

Disability Task Force

Presentation at Child Protection S-WG

November 2018

Disability in Jordan

What proportion of the refugee population in Jordan has a disability?

Disability in Jordan

- Approximately **15%** of any population are living with disabilities globally (WHO & WB, World Report on Disability, 2011)
- This may be **even higher** among populations affected by crisis and conflict (Handicap International & HelpAge International, 2014)
 - Direct physical and emotional trauma
 - Illness from poor living conditions
 - Inadequate health care or rehabilitation

Disability in Jordan

- **2015 Population and Housing Census: 2.7%** disability prevalence in Jordan (approx. 13% Syrians among total population)
- **UNHCR proGres data (June 2018): 3.4% - VAF?**
- **HI and iMMAP (2018): 22.9%** (Syrian refugees > 2y)
30,5% Zaatari camp / 23,5% Irbid / 13,8% Azraq Camp

Children with Disabilities

- **WHO/World Bank (2011): 5,1%** of children aged 0-14
- **UNHCR proGres data (Sept. 2018): 2%** of refugee children registered are recorded to have a disability
- **HI and iMMAP (2018):**
 - **2-4 years: 4%** of girls and **6,1%** of boys
 - **5-17 years: 14,8%** of girls and **18,2%** of boys
 - **Poorer households** are more likely to have children with disabilities (2-17) than households within higher income brackets
 - **disability increases with age** – related to causes of disability

Children with Disabilities

- **Identification Tool used in HI study:**

Washington Group Set of Questions (Extended Set + Child Functioning Model)

Tries to understand the **level of difficulties a person faces when performing basic activities** (domains of functioning, e.g. hearing seeing, communicating, walking, concentrating, self care) **regardless of impairments: Disability results from the interactions between personal and environmental factors!**

Causes of Disability (HI and iMMAP (2018):

● Top cause ● Second cause in each age group

	2-4	5-17	18-34	35-50	51-64	65+
Illness or disease	8.6%	13.3%	26.0%	44.4%	48.1%	38.5%
Injury	2.9%	6.0%	15.6%	17.4%	7.1%	3.8%
Malnutrition	0.0%	0.7%	0.3%	1.2%	0.0%	0.0%
Ageing	0.0%	0.2%	0.3%	12.0%	34.4%	52.9%
From birth	60.0%	20.7%	10.4%	2.1%	2.7%	1.0%
Don't Know	22.9%	42.3%	28.4%	15.0%	2.7%	0.0%
Others	5.7%	16.7%	19.0%	7.8%	4.9%	3.8%

Note: "Other" categories require further investigation

Disability in Jordan

- **Difficulty in identification**
- resulting in **absence or limited disability related data**
- **Limited access to information and services** among persons with disabilities – in particular in urban areas!
- lack of **disability sensitive/ inclusive humanitarian interventions**
- Higher risks of **abuse, violence, neglect or isolation**
- **Limited inclusion capacity** among humanitarian workers

