

# Jordan



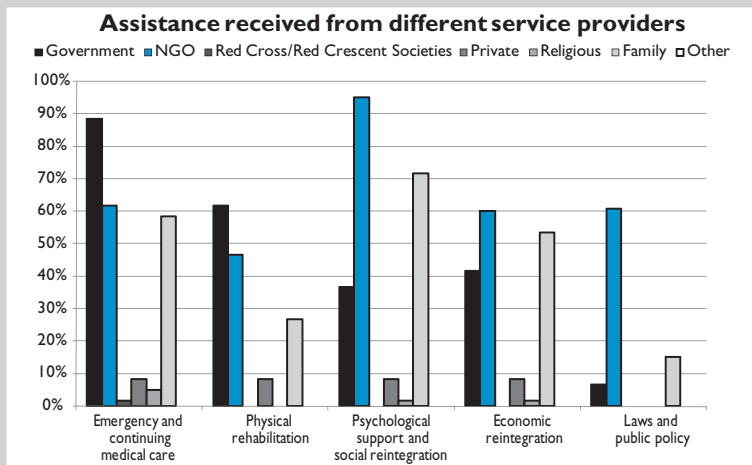
## Country indicators

- **Conflict period and mine/ERW use:** Jordan is contaminated by mines and ERW as a result of the 1948 partition of Palestine, the 1967-1969 Arab-Israeli conflict, the 1970 civil war, and the 1975 confrontation with Syria.<sup>1</sup>
- **Estimated contamination:** As of 2008, there are approximately 10.5km<sup>2</sup> of mine contamination, affecting approximately 63,000 people (10% of the population); the extent of ERW contamination is unknown.<sup>2</sup>
- **Human development index:** 86<sup>th</sup> of 179 countries, medium human development (compared to 90<sup>th</sup> of 177 in 2004).<sup>3</sup>
- **Gross national income (Atlas method):** US\$3,310 – 122<sup>nd</sup> of 210 countries/areas (compared to US\$2,161 in 2004).<sup>4</sup>
- **Unemployment rate:** 12.9% official rate, but the unofficial rate is approximately 30% (compared to 16% official rate; actual rate 25%-30% in 2004).<sup>5</sup>
- **External resources for healthcare as percentage of total expenditure:** 4.6% (compared to 4.8% in 2004).<sup>6</sup>
- **Number of healthcare professionals:** 56 per 10,000 population.<sup>7</sup>
- **UNCRPD status:** Ratified the Convention on 31 March 2008, but not its Optional Protocol, which it signed on 30 March 2007.<sup>8</sup>
- **Budget spent on disability:** National funds are allocated to the national disability strategy, but the amount is unknown.<sup>9</sup>
- **Measures of poverty and development:** Jordan is on track to reach its Millennium Development Goals, but some 13% of people lived below the poverty line. Unemployment and poverty were likely to increase with the young and rapidly growing population, the global economic slowdown, and continued dependence on foreign assistance. Since 1999, economic reform and increased exports have improved living standards. In 2007, King Abdullah instructed the government to focus on socio-economic reform, developing healthcare and housing networks, and improving the educational system.<sup>10</sup>

## VA country summary

Total mine/ERW casualties since 1949: Unknown – at least 779			
Year	Total	Killed	Injured
2004	9	0	9
2005	6	0	6
2006	9	2	7
2007	7	2	5
2008	18	6	12
<b>Grand total</b>	<b>49</b>	<b>10</b>	<b>39</b>

