Policy Brief
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A young student with a physical disability, studying English literature at university © Marcel Saleh/GAGE 2025

Young people with disabilities in Jordan: findings from GAGE Endline Research

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Introduction

The past decade has seen marked improvements in terms of global commitments to the inclusion of people with disabilities, as evidenced in the Sustainable Development Goals (SDGs) and in the 2018 United Nations (UN)-wide Disability Inclusion Strategy, which calls for sustainable and transformative progress on disability inclusion. In line with these commitments, the UN High Commissioner for Refugees (UNHCR) launched a new Age, Gender and Diversity Policy in 2018 (UNHCR, 2019), calling for greater attention to the inclusion of people with disabilities in all aspects of UNHCR's work in contexts of forced displacement. This increased international attention to disability-inclusive development has been mirrored in Jordan, notably through the 2017 Law on the Rights of Persons with Disabilities (which prohibited discrimination, and mandated reasonable accommodations and efforts to ensure participation in decision-making), and the establishment of the Higher Council for the Rights of Persons with Disabilities (a cross-sectoral body responsible for formulating policies and overseeing their implementation in line with the 2017 Law).

This growing policy and programmatic attention notwithstanding, there is very limited evidence about the development and well-being outcomes of young people living with disabilities in Jordan (Handicap International, 2014; Odeh et al., 2021; Pincock et al., 2023). As UNICEF has highlighted, however, there are nearly 240 million children globally (approximately 1 in 10) with a disability (UNICEF, 2021), 21 million of whom live in the Middle East and North Africa (MENA) region (UNICEF, 2022).

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It is therefore critical to understand the experiences of those children and young people with disabilities so that policies and programmes can be tailored to respond more effectively to their intersecting needs, in line with the 2006 UN Convention on the Rights of Persons with Disabilities.

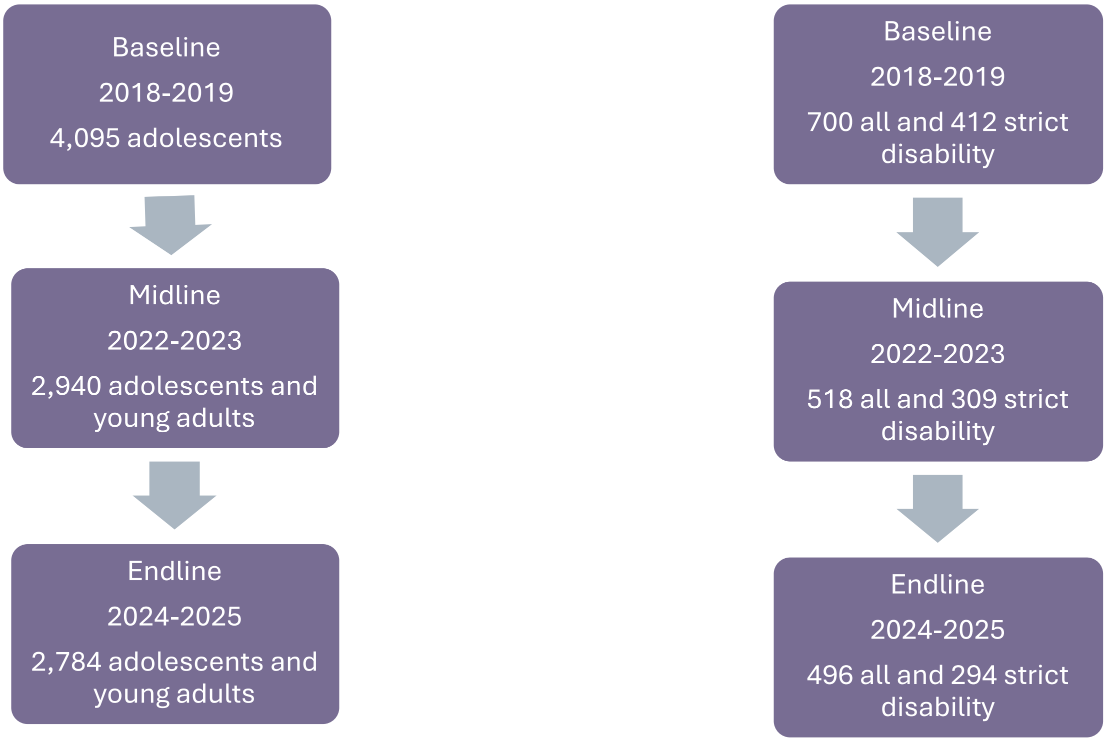
Accordingly, this policy brief explores the development and well-being outcomes of young people with disabilities, with a focus on i) education and learning, ii) food security, nutrition and health, iii) psychosocial well-being and iv) freedom from violence and bodily integrity. The brief concludes with priority recommendations for action.

> The boys would lock him in the classroom, and he would be on his chair, and then tries to reach the door crawling, and they would laugh at him, trying to get out of the classroom crawling.
>
> (A Syrian mother whose son has a mobility impairment)

Methods and sample

This policy brief draws on longitudinal, mixed-methods data collected by the Gender and Adolescence: Global Evidence (GAGE) programme in Jordan in 2024 and 2025, following up on two earlier rounds of research, at baseline (2018–2019) and midline (2022–2023). At baseline, the quantitative sample included adolescents from marginalised households across two cohorts (aged 10–12 years and 15–17 years, averaging 11.3 and 16.1 years respectively), with purposeful oversampling of adolescents with disabilities. The endline sample surveyed a total of 2,914 participants. Nearly three-quarters (72%) are Syrian refugees (2,021); just over half (51%) have lived in host communities consistently since baseline (1,031), approximately 26% have lived in refugee camps (Zaatari or Azraq) run by UNHCR, and 14% (293) have lived in informal tented settlements at any point since baseline. The remainder of the endline sample are Jordanians (425), Palestinians living in Jerash refugee camp who (as ex-Gazans) lack Jordanian citizenship and its attendant benefits (273), and a small group of individuals (23) that identified as another nationality (denoted 'other', which includes Iraqi and Egyptian respondents).

