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Promoción y protección de todos los derechos humanos, civiles, políticos, económicos, sociales y culturales, incluido el derecho al desarrollo

Visita a Jordania

Informe del Relator Especial sobre los derechos de las personas con discapacidad, Gerard Quinn**

Resumen

El Relator Especial sobre los derechos de las personas con discapacidad, Gerard Quinn, realizó una visita a Jordania del 5 al 15 de septiembre de 2022. En su informe, destaca los progresos alcanzados en la promoción y protección de los derechos de las personas con discapacidad en las leyes, políticas y programas nacionales a la luz de la Convención sobre los Derechos de las Personas con Discapacidad, hace hincapié en las deficiencias existentes y los ámbitos en que se podría mejorar, y formula recomendaciones con miras a reforzar las iniciativas del Gobierno para garantizar la no discriminación y la inclusión de todas las personas con discapacidad.

* Publicado nuevamente por razones técnicas el 6 de marzo de 2023.

** El resumen del presente informe se distribuye en todos los idiomas oficiales. El informe propiamente dicho, que figura en el anexo, se distribuye únicamente en el idioma en que se presentó y en árabe.



Annex

Report of the Special Rapporteur on the rights of persons with disabilities, Gerard Quinn, on his visit to Jordan

I. Introduction

1. The Special Rapporteur on the rights of persons with disabilities visited Jordan, at the invitation of the Government, from 5 to 15 September 2022. He met with representatives of the Ministry of Foreign Affairs and Expatriates, the Ministry of Social Development, the Higher Council on the Rights of Persons with Disabilities, the Ministry of Labour, the Ministry of Health, including Al-Bashir Hospital, the Jordanian Armed Forces and the Hashemite Commission for Disabled Soldiers, the Ministry of Education, the Ministry of Justice and the Judicial Council, the Independent Election Commission, the Ministry of Youth, the Jordan Paralympic Committee, the Greater Amman Municipality and the Public Security Directorate, and with members of the House of Representatives. He also met with organizations of persons with disabilities and heard the stories of women, men, boys and girls with disabilities. The Special Rapporteur travelled to Amman and to El Karak Governorate, and visited the Jerash and Za'atari refugee camps.

2. The Special Rapporteur would like to express his sincere gratitude to the Government of Jordan for its invitation and cooperation during the visit. He appreciates the fact that he was able to meet with high-level representatives of the executive, judicial and legislative branches. He is grateful to the United Nations Resident Coordinator and all United Nations offices and agencies that extended their support throughout the visit. The Special Rapporteur particularly thanks all the persons with disabilities who shared their situations, concerns, and desire for change, including children and young people with disabilities, women with disabilities and refugees with disabilities, and their families. He remains available to provide any technical assistance that the Government may require in implementing the recommendations contained in the present report.

3. Jordan has a population of approximately 10.5 million. The median age is 23.8 years. Jordan ranked 102nd out of 191 countries on the 2021/22 human development index. The country's human development index value of 0.720 puts it in the high human development category.

4. Jordan hosts 760,000 refugees and asylum-seekers registered with the Office of the United Nations High Commissioner for Refugees (UNHCR). Of those refugees, 674,148 are from the Syrian Arab Republic, ranking Jordan as the number two host of Syrian refugees per capita globally.¹

5. People are the main asset of Jordan, and the country aspires to become a knowledge-based economy. This aim has the potential to produce high dividends for many persons with disabilities. It places an accent on developing human capabilities for the good of all – something particularly important for persons with disabilities.

II. The process of change

A. Law as an engine of change

6. Jordan was an early supporter of the process that led to the adoption of the Convention on the Rights of Persons with Disabilities. Jordan signed the Convention on the day that it opened for signature, 30 March 2007. Ratification soon followed, on 31 March 2008. Jordan signed the Optional Protocol to the Convention on 30 March 2007 but has yet to ratify it. The

¹ Office of the United Nations High Commissioner for Refugees, Registered persons of concern: refugees and asylum-seekers in Jordan, available at <https://data.unhcr.org/en/documents/download/91504>.

role of Jordan in supporting the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction is well known and highly appreciated.

7. On 28 June 2013, Jordan signed the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled (adopted within the World Intellectual Property Organization). It ratified the treaty in 2018. This treaty – which liberalizes electronic access to written books and documents for visually impaired readers – has tremendous potential to facilitate the growth of inclusive education in Jordan.

8. Jordan submitted its initial report to the Committee on the Rights of Persons with Disabilities on 3 October 2012.² In its concluding observations of 15 May 2017, the Committee noted positive steps towards the explicit prohibition of discrimination on the basis of disability, and efforts to promote the human rights-based approach to disability in the national media.³ It noted a number of areas of concern and provided recommendations to remedy those areas.

