

THE INCLUSION OF DISABILITY IN HUMANITARIAN AID: THE EXPERIENCE OF ITALIAN COOPERATION IN JORDAN

EDITED BY THE AICS AMMAN OFFICE

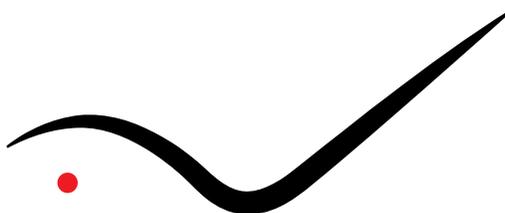






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CREDITS

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ACRONYMS AND ABBREVIATIONS

3RP	Regional Refugee and Resilience Plan in Response to the Syria Crisis
AICS	Italian Agency for Development Cooperation
APMBC	Convention on the Prohibition of Landmines
AVM	Anti-vehicle mines
CBO	Community-based organisation
CBR	Community-Based Rehabilitation
CCM	Convention on Cluster Ammunition
COHAFA	Council working party meeting on Humanitarian Aid and Food Aid
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisations
CSOs	Civil Society Organisations
DAC	Development Assistance Committee
ERW	Explosive war remnants
FICROSS	International Federation of Red Cross and Red Crescent Societies
FOCCEC	Forearm of Change Centre to Enable Communities

HCD	Higher Council for the Rights of Persons with Disabilities
ICRC	International Red Cross Committee
ICU	Institute for University Cooperation
IED	Improvised explosive devices
IFH	Institute for Family Health
ILO	International Labour Organization
IOM	International Organization for Migration
IUCN	International Union for Conservation of Nature
JRP	Jordan Response Plan for the Syria Crisis
LRRD	Linking Relief and Rehabilitation to Development
MoE	Jordanian Ministry of Education
MoL	Jordanian Ministry of Labour
MoSD	Jordanian Ministry of Social Development
NGO	Non-Governmental Organisation
NHF	Noor al-Hussein Foundation
OECD	Organisation for Economic Cooperation and Development
OLOP	Our Lady of Peace
OPD	Organisation of People with Disabilities
RIDS	Italian Disability and Development Network
SDG	Sustainable Development Goals
SGBV	Sexual and gender-based violence
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNMAS	United Nations Mine Action Service
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNOPS	United Nations Office for Project Services
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UPP	Un Ponte Per
VdT	Vento di Terra
WFP	World Food Programme
WHO	World Health Organization
WP-STAT	The Working Party of Development Finance Statistics



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CONTENTS

FOREWORD	8
PREFACE	9
INTRODUCTION	11
1. INTERNATIONAL CONTEXT. HUMANITARIAN AID AND DISABILITY AICS ROME	15
1.1. Introduction	
1.2. People with disabilities and humanitarian emergencies	
1.3. Assistance to victims of mines and other unexploded devices	
2. ITALIAN COOPERATION AND DISABILITY AICS ROME	
2.1. The action of the Italian Cooperation	
2.2. "Humanitarian Aid and Disability" Vademecum, 2015	
2.3. The research "Disability and international cooperation: participation and inclusion. The experience of Italian Cooperation 2016/2017"	
2.4. Disability and Social Inclusion Guidelines, 2018	
3. DISABILITY IN THE JORDANIAN CONTEXT AICS AMMAN	
3.1. Humanitarian context in Jordan	
3.2. Sectoral context of disability in Jordan	
3.3. Regulatory framework in Jordan	
4. THE ITALIAN RESPONSE TO THE CRISIS IN JORDAN AICS AMMAN	
4.1. The international response to the Syrian crisis	
4.2. The commitment of the Italian Cooperation in response to the consequences of the Syrian crisis in Jordan	
4.3. Disability in the humanitarian aid interventions of the Italian Cooperation in Jordan in the years 2016-2017	
4.4. Disability in the humanitarian aid interventions of the Italian Cooperation in Jordan in the years 2018-2020	
4.4.1. LRRD Initiatives with a specific focus on disability	
4.4.2. LRRD Initiatives with a mainstreaming component	
4.4.3. Emergency initiatives	
5. THE IMPACT OF COVID-19 ON PEOPLE WITH DISABILITIES IN JORDAN	
<i>The Higher Council for the Rights of Persons with Disabilities</i>	
6. GOOD PRACTICES OF DISABILITY MAINSTREAMING IN CSO HUMANITARIAN INITIATIVES IN JORDAN	
6.1. Autonomy is empowerment and self-determination <i>AIDOS - Italian Association of Women for Development</i>	
6.2. #FAREINSIEME. Professional, community and family integration of people with disabilities <i>AVSI Foundation</i>	
6.3. Prevention and response to protection risks: an inclusive model <i>INTERSOS</i>	
6.4. Russaifeh coffee shop run by people with disabilities and mental disorders <i>Un Ponte Per</i>	
6.5. Inclusion and mainstreaming of disability in the project "Darna" (our home) <i>ICU- Institute for University Cooperation and COOPI - International Cooperation</i>	
6.6. The promotion of the rights of persons with disabilities starts from women <i>Vento di Terra</i>	

PREFACE



This year marks the 15th anniversary of the adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Since then, the CRPD enabled the international disability community, the world's one billion citizens, to break down societal barriers, speak as one and present a unified vision of the world they want and deserve to live in. Now, almost two decades later, for Jordan, this vision is slowly but surely materialising via the work of HCD and the relevant stakeholders and partners in the field.

Since 2008, HCD has been striving to identify and strengthen areas of improvement in Jordan's national service-provision infrastructure through the establishment of inclusive model projects that reflect the needs and aspirations of Jordanians with disabilities. Yet, work is far from over, and the road ahead is long and challenging. Most children with disabilities are still out of schools; access to and around public facilities is, by and large, fragmented and interrupted, while the national capacity to frame and apply disability as a rights-based issue and a core priority for national development remains weak.

To effectively tackle these interrelated challenges, HCD has translated Jordan's CRPD commitments into a progressive and ambitious law that was legislated in 2017. The Law on the Rights of Persons with Disabilities No. 20 for the Year 2017 is Jordan's – and, indeed, the region's—first ever anti-discrimination piece of legislation. It represents the framework through which all stakeholders can quell discrimination on the basis of disability; tear down barriers to effective participation and present innovative and action-oriented solutions to the numerous obstacles. By providing precise, focused and time-bound roles and responsibilities prescribed to each of the line ministries and national institutions, including HCD, the Law enables all relevant entities to gradually work toward closing the gaps and creating

the needed change that is necessary to make a lasting impact in the lives of more than one million and two hundred thousand people with disabilities. And via our friends and partners in the international community, we are carving the road ahead, while also benefitting from the expertise and experience of countries that have walked the path of inclusion ahead of us.

The rise and eventual spread of the Coronavirus in Jordan in the first quarter of 2020 added to the nature and complexity of these challenges, while simultaneously reinforcing the need for more national and international collaborations, especially in the two areas where the impact of COVID-19 was mostly felt: education and health. Chapter five of this publication will further illustrate how HCD was able to step out and beyond its 'mandated' roles and responsibilities, innovating, responding and monitoring the various interventions together with its national and international partners in both the public and private sectors, all of which made for an unprecedented nationally mobilised effort that was lauded both regionally and internationally. And as we commemorate the 100th anniversary of the creation of the State of Jordan, it is both reassuring and encouraging to take stock of the work we are collectively all working so hard to achieve.

Finally, I would like to commend the Italian Agency for Development Cooperation (AICS) in Amman for this wonderful initiative and for their and the Embassy of Italy's continued efforts in mainstreaming disability issues and rights within their programmes and initiatives. It is only through such partnerships that sustainable and disability-inclusive development can be achieved.

HRH Prince Mired Raad Zeid Al-Husseini
President, Higher Council for the Rights
of Persons with Disabilities

FOREWORD



The concept of disability has evolved considerably over time. If for long periods of time the identity of the person with disabilities was mainly associated with negative, stigmatising and denigrating connotations, materialising in a destiny of marginalisation and exclusion from society and civil life, in recent decades, particularly since the signing of the International Convention on the Rights of Persons with Disabilities, the need and the opportunity to protect the rights of persons with disabilities in order to promote their inclusion in the various contexts of our societies, such as education, employment, etc., has been affirmed with increasing conviction.

This movement is based on an important paradigm shift that overcomes the idea of disability as a pathology of the person, to embrace an interpretation that sees disability as the result of a dynamic relationship between people and their environment. Based on this approach, disability becomes a concept inherent in the human condition, a situation that everyone can experience for longer or shorter periods, because of an illness, an accident or even because of a change in the surrounding environment.

All of us can and must work to make our cities, our environments, our society, but also our way of thinking and reasoning more inclusive, in order to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity”, as stated in the International Convention on the Rights of Persons with Disabilities.

This paper intends in particular to highlight the efforts made by Italy to integrate the various dimensions of disability issues within its humanitarian action in response to the Syrian crisis in Jordan, by presenting some of the most significant experiences produced in recent years.

Fabio Cassese
Ambassador of Italy to Jordan

INTRODUCTION



More than a decade after the start of the Syrian conflict, one of the greatest humanitarian crises in recent history in terms of protecting the rights of civilians, Jordan continues to generously provide shelter to more than one million Syrian refugees and displaced persons. In these years, between 2012 and 2020, the Italian Cooperation has offered support to the Jordanian Government with more than 75 million euro intended for the implementation of humanitarian interventions in response to the consequences of the Syrian crisis for the refugees and Jordanian host communities.

With the continuation of the crisis, it has in fact become essential to bring about a change in the architecture of international aid, through an approach which on the one hand strives to strengthen Jordan's capacity to respond to the crisis, and on the other contributes to the Country's medium and long-term development. The influx of such a large number of people in fragile conditions has in fact inevitably exacerbated the structural problems that afflicted the country, slowing down the process of reform and development begun in previous years and creating additional pressure on infrastructure and public services, particularly health facilities and schools, as well as burdening the already limited natural and economic resources. In this context characterised by widespread poverty and fragility, those who have paid most of the consequences have been those groups who were already living in a condition of fragility before the crisis: among them, people with disabilities continue to represent one of the most vulnerable social categories. Despite the enormous progress made by Jordan, the spaces and opportunities for participation of people with disabilities in the social and economic life of the country remain deeply insufficient, contributing to reinforce the marginalisation and exclusion of people with disabilities.

The pandemic, with its repercussions not only in terms of health but also on socio-economic issues, had a particular impact on the most fragile sectors of the population, which have slipped further down in their social and economic condition. Everywhere, people with disabilities, the elderly, those with chronic illnesses, as well as their families, have been particularly affected by the restrictive measures taken by the authorities to limit the risk of infection. Restrictions on freedom of movement, the suspension of non-essential services, and severe limitations on sociability made it difficult, if not impossible, to access social services, rehabilitation services, etc., as well as education, with distance learning poorly suited to the needs of boys and girls with disabilities.

At this juncture, it has become increasingly apparent how much the need to integrate (by — precisely — mainstreaming) the issue of disabilities as a cross-cutting element in all humanitarian interventions, regardless of the specific sector of reference (protection, food security, education, health, access to means of subsistence, etc.), is an indispensable element to promote the protection, full inclusion and participation of people with disabilities in our communities.

This kind of approach, which the Italian Agency for Development Cooperation strives to integrate at global level in its humanitarian action, has found in recent years in Jordan a particularly favourable terrain thanks to the sensitivity of institutions and the expertise and commitment of the Higher Council for the Rights of Persons with Disabilities (HCD).

Indeed, since its creation in 2016, the Amman office of AICS has considered the commitment to empowerment and full inclusion of people with disabilities among its priority areas of intervention, both through the implementation of specific measures regarding the protection and inclusion of people with

disabilities, and through the integration of disability as a cross-cutting issue in humanitarian aid interventions in support of refugee and Jordanian host communities.

Hence the idea of a publication that highlights the commitment that the Agency in recent years has made at the central level in promoting the mainstreaming of disability in humanitarian aid interventions, while highlighting the actual experiences and best practices that emerged in Jordan. This is also thanks to the contribution of some of the main partners that in recent years have been supporting the AICS office in Amman in its commitment to people with disabilities.

On the one hand, HCD's contribution aims to shed light on some of the problems that emerged as a result of the pandemic, briefly illustrating the specific responses designed and implemented in concert with the various ministries and partners present in the country. On the other hand, the contribution of some of the Italian CSOs operating in the country, through the narration of good practices regarding inclusion and empowerment of people with disabilities emerged within humanitarian aid projects funded by the AICS office in Amman.

We hope that this publication can be an opportunity for a common reflection on the path taken so far and, at the same time, offer some food for thought and discussion inputs to advance further and more effectively in the process of mainstreaming disability in humanitarian aid interventions and, more generally, to support the process of inclusion and empowerment of people with disabilities in our societies.

Michele Morana

Head of the AICS office in Amman



1 INTERNATIONAL CONTEXT. HUMANITARIAN AID AND DISABILITY

AICS ROME

1.1. Introduction

Disability is a life condition that all human beings can experience in a more or less lasting form at some stage of their existence. In fact, the percentage of people with disabilities in the world is steadily increasing, for a variety of reasons.

With the introduction of the social model of approach to disability since the 70s of the last century, this has been defined not only as a dysfunction or difference in anatomical functioning given by a medical diagnosis, but as a result of the impact with the external environment. According to this model, the definition of disability would then be the loss or limitation of opportunities that prevent people with impairments, dysfunctions, or differences from participating in the normal life of the community on an equal and fair basis, due to physical or social barriers.

Around the world, people with disabilities are certainly in a more vulnerable and marginalised situation. People with disabilities have extraordinarily high unemployment rates; access to education tends to be difficult; and access to a range of key services such as health, housing, and transportation is certainly unequal. In general, they tend to suffer higher rates of exclusion from participation in community life.

In the humanitarian context, characterised by ever-increasing natural or man-made disasters, it is clear how extreme these already existing vulnerabilities can become. The Council of Europe has pointed out that in the last 20 years the number of disasters has been equivalent to that of the previous 100 years. In these contexts, people with disabilities are too often overlooked in the planning, assessment, design, and delivery of humanitarian relief. Serious situations such as conflicts or natural disasters affect some segments of the population differently than others. In fact, people with disabilities, mental disorders and the elderly suffer more from stressful and emergency situations, with reduced survival rates in extreme cases. Such situations can also generate an increase in the number of people who experience disabilities due to new injuries, lack of quality medical care, or collapse of essential services. In addition, these dramatic events (such as earthquakes, floods, typhoons, famines, droughts, epidemics, and conflicts) have produced major displacements, by forcing people to flee wars, dictatorships, and famines. Those who were once called economic migrants are now mostly migrants¹ fleeing from violence, hunger or climatic upheavals, which contributes to the desertification of rural areas, preventing them from living in

¹ In the IOM's migration glossary, a migrant is defined as "a person who moves away from his or her place of usual residence, whether within his/her country or across an international border, temporarily or permanently, and for a variety of reasons" https://publications.iom.int/system/files/pdf/iml_34_glossary.pdf.

traditionally inhabited places due to the destruction of natural resources (lack of water, lack of pastures for livestock and arable land).

According to data included by the United Nations in the Global Humanitarian Overview 2021, 56 countries have ongoing humanitarian crises related to hunger, conflict, displacement, climate change and COVID-19, totalling 234 million people in need. If we take into consideration that the World Health Organization (WHO) estimates that 15% of the world's population lives with a condition of disability, we can consider with some approximation that, out of 234 million people in need, over 35 million are people with disabilities.

Emblematic of the increase in crises is the contextual growth of migratory flows, which in recent years has reached significant numbers. In 2020, the International Organization for Migration (IOM) estimated the number of international migrants at about 281 million, which corresponds to 3.5% of the world's population. For more than 50 years, this number has been steadily increasing, reaching figures three times higher than those of 1970².

It should be considered, for example, that according to the United Nations High Commissioner for Refugees (UNHCR), in 2020 approximately 48 million are considered internally displaced persons, defined by the English acronym IDP³, 20.7 million are refugees falling under the mandate of UNHCR, 5.7 million are Palestinian refugees, 4.1 million are asylum seekers and 3.9 million are Venezuelan migrants.

1.2. People with disabilities and humanitarian emergencies

Research by the World Bank shows the close correlation between poverty and disability as both a cause and a consequence of each other. In crisis settings, people with movement, sensory, mental, or intellectual/relational disabilities are still generally excluded from access to services and distributions of goods. This results in their physiological isolation and dependence on the help of family members for even the simplest activities. The areas of intervention of humanitarian aid programmes often concern countries where disability is the cause of strong discrimination and cultural and social marginalisation. In emergency contexts, the condition of people with disabilities is made even more fragile by the catastrophic event, which creates additional barriers to their interaction with the surrounding reality, worsening the psycho-physical conditions at the origin of the disability. Emergencies can reduce the ability of social and health workers to provide care, or disrupt family and social networks that support people with disabilities in the first instance — due to displacement, death of family members or reference persons — leaving them in some cases in a state of total abandonment that can even cause their death. Disasters also change ordinary living conditions and make it impossible for many people to live independently, causing conditions of generalised disability. Therefore, natural and man-made disasters, particularly wars, produce forms of disability.

² In 1970, there were 84,460,126 migrants (or 2.3% of the population). This figure has been steadily increasing to a number of migrants of 271,642,105 (3.5% of the population).

³ According to UNHCR, the expression internal displaced person refers to a person who flees from his or her usual place of residence but does not cross national borders, remaining within the country itself <https://www.unhcr.org/internally-displaced-people.html>.

Only recently has the issue of the inclusion of people with disabilities in humanitarian aid interventions emerged in the international debate: it was raised in the camps for displaced persons in Kosovo during the war in the former Yugoslavia, and the Tsunami in Indonesia has proposed it again in a dramatic way. In the aftermath of the 2010 Haiti earthquake, the international community found itself unprepared for the need to rescue the 4,000 amputees, given the lack of adequate health services, necessary supports such as prosthetics, orthotics and adequate supports to rebuild a suddenly changed life. In fact, most shelters and refugee camps are not accessible to people with disabilities, who are often turned away because they need complex medical services.

The approval of the Convention on the Rights of Persons with Disabilities (CRPD, 2006)⁴ allowed the debate on the issue to be set in terms of rights. Ratified by 179 countries (92.6% of the member countries of the United Nations), today it represents an international standard to be observed, not only in legal terms, but also culturally and technically.

The Convention is based on a rights-focused approach and emphasises that persons with disabilities suffer from society — which has created barriers and obstacles to their participation — conditions of discrimination and lack of equal opportunities, and therefore are subject to continuous human rights violations. The Convention emphasises that *“disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.”*⁵

This definition revolutionises the traditional view of people with disabilities based on the medical model, according to which disability is essentially a pathology of the person and, as such, must be managed with medical and healthcare responses. Instead, the new model based on human rights shifts the responsibility for disability to societies and governments which, through their actions, create the conditions that determine disability and must therefore work to remove barriers, obstacles and discrimination that prevent the full and equal inclusion and participation of people with disabilities.

The old conception of disability has inevitably contributed to the marginalisation of people with disabilities who, in many cases, have been segregated at home or in specialised residences, or for whom special services have been provided (special schools, specialised rehabilitation centres, etc.) and therefore different from those accessed by the rest of the population. This trend, by preventing the full participation and inclusion of people with disabilities and limiting their full enjoyment of fundamental rights and freedoms, has not only contributed to the creation of “disabled people”, but has also made them invisible citizens, whose problems are dealt with by specific sectors of society, without any kind of shared responsibility by the community.

The approach of the CRPD therefore recognises that people with disabilities must enjoy all human rights on an equal footing with other citizens, and that the condition of people with specific characteristics depends on bio-psychosocial factors, which are dynamic in nature and can be modified in both the social and individual contexts. Removing or reducing the condition

⁴ United Nations (2006), Convention on the Rights of Persons with Disabilities. https://www.esteri.it/mae/resource/doc/2016/07/c_01_convenzione_onu_ita.pdf.

⁵ See *Ibid.*, preamble letter (e).

of disability is the responsibility of States and society, which must act on the health and social factors underlying discrimination and on all policies, bearing in mind that the condition of disability is an ordinary condition of all humankind over a lifetime.

This is all the more true in the field of humanitarian and emergency interventions. In fact, Article 11 of the CRPD⁶ requires states to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and natural disasters.

In the past, humanitarian aid has often intervened to ensure the essential elements of rescue and initial care (food, health and a place of shelter) for people affected by crises, in fact ignoring the specific needs of people with disabilities –, who were hardly reached by the humanitarian response.⁷ Thus, it became apparent that camps were often not made accessible to everyone from the start, specific dietary requirements were ignored, and the restrooms were inaccessible to people with disabilities and the elderly.⁸

In recent years, the international community has debated in depth the issue of protection, safety and inclusion of people with disabilities, to ensure equal opportunities and non-discrimination through appropriate hosting policies and support interventions based on respect and protection of human rights. From this approach, policy documents have been approved to guide the actions of governments and the reception services and civil protection.

The Verona Charter on the Rescue of Persons with Disabilities in Case of Disasters (2007), developed as part of a European project managed by the ASL of Verona⁹, began to define the general principles on which to base emergency interventions for these people. Then came a whole series of articles and manuals at the international level that explored the topic, developed mainly by nongovernmental organisations and organisations of people with disabilities.¹⁰ Already in 2010, the UNHCR had raised the issue of refugees with disabilities¹¹, but it was not until the World Conference on Disaster Risk Reduction (2015) that the issue was included in a general UN document, the Sendai framework on disaster risk reduction 2015-2030¹² adopted in Japan, which indicates a series of concrete actions for the involvement of people with disabilities in disaster risk reduction actions.¹³

⁶ Article 11 (Risk Situations and Humanitarian Emergencies) of the CRPD states: “States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters”. These elements, applied to emergency conditions, in which migrants with disabilities also live, require the reformulation of policies and technical and professional interventions, including in the field of humanitarian aid.