Figure 1: Timeline of GAGE longitudinal research in Jordan, with the distribution of the original baseline sample



Approximately one-sixth of young people in our quantitative sample have any functional disability[1] (479). Among those, 284 report having functional difficulties even if they have an assistive device (such as glasses, hearing aids, or a mobility device). The majority of the 206 young people in the qualitative sample were selected from the larger quantitative sample, deliberately oversampling the most disadvantaged individuals in order to capture the voices of those at risk of being 'left behind'. The qualitative sample also included 84 caregivers (almost all parents) and 24 key informants (government officials, community and religious leaders, and service providers).

Table 1: Endline quantitative sample of young people with disabilities by nationality, gender and type of disability

	Overall	Females	Males	Jordanians	Syrians	Palestinians
Strict disability	294	155	139	52	212	26
All disability	496	273	223	90	356	40
Type of disability*						
Strict seeing disability	60	31	29	10	41	8
Difficulty seeing or wears lenses	251	145	106	49	174	23
Strict hearing disability	22	12	10	3	15	2
Difficulty hearing or wears hearing aid	71	38	33	9	54	4
Strict walking disability	65	33	32	9	54	1
Difficulty walking or has walking aid	65	33	32	9	54	1
Difficulty with self care	29	19	10	6	21	1
Difficulty remembering or concentrating	153	85	68	34	103	15
Difficulty in communicating	53	31	22	7	42	1

Table 2: Endline qualitative sample of young people with disabilities by nationality, gender and type of disability

Type of disability		Syrian camp	Syrian ITS	Syrian host	Jordanian	Palestinian	Total
Hearing	Female	1	1	2	3	2	16
	Male	0	0	4	3	0	
Visual	Female	2	2	0	3	2	19
	Male	6	0	2	1	1	
Physical	Female	1	1	3	1	1	15
	Male	4	0	1	2	1	
Speech	Female	0	0	0	0	0	1
	Male	0	0	1	0	0	
Learning	Female	0	0	0	0	0	1
	Male	1	0	0	0	0	
Total		15	4	13	13	7	52

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[1] Determined by using the Washington Group on Disability Statistics Short Set on Functioning Questionnaire, which was filled out by caregivers at baseline: www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/

Key findings

Education and learning outcomes

The GAGE endline survey found that young people with disabilities have significantly lower learning outcomes than their peers without disabilities. They are 9–10 percentage points less likely to be able to read at the 2nd grade level (61% versus 70%) and to be able to do subtraction with borrowing (51% versus 61%) (see Figure 2).

Capturing young males' broader disadvantage compared to young females, the gap between peers without a disability is larger for females (11 percentage points for reading and 15 percentage points for maths) than it is for young males (7 percentage points for reading and 5 percentage points for maths). (also see Figure 2).

During qualitative interviews, respondents reported that young people with disabilities all too often do not receive the individualised learning support they need to thrive. In most cases, respondents noted that this is due to benign neglect (however see also Box 1). Some highlighted the role of overcrowding; teachers just do not have the time to focus on individual students, even those with special needs. A Palestinian mother stated of her son, who has multiple disabilities, '*He needs a teacher who will give him extra care. That's impossible to apply since there were 40 students… This caused his academic performance to lower… That affected his reading and writing skills.*' Other respondents noted that teachers and schools are not equipped to deliver the adapted education (including in sign language) that some students require. A 17-year-old Jordanian girl with a hearing impairment explained, '*No one uses sign language… The students talked, the teachers talked, and I never understood anything.*'

A minority of respondents reported that teachers are actively dismissive, or even hostile, to the learning needs of students with disabilities. A Palestinian mother whose son went blind in early adolescence stated that he had dropped out because teachers refused to accommodate his needs: '*They don't want him to just listen… The school asked him to write, and he can't do that. We sent them reports… The boy doesn't see, the boy only hears and memorises.*' A Jordanian mother, whose daughter has a severe hearing impairment, reported that one of her daughter's teachers had even questioned the child's right to an inclusive education, saying, '*Honestly, the teacher frustrated me… She called me on the phone, she said B* [the daughter]*… doesn't understand me. I don't know who allowed her to be integrated.*'

Most respondents agreed that young people with disabilities are regularly passed through to the next grade

Box 1: Progress towards ensuring inclusive education for young people in Jordan

The Government of Jordan has signalled a strong commitment to strengthening inclusive education for young people with disabilities through the launch of the 2025 National Framework for Inclusion and Diversity in Education. Developed in partnership with UNESCO, the Framework provides guidance for creating an inclusive education system within available resource parameters. In line with these commitments, the government and its development partners have undertaken a range of measures to address the disability education gap whereby as of 2019 79% of all children with disabilities were out of school. Efforts have included supporting 4,000 children with disabilities to fully integrate into 85 public schools. These children attend regular classes, as well as receiving additional learning support. Over 1,600 Ministry of Education teachers have been trained to deliver inclusive education services inside public schools and two model inclusive schools - designed and equipped so that every student, no matter their ability, can learn together – have been opened (UNICEF, 2019).

