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Disability & Social Protection in Jordan

In Jordan, 28.5% of persons with disabilities are legally covered by social protection. However, the adequate coverage of persons with a disability by at least one disability cash benefit is around 20%.¹

The current Jordan context

Jordan is an Arab country situated in the Middle East. Its geographical location has made it and its economy highly vulnerable to political instability in the region, as it is bordered and affected by Syria, Iraq, and the occupied Palestinian territory (oPt), which has led to an increase in the population following to the Syrian and Iraqi crises and made it a primary target of refugees. With a population of about 11,475,862 (12th of September 2023), Jordan hosts over 759,000 United Nations High Commissioner for Refugees (UNHCR)-registered refugees, including more than 658,000 Syrians. In addition, more than 2 million Palestinian refugees reside in Jordan, constituting almost 7 per cent of Jordan's population, making the Kingdom one of the top refugee-hosting countries per capita.² Jordan's economy is among the smallest in the region. As per the "Atlas of the Sustainable Development Goals for the year 2023" report, around 35 per cent of Jordan's entire population, roughly 3.980 million out of 11.4 million people, are identified as living in poverty.

Persons with disabilities in Jordan

According to the Jordanian census data, 651,396 individuals aged five years and older have reported having disabilities or difficulties. This translates to approximately 11.1% of the population aged 5 years and older in Jordan having some form of disability or difficulty, which means roughly one in nine individuals falls into this category.

When comparing genders, the prevalence of disability or functional difficulties is higher among males, at 11.5%, compared to females, who have a prevalence rate of 10.6%. In the overall Jordanian population aged five years and older, the prevalence of disability or functional difficulties is estimated to be 11.2%.

The United Nations High Commissioner for Refugee's Vulnerability Assessment Framework for Refugees (VAF), released in 2022, reported that within the Azraq and Zaatary camps, approximately 18% and 14% of families have at least one household member with a disability that significantly impacts their daily lives. Outside of the refugee camps, the data indicates that approximately 14% of Syrian families and 10% of non-Syrian families have at least one

¹ https://www.social-protection.org/gimi/WSPDB.action?id=19

² https://www.ilo.org/global/programmes-and-projects/prospects/countries/jordan/lang--en/index.htm#

household member with a disability that has a noticeable impact on their daily lives.

Employment: According to the Higher Council for Affairs of Persons with Disabilities, in 2015, 9.9 per cent of people with disabilities aged 15 and above in Jordan actively sought employment but remained unemployed. The proportion of those employed stood at 7.7 per cent (Jordan Times 2015b). In 2017, among individuals aged 15 to 64, the employment rate for men without disabilities was 61.4 per cent, while 32.8 per cent for men with disabilities. For women without disabilities, the employment rate was 13.5 per cent, compared to only 5.2 per cent for women with disabilities (ESCWA 2017). The employment rate for persons with disabilities in 2017 was reported to be less than 1.0 per cent in the public sector and 0.5 per cent in the private sector (Information and Research Center 2017)

Education: The enrollment of students with disabilities in regular schools has risen to 26,700, comprising males and females. This reflects a substantial increase of 44% compared to the previous academic year, 2020/2021. Furthermore, the number of schools accommodating students with disabilities has also increased, totaling 1,002 schools. Among these, 132 are considered inclusive pioneering schools. To support the inclusion efforts, 237 assistant teachers were hired and assigned to work in 90 inclusive schools. However, the current curricula do not adequately address the specific needs and demands of students with disabilities. While there is a blended learning system for children facing learning challenges and those with visual or hearing impairments, some curricula may not align effectively with certain types of disabilities. For example, students with intellectual disabilities follow the same curriculum as their peers without disabilities across all educational cycles.3

Healthcare: Jordan offers free Social Health Insurance to all individuals with disabilities. However, in 2017, it was estimated that this insurance did not cover one-third of Jordanians with disabilities. Despite efforts to make many medical centres physically accessible with staff trained to cater to individuals with disabilities, transportation remains a significant challenge in accessing these facilities. Data from 2017 indicates that the Ministry for Social Development supports 12,000 persons with disabilities, constituting 12 per cent of the National Aid Fund beneficiaries.