- **Estimated number of mine/ERW survivors:** Unknown, but at least 654.<sup>11</sup>
- **VA coordinating body/focal point:** In November 2008, the National Committee for Demining and Rehabilitation (NCDR) delegated VA coordination to the Higher Council on the Affairs of Persons with Disabilities (HCPAD) established in 2007. HCPAD has efficiently begun coordinating and integrating VA into its work.
- **VA plan:** None, but the 2007-2015 National Disability Strategy is to be revised to include mine/ERW survivors at the end of 2009.
- **VA profile:** Jordan is active in disability issues, but it was acknowledged that persons with disabilities are still among the most disadvantaged. While the NCDR made VA plans in 2005-2008, implementation lagged behind, due to a lack of national and international funding and expertise for the sector. Many organizations work on disability issues (some 200, including 44 international). Military survivors receive better services than civilians. Services have been strained due to the refugee influx from Iraq (and Palestine). Throughout 2005-2009, the healthcare system, principally run by the Royal Medical Services, was considered adequate. Basic care was free for all, but ongoing medical care was only free for those with insurance – an obstacle for survivors. As of 2007, survivor expenses were being increasingly covered on a case-by-case basis. In 2004, it was acknowledged that physical rehabilitation capacity was insufficient, equipment run-down, and services too centralized. With international support, the government started construction of two major rehabilitation centers in 2004, but these only began operations in 2007-2008. As of 2009, services were still predominantly in the capital and waiting lists long. Throughout the time period under review, psychosocial support has been left to NGOs (mostly national), who have a strong presence and cover both civilian and military survivors. Peer support groups remain rare. Some government vocational training and economic reintegration programs for



vulnerable people exist and some rehabilitation centers also provide these services, but survivors remained mainly dependent on small-scale NGO activities. Economic reintegration was seen as the main challenge in 2009, not only due the lack of systematic service provision, but also because of the attitudes of survivors, who often expect compensation only. Disability issues received high-level government and royal family support throughout 2005-2009, with Jordan developing strong legislation and being active at the national, regional and international

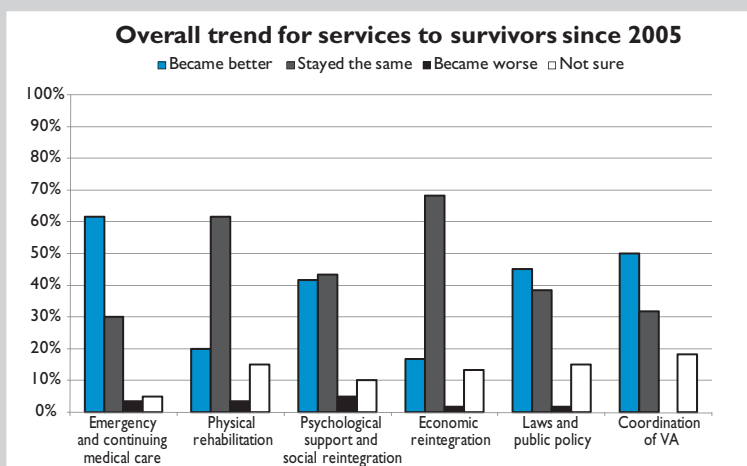
levels. Implementation has, thus far, been more challenging. The number of mine/ERW survivors who have received assistance over the past 10 years is unknown, but Jordan has reported that all known mine/ERW survivors received some form of physical rehabilitation and psychological support.<sup>12</sup>

## VA progress on the ground

### Respondent profile

By July 2009, 60 survivors had responded to a questionnaire on VA progress in Jordan since 2005: 54 were men, five were women and one was a boy. Respondents were between 17 and 75 years old, with 77% between the ages of 30 and 59. Some 83% were heads of households and 43% owned property. Most survivors (57%) lived in the capital Amman or large urban centers with services; the remainder lived in rural areas with limited or no services. Some 28% had completed the 10 years of compulsory basic education or higher (20% followed higher studies); 12% never had any schooling, while the majority had started but not completed basic education (58%). Twenty were unemployed at the time of the survey, including 12 who had lost their employment as a result of their incident. Some 67% said their income was insufficient; just 10% said it was sufficient (the remainder did not respond). A significant number of respondents were ex-military (28%) who had been injured while on duty. Most of the civilians experienced their incidents prior to 2000. This corresponds to the profile extrapolated from official casualty data, which indicates that 87% of registered casualties occurred prior to 2000, that some 81% of these were men, and that some 41% of these were military.<sup>13</sup>

### General findings



Overall, survivor responses showed progress since 2005. Half of all respondents said they received more services compared to 2005 and 47% also said the services had improved. More than 60% said the government was more involved now, while 48% said the government allocated more resources. Three-quarters of respondents felt services for female survivors were equal, and the female respondents did not respond more negatively. Most people (55%) did not know whether services for child survivors were adapted to their age level, but 25% thought this was the case "always".<sup>14</sup>

Eighty-eight percent of respondents had been surveyed by NGOs or the government three times or more during the last five years; just four people had never been surveyed. For 87% of them, the surveys resulted in more information about services, fewer difficulties with bureaucracy (68%), or more services (62%). Surprisingly, 60% also noted receiving money from people collecting the information. Nearly three-quarters of survivors (73%) said they had had the opportunity to explain their needs to government representatives at least once.