⁷ Griffo, Giampiero (2020). We must have the same rights as other citizens. <https://www.atponlus.org/dobbiamo-godere-degli-stessi-diritti-degli-altri-cittadini/>

⁸ See HI report in Jordan <https://reliefweb.int/report/syrian-arab-republic/15-syrian-refugees-has-disability>

⁹ Verona Charter on the Rescue of Persons with Disabilities in Case of Disasters, 2007: <https://internazionali.ulss20.verona.it/docs/projects/rdd/cartadiverona.pdf>

¹⁰ See the bibliography contained in MAECI - (2015), Humanitarian Aid and Disability Vademecum. Rome.

¹¹ UNHCR, Conclusion of refugees with disabilities and other persons with disabilities protected and assisted by UNHCR, No. 110 (LXI), 2010.

¹² For more details <https://www.unisdr.org/we/coordinate/sendai-framework>

¹³ See United Nations General Assembly, Sendai Framework on disaster risk reduction, 2015-2030 https://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf

In 2015, the Italian Development Cooperation published the “Humanitarian Aid and Disability” *Vademecum*, the first organic document by a government on the subject, while at the European level, the same year, the EU Council’s Conclusions on Disability-Inclusive Disaster Management were adopted.¹⁴ The Council of Europe — after a series of consultations with the relevant stakeholders — also defined a specific manual in 2016 as a contribution of the EUR-OPA programme.¹⁵

Subsequently, at the *World Humanitarian Summit* in Istanbul, the *Charter of Istanbul for inclusion of persons with disabilities in humanitarian action*¹⁶ (2016) was launched, which initiated the development of the Guidelines for inclusion of persons with disabilities in humanitarian action¹⁷, adopted by the IASC (Inter-Agency Standing Committee) in 2019, after a 2-year work involving the major players in the field.¹⁸ These guidelines indicate the essential elements for an inclusive humanitarian response, such as: participation of persons with disabilities in all phases of the emergency; training of emergency system operators on the rights of persons with disabilities and the technical solutions to be adopted; overcoming barriers and discrimination in all areas of the emergency (rescue, first reception, long-term hosting); involvement of persons with disabilities who are beneficiaries of humanitarian interventions in all community activities (education, work, etc.).

At the same time, the EU continued its efforts to strengthen its strategy in this area, approving the operating guide *The Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations*¹⁹ (2019), and launching the process of reviewing the European Disability Strategy¹⁹ (2010-2020).²¹ With specific reference to the issue of refugee hosting, the *Global Compact on Refugees* addresses the issue of inclusion of persons with disabilities in a precise manner, emphasising the need to respect human rights and prevent discrimination and abuse, design measures to provide appropriate, accessible and inclusive responses, encourage the participation of organisations of persons with disabilities (OPD) and involve them in the assessment of needs and the inclusive design of the response, which must take into account the different specificities — including dietary ones — in the field of education, work and health, as well as gender and age diversity. It also emphasises the importance of disaggregating data, protecting people with disabilities from violence and abuse, ensuring appropriate initial care, and registration and documentation that includes people with disabilities.

¹⁴ See Council of the European Union. Council conclusions on disability-inclusive disaster management, 27 February 2015 <https://data.consilium.europa.eu/doc/document/ST-6450-2015-INIT/en/pdf>

¹⁵ See Council of Europe and European and Mediterranean Major Hazards Agreement (EUR-OPA), Towards more disaster resilient societies, <https://edoc.coe.int/en/environment/6824-towards-more-disaster-resilient-societies-the-eur-opa-contribution.html>.

¹⁶ See the Charter on Inclusion of Persons with Disabilities in Humanitarian Action <http://humanitariandisabilitycharter.org/>

¹⁷ See the IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019 <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

¹⁸ See the IASC website, <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action>

¹⁹ See DG ECHO, The Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations, 2019 https://ec.europa.eu/echo/sites/echo-site/files/2019-01_disability_inclusion_guidance_note.pdf

²⁰ See <https://eur-lex.europa.eu/legal-content/IT/TXT/?uri=LEGISSUM:em0047>.

²¹ The European Commission also recently funded the AMID (Access to Services for Migrants with Disabilities) project, 2017-19, aimed at analysing the problems faced by migrants with disabilities in the European Union, partially filling knowledge gaps on the topic.

In June 2019, the United Nations Security Council unanimously adopted Resolution 2475²² for the Protection of Persons with Disabilities in Conflict Situations, which is another milestone on the path forward, calling on states to ensure equal access to basic services for persons with disabilities and to enable the meaningful participation and representation of persons with disabilities, including relevant organisations, in humanitarian action and in conflict prevention and resolution, reconciliation, reconstruction, and peacebuilding operations.²³

Finally, the Human Rights Council of the United Nations, at its meeting on 9 July 2019, approved the document “*Human rights and climate change*”²⁴, where persons with disabilities are considered as particularly affected by climate change and must be guaranteed adequate protection.

In summary, the last decade has seen a growing debate on humanitarian aid and disability, with an increasing commitment to ensure the inclusion of people with disabilities within humanitarian aid interventions, especially through the broad involvement of associations of people with disabilities in all phases of humanitarian aid design and management, the enhancement of specific skills and experience and the inclusion of people with disabilities in the staff of experts involved.

1.3. Assistance to victims of mines and other unexploded devices

Natural and human disasters, particularly wars, impact the surrounding environment and the people who live there, creating highly vulnerable situations, including various types of disabilities, impairments and mental disorders. This is the case, for example, of physical impairments caused by the collapse of infrastructure during disasters or the explosion of war devices.

Each year, an average of 7,000 people is killed by explosive devices of various types: landmines or anti-vehicle mines (AVMs), explosive remnants of war (ERWs), improvised explosive devices (IEDs), and cluster bombs.

According to the latest *Landmine Monitor 2020*²⁵, there were 5,554 victims of landmines and other unexploded devices in 2019, 80% represented by civilians. Almost half of all civilian victims are children (43%). Although decreased in recent years (with a peak of almost 10,000 deaths in 2016), the number of victims continues to be high and a worrying reversal of this trend is expected in the coming years, due to both the continued escalation in some conflict zones (Afghanistan, Nigeria, Syria, Yemen, Mali among the first) and the impact caused by the COVID-19 pandemic, with a reduced capacity to carry out clean-up and assistance programmes on the ground and a decrease in funding in the sector worldwide.

²² See Resolution 2475 (2019) on protection of persons with disabilities in conflict <https://www.un.org/development/desa/disabilities/security-council-resolutions.html>

²³ Martin, Anna Sophie (2019), UNSC Resolution 2475 on Protection of Persons with Disabilities in Conflict, University of Rome La Sapienza, 2 July 2019 <http://www.masterdirittumanisapienza.it/la-risoluzione-24752019-adottata-all-unanimously-from-the-united-nations-security-council-the>

²⁴ See OHCHR and climate change <https://www.ohchr.org/EN/Issues/HRAndClimateChange/Pages/HRClimatChangeIndex.aspx>

²⁵ See <http://www.the-monitor.org/en-gb/reports/2020/Landmine-monitor-2020>

Mines and other explosive devices kill or cause complex injuries, often with severe disabling consequences and psychological trauma. Disability caused by landmines — often as a result of the amputation of a lower limb — is also accompanied by social stigma. The combination of stigma and lack of appropriate assistance for the full integration of the impaired person into society – including integration into the world of work — makes it difficult to return to a normal life.

The disarmament community has long understood the importance of assisting war devices survivors in a sustainable manner. This was first codified as an obligation for states within the two international frameworks in place to prevent the use, production, trade, and stockpiling of these devious weapons: the 1997 Ottawa Mine Ban Treaty (APMBC) and the 2008 Convention on Cluster Munitions (CCM), also known as the Oslo Convention.

Both these Conventions, in addition to prohibiting the use, possession, production and transfer of weapons, and imposing the destruction of existing stocks, specify among the obligations of States also the assistance to victims, including medical care, rehabilitation and psychological support, and economic and social reintegration.

Italy has actively participated since the beginning in all the phases of the two Conventions, which ended with the ratification of the Ottawa Convention in April 1999 and the Oslo Convention in September 2011.

The ratification of the Conventions has entailed constant monitoring of the measures envisaged to ensure their implementation on both a diplomatic and humanitarian level.

In order to increase the effectiveness of the action in the field of humanitarian demining, Italy has also established, with Law no. 58 of 2001, the “Fund for Humanitarian Demining and the reclamation of areas with explosive remnants of war”, destined to the implementation of integrated demining programmes related that intervene in the five pillars of the so-called “*mine action*”, one of which is precisely the assistance to victims.

Assistance to mine victims is therefore an integral part of the Italian humanitarian demining action, which aims to promote an integrated approach in the assistance activities to victims of mines and other explosive devices, including awareness raising, information and rehabilitation activities.



2 ITALIAN COOPERATION AND DISABILITY

AICS ROME

2.1. The action of the Italian Cooperation

Consistent with the statements of the UN Convention and, in particular, with Art. 32 and the commitments made at the international level, since 2002 the Italian Cooperation has started a process of defining its own policies and strategies for the protection and promotion of the rights of persons with disabilities from the perspective of mainstreaming in developing countries. It also carried out various data collection activities in the sector and the implementation of interventions in the field in constant collaboration with representatives of civil society and national institutions competent in the sector, consulted at both strategic and operational levels.

In 2002, Italian Cooperation adopted the first Guidelines on Disability. Following Italy's signing of the "UN Convention on the Rights of Persons with Disabilities" (CRPD - 2007), the Italian Cooperation carried out the first mapping of its initiatives in this sector, which resulted in the report "Disability, International Cooperation and Development – The experience of Italian Cooperation 2000-2008", which laid the basis for the work of updating the Guidelines. In 2010, therefore, the "Guidelines for the introduction of the issue of disability within the policies and activities of Italian Cooperation" were approved, which provided – among other things — for the drafting of the "Disability Action Plan of Italian Cooperation", adopted in 2013 and presented in Brussels on 26 May 2014 at the European Economic and Social Committee²⁶, with the aim of encouraging the European debate on disability and inclusive development. This Action Plan is structured into five areas of intervention: i) policies and strategies; ii) inclusive design; iii) accessibility and usability of environments, goods and services; iv) humanitarian aid and emergency situations; v) enhancement of the experiences and skills of civil society and businesses. Within it, a number of thematic working groups were created in 2013, which involved national institutions and civil society, and developed tools on accessibility, inclusive education, and inclusion of people with disabilities in the humanitarian action. On this last topic, a guide for humanitarian operators has been drawn up, the already mentioned "Humanitarian Aid and Disability" Vademecum, which provides theoretical elements and concrete indications on the protection and inclusion of people with disabilities in case of humanitarian crises. In addition, the Action Plan initiated a new mapping, which was conducted in 2016 and incorporated into the report: "Inclusion, Disability, International Cooperation – The Experience of Italian Cooperation 2009-2014".

²⁶The European Economic and Social Committee is the consultative body of the European Parliament, Council and Commission, composed of representatives of civil society.

With specific reference to humanitarian aid and in line with the actions envisaged by the Action Plan, Italian Cooperation has been particularly active in terms of advocacy, raising awareness among the European Union, other donors, and development and humanitarian agencies on the importance of including the disability dimension in international cooperation. First of all, innovating with respect to the past, Italy has included in the humanitarian programme of the Italian Presidency of the European Union the issue of the protection of persons with disabilities. Therefore, presentations on the specific needs of people with disabilities in emergency contexts have been made within COHAFA (Council of the European Union's Working Party on Humanitarian Aid and Food Aid), and Italy has produced a concept paper that identifies opportunities for better protection of people with disabilities in emergency contexts and has created the basis for the work of future presidencies on the subject. In continuity with the Italian programme, the subsequent presidency of Latvia added the topic of protection of persons with disabilities in risk management to the COHAFA agenda. Therefore, Council Conclusions²⁷ were approved on 12 March 2015 to emphasise the need to include people with disabilities in natural disaster prevention, management and response programmes. These Conclusions were presented at the Sendai World Conference as a common position of the EU member countries.

Italy also promoted and collaborated in the drafting of the "Charter on Inclusion of Persons with Disabilities in Humanitarian Action", launched at the World Humanitarian Summit (WHS – Istanbul, 2016), during which Italy made specific commitments to the inclusion of persons with disabilities in humanitarian aid. Specifically, Italy has undertaken to set up focal points for the inclusion of people with disabilities in humanitarian aid programmes, introduce the use of data collection markers, carry out actions and projects aimed at the collection of statistical data, awareness raising and training on disability in emergency contexts.

In line with these commitments, Italy has organised or supported the organisation of several events on this topic, such as the round table on progress achieved following the World Humanitarian Summit organised in Brussels in December 2016 together with the specialised NGO Handicap International and in collaboration with the *European Disability Forum* and the *International Disability and Development Consortium*. In addition, on 12 June 2017 — as part of the World Food Programme Executive Committee held in Rome — the first anniversary of the "Charter on Inclusion of Persons with Disabilities in Humanitarian Action" was celebrated, thanks to the organisation of WFP and the Governments of Italy, Australia, Finland and Uganda.

In 2018, the Italian Cooperation set up a working group that adopted the new "Guidelines for Disability and Social Inclusion in Cooperation Interventions", which include a chapter dedicated to initiatives in emergency contexts that, highlighting the negative impacts of catastrophic events on people with disabilities, summarises the key elements for the inclusion of people with disabilities in humanitarian action.

In order to verify the status of implementation of the strategy developed over the last decade, the Agency published in 2019 the result of the research "Disability and international cooperation: participation and inclusion. The experience of Italian cooperation 2016/2017".

²⁷ Council of the European Union. Council conclusions on disability-inclusive disaster management, 27 February 2015 http://www.consilium.europa.eu/register/en/content/out/?&typ=ENTRY&i=ADV&DOC_ID=ST-6450-2015-INIT

2.2. “Humanitarian Aid and Disability” *Vademecum*, 2015

It was precisely from the realisation of the need to protect the needs of people with disabilities and to intensify the interventions for their humanitarian protection that the idea of creating the “Humanitarian Aid and Disability” *Vademecum* was born. The document, jointly drafted by the Italian Cooperation and the Italian Disability and Development Network (RIDS) within the “Emergency” working group established following the adoption of the “Disability Action Plan of Italian Cooperation”, aims to be a support guide for all Italian humanitarian operators so that their action, in emergency contexts, respects the rights of persons with disabilities and carefully assesses their needs and inclusiveness.

The document contains theoretical elements and references to international principles in the field, but also methodological and practical indications on how to practically implement humanitarian aid programmes. Starting from the definition of the concept of disability, the *Vademecum* explains the importance of including people with disabilities in the humanitarian response because of their particular vulnerability, but also in view of the fact that catastrophic events are actual generators of disability.

The *Vademecum* identifies the essential elements of inclusive humanitarian programmes. First, it is essential to promote the active participation in all project phases of people with disabilities, their families and their associations, and to follow a Community-Based Rehabilitation (CBR) approach — which promotes the inclusion of people with disabilities in their communities. In addition, it is important to define some focal points, aimed at integrating the issue of disability into humanitarian aid programmes and managing interventions specifically in favour of people with disabilities, and working groups with civil society and beneficiaries of the interventions, to be involved in decisions that affect people with disabilities. The sector strategy also calls for a “twin-track approach”, i.e. the implementation of programmes specifically aimed at people with disabilities but also mainstreaming, i.e. including the needs of people with disabilities in all implemented actions. Training of personnel, both technical (e.g. social workers) and project management related, is also a key element, as is the provision of means and tools to ensure the accessibility of aid (e.g. accessibility in refugee camps). Particular attention should also be paid to the census of people with disabilities and the identification of their needs, including through the collection of disaggregated statistics.

Finally, the *Vademecum* reports good practices and tangible examples on how to ensure the protection of the rights of persons with disabilities.

2.3. The research “Disability and international cooperation: participation and inclusion. The experience of Italian Cooperation 2016/2017”

In 2014, in the absence of a specific OECD DAC code for the classification of projects and with the aim of having timely information on the commitments of Italian Cooperation in favour of persons with disabilities, a specific “marker” for disability was included in the AICS information system, in line with the provisions of the Disability Action Plan adopted by the Italian Cooperation in 2013.²⁸

²⁸ For more details, see AICS, Disability and international cooperation: participation and inclusion, 2019 <https://www.aics.gov.it/wp-content/uploads/2019/12/survey-disabilita-2016-2017.pdf>

The marker has made it possible to implement, in a more precise manner, the principles of Effectiveness, Aid and Development defined at the international level.

The marker has been applied to initiatives in the approval phase and the assigned score (from 0 to 4) corresponds to a percentage that quantifies the real financial investment of the project dedicated to disability, making it possible to also collect information on projects, not totally aimed at the sector, which include within them activities for disability, with a view to mainstreaming.

In this regard, it should be noted that “*The Working Party of Development Finance Statistics (WP-STAT)*” approved in June 2018 the introduction of a “policy marker” on the inclusion and empowerment of people with disabilities. The marker was included in the “*Reporting Directives in November 2018*”²⁹ and has been implemented since 2019. The work of the Italian Cooperation has therefore been far-sighted, having envisaged, already in 2014, the need to include a useful tool for the collection of precise data on the commitment to the sector.

TABLE 1 DISABILITY MARKER		
Disability Marker	Score	% of funding dedicated to disability
The explicit primary goal is disability	4	100%
Most, but not all, of the funding is for disability	3	70%
Half of the funding is for disability	2	50%
At least a quarter of the funding is for disability	1	25%
Negligible or no funding is allocated to disability	0	0%

The research "Disability and international cooperation: participation and inclusion. The experience of Italian cooperation 2016/2017" was implemented thanks to the use of the "disability marker" included in the Agency's information system, which enables the detection of both projects specifically dedicated to people with disabilities, and those that include the theme from a mainstreaming perspective, dedicating specific activities for people with disabilities as part of broader response actions to existing problems in various countries.

In particular, this research found that the policy and strategic focus on the inclusion of people with disabilities in humanitarian aid was also reflected at the operating level. In fact,

²⁹ OECD, Proposal to introduce a policy marker in the CRS to track development finance that promotes the inclusion and empowerment of persons with disabilities, 18 June 2018: [https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=DCD/DAC/STAT\(2018\)39/REV1&docLanguage=En](https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=DCD/DAC/STAT(2018)39/REV1&docLanguage=En)

it has emerged that 53% of projects dedicated to disability by the Italian Cooperation fall within the scope of humanitarian aid, which – although less inclined to identify disability as the main objective of its projects – tends to include more frequently important components dedicated to people with disabilities, from a mainstreaming perspective.

The theme of resilience in conflict and post-conflict contexts also appears to be prevalent among projects dedicated to disability, followed by education and health. At the same time, the research emphasises the need to strengthen the empowerment and Community-Based Rehabilitation (Community-Based Inclusive Development) components of Italian

TABLE 2 - DISTRIBUTION OF OBJECTIVES BY “MARKER” ON 72 PROJECTS EXAMINED IN TOTAL

Sector	Emergency Channel	Ordinary Channel	Total Responses
Resilience	31	4	35
Education	9	10	19
Health	7	11	18
Empowerment	0	7	7
Employment	1	3	4
Community-Based Rehabilitation	0	4	4
Institutional Strengthening	0	4	4
Mine action	2	0	2
Gender Violence	1	1	2

2.4. Disability and Social Inclusion Guidelines, 2018

The first Guidelines adopted by AICS were the 2018 Disability Guidelines (Guidelines for Disability and Social Inclusion in Cooperation Interventions - 2018). The Guidelines pay specific attention to certain intervention areas, such as: a) training, b) community awareness, c) advocacy, d) education, e) employment, f) health, g) institutional strengthening and civil society empowerment, h) prevention, i) support and protection for people with disabilities who are victims of violence.

A separate chapter is devoted to “Initiatives in Emergency and Fragile Situations”. In such contexts, the condition of people with disabilities is made even more fragile by the catastrophic event. In addition, the growing number of refugees, displaced persons, returnees, and migrants (nearly 66 million in 2016³⁰) – makes the need to assist these vulnerable populations, among whom are often people with disabilities, increasingly urgent. In this area, the guidelines³¹ include:

- Supporting initiatives in accordance with the indications reported in the Vademecum adopted by the Italian Cooperation in 2015 and the 2016 “Guidance on integrated approach to victim assistance”³².
- Conducting and supporting advocacy and awareness actions at the European and international level, regarding the needs of people with disabilities, in emergency and fragility contexts and in humanitarian aid and demining interventions.
- Training personnel working in emergencies and fragility situations on how to define needs and include people with disabilities in humanitarian aid and demining, in line with the main reference standards³³.
- Implementing targeted interventions in favour of persons with disabilities, aimed at assisting victims of conflicts and natural disasters, ensuring their protection and safety also through the empowerment of communities and institutions at all levels and enhancing their skills and resilience; promoting mainstreaming in all projects also through the identification and training by AICS of national focal points in the countries where the Agency operates.
- Adapting the hosting and assistance facilities involved in the projects in order to make them accessible and usable for people with disabilities and provide them with useful means for their assistance.
- Collecting disaggregated statistical data on people with disabilities in emergency and fragility settings that reflect their needs and potential.
- Working in close coordination with people with disabilities, their families and representative organisations – including through the creation of working groups – including them in the formulation and management of programmes.
- Encouraging the participation of people with disabilities and OPDs in activities carried out in the hosting camps (health, education, employment, leisure).
- Encouraging an “integrated approach” in activities aimed at assisting victims of mines and explosive devices, including awareness, information and rehabilitation activities.