There are notable discrepancies in health insurance coverage, particularly among non-Jordanians. Among Jordanian citizens, individuals with disabilities were slightly more inclined to possess health insurance than the general population. However, they were less likely to be eligible for free healthcare services, resulting in a lower coverage rate (67.2% vs. 68.7%). Among non-Jordanians, individuals with disabilities had a slightly higher likelihood of having health insurance than the general population (27.7% vs. 25.1%). Nonetheless, insurance rates for non-Jordanians remained considerably low overall.⁴

Disability and Social Protection System

In 2019, the Ministry of Planning and International Cooperation (MoPIC) took the lead – with the Ministry of Social Development (MoSD) as co-chair - in developing and launching the National Social Protection Strategy for 2019 to 2025. This initiative involved ministries and Civil Society Organizations (CSOs) representatives. The strategy is built on three fundamental pillars:

- Opportunity: The government commits to fostering a fair and private sector-driven labour market, prioritising decent working conditions and providing social security. It also strives to empower families to achieve economic self-sufficiency.
- 2. **Empowerment:** The government ensures the availability of inclusive, high-quality foundational services such as education, healthcare, and specialised support for individuals with unique needs. This enables them to remain included in their families and communities.
- Dignity: The government offers specific, time-bound social aid to citizens facing economic self-sufficiency challenges. This assistance allows them to uphold a basic standard of living with dignity.

"All Jordanians enjoy a dignified living, decent work environment and empowering social services. The Government optimises available resources to provide a comprehensive, transparent, and equitable social protection system to limit poverty, protect citizens from risks, and provide fair social services." 5

The leading Social Protection Programmes are provided by the National Aid Fund (NAF), Ministry of Social Development (MosD), Zakat Fund, and Social Security Corporation (SSC). The MoSD leads the NAF and targets poor and needy families through three aid programs: 1. Major Cash Assistance Programs, providing a monthly allowance between 45 and 200 Jordanian Dinars (55 -

244 GBP) per family. 2. Targeted Assistance Programs – yearly assistance delivered each quarter, targeting vulnerable households whose incomes are lower than the average wages or the relatively poor with high financial issues. 3. Exceptionally, in 2021, an additional aid program was created to help families with the COVID-19 Pandemic impact.

Other Ministries lead some complementary social protection programs through in-kind assistance.⁶ Focusing on disability-specific benefits, cash benefits are made through two programs:

- The Rehabilitation Aid and the Disability Aid Fund, which is part of the monthly Financial Aid program mentioned above. The latter is a pension provided to families of persons with disabilities based on some eligibility criteria:
- The medical diagnosis of the disability must fall within specific predefined categories of impairment, including severe intellectual disability, cerebral palsy, and multiple disabilities.
- The family must hold Jordanian nationality and have permanent residency status in Jordan.
- The family's property or wealth should not exceed the permissible limit for usufruct.
- The individual with a disability should not be engaged in any form of employment.

As other groups benefiting from the NAF, persons with disabilities also have access to in-kind assistance:

Health Insurance: Individuals with disabilities are issued a Health Insurance card providing benefits like hospital accommodation, free medical treatment, coverage of medication costs, and discounts or free access to various medical procedures, including surgeries,

⁵ https://www.unicef.org/jordan/media/2676/file/NSPS.pdf

⁶ These include Health insurance programs for children under

^{6,} subsidy programs on transportation and energy, etc.

vaccinations, speech therapies, and more.⁷

Disability Employment Quota: Both public and private institutions employing over 25 workers are required to allocate positions for hiring individuals with disabilities based on their total number of employees. Agencies with more than 50 employees must implement a quota of at least 4% for employing persons with disabilities.