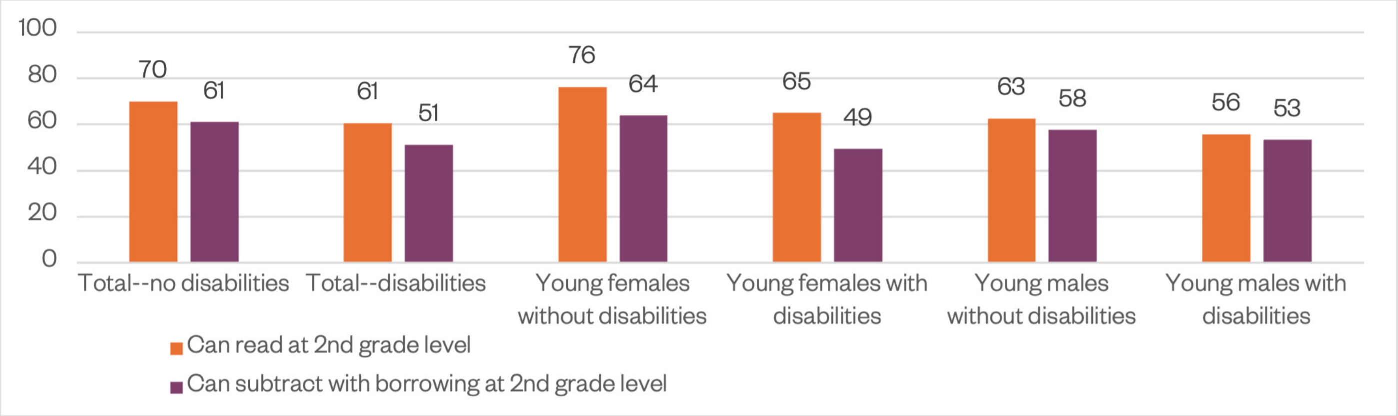
Moreover, the GAGE longitudinal study's findings indicate that public schools are showing a growing readiness to provide an inclusive learning environment that is more accepting of diverse abilities and needs. Educators are increasingly making efforts to enable students with disabilities to participate fully in learning, despite the limited available resources. For example, a Syrian refugee young man aged 19 years with a visual impairment from Zataari refugee camp who had dropped out of school in 9th grade noted that: '*The teachers treated me very well. They understood my situation and supported me.'*

Interviews also revealed that awareness of the right to inclusive education is increasing among teachers and school administrators. The culture of accepting students with disabilities and promoting their academic and social presence within schools has become more established over time, including through adapting school infrastructure. A 21 year old Syrian young man with a conflict-acquired physical disability from Irbid governorate explained that: 'Once I came to the school, I swear to God that the headmaster said automatically: "*I will make the class down on the ground floor for him." Basically, the school was prepared*'.

Some young people also noted that some teachers were adapting activities to suit students' abilities in line with principles of inclusive education. A 15-year-old Jordanian girl with a visual impairment from Mafraq who had completed Grade 6 noted that *"The environment was good… I started to understand, started to memorise the alphabets and write in braille".* Similarly a 17 year old Palestinian adolescent boy with a hearing impairment living in Jerash refugee camp who had completed Grade 8 appreciated his teacher's support in gaining access to an assistive device: *'The teacher helped me to get a hearing aid'.*

Overall, these findings suggest positive steps towards realising the Ministry of Education's vision to support all students irrespective of disability to have equal equal opportunities to learn, grow, and participate in school life.

Figure 2: Learning outcomes, by disability status (and gender)



regardless of whether they have mastered content. A Palestinian mother whose daughter has a hearing impairment stated, '*When she reached the 5th grade she had barely understood about 1st and 2nd grade.*' A Jordanian mother similarly stated of her son, who has a vision impairment, '*For the subjects he couldn't pass, they would automatically move him forward.*'

Although the survey did not find that young people with disabilities were less likely to be enrolled than their peers without disabilities, qualitative research suggests this is primarily due to the heroic efforts of parents and young people themselves. Young people with mobility impairments (and their caregivers) spoke often of poorly adapted school buildings and how these necessitate difficult trade-offs. A 21-year-old Syrian young man with a mobility impairment, who enrolled in 6th grade at the age of 15 after finally finding a school that could accommodate his needs, stated, '*Go to any school, you will not find any school that is prepared and adapted for people with disability.*' A Jordanian mother, whose son has a mobility impairment, noted that while the school built a ramp to allow him to access the building, they were unable to adapt other facilities: '*The school was good, they treated him well but the school environment wasn't good for him... He never used the bathroom or the wash basin, because their bathrooms aren't suitable for him.*'

Food security, nutrition and health outcomes

The endline survey found that young people with disabilities are significantly disadvantaged in myriad ways compared to their peers without disabilities. They are, for example, more likely to live in households (HHs) that are severely food insecure (41% versus 29%), and more likely to report having been hungry in the past month (38% versus 25%) (see Figure 3). They are also more likely to report that they have had a serious health condition (20% versus 12%) or injury (12% versus 8%) in the past year, and less likely to report that they are in good physical health (65% versus 76%). Compared to their peers without disabilities, young people with disabilities are also more likely to report that they must pay out of pocket for health care (74% versus 65%) and that cost is a big problem in accessing care (53% versus 40%). Many of the gender patterns evident in the broader sample are also evident in the disability sample, highlighting intersecting disadvantages. For example, compared to young males with disabilities, young females with disabilities were significantly less likely to have consumed animal or plant protein in the day prior to the survey (68% versus 82%) and to report being in good health (58% versus 72%) (see Figure 3).

Participants in qualitative research reported that young people's disabilities are primarily the result of consanguinity and injury, which, for many Syrians, was the result of conflict. Those with hereditary disabilities were generally aware that marrying cousins (an entrenched cultural tradition) makes this more common, but noted that marriage partners rarely have significant say in decisions about who they marry. A Jordanian mother whose two children inherited severe muscular dystrophy reported that her daughter had asked, before she died of the disease, '*Was it necessary for you to marry your cousin*?'