³⁰ Global trends. Forced displacement in 2016, 2017

³¹ AICS, Guidelines for Disability and Social Inclusion in Cooperative Interventions, 2018 <https://www.esteri.it/mae/resource/doc/2018/02/linee-guida-disabilita-2018.pdf>

³² These guidelines were developed in the context of the Convention on Cluster Munitions (CCM) on the topics of victim assistance and cooperation and assistance (Australia, Chile, Italy, Austria and Iraq) with technical support from Handicap International and financial support from the Australian Government.

³³ CRPD - Art. 11, “Charter on Inclusion of Persons with Disabilities in Humanitarian Action” signed by Italy at the “World Humanitarian Summit” in Istanbul (WHS - 2016), “Sendai Framework for Disaster Risk Reduction” (2015), “EU Council Conclusions for Inclusive Disaster Management” (2015), Verona Charter (2007), “United Nations Policy on Victim Assistance in Mine Action” (2016), “Convention on Cluster Munitions” (CCM - 2008 Art. 5), “Convention on Certain Conventional Weapons” (CCM - 2001 Art. 8), “Antipersonnel Mine Ban Convention” (APMBC - 1997 Art. 6).

3 DISABILITY IN THE JORDANIAN CONTEXT

AICS AMMAN

3.1. Humanitarian context in Jordan

More than ten years after the beginning of the conflict in Syria, the Middle East region continues to be the scene of one of the most severe humanitarian crises in modern history, with political, economic and social repercussions that affect the stability of the entire area. According to UNHCR data, more than 5.5 million Syrians have left their country since the beginning of the conflict to find shelter in neighbouring countries, namely Turkey, Lebanon, Jordan, Iraq and, to a lesser extent, Egypt and other North African countries.

In this context, Jordan – with about 670 thousand Syrians registered at the local UNHCR office³⁴ – is the third country in the region for the number of Syrian refugees. Although the presence of the latter in Jordan is often associated with formal hosting camps³⁵ – in particular that of Za’atari, which in 2013 had come to host over 150 thousand people – in reality over 80% of refugees live in urban, suburban and rural areas of the country³⁶, more or less integrated within the local Jordanian communities that, not surprisingly, are commonly referred to as host communities.

Many other Syrian citizens also live in those communities – the Jordanian authorities estimate them at about 750,000 people – who, not being registered as asylum seekers with UNHCR, are not included in the official counts but who, for the most part, consider themselves refugees or displaced because of the conflict³⁷: the actual number of Syrians present in the country would therefore exceed 1.3 million³⁸.

If we then include in the calculation also the approximately 90 thousand refugees and asylum

³⁴ According to official UNHCR data, there were 668,332 Syrian refugees formally registered in Jordan as at 30 June 2021. UNHCR, Statistics for Registered Syrian Refugees (as at 30 June 2021). <https://data2.unhcr.org/en/documents/download/87544>

³⁵ In Jordan, there are two large official reception camps, specifically the Za’atari camp which hosts just under 80 thousand refugees and the Azraq camp, which hosts about 43 thousand, plus a third smaller camp known as the Emirates-Jordanian Camp with about 6,600 residents. UNHCR, Statistics for Registered Syrian Refugees (as at 30 June 2021). <https://data2.unhcr.org/en/documents/download/87544>

³⁶ According to the most recent statistics, 29.5% of Syrian refugees live in the Amman governorate, 20.5% in Irbid, 13% in Mafraq and 7.25% in Zarqa. In the other governorates, and particularly in the south of the country, the presence of refugees is less significant. Ibid.

³⁷ Ref: Agulhas Applied Knowledge (2019). Independent Monitor’s Assessment Report: Jordan Compact and Brussels Meeting. <https://agulhas.co.uk/wp-content/uploads/2019/11/190917-Assessment-Report-Final-1.pdf>

³⁸ According to the data of the last national census, organised in 2015, the total population in Jordan is about 9.5 million, of which only 6.6 million are Jordanian nationals and almost 3 million are of other nationalities (among them also 600 thousand Palestinians without Jordanian nationality). Department of Statistics (2016), General Population and Housing Census 2015. http://www.dos.gov.jo/dos_home_e/main/population/census2015/Main_Result.pdf.

seekers of other nationalities present in the country³⁹, as well as the approximately 2 million Palestinian refugees assisted by UNRWA⁴⁰, it follows that, out of a total of approximately 10 million inhabitants in Jordan⁴¹, refugees, asylum seekers or displaced persons represent almost a third of the entire population.

It must also be considered that, having very limited access to economic activities of sustenance, the vast majority of refugees survive in conditions of extreme precariousness, with a high degree of dependence on humanitarian assistance, struggling to obtain food in adequate quantity and quality, to ensure a decent accommodation for their families and, even more, to access essential services such as health care and education.

In 2019, nearly 80 percent of the refugee population was already living in high or extreme vulnerability conditions, relying on an income of less than 68 Jordanian dinars (about 80 euro) per capita per month, which is below the national poverty line. On the other hand, 11% of the refugee population was represented by those who lived in conditions of extreme poverty, i.e. with less than 28 dinars (about 33 euro) per capita per month⁴². Not surprisingly, about two out of three refugee families were found to have had to incur debt to meet their basic needs such as paying rent (42.2%), buying food (17%), and healthcare expenses (27%). It should be considered that, during the same period, just under 15% of Jordanian households were also estimated to be below the poverty line.

The significant influx of Syrian refugees, to whom, albeit with some limitations, the Jordanian authorities have nevertheless guaranteed access to basic public services, same as the local population, has inevitably put a strain on the country's ability to maintain an adequate level of services to citizens, both in terms of quality and quantity.

The pressure exerted by such a large number of refugees, however, has ended up having a clear impact on the demographic and socio-economic balance of the country, already fragile in itself, creating economic, political and security repercussions that, superimposed on the pre-existing difficulties, have made the process of reform and political and social renewal initiated by the Hashemite Kingdom in the years preceding the crisis extremely complex.

In a context of this kind, obviously already very complex in itself, the COVID-19 pandemic evidently ended up by weighing more heavily on the most vulnerable sectors of the population, limiting their ability to provide for their own basic needs.

This obviously had a number of implications. In order to cope with daily needs and the

³⁹ In addition to Syrian refugees, as at 30 June 2021, the refugee community present in Jordan also included just under 90,000 asylum seekers of other nationalities, specifically 66,703 Iraqis, 13,531 Yemenis, 6,015 Sudanese, 697 Somalis, and 1,451 other nationalities. This is even though new refugee registrations have been suspended since 2019. See UNHCR (2021). Jordan: Statistics for Registered Persons of Concern (as at 30 June 2021) <https://data2.unhcr.org/en/documents/details/87543>

⁴⁰ See <https://www.unrwa.org/where-we-work/jordan>

⁴¹ According to the data of the last national census, organised in 2015, the total population in Jordan is about 9.5 million, of which only 6.6 million are Jordanian nationals and almost 3 million are of other nationalities (among them also 600 thousand Palestinians without Jordanian nationality). Department of Statistics (2016), General Population and Housing Census 2015, http://www.dos.gov.jo/dos_home_e/main/population/census2015/Main_Result.pdf.

⁴² See UNHCR (2019). VAF Population Study 2019, <https://data2.unhcr.org/en/dataviz/79>.

deteriorating socio-economic situation, many refugee families have been forced to resort to negative and risky coping practices, such as non-payment of rent or food, increasing indebtedness through loans from family or friends, but also extreme practices such as child labour, begging and early marriages for girls – situations worsened by an increase in domestic abuse and sexual and gender-based violence.

3.2. Sectoral context of disability in Jordan

In a context characterised by widespread poverty and fragility, it is not surprising that the needs of a specific segment of the population such as people with disabilities are still not perceived as a priority.

Despite Jordan's efforts and undeniable progress in legislation over the past decades, the inclusion of people with disabilities in Jordanian society still remains deeply deficient. This deficiency calls into question complex and stratified problems, among which the following should certainly be mentioned: i) socio-economic factors, attributable to the condition of poverty most often associated with disability and all the deriving consequences; ii) cultural elements linked to the stigma still too often associated with disability; iii) structural deficiencies of public services that, even more so in light of the additional pressure exerted by refugees, fail to fully integrate the needs of the most vulnerable categories. These elements, along with others, end up reinforcing the phenomena of marginalisation and exclusion.

People with disabilities therefore continue to represent an extremely vulnerable and at-risk category, so that the pandemic, in addition to exacerbating the vulnerability of the most fragile individuals and social groups, has contributed to further reducing the spaces and opportunities for participation in the social and economic life of the country, further feeding the vicious cycle of exclusion and marginalisation.

According to data provided by the Higher Council for the Rights of Persons with Disabilities, the incidence of disabilities among the Jordanian population would range between 11 and 15%.⁴³ Among adults with disabilities, the employment rate is only 7.7 %, according to a 2015 study.⁴⁴ Data reported for 2017 show that people with disabilities represent less than 1% of the public workforce, and less than 0.5% in the private sector.⁴⁵ Regarding education, of the 1.4 million Jordanian children placed in primary education in the 2018/2019 school year, only 26,674 were children with disabilities. Therefore, according to the Department of Statistics, 79% of school-age children remained excluded from any formal education in 2019⁴⁶.

⁴³ However, this is a moderately conservative estimate considering that, globally, the World Health Organization estimates an incidence of 15%. See WHO and World Bank (2011). World Report on Disability. https://www.who.int/disabilities/world_report/2011/report.pdf

⁴⁴ Cited in Jordan Times (2015). "7.7% of people with disabilities are employed – report" <http://www.jordantimes.com/news/local/77-people-disabilities-are-employed-%E2%80%94-report>

⁴⁵ Information and Research Centre. (2017). "Shadow report on the status of implementation of the Convention on the rights of Person with disabilities in Jordan". https://haqqi.info/check_1.php?t=research_paper&f=JordanShadowReportforCRPD_En_2017

⁴⁶ Ministry of Education (2018). Education Strategic Plan 2018-2022. http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Amman/pdf/ESP_English.pdf

Needless to say, these numbers worsen even further when it comes to refugees with disabilities. Based on a recent study, the incidence of disabilities among the Syrian refugee population would in fact appear to be higher: in fact, this study shows that about 23% of Syrian refugees over the age of two live with one or more disabilities and that about 62% of Syrian households have among their members at least one person with a disability.

Beyond a probable higher incidence of disabilities among refugees⁴⁸, this data nevertheless suggests that the real incidence of disabilities among the Jordanian population is underestimated.

People with disabilities clearly need access to basic and specialised healthcare services that are not always accessible on the ground, either because of shortcomings in the healthcare system itself or because of economic difficulties in accessing them. In the case of refugees with disabilities, who often reside in remote areas, not reached by the specialised services they rely on, access becomes even more difficult, impacting the vulnerability of the displaced ones.

What also appears peculiar in the data related to Syrian refugees is that, among minors between the ages of 5 and 17, the most recurrent difficulties are linked to states of anxiety (9.7%) or depression (5.9%), typical of post-traumatic stress disorders, which would not necessarily appear to emerge from the data related to the Jordanian population.⁴⁹ Regardless of nationality and legal status, people with disabilities face countless barriers on a daily basis that hinder their inclusion and participation in the social, political and economic life of the country.

As mentioned above, one of the key elements in defining these barriers is the vicious cycle that links disability and poverty in its various social, structural, political and cultural aspects. Especially in low-income countries, people with disabilities live a condition of *"poverty within poverty"*⁵⁰, as more than other categories they suffer the consequences of health emergencies (as recently confirmed by the pandemic), face significant difficulties in accessing the healthcare system — whose services are very often inaccessible, both physically due to the presence of architectural barriers and for its high costs — and considerable difficulty in finding employment opportunities, especially in countries where the unemployment rate is particularly high, and in general have access to resources that are often scarce or non-existent. In a sense, disability can be viewed as both a cause and a consequence of poverty, and the two tend to be mutually reinforcing, contributing to increased vulnerability and exclusion of people with disabilities.

⁴⁸Despite the difficulty of comparing the data relative to the Jordanian population with those referring to the refugee population, collected in different ways and for different purposes, it would seem reasonable to expect that among a population affected by a humanitarian crisis, the incidence of disabilities is higher than national estimates, also considering the exposure of refugees to experiences of war, deprivation and sometimes extreme living conditions with very high levels of stress. See Thompson S. (2018). The current situation of persons with disabilities in Jordan. K4D Helpdesk Report. Brighton, UK: Institute of Development Studies. https://assets.publishing.service.gov.uk/media/5bb22804ed915d258ed26e2c/Persons_with_disabilities_in_Jordan.pdf

⁴⁹The most prevalent disabilities among the Jordanian population would be motor (17.3%), sensory (16.2%), multiple disabilities (8.2%), and mental illnesses (7.9%), while the percentage of people with learning disabilities and autism spectrum disorders would be 2.1% and 0.5%, respectively. See Jordanian Department of Statistics (2017). Op. cit.

⁵⁰Yeo, Rebecca, and Moore Karen. (2003). "Including disabled People in Poverty Reduction Work: Nothing About Us, Without Us". Pergamon. doi:10.1016/S0305-750X (02)00218-8

Poverty and its many facets also play a key role in the reproduction of the stigma⁵⁰ towards people with disabilities, which increases the phenomena of discrimination, marginalisation and exclusion. As anticipated, the pandemic – with the heavy implications that the measures of prevention and containment of the contagion have had on people with disabilities – has further complicated the path to inclusion: just think of the sudden interruption of routines, the difficulties – in the absence of adequate technology or specific adaptations that are often insurmountable – of participating in distance learning or agile working methods; or the difficulties or impossibility of accessing the social, health and specialised services on which they rely.

In the light of this, it seems essential to act not only through targeted interventions aimed at people with disabilities, but also by integrating the specific needs of this social group within broader interventions involving different sectors, such as employment, education and social and health care.

3.3. Regulatory framework in Jordan

With the signing and subsequent ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2007, Jordan has embarked on a virtuous path aimed at promoting the full inclusion of persons with disabilities within Jordanian society according to a new paradigm that goes beyond the traditional medical-assistance approach to disability to adopt a new rights-based one.

This path finds its main foundation in Law no. 20 of 2017 also known as the Law on the Rights of Persons with Disabilities⁵², considered among the most advanced regulations in the Middle East region. Consistent with the general principles enunciated by the CRPD and in line with the 2030 Agenda and the Sustainable Development Goals⁵³, Law 20 adopts a multi-sectoral approach that involves all levels of the political, social and economic life of the country, with the aim of pursuing the full and effective participation and inclusion of persons with disabilities.

For example, Law 20 prescribes: i) the protection of individual autonomy and freedom of choice for persons with disabilities; ii) the inclusion of rights and issues concerning persons with disabilities within national policies, plans, and strategies; iii) the promotion of equal opportunities for persons with disabilities; and iv) the removal of physical and behavioural barriers that limit the full realisation of persons with disabilities.

This regulatory framework provides for an innovative institutional architecture that requires

⁵¹ For an in-depth discussion of the influence of stigma on the participation of people with disabilities in educational activities, see Culbertson, Shelly, Ling Tom, Henham Marie-Louise, Corbett Jennie, Karam Rita, Pankowska Paulina, Saunders Catherine, Bellasio Jacopo, and Baruch Ben. (2016). "Evaluation of the Emergency Education Response for Syrian Refugees Children and Host Communities in Jordan". Rand Corporation. https://www.rand.org/content/dam/rand/pubs/research_reports/RR1200/RR1203/RAND_RR1203.pdf

⁵² The Hashemite Kingdom of Jordan. Law No. (20) for the Year 2017. Law on the Rights of Persons with Disabilities Act. <http://www.hcd.gov.jo/en/content/law-rights-persons-disabilities-no-20-year-2017>

⁵³ UNDESA (2018). Disability and Development Report. Realizing the Sustainable Development Goals by, for and with persons with disabilities. <https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf>

the various competent ministries to act in concert to create pathways for the emancipation, empowerment and inclusion of people with disabilities. In this sense, for example, the Ministry of Education (MoE) is called upon to promote the inclusiveness of the school system, the Ministry of Social Development (MoSD) to promote protective and welfare measures, the Ministry of Labour (MoL) to promote the employment of people with disabilities, the Ministry of Public Works to ensure the accessibility of roads and buildings, etc.

Supporting such a complex process is the Higher Council for the Rights of Persons with Disabilities (HCD), to which Law 20 assigns responsibility for informing government policy, planning, coordinating, and providing assistance and support in shaping all activities in favour of persons with disabilities through the adoption of participatory management, wise governance, accountability, and transparency.⁵⁴

One of the key prescriptions of the law is the deinstitutionalisation of people with disabilities, i.e. the conversion of all governmental and private “residential” facilities that house people with physical or intellectual disabilities, into inclusive day centres, where the centrality of the individual is guaranteed.

The concept of deinstitutionalisation is based on the overcoming of the individual model of disability, based on the assumption that the “problem” is intrinsic to the person with a disability, and that it can be solved through the medical approach alone.⁵⁵ The deinstitutionalisation process intends to go beyond this traditional paradigm to embrace an approach based on the centrality of the individual and his or her inclusion: the person with disabilities must be able to realise him or herself and feel part of a group, while at the same time benefiting from healthcare and social services that can help improve his or her psychophysical condition.

Such a change cannot be achieved where structures that limit individuals by proposing only medical solutions persist, for the purpose of “correcting” and “improving” the person, while relegating him or her to the margins of society.⁵⁶ Hence the need to convert “closed” residences/institutions into “open” day care centres, based on a community-oriented and inclusive approach, where the individual is placed at the centre and society in its entirety – starting with families, passing through healthcare providers, and ending with all members of the community – has a fundamental role in his or her inclusion. Thus, starting from the provisions of Law 20, the National Strategy for Deinstitutionalisation of Persons with Disabilities in Jordan was officially launched in November 2019⁵⁷, aiming to achieve three main objectives:

1. Creating a society where all people with disabilities are included and respected.

⁵⁴ The Council was established by the previous Disability Rights Act enacted in 2007 (31/20017) as the Higher Council for the Affairs of Persons with Disabilities. Following the enactment of the new law (20/2017), the name was changed to adhere to the rights-based approach that the new law proposes.

⁵⁵ Oliver, Mike (1990). “The individual and social model of disability”. PhD Research. University of Greenwich <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/Oliver-in-soc-dis.pdf>

⁵⁶ Foucault, Michel (1988). *Madness and Civilisation: A History of Insanity and in the Age of Reason*. New York: Vintage Books.

⁵⁷ Higher Council for the Rights of Persons with Disabilities & Ministry of Social Development (2019), *The National Strategy for the Deinstitutionalisation of Persons with Disabilities in Jordan*. <http://hcd.gov.jo/sites/default/files/Jordan%20DI%20strategy.pdf>

2. Ensuring that services provided are accessible and inclusive to people with disabilities.
3. Converting residences/institutions that house people with disabilities by promoting the creation and development of community services that ensure full inclusion and full enjoyment of rights by people with disabilities.

In order to achieve these goals, the Country must implement actions that create and strengthen the community service system through:

- The development of a system that prevents the separation of people with disabilities from their families.
- Supporting the families of people with disabilities so that they are able and have the means and resources to provide the person with the necessary assistance.
- The development of a community-wide system that enables people with disabilities to access essential services in healthcare, education, employment, etc.
- The development of centres where adults and children with disabilities can receive the assistance they need for a maximum consecutive period of 48 hours.
- The creation of *small-group homes* where people can, in groups of 4-6 people, receive the necessary assistance from qualified and specialised personnel, and at the same time experience greater integration and inclusion within their own communities.

With regard to barriers that limit the employment inclusion of persons with disabilities, Article 25 prescribes (i) the development of national plans, strategies, policies, training and specialisation courses with the objective of increasing employment for persons with disabilities; (ii) the development of curricula and services accessible to all within vocational training programmes; and (iii) the obligation for public and private organisations to hire a minimum quota of workers with disabilities, defined on the basis of the number of employees of the organisation itself. With regard to the right to education, on the other hand, among the various provisions of the law, the Ministry of Education's competence to guarantee the right to education to persons with disabilities, without any discrimination, is reaffirmed.⁵⁸ Article 17 of the Law, specifically, requires the creation of an inclusive educational environment that addresses the needs of students with disabilities, at all levels.

Another element on which Law 20 intervenes is school inclusion of minors with disabilities (Art. 18). It should be remembered, in this regard, that the school sector is one of the public sectors that has been most affected by the presence of Syrian refugees, also considering the Government's commitment to guarantee the right to education to all school-age children in the country.