9. The Working Group on the Universal Periodic Review issued its report on Jordan in 2021. It included a number of recommendations and conclusions on the rights of persons with disabilities.⁴ These included calls to further implement provisions of the Rights of Persons with Disabilities Act, of 2017, to improve living standards and living conditions for persons with disabilities, to increase the accessibility of public facilities and modes of transport, to promote the participation of persons with disabilities in the labour market by amending legislation and creating accessible work environments, to prevent violence, abuse and neglect of persons with psychosocial disabilities and mental health conditions, to continue to improve the social inclusion of persons with disabilities, and to implement the national plan to integrate persons with disabilities into educational institutions by allocating the necessary budget for the plan. This is a useful reference document for assessing the direction of change in Jordan.

10. Recent amendments to the Constitution of Jordan support a major cultural shift towards the human rights model of disability. An amendment to article 6 (5) of the Constitution reinforces the right of persons with disabilities to participate and be included in all aspects of life. The amendment to article 75 removed the terms “insane or imbecile”, and instead refers to “full legal capacity” in respect of the requirements for candidacy to serve as a representative or senator. Gaps do remain. These amendments still leave in place the possibility of excluding persons with psychosocial and intellectual disabilities and mental health conditions from holding public office.

11. Jordan has undertaken extensive law reform to harmonize domestic legislation with the commitments set out in the Convention, and this process continues. The Law on the Rights of Persons with Disabilities, of 2017, is a pioneering piece of legislation for Jordan and indeed a landmark for the region. The explicit prohibition of discrimination on the basis of disability, together with the incorporation of the duty to provide “reasonable accommodation”, is particularly important. As has been shown throughout the world, the concept of “reasonable accommodation” is a key driver of change and bears further development and clarification in Jordanian law. The Government should be encouraged, as a next step, to assist the process of change by developing clear and detailed guidance on the duty to provide “reasonable accommodation”. This would provide essential guidance for employers and educational authorities, among others.

12. The establishment of an Equal Opportunities Committee under the 2017 law is a promising development. The legislation does not appear to clarify whether remedies are available to those who file complaints to this Committee. Complaints are only, at this juncture, accepted for cases concerning employment discrimination. Also unclear is whether organizations of persons with disabilities are aware of, and provide legal assistance to, claimants under this mechanism, and whether legal aid centres and lawyers more generally

² CRPD/C/JOR/1.

³ CRPD/C/JOR/CO/1.

⁴ A/HRC/40/10.

are aware of the process and are making use of it. Anecdotal evidence suggests that persons with disabilities who are precariously employed are reluctant to pursue claims of discrimination for fear of victimization.

13. Also notable is the National Building Law (Law No. 7 of 1993), which provides that the accessibility of buildings for persons with disabilities must be taken into consideration when designing the built environment. This law also touches on making buildings accessible for individuals with visual and hearing impairments, and establishes minimum requirements for accessibility by persons with disabilities to public buildings when refurbishing or retrofitting these buildings. The Government might consider strengthening the oversight mechanism to ensure full realization of such laws.

14. The Convention applies to all persons within any particular jurisdiction. Consideration should be given to expanding the protective embrace of the 2017 law to include all persons with disabilities in Jordan. This would extend at least some minimal level of legal protection to refugees with disabilities, and might enable them to obtain national identification and gain access to much-needed medical and rehabilitation support as well as access to broader economic opportunities.

B. Shifting the cultural paradigm around disability and combating stigma

15. Law – even good law – may not sink deep roots unless its underlying predicates – rights, not charity – are constantly reinforced. Article 8 of the Convention, on awareness-raising, explicitly calls for such campaigns to be carried out by States parties to sensitize the population at large to the rights of persons with disabilities.

16. The direct impact of stigma was a recurrent theme during conversations with persons with disabilities across Jordan. In particular, young people with disabilities described how the negative perception of disability affected them and their families. For instance, a young person in the Za’atari refugee camp who has a limb impairment engaged with the Special Rapporteur. She had been able to receive a much-needed prosthetic hand, which, though not of high quality, had altogether transformed her own self-perception and her willingness to attend school and engage more in her community. Small investments can make a world of difference.

17. By contrast, in the Southern Valley of Jordan, the Special Rapporteur encountered a young girl with a limb impairment who endures constant bullying on the way to school. Bullying and harassment of young persons with disabilities was also a common theme throughout the Special Rapporteur’s contact with school-aged children in refugee camps and in urban communities of refugees. Clearly, the culture shift underpinning the 2017 law must be reinforced.

