

Did What?

Research Project in Brief

A-PODD in Ethiopia

Margaret Wazakili^{1,2}

Dagnachew Wakeni^{1,3}

Gubela Mji¹

Malcolm MacLachlan^{1,2}

¹ Stellenbosch University, Centre for Rehabilitation Studies

² Trinity College Dublin, Centre for Global Health &
School of Psychology

³ A-PODD Research Assistant, Addis Ababa, Ethiopia

October, 2011



Published by The Global Health Press

Copyright © The Global Health Press

Reproduction is authorised, provided
the source is acknowledged.

Legal notice

Neither the Global Health Press nor any person acting on behalf of the Press is responsible for the use that may be made of the information contained in this publication or any errors that may remain in the texts, despite the care taken in preparing them.

ADDRESS:

The Global Health Press
7-9 Leinster Street South
Dublin 2
Ireland.

CONTACT:

Ms Magdalena Szewczyk

Email: theglobalhealthpress@gmail.com

ISBN 978-0-9569011-3-2

1. Introduction

This *Did What?* summarises the activities of the African Policy on Disability and Development (A-PODD) project in Ethiopia. It outlines the statement of the problem, research context, a brief summary of the A-PODD project itself, the methods used, and the impact of our work. The policy brief also provides recommendations to support the promotion of disability inclusion in the national development agenda. We conclude with a list of research and 'workshop' participants, the names of the larger A-PODD research team, and acknowledgements.

2. Statement of the problem

There is credible evidence to suggest that disability issues do not feature in most development policies, such as the Millennium Development Goals (MDGs) and Poverty Reduction Strategy Papers (PRSPs).^{1,2} This is in spite of the declaration that the World Bank and the International Monetary Fund (IMF) launched the PRSP to assist low-income countries achieve poverty reduction.³ It was expected that the PRSPs would steer low-income countries to promote opportunities, facilitate empowerment and enhance security for their poorest citizens, including people with disabilities.⁴ However, most governments and their development partners, continue to exclude people with disabilities from the PRSP process. These partners persistently view disability as a separate issue from mainstream development, and so do not feel obliged to include disability issues in their development plans. Consequently, people with disabilities are perpetually marginalised, and they remain poor. Without getting disability issues on the PRSP agenda, it will be very difficult indeed to achieve MDG 1, on poverty reduction and most of the other MDGs. The World Report on Disability⁵ stresses the need to address poverty and to ensure that people with disabilities are involved in, and benefit from, policy initiatives aimed at poverty reduction. The A-PODD project explored the extent to which disability issues are included in the PRSP process in Ethiopia. The study also investigated how disability can be put on the agenda of national development initiatives, and how research evidence can be utilised to facilitate such a process.

3. Policy context

The Federal Republic of Ethiopia is one of the oldest countries in the world, and is located in East-central Africa, commonly known as the Horn of Africa. It covers an area of over 1,127,127 km², which makes it the ninth largest country in Africa. It is bordered to the west by Sudan, to the east by Somalia and Djibouti, to the south by Kenya, and to

¹ Coleridge, P. (2007). Economic Empowerment. In T. Barron & P. Amerena (Eds) *Disability and Inclusive Development*. London: Lenard Cheshire International.

² Dube, A. (2006) Dube, A. K. (2005). '*Participation of Disabled People in the PRSP/PEAP Process in Uganda*'. (http://disabilitykar.net/docs/uganda_prsp.doc).

³ World Bank (2001). Reviewing Poverty Reduction Strategies Program (<http://www.worldbank.org/developmentnews/stories/html/080601a.htm>).

⁴ Craig, D. & Porter, D. (2003). Poverty Strategy Papers: A new Convergence. *World Development*. 31 (1) 53-69

