Leave no one behind: adolescents with disabilities in Jordan

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The Sustainable Development Goals (SDGs), committed to leaving no one behind, include targets for people with disabilities on access to education (SDG 4), decent work (SDG 8), and reducing inequalities (SDG 10). The GAGE research sample explicitly includes young people with disabilities[1] so that we can help build the evidence base on the hardest-to-reach adolescents. Our findings in Jordan underscore the importance of strengthening outreach to ensure that the needs and capacities of the most vulnerable young people–especially refugees with intersecting vulnerabilities–are recognised and addressed through policy, services and programmes.

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GAGE research findings

Compared to their peers without disabilities, adolescents with disabilities are:

82% more likely to have had a **serious health condition** in the last year

77% more likely to have been **hungry** in the last month (due to the higher costs associated with caring for children with disabilities, which leaves less money for food).

Their access to quality education is also compromised. Although our survey found that–n our sample[2]–school enrolment rates did not vary between adolescents with and without disabilities, our qualitative work highlighted the many physical and social barriers that prevent adolescents with disabilities accessing and continuing in school, especially those with more severe impairments. As a 13-year-old Syrian refugee girl with a mobility impairment explained:

> ***My aspiration is to go to school, but I scarcely leave the building … It is hard for my mother to carry me down the stairs … I can only look at the other children out the window.' Parents of children with disabilities reported that it was their own perseverance that drives relatively high enrolment rates. As a Jordanian mother, with a 13-year-old son who is blind and a 10-year-old daughter who is deaf and blind, explained: 'Even after the school confirmed that she is capable, the Ministry of Education refused to register her … So, I sat on the floor in the middle of the Ministry and told them I am not leaving ….***

Our survey also found that on the whole adolescents with disabilities have poorer learning outcomes than their peers without disabilities. Only 33% can read a simple story or subtract (versus 48% and 41% respectively for those without disabilities). Our qualitative findings reinforced survey results and highlighted that outside of the capital city, access to specialised educational services (e.g. tuition in sign language of braille) is limited.

[1] Our Jordan sampled included 417 adolescents with disabilities without assistive devices (10.2%) and 707 (17.4%) including adolescents with assistive devices such as eye glasses. Disability is defined using questions from the Washington Group and includes difficulty in six core functional domains (seeing, hearing, walking, self-care, cognition, and communication).

[2] UNESCO (2018) reports that in Jordan in 2013, 99.5% of young people age 15-29 with no disability had ever attended school. Among young people with disability, the comparable figure was 89.2%. (http://uis.unesco.org/sites/default/files/documents/ip49-education-disability-2018-en.pdf)

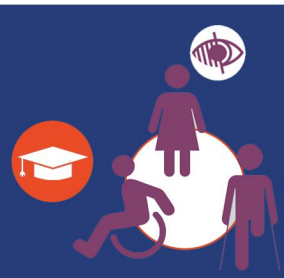
Due to the pervasive stigma that surrounds disability—which leaves them simultaneously more socially isolated and at 32% higher risk of bullying-- adolescents with disabilities are 71% more likely to report psychological distress. Our survey found that even virtual opportunities are more restricted, as adolescents with disabilities are 17% less likely to have access to a mobile phone (and the internet) than adolescents without disabilities. Girls with disabilities are particularly isolated due to restrictive gender norms. As a 19-year-old Syrian girl from Irbid, who is blind, lamented:

'It's now been a year since we even left the apartment … The life for girls who are blind is unimaginably restrictive!'

Makani programme effects

Few of the adolescents with disabilities included in our sample had ever participated in UNICEF Jordan's integrated Makani centres. That said, we found evidence that the programme can be transformational—even though it is not designed to provide therapeutic services. For example, a key informant from Save the Children Jordan (SCJ) working in a host community observed that a Makani facilitator *'spent over a year with a child who has a speech disability so that the boy now speaks, you can understand 90% of what he says'*. However, most Makani staff felt that the programme is too poorly financially resourced to reach children with even milder disabilites at scale, and that because children with disabilities are often hidden at home – they need more active outreach to get to these children. They also oberved that few centres are adquately physically adapted and that staff training is limited. As a facilitator from a host community noted, *'I can also unconsciously some way hurt [children with disabilities] because I don't have the required experience'*.

Programme recommendations



Invest at a national level in more specialised education and learning services for adolescents with disabilities, especially outside of the capital in more vulnerable communities.

Invest in adapting infrastructure and curriculum—and boosting staff capacity—so as to improve Makani centres' ability to serve children with disabilities.

Scale up active outreach to parents of adolescents with disabilities – especially among refugee communities – and ensure that adolescents are enrolled in schools that are appropriate to their specific impairment. Also expand awareness among parents about extra-curricular activities and safe spaces that their children—especially girls—could access to mix with peers to tackle social isolation.

Invest in tailored social protection initiatives for families with children with disabilities so that there is adequate weighting for the specific challenges they face (e.g. costs of transport, medication, assistive devices, etc.).

Invest in innovative ways to link young people with disabilities to technology and cost-effective assistive devices (e.g. voice recognition software for adolescents with visual impairments) to reduce their social isolation.

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