C. Institutional architecture for change

18. In 2007, Jordan established the Higher Council for the Affairs of Persons with Disabilities, which was subsequently renamed the Higher Council on the Rights of Persons with Disabilities. It serves as a disability policy lead and coordination mechanism and a transmission belt allowing the fresh breeze of a human rights-based approach to disability into internal law and policy debates. The Higher Council represents an important step forward in the process of change.

19. The engagement of the Higher Council with organizations of persons with disabilities is welcome, and clearly developing. While the changed policy landscape presents many opportunities for organizations of persons with disabilities, it also represents some challenges. It changes the centre of gravity of conversations, which should now be focused on understanding the tangible meaning of the human rights-based approach to disability. In a way, this calls for new skills on the part of organizations of persons with disabilities – to co-create blueprints and solutions for change. The Higher Council, as a policy and coordination body, looks for inputs from civil society. Organizations of persons with disabilities are creatively adjusting to the new remit of the Higher Council and adapting their

engagement strategies accordingly, away from service provision to policy advocacy. The Higher Council bears primary responsibility for ensuring that it has a robust system of consultation and that it brings organizations of persons with disabilities along as it charts the way for change. Donors have a crucial role to play in supporting and strengthening the law and policy advocacy roles of organizations of persons with disabilities, especially through their peer-to-peer support.

20. Engagement by Parliament in the relevant disability reform debates is welcome. The Special Rapporteur discerned a keen interest by Parliament in the implementation of the Convention and in related disability law reform. There is an opportunity to follow the lead of other States and establish a dedicated parliamentary committee focused on the rights of persons with disabilities and the implementation of the Convention.

21. One piece of the puzzle seemingly absent in Jordan is input from universities and research institutes to contribute to the process of change. There is a great need for stimulating teaching and research on disability and human rights – including the teaching of disability rights law and policy – at Jordanian universities. This could provide a research platform to work collaboratively with civil society to critique law and policy and to make practical suggestions for change. Certainly, the capacity in the university sector seems to be there, and there is no absence of international partners to assist.

22. Jordan has not yet designated or established a framework containing one or more independent mechanisms to monitor its implementation of the Convention (as is required under article 33 (2) of the Convention). This gap has likewise been noted by the Committee on the Rights of Persons with Disabilities.

D. Data collection as a precondition for rational policy choices

23. Data is not an end in itself – it is a vital precondition for rational policymaking. Current data on disability suggest a population of persons with disabilities of some 11.2 per cent, according to the 2015 national census. This is likely an underestimation, given estimates of at least 15 per cent disability prevalence by the World Health Organization (WHO).

24. The calls to improve data and data collection on disability should be given close attention. The use of questions formulated and tested by the Washington Group on Disability Statistics, including the short set and the Washington Group/UNICEF Module on Child Functioning, is of particular importance. These tools are essential in order to monitor implementation of the Convention and the Sustainable Development Goals with international comparability.

25. Key information gaps remain, including data on refugees with disabilities which is woefully missing, including in data collected by donors serving refugees. Many of the government ministries that the Special Rapporteur visited noted lack of disability data as being a key challenge to effective implementation and inclusion of persons with disabilities in everything from education to labour. More must be done by all stakeholders to address this gap.

26. However, the current absence of granular data should not hold back programmes and initiatives to advance disability inclusion. They can and should move forward on the assumption that 15 per cent of the population are individuals with disabilities and that universal design and accessibility therefore need to be included in all projects, regardless of the unavailability of data. This is also a major concern for humanitarian organizations.

III. Some key policy domains and challenges

27. Inclusion is not an abstract idea – it must be put to work in practical policy domains. It is always a work in progress. What follows are non-exhaustive findings on the need for change across important policy domains.

A. Legal capacity: personhood

28. Personhood is the bedrock of the Convention, and means restoring voice, choice and control to persons with disabilities over their own lives – as human subjects and not objects. Reform here is both practically and symbolically important.

29. In Jordan, persons with intellectual and psychosocial disabilities may still be denied their legal capacity to make decisions for themselves. This is the effect of the Personal Status Law, particularly articles 204 and 212. Unfortunately, it is not known how many persons are directly affected by court-ordered incapacity declarations. This gap was highlighted by the Committee on the Rights of Persons with Disabilities and is a suggested priority for reform.⁵

30. This has tangible impacts across a broad range of domains, including the right to vote. This situation undercuts important work by the Higher Council and the Independent Election Commission to advance the political rights of persons with disabilities and to combat persistent stigma, especially in relation to persons with intellectual and psychosocial disabilities.