⁵ World Health Organisation & World Bank (2011) *World Report on Disability*. Geneva: WHO

the northeast by Eritrea, and declared its independence from mainland Ethiopia in the early 1990s. According to the Ethiopian Central Statistical Agency (CSA), the country is the second most populous nation in Africa, with an estimated population of close to 80 million, second only to Nigeria⁶. Ethiopia is a predominantly agrarian society, also marked by a considerable geographical diversity with high mountains, plateaus, deep gorges and river valleys. This terrain makes movement difficult, especially for people with disabilities. The 1984 population census gave a 3.6% estimate for people with disabilities, and in 1994, it recorded a 1.8% estimate⁶. These percentages are considerably below the estimate of 15% of the population presented in the World Report on Disability, or indeed WHO's previous estimate of 10%.⁷. The lack of reliable disability statistics, compromises the extent to which disability can be included in PRSPs but there is a clear and urgent need to address the links between disability and poverty⁸ and disability and international development⁹ and to network evidence into action through inclusive debate and planning.¹⁰

The Federation of Ethiopian National Associations for Persons with Disabilities (FENAPD), with whom we worked, was the umbrella association for Disabled People's Organisations (DPOs) in Ethiopia, and these included: the Ethiopian National Association for the Blind, the Ethiopian National Association for the Deaf, the Ethiopian National Association for the Physically Handicapped; the Ethiopian National Association for People Affected by Leprosy; the Ethiopian National Association for the Intellectually Disabled; and the Ethiopian National Association for the Deaf Blind.

4. The A-PODD project

Ethiopia is one of the four African countries that participated in a three-year A-PODD research project (2009-2011), which is funded by the Irish Health Research Board (HRB) and Irish Aid. This project is jointly run by Trinity College Dublin, Centre for Global Health; the Secretariat of the African Decade for Persons with Disabilities, and Stellenbosch University, Centre for Rehabilitation Studies, where the project is based. A-PODD investigated the need for disability to be included on the agenda of national and international development initiatives. It aimed at documenting and analysing factors that contribute to realising the rights of people with disabilities, promote their health and well-being and release their economic potential. The project also considered how research evidence can be utilised to inform the policy environment, and development initiatives and institutions. It also explored community and grass-roots decision-making and inclusion efforts.

The other countries that were selected for their unique characteristics to participate in the A-PODD project are Malawi, Uganda and Sierra Leone. Malawi and Uganda were

⁶ The Central Statistical Authority (2007). Population and Housing Census of Ethiopia: Country Level. Addis Ababa.

⁷ [World Health Organisation & World Bank \(2011\) World Report on Disability. Geneva: WHO](#)

⁸ Eide, A.H. and Ingstad, B. (2011) Disability & Poverty: A global perspective. Bristol: Policy Press.

⁹ MacLachlan, M. and Swartz, L. (Eds.) (2009) Disability & International Development: Towards inclusive global health. New York: Springer.

¹⁰ Mji, G., Gcaza, S., Swartz, L., MacLachlan, M. & Hutton, B. (2011) An African way of networking around disability. Disability & Society, 26, 365–368.

the only two African countries that had a Disability Ministry at the time. Then, South Africa created the Ministry of women, children, and people with disabilities. Sierra Leone had just emerged from a conflict that resulted in many people being disabled but had no centralised Ministry. Ethiopia is considered the second most populous country in Africa, with significant geographical barriers and a highly dispersed population, presenting challenges to the inclusion of people with disabilities, again without a centralised Ministry.

5. Collaboration with local partners

A-PODD's commitment to the countries in which the research was being undertaken, was to work with, and support, local partners. Thus, FENAPD hosted the project in close collaboration with Addis Ababa University, Department of Special Needs Education and Ministry of Labour and Social Affairs (MoLSA). A-PODD signed a Memorandum of Understanding (MOU) with the first two organisations. Through this MOU, a research assistant sought to contribute the equivalent of one day's work per week to FENAPD, as part of A-PODD's support to the organisation. The Research Assistant, Mr. Dagnachew Wakene, was called upon to assist FENAPD, whenever they needed his time and expertise, as a lawyer. Similarly, FENAPD supported the research assistant in terms of identifying participants for the study and sometimes hosting interviews at the organisation's offices. The local partners were instrumental in identifying key stakeholders and potential participants for the A-PODD study. They assisted, also, in the organisation of the end-of-year feedback workshop, held at the Embilta Hotel in Addis Ababa. The other A-PODD staff sought to ensure that the research, conducted across the four countries, was coordinated in a standardised and comparable fashion.