Young people with disabilities, and their caregivers, reported that disability can be very expensive. In some cases, this is because those with disabilities require special diets and home health supplies, such as disposable incontinence products. In other cases, this is because they need expensive equipment, such as braille machines, and specialist care. In most cases, these supplies and treatment costs must be paid for out of pocket. A 19-year-old Syrian young man, whose leg was amputated due to a war injury, reported: '*I buy crutches. When one breaks, it's a problem for me. They cost 14 lira.*' A Palestinian mother, whose 16-year-old son has a physical impairment, similarly stated, '*He takes physio*[therapy] *at the centre for people with disabilities... Treatment is on us, there's no free treatmen*t.' Despite Jordanians' better access to health care, citizens also reported that disability-related care is usually paid for out of pocket. A Jordanian mother, whose son has a hearing impairment, said of his hearing aids, '*We pay... and there are no subsidies.*'

Figure 3: Health indicators (by disability status)

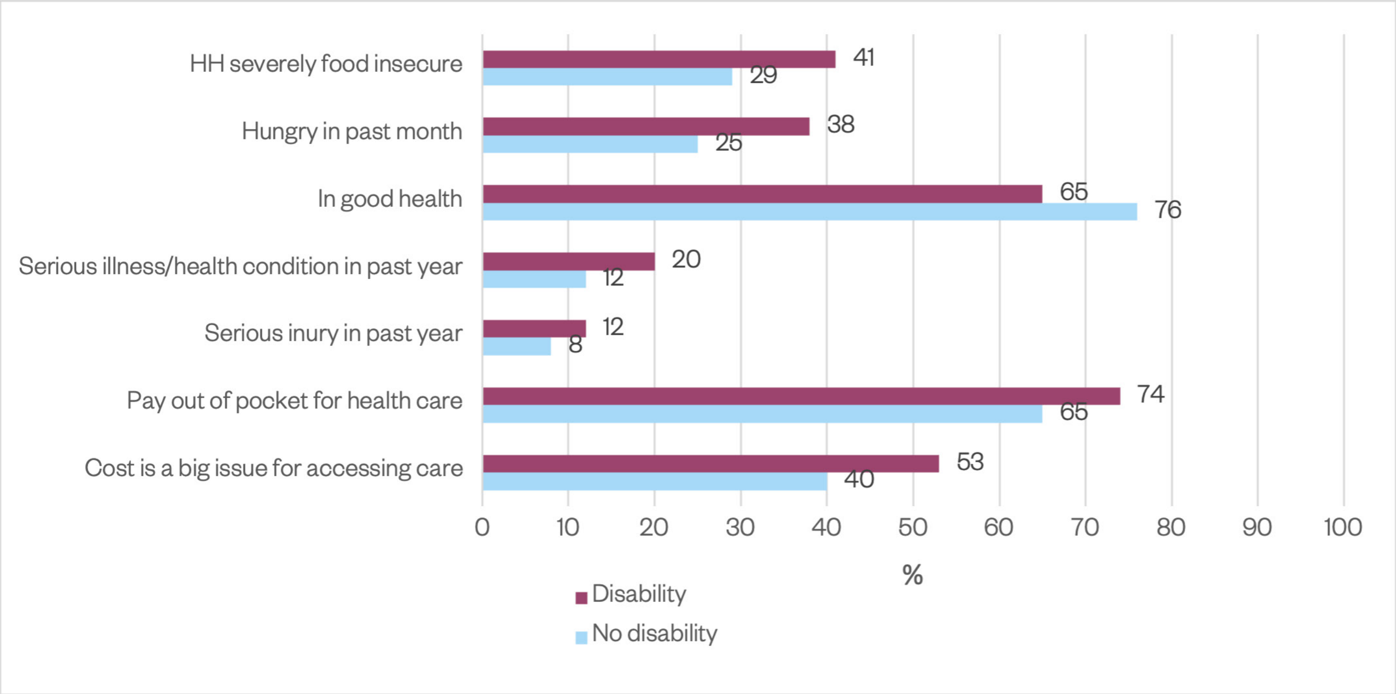
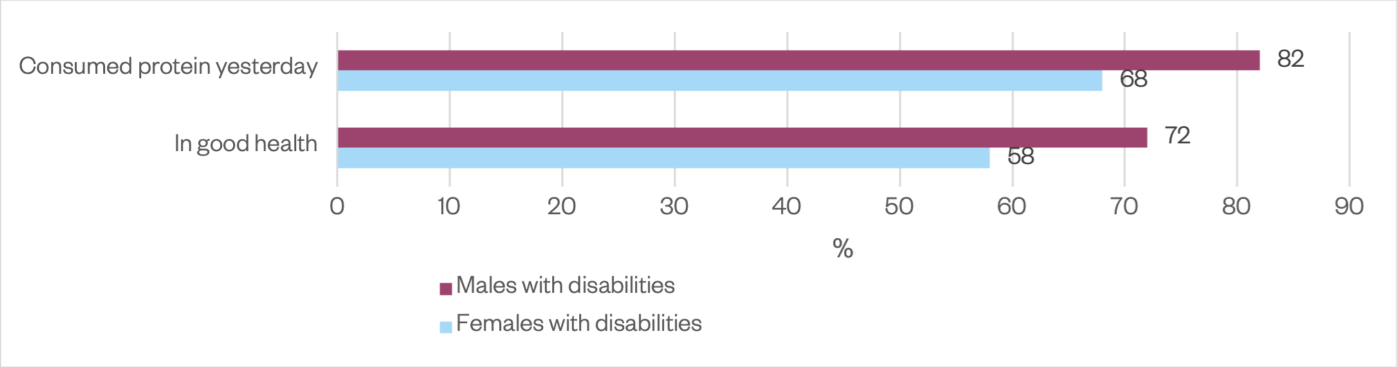