In line with the provisions of the Law, the Ministry of Education and the Higher Council for the Rights of Persons with Disabilities (HCD), have recently defined a Ten-Year Strategy

⁵⁸ Prior to the year 2002, the Ministry of Social Development was considered the entity legally responsible for the education of children with disabilities. Subsequently, beginning in 2002, this responsibility was transferred to the Ministry of Education, with the exception of the education of children with medium or severe mental disabilities, which, until the approval of Law 20/2017, remained the de facto responsibility of the MoSD. See Handicap International et al. (2016). Extended Summary of a National Study from a Human Rights Perspective of Disabled Persons' Organizations in the Hashemite Kingdom of Jordan on the Inclusion of Students with Disabilities in Primary Education in Public Schools. http://haqqi.info/check_1.php?t=research_paper&f=Jordan%20Executive%20Summary_En.

for Inclusive Education⁵⁹, intended as a roadmap towards the introduction of an inclusive educational model for persons with disabilities and special needs. The goal of the Strategy is to increase the number of students with disabilities in public schools by 20 percent over the next 10 years, ensuring that they have access to all educational programmes, services, and facilities in an environment that embraces differences and diversity and provides the necessary support to ensure their right to an education.

In spite of the enormous regulatory progress that has laid the foundations for a holistic and multi-sectoral approach to disability, the gap between formal legislation and material application is still very wide, also because of the complexity and multidimensionality of the objectives envisaged.

With regard to disability, it should also be mentioned that Jordan is also a signatory of the already mentioned Convention for the ban of anti-personnel mines, for which Prince Mired Raed Zeid Al-Hussein holds since 2008 the role of Special Envoy representing the efforts of the international community to promote the adoption of the Convention and assistance to victims⁶⁰. It was in Amman and under the chairmanship of Prince Mired that the Global Conference on Assistance to Victims of Anti-Personnel Mines and Other Explosive Remnants of War and Disability Rights was held in September 2020⁶¹, which allowed more than 200 delegates to share good practices and discuss the major difficulties encountered in the goal of aligning victim assistance efforts with the Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs).



⁵⁹ Ministry of Education & Higher Council for the Rights of Persons with Disabilities (2019). The 10-Year Strategy for Inclusive Education. https://moe.gov.jo/sites/default/files/the_10-year_strategy_for_inclusive_education_0.pdf

⁶⁰ Prince Mired Raed Zeid Al-Hussein, in addition to the aforementioned Higher Council for the Rights of Persons with Disabilities, also chairs the National Committee for Demining and Rehabilitation (NCDR).

⁶¹ For further details, please refer to <https://www.apminebanconvention.org/en/eu-council-decisions/eucd-2017-2020-extended-to-feb-2021/fostering-partnerships>.

4 THE ITALIAN RESPONSE TO THE CRISIS IN JORDAN

AICS AMMAN

4.1. The international response to the Syrian crisis

Since 2014, the United Nations and the national authorities of the refugee-hosting countries, namely Jordan, Lebanon, Turkey, Egypt, and Iraq, have established a regional strategic plan to respond to the crisis, called the *Regional Refugee and Resilience Plan in Response to the Syria Crisis*, commonly known by its acronym 3RP⁶².

This Plan consists of a Regional Strategic Overview,⁶³ which sets out the guiding principles of the response action⁶⁴ and separate chapters for each of the five countries concerned. In the case of Jordan, the specific chapter of the 3RP is the *Jordan Response Plan for the Syria Crisis* (JRP), the national crisis response plan that, in its current edition, covers the three-year period 2020-2022.⁶⁵

In the JRP, which is structured around three main axes of action, namely i) refugees, ii) host communities, iii) institutional strengthening, the protection of persons with disabilities is not identified as a specific intervention area. However, the principle of inclusion of people with disabilities and their needs is integrated as a cross-cutting theme in each of the seven areas of focus, namely: 1) Public Works, 2) Health, 3) Education, 4) Housing, 5) Economic Empowerment, 6) WASH, and 7) Social Protection and Justice.

Specifically with regard to interventions in host communities and those of institutional strengthening, the JRP also refers to national development plans and strategies, including the aforementioned ones referring to persons with disabilities.

⁶² 3RP Regional Refugee and Resilience Plan in Response to the Syria Crisis, <http://www.3rpsyriacrisis.org/>

⁶³ 3RP Regional Strategic Overview 2020-2021, http://www.3rpsyriacrisis.org/wp-content/uploads/2020/04/rso_150dpi.pdf

⁶⁴ Protecting people; 2) Pursuing durable solutions; 3) Promoting decent living conditions; 4) Strengthening national and local capacity.

⁶⁵ The Jordan Response Plan for the Syrian Crisis 2020-2022, <http://www.jrp.gov.jo/Files/JRP%202020-2022%20web.pdf>

⁶⁶ On the occasion of the Donors' Conference for Syria held in London in February 2016, Italy announced the allocation of 400 million dollars for the three-year period 2016-2018 of which 150 million in grants, 200 million in aid credits and 50 million in debt conversion for the implementation of initiatives in response to the Syrian crisis in Syria and neighbouring countries. This commitment was followed by the one made at the III Conference in Brussels in 2019, during which Italy announced a new financial gift contribution for the biennium 2019-2020, of 45 million euro for each year.

4.2. The commitment of the Italian Cooperation in response to the consequences of the Syrian crisis in Jordan

Consistently with the commitments undertaken at international level⁶⁶, the Italian Cooperation has so far allocated over 75 million euro to the implementation of interventions in response to the consequences of the Syrian crisis in Jordan.

Consistent with the strategies developed on a regional basis and in line with Jordanian national priorities defined in the JRP, the action of the Italian Cooperation has been structured according to two complementary types of interventions. In addition to emergency interventions, typically aimed at responding to the most immediate needs of the refugee population, the humanitarian aid programme also includes interventions that can be defined as post-emergency or, more correctly, as LRRD (*Linking Relief Rehabilitation and Development*) interventions, i.e. initiatives that integrate emergency purposes with those of rehabilitation and development of the country, thus aimed at promoting resilience, stabilisation and creating the conditions for the development of the Country in the medium and long term.

The Italian contribution has been allocated both to initiatives carried out by international organisations (UNHCR, UNOCHA UNICEF, UN WOMEN, WHO, WFP, ICRC, UNESCO, ILO, IOM, UNOPS, UNRWA, IUCN, etc.), as well as bilateral interventions. Among the latter, in addition to those carried out together with local authorities as, for example, in the case of the setting up and support to the Italian-Jordanian field hospital in Za'atari camp or the construction of a hospital in the Azraq camp, particular mention should go to the initiatives carried out in collaboration with civil society organisations (CSOs) selected by the AICS office in Amman in accordance with the procedures ex resolution of the Joint Committee no. 49 of 02/05/2018, as amended.

Among the areas in which the Cooperation has intervened more in recent years in Jordan, it is worth mentioning the protection and assistance to the most vulnerable groups (women, children, people with disabilities, etc.), health, food security, education, access to means and livelihood activities, support to host municipalities.

4.3. Disability in the humanitarian aid interventions of the Italian Cooperation in Jordan in the years 2016-2017

The protection, empowerment and inclusion of people with disabilities have always been a relevant issue for the AICS office in Amman within its humanitarian programme in Jordan. In the first phase of the crisis, also in view of the emergency, the issues of people with disabilities were mainly integrated in the form of support for the creation or strengthening of rehabilitation and prosthetic centres, etc.

Among the various interventions carried out in this context, it seems appropriate to point out – although this is not within the competence of the AICS office in Amman – the support that

⁶⁷The centre is dedicated to the memory of Paola Biocca, a humanitarian worker who tragically died on 12 November 1999 during a mission in Kosovo. For more information on the Centre's activities, please refer to its website and, in particular, to the most recent report available at the following link: http://www.paolabiocccacenter.eu/wp-content/uploads/2015/10/2021_brochurePaolaBiocca.pdf

the Italian Cooperation has provided, through the contribution to UNMAS / Italian Campaign against Mines, to the creation and start-up of the prosthetic and rehabilitation centre “Paola Biocca”. The Centre, established in collaboration with You Able Onlus and managed by the local association *Life Line for Consultancy and Rehabilitation* has been operating in Amman since 2015, offering free service of construction and maintenance of prostheses as well as assistance and rehabilitation activities.⁶⁷

Starting in 2016, however, with the internationally increased emphasis on supporting host communities and the resilience of national systems, disability issues have been increasingly integrated into the initiatives implemented by the Cooperation in various sectors, such as protection, education and livelihood.

It is no coincidence that, in view of the relevance of the issues for the AICS office in Amman, as well as the commitment of the Jordanian government, Jordan was one of the countries included in the already mentioned research *“Disability and international cooperation: participation and inclusion. The experience of the Italian cooperation in 2016/2017”*.

Within the framework of this research, 7 projects carried out in Jordan were examined and evaluated, 6 of which were implemented by CSOs within the framework of bilateral emergency initiatives (AID 010804) and LRRD (010805) and 1 implemented by an international organisation.

The table at page 40 (Table 3) highlights, through the use of the marker illustrated in Chapter 1, the relevance of disability issues and their level of mainstreaming.



TABLE 3 - LIST OF PROJECTS IMPLEMENTED IN JORDAN INCLUDED IN THE RESEARCH “DISABILITY AND INTERNATIONAL COOPERATION: PARTICIPATION AND INCLUSION. THE EXPERIENCE OF THE ITALIAN COOPERATION IN 2016/2017”

AID	Implementing Partner	Project Title	Score marker	Funding marker %	Funding channel
010804	Vento di Terra Onlus	Al Najah School makes a difference	2	50%	Emergency
010804	AVSI Foundation	MISS - Improving School Infrastructure and Developing Educational Opportunities for Vulnerable Children in Lebanon and Jordan	1	25%	Emergency
010804	ICU - Institute for University Cooperation	Right to school: Promotion of the right to education through the improvement of teaching spaces and educational activities for school-age children in Jordan	1	25%	Emergency
010805	ARCS - ARCI Culture Solidali APS	We are future: Vocational training and socio-economic inclusion of young people, women and disabled people in Jordan	2	50%	Ordinary (LRRD)
010805	AVSI Foundation	Aamal - Training and employment - Integrated technical, educational and training support to refugee, displaced people and local youth through the improvement of the technical and social capabilities exercised in Jordan	1	25%	Ordinary (LRRD)
011233	World Health Organization	Strengthening the mental health treatment system, and improving access to related services for Syrian refugees and vulnerable Jordanians.	1	25%	Emergency



4.4. Disability in the humanitarian aid interventions of the Italian Cooperation in Jordan in the years 2018-2020

As of 2018, the AICS Amman office has further strengthened its commitment with respect to disability issues, by promoting its greater integration in the various interventions implemented under the humanitarian aid programme, both emergency and LRRD, and also by defining initiatives with a specific focus on disability and the protection of the rights of persons with disabilities.

In this sense, the action of the AICS office in Amman has followed a twin-track approach: on the one hand through the implementation of specific interventions expressly aimed at people with disabilities; on the other hand, precisely through the inclusion (mainstreaming) of issues relating to disability within interventions carried out in other areas, such as health, access to livelihood, education, etc.

Interventions with a specific focus on the disability sector were mainly aimed at supporting the process of empowerment of people with disabilities, with the intent of putting them in a position to realise their potential in every aspect and play an active role in society. Mainstreaming actions, on the other hand, have been concretely aimed at including people with disabilities and their needs in all initiatives that have an impact on society. This was done with the aim of promoting a change that can be reflected on all actors in society, starting from governments, passing through families with people with disabilities, up to all individuals who make up a society.

Table 4 on page 42 lists some of the most relevant interventions classified between LRRD interventions and emergency interventions, highlighting, with the use of the marker, the level of integration of disability issues. The interventions will then be presented briefly in the following paragraphs.



TABLE 3 - LIST OF HUMANITARIAN PROJECTS IMPLEMENTED IN JORDAN IN THE THREE-YEAR PERIOD 2018-2020 WITH MARKERS OF DISABILITY ISSUES INTEGRA-TION

AID	Implementing Partner	Project Title	Score marker	Funding marker %	Funding channel
011687	AIDOS	"ABILITY" Increasing the autonomy of people with disabilities	4	100%	Ordinary (LRRD)
010804	AVSI Foundation	MISS - Improving School Infrastructure and Developing Educational Opportunities for Vulnerable Children in Lebanon and Jordan	1	25%	Emergency
010804	AVSI Foundation	MISS - Improving School Infrastructure and Developing Educational Opportunities for Vulnerable Children in Lebanon and Jordan	1	25%	Emergency
011687	INTERSOS	Protection and rights: Countering the negative impact of social exclusion and lack of access to basic services for people with disabilities in Jordan	4	100%	Ordinary (LRRD)
012064	ICU in association with Mercy Corps Europe	"INCLUSIVE": Supporting the inclusion of boys and girls with disabilities in Jordanian public schools and kindergartens in the Irbid governorate	4	100%	Ordinary (LRRD)
011343	AICS Amman	Inclusion of people with disabilities in Jordan: deinstitutionalisation and mainstreaming in humanitarian aid	4	100%	Ordinary (LRRD)
012091	World Health Organization	Strengthening community services for mental health and disability	4	100%	Ordinary (LRRD)
011384	INTERSOS	Accessibility and social cohesion: Inclusive educational spaces for Jordanians and Syrians in the Ajloun Governorate	1	25%	Ordinary (LRRD)
012024	International Labour Organization	Promoting a more inclusive economy through rapid job creation and business development for refugees and host communities in Jordan	1	25%	Ordinary (LRRD)
011731/01	Un Ponte Per	"RIHLAT AMANI". Initiative to support the achievement of minimum protection goals for particularly vulnerable people among refugees and host communities	2	50%	Emergency
011731/01	Vento di Terra	"IHTAWINI" – Integrated systems of protection and paths of social inclusion for women and minors	1	25%	Emergency
011731/01	ICU - in association with COOPI –	"DARNA" - Strengthening community-based social care and protection services in the most vulnerable areas	1	25%	Emergency
011731/01	AVSI Foundation	"SAFE II – Support and Protection for particularly vulnerable people among refugees and host communities in Aqaba and Zarqa	1	25%	Emergency

AID	Implementing Partner	Project Title	Score marker	Funding marker %	Funding channel
011386	ARCS	Meeting the essential needs of the most vulnerable families in the Karak Governorate through economic support activities	4	100%	Emergency
011731/02	AIDOS	Disability, sexual and gender-based violence and COVID-19 emergency in Jordan: integrated response for protection and prevention	4	100%	Emergency
011731/02	AVSI Foundation in association with Terre des Hommes Italy	"MUJTAMAI AMNI": Intervention for the promotion of a community model of integrated and inclusive protection in the governorates of Zarqa, Aqaba and Mafraq in Jordan	1	25%	Emergency
011663	UNHCR	Contribution to UNHCR's programme in response to the aftermath of the Syrian crisis in Jordan	1	25%	Emergency
011585	UNICEF	"HAJATI" - My Needs. Integrated social protection programme for vulnerable children in Jordan	1	25%	Emergency

4.4.1. LRRD Initiatives with a specific focus on disability

Among the LRRD initiatives implemented in Jordan in the three-year period 2018-2020 and having a specific focus on the issues of protection and inclusion of people with disabilities, we would like to mention the following:

ASSISTANCE AND SUPPORT SERVICES FOR SYRIAN REFUGEES AND JORDANIANS WITH DISABILITIES

Implementing Partner: AICS Amman / CSOs

AID: 011687

Regulatory Act: AICS Resolution 77/2018

Value: € 1,000,000.00

Status: Completed

The initiative aimed at improving the living conditions of people with disabilities by supporting the process of emancipation and inclusion. This was pursued through two complementary actions:

- On the one hand, specific services were provided for people with disabilities, including physical rehabilitation services, psychosocial support, distribution of medical aids and assistance devices (hearing aids, crutches and other mobility tools, eyeglasses, medical equipment), etc.

- On the other hand, community care and rehabilitation services for people with disabilities have been strengthened in the areas of intervention through actions aimed at improving the technical and professional skills of social workers, the medical equipment of service providers, etc.

Specifically, the initiative was implemented in collaboration with two CSOs entrusted with the implementation of the following projects:

Project: ABILITY Increasing the autonomy of people with disabilities

Implementing Partner: AIDOS. Italian Association of Women for Development

Project Code: GIO/LRRD/11687/2019/AIDOS

Funding Amount: € 449,966.40

Disability Marker: 4 (100% of funding)

Local Partner: Noor Al-Hussein Foundation (NHF)

Description: The project aimed at improving the quality and accessibility of services for the disabled population in the areas of Amman and Zarqa through the strengthening and support of two clinics operated by the local partner.

Main activities: a) upgrading of two clinics in Amman and Zarqa by equipping them with specialised medical equipment and strengthening the staff's skills; b) provision of specialised individual and group services for people with special needs; c) distribution of aids and medical assistance devices (hearing aids, walking and mobility aids, eyeglasses, etc.).

Project: Protection and rights: Countering the negative impact of social exclusion and lack of access to basic services for people with disabilities in Jordan

Implementing Partner: INTERSOS

Project Code: GIO/LRRD/11687/2019/INTEROS

Funding Amount: € 449,450.00

Disability Marker: 4 (100% of funding)

Local Partner: Haya Cultural Centre

Description: The project aimed at improving the living conditions of boys and girls with disabilities and their families in the governorates of Amman, Irbid and Karak, by increasing individual and community social protection factors.

Main activities: a) provision of group psychosocial support services for minors with disabilities through the use of creative resources (art, music, theatre, etc.); b) case management and referral of cases of people at risk or victims of abuse; c) distribution of medical devices and assistance aids; d) setting up of a mobile library to promote the involvement of minors and the awareness of communities in remote areas; e) support to the creation of three organisations of people with disabilities; f) awareness raising on issues of sexual and reproductive health and disability; g) specific training to children with disabilities through the use of new technologies (ICDL, Learning through play).

INITIATIVE TO SUPPORT THE EDUCATIONAL INCLUSION OF CHILDREN WITH DISABILITIES AND SPECIAL NEEDS AMONG REFUGEES AND HOST COMMUNITIES

Implementing Partner: *AICS Amman / CSOs*

AID: *012064 (1st phase) – 012258 (2nd phase)*

Regulatory Act: *AICS Resolution 91/2019 and 82/2020*

Value: *€ 1,000,000.00 (1st phase), € 1,500,000.00 (2nd phase)*

Status: *Ongoing*

The initiative aims at supporting the Ministry of Education in implementing the aforementioned Ten-Year Strategy for Inclusive Education. In particular, it wants to promote and support school inclusion in Jordanian public schools of children with disabilities and special educational needs, as part of the broader process of social inclusion at the community level. In pursuit of this goal, the initiative acts on three main strategic dimensions: 1) assistance and support activities for people with disabilities and their families; 2) information, awareness raising and community involvement for the development of a truly inclusive culture outside the school environment; 3) activities in school facilities and with teaching and non-teaching staff in schools.

For the implementation of the first phase of the initiative, the project proposal reported in the following sheet has been recently selected for the implementation of a pilot action in the Governorate of Irbid.

The second phase of the initiative, to be launched in 2022, will collect the lessons learned and best practices that emerged during the first and will always be implemented in collaboration with CSOs to be selected through a Call for Proposals.

Project: INCLUSIVE: Supporting the inclusion of boys and girls with disabilities in Jordanian public schools and kindergartens in the Irbid governorate

Implementing Partner: *ICU – Institute for University Cooperation in association with Mercy Corps Europe*

Project Code: *GIO/LRRD/12064/2021/ICU*

Funding Amount: *€ 899,997.46*

Disability Marker: *4 (100% of funding)*

Description: The project aims at promoting the inclusion of Jordanian and refugee children with disabilities in Jordanian public schools starting with pre-school education (kindergartens) by offering an integrated service system, improving the accessibility of buildings and educational activities within them, and working widely on key stakeholders' awareness regarding the rights of children with disabilities and the importance of inclusive education.

Main activities: (a) provision of rehabilitation services (occupational and speech therapy, physiotherapy); (b) support and accompaniment to parents or caregivers of children with disabilities; (c) distribution and maintenance of assistance tools; (d) economic support to economically vulnerable families; community involvement and campaigning aimed at promoting the concepts of social inclusion of people with disabilities; infrastructural adaptation of school buildings (preschools and elementary school); distribution of tools, devices, furniture and materials to make teaching more accessible; training and recruitment of support teachers; preparation of personalised educational plans for the inclusion of 105 boys and girls with disabilities; teacher training on inclusive education techniques.

INCLUSION OF PEOPLE WITH DISABILITIES IN JORDAN: DEINSTITUTIONALISATION AND MAINSTREAMING IN HUMANITARIAN AID

Implementing Partner: *AICS Amman / CSOs*

AID: *011343*

Regulatory Act: *AICS Resolutions 107/2017 and 62/2020*

Value: *€ 517,868.00*

Disability Marker: *4 (100% of funding)*

Status: *Ongoing*

The initiative aims at contributing to the improvement of living conditions of people with disabilities, promoting their autonomy and inclusion, in line with Law 20/2017 and the National Strategy for the Deinstitutionalisation of Persons with Disabilities in Jordan. To this end, the initiative – whose implementation will be entrusted to a CSO to be selected through a Call for Proposals – plans to intervene in an integrated manner on both the social and health components as well as on economic inclusion.