31. The Special Rapporteur acknowledges that this is a sensitive area of law reform in Jordan, especially given the dual nature of the legal system. Nonetheless, change can and should happen to respect the autonomy and personhood of persons with disabilities. The Special Rapporteur encourages all parties engaged in this sensitive area of law reform to reassess traditional approaches and to align more closely with the international consensus away from guardianship regimes.

B. Living independently and being included in the community

32. Every human being needs a place they can call “home” – a place that reflects and holds their personhood and connects them to the community. The move to deinstitutionalize persons with disabilities and the accompanying strategy to achieve this goal is critical. Long-term, this requires changes in how services are designed and delivered to make community living a viable option. Jordan can learn from many countries that have gone down this path, Italy among them.

33. The primary objective of the National Strategy for the Deinstitutionalization of Persons with Disabilities in Jordan (2018) is to ensure that the required systems and services exist to allow persons with disabilities “to live within families, family-type placements, or supported independent living alternatives that respect their rights”. The Government is seeking, over a period of ten years, to guarantee that all universal services are inclusive of persons with disabilities, to redirect the resources used for residential institutions to community-based solutions and to develop a society in which persons with disabilities are included and respected. Jordan is to be highly commended for this initiative.

34. Currently, many support services and programmes are run by non-profit organizations, with limited funding and guidance from the national Government. This limits access to different forms of support (including income support, home support, and respite centres) and produces lengthy waiting times. While some pilot projects have shown the potential to transform service provision (e.g. the initiatives to provide personalized direct funding), the overall identification, systematization and scaling-up of such initiatives is a challenge. Gaps in social protection and family support mechanisms perpetuate cycles of poverty and exclusion. This is a work in progress which needs continued impetus.

35. The Government is currently considering a recommendation by the Public Sector Service Commission for residential institutions to be placed under the Ministry of Health rather than the Ministry of Social Development. If adopted, this would be a major step backwards, and it bears reconsideration. It seems obvious, but bears repeating, that the vast majority of persons with disabilities are not sick.

⁵ CRPD/C/JOR/CO/1, paras. 25–26.

C. Inclusive education

36. Inclusive education is the key to unlocking human potential. The future economic success of Jordan as an aspiring knowledge-based economy literally depends on it. The gaps that exist are a huge economic loss for everyone.

37. The Law on the Rights of Persons with Disabilities, of 2017, explicitly prohibits exclusion from education on the basis of disability (art. 17 (a)). This is commendable, and warrants effective implementation with the allocation of sufficient funding and reporting and monitoring mechanisms. As highlighted in the Ten-year Strategy for Inclusive Education (launched in January 2020), the 2015 national census indicated that 79 per cent of children with disabilities received no education. Those who are in school are often in segregated schools, or are in mainstream schools but without the range of support they require to succeed. Many parents reported that their school-age children with disabilities were excluded from the mainstream on the basis of being “too disabled”.

38. The Ten-year Strategy for Inclusive Education seeks “to establish a culture of commitment to the education of all students, including students with disabilities in mainstream schools”. The Strategy directly addresses common misconceptions regarding inclusive education, in order to shift the cultural mindset. This prioritization is welcome, as inclusive education not only empowers persons with disabilities but also serves to break down stereotypes. There remain concerns with the speed at which progress is being made. Sufficient financial resources should be allocated within the budget of the Ministry of Education to advance the Strategy each year.

39. The barriers that prevent persons with disabilities from receiving a quality education were made clear during the country visit. Two girls from the Southern Valley of Jordan related how they had to share a single hearing aid, which seriously affected their equal access to schooling. In Amman, a number of parents of children with disabilities reported that schools were not physically accessible. Accommodations were not made for their children and instruction was still segregated. Children with disabilities living outside of Amman were unable to obtain the necessary batteries for their assistive devices without travelling to Amman – a near impossibility for many, given the cost and the distance.

40. The Special Rapporteur was assured by the Ministry of Education that there was actually a surplus of assistive devices available in the country. This suggests a gap in ensuring that supply meets demand – something that can be readily remedied with efficient administrative arrangements.

41. The Special Rapporteur was also provided with credible reports of children with disabilities in refugee camps being unable to access education and to receive the support necessary to utilize the education services and facing serious bullying inside and on the way to school. Furthermore, the schools administered by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and the United Nations Children’s Fund (UNICEF) and their partners inside refugee camps face significant limitations in their ability to appropriately serve the needs of students with disabilities, and particularly those with higher support needs, due to underfunding and lack of sufficient financial resources. UNRWA and UNICEF provide essential services, but they are themselves limited by resource scarcity and deserve more support from the international community.