Figure 4: Health indicators, for young people with disabilities (by gender)

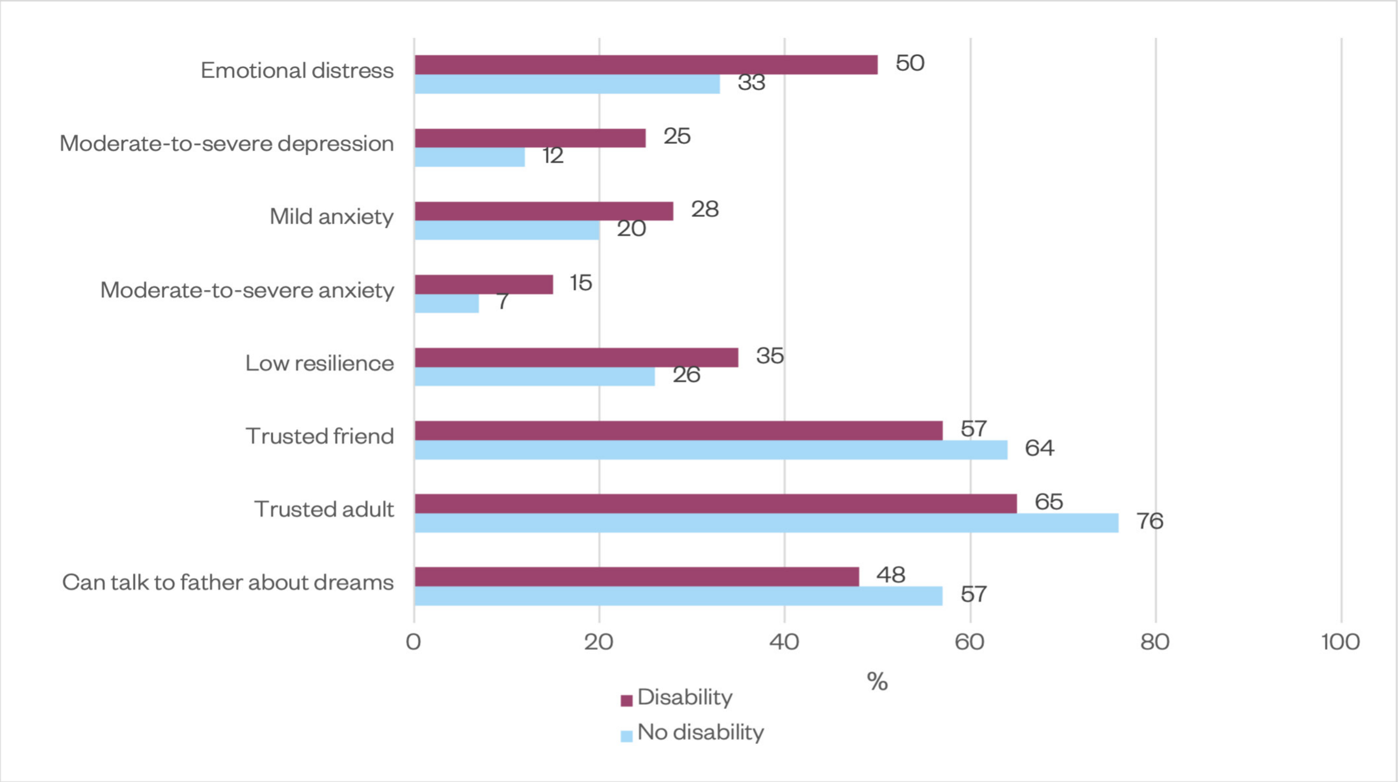


Key informants noted that support for people with disabilities has largely evaporated in recent years, as budgets of non-governmental organisations (NGOs) that used to provide support have been slashed. One key informant listed the organisations that had recently closed due to the general decline in international aid going to Syrian refugees in Jordan:

> *Noor Al Hussein Foundation was providing support to the disabled but the centre was closed. There was a project to distribute hearing aids and glasses to the disabled but this project was stopped. There are no wheelchairs. There was also a Spanish organisation that supported people with special needs and the Holy Land Association also provided support to the disabled, but it was closed.*

Respondents emphasised that the added cost of disability means two things for families, given that most already experience economic precarity. In many cases, young people simply forgo the equipment and treatment they need. A Syrian mother living in Zaatari camp reported that she cannot afford batteries for her children's hearing aids, stating that, '*One hearing aid is 150* [Jordanian dinar]*... Mercy Corps has stopped, they no longer give us batteries for hearing aids... I have two children, where can I get them from?*' A 22-year-old Syrian young man living in Azraq camp, who is nearly blind and needs a cornea transplant, stated that there is no way for him to access the care he needs: '*The doctor said I should be treated outside, but how can I go abroad?*' In other cases – and with the caveat that most of the adolescents in GAGE's disability sample were selected from the beneficiary rolls of disability-focused NGOs, meaning that caregivers are invested in helping their children with disabilities to thrive – families cut back on all other expenses to ensure that their children's disability-related needs were (better) met. A Palestinian key informant explained, '*Disability itself is costly and therefore families who have children with disabilities have a very poor economic situation... All of these affect the quality of food.*'

Figure 5: Psychosocial well-being indicators (by disability status)



