# Situation and access to services of people with disabilities and homeless people in two sub-cities of Addis Ababa to inform the **Urban Productive Safety Net Project (UPSNP) in Ethiopia**



### **RESEARCH LOCATIONS**

Addis Ketema: Addis Ketema is located in the north-western part of the city. The sub-city has an estimated population of around 270,000 people and, because of its relatively small size (7.4 km2), a very high population density of more than 36,000 people per square kilometre. Addis Ketema has a significant migrant population, largely due to having the largest bus station and open-air market in the country. It is struggling to cater for the needs of a growing number of people classified as destitute. Currently, some 55,000 people in Addis Ketema are enrolled into the Urban Productive Safety Net Programme, but administrative capacity to implement the programme is constrained. Within Addis Ketema, we focused on woreda 4 and 8.

Arada: The second research location is Arada sub-city, which is located in the northern part of Addis Ababa. Arada has a population of around 212,000 people and a population density of over 22,300 persons per square kilometre. Arada is one of the oldest parts of Addis Ababa but it is likely to undergo significant transformation due to urban redevelopment in the next few years, which may lead to the displacement of vulnerable groups. Within Arada subcity we focused on woreda 4 and 6.

#### **OBJECTIVES OF THE STUDY**

- A mixed-method study on the living conditions and needs of people with disabilities and homeless families in the sub-cities of Addis Ketema and Arada in Addis Ababa
- The purpose of the study is to inform the design of a pilot programme to deliver integrated social services in the two sub-cities, as well as informing the design of the destitution component of the Urban Productive Safety Net Programme (UPSNP).
- The study uses three main methodologies: an in-depth literature review, secondary analysis of survey datasets, and qualitative field research in two sub-cities
- Field research took place in August 2018 in the two sub-cities of Addis Ketema and Arada.

## **KEY FINDINGS**

- Importance of availability of quality services which requires adequate commitments to investing in service infrastructure.
- Targeting of existing services, that are of insufficient guality, to select few on the basis of an arbitrary criterion is problematic. As part of the UPSNP, the concept of destitution is mainly operationalised as homelessness, while the condition of housing is not a useful indicator in Addis Ababa, where 70-80 per cent of the population live in inadequate housing situations.
- Homeless populations as a destitute category would be cumbersome to identify due to the general lack of data on pavement dwellers, that include persons living on the street under plastic sheets or illegally renting homes.
- The support provided should be based on the assessed need of vulnerable individuals and households. Interventions to support homeless people in Addis Ababa have to start by improving access to housing and shelter, the lack of which is a key cause of all other challenges faced by homeless people.
- Graduation based exit strategies are inappropriate for high-risk vulnerable populations that need monitoring and support services in the long term to be able to cover basic needs.
- There is a need for an integrated case management information system (MIS), which can make the existing data operational. Such a system should also be able to flag child protection cases no matter who raises a concern in the system (e.g. Health Extension Workers, Women Development Army members, UPSNP officers, teachers). A joint MIS could also ensure that all UPSNP Direct Support beneficiaries and all homeless people have automatic access to free health care.

## **CONCLUSIONS/LESSONS LEARNED**

- activities.
- as a system with systematic monitoring and follow-up of individual or household case plans.
- any regular income.
- The insufficient incomes of most of the families with people with disabilities interviewed also impacts their access to a nutritious diet.
- access to primary schools.
- For both people with disabilities and the homeless, access to free healthcare through the health fee waiver programme is essential.
- does exist is in poor condition and not accessible for people with disabilities.
- Both homeless people and people with disabilities are vulnerable to violence and abuse, and homeless women demand side barriers.
- disability as such.
- with disabilities.
- Homeless people are excluded from the UPSNP as a matter of policy, more than practical barriers.
- There is no functional grievance redress mechanism after the initial targeting process has been completed, since the grievance redress committee is only operational for 15 days following targeting and only deals with complaints related















• The vast majority of people interviewed – both homeless and those with disabilities – mentioned lack of access to adequate housing as the main issue they face, followed by access to employment or income generating

• With the exception of the health sector, there is currently no functioning case management system, understood • Most of the families interviewed reported insufficient income to cover their basic needs, with many not having

• Very few children were encountered not to be in school, and both key informants and households described good

• Access to adequate housing or shelter is the main need for both people with disabilities and homeless people. In particular women with children living on the streets are in urgent need of safe shelter facilities. Unfortunately, services in this area are limited. There is insufficient government housing available to meet demand, and what

are especially vulnerable. There is very limited access to protection services, as a result of both supply and

There have been no efforts to ensure that the UPSNP public works component is accessible for people with disabilities. The UPSNP implementation manual reflects a prejudice that people with disabilities cannot work. Locally, officials and community committee members recognise that this is not the case, and therefore apply a test of work capacity rather than

There are no guidelines or training provided for targeting committee members on how to assess the work capacity of people

• The current targeting criteria, which includes an assessment of belongings, are not an accurate proxy for current income or food