### **Emergency and continuing medical care**

Almost 62% of respondents noted healthcare had improved over the last five years, and just 3% found the situation had worsened. Similarly, 80% said survivors “always” or “mostly” receive the medical care they need. Within specific areas, improvements were found across the board: more and better health centers (83%), assistance closer to home (82%), better quality (85%) and better-trained staff. People were least satisfied with the system’s ability to carry out follow-up procedures (only 20% saw improvement), and with the rate of improvement of physical access (23%), or with the availability of supplies and medication (32%).

The overall positive assessment corresponds to the fact that Jordan has a relatively well-established health system where 90% of people live in close proximity to healthcare. Basic care is free and ongoing medical care is free for those with insurance. Disabled military are automatically insured. Since 2007, it has been reported that survivors without insurance who cannot afford follow-up treatment are covered on a case-by-case basis by NGOs, the NCDR, or the government. While the government, in May 2009, identified the need to build surgical capacity and strengthen the referral network,<sup>15</sup> this was not perceived as a major obstacle by survivors, probably because service provision has been largely adequate, despite waiting lists. Additionally, military respondents acknowledged they receive better services, which will have had an influence on these results.

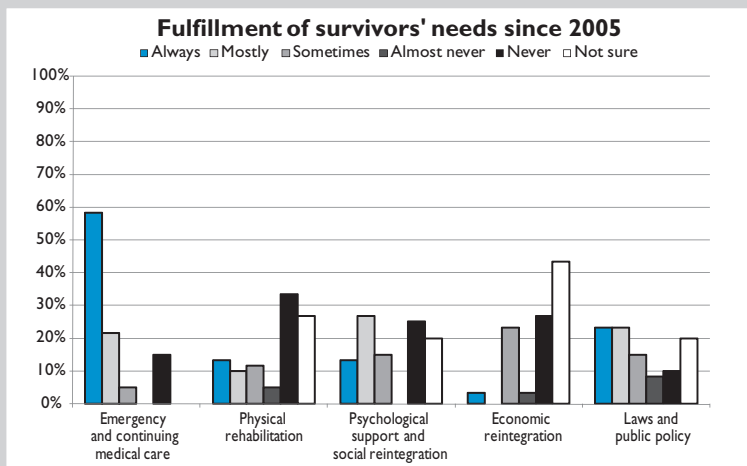
### **Physical rehabilitation**

Most survivors (62%) thought physical rehabilitation had stayed the same since 2005; 20% found it better; 3% found it worse; and the rest did not respond. However, 38% added that survivors “never” or “almost never” received the physical rehabilitation services they needed. Less than a quarter of all respondents (23%) said survivors “mostly” or “always” received the needed services. Less than half (47%) said there was increased government support for the sector. Many saw improvement in the quality of devices and of staff capacity (48%). People were least satisfied with the availability of outreach workshops for minor interventions (5%), the waiting lists (22%), the availability and proximity of services (25%).

At first glance, the survivor responses do not appear to corroborate the government reports from 2009 that all known survivors have received physical rehabilitation.<sup>16</sup> However, these negative responses likely reflect obstacles related to the centralization of services, the lack of outreach and physiotherapy, and the long waiting lists, which the government has also acknowledged. Since 2004, Jordan has aimed to increase its physical rehabilitation capacity by constructing two new centers, but these centers only became operational more than two years after their construction was completed, and did not work at full capacity from the start. The improvements noted were probably due to training initiatives undertaken since 2007 and the fact that there was sufficient basic capacity prior to that.

### **Psychological support and social reintegration**

Some 43% of respondents noted that psychological support and social reintegration remained the same compared to 2005; 42% actually said it had improved; and 5% found it worse.<sup>17</sup> One-quarter thought survivors “never” received the psychosocial support they needed, but 40% said such support was “always” or “mostly” received – a more positive result than in other countries. Most agreed there were more social workers (65%) and that



staff was better trained (62%). More importantly, they felt they were no longer seen as “charity cases” (62%); felt more empowered (60%); and thought there was less of a stigma in seeking formal counseling (57%). More than half of all respondents also felt this type of assistance was considered equally important to other services and that the quality had improved. The areas of least progress noted were the development of peer support groups and increased government support (38% each).