6. Methods

The study was conducted mainly in Addis Ababa, and DPOs from other provinces were interviewed via teleconferences. The A-PODD study employed a series of five qualitative data collection methods, and a feedback workshop. Key informant interviews were conducted first, followed by focus group discussions, the critical incident technique, nominal group technique, and the force field analysis. These methods complimented each other, while each method emphasised a specific characteristic such as 'knowledge' and 'attitudes' as indicated in figure 1. Participants were drawn from government departments, disabled people's organisations, including people with disabilities at grassroots level, civil society organisations, national and international NGOs, and research institutions. This research process is illustrated in figure 1 below.

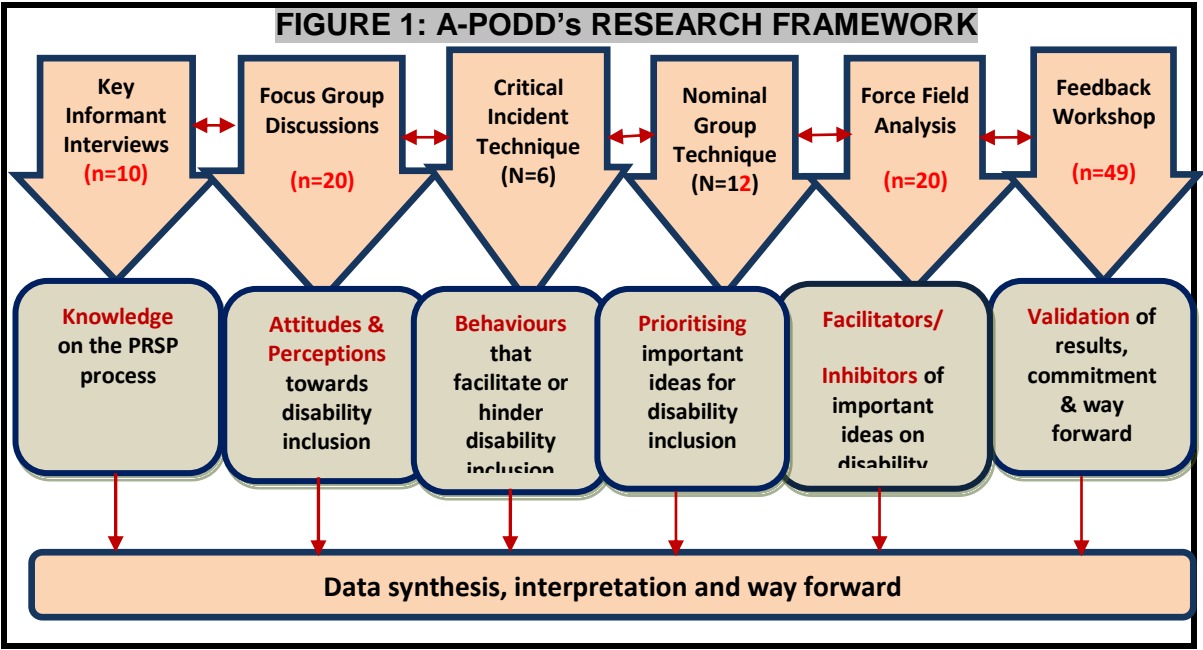


Figure 1, illustrates the interconnectedness of the data collection methods, culminating in the feedback workshop that also explored the validity of the research findings with key stakeholders. Each method highlighted specific attribute(s), which converged in the final analytical process. Key informants focused on knowledge; emerging issues informed focus group discussions, which highlighted attitudinal issues and perceptions regarding the inclusion of disability in the PRSP process. The Critical Incidents Technique was conducted to establish behaviours and skills that contribute to disability inclusion or exclusion from the PRSP/PASDEP (Plan for Accelerated and Sustainable Development to End Poverty). The latest PRSP is known as the Growth and Transformation Plan (GTP). Data from these three methods were analysed thematically.

The Nominal Group Technique was used to prioritise factors identified as crucial in disability inclusion. While the force field analysis was used to identify factors for, and against, disability inclusion. Finally, the feedback workshop was carried out to synthesise and explore the validity of our interpretation of the research findings. Delegates of the feedback workshop committed their respective organisations to utilising the research evidence for improving the participation of people with disabilities in national development processes.

Below is a photograph of some of the participants who attended the feedback workshop.