Possible activities include: a) provision of integrated home healthcare, residential and/or semi-residential aimed at ensuring continuity of care and rehabilitation activities; b) psychosocial support activities; c) economic support activities aimed at the access to healthcare (cash for health); d) training and support activities for family members, caregivers and health workers who work with people with disabilities; e) integrated activities of “targeted professional placement” for people with disabilities through vocational training courses, internships and apprenticeships, etc.; f) information/awareness raising actions on the issue of diversity in the workplace; g) distribution of specific technological aids to facilitate forms of agile work (remote working); etc.;

STRENGTHENING COMMUNITY SERVICES FOR MENTAL HEALTH AND DISABILITY

Implementing Partner: *World Health Organization*

AID: *012091*

Regulatory Act: *Joint Committee Resolution 28/2020*

Value: *€ 500,000.00*

Disability Marker: *4 (100% of funding)*

Status: *Ongoing*

The initiative – which gives continuity to previous contributions of the Italian Cooperation provided to the WHO in support of the National Mental Health and Substance Use Action Plan⁶⁸ – aims at contributing to the improvement of the well-being and quality of life of people with mental health problems and intellectual disabilities, through the strengthening of community-based mental health and disability services and the promotion of social inclusion programmes for children and adolescents with disabilities. Specifically, the project plans to create a community mental health centre within a primary healthcare centre or public hospital. To this end, the project supports the formation of multidisciplinary teams; the strengthening of the system based on case-management and referrals; the creation of a pilot programme for psychosocial rehabilitation in two community mental health centres; and the development of a social inclusion programme within two grassroots community associations to address the needs of children and adolescents with developmental disorders and cognitive disabilities.

4.4.2. **LRRD Initiatives with a mainstreaming component**

Among the LRRD initiatives implemented in the last three years that have integrated disability issues within the project framework according to the principle of mainstreaming, the main ones are listed below, classified by intervention area.

SECTOR: LOCAL DEVELOPMENT

INITIATIVE TO SUPPORT SOCIAL COHESION FOR SYRIAN REFUGEES AND JORDANIAN HOST COMMUNITIES

Implementing Partner: *AICS Amman / CSOs*

AID: *011384*

Regulatory Act: *AICS Resolution 105/2017*

Value: *€ 1,390,000.00*

Status: *Completed*

⁶⁸ Among the previous contributions, it is particularly worth mentioning the one aimed at the realisation of the AID 011233 initiative, already included in the research mentioned in paragraph 3.6 (see table 3).

The initiative aims at helping mitigate the negative social and economic consequences of the Syrian crisis on refugees and the most vulnerable groups of the host population by strengthening social cohesion and improving living conditions through an inclusive approach aimed at social stability.

The initiative was carried out through the implementation of three projects conducted by CSOs selected through a Call for Proposals. Among the projects, with regard to disability issues, the following is particularly noteworthy:

Project: Accessibility and social cohesion: Inclusive educational spaces for Jordanians and Syrians in the Ajloun Governorate

Implementing Partner: *INTERSOS*

Project Code: *GIO/LRRD/11384/2019/INTERSOS*

Funding Amount: *€ 450,000.00*

Disability Marker: *1 (25% of funding)*

Description: The project aims at enhancing access to basic educational services and strengthen social cohesion among Jordanians and Syrian refugees in the Ajloun Governorate.

Main activities: The project involved the renovation of three schools in the Governorate of Ajloun, in northern Jordan, in order to improve their educational spaces to promote the educational inclusion of vulnerable children. To this end, particular emphasis was placed on the renovation of sanitary facilities and, more generally, on the adaptation of facilities to enable accessibility and usability of educational spaces for minors and adults with disabilities. At the same time, the project included structured cycles of awareness raising campaigns on the importance of environmental education, protection, and understanding.

SECTOR: ECONOMIC EMPOWERMENT

TOWARDS A MORE INCLUSIVE ECONOMY THROUGH IMMEDIATE-JOB GENERATION AND ENTERPRISE-DEVELOPMENT FOR VULNERABLE REFUGEE AND HOST COMMUNITIES IN JORDAN

Implementing Partner: *International Labour Organization* Value: *€ 1,5 mln*

AID: *012024*

Regulatory Act: *Joint Committee Resolution 26/2020*

Value: *€ 1,000,000.00*

Disability Marker: *1 (25% of funding)*

Status: *Ongoing*

The initiative, which leverages the expertise and various operating methodologies developed by the ILO, aims at promoting the creation of a more inclusive and accessible labour market for men, women and persons with disabilities. This objective is translated into three different yet complementary action lines:

- The immediate creation of short-term employment for 500 Syrian and Jordanian workers including at least 10% of people with disabilities, through the implementation of water and sanitation works and infrastructure using the methodology of labour-intensive investments.
- Start-up support for micro home-based businesses for 50 Jordanian and Syrian women entrepreneurs.
- The strengthening of the network of employment centres previously created by ILO and the Ministry of Labour for the provision of services aimed at facilitating career guidance, assistance in the issuance of work permits and the matching of labour supply and demand.

4.4.3. Emergency initiatives

Among the emergency initiatives implemented in the period 2018-2020, disability issues were often integrated according to the mainstreaming principle. Below are some of the most significant initiatives in this regard.

SECTOR: PROTECTION

SUPPORT THE ACHIEVEMENT OF MINIMUM PROTECTION GOALS FOR VULNERABLE REFUGEES AND HOST COMMUNITIES IN JORDAN

Implementing Partner: *AICS Amman / CSOs*

AID: *011386 (Phase I); 011731/01 (Phase II)*

Regulatory Acts: *MAECI Resolutions 61/2017 (Phase I) and 82/2018 (Phase II)*

Value: *€ 3,250,000.00 (Phase I), € 2,840,000.00 (Phase II)*

Status: *Ongoing*

As part of its action aimed at promoting the protection and assistance of individuals and groups most exposed to the consequences of the Syrian crisis and, in the last year, by the effects of the COVID-19 pandemic, the AICS office in Amman has implemented since 2017 a series of initiatives that, although with slight differences, share the same approach and intervention strategy as well as the same target groups.

Given the obvious relationship between vulnerabilities in the context of protection and the prevailing conditions of poverty in which most refugee families live, with the consequent

difficulty in meeting their basic needs, accessing education and healthcare, living in decent conditions, etc., the strategy defined by the Amman office is to intervene in the various aspects that determine precisely the condition of vulnerability, promoting an integrated system of protection, assistance and social support, with a view to empowerment and promotion of social support.

In particular, the Initiative intends to:

- Strengthen access of the most vulnerable groups among refugees and host communities to an inclusive network of social protection and safeguard services.
- Strengthen the ability of refugees and Jordanian citizens made vulnerable by the effects of the Syrian crisis and COVID-19 emergency to meet their basic needs.
- Promote and strengthen the active involvement of community members in community-based protection mechanisms.

Under these two initiatives, 12 actions were funded between 2018 and 2020, involving – between proposing entities and partners – 14 different CSOs (11 Italian and 3 international CSOs) as well as numerous local partners.

Projects in which the disability mainstreaming component is particularly relevant are reported here.

Project: Rihlat Amani (*my journey to safety*). Initiative to support the achievement of minimum protection goals for particularly vulnerable people among refugees and host communities

Implementing Partner: *Un Ponte Per*

Project Code: *GIO/EME/11731/2019/UPP*

Funding Amount: € 448,002.75

Disability Marker: *2 (50% of funding)*

Description: The project aims at improving access to protection services for the most vulnerable individuals in the governorates of Amman and Zarqa while providing them with the tools for empowerment and self-protection. Among the target groups, special emphasis is placed on minors with disabilities.

Main activities: (a) involvement and empowerment of OPD staff on issues of inclusion, child protection and prevention of gender-based violence; b) non-formal education activities (homework support and remedial classes); c) peer-counselling activities for adolescents and adults with disabilities; d) psychosocial support through sports (Paralympic activities for young people with disabilities); e) organisation of a radio campaign for information and awareness raising; f) empowerment and awareness raising activities for minors and young women, etc.

Project: IHTAWINI – Integrated systems of protection and paths of social inclusion for women and minors

Implementing Partner: *Vento di Terra Onlus*

Project Code: *GIO/EME/11731/2019/VDT*

Funding Amount: € 449,807.71

Disability Marker: *1 (25% of funding)*

Description: The action aims at enhancing quality and access to integrated protection systems for the Syrian and Jordanian population of East Amman through actions addressed to women at risk of violence, out-of-school children and people with disabilities.

Main activities: (a) school accompaniment and reintegration (also through targeted economic support); b) creation of children's clubs for the active promotion of children's rights; c) provision of legal assistance services; d) case-management, psychosocial support and referrals for vulnerable women with particular reference to those with disabilities; d) awareness raising and creation of community protection networks, etc.

Project: DARNA - Strengthening community-based social care and protection services in the most vulnerable areas of Amman and Irbid Governorates

Implementing Partner: *ICU – Institute for University Cooperation in association with COOPI – International Cooperation*

Project Code: *GIO/EME/11731/2019/ICU*

Funding Amount: € 447,215.00

Disability Marker: *1 (25% of funding)*

Description: The project aims at strengthening social assistance and protection services in the most vulnerable areas in the Irbid and Amman Governorates through identification and awareness raising activities, creation of educational and psychosocial workshops and support services to vulnerable people and their families. Among the target groups, particular emphasis is placed on children with disabilities.

Main activities: (a) organisation of creative and sports workshops for psychosocial support to vulnerable minors; (b) activation of non-formal education courses (after-school and remedial); (c) case-management and individual counselling for victims of violence and abuse; (d) training activities to the staff of local community partner associations on prevention and response to cases of gender-based violence and protection of minors; (e) rehabilitation and adaptation of the facilities of CBO centres (reduction of architectural barriers and equipment of play and educational spaces); (f) implementation of awareness raising campaigns against social stigma of people with disabilities, etc.

Project: SAFE II – Support and Protection for particularly vulnerable people among refugees and host communities in Aqaba and Zarqa governorates

Implementing Partner: AVSI Foundation

Project Code: GIO/EME/11731/2019/AVSI

Funding Amount: € 449,863.11

Disability Marker: 1 (25% of funding)

Description: The project aims at promoting the inclusion and improving the psychophysical condition of at least minors and adults with specific vulnerabilities, including people with disabilities, both among refugees and in the host communities of Aqaba and Zarqa, intervening on the quality and availability of integrated assistance and social protection services.

Main activities: (a) training activities for staff of institutions and local partners; (b) case management service and counselling activities for victims of violence and abuse; (c) integrated care activities for children (6-14 years old), through psychosocial support, recreational-cultural activities and sports activities; (d) school remedial courses for working children or victims of abuse and violence; (e) life-skill activities for young people (15-25 years old); (f) training and awareness activities for the parents of children involved in the project (positive parenting); (g) economic support aimed at rehabilitation and recovery of specific cases.

Project: Meeting the basic needs of the most vulnerable households in the Karak Governorate through economic support activities

Implementing Partner: ARCS – ARCI Culture Solidali APS

Project Code: GIO/EME/11386/2021/ARCS

Funding Amount: € 99,994.00

Disability Marker: 4 (100% of funding)

Description: The project aims at assisting particularly vulnerable families in the Karak Governorate who have among their members one or more children with disabilities, strengthening their livelihoods and food security in the face of the impact caused by the COVID-19 pandemic.

Main activities: Specifically, the project envisages the provision of conditional cash assistance to approximately 70 families identified in collaboration with the Jordanian authorities and the Humanitarian Coordination Mechanism. In addition to economic support, a referral service towards employment opportunities and/or training and/or social protection/assistance is also provided.

INITIATIVE INTEGRATED PROTECTION AND SOCIAL ASSISTANCE OF THE MOST VULNERABLE AMONG REFUGEES AND JORDANIAN HOST COMMUNITIES

Implementing Partner: AICS Amman / CSOs

AID: 011731/02 (Phase I) and 011731/03 (Phase II)

Regulatory Act: MAECI Resolutions 50/2019 (Phase I) and 38/2020 (Phase II)

Value: € 3,250,000.00 (Phase I); € 4,000,000.00 (Phase II)

Status: Ongoing

In continuity with initiatives AID 011386 and 011731/01, the commitment of the AICS Amman office in the field of protection of the most vulnerable individuals and groups continued with the two initiatives mentioned above.

Within the two initiatives in question, 5 actions have been funded so far (a new Call for Proposals will be launched during 2021) that have seen the involvement — between proposing bodies and partners — of 6 Italian CSOs and numerous local partners.

The projects in which the mainstreaming component is particularly important are highlighted and summarised here.

Project: Disability, sexual and gender-based violence and COVID-19 emergency in Jordan: integrated response for protection and prevention

Implementing Partner: AIDOS – Italian Association of Women for Development

Project Code: GIO/EME/11731-02/2020/AIDOS

Funding Amount: € 499,921.14

Disability Marker: 4 (100% of funding)

Description: The project aims at facilitating access for people with disabilities to integrated and inclusive services to prevent and protect against sexual and gender-based violence in the COVID-19 context by increasing community involvement and awareness of the interrelationship between gender-based violence and disability.

Main activities: Among the project activities that are implemented through three family health clinics operated by the local partner Noor al-Hussein Foundation, we can highlight: (a) the direct provision of dedicated services for people with disabilities who are victims of gender-based violence (screening, case-management, referral, etc.); (b) the development of specific guidelines and subsequent training of community associations and NGOs on how to manage and respond to cases of gender-based violence on people with disabilities; (c) community awareness activities on COVID-19 and gender-based violence on people with disabilities.

Project: MUJTAMAI AMNI (*my community is my safety*):

Promotion of a community model of integrated and inclusive protection in the governorates of Zarqa, Aqaba and Mafraq in Jordan

Implementing Partner: AVSI Foundation in association with Terre des Hommes Italia Onlus

Project Code: GIO/EME/11731-02/2020/AVSI

Funding Amount: € 999,666.25

Disability Marker: 1 (25% of funding)

Description: (a) awareness raising on issues related to gender-based violence and child protection; (b) psychosocial support activities for particularly vulnerable groups; (c) provision of essential health services, maternal and child health for individuals in remote areas; (d) case management and referrals; (e) legal assistance; (f) organisation of income-generating activities (cash for work) for people at risk or included in a rehabilitation path; (g) economic assistance aimed at mitigating the situation of health vulnerability (cash for health) and risk (cash for protection); (h) creation of a network of community mobilisers for the promotion of issues of protection, inclusion of disabilities, social cohesion and prevention of COVID-19; (i) Disability & Equality training for operators and community mobilisers aimed at community inclusion of children with disabilities; (l) prevention, information, community awareness activities organised by community leaders and by community promoters trained on issues of protection, inclusion of disabilities, social cohesion and risks related to COVID-19; strengthening the capacity of caregivers in the community to identify protection needs in a participatory manner.

SECTOR: HEALTH

CONTRIBUTION TO UNHCR'S PROGRAMME IN RESPONSE TO THE AFTERMATH OF THE SYRIAN CRISIS IN JORDAN

Implementing Partner: UNHCR

AID: 011663/01 and 011663/02

Regulatory Act: MAECI Resolutions 42/2018 and 17/2019

Value: € 3,000,000.00 (total)

Disability Marker: 1 (25% of funding)

Status: Completed

The contributions of the Italian Cooperation to UNHCR aimed, among other things, at improving access to secondary and tertiary healthcare services for vulnerable Syrians and at improving the provision and integration of services for persons with disabilities.

In addition to secondary and tertiary healthcare for Syrian refugees, the initiative also included the provision of specific services for Syrian refugees with disabilities residing in the Za'atari and Azraq hosting camps, particularly for those with cognitive or hearing impairments or reduced mobility. Among the services provided, we mention in particular: a) rehabilitation services (physiotherapy, occupational therapy, speech therapy, etc.); b) the distribution of medical aids and devices (eyeglasses, hearing aids, braces, crutches, etc.); c) the implementation of educational activities for disabled children and their caregivers/parents; etc.

SECTOR: EDUCATION

HAJATI (MY NEEDS) - INTEGRATED SOCIAL PROTECTION PROGRAMME FOR VULNERABLE CHILDREN IN JORDAN

Implementing Partner: UNICEF

AID: 011585/01 and 011585/02

Regulatory Act: MAECI Resolutions 54/2018 and 41/2019

Value: € 2,500,000.00 (total)

Disability Marker: 1 (25% of funding)

Status: Completed

With the support of UNICEF's Hajati programme, the AICS office in Amman has contributed to meeting the education and protection needs of vulnerable children (90% Syrian, 10% Jordanian and other nationalities) by promoting inclusion and school attendance in public schools, and mitigating negative poverty response strategies that can affect their psychosocial well-being. To this end, the programme takes an integrated approach that complements the economic support provided to families with regular monitoring and outreach activities, as well as complementary social protection and referral services. Specifically, the Italian contribution has provided for the disbursement of monthly economic contributions for about 2,920 Syrian and Jordanian children, of whom about 20% are children with disabilities.





5 THE IMPACT OF COVID-19 ON PEOPLE WITH DISABILITIES IN JORDAN

THE HIGHER COUNCIL FOR THE RIGHTS OF PERSONS WITH DISABILITIES

The unknown and changing nature of the Coronavirus (COVID-19) pandemic has reinforced and indeed exasperated the reality of living conditions for people with disabilities, while also highlighting the already prevalent barriers to their effective participation and access to the various services. COVID-19 has also shown that national organisations, like the Higher Council for the Rights of Persons with Disabilities (HCD), can step out and beyond their mandated roles and responsibilities when and if national emergencies require us to do so. The pandemic has also clearly illustrated that national and international collaborative efforts can go a long way, despite the humble resources, especially in sectors like health and education –the sectors most affected by the pandemic.

This article will shed light on the various interventions that HCD has undertaken, during the last year, most of which were designed and implemented during the lockdown and curfew period in Jordan, followed by the more recent initiatives to do with vaccinating people with disabilities. But first, a brief on HCD's main roles is vital to understanding how the interventions were identified, designed and then applied. We will then offer some insight into the numerous challenges we have encountered, as lessons from which we can learn, and build upon for the future.

As per the Law on the Rights of Persons with Disabilities No. 20 for the Year 2017, HCD assumes a number of roles relating to policy development and review; capacity building and awareness-raising; development of accreditation standards; monitoring and evaluation; research and information-sharing. It is also the primary technical focal point on all things relating to disability. During 2020, we worked to assist national organizations to provide services in an inclusive and accessible manner for all, at a time when restrictions were abounding, and the order of business was not quite as usual. This also meant that as a non-direct service provider we took on roles that are not our own by providing direct services whether in-kind or monetary, in close collaboration with governmental and non-governmental organisations.

To ensure that the country's COVID-19 stipulations included people with disabilities and their access requirements, HCD began by developing standards, starting with a 'guidance document' on integral principles in relation to the etiquette for communicating and dealing with persons with disabilities, during the pandemic. These principles reflect the best practices in communicating information to the person with a disability, ensuring the protection of the person themselves, their family, the medical and nursing staff caring for them during the process of isolation, treatment and in the aftermath.

Understanding that COVID-19 also had an immense impact on the education system and the ways in which students with disabilities are taught, it became apparent that national efforts



Figure 1 – Informative campaign: “In all public places make sure not to remove your face mask”

in this respect needed to be disability-inclusive, given the large cohort of students that were left behind in the cycle of interventions. That is why we proceeded to develop standards for distance-learning assessments and examinations for students with visual disabilities, hearing disabilities and learning difficulties. In higher education institutions, those standards were extended to reasonable accommodations as well.

HCD also joined forces with the Ministry of Education to work on making accessible the General Education curricula for students who are deaf, in primary education grades in Sign language on a specialised YouTube channel, and 12 graders via another channel on HCD’s website. The collaboration also provided the curricula in audio format for students who are blind in grades one through 10. And for people with intellectual disabilities, Autism and their families, we established a specialised channel containing approximately 200 awareness videos.

Simultaneously, we developed the ‘Autonomy’ App for students with visual disabilities in grades one through 12 so that they are able to access curricula in audio files, PDF or Word formats. The application was designed in accordance to international accessibility standards and criteria.

Given the need for direct and continuous communication channels, 6 hotlines were also established to respond to the queries and requests of people with disabilities, whereby we received a total of approximately 16,000 calls which were also administered in Sign language. Through the hotline service, we dealt with more than 100 cases of infected and suspected cases of COVID-19. We also provided medications and food packages for more than 1200 cases, and hearing aid and cochlear batteries and their essentials for more than 100 individuals.

We also hooked arms with a number of national organisations, supporting service-delivery initiatives and networking with them. We launched the Al Basira (Vision) Initiative to transform educational curricula for students who are blind into audio and accessible formats. We also launched the Medical Services Initiative “Shiddah wa Bitzoul” with the Jordanian Charitable Physician Organisation and the Spinal Cord Injury Society to provide medical services and medications. And via the Habayebna Platform, we assisted in the provision of counselling and psychosocial services for persons with intellectual disabilities and their families.

Crucial to the success of any service-delivery process is an awareness-raising initiative that also takes into account the need to share the measures we have in place. To this end, we developed three awareness-raising videos on the preventive measures of COVID-19, while also conducting more than 30 media interviews on the importance of providing emergency services in accessible formats, and issuing statements on the status of accessibility for people with disabilities to emergency services, as well as translating the daily press briefings of the various entities into Sign language. We also developed two films on back-to-school procedures targeting parents and teachers of students with disabilities, respectively.

The restrictive environment of lockdown and curfew also led to the rise of cases of violence. Therefore, HCD took it upon itself to monitor cases of family violence and work with national authorities to tackle them – including in residential institutions—as well as investigating cases published in the press and on social media platforms.

The restrictive conditions also meant that families of people with disabilities required help to move and run essential errands. To assist in the issuance of movement permits for people with disabilities and their families, we launched an accessible website through which people can apply for a permit –processing more than 2500 permit applications in a week, and issuing more than 750 permits in all the Kingdom’s governorates.