This overall positive response is related to a strong civil society presence in this area, with Survivor Corps’ outreach workers (previously Landmine Survivors Network Jordan) and the Hashemite Commission for Disabled Soldiers focusing on the issue. While peer-support home visits by disabled staff and these organizations are carried out, few peer-support groups have yet been established.<sup>18</sup> The government has not been able to provide, develop, or support a nationally sustainable peer-support program and acknowledged this in 2009.<sup>19</sup>

### Economic reintegration

Just 17% of survivors identified progress in economic reintegration since 2005, while 68% said it remained the same.<sup>20</sup> Just 3% said survivors “always” receive the economic reintegration they need, but 27% said this was “never” the case (3% “almost never”, and 23% “sometimes”).<sup>21</sup> The most progress was perceived in attitudes towards persons with disabilities: 58% found that educational and professional discrimination had decreased. However, at the practical level, most respondents saw neither increased employment (72%), nor educational opportunities (58%), nor increased job placement (65%). They did not find it easier to get bank loans and did not think employment quotas were better-enforced (58%). Of those answering the question, 96% thought unemployment was so high that survivors were the last to be chosen for a job (12 people did not answer).

This negative response corresponds to the government assessment that there are only “minimal systematic approaches to economic empowerment after a landmine injury.”<sup>22</sup> While some vocational training and financial support is provided by the government, most economic reintegration activities are small-scale and carried out by NGOs. High general unemployment and non-implementation of employment quotas are further obstacles.<sup>23</sup> The government said it “realized” this was the area in which survivors have had “the least support.”<sup>24</sup> When asked about their VA priorities for the next five years, most survivors included economic reintegration as a priority.

### Laws and public policy

Nearly 50% of respondents said the rights of survivors were “always” or “mostly” respected and 45% believed their rights situation had improved since 2005; 38% said it had stayed the same. Just 18% thought survivors “never” or “almost never” enjoyed equal rights. More than half thought disability rights were a government priority. Most survivors agreed discrimination had decreased (67%) and awareness about survivors (67%) and persons with disabilities (63%) had increased. Other major progress points were: increased inclusion in policy-making and VA implementation, and less use of negative terms (65% each). However, less than half of all respondents saw an improvement in the actual enforcement of legislation (45%).

This overall positive picture confirms the active, high-level involvement of the government and the Jordanian royal family on disability issues both nationally and internationally. In 2007, Jordan developed and approved strong rights-based disability legislation and a subsequent national disability strategy. It has a disability focal body with resources and capacity. Jordan also ratified the UNCRPD, has a chair on the convention's monitoring committee, and hosted a regional discussion already in 2005 on the implementation of the (then-proposed) UNCRPD. Jordan has also acknowledged the need for better law enforcement. Survivors from Jordan have been present at international meetings throughout 2005-2009.

When asked how they would respond if survivors in Jordan were to say their situation had stayed the same over the last five years, a government representative correctly assessed that the overall response would not be negative. The representative said improvements had been made not only because the number of survivors is relatively limited, but also because of political will from the royal family, the government and a strong civil society presence. The main challenge, according to the representative, is economic reintegration, as no clear plan is in place. The persistence of charitable views among service providers and survivors' expectations that compensation alone will be provided are also factors in this challenge.

## VA process achievements

Year	Form J with VA	ISC VA statement	MSP VA statement	VA expert	Survivor on delegation
2005	NO	NO	NO	NO	NO
2006	NO	NO	NO	NO	NO
2007	NO	NO	NO	NO	YES
2008	NO	YES	YES	YES	NO
2009	NO	YES	N/A	YES	YES

Jordan declared its responsibility for significant numbers of survivors in November 2007 and was included in the group of 26 states with significant numbers of survivors and the greatest responsibility to act but also the greatest needs and expectations for assistance in June 2008.<sup>25</sup> It stated that while the total numbers of casualties “may not compare highly on a global scale, they are significant when measured against the size of the population.”<sup>26</sup> One government representative noted that Jordan put itself on the so-called VA26 list because high-placed authorities found VA was the weakest mine action component.