Embilta Hotel, Addis Ababa: A-PODD Feedback Workshop, 27.01.11

7. Results

Although each data collection method focused on specific attributes, outlined in Figure 1 above, the selected findings reflect the complementary nature of the methodological process. These findings are not only similar, but are comparable across the four study countries, contributing to their potential transferability to other low-income countries that are using the PRSP approach.

Definition of Disability – Disability is a highly contested concept and term, with no single working definition that is agreed upon by all stakeholders or, indeed, one that guides policy and practice in Ethiopia. As a result, each government department or private sector organisation conceptualises the term from different professional or organisational standpoints. This practice only serves to set hurdles for the already complex process of disability inclusion.

Negative Attitudes – People with disabilities are often made to feel and accept that they are not useful citizens, due to societal and cultural negative attitudes. Such attitudes prevent genuine incorporation of disability issues in the PRSP, because people with disabilities are considered incapable of contributing towards the national development agenda. Participants indicated that negative attitudes are not only a domain of non-disabled people, but that people with disabilities have equally internalised these disabling stigmatising feelings, and often they fail to challenge the status quo. Hence, they fail to demand their right to participation in community and national development activities. In addition, off-putting attitudes prevent this group from being deemed as

primary beneficiaries of basic social services at community or *'Kebele'* (District) level. It was further stressed that people with disabilities continue to experience prejudice, stereotypes and discrimination, the effects of which are considered worse than those imposed by bodily impairments or limitations in functioning.

Legislation – Recently, the Ethiopian government passed a controversial NGO/CSO law, which has negatively affected the operations of civil society organisations in the country. This law requires that all organizations working on rights advocacy, including disability rights movements, should solicit their operational funds from local sources only. Since most Ethiopian DPOs depend on financial support from foreign-based partnerships and organizations, some have had to give up their advocacy role in order to continue benefiting from foreign sources. Others have opted out of FENAPD altogether, choosing to forfeit such funding, in favour of maintaining their advocacy role. This division among DPOs has invariably weakened FENAPD, which was only beginning to emerge as a strong disability voice in the country. On a positive note, the government has ratified the UNCRPD, but is yet to implement the tenets of this Convention. Furthermore, a directive from the implementation of Proclamation 568 of 2008 on the Right to Employment of Persons with Disabilities was adopted in 2011 by the government.

Self representation: The formulation of all the Ethiopian PRSPs was described as a consultative process that involved the participation of various stakeholders, such as the government, non-governmental organisations, community-based organisations, civil society organisations and the donor community. Nevertheless, this process did not sufficiently engage the disability movement, so that people with disabilities had minimal input in the first two PRSPs. They were either invited late or some of their contributions were not taken on board. For example, disability issues were categorised under common issues to all 'vulnerable groups', a process that undermined the wishes of the disability movement. Furthermore, it was pointed out that unequal power relations and petty jealousies, tend to cause infighting among impairment specific DPOs, and also within each disability group. As a result, these groups often present conflicting voices about their needs, which are not taken seriously by policy makers. Participants asserted that lack of adequate funding for efficient running of DPOs, limited educational opportunities, lack of information on PRSPs and limited disability awareness; are other factors that contribute to minimal self-representation of people with disabilities in the PRSP process.

Ministry: The Ministry of Labour and Social Affairs is responsible for disability issues in Ethiopia. Nevertheless, this role is compromised by a number of factors, including the enormity of challenges that the different groups of people with disabilities face. This Ministry is generally overburdened by other pressing social issues that are a result of high levels of poverty in the country. The limited resources, coupled with a lack of capacity among staff members at this Ministry, also hinder the effective service delivery to people with disabilities. Therefore, this Ministry appears to have limited capacity to influence effective disability inclusion in the PRSP process. Nonetheless, a National Plan of Action for Inclusion of Persons with Disabilities, 2010 – 2020, is due to be finalized in 2011 and presented to the Council of Ministers for endorsement.

Research Evidence and Utilisation - There is a marked lack of disability-specific data, which has negatively affected the inclusion of disability issues in socio-economic planning and implementation programmes. This is attributed to the minimal disability-related research that has been conducted in Ethiopia so far.

