



Young Lives Policy Insights on Supporting Young People with Disabilities in Ethiopia

Overview

Young Lives' sixth wave of qualitative research (Qual 6) in Ethiopia provides vital insights into how young people's lives are changing as they navigate multiple intersecting crises, including the impacts of conflict, COVID-19, climate change, high inflation and increasing living costs, and how these challenges have affected their health and well-being, and that of their children and families.

This note is an extract from Young Lives' Policy Brief [Strengthening Resilience of Young Lives in Ethiopia in Times of Crises](#) (Ford et al., 2026) presenting emerging recommendations on supporting young people with disabilities in Ethiopia, based on initial findings from Qual 6 and more than two decades of Young Lives longitudinal research.

This is one of eight interconnected research themes, as presented in the Young Lives Research Report, [Experiences of Young Lives During Crises in Ethiopia](#) (Tafero et al., 2026) and drawing on the Young Lives [Literature Review of Health Services and Trends in Health Expenditure and Health Outcomes in Ethiopia](#) (Endale, 2026).

It also incorporates insights from discussions at the [Young Lives Qual 6 high-level event](#) held in Addis Ababa on 29 January 2026, which brought together over 130 policymakers, researchers and practitioners, helping to ensure that the policy recommendations reflect local contexts and, where possible, align with key government priorities.

Young Lives study and Qual 6 in Ethiopia

[Young Lives](#) has been following the lives of 12,000 young people in Ethiopia, India, Peru and Vietnam, from infancy into early adulthood, since 2001. In Ethiopia, the study follows 3,000 young people located in 20 sites across Addis Ababa, Amhara, Oromia, Tigray and the former Southern Nations, Nationalities and Peoples' Region (SNNPR), now located within the Central Ethiopia Regional State, South Ethiopia Regional State and Sidama Region.

Young Lives is one of the few longitudinal studies collecting data in the conflict-affected areas of Tigray and Amhara – including through a COVID-19 phone survey in 2020–21 and in-person Round 7 survey in 2023–24. Young Lives has also conducted in-depth longitudinal qualitative interviews since 2007 with a sub-sample of young people, their families and communities located in seven sites across Addis Ababa, Amhara, Oromia, Sidama and Tigray. The current Qual 6 programme, co-funded by FCDO and Irish Aid, has enabled Young Lives to undertake a sixth wave of qualitative longitudinal data collection in 2025, involving a total of 494 respondents.

Young Lives is led by the University of Oxford, in partnership in Ethiopia with the Policy Studies Institute (PSI) and Pankhurst Development Research and Consulting (PDRC).

Disabilities Policy Context

Ethiopia's 1995 Constitution enshrines equality and explicitly prohibits disability discrimination, mandating state support and protecting the right to work for people with disabilities. The [National Plan of Action of Persons with Disabilities \(2012–2021\)](#), developed by the Ministry of Labour and Social Affairs, was designed to promote an inclusive society by providing comprehensive rehabilitation, equal access to education, training and employment, and full participation in family, community and national life, following Ethiopia's ratification of the [UN Convention on the Rights of Persons with Disabilities \(UNCRPD\)](#) in 2010. A new plan is currently under review.

Despite legal frameworks intended to protect their rights, young people with disabilities in Ethiopia continue to face systemic barriers to healthcare, education, employment and social participation. The 2024 National Survey on Persons with Disabilities in Ethiopia (UNICEF, forthcoming 2026) reveals significant disparities in the prevalence of disability and highlights its wide-ranging social and economic impacts. Disability is more common in rural and conflict-affected areas, particularly in northern regions where war-related injuries are prevalent.

Young Lives findings on Disabilities

The types and causes of disabilities among young people in the Qual 6 study are shaped by a diverse range of contexts and challenges. These include work-related exposures and harsh weather contributing to hearing and vision loss, childhood polio and workplace accidents leading to mobility impairments, and war-related physical injuries, mainly among young men in conflict-affected areas.

Limited access and low levels of trust in health services, particularly in rural areas, have led some young people with disabilities to avoid or delay seeking formal medical care and instead rely on traditional healers and remedies, such as bone-setting and *tebel* (holy water). This can result in minor injuries and treatable conditions worsening over time and developing into long-term or permanent disabilities.

The increasing cost of healthcare is causing significant economic strain, sometimes forcing young people and their families to borrow money, sell critical assets such as cattle, or even cut back on prescribed medications. Many of the young people with disabilities in the study either remain unemployed or are confined to informal, insecure or low-paid jobs due to a range of obstacles, including reduced mobility and limited capacity to carry out manual work, as well as discrimination and stigma. Social exclusion and marginalisation also contribute to emotional distress and isolation.

Policy Recommendations on Disabilities

Ethiopia's legal and policy frameworks underscore the right to equality, participation and access to essential services for people with disabilities, but persistent implementation gaps continue to limit the full realisation of these rights. Young Lives findings emphasise the need for coordinated and inclusive policies that address both the causes of disability and the structural barriers faced by people with disabilities **across multiple sectors**.

Health and well-being

1. **Affordable or subsidised health services for young people with disabilities should be expanded**, particularly in rural and other underserved areas. This can include expanding Ethiopia's Community-Based Health Insurance (CBHI) covering basic treatment and medicines, alongside targeted subsidies for essential medicines, such as epilepsy treatment and eyeglasses, which are not currently covered by such insurance.
2. **Delayed diagnosis and healthcare can allow otherwise treatable conditions to deteriorate into long-term disabilities**. Strengthening early diagnosis, vaccination and timely treatment of childhood infections – including polio, which has re-emerged in some remote and conflict-affected areas – as well as hearing and vision impairments, is therefore essential.
3. **Social isolation and discrimination prevent many young people with disabilities from fully participating in their communities and contribute to their emotional distress**. Inclusion and well-being can be improved through community sensitisation campaigns to reduce stigma and promote acceptance, alongside investment in peer support groups and youth-led disability associations.
4. **Mental health services and psychosocial support for people with disabilities should be integrated into primary healthcare**. This requires training community health workers to identify and support young people with psychological distress, including providing trauma counselling for war-affected youth.

Education and skills

5. **Disability-inclusive education services would enable more young people with disabilities to attend school, technical colleges and university**. This can be achieved by adapting teaching methods to be disability-friendly, for example by providing written materials for hearing-impaired students and braille for sight-impaired students, as well as by addressing stigma related to disability and expanding scholarships and support services for students with disabilities.
6. **Technical and vocational education and training (TVET) needs to be accessible to young people with disabilities**. The existing framework for special needs education in TVET needs to be strengthened with enforceable standards to ensure public buildings and transport are suitable for use by people with disabilities.

Employment

7. **Tailored support can strengthen the livelihoods of young people with disabilities and facilitate smoother transitions into the workforce**. This should include promoting vocational training and entrepreneurship programmes aimed at young people with disabilities and supporting small businesses run by disabled youth through microfinance and grants.
8. **Measures to incentivise employers to ensure fair working and training conditions are essential for equitable access to employment for young people with disabilities**. This can include providing reasonable accommodation of their needs, actively supporting women with disabilities and assigning assistants to employees when needed to enable full participation.

References

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