Like the other countries, Jordan has committed to define its own SMART objectives, develop plans to achieve these objectives, implement the plans, and monitor and report regularly on progress.<sup>27</sup> Since Jordan only joined the VA26 in mid-2008, its timeframe for working with the tools provided by the co-chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration has been shorter than for the 24 other countries which have been in the process since 2005.<sup>28</sup> As of August 2009, Jordan had not yet presented SMART objectives or a VA/disability plan under the VA26 process, but was scheduled to do so at the end of 2009.

Jordan has always expressed the need to address the plight of survivors. The NCDR has had a VA steering committee since 2004, including government and NGO stakeholders. In the same year, Jordan identified the need for a national VA program. Steps would include the creation of a survivor registry and the development of a comprehensive plan with measures to improve access to and affordability of physical rehabilitation; to develop vocational training; and to provide financial assistance or micro-credit.<sup>29</sup> Subsequently, VA was included in Jordan's National Mine Action Plan 2005-2009 and budgeted at US\$1.325 million.<sup>30</sup> The NCDR also developed a separate draft VA action plan in 2007, but never finalized it. The draft included: developing and mainstreaming VA capacity for long-term sustainability; unifying and verifying casualty data; issuing “victim cards” and recording assistance provided; and ensuring assistance to all survivors under NCDR coordination.<sup>31</sup>

Progress has been made on data collection, partly due to the 2006-2007 Landmine Retrofit Survey initiated for other mine action purposes.<sup>32</sup> Furthermore, progress has been made in increasing the number of physical rehabilitation centers – albeit only in the capital and with delays – and in facilitating access to medical and rehabilitation services to the poor. No progress was made on the much-needed economic reintegration. The reasons most frequently cited were a lack of funds, more pressing mine action priorities, and a lack of NCDR VA capacity. Even though the NCDR has employed a VA officer since 2005, and even though this post was even filled by a mine survivor for a short time, the position changed hands regularly and was filled more often than not by people without VA expertise (including during 2007-2009). While stakeholder coordination has improved since 2005, the linkage to the rapidly-developing disability sector remained insufficient until late 2008.

The only real impetus for change came when the NCDR decided to start mainstreaming VA and to delegate VA coordination to HCAPD in November 2008. The HCAPD, a body with a relatively strong mandate presided over by Prince Raad, develops and monitors disability policy and standards, provides training and awareness, and supports the cost of some services. While one government representative said it had taken HCAPD some convincing to take on VA as a specific issue, by 2009, a VA steering committee had been formed at HCAPD that includes all stakeholders. The HCAPD also recruited several staff members with significant experience working specifically on VA.

Within this framework, Jordan will not develop separate VA strategies, but will take advantage of the advances in the broader disability sector. VA will be mainstreamed into the National Disability Strategy 2007-2015 and into other relevant strategies which will address and include VA-specific issues as needed. It is hoped that consultations on VA will also contribute to the review of the national strategy and highlight weaknesses that otherwise might have been missed.

Survivors from Jordan have been actively involved at Mine Ban Treaty meetings, usually as part of civil society delegations. Survivor responses indicate that this does not always seem to have been the case nationally, as only 55% said the needs of survivors were taken into account when developing VA priorities, only 43% said they were involved in the development of VA plans, and only 35% said they were included in coordination meetings. The survey response even overstates actual participation, as most or almost all of the survivors were members or staff of the main NGOs working on VA.

An HCAPD representative said Jordan expected increased international support as a result of becoming one of the 26 priority countries. However, the representative also added that progress was just as much a question of political mandate and continued national interest. As of 2009, VA was still considered the weakest mine action component. With sustained effort and support, this is expected to change and to result in a mutually reinforcing process for both VA and the national disability strategy.