8. Impact

The A-PODD project managed to bring together various stakeholders, particularly policy makers, CSOs, DPOs, including disability representatives at grassroots levels, development partners, research institutions and the media. These organisations came together to discuss disability and development issues, and they perceived this process as an 'eye opener'. Most participants stated that they had not thought 'in depth' regarding the participation of people with disabilities in the PRSP process, prior to A-PODD's engagement in it with them. A-PODD has, thus, been able to compliment previous related work also supported by Irish Aid and implemented by the ILO and the Ethiopian Centre for Disability & Development, which has contributed to paving a way towards disability mainstreaming in national development processes.

Mr. Wakene's work for FENAPD was part of A-PODD's fulfilment of its commitment to improve capacity among DPOs. This contribution was highly appreciated by FENAPD.

The A-PODD team was invited to present a public lecture on 'Disability and Inclusive Development' at Addis Ababa University, which was well received by the attendees. The organiser indicated that prior to this lecture his department had incurred huge costs, by depending on disability speakers from the West. Now that he is aware of regional disability experts he intends, in the future, to tap into the African experiences of disability and development.

The presence of the A-PODD project was considered timely and relevant as the PASDEP (Plan for Accelerated and Sustainable Development to End Poverty) was under its three-yearly review and the A-PODD research project provided a forum and opportunity for possible greater inclusion of disability in the third PRSP. The disability fraternity, through FENAPD and the Ministry of Labour and Social Affairs, went out of its way to support the A-PODD feedback workshop, financially and in kind. Electronic and print media covered the event widely, with articles written and broadcast in Amharic, for the benefit of the larger Ethiopian population. The feedback workshop was attended by 48 stakeholders from a wide range of government, donors and civil society organisations. By the time A-PODD left Ethiopia, government had increased areas of disability inclusion in the country's latest PRSP, the GTP.

A-PODD also fulfilled its mandate of promoting capacity development in Ethiopia by providing a full scholarship for Dagnachew Wakene, the research assistant, to undertake an MPhil degree in Disability and Rehabilitation at Stellenbosch University. Mr Wakene graduated in March, 2011, along with his colleagues from Uganda and Malawi; and his thesis is available for downloading.¹¹ FENAPD continues to consult the research

¹¹ http://scholar.sun.ac.za/bitstream/handle/10019.1/6669/wakene_role_2011.pdf?sequence=3

assistant periodically, asking him to speak on human rights issues at their workshops and meetings.

9. Recommendations

Development efforts and resources should seek to harmonize and align with:

9.1 *Mainstreaming a Human Rights View of Disability:* Following the ratification of the UNCRPD, in June 2010, the government of Ethiopia should commit to the implementation of the tenets of this Convention. The disability movement, through FENAPD, needs to work hand-in-hand with the government, so as to influence the disability agenda. These institutions should also spearhead activities for raising awareness and advocate for disability mainstreaming in all poverty reduction programmes.

9.3 *Inclusive Evidenced-Based Planning:* The government should promote greater recognition to disability issues, so as to prioritise disability inclusion in the next PRSP/GTP. There is a need for government to support disability-related research, so that its programmes on disability can be informed by research evidence, provide good role models and challenge stigmatising attitudes.

9.2 *Lobbying and Advocacy:* The donor community should highlight ‘disability inclusion’ as a condition for the government and DPOs to access funding for national development programmes. Such programmes should have clear indicators and performance bench marks to ensure easy monitoring, and evaluation of disability inclusion. Further capacity around advocacy skills should be built.

9.4 *Disability-sensitive Legislation:* The new NGO/CSO law should be applied, with caution, as the disability movement is already experiencing retrogressive consequences, which have adverse effects on disability mainstreaming. Legislation should support unity and growth within FEANPD, rather than the current divisions experienced in this organisation.

9.5 *Guidelines for Enacting and Harmonising Existing/Future Policies:* The planning, implementation, monitoring and evaluation of the PRSP/GTP should be an on-going process. MoLSA should monitor the performance of other government Ministries, while NGOs, in collaboration with DPOs, should monitor the implementation at community and grass roots level.