Psychosocial well-being

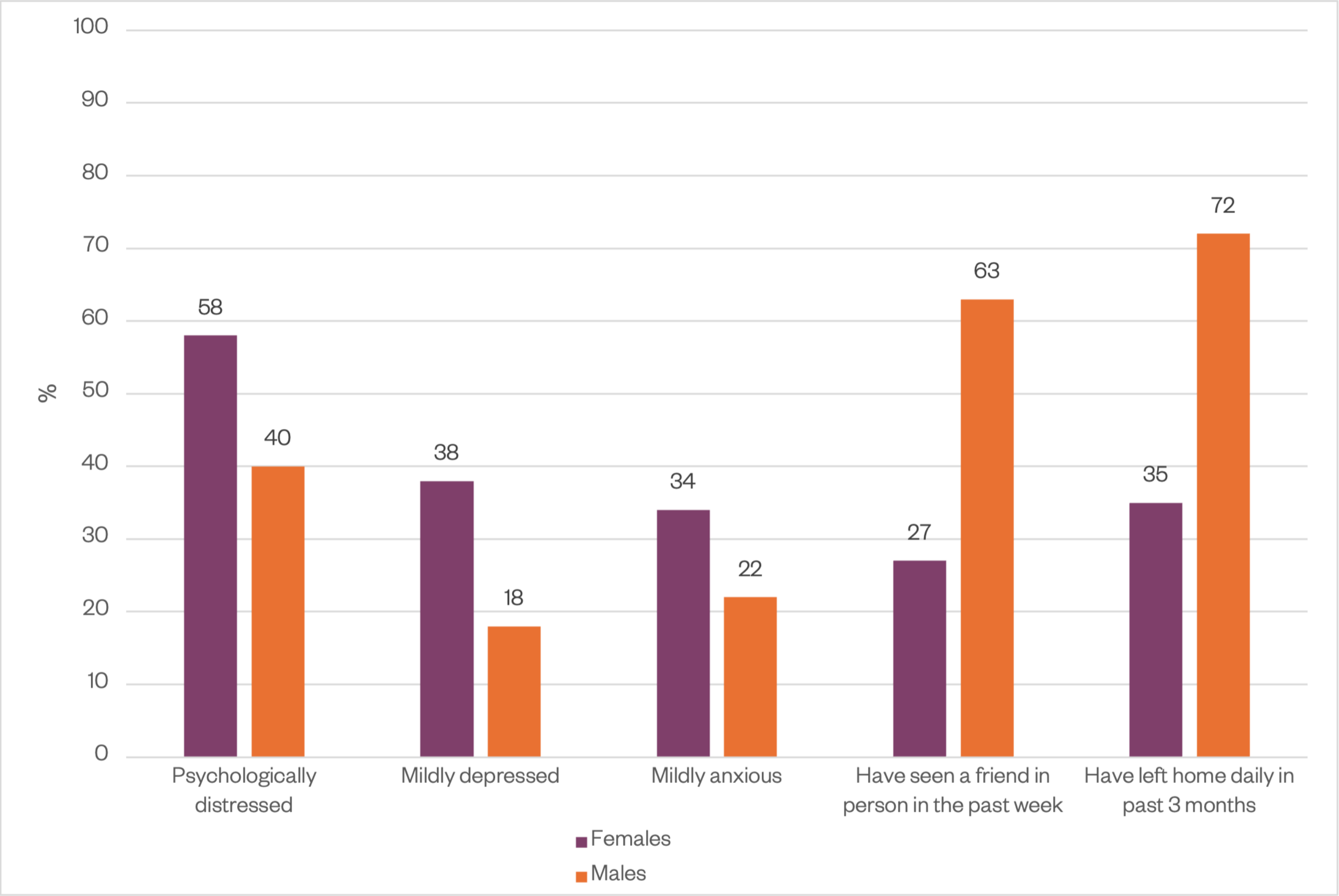
GAGE's endline research, like the baseline and midline research, found that disability increases young people's risk of adverse psychosocial well-being. It also limits their access to social support. Using the General Health Questionnaire-12 (GHQ-12) screening tool, young people with disabilities were 17 percentage points more likely than their peers without disabilities to report symptoms of emotional distress (see Figure 5). They were also more than twice as likely to report symptoms of moderate-to-severe depression (25% versus 12%, using the Patient Health Questionnaire-9, PHQ-9) and moderate-to-severe anxiety (15% versus 7%, using the Generalised Anxiety Disorder-7, GAD-7 scale). The survey also found that young people with disabilities were more likely than their peers without disabilities to have low resilience (35% versus 26%, using the Child and Youth Resilience Measure, CYRM). This is primarily because those with disabilities have more limited access to the supportive relationships that help young people thrive. At endline, young people with disabilities were less likely to have a trusted friend (57% versus 64%) or a trusted adult (65% versus 76%). In addition, while there were no differences in whether they could talk to their mother about their dreams and aspirations for the future, young people with disabilities were less likely than their peers without disabilities to be able to talk to their father about those aspirations (48% versus 57%).

For girls and young women with disabilities, disability-related stigma and gender norms interact to amplify the risk of emotional distress and social isolation (see Figure 6). For example, compared to their male peers, young females with disabilities were 18 percentage points more likely to have symptoms of psychological distress (on the GHQ-12), 20 percentage points more likely to have symptoms of mild depression (using the PHQ-9), and 12 percentage points more likely to have symptoms of mild anxiety (using the GAD-7). They were also less than half as likely to have seen a friend in person in the past week (27% versus 63%) – largely driven by the fact that they are half as likely to have left home on a daily basis in the past three months (35% versus 72%).