Key Information about the DTF

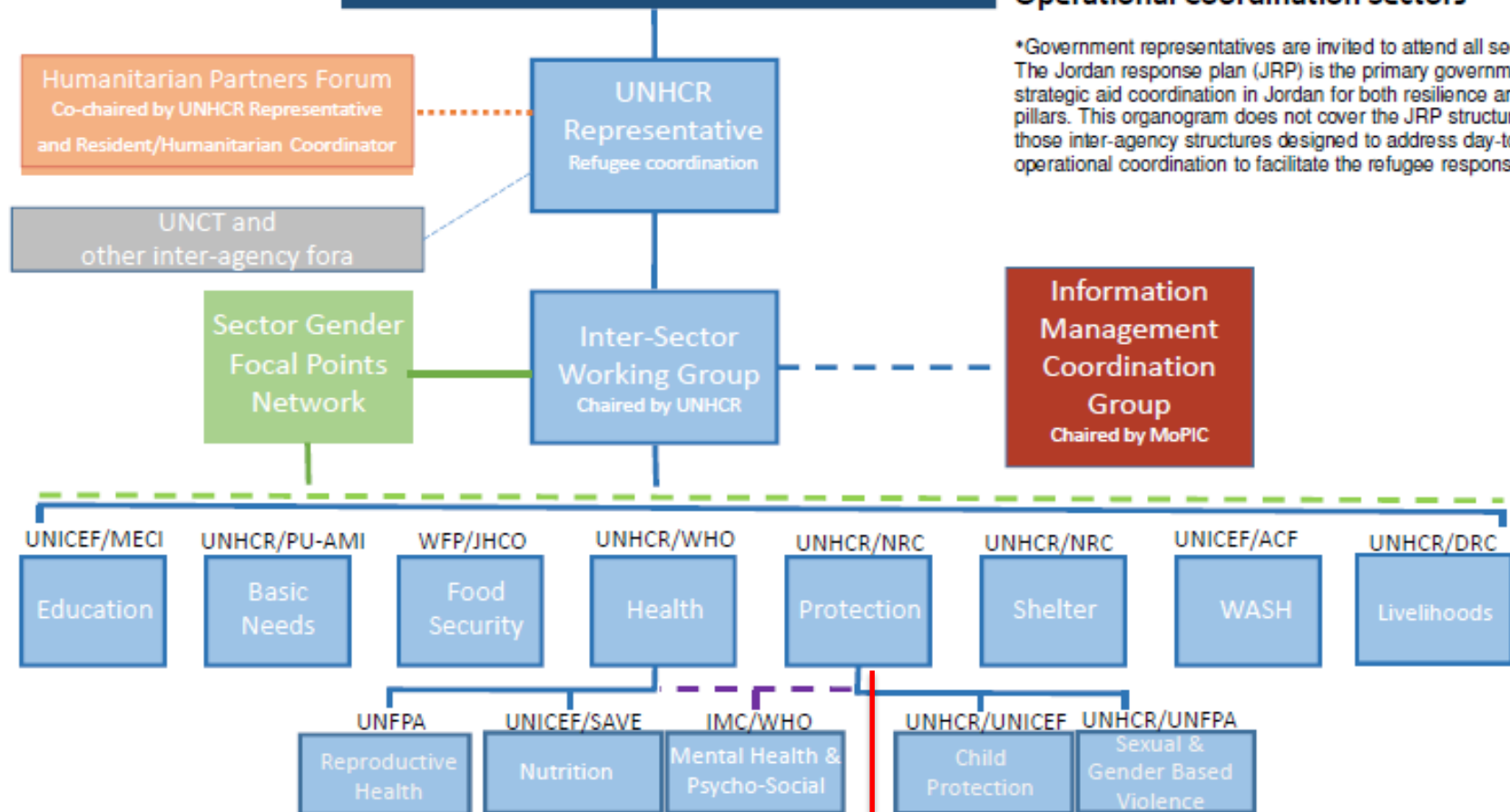
Key Information

- **Established in 2015**
- **Report to:** Protection WG
- **Chairs:** UNHCR and humanity&inclusion (HI)
- **Members:** IOCC, AHS, JICA, Mercy Corps, HelpAge International, JOHUD, NHF, UPP, MPDL, swisslimbs, Syrian American Medical Society, Rescate Internacional, Vento di Terra, ...
- Reports, Best Practices, MoM available at the **Inter-Agency Coordination Platform**

Government of Jordan*

Jordan Refugee Response 2017 Operational Coordination Sectors

*Government representatives are invited to attend all sector meetings. The Jordan response plan (JRP) is the primary government-led strategic aid coordination in Jordan for both resilience and refugee pillars. This organogram does not cover the JRP structures but only those inter-agency structures designed to address day-to-day operational coordination to facilitate the refugee response.



Disability Task Force

Common Principles

Common principles

- **Disability** is a situation where full and equal participation in society is limited due to **interaction** between **personal impairments and various barriers**
(Art 1 CRPD + Art 3 of the New Law on the Rights of Persons with Disabilities)
- **(Children with Disabilities – Art 7 CRPD)**
- **Rights-based approach – Art 11 CRPD**

Disability Models

The CRPD marks a shift in attitudes and approaches to persons with disabilities **from "objects" of charity, medical treatment and social protection...**

to "subjects" with rights, who are capable of claiming those rights and making decisions for their own lives.