Annex A: List of all Participants

Name	Organisation
Mr. Kassahun Yibeltal	<i>Former President, FENAPD (Federation of Ethiopian National Associations for People with Disabilities) General Manager, FENAPD</i>
Mr. Memberu Tequame	<i>FENAPD</i>
Mr. Mesfin Jonfa	<i>Consultant, FENAPD</i>
Mr. Tekalign Bayissa	<i>ENAPH (Ethiopian National Association of the Physically Handicapped)</i>
Mr. Zemedkun Ayele	<i>ENAPH</i>
Ms. Mahlet Tigneh	<i>The Poverty Action Network of Civil Societies in Ethiopia (PANE)</i>
Aster Masresha	<i>ENAB (Ethiopian National Association for the Blind)</i>
Ms. Roman	<i>President, ENADB (Ethiopian National Association for the Deaf-Blind)</i>
Ms. Mekdim Mengistu	<i>ENADB</i>
Mr. Eskinder Dessalegn	<i>ENAD (Ethiopian National Association of the Deaf)</i>
Mr. Mamo G. Tsadik	<i>ENAID (Ethiopian National Association of the Intellectually Disabled)</i>
Mr. Lulseged Birhane	<i>Chair, ENAPAL (Ethiopian National Association of Persons Affected by Leprosy)</i>
	<i>Researcher, ENAPAL</i>
Mr. Sileshi Yaregu	<i>FENAPD, Mekele, Tigray Region</i>
Mr. Daniel Abreha	<i>FENAPD, Mekelle, Tigray Region</i>
Mr. Demewoz	<i>FENAPD, Awassa, Southern Region</i>
Mr. Wondimagegn	<i>FENAPD, Awassa, Southern Region</i>
Mr. Hussien Urketo	<i>FENAPD, Bahir Dar, Amhara Region</i>
Mr. Bizualem Tayachew	<i>DPO based in the Oromia Region</i>
Mr. Asrat	<i>Ministry of Education (MoE)</i>
Mr. Alemayehu W. Kirkos	<i>MoLSA (Ministry of Labour and Social Affairs)</i>
Mrs. Abebech Asfaw	<i>Awareness & Advocacy Expert, MoLSA</i>
Mr Damtew Alemu	<i>PRSP Directorate Director, MoFED (Ministry of Finance and Economic Development)</i>

Ms. Genet	
Mr. Espen Villanger	<i>Researcher, World Bank Office, Addis Ababa</i>
Mr. Fidel Sarasoro	<i>Head, International Development Assistance Forum: UNDP, Addis Ababa</i>
Ms. Laura Leonard	<i>Development Specialist, Irish Aid Ethiopia</i>
Mr. Fantahun Melles	<i>National Program Coordinator on Disability, ILO Regional Office, Addis Ababa</i>
	<i>Executive Director, PANE</i>
Mr. Eshetu Bekele	<i>PRSP Research Expert, the Ethiopian Economic Professionals Research Institute (EEPRI)</i>
Mr. Naod Mekonnen	
Dr. Alemayehu T. Mariam	<i>Dean, Special Needs Education Department, Addis Ababa University (AAU)</i>
	<i>Deputy Director, Research and Graduate Programs Office, AAU</i>
Dr. Brook Lemma	
Prof. Tirussew Tessema	<i>Disability Researcher; Dean, Education Faculty, AAU</i>
Mr. Bob Ransom	<i>Director, the Ethiopian Centre for Disability and Development (ECDD)</i>
	<i>Program Manager, ECDD</i>
Ms. Yetnebersh Negussie	<i>The Federal Institute of the Ombudsman, Addis Ababa</i>
Ms. Hannah Nebiy	<i>Head, Economic Policy & Planning, Ministry of Finance and Economic Development (MoFED)</i>
Mr. Getachew Adem	<i>Project Coordinator, Comitato Collaborazione Medica, International Development</i>
(CURRENTLY REPLACED)	
Francesca Guzzo	<i>A/General Manager, Ethiopian Disability Action Network (ENDAN)</i>
	<i>Association of Students with Disabilities, Addis Ababa University (AAU)</i>
Betelhem Abebe	<i>AAU post-graduate student and Disability Activist</i>
Ms. Helen Tilahun	<i>IT Specialist and Youth Activist, Addis Ababa City Admin.</i>
Mr. Habtamu Kebede	<i>Newly elected President, FENAPD</i>
Mr. Bimrew Ambaye	<i>Director, Handicap National</i>
Mr. Alemayehu Teferi	
Mrs. Etenesh W. Agegnehu	<i>Curative and Rehabilitative Service Directorate, Ministry of Health (MoH)</i>
Dr. Shewaminale Yohannes	<i>ENAB</i>
Mr. Abebaw	<i>Media and Communications, FENAPD</i>
Mr Deresse Tadesse	<i>Journalist and Disability Activist</i>
Mr. Tesfaye G. Mariam	<i>Consultant, ENAPAL</i>