Disability Assessment, Determination, and Certification Mechanism

The process of screening individuals with disabilities in Jordan is not a straightforward one. Specifically, medical professionals, particularly midwives working in the Maternity and Childhood Development Department across 673 Comprehensive Healthcare Centers and Primary Healthcare Centers (PHCs), administer the "Baby Growth and Development Record" for newborns. This form gathers information about the social and family context, pregnancy and childbirth history, potential risk factors affecting the child's health,8 general examination findings, reflexes, and scheduled follow-up visits based on the child's age in months. These records are maintained from birth until the child reaches five years old. In cases where a child exhibits signs of challenges, the family is directed to one of the three Diagnostics Centers⁹ for a more extensive medical assessment.¹⁰ Subsequently, the child receives the "Disability Examination Report." For adults or individuals who have experienced an injury,

this report is issued by the respective Center District medical facility.

The Disability Examination Report is a document frequently requested by various ministries and entities. It may be subject to updates based on specific requests. This report provides a detailed assessment of the individual's disability, outlining its level and severity.¹¹

Unfortunately, most Primary Healthcare Centers (PHCs) and Comprehensive Healthcare Centers are not integrated into the Hakeem Electronic System. ¹² As a result, the information available to doctors could be improved. Individuals with disabilities and their families can obtain a hard copy of their diagnosis and related reports.

To access disability benefits, individuals with disabilities must possess a Disability Identification Card (Certification), which the Higher Council issues for the Rights of Persons with Disabilities. These cards are provided to Jordanians with disabilities and contain personal details, information about the type and level of disability, and a photograph of the individual.¹³

In recent years, Jordan's Organizations of Persons with Disabilities (OPDs) have viewed the Disability Identification Card as discriminatory against individuals with disabilities. Currently, the card is inactive, and individuals with disabilities or families of children with disabilities must provide hard copies of their diagnostic medical reports to access services and receive disability benefits.

⁷ Disability Law 20/2017

⁸ Collecting information on the family disease history and genetics factors, pregnancy and childbirth (pregnancy complications, diseases during pregnancy, childbirth complications), period after childbirth (if the child entered NICU, accidents and disease had or acquired.

⁹ There are only 3 diagnostics centres, one North, Middle and South of Jordan.

¹⁰ Multidisciplinary team from different medical professions are conducting the assessment with more focus on issues raised by midwifes.

 $^{^{11}}$ Families or persons with disabilities can ask to change the level of disability based on the benefit he wants to receive.

¹² The National E-health Program aims to facilitate efficient, high-quality healthcare in the Kingdom through the nationwide implementation of an Electronic Health Record solution (EHR). In effect, physicians, pharmacists, medical technologists, and other clinicians are able to electronically access medical records of patients within participating health facilities in Jordan simply by entering the patient's national ID number.

¹³ Disability law 20/2017

However, in November 2022, the Higher Council for the Rights of Persons with Disabilities initiated a pilot program involving several adults with disabilities. This program aimed to incorporate disability-related information and medical and diagnostic reports onto the National Identification Card (ID). This step was taken to streamline the use of such information with various entities or ministries. It's worth noting that National IDs in Jordan are issued to citizens over 18.¹⁴

Toward Inclusive Actions

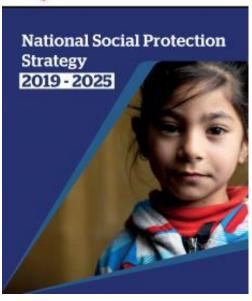
Many concerted efforts are underway to fortify Jordan's social protection system, focusing on aiding the most vulnerable individuals and households nationwide. A significant stride is the ongoing policy reform in Jordan, accompanied by formulating of numerous strategies and action plans at the ministry level. These endeavours aim to enhance accessibility to existing services for persons with disabilities.

Moreover, Jordan recognises the Higher Council for the Rights of Persons with Disabilities as a government body tasked with advocating for policy changes at the ministry level and providing technical assistance to ministries and other relevant entities.