# Conclusions

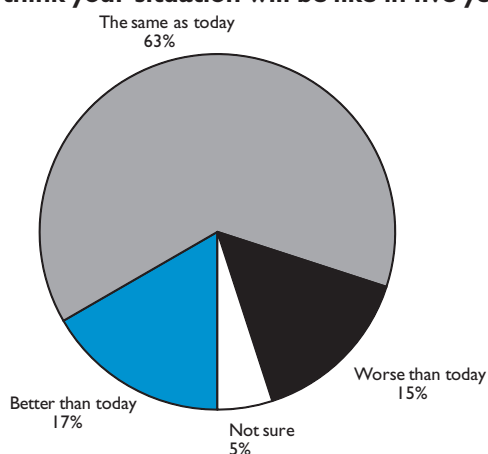
- Adequately functioning state systems have ensured the provision of basic medical and physical rehabilitation services, resulting in most survivors receiving services but not always being satisfied with their quality or proximity.
- Due to the relatively small scale of the problem, NGOs and government providers have been able to ensure adequate coverage.
- Economic reintegration opportunities are crucially lacking, as is the perception that survivors are productive members of society (including among survivors themselves).
- The HCAPD is the most appropriate focal point for VA, but the NCDR has been crucial in gathering sufficient data and attention to enable the mainstreaming of VA into the disability sector so it could benefit from the advances made there.

# Suggestions for the way forward

When asked how they saw their situation in five years: 15% thought it would get worse, 63% thought it would remain the same, and 17% thought it would be better (5% did not answer). To assist in a better future ahead, the following suggestions may be taken into account:

- Ensure continued synergy with the broader disability sector, including the revision of the national disability plan addressing the rights and needs of survivors.
- Look at cost-effective measures to ensure decentralization of physical rehabilitation services and/or increase rehabilitation capacity at regional hospitals.
- Equalize benefits and quality of care for both civilian and military disabled persons.

## What do you think your situation will be like in five years?



- Invest in economic reintegration by expanding services, creating a formal service provision network, training service providers, and raising awareness about survivors as productive contributors to society.
- Increase involvement of survivors in the development, implementation and monitoring of disability policy and awareness raising.



*Kamel Saadi performing in the mine/ERW risk education play*  
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### **In their own words...**

If countries really cared about survivors they would:

- Create jobs in parliament for survivors.
- Enforce all laws related to persons with disabilities.
- Secure the needs of all persons with disabilities.
- Deliver justice to survivors.
- Realistically assess the needs of survivors.
- Provide comprehensive rehabilitation.
- Accept our rights and provide social integration.
- Pay compensation, provide a decent life, and provide follow-up care.
- Our country would cooperate with Europe to help survivors.
- Just give [survivors] financial compensation (repeated more than 20 times).
- Jordan should show more interest in survivors and in the region.
- Provide similar care as in Europe.
- End discrimination.

### **In their own words...**

The main priority for VA in the next five years is:

- Housing and a monthly income.
- Financial support.
- Economic empowerment.
- Integration into the labor market.
- Compensation for survivors.
- Providing survivors with a decent livelihood so they do not feel inferior.
- Passing a new law for the disabled.
- Tax exemptions for upper-limb prosthetics.
- Assessing the financial needs of survivors.
- Micro-credit to start projects.
- Everything in this questionnaire.
- Opening centers for prosthetics training.

### **In their own words...**

Survivors described themselves as: optimistic, active, conscientious, sociable, ambitious, grateful to God, wronged, tired, believers, miserable, perseverant, cheerful, honest, steadfast, believing in progress, heroic, great, disabled men, strugglers, patients, sporty, smart, dynamic.

## **In his own words: the life experience of Kamel Saadi**

In 1979, Kamel was 14 when he lost his left leg below the knee as he stepped on a landmine during a family outing. He spent two and a half months as the youngest patient in the Officers' Wing at the King Hussein Medical City. He subsequently required three corrective surgeries, the last in 1985. Because of his experience, Kamel decided to halt his computer science studies and switched to studying Prosthetic Technology (in Pittsburgh, PA, USA).

When Kamel returned to Jordan in 1988, he decided to dedicate himself to the rehabilitation of others with disabilities and to help them meet not only their medical but also their social needs and to regain self-esteem. In 1996, he decided to work on landmine issues, joined ICBL, and also supported survivors and raised awareness independently. Kamel has since worked on VA for NGOs and the government. He also founded Life Line Consultancy & Rehabilitation (LLCR) in 2007 to raise awareness of the dangers of mines/ERW and advocate for the rights of survivors. LLCR tours schools in mine-affected areas performing an interactive play as part of risk education.

He noted that most survivors have not yet been given what they deserve, which is a chance to participate in decision-making. He says, "The time has come to ask them about their own individual needs, and to respond with efforts, not with words alone. Their desires have long been simple; to be acknowledged is what they mainly need."