America: A Framework Analysis Study.” *International Journal for Equity in Health* 19(1): 131. https://doi.org/10.1186/s12939-020-01244-x.

Tedla, Tadesse and Dawit Negassa. 2019. “The Inclusive Education for Deaf Children in Primary, Secondary and Preparatory Schools in Gondar, Ethiopia.” *Humaniora* 31(2): 177–187. doi:http://dx.doi.org.prox.lib.ncsu.edu/10.22146/jh.v31i2.44767.

Tefera, Belaynesh and Marloes Van Engen. 2016. “The Disability Paradox: Better Opportunities Versus the Hardships of High-Achieving Disabled Women of Ethiopia.” *Canadian Journal of Disability Studies* 5(1): 107–132.

Temesgen, Zelalem. 2018. “School Challenges of Students with Visual Disabilities.” *International Journal of Special Education* 33(3): 510–523.

United Nations Children’s Fund (UNICEF). 2021. *COVID-19: Schools for More Than 168 Million Children Globally Have Been Completely Closed for Almost a Full Year, Says UNICEF.* Press release, 2 March. https://www.unicef.org/press-releases/schools-more-168-million-children-globally-have-been-completely-closed.

United Nations Educational, Scientific and Cultural Organization (UNESCO). 2020. *Education: From Disruption to Recovery*. https://en.unesco.org/covid19/educationresponse.

Washington Group on Disability Statistics. 2020. *The Washington Group Short Set on Functioning (WG-SS).* 19 March. https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/Questions/Washington_Group_Questionnaire__1_-_WG_Short_Set_on_Functioning.pdf.

Yap, Jaclyn, Vandana Chaudhry, Chandan Kumar Jha, Subha Mani and Sophie Mitrae. 2020. “Are Responses to the Pandemic Inclusive? A Rapid

Virtual Audit of COVID-19 Press Briefings in LMICs." *World development* 136:105122.https://doi.org/10.1016/j.worlddev.2020.105122

Zegeye, Tsigie Genet. 2019. "An Investigation on the Status of Resilience Among Blind Adolescent Students." *Journal of Pedagogical Research* 3(1): 50–59. doi: 10.33902/JPR.2019.4.

Zhou, Shuang-Jiang, Li-Gang Zhang, Lei-Lei Wang, Zhao-Chang Guo, Jing-Qi Wang, Jin-Cheng Chen, Mei Liu et al. 2020. "Prevalence and Socio-demographic Correlates of Psychological Health Problems in Chinese Adolescents during the Outbreak of COVID-19." *European Child & Adolescent Psychiatry* 29(6): 749–758. doi: 10.1007/s00787-020-01541-4.