Figure 2 – Informative video about COVID-19 National Vaccination Campaign

People with disabilities also bore the brunt of the pandemic economically. The onus was therefore on us and our partners to launch an initiative that answered to immediate needs and requirements. Via the “Sharakaa” (Partners) Programme we promoted the training and employment of more than 300 people with disabilities with opportunities for practical training internships for people with disabilities in companies and factories. Via this initiative, we created partnerships with societies active in employment, and the private sector to provide training opportunities and subsidising training fees, as well as covering part of the salaries for those that gain employment for a specific period of time.

More recently, during the first and second quarters of this year, we joined the nation-wide campaign for vaccinations against COVID-19. In close collaboration with the Ministry of Health and National Centre for Security and Crisis Control, we allocated 14 centres across the Kingdom’s governorates, while assigning an HCD representative in each centre for queries

and specific requests. With these organisations and others in the international community, we worked to promote and further facilitate the process of registering for the vaccine, we developed a platform which receives the requests of those registered on the government's platform, and, to date, reached a total of 236 requests and counting. We have also collectively coordinated to have mobile vaccination teams travel to 266 people with disabilities in their homes, due to their inability to travel to an allotted centre.

All the above initiatives and interventions presented an opportunity to take stock of the innovation and the speed at which the above collaborations were forged. Nevertheless, and as with all matters in social development, the process was not without its challenges, given the lack of preparedness of the infrastructure, and the relevant stakeholder organisations and entities, to adequately respond to the repercussions of the pandemic. And this is predominantly why HCD found itself having to take roles that were above and beyond its actual mandate, while also dealing with a number of newfound challenges. Chief amongst these challenges are:

- The lack of updated data and statistics pertaining to people with disabilities in the relevant service-delivery organisations.
- The electronic and on-line services and their user guides developed by organisations during COVID- 19 did not include the access requirements for people with disabilities.
- The permits issued especially at the start of the pandemic did not take into account people with disabilities and their families.
- Reporting mechanisms for emergency and violence cases did not include disability-inclusive measures targeting people with disabilities.
- The need for HCD to operate with minimum staff, while expanding our base of services, which ultimately forced us to work from our offices, during lockdown, as well as to distribute basic and fundamental supplies and medical and assistive devices to those in need.
- The need for HCD to allocate a portion of its budget originally designated for its programmes and projects to initiatives designed and implemented during COVID-19.
- The delay in programme implementation vis-à-vis those directly relating to partner stakeholder entities, due to the lack of financial resources and the difficulty in continuous co-ordination, given the minimum number of staff within those organisations, as well as their closures as a result of cases of COVID-19 within their premises.
- The fact that HCD was not represented within the National Centre for Security and Crisis Control's Social Protection Committee, which led to the absence of people with disabilities and their requirements in ensuing action plans.

To conclude, it is fair to say that despite the fact that the pandemic has produced a unique and newfound reality for us all, the experience and expertise of HCD and its partners in government and non-governmental organisations, has demonstrated that we can innovate and respond to a variety of needs and realities, however challenging. After all, every difficulty is to be seen as an opportunity for it to be overcome and transformed into a practice we can collectively learn from and continue to improve.

6 GOOD PRACTICES OF DISABILITY MAINSTREAMING IN CSO HUMANITARIAN INITIATIVES IN JORDAN



In this section, we present some of the good practices related to the inclusion of disability issues emerged in the context of interventions funded by the AICS office in Amman and implemented by Italian Civil Society Organisations (CSOs) present in Jordan.

6.1. **Autonomy is empowerment and self-determination**

| *AIDOS - Italian Association of Women for Development*

AIDOS is a Non-Governmental Organisation, registered in the list of Non-Profit Civil Society Organisations of the Italian Agency for Development Cooperation, which operates mainly in the fields of education, health, training and protection of the rights of women and girls. AIDOS has been present in Jordan since 1996 with programmes for sexual and reproductive health, combating sexual and gender-based violence, protection of refugees and economic empowerment of women implemented in partnership with the Noor al-Hussein Foundation.

The context of the initiative

In Jordan, approximately 11.2% of the population (according to an estimate provided by HCD)⁶⁹ over the age of 5 live with a mild to severe degree of disability⁷⁰, mainly due to intermarriage, medical errors, or traffic accidents. Among the refugee population, the incidence of disability rises to 22%⁷¹ and, the governorates of Amman and Zarqa where AIDOS works, host nearly 50% of Syrian male and female refugees.

In general, people with disabilities are among the most vulnerable and socially marginalised groups in any crisis-affected community. Indeed, they may have difficulty accessing

⁶⁹The Higher Council for the Rights of Persons with Disabilities was established under the Disability Rights Act enacted in 2007 (31/20017) as the Higher Council for the Affairs of Persons with Disabilities. Following the enactment of the new law (20/2017), the name was changed to adhere to the rights-based approach that the new law proposes. The goal of the Higher Council is to: inform policies, planning, coordination, follow-up and advocacy for all activities that serve people with disabilities through the adoption of participatory management, wise governance, accountability and transparency.

⁷⁰Jordan's 2015 Population and Housing Census.

⁷¹Removing barriers: The path towards inclusive access – Jordan Report 2018 IMMAP and Humanity and Inclusion.

humanitarian assistance programmes due to social, environmental, stigma-related and communication barriers, resulting in increased protection risks, including from the risk of sexual and gender-based violence. In addition, social norms often designate women and girls as caregivers of people living with disabilities, which, from a gender perspective, contributes to their increased vulnerability to violence and exploitation. Disabled and refugee women and girls may thus face additional challenges due to the intersection of gender, disability and displacement.

With the outbreak of the pandemic, fragile people have been exposed even more to health risks, hardships and economic and financial repercussions, both through direct harm and reduced ability to face damages. According to a study conducted by the United Nations Population Fund (UNFPA) and NHF to measure the impact of COVID-19 on gender-based violence and the reproductive health of adolescents, including girls with disabilities, cases of violence significantly increased during the pandemic and subsequent lockdown period.

Despite the National Disability Strategy's emphasis on a community-based approach, community-level interventions remain insufficient. The lack of autonomy is visible in everyday life: suffice, for example, to dwell on the difficulties in accessing rehabilitation services, also due to the cost of transport for people with disabilities. Or the absence of accessible and affordable rehabilitation centres, which increases the risks of permanent damage or poor rehabilitation outcomes due to inadequate care.



In addition, existing services do not cover several needs, as there is a focus on physical disabilities while neglecting sensory, psychosocial or intellectual ones. These factors contribute to exacerbating vulnerability, revealing the substantial lack or insufficiency of an approach based on the individual in his/her entirety and diversity. Adopting this approach means widening our gaze and therefore also considering the families of people with disabilities and in particular the caregivers, who are often unable to cope with the stress of the illness of family members, in order to offer adequate support and identify appropriate services. These are people who are strongly involved and need support, including information and awareness raising on the subject, and to receive psychosocial assistance and acquire specific skills so as not to be crushed by the weight of the responsibility of care.

This means, broadening the view further, the involvement of the community, building bridges between individuals, families and healthcare personnel in order to improve rehabilitation services, health status and social inclusion of people with disabilities and those who live with them; in this way, we can begin to bridge the lack of recognition of the rights and abilities of people with disabilities.

All actions and activities of the project have been designed to directly affect the living conditions of the disabled population of the areas of intervention, thinking about an immediate effect but also looking at the long term, involving the various concerned actors to create the conditions for a real change of life and perspective, promoting empowerment and autonomy.



How and why the ABILITY project was born

Autonomy is a fundamental element in everyone's existence in order to live, have freedom of choice and the possibility to imagine and build one's own future. Unfortunately, some people's lives can be negatively affected by the intersection of several factors that create oppression and subordination, undermining well-being and opportunities for independent living. This becomes evident and especially severe when there is also a form of disability.

The project "ABILITY - Increasing the autonomy of people with disabilities in Amman and Zarqa" looks precisely at the construction of autonomy as empowerment and self-determination capability. The main objective of the project was to strengthen and foster the quality and accessibility of adequate care services for the Jordanian disabled and refugee population, to improve health conditions in the governorates of Amman and Zarqa. Specifically, AIDOS worked on specialised services, assistance tools, physiotherapy sessions and outreach, through the two clinics of the Institute of Family Health (IFH)⁷² of the Noor al-Hussein Foundation (NHF), a local partner in the project. Above all, technical assistance to staff specialised in sexual and gender-based violence (SGBV) against people with disabilities and fragile conditions has been integrated into the working approach of AIDOS. In doing so, the project has helped improve access to services specifically for female refugees from Syria and vulnerable Jordanian people with disabilities, people whose lives have already been severely affected and who are at risk of being trapped in a perpetual state of need.

Achievements

ABILITY is a project that has achieved:

- 1,952 new users who received specific assistance; 652 of them received assistance tools.
- 959 people who participated in group physical therapy and outreach sessions.
- 75 families with relatives with disabilities who received training.
- Specialists working with disabilities, in the two clinics of NHF, participated in the training organised by AIDOS and Medici per la Pace (Doctors for Peace, another implementing partner), in particular focusing on disability assessment techniques and programmes for the inclusion of people with disabilities, gender and sexual and gender-based violence against people with disabilities.

The clinics in Zarqa and Amman offered specialised services to people with disabilities, and in particular: special education services for girls and boys with attention deficit, communication, vision and hearing disorders, language and learning delay; speech therapy

⁷²The Institute of Family Health (IFH), founded in 1986 as an offshoot of the Noor Al-Hussein Foundation, is a regional centre that through its multidisciplinary approach model aims at improving the well-being of families in need by providing integrated health care, reproductive health services, rehabilitation services and psychosocial and legal counselling, training of health workers and caregivers in the areas of family care, child protection and rehabilitation for survivors of gender-based violence and torture. The Institute leads national anti-SGBV initiatives and interventions as well as human rights awareness raising programmes, and fosters capacity building of local and other national and international organisations. IFH operates in 32 locations through mobile clinics, health centres and safe spaces for women in the Jordanian host community and refugee population. In more than 20 years of partnership, AIDOS and NHF have implemented pilot projects through specialised training of staff to create sustainable and lasting experiences beyond project completion and introduce innovative approaches to the work of the Jordanian organisation.

services to people with stuttering and fluency and articulation disorders, delay in language development; audiological services, optical testing and screening; physiotherapy sessions also for survivors of cerebral palsy, severe muscle spasms, limb amputation, etc. Outreach sessions were conducted for the community at large.

Omar, a specialist at the IFH clinics, enthusiastically reports: *“Thanks to the project, important results have been obtained both in terms of awareness actions aimed at the community on the subject of gender violence and with respect to the social inclusion of people with disabilities.”* In his opinion, a fundamental factor was all the awareness raising activities and in general the gender approach underlining all project activities. Indeed, with respect to issues related to gender-based violence, he says: *“By addressing the topic, the phenomenon can be recognised and counteracted on both a social and family level.”*

Omar also emphasises the important effect in terms of social inclusion. Rudayna, project coordinator for NHF, is of the same opinion and summarises her considerations as follows: *“I believe that the ABILITY project, by strengthening the services in the IFH clinics in Zarqa and Amman, has ensured that people with disabilities are provided with quality services, which thanks to the specialised equipment purchased for the two clinics and the specialised training received by the clinic operators can be guaranteed over time.”*

The context of the initiative

The project was conducted in line with the Vademecum “Humanitarian Aid and Disability”, which refers to the importance of “humanitarian aid interventions being directed towards the protection and relief of disabled people from the earliest stages of the emergency response”. Similarly, the AICS Guidelines for Disability and Social Inclusion in Cooperation Interventions reiterate that “disability continues to find full citizenship in the new law”.

In this sense, other beneficiaries of the initiative have emphasised how the services offered have met the real needs of people with disabilities, with positive effects on their everyday lives.

Ramia, the mother of Hala, one of the beneficiary children, spoke of important changes in her daughter’s life thanks to the project: *“I received a walker from Project ABILITY for my little girl, it was a great and wonderful feeling to receive concrete support that allows her to walk.”*

Haneen, a young female beneficiary, emphasised not only the benefits directly related to the improvement from a medical standpoint, but also with respect to her social life: *“I couldn’t hear at all until I received my hearing aids from the project. Now I can live normally and make new friends. Hearing aids mean life to me! Without it, I can only communicate through lip reading.”*

Sustainability of the intervention

Sustainability is also part of the AIDOS approach, also from a broader perspective of the concept of autonomy involving people, services and communities. In this project, this was achieved through capacity building of the partner association and its clinics. Thanks to a greater visibility acquired with the purchase of new and performing equipment and to the improved accessibility to the clinics through the works carried out, NHF has been able to increase the user base of the two clinics in Zarqa and Amman, and to improve the quality of the services offered making them a healthcare reference for people with disabilities. Indeed, a fundamental factor has been the enhancement of the offer of integrated services that are now available thanks to the important endowment of advanced medical equipment purchased through the project. This will enable improved initial diagnoses as well as care and rehabilitation pathways, which are critical to the lives of people with disabilities.

Technical assistance from AIDOS and Medici per la Pace, provided based on the specific needs of staff in order to build or strengthen their technical capabilities, has also significantly enhanced staff expertise regarding disability, gender, and sexual and gender-based violence against people with disabilities, skills that will be used immediately and in the future.

6.2. #FAREINSIEME. Professional, community and family integration of people with disabilities

| AVSI Foundation

AVSI has been implementing development cooperation and humanitarian aid projects in 33 countries since 1972. In Jordan, it has been operating since 2003 with headquarters in Amman and local offices in Aqaba, Qweirah, Petra, Zarqa and Mafraq. Since the beginning of its presence in the Country, AVSI has been actively engaged in favour of the most vulnerable individuals, particularly women, minors and persons with disabilities, with the implementation of numerous interventions whose main focus has been their protection, empowerment and access to the labour market.

The context of the initiative

The SAFE II initiative was implemented in Aqaba, a governorate in the far south of the Country, which has a population of just under 200,000, and is home to the Country's only sea access. There were approximately 3,542 Syrian refugees living in this area in 2019 (UNHCR data), a number that seems not particularly relevant when compared to the situation in northern governorates (Mafraq, for example, had a population of approximately 550,000 with over 165,000 Syrian refugees). However, the socio-economic conditions faced by many families – and particularly Syrian ones – in both districts of the governorate (Aqaba and Qweirah) are particularly critical and were the reasons that led AVSI to operate in this area since 2012, and then to establish a local office in 2017.

All the focus areas are characterised by a lack of quality basic services. In particular, in the Al Shallala neighbourhood of Aqaba, there are at least 4,000 vulnerable individuals of which about 18% are people with disabilities: Syrians, Palestinians, Sudanese and Egyptians.

In Qweirah, the second city of the governorate, at the foot of the Wadi Rum desert, the percentage of people with disabilities reaches particularly high levels due to the continued practice of marriage between members of the same family group.

How and why the SAFE II project was created

The SAFE II project - Support and protection to particularly vulnerable people among refugees and host communities in Aqaba and Zarqa, funded by the AICS office in Amman, is part of AVSI's commitment to child protection, support to people with disabilities, education and economic support to the most vulnerable families.

The objective of the SAFE II project was to improve the living conditions of the most vulnerable among Syrian refugees and host communities in Jordan, particularly the mental and physical well-being of beneficiaries residing in the Governorates of Aqaba and Zarqa.

The main activities of the project included:

- Identification and selection of beneficiaries among the most vulnerable segments of the refugee population and the local community.
- Psychosocial support to young (15-25 years old) vulnerable boys and girls (55%) through life skills training and a training for trainers carried out in collaboration with the Italian Footballers Association.
- Structured psychosocial support activities (PSS), recreational-cultural and sports activities for vulnerable children (6-14 years old), non-formal education activities (remedial school courses in Arabic, English and mathematics, etc.).
- Family and community outreach activities to promote the inclusion of working and abused children and people with disabilities.



Achievements

Through specific activities included in the SAFE II project, AVSI has operated with a social-environmental model involving individuals, families and communities. In particular, the activities were designed to take place at three closely interconnected levels: i) awareness raising, ii) psychosocial support and iii) job placement. The first two levels, by promoting inclusion, also facilitate job placement.

In Aqaba, boys and girls with disabilities and their families (mothers, fathers, relatives) sat at the same table, drew together with watercolours and created small works of art with a variety of materials; in addition to their own creations, at the end of the activity, they were able to take with them a common experience of mutual discovery, support and collaboration. The children with disabilities were able to concretely perceive their active presence in the family context and collaborate as equals in something common, strengthening personal esteem and self-confidence, and at the same time discovering their own abilities and skills, encouraged by the closest family members who share their daily lives.

Sports, and in particular soccer, has been another important tool to foster social inclusion. The #inostrigoal (our goals) initiative launched in collaboration with the AIC (Italian Footballers Association) has led to the training of 15 young people between the ages of 18 and 25, both Syrians and Jordanians, to be coaches and educators of younger children, in a context in which the child is put “at the centre of the game” of soccer, without wanting to deny the value of talent, but highlighting for parents and coaches the fact that soccer is first of all a game, a time of growth and learning for the child, who learns to respect him or herself, his or her body, as well as limits, teammates and rules, acquiring skills in teamwork, cooperation, communication, leadership, acceptance of others, struggle to win, and lose while maintaining a constructive approach.

The 15 boys were able to carry out some sports activities with younger children (within the limits imposed by the restrictions related to the COVID-19 pandemic) including minors with disabilities, with the aim of increasing resilience and promoting a culture of peace that helps to improve social cohesion, maintain healthy mutual relationships and prevent temporary or long-term psychological distress.

Involving families and communities in initiatives of this type, raising awareness against stigma through artistic and sporting activities, has been relatively easy, even in more conservative contexts such as the south of the country; on the other hand, the issue of integrating people with disabilities into the world of employment has been more difficult. However, this is where the intervention was able to have a significant impact not only on people with disabilities and/or their families, but also on employers, employees and local authorities.

Through a community action and, in particular, thanks to the involvement of local authorities, civil society organisations and the private sector, AVSI has carried out awareness raising initiatives to promote the inclusion and equal rights of people with disabilities in the world of work. Within the SAFE II framework, two actions were specifically planned:

1. Awareness raising meetings for parents of working children or children victims of

violence and abuse who have participated in educational and psychosocial support activities on topics such as positive parenting, child protection and children's rights, prevention of child labour and early marriage, disability and uniqueness.

2. Awareness raising activities aimed at combating the socio-cultural stigma that discriminates against people with disabilities through the organisation of public events, open to the entire local community, for each location included in the intervention. Each event has been adapted to the local socio-cultural context of implementation in order to better ensure its impact, involving children and young people with and without disabilities, together with their families: on the one hand, artistic activities have been carried out for children together with their parents or soccer matches between children with and without disabilities; on the other hand, events have been organised in collaboration with private sector companies and public bodies to promote inclusion in the world of employment.

In Aqaba, in collaboration with the Double Tree Hotel – Hilton, and the local organisation *Our Lady of Peace for People with Disabilities* (OLOP), with which AVSI has been collaborating for years in the country, five young people with disabilities worked together with the employees of the hotel for one day, offering reception services to the hotel guests.



"It has been a tremendous pleasure to collaborate on this outstanding community service initiative. You gave us a wonderful day, which we enjoyed so much that we wouldn't have wanted it to end. [...] We would also like to ask your permission to post today's photos on our outreach channels, so that we can raise awareness in our community and show that people with disabilities have skills and abilities to actively participate in the workforce."

Sara Nizami, Personal Assistant to the Director. Double Tree - Hilton Hotel, Aqaba.

Six other young people with various disabilities (down syndrome, physical and mental disabilities) helped the cashiers of one of the supermarkets of the Kareem chain, working together for 4 hours helping janitors and customers with their shopping.

"I am grateful for this opportunity that AVSI and AICS have given to these six boys, whose hearts filled with happiness and joy infected all those present that day in the branch. It was unexpected to see the acceptance by customers and the strong psychological and moral impact of such an initiative."

General Manager of the Kareem Hypermarket.

Why the action can be considered a best practice

AVSI bases its cooperation projects in the various sectors with a preferential attention to education, intended as accompaniment of the person to self-discovery and recognition of the other as an asset. Each project is therefore conceived as a tool to promote this awareness in all those involved, has in itself a need for communication and sharing, and exerts an impact capable of generating positive change.

In carrying out the intervention in Jordan to promote the inclusion of people with disabilities in the world of work, AVSI has implemented the key criteria of its method, namely:

- Starting with the value of the individual, never defined by the circumstances in which he or she lives.
- Taking into account the particular family and community context.
- “Doing with”: i.e. accompanying and being accompanied, recognising that we all share the same human experience.
- Involving stakeholders, encouraging the participation of all, beneficiaries, operators, partners, donors, and the private sector.

The implementation of the activities carried out under the initiative funded by AICS has been possible thanks to the collaboration between the various components of civil society, local government and private sector, in a virtuous process that we can define a *multi-stakeholders approach*: different subjects working together for the same common goal.

The fruit of this collaboration has been a new awareness, the recognition of the role that any person, with or without disabilities, can play in contributing to the social, cultural and economic development of their community and country. It is in the “doing together” that we really gain awareness. Entrepreneurs being able to recognise the contribution that people with Down Syndrome or other disabilities can make in the world of work is an important achievement, not taken for granted in a context such as Jordan, as demonstrated by the case of the visit to the *Jordan Cable Factory* in Zarqa.



Here, six young people with disabilities aged between 18 and 25 were involved by AVSI staff in a visit to one of the country’s main industries for the production of electrical cables. The day took the form of on-the-job training with factory employees, performing tasks along the production and packaging lines. At the end of the workday, the young people with disabilities distributed printed sheets with some phrases and messages calling for the inclusion of people with disabilities.