During qualitative interviews, respondents underscored that the added burden of distress, depression and anxiety experienced by young people with disabilities is due to the fact that many are socially isolated from, and indeed actively bullied by, their peers. A 16-year-old Syrian girl with a mobility impairment explained that she used to have friends when she was a child and 'didn't understand much', but has no friends now because 'they [the girl's peers] started making fun of me when I walked'. However, young people's narratives about exclusion and bullying paled compared to their parents' narratives of their children's experiences. A Jordanian mother stated that other students avoid interacting with her daughter, who has a speech and hearing impairment:

> *Girls don't accept her, they don't accept her to join their outings, their side conversations, as friends, because she has difficulty in pronunciation and understanding speech, so they avoid her, and she gets very upset…*

Figure 6: Psychosocial well-being indicators for young people with disabilities (by gender)

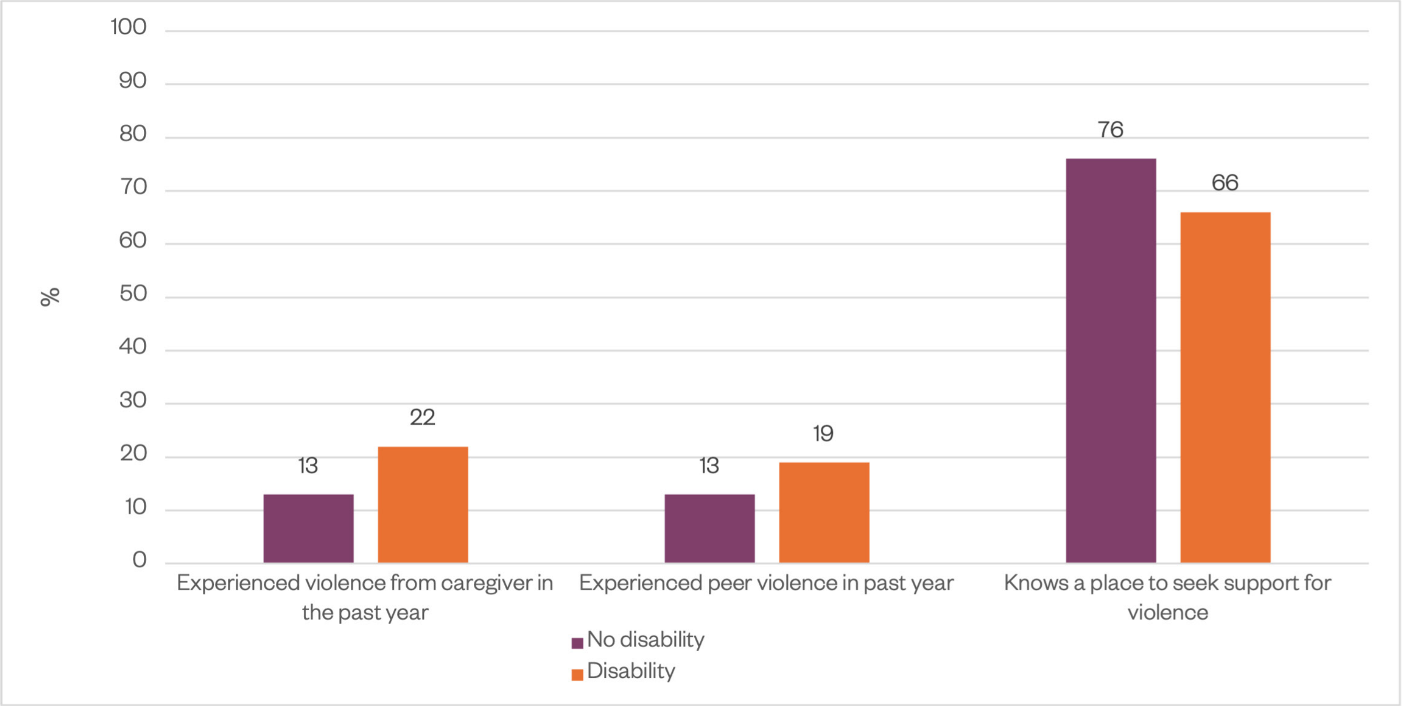


Several respondents reported that caregivers' treatment of young people with disabilities also contributes to their emotional distress. Key informants noted that because disability is highly stigmatised in Jordanian society, parents often see children with disabilities 'as an extra burden on the family… and don't pay attention to these children'. Indeed, one key informant reported that children with disabilities are sometimes still hidden at home, to protect the family's reputation. A 25-year-old Jordanian young man with a vision impairment agreed that those with disabilities are disadvantaged both inside and outside the home, and added that even well-meaning, educated parents often do harm because they do not see children with disabilities as capable:

> *They* [families] *ignore the disabled people… it affects their personalities… He is denied socially, inside and outside the house. He has no place… It could be deliberate or non-deliberate. Deliberate, when the parents are educated, but they don't want him to participate due to the lack of faith in his capabilities. Non-deliberate is due to lack of education.*

GAGE endline findings also show that as young people with disabilities age, they are more likely to retreat into family spaces. In part, this is because young people are ageing out of school and of organised recreational activities. This is partly because disability-focused programming has not recovered from Covid-19 shutdowns and has been further affected by the wider recent decline in overseas aid. It is also, however, because caregivers are actively trying to mitigate exclusion and bullying by allowing – and even encouraging – their children with disabilities (especially girl children) to stay home. A Syrian mother whose daughter has a hearing impairment acknowledged this tension. After first stating that she does not treat this daughter any differently from her other children, she then admitted, '*One must be a little compassionate towards her*.' Although the reasons for young people's retreat into family spaces vary, a 19-year-old Jordanian young man with cerebral palsy noted that the end result is the same, stating that: '*I feel lonely*.'

Figure 7: Disability and violence



Bodily integrity

The endline survey found that young people with disabilities are at elevated risk of several types of violence compared to their peers without disabilities. They are also less likely to know where to seek help should they experience violence. For example, 22% of young people with disabilities reported experiencing violence from a caregiver or other adult in the home in the past year, compared to 13% of those without disabilities (see Figure 7). Young people with disabilities were also more likely than their peers without disabilities to have experienced peer violence in the past year (19% versus 13%). Disability also shapes options for reporting. Only two-thirds (66%) of young people with disabilities reported knowing where they might seek support if they are experiencing violence, compared to three-quarters (76%) of those without disabilities.