The Ministry of Education, the Ministry of Public Works, and the Ministry of Social Development have devised tailored strategies to address the needs of persons with disabilities in education and ensure accessible infrastructure, public amenities, and the ability to live independently. The Ministry of Labour and the Ministry of Youth have also incorporated measures related to disabilities in their strategies. However, social protection for persons with disabilities must transcend poverty alleviation or reduction. Additional support, through schemes specifically designed for disabilities, is essential to address the supplementary costs associated with disabilities effectively.

Challenges Remain: Despite these positive steps, there were still challenges, particularly regarding health insurance coverage, accessibility to medical services, and ensuring that curricula meet the needs of students with disabilities.





Conclusions and Recommendations

These recommendations reflect a comprehensive approach toward creating a more inclusive and responsive social protection system in Jordan for persons with disabilities. Continuous collaboration and feedback from all stakeholders will be vital for successfully implementing these measures.

At the donor level:

Ensure that assistance is inclusive of all people, including persons with disabilities

 $^{^{14}}$ The information was collected through an interview with some representatives from HCD. There has yet to be an idea

At the policy level:

- Generate More Evidence and Best Practices: Conduct research and evaluations to gather evidence on how social protection programs can effectively include persons with disabilities. Identify and disseminate best practices from existing inclusive programs.
- 2. Establish Multi-Ministerial Coordination: Form a coordinated body involving multiple ministries responsible for social protection. This body should oversee a centralised database and collaborate with the National Center of Statistics to include disability as a key disaggregation criterion in all social and economic studies.
- 3. Develop Unified Standards and Criteria: Create consistent and clear eligibility criteria for accessing the social protection system. Ensure that these standards are universally applied, allowing each ministry involved in social protection to have access to the same criteria.
- **4. Distinguish Services Based on Family Situation vs. Disability Needs**: Clearly define and differentiate between services provided based on a family's overall situation or household needs and those explicitly provided to address disability-related needs. This ensures that individuals with disabilities receive the tailored support they require.
- 5. Strengthen monitoring and Evaluation Departments: Bolster each ministry's monitoring and evaluation departments. Ensure that the Higher Council for the Rights of Persons with Disabilities (HCD) serves as the primary entity responsible for overseeing the implementation of disability-related initiatives as outlined in the strategy.
- **6.** Achieve Universal Health Insurance Coverage: Ensure that health insurance coverage is extended to all persons with disabilities, with particular emphasis on reaching women with disabilities, regardless of their socio-economic status.
- 7. Promote Participation of Persons with Disabilities and Organization of persons with Disabilities: Actively involve persons with disabilities and their representative organisations (OPDs) in the decision-making processes related to social protection policies and programs.
- 8. Shift from the Incapacity-to-Work Model: Transition from the traditional incapacity-to-work approach. Allow for (partial) employment opportunities in conjunction with social protection schemes tailored to meet the unique needs of persons with disabilities.

At the service level:

- 1. Expand Diagnostics Centers: Increase the number of diagnostics centres for adults and children, ensuring at least one centre in every area and governorate. These centres should be capable of conducting assessments for individuals of all ages.
- 2. Shift towards a Holistic Assessment Model: Move beyond the current medical-centric model of disability assessment. Advocate for a comprehensive assessment approach that considers multiple dimensions and identifies the specific needs of individuals with disabilities, as well as the necessary support and accommodations.
- 3. Implement Multidisciplinary Teams: Promote the utilisation of multidisciplinary teams in the disability assessment process. These teams should include medical professionals from various specialties, individuals with disabilities, family members, social workers from Organizations of Persons with Disabilities (OPDs) / Community-Based Organizations (CBOs), and educators (for school-aged and nursery children).
- **4. Boost Investment in Social Care Services:** Allocate increased resources towards social care services designed to support persons with disabilities and their families. This investment will play a crucial role in enhancing overall well-being and quality of life