And it was at this point that Ahmad, one of the employees of the factory, wanted to post this sheet on one of the machines, to make it visible to everyone.

"I used to believe that people with disabilities couldn't work precisely because of their lack of specific skills, but after seeing them today I can certainly say that they should be granted the opportunities they deserve. They should have their place in society, just like everyone".

In Aqaba, on the other hand, following one of the workshops carried out through a collaboration between AVSI, OLOP, the Ministry of Social Development and the Ministry of Labour, the United Cable Industry Company decided to hire Aiz and Mohammad, young 25-year-olds with Down Syndrome, while the Aqab Plastic Factory LLC hired Roya, a Syrian girl affected by disability. As at the current date, all are still employees of the same companies.



During a television interview, one of the beneficiaries commented:

"I would like to communicate the following message: employers should treat people with disabilities as equal to every other worker and employee. They should ensure that they are given the right opportunities, to facilitate their integration into the workplace. In general, people with disabilities should be supported in finding the right wage and employment, because they are entitled to it!"

Aiz, project beneficiary during a TV interview with Jordan TV.

In Qweirah, awareness raising and coordination activities with other public and private entities were accompanied by a programme of specific vocational training for people with disabilities and legal accompaniment for the creation of home-based businesses. This way, Jameela was able to start her own small business producing and selling baked goods, pizzas and focaccias typical of the local tradition, which she now sells at a kiosk restored and equipped by AVSI in the public park of the town at the foot of the desert.

Sustainability of the intervention

AVSI Jordan has always adopted an integrated and transversal approach in its action on the ground. This approach encompasses the core elements of a sustainable emergency and development response: education, training, employment and social protection. This is why AVSI has always moved in the direction of a transversal integration of the sector in all its interventions when dealing with the issues of inclusion and disability.

This "programmatic" vision made it possible to ensure the so-called mainstreaming of the issue at all levels, as well as the sustainability of the action. Particular attention has been paid to ensuring the professional, as well as the social and community related, integration of people with disabilities, through the active involvement of the private sector, public agencies, local civil society organisations and other economic players.

As the story of Yazan, his family and the local textile company demonstrates.

Yazan is a 23-year-old deaf boy. Thanks to the initiative carried out in Aqaba, he was hired by one of the companies involved in the awareness raising workshops. At first, his colleagues did not seem to accept his presence easily, but the tireless support of his mother and sister (both graduates in the study and teaching of sign language) made it possible for him to communicate with the other employees of the textile company. Yazan wasn't intimidated by the difficulties and when he couldn't make himself understood by his colleagues, he would initiate a video call with his mother or sister, who would then act as interpreters with his colleagues. And the employer didn't stop with hiring Yazan: after seeing the early results and the vitality of the family members, he decided to hire Yazan's sister, partly to make it easier for the boy to integrate into the workplace. Satisfied with the work done, the Director began to hire other people with disabilities, so that after one year there are now eight young people, all with hearing disabilities, who have become Yazan's colleagues.

The virtuous practice has therefore expanded, with the involvement in some cases of family caregivers as well.

Today, Dina, Yazan's mother, collaborates with the OLOP organisation, partner of the project, as a volunteer interpreter and teacher of people with deafness who use the services offered by the structure.

"I am grateful for this opportunity that AVSI's project has given me. I love the work I've been doing for over a year now and I don't want to stop: sometimes I do fabric cutting, sometimes I do sewing or ironing. Initially, I was simply glad to have a job and be able to earn some money for myself and my family, but I had no idea that my presence would spark the hiring of my sister and eight other kids like me!"

Yazan, project beneficiary.



6.3. Prevention and response to protection risks: an inclusive model | INTERSOS

INTERSOS has been working in Jordan since 2012, implementing programmes in the areas of protection, education and access to water and sanitation. INTERSOS offers individual counselling, psychosocial support and, where necessary, economic assistance to women, men, boys and girls who are refugees or from the host community living in formal and informal settlements, with the aim of guaranteeing their safety and dignity. People who have survived or are at risk of gender-based violence are helped through case management and specific care plans for the LGBTIQ+ community and people with disabilities. Special attention is paid to promoting awareness raising activities and specific training for parents of children and young people with disabilities, to increase integration and social cohesion. In addition, INTERSOS has helped girls and boys access educational opportunities in safe learning environments.

The context of the initiative

Despite the commitment of the Jordanian government and ongoing initiatives to support disability and inclusion at the local level (such as the Law on the Rights of Persons with Disabilities, which came into effect in September 2017), the transition of institutional care services towards family-based and community centre-based models of care is still far away. People with disabilities experience strong social stigma and discrimination, which limit their ability to access essential services. As already reported, the percentage of people with disabilities in the country, even more so if they are refugees, leads to a large demand for specialised services and assistive tools, which are not always accessible due to costs they cannot afford or the difficulty in accessing those services.

The Jordanian population has more than 1.1 million inhabitants with disabilities, (between 11 and 15 percent of the total population), who are excluded from active participation in society, due to architectural barriers and lack of specialised services⁷³.

People with disabilities are at a higher risk of being victims of violence, exploitation and abuse, either because of their condition or because of the discrimination they have experienced, and they also often face difficulties in accessing the prevention and response services they would need. Among them, very few are identified and supported through assistance from civil society organisations. Therefore, the project placed special emphasis on the inclusion of people with disabilities in organised activities, while working at the community level to promote a culture of inclusion, both social and occupational.

How and why was the Protection and Rights project created?

Through the project “Protection and Rights”, financed by the AICS office in Amman, INTERSOS has intervened with the aim of reducing the risks and negative consequences linked to episodes of violence, exploitation and abuse against the most vulnerable people among Jordanians and Syrian refugees in the governorates of Karak, Amman and Irbid. In

⁷³ UNHCR 2016; Dupire, 2018

the implementation of the project, INTERSOS collaborated with the local partner, Forearm of Change Centre to Enable Communities (FOCCEC), a non-profit organisation that aims at empowering local communities, with a particular focus on social and environmental issues, concentrating on particularly vulnerable groups. The goal of the INTERSOS programmes is to reduce and combat phenomena such as child labour, early and/or forced marriages, child abuse and abandonment, intervening on two fronts: on the one hand working on the prevention of these phenomena, and on the other providing help and services to the victims of these practices.

Based on the results of the interviews and focus groups, and capitalising on the experiences of previously implemented activities and projects, this project focused on the following areas of intervention: i) improving and facilitating access to gender-based violence response services; ii) increasing psychosocial support for victims and individuals at risk of gender-based violence; iii) conducting awareness campaigns on gender issues; iv) promoting social inclusion initiatives with particular reference to persons with disabilities.

Regarding this last point, the project introduced the issue of disability into the protection programme, which becomes an important cross-cutting element, not only to ensure access to prevention and response services for people with disabilities, but also to promote the inclusion of this group within the community.

Achievements

The project placed the issue of disability as a cross-cutting theme of the project. This was made possible thanks to the technical skills of the INTERSOS staff and the local partner who participated in several training courses related to the adoption in humanitarian aid of a perspective that takes into account people with physical and/or mental disabilities, to ensure that the specific needs of this group are taken into account in all phases and components of the project.

Community outreach sessions, designed to promote greater public knowledge and awareness of disability issues, played a key role in achieving the results. These sessions have addressed, in depth and according to the specific context, issues related to gender violence and child protection, introducing and analysing also the issue of disability. This last element is of particular relevance and was introduced with the dual purpose of combating social stigma, discrimination and marginalisation suffered by people with disabilities, and at the same time ensuring that these people and their families can access response services and specific psychosocial support activities.

The disability-related material on which the awareness raising sessions were based was developed by the INTERSOS technical staff, particularly the protection coordinator and the medical staff. This curriculum includes several topics: the concept of disability and its possible manifestations; the rights of people with disabilities; a discussion on the barriers – both physical and mental— that people with disabilities face on a daily basis; social stigma and discrimination, which increase the risk of being a victim of violence, abuse and exploitation; and promoting the role that people with disabilities can play in society and labour market, focusing on concrete examples.

The Community Protection Committees and OPDs established through previous interventions funded by AICS Amman were extensively involved in the project implementation. Members of the committees and associations were trained by INTERSOS and local partner staff in the initial phase of the project on the issue of disability and strategies to promote the inclusion of this group in community life. One of the activities of the intervention involved volunteers from committees and associations organising and implementing community initiatives and events, including on disability issues, through a participatory process based on consultation and discussion.

INTERsos staff in charge of conducting the community awareness sessions invested special efforts to reach communities far from urban centres and essential services, and thus facilitate as much as possible the participation of people with disabilities and their families (who, as mentioned above, have limited mobility not only because of their condition, but also and especially because of the presence of external barriers, both of physical and mental nature). Including people with disabilities in outreach activities was particularly important, not only to be able to provide information about accessible essential services, but also to promote discussions among participants that would benefit from first-hand experiences.

The materials and curriculum developed for the group psychosocial support sessions were also specifically developed by INTERsos technical staff, with the aim of including not only people with disabilities in this activity, but also their caregivers, to support also those who take on caring roles. These materials address issues that affect the daily lives of people with disabilities, their needs, and positive strategies for adaptation and resilience. By involving the entire family in the psychosocial support sessions, it was possible to encourage healthier and more balanced relationships among family members, based on dialogue and mutual listening.

Why the action can be considered a best practice

The intervention was designed with the aim of reducing the risks and negative consequences related to episodes of violence, exploitation and abuse against the most vulnerable, with a specific focus on the theme of disability, incorporated as a cross-cutting issue in all phases of the project. Therefore, the project was able to fill some of the major gaps in the support system for people with disabilities, in view of their real and complete inclusion in the societies of reference, involving not only the main beneficiary, but also his/her family and community.

Jamil, a 28-year-old Jordanian boy, lives in Karak with his mother, father and younger brother, Ahmad, aged 12. Ahmad showed difficulties and delay in language development from an early age, and despite his inclusion in school, he had not shown any improvement, and could not keep up with the other classmates.

“As early as 3 years old, we realised that something was wrong, because Ahmad was not like other children his age, he did not speak or interact, he did not show emotions or reactions to external stimuli”, Jamil recalls. “A few years later we took him to a doctor, who diagnosed him with a form of autism. Unfortunately, our mother could not accept the doctor’s diagnosis and the idea that Ahmad needed specialised care and support, insisting that pronunciation classes were all that was needed.”

Participating in one of the awareness raising campaigns conducted by INTERSOS as part of this intervention, Jamil realised that there are activities that could help his brother and the family, and he reported Ahmad's case to the project staff. INTERSOS social workers immediately took over the case to help Ahmad and his family access essential services suited to their specific needs. During the first interview with Jamil, the social worker recalls:

"For a couple of years, Ahmad's family had stopped monthly check-ups with the doctor, who merely prescribed psychotropic drugs that left the child sedated most of the time. Another doctor had suggested a more appropriate treatment plan: discontinue medication and begin a path of integration through therapy sessions to improve Ahmad's language and interaction with other children. Unfortunately, due to the lack of economic resources, further reduced by the pandemic, Ahmad's family was unable to cover the necessary expenses. This situation is quite common, as families in similar situations do not have the resources to access specialised medical services and practitioners."

The INTERSOS social worker who took charge of the case drew up an action and follow up plan with the aim of allowing Ahmad and his family to access specialised services: (i) providing emergency financial assistance to cover the expenses necessary to enrol Ahmad in specialised individual therapy for speech disorders; (ii) providing individual psychological assistance to the mother, to help her accept Ahmad's condition; (iii) involving the whole family in group psychosocial support sessions, focused on the care of children with disabilities, to increase the positive adaptive and resilience skills of all family members, promoting the creation of a protective and protected environment for Ahmad; (iv) referring the father to other organisations with projects in the livelihood sector, to help him find a job and/or provide him with immediate means of support.



During the monitoring/follow-up phase of the case by INTERSOS, a significant improvement in Ahmad's individual and family situation was noted.

Through participation in specialised individual therapy sessions over the course of 3 months, the boy showed significant improvement in his language and ability to express himself and communicate with others. Ahmad himself reported to the INTERSOS social worker that he felt "calmer, less aggressive and angry" and inclined to relate to others "fearlessly" and confidently.

The mother, thanks to the psychological support she received, finally accepted the idea that her son needed special care and attention, without shame or embarrassment.

Jamil, the older brother who first reported Ahmad's case, expressed his satisfaction with attending the group sessions:

"Thanks to these meetings, I was able to live with more serenity in my family's situation; I met people and families with stories similar to ours, and this made me feel less alone."

Finally, the father received financial support to start a small home-based business, which allows him to provide for his family's needs and ensure that Ahmad can attend the therapy sessions he needs.

The INTERSOS social worker who followed Ahmad's case expressed great satisfaction:



“A month ago, Ahmad and his family came to my office to say hello; Ahmad is now more open and sociable, he has greatly improved his language skills. The first time I saw him he didn’t talk or interact; he was unkempt in his clothes and appearance. However, he now looks better cared for, a sign that the family is also able to take care of him.”

The story of Ahmad and his family shows the importance of ensuring that the cross-sectional component of disability is included in every action, creating a chain of virtuous interventions. If awareness raising campaigns on the issues of gender-based violence and violation of children’s rights had not also included information about the condition of people with disabilities and had not been conducted in a widespread manner, Jamil would not have reported his brother’s case to INTERSOS. And the positive outcome of care would not have been possible if the social worker had not been trained to deal with the specific issues of cases of people with disabilities.

Sustainability of the intervention

The intervention has several elements to ensure its greatest possible sustainability. Local capacity building with respect to disability issues has been critical in ensuring access to services for people in this category.

The awareness raising campaigns carried out in the area by INTERSOS and FOCCEC staff had the main aim of stimulating a process of discussion and dialogue at the community level. This process has laid the foundation for the creation of an environment that is more respectful of the rights of people with disabilities, both by increasing the awareness of the community at large about this issue and by promoting an approach that is less paternalistic and more based on behavioural changes, in order to reduce the stigma and social exclusion of which people with disabilities are victims. The involvement of OPDs and Community Protection Committees previously created by INTERSOS also contributed to the success of these awareness raising campaigns, in a process of mutual enrichment.

Moreover, as Ahmad’s story shows, the sustainability of the response activities has been strengthened by the close collaboration between INTERSOS and international and national actors active in the livelihood sector. The multidimensional approach adopted by social workers not only aims at solving the immediate problems of the beneficiaries, but also takes into account the risk factors that prevent their healthy integration into society, thus offering broader support. In Ahmad’s case, the family’s economic independence was a key element in consolidating the results achieved through individual case management.

As Ahmad’s mother said:

“In the past, my family took out loans from banks to start businesses (a small store and a restaurant); unfortunately, we were never able to repay those loans and were forced to close. Before the pandemic, my husband was able to find odd jobs, but with the restrictions put in place for COVID-19, he was no longer able to work. The financial support we received through the project allowed us to start a small business, which still allows us to meet basic needs and continue to pay for Ahmad’s care.”

6.4. Russaifeh coffee shop run by people with disabilities and mental disorders | *Un Ponte Per*

Un Ponte Per (UPP) is an Italian NGO founded in 1991 and present in Jordan since 2004. Since its inception, it has collaborated with Jordanian civil society organisations on projects focused on family law reform, health, psychosocial and legal assistance for refugees, protection and assistance for female migrant workers, and the creation of employment opportunities for Jordanians and refugees. Since 2017, through numerous projects, UPP has offered support to people with disabilities in partnership with local OPDs in the areas of Amman, Irbid, Karak, Ma'an and Zarqa. Among the many OPDs that UPP has worked with over the years, Our Step has proven to be a particularly effective partner in implementing projects that support people with disabilities.

Our Step is a Jordanian NGO founded in 2010, whose work focuses on supporting people with mental illness and disorders in vulnerable situations. Its main objective is to address the stigma, marginalisation and social and employment discrimination suffered by people with mental disorders and discomforts in Jordan, while promoting their inclusion within society and the human development of their potential and abilities. The activities proposed by Our Step — to date the only organisation in the Middle East to have been founded and managed by users of mental health services — focus on two main areas of intervention: psychosocial support to people with intellectual disabilities and awareness raising, within society, on the issue of disability.

The context of the initiative

The analysis of needs undertaken by UPP and Our Step in the areas of intervention of the project has revealed as a primary need to create more employment for people with disabilities, excluded from the labour force because of the social stigma that accompanies their condition, often within their very family. In addition, the lack of incentives capable of channelling their potential further hinders their employability. Access to employment is challenged both by discrimination from employers and co-workers, and by the inability in some cases to secure consistent employment due to the need for frequent medical appointments or temporary hospitalisations. Hence the need to find employment in inclusive environments with flexible schedules.

How and why was the Bina' Jusur project born?

The Bina' Jusur (building bridges) project is an initiative implemented in the livelihood sector, which involved a collaboration between Un Ponte Per (UPP) and Our Step to create a coffee shop: Our Step Buffet in the city of Russaifeh. The project was designed with the goal of contributing to the creation of decent and sustainable employment opportunities for people with motor, sensory and psychosocial disabilities and mental disorders through access to vocational training and involvement in income-generating activities. The initiative involved both Jordanian refugee and host communities in the governorates of Amman and Zarqa, with a particular focus on the city of Amman and the municipality of Russaifeh in the Zarqa governorate.

In the context of Russaifeh, a city in northern Jordan that is considered to be an area with high unemployment and a high number of people addicted to drugs, UPP decided to open a coffee shop to give people with mental illnesses the opportunity to work in an inclusive environment that would meet their need for flexible work hours and accommodate their pace.

“At other companies and with other employers, they’ve always been forced out of work, due to the rigidity of in-and-out schedules. Instead, employee relations within the coffee shop are characterised by a mutual support system. Whenever one of them has a difficulty, or needs to take a day off, the others sympathise. They know why one of their co-workers is yelling that day, or is not in a good mood, they are very understanding of each other. If someone doesn’t show up for work, they split that day’s hours into the rest of the days of the week so that person doesn’t have to give up a portion of his or her wages”, says Amira Al-Jamal, President of Our Step.

Abdallah, one of the beneficiaries, describes the work environment of the coffee shop this way:

“What I’ve found working with Our Step that I haven’t found in other workplaces is relief, a sense of security and understanding, especially for my depression.”

As part of the project, thanks to AICS funding, Un Ponte Per provided Our Step with technical assistance and the necessary equipment to enable the hiring of five mental health service users to start up the coffee shop, and also conducted practical and theoretical training on coffee preparation, customer relations, cash management, and purchasing and negotiating for the necessary supplies. Moreover, in addition to work such as plastering and painting, electrical and plumbing installations, tools such as uniforms, signs and other visibility materials, machinery such as a slushie machine, cotton candy machine, refrigerator, mixers, and other materials needed to start the coffee shop were provided.



“The idea of the coffee shop resembles a local proverb we have: ‘He who uses water loses nothing.’ Everything you do with water – like coffee or tea – doesn’t make you lose anything; you can only gain.”
Amira Al-Jamal, President of Our Step.

The idea for the coffee shop came about with the specific goal of increasing the employment capacity of the Our Step organisation, which at the time of writing the project had a staff of six employees in psychiatric care. Expanding the organisation’s services would have allowed for the hiring of at least five additional employees through the purchase of equipment for the opening of a new coffee shop that the organisation planned to take over directly.

Achievements

During the months of October, November and December 2018, UPP staff were involved in the training of beneficiaries and their psychosocial accompaniment. UPP trainer Mohammad Karboush recounts:

“At first it was difficult to teach them how to make coffee, their hands were shaking, they were shy of customers, and they were afraid that people wouldn’t accept them because of their mental disorders. So, in addition to the technical training, I supported them step by step in believing in themselves, encouraging them.”

The coffee shop is run by Amira Al-Jamal, President of Our Step, with support from other OPD figures. Five Jordanian men between the ages of 18 and 55 with mental disorders such as personality disorders, depression, obsessive-compulsive disorder, and attention deficit disorder initially benefited from this initiative, and then many more. Ahmad S. excitedly recounts that his experience as part of the coffee shop team was a stepping stone.

“After several months, I quit my job at the coffee shop, and I am now employed at an IT company in Amman, specialising in graphic design and online marketing. The experience with the coffee shop has helped me a lot, in so many ways. I was able to work in an environment where all human beings are respected, without discrimination. This made me strong and confident, and now I do the work I always dreamed of, which was just a passion and a hobby before.”



Thus, the impact of the coffee shop was not only limited to the economic empowerment of the beneficiaries, but also manifested as a profound contribution to social integration through their involvement in the workforce. The pragmatic approach is one of the most significant aspects of the project for the individuals who participated. As recounted by Mohammad A. S.:

“The practical aspect is the most important one because now I’m finally working, I’m no longer unemployed and I don’t have to sit at home and do nothing. Now I know that people with mental illnesses can be employed, and that is a great comfort and support for all of us.”

In terms of customer relations, the greatest difficulties emerged with non-regular customers, not with the Russaifeh community, store owners, and neighbours. And when the coffee shop employees realised that most customers would come in, buy something, and leave in a respectful and peaceful manner, they found the strength to not care about sporadic incidents of harassment and bullying.

However, there is still a lot of awareness raising work on mental health disorders to be done, as Ahmad explains:

“People in Zarqa are different from Amman, sometimes they don’t really believe that I have a problem with stuttering, they think I’m just joking or making fun of them. Raising awareness about mental health disorders is really important to make sure that incidents like these decrease.”