During qualitative interviews, young people with disabilities did not speak of violence at the hands of caregivers. They did, however, discuss frequent bullying by peers, especially at school. Most young people with disabilities reported that they are verbally taunted due to their disability. An 18-year-old Syrian young man with a vision impairment recalled, *'The other boys started calling me "four eyes" and things like that.'* Other young people with disabilities reported being physically abused by their peers. A 16-year-old Jordanian girl with a hearing impairment noted that boys tend to bear the brunt of this: '*If I were a boy, the situation would be worse… There is too much bullying among them.*'

Mothers were especially forthcoming about the violence their sons endure from peers. A Syrian mother, whose son has a mobility impairment, reported, '*The boys would lock him in the classroom, and he would be on his chair, and then tries to reach the door crawling, and they would laugh at him, trying to get out of the classroom crawling.*' Although a few young people with disabilities noted that their teachers had successfully stemmed (at least in the short term) verbal and physical violence from peers, most reported that the stigma against disability remains strong and that teachers' efforts have limited impact. Some young people with disabilities, as well as their caregivers, also noted that they are reluctant to report violence, due to the stigma surrounding disability. A 20-year-old Syrian young man with a hearing disability concluded: '*Society is disabled* [wrong] *and does not accept… people with disabilities.*'

An adolescent girl with a physical disability
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Conclusions and policy implications

To avoid adolescents with disabilities being further disadvantaged, young people with disabilities need to be considered as a priority cohort in terms of efforts to fast-track progress towards the SDGs in the remaining half decade before 2030. Only through intentional action will it be possible to address the inequitable opportunities that many young people with disabilities have faced. Such action is needed to secure better health, education, psychosocial and bodily integrity trajectories for young people with disabilities and achieve the international community's collective global commitment to 'leave no one behind' in line with the Sustainable Development Agenda. The GAGE longitudinal findings point to the following key policy and programming priorities to help improve outcomes for young people with disabilities:

To improve the **education and learning outcomes of young people with disabilities:**

- Improve access to social protection for households with young persons with disabilities so as to tackle poverty as a barrier to educational access, and to cover additional costs that adolescents with disabilities may incur, including transportation and the purchase and maintenance of assistive devices.
- Prioritise training for teachers in inclusive pedagogical skills so as to improve the quality of education for young people.
- Pay particular attention to addressing the intersecting disadvantages that adolescent girls with disabilities face in their learning, given that the gap with their non-disabled peers is particularly significant (e.g. through peer mentoring, additional tuition classes, anti-discrimination and stigma awareness-raising among students).
- Invest in awareness-raising in civic education classes at schools about the rights of persons with disabilities, and promote peer solidarity to tackle discrimination and stigma.
- Increase access to modern technologies, online education and computer skills (with attention paid to cyber bullying and cyber crimes).


A 16-year-old Syrian girl with cerebral atrophy © Nathalie Bertrams/GAGE 2025

To improve the **food security, nutrition and health outcomes** of young people with disabilities:

- Ensure adequate social protection coverage and benefit levels for households caring for members with a disability given their greater risk of food insecurity, and ensure that benefit levels take account of the added health-related costs associated with many disabilities.
- Continue to raise awareness about the disability risks related to consanguineous unions, including in premarital counselling sessions, health clinics, mosques, and media campaigns.
- Raise awareness of parents and adolescents with disabilities about services and support available, especially for those in remote areas, such as via leaflets at schools, radio announcements with toll-free helplines..

To improve the **psychosocial well-being outcomes** of young people with disabilities:

- Improve access to social protection to reduce household stress levels, proactively targeting young people with disabilities and setting benefit levels to reflect added disability-related costs as necessary.
- Provide parents with stress-reduction programming (either stand-alone or as part of parenting education courses) that includes attention to how the demands of caring for young people with disabilities impact parents' own stress levels and stress reactions. Ensure that parents of young people with disabilities, who are often under extreme stress, are actively included in this programming.
- Invest in adolescent empowerment programming that uses proactive outreach to young people with disabilities and makes reasonable accommodations so that they are able to participate and have access to peer networks.
- Introduce the idea of systematic and focused volunteering to increase experience, integration in society, and linking with universities to empower youth more – both among persons with disabilities as well as in supporting persons with disabilities.

> The doctor said I should be treated outside, but how can I go abroad.
>
> (Syrian young man, living in Azraq camp)

To support the **safety and bodily integrity** of young people with disabilities:

- Provide teachers with regular training on how to control classrooms using non-violent discipline strategies, and include a component on inclusion, integration and non-discrimination toward young people with disabilities.
- Continue and scale up programming for young people in community centres with the aim of reducing disability-related stigma. Programming should proactively address all forms of violence in the community and ensure that young people know how to avoid, reduce and report violence. Given that the police are increasingly respected, including officers in programming might work to encourage reporting.
- Use mass media and social media campaigns to publicise the national violence hotline and encourage those adolescents and young people who are experiencing violence at home to seek help, including young people with disabilities. Ensure that responders have training in disability-specific bodily integrity risks.
- Mainstream evacuation and safety training in case of emergency in schools, especially for people with disabilities.

To improve **cross-sectoral cooperation** on strengthening policies to improve intersecting outcomes for persons with disabilities:

- Involve persons with disabilities in policy formulation processes to ensure policies and programmes reflect their perspectives and priorities
- Strengthen focus on role of social workers, in order to determine the paths of social work (especially after the issuance of the decision of the "Profession Practice Law").
- Activate accountability mechanisms at all levels
- Build a network of communication to handle the concerns and entities involved in adopting the results and effects of the study with approved data.

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An adolescent girl with down syndrome, Gaza camp, Jordan © Marcel Saleh/GAGE 2025

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