Mr. Menberu Adane	<i>ENAPH</i>
Mr. Tagay Mecha	<i>ENAPH</i>
Mr. Bahiru	<i>EWDNA (Ethiopian Women with Disabilities National Association)</i>
Alemtsehay Shimelis	<i>EWDNA</i>
Dibabe Bacha	<i>ECDD</i>
Hannan Endale	<i>Disability Activist</i>
Ms. Tetsenf Asmaf	

Annex B: A-PODD Research Team

Malcolm MacLachlan:	-	Principal Investigator
Gubela Mji:	-	Co-Principal Investigator
Kudakwashe Dube:	-	Co-Principal Investigator
Margaret Wazakili:	-	Post-Doctoral Research Fellow
Tsitsi Chataika:	-	Post-Doctoral Research Fellow
Dagnachew Wakene:	-	Research Assistant (Ethiopia)
Boniface Massah:	-	Research Assistant (Malawi)
Moses Mulumba:	-	Research Assistant (Uganda)
Frank Kallon:	-	Research Assistant (Sierra Leone)
Lorraine Van den Berg:	-	Administrator (South Africa)
Marcella Maughan:	-	Administrator (Ireland)

Research Advisors

1. Patrick J. Drudy, Department of Economics, Trinity College Dublin, Ireland
2. Arne Eide, SINTEF Health Research, Oslo, Norway.)
3. Siphokaszi Gcaza, Centre for Rehabilitation Studies, Stellenbosch University, South Africa
4. Rachel Kachaje, Southern African Federation of the Disabled And the Disabled Women in Africa, Malawi
5. Hasheem Mannan, Centre for Global Health, Trinity College Dublin, Ireland
6. George Mkondiwa, Ministry of Persons with Disabilities & Elderly, Government of Malawi
7. Eilish McAuliffe, Centre for Global Health, Trinity College Dublin, Ireland
8. Roy McConkey, Institute of Research, University of Ulster, N. Ireland
9. Michael O'Toole, Centre for Global Health, Trinity College Dublin, Ireland
10. Gerard Quinn, Department of Law, National University of Galway, Ireland
11. Katherine Rogers, UNICEF, New York, USA
12. Marguerite Schneider, Department of Psychology, Stellenbosch University, South Africa
13. Leslie Swartz, Department of Psychology, Stellenbosch University, South Africa
14. Jimmy Volmink, Medical Research Council of South Africa

Acknowledgements

We would like to extend our gratitude to the government departments, people with disabilities and their organisations, national, international and civil society organisations, research institutions and development partners, the media and all stakeholders who gave their time and energy to contribute towards this study. We also thank other members of the A-PODD research team and the A-PODD research advisors. Our gratitude goes to Irish Aid and the Health Research Board (Ireland) for funding the A-PODD project.

We are grateful to Dr. Barbara Murray (International Labour Organisation, Geneva), Prof. Arne Eide (SINTEF, Oslo), Prof. Roy McConkey (University of Ulster) and Dr. Michael O'Toole (Trinity College Dublin) for their comments on an earlier version of this *Did What?*

Suggested Citation:

Wazakili, M., Wakeni, D., Mji, G. & MacLachlan, M. (2011) *The African Policy on Disability & Development (A-PODD) project in Ethiopia*. Dublin: A Global Health Press *Did What?*

For more information:

More information on the A-PODD project, including *Did Whats?* for other countries, is available at:

The Project website: www.a-podd.org

Stellenbosch University's Centre for Rehabilitation Studies: www.sun.ac.za

Trinity College's Centre for Global Health: www.global-health.tcd.ie

The Global Health Press
ISBN 978-0-9569011-3-2