Why the coffee shop can be considered a good practice

Russaifeh’s coffee shop experience represents a tangible example of an intervention that adopts an inclusive development approach, putting at the centre of action the involvement of the main actors of the ongoing social change with respect to disability and mental health issues: the activists who form the Organisations of People with Disabilities. Side by side, UPP and Our Step, worked supporting each other, technically and psychologically. As Yousef Msarsa, Head of UPP’s Jordan Office, tells us:

“Both before and during the implementation of the coffee shop business, we faced multiple challenges. It has been a real struggle, especially for Amira Al-Jamal, President of Our Step, because she had no support. UPP supported her step by step, providing all the necessary documents and helping her psychologically in the most difficult moments. We made sure to support her both personally and professionally until we got all the permits and purchased all the materials.”

Psychosocial support was also key with the coffee shop staff, and this dual approach of both technical and psychosocial assistance allowed Our Step and the project beneficiaries to participate in all phases of the project as both lead actors and beneficiaries.

The empowerment of people with disabilities, through collaborations with OPDs, follows the humanitarian action approach recommended by the Inter-Agency Standing Committee (IASC) by offering direct support in developing their capacities. Indeed, the training experience and the practical work have allowed the beneficiaries to increase their chances of entering the world of work also outside the project itself.

As Ahmad S. recounts:

“The multiple trainings I have had the opportunity to participate in through Our Step and my experience working in the coffee shop have allowed me to access job opportunities and find employment both inside and outside of the Our Step OPD.”

The full involvement of Organisations of People with Disabilities in the identification of barriers and in the planning, design, implementation, monitoring and evaluation of livelihood and economic inclusion projects has enabled Our Step to identify the barriers in conventional work environments. Their strong presence in the community and knowledge of the area allowed them to develop the innovative idea of the coffee shop as a model for an inclusive work environment that could break down the rigidity of work schedules and thus accommodate the pace of people with mental illness.

The project was designed and implemented in Jordan at a time of important legal and social reform on the issue of disability still underway, which is moving in the direction of a more inclusive society with Law 20/2017 on the rights of persons with disabilities. This law also expresses itself clearly on the subject of employment for persons with disabilities, declaring in Art. 25 that disability should not in itself be considered a barrier to accessing employment. The pragmatic approach adopted in the face of the problem encountered of the exclusion of people with mental disorders from the world of work and the collaboration with the local partner Our Step that supports mental health service users in a particularly innovative way, through practical support, enhancement and inclusivity, has made it possible to witness a real impact on the community of Russaifeh.

Sustainability of the intervention

Convinced of the importance of sustainability for livelihood activities and motivated to find solutions to ensure maximum continuity and lasting impact on the entire community,



UPP and Our Step have prioritised training and support for self-entrepreneurship and self-employment in the Russaifeh area for the most marginalised people including people with mental illness, as they are most excluded from ongoing, formal employment opportunities. In this sense, the partnership with Our Step, which adopts an approach based on the achievement of autonomy of beneficiaries closely interconnected to their integration into community life, has been a key element to ensure the sustainability of the interventions.

The coffee shop business has high sustainability in the medium to long term due to the fact that Our Step enjoys high stability in the country. At the time of writing this project, this entity was already providing decent employment opportunities for people with mental illness, and thanks to the Bina' Jusur project it was able to significantly increase its ability to hire new staff.

Amira Al-Jamal responds as follows when consulted on the sustainability of the project:

"Yes, of course the coffee shop will continue to stay open. It has a dual function, supporting both people with mental illness and Our Step itself, as through the proceeds of the coffee shop, we are also able to support some of our organisation's expenses. Moreover, the success stories must continue, and the coffee shop must continue to exist and prove that people with mental illnesses are able, are capable, can devote their time and efforts to work, and can continue to work despite difficult times."

The sustainability of the intervention was also ensured by the vocational training received by the beneficiaries with mental disorders, which, being composed of both a theoretical part and a practical internship, gave participants the opportunity to acquire skills that are really expendable in the labour market. Following the vocational training, certificates of completion of the course and internship were issued to each participant, in order to further facilitate their inclusion in the labour market. Overall, the capacity building and vocational training component contributed to the economic development and empowerment of the community with disabilities involved, which is usually excluded from work activities, especially formal ones.

In terms of exit strategy, all machinery and equipment purchased as part of the intervention were donated to Our Step, so that the business could continue without interruption. Monitoring initiated by UPP during the project implementation period continued through Our Step. In addition, the partnership with Our Step was maintained following the conclusion of the Bina' Jusur project through the implementation of other initiatives, thus allowing for continued support and monitoring by UPP.

Ahmad S., clearly explains the concrete effects of the ongoing partnership between UPP and Our Step:

"UPP's support means support for the OPD Our Step, and support for Our Step also means support for me, providing the opportunity of participating in many different trainings and activities. This gives me the chance to interact with many people and form relationships, which is very supportive for me."

6.5. Inclusion and mainstreaming of disability in the project “Darna” (our home) | ICU– Institute for University Cooperation and COOPI – International Cooperation

ICU has been present in Jordan for 20 years. It has carried out both emergency and development projects, especially in the fields of health (with a strong focus on disability), education, agriculture, waste management and energy. The “Darna” project was implemented in association with the CSO COOPI – International Cooperation and with the collaboration of *Noor al-Hussein Foundation* (NHF) as a local partner.

The context of the initiative

As shown by the data already mentioned, in Jordan protection and assistance needs are not always ensured for the most vulnerable, in particular women, children and persons with disabilities, with special attention to female-managed households. Economic hardship and extreme living conditions are major catalysts for social hardships such as school dropouts, child labour, early marriage, and domestic violence. In this context, refugee families are those most affected by the situation, since in addition to financial problems they are often forced to cope with a lack of minimum protection services.

The needs assessment analysis conducted by ICU and COOPI in collaboration with NHF in June 2019 involved several CBOs in the governorates of interest, starting with those where the local partner already performed basic institutional training activities. It has been decided to start with the analysis of these centres because it is essential, for the sustainability of the action, that the management of the CBOs have basic fundraising and project management skills.

During visits to the various centres, it was found that some of them already have psychosocial support services available, are served by case managers, and implement coaching services. A detailed analysis of the attendance data at the centres revealed that the geographic location and distance of the beneficiaries from the assistance centres significantly affects participation in the activities. Transportation becomes an important issue to manage when CBOs must implement activities independently. These considerations were also discussed and confirmed by several humanitarian response actors in the country. The initiative therefore maintained a focus on target areas with little coverage of case management services and weak coordination mechanisms. On the basis of the feedback received, 4 CBOs were identified that are part of the network of centres served by the local partner, are not yet implementing psychosocial or protective activities, and are located in areas where access to centres that provide such activities is costly and complex for beneficiaries. In this way, it would have been possible to act in a capillary way on the territory (*Rhaba Charitable Association and Dayer Yousef Charitable Association* in the district of North Mazar - Irbid, and *East Amman Charity and Families Development Association* in East Amman). The CBOs participating in the initiative were then put in contact with the nearest centres for the provision of specific services in cases of particular vulnerability.

This network system, which refers to a few very specialised centres, has the benefit of not replicating the action in already active CBOs but of expanding territorially the user base. At the same time, specific professionals will be retained in the centres with the highest

attendance and the most vulnerable beneficiaries will be referred to their services. Therefore, the emerging need is to strengthen target CBOs so that they can access the aforementioned network of civil society organisations that support the work of protection agencies.

How and why was the Darna project born?

The project “DARNA - Strengthening community-based social assistance and protection services in the most vulnerable areas in the Governorates of Amman and Irbid” had as its main objective the strengthening of social assistance and protection services for refugees and vulnerable Jordanians, in the areas of the governorates of Irbid and Amman through the involvement of children in recreational activities, such as educational workshops and after-school activities, and the creation of care and psychosocial support services for vulnerable people and their families.

The project was born in response to the identification of the lack of a homogeneous network of social protection in the territory, so areas with little coverage by psychosocial support services and weak coordination mechanisms have been identified. Accordingly, the identified need underlying the project was to expand and improve the social protection services offered in the territory for particularly vulnerable groups, including people with disabilities. The analysis conducted by NHF identified 4 local organisations located in areas where access to protective services was absent. In the four organisations involved by the project, initiatives were carried out to remove architectural barriers and improve indoor and outdoor spaces to implement recreational and psychosocial support activities.



Achievements

The direct beneficiaries of the activities were 300 minors who participated in psychosocial activities and their parents, involved in support groups facilitated by an expert psychologist. The implementation of the intervention adopted the principles of inclusion and mainstreaming, so as to include people with disabilities in all phases of the project. These beneficiaries were selected in particular following the indications of the models of “Community-Based Rehabilitation” and “Community-Based Inclusive Development”, which emphasise the importance of support from community organisations, as they bring knowledge of the territory, the social fabric and the situation of the most vulnerable families. The four selected CBOs were rehabilitated by removing existing architectural barriers, with the goal of increasing the access of people with physical disabilities to the planned psychosocial activities and protective services offered. The integration and inclusion of children with disabilities and their families was ensured through outreach initiatives.

In addition, an awareness raising programme was implemented to increase collective awareness about the issue of disability, taking into account the principles included in the Italian Cooperation Guidelines for Disability and Social Inclusion in Cooperation Interventions (2018). The issue of disability has affected all the activities of the project and has been addressed in particular through the following activities, which had as their specific objective the improvement of conditions and access for people with disabilities:

- Implementation of awareness raising campaigns against the social stigma of people with disabilities. In cooperation with the CBOs involved in the project, two awareness raising meetings were organised by representatives of a local association for people with disabilities, addressed in particular to the staff of the CBOs, on the difficulties that people with disabilities both physical and related to psychosocial issues face daily in all social environments. The purpose of this activity was to increase the social inclusion of people with disabilities by increasing the awareness of social workers about this issue, correcting widespread prejudices and touching on issues inspired by the principles included in the Italian Cooperation Guidelines for Disability and Social Inclusion in Cooperation Interventions (2018).
- The training was conducted by the local association Our Step, which has been working since 2010 to support people with mental disabilities and their families in Jordan. CBO staff and volunteers testified about the usefulness of this training, stating that with the knowledge gained they will be able to organise awareness raising campaigns for local communities when the pandemic situation caused by COVID-19 will make it possible to do so.
- Improvement of the facilities of the centres (reduction of architectural barriers and setting of play and educational spaces). In addition to the supply of specific material for the implementation of recreational activities and psycho-social support (creative and sports workshops, after-school activities), and the setting of the spaces dedicated to these activities within the CBOs, minor improvements were made to the facilities, such as the provision of access ramps and bathrooms equipped for people with disabilities. These structural improvements have actually ensured a reduction in architectural barriers, providing a greater possibility of participation by the most vulnerable individuals in the target areas, making common areas safe for the activities being carried out.

Why the action can be considered a best practice

Including people with disabilities in all project activities, improving CBO facilities to facilitate access to people with disabilities, and training CBO staff can generally be considered best practices to be included in all types of interventions. Indeed, it is believed that such actions have a positive effect on beneficiaries and local communities in general, because they facilitate and normalise the practice of including the needs of people with disabilities in all aspects of social life, rather than relegating them to specific and separate activities that alienate them from the rest of the community. Beneficiaries responded positively to the proposed activities. Specifically, regarding disability training for CBO staff one of the participants, Huda, testified:

"I've never attended a training specifically on inclusion of people with disabilities. I know about the importance of assisting and helping people with disabilities, but I didn't know the methods to do it in the best way possible and while respecting the principles of human rights of people with disabilities."

Sustainability of the intervention

The intervention can be considered sustainable because CBO staff can use the knowledge gained through disability inclusion training in future activities implemented in those CBOs. Improvement work aimed at removing architectural barriers proved beneficial to improving access for people with disabilities to CBO facilities, which were involved in new projects being equipped and prepared for the inclusion of people with disabilities. Another key component of the project in this regard was the institutional technical trainings that the CBOs themselves benefited from, implemented by the NHF partner, particularly on fundraising strategies, which will allow the CBOs to continue protection and psychosocial activities independently after the project's end.



6.6. The promotion of the rights of persons with disabilities starts from women | *Vento di Terra*

Vento di Terra (VdT) is an Italian NGO operating in Jordan since 2013. Already operating in the Occupied Palestinian Territories through interventions in support of the local population in the West Bank and Gaza, in the field of education and architecture for peace, Vento di Terra contributes in Jordan to the emergency response to the Syrian crisis, with initiatives of educational and socio-healthcare support to the refugee population, both in urban centres and in informal camps, especially in the governorates of Amman and Mafraq.

The context of the initiative

The intervention focused on the areas of Hashmi al Shamali and Jabal al Qusur, because they are recognised to be among the most disadvantaged areas of the Amman municipality. Although official data on the socio-economic status of the population living in these areas is not readily available, VdT has collected interesting data on the people who reside in these areas and who have come into contact with the staff of the Ihtawini project.

Specifically, out of a sample of 188 individuals residing in Hashmi al Shamali, 97% of them were found to use at least four negative coping mechanisms (such as going into debt to buy food, reducing essential expenses related to children's health or education, selling means of production or transportation, sending children to beg, etc.). 68% also reported living on less than 100 JOD per month, which denotes a high poverty rate. In the Jabal al Qusur area, out of a sample of 171 individuals, 48% used four or more negative coping mechanisms, while 54% lives on less than 100 JOD per month.

The beneficiaries identified for peer-to-peer outreach are Jordanian and Syrian women between the ages of 21 and 48 who predominantly have visual or mobility-related disabilities. They were selected based on their socio-economic status and disability factor in the Hashmi al Shamali and Jabal al Qusur areas.

How and why was the Darna project born?

"IHTAWINI: Integrated systems of protection and paths of social inclusion for women and minors" was born from the intent to contribute to improving the living conditions of particularly vulnerable Syrian refugees and Jordanians in the areas of East Amman, specifically by facilitating access to protection services and improving their quality. The project aims at involving in particular women at risk of violence, out-of-school children and people with disabilities, with the result of improving their awareness – and that of the communities in which they live – of their rights (those of children, women and people with disabilities) and to ensure targeted services and interventions where necessary (e.g. through conditional financial assistance, occupational therapy, case management and psychosocial support, creative craft workshops, etc.).

The project, funded by the AICS office in Amman, was implemented in collaboration with the local partner Families Development Association (FDA).



Achievements

Inclusion of people with disabilities, and in particular women with disabilities, has been ensured through a variety of actions, from informational/preventive ones such as awareness raising sessions on the rights of people with disabilities, to responsive services such as occupational therapy and creative workshops, to more innovative ones such as peer-to-peer outreach. The main idea, in line with the project's goal of strengthening protection systems and ensuring higher standards of mental and physical well-being, was to include people with disabilities given their dual vulnerability. While they share the socio-economic condition of poverty of the remaining project beneficiaries, they face additional challenges arising from both the lack of services and adequate support, and the stigma that society casts on them.

The goal of the activities proposed by Vento di Terra is promoting social inclusion in two ways: on the one hand, directly involving people with disabilities in spaces and activities that they would not otherwise be able to attend and frequent due to obstacles such as fear of social stigma, lack of economic means to afford transportation, lack of accessibility of physical spaces, etc.; on the other hand, by intervening, within the community, on those prejudices and stigmas that look at people with disabilities through a perspective of shame or pity, thus bringing a different message that presents disability not as a limitation, but as a different opportunity.

For this reason, VDT trained 20 women with disabilities on how to reach out to and engage both other women with disabilities and generally other members of the communities in which they live; on how to talk to them about their rights with full respect for everyone, while managing any hostile or pitying attitudes; on how to identify cases that might need support and refer them safely to those able to address these needs; and on case management principles and techniques. The training, offered by qualified staff with technical expertise and

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For this reason, VDT trained 20 women with disabilities on how to reach out to and engage both other women with disabilities and generally other members of the communities in which they live; on how to talk to them about their rights with full respect for everyone, while managing any hostile or pitying attitudes; on how to identify cases that might need support and refer them safely to those able to address these needs; and on case management principles and techniques. The training, offered by qualified staff with technical expertise and lasting two months, was conducted through a three-hour session per week for each group. The 20 women were divided into two groups to ensure greater cohesion, better coordination, and compliance with government-mandated COVID-19 prevention regulations. The peer-to-peer outreach activity lasted for 4 months, from February to May 2021.

Following the two-month training, the women, supported by two mentors, began contacting others, mostly women with disabilities, with whom they established individual plans for sharing information, opinions, and recommendations regarding the situation of people with disabilities. In this way, each woman reached no less than five other people, creating a schedule of a minimum of two sessions to a maximum of 16 sessions per person. The information sessions were designed based on the needs and interests of those reached by the initiative, and the 20 women who ran them got to practice what they learned in the two months of training.

In addition, the mentors developed an information campaign designed to raise community awareness about the importance of social inclusion based on input received from women with disabilities and other individuals they reached out to. The dissemination of the messages of the information campaign took place both through social media, and in particular through regular posts on VDT Jordan's Facebook page, and through the printing of brochures in Arabic, English and Braille.

Razan al Hrouf and Heba Abu Ghazleh, the two VdT workers responsible for coordinating the peer-to-peer outreach activity, recounted how some of the women were initially reluctant to open up and communicate with both them and the other participants in the activity. After a few sessions, however, this difficulty in opening up disappeared, and they were able to express their thoughts and opinions with increasing freedom. The way of interacting with each other has changed as well: initially there were some people with a strong character who tended to impose themselves and almost mock other participants, while with the training received and the teamwork carried out even the way of addressing them has become more moderate, while the others have acquired the strength and means to respond in a polite but assertive way. The women's communication skills have improved dramatically. Another example of the positive impact the activity had on the participants was that they developed greater self-confidence: initially they were uncertain about how to identify beneficiaries, how to engage and address them, but as the activity progressed, the women's ease and determination to do their work also increased. The operators saw them casually initiating conversations, negotiating, debating, persuading, listening, and advocating for their ideas. In a context like Jordan, where women with disabilities are doubly victims of stereotypes and prejudice, this achievement is particularly important.

Hala, one of the women involved in the training and later in the peer-to-peer outreach activities, says that disability lies in the mind, not the body. At the age of six months, an infection in her legs left her partially paralysed. In spite of the support of her family, she had to face many difficulties: starting with school, to which she was admitted only when her younger sister started attending and was able to take responsibility for assisting her during school hours. Hala, who is now 48 years old and a grandmother of three, has never been able to get paid work. Her experience with the project, which allowed her to receive a financial grant, was the first time she earned money. This made her feel proud of herself, a feeling that



her husband and children also felt because they finally saw her accomplished and happy with what she was doing. Hala decided to actively participate in the project because she was attracted to the idea of being able to train people herself after receiving the necessary knowledge and tools. The experience turned out to be very positive for her, as she was able to help other people and felt more confident about her future.

“Attending the training was a great opportunity — it allowed me to meet new people, get out of the house and pursue an activity for myself.”

So reports Sumaia, 38, who participated in the peer-to-peer outreach activity along with her two sisters. All three suffer from an inherited genetic problem that affects the lower and upper limbs and limits their mobility. For this reason, Sumaia, Kafa and Dalin often remain confined to their homes: going out causes them leg pain and general fatigue. However, the mentors always supported them in collecting their monthly compensation and in their travels, thus ensuring that they were able to get out of the house and interact with other women.

Why the action can be considered a best practice

Peer-to-peer outreach allowed women with disabilities to be advocates for the change they would like to see within society. Indeed, several good practices emerged from the organisation of this activity: on the one hand, it was an action prepared and managed by the women themselves, who, with the coordination of two mentors, structured and planned the sessions that they then held themselves; on the other hand, thanks to this approach, they were able to provide personalised messages based on the interests and needs of the people involved in the action. In other words, the activity took a community-based participatory approach, with women with disabilities building and developing the intervention alongside the other reached and involved individuals. This has also promoted women's empowerment, increasing their active participation within society and improving their socio-economic status. The fact that the women with disabilities themselves presented and promoted their rights also ensured that the shared messages were more effective and that the ownership of the activity was in the hands of the beneficiaries.

Hala, the same beneficiary mentioned above, underlined how it was fundamental to be able to structure the sessions based on the other people's interests: the fact of not imposing a standard information package, but making it derive from a sincere listening to the person's situation and needs was particularly important.

As Hala likes to remember:

“There are always challenges to face and obstacles to overcome, but everyone can find their own way and they can make it!”

Kafa, one of the three sisters who participated in the peer-to-peer outreach, would now like to work for the rights of people with disabilities and their advancement, while Dalin hopes to work at a non-governmental organisation because she says they are the only ones who have shown interest in her condition and by whom she feels recognised. The activity therefore

gave them hope, made them experience a social dimension that was previously precluded to them, making them feel recognised in the eyes of society.

“Live life as it is and love it, whatever your disability. Life is good!” (Kafa).

Sustainability of the intervention

As structured, the intervention is particularly sustainable from a social standpoint. As explained above, outreach and awareness raising activities were carried out through the active participation of people from the community itself, rather than, for example, relying on outside trainers or professionals to awareness raising services. The technical skills passed on to the 20 women with disabilities actively involved in these activities will therefore remain at the service of the community. The local partner, for example, will be able to take advantage of such people who have already been trained to carry out similar interventions, or they can carry out the same activity autonomously or within new projects. Moreover, the intervention is sustainable because, thanks to peer-to-peer outreach and awareness raising activities, it has promoted the knowledge of the rights of people with disabilities among the population involved (with disabilities and otherwise), while promoting a positive and rights-based attitude, fighting stereotypes and clichés. This attitudinal change will therefore remain also after the end of the project, and is of fundamental importance in promoting effective and lasting change.









• JORDAN and IRAQ

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