Disability Models

Example: a girl using a wheelchair attending an adolescent girls safe space

- **Charity Model**
- **Medical Model**
- **Social Model**
- **Rights Model**

Common principles

- **Inclusion** is a way to ensure everyone regardless of different characteristics (e.g. gender, disability) realizes one's rights and has **equitable access** to humanitarian response
- **SPHERE standards – 2018: Humanitarian inclusion standards** for older people and people with disabilities (HelpAge and HI)
- **Persons centered approach** sees persons with disabilities not as mere recipient of the service but as **active contributors to ensure quality of services**
- **Diversity** – cross disability (*e.g. children + female + refugee + disability*)

Common principles

“Exclusion of persons with disabilities during displacement can be inadvertent or purposeful: in either case, nevertheless it is discriminatory.”

UNHCR Need to Know Guidance on Working with Persons with Disabilities in Forced Displacement

Towards Inclusion

Development of the DTF

Development of the DTF

The DTF was first developed as a **time-bound working group to address 2 core topics:**

- **identification** of people with disabilities and
- improved access to **quality specialized services**

Development of the DTF

- Promoting the **application of Washington Group Questions** to improve identification of people with disabilities (UNHCR pilot in 2016 and VAF questionnaire)
- Produced ***Guidelines for prioritization of disability-specific services for refugees and other vulnerable populations in Jordan (Oct 2016)*** for improved access to quality specialized services.
- Establishment of **DTF focal points at WGs** and development of ***Key Messages (2017)*** to advocate disability inclusion across sectors

Development of the DTF

2017: Expansion of the initial TORs with the aim of ensuring that

the needs of persons with disabilities and/or in disabling situations (in particular elderly and people with injuries) are thoroughly considered in the humanitarian response.

Key Priorities and Activities 2018

based on DTF objectives

Key Priorities and Activities 2018

1. **Produce disability inclusion good practices** from various sectors
2. **Conduct analysis of prioritised sectors** to identify and document inclusion gaps in service delivery as well as capacity gaps among humanitarian actors
3. **Checklist** for the different sector Working Groups to ensure disability inclusive actions
4. **Improve referral pathways for persons with specific needs** from protection and rehabilitation to other services
5. **Discuss a Disability Marker** to check disability inclusion in proposals and reports and to encourage humanitarian actors to initiate inclusive

Activities 2018

Priorities 2 and 3: Identifying Barriers to Inclusion

- **DTF member consultation on barriers to inclusion**
- **building on recent research, in particular the Disability Assessment among Syrian Refugees in Jordan and Lebanon conducted by HI and iMMAP in 2018**

Activities 2018

Priorities 2 and 3: Identifying Barriers to Inclusion

Attitudinal:

- lack of awareness of their rights – In particular in rural areas
- Terminology

Environmental:

- Accessibility: focus on physical barriers only (ramps etc), other gaps (e.g. communication) not addressed
- Transportation (camps)

Institutional:

- Lacking services in rural and remote areas

Activities 2018

Priorities 2 and 3: Identifying Barriers to Inclusion

Education:

- Accessibility of schools
- Teachers lacking knowledge and capacities
- Little focus on inclusive education

HI&iMMAP (2018): 19.0% of Syrian refugees with disabilities never enrolled in school and cannot read or write, compared to 6.7% among peers without disabilities (Persons aged 13 years and above).

Activities 2018

Priorities 2 and 3: Identifying Barriers to Inclusion

Protection:

- Limited engagement from all protection actors towards **disability mainstreaming**
- If services are accessible, only for persons with **physical impairments**
- **Lack of community support** (caregivers left alone, who cannot participate in activities as well)
- **No involvement in decision making** (community centers)

Are we inclusive?

Are we inclusive?

- ✓ Staffing
- ✓ Beneficiaries
- ✓ Outreach
- ✓ Budgeting
- ✓ Trainings
- ✓ Data
- ✓ Decision Making
- ✓ Information sharing
- ✓ Accessible services and premises

How can we collaborate?

Are you in contact with the DTF or the task forces in the camps?

Please get in touch with us:

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