42. Some efforts are under way to make universities more accessible for students with disabilities. Efforts to sweep away exclusionary policies in relation to accessing the course of one’s own choosing (e.g. medical courses) are welcome. Other signs of progress include the collaboration by the University of Jordan with Gallaudet University (United States of America) – the only university in the world devoted to educating deaf persons.

43. While these are positive steps towards fully accessible higher education, much more is required. Several reports from students with disabilities and professors were shared with the Special Rapporteur on the inaccessible physical environments of universities and the lack of support services for students with disabilities, including limited sign language

interpretation. Gaps include reasonable accommodations or supports for students beyond those with visual impairments.

D. Inclusive employment and vocational training

44. Inclusive employment is the key to personal freedom and empowerment for people in general, and particularly for persons with disabilities. Successful models of inclusive employment exist on a small scale in Jordan and can and should be brought to scale.

45. It is stated in article 25 of the Law on the Rights of Persons with Disabilities that “no person may be excluded from employment or from training on the basis of, or because of, disability”. The same law also provides that disability in itself should not be a barrier to candidacy for public office or jobs. Article 25 establishes the legal basis for the quota system, which requires government and private businesses with between 25 and 50 employees to hire at least one employee with a disability. If the business has more than 50 employees, 4 per cent of its workforce must be persons with disabilities.

46. During meetings with organizations of persons with disabilities and with persons with disabilities, it was clear that the engagement of persons with disabilities in the workforce in Jordan was still very low, especially for women with disabilities. This is often tied to a low rate of compliance by employers with the quota legislation. Additionally, it was reported there was no effective inspection entity within the Government to assess implementation of accessibility measures or disability accommodations in the workplace. Indeed, there seems to be no definition of what constitutes a “reasonable accommodation” in the employment sphere. Thus, a key obligation for ensuring an inclusive working environment is open to subjective interpretation on the part of employers.

47. As regards vocational and technical training, the Special Rapporteur heard from two extraordinary young persons with disabilities. They both stated that they had benefited from training centres that had allowed them to gain the skills they needed to open and operate successful businesses. Yet, in both instances, they stated that barriers such as a lack of accessible and affordable transportation to and from work, and the pervasive societal bias, meant that persons with disabilities could not work. It had been through sheer determination that these two young people with disabilities had been able to achieve the necessary skills that had allowed them to run flourishing businesses.

48. During conversations with organizations of persons with disabilities and with persons with disabilities, it was noted that more could be done by labour unions to better represent the rights of persons with disabilities. Making labour unions and their services more inclusive, and including persons with disabilities in union leadership positions, would allow for better awareness-raising about the rights of persons with disabilities with employers and employees.

49. The Special Rapporteur toured a factory operated by the Safe Techno Plast Company⁶ located in the industrial city of Sahab on the outskirts of Amman. Persons with disabilities make up 8 per cent of the factory’s total workforce. On the factory floor there was no segregation between employees with disabilities and the rest of the workforce, and instead the machinery or workstation was simply adjusted to accommodate the individual’s disability. It was also noted that there were a range of disabilities represented within the workforce. Importantly, the Special Rapporteur was informed that the factory’s emergency plan specifically took into consideration the needs of persons with disabilities to ensure their safety (e.g. flashing lights, a buddy system, and so on). It was stated that the accommodations had not been hard to make and that persons with disabilities were among the best employees.

50. This factory was an outstanding example of the kind of practice that can and ought to be replicated widely throughout Jordan. By making the work environment accessible and by providing “reasonable accommodations”, the factory not only exceeded the quota for employees with disabilities but is financially successful. This vividly shows what is possible in a genuinely inclusive work environment.

⁶ See <https://syrtechnoplast.com/>.

E. Social protection

51. As noted above, article 6 (5) of the Constitution of Jordan provides for social protections for persons with disabilities. While well-crafted laws are the bedrock for bringing about an inclusive society, implementation and enforcement are the tools that ensure full realization of those rights enshrined in law.

52. Along with policy tools is the imperative for a cultural shift away from the charity and medical models of disability to a rights-based approach. Based on interviews and an assessment of the social protection policies and programmes, it is clear that many of these are limited in scope and impact and are still too reliant on the charity model. The modernization of social protection systems is a worldwide trend. It is not simply about placing a floor of material support beneath persons with disabilities (thus subtly reinforcing their dependency); it is also about creating pathways into the community and engagement. It is suggested that a review of the future of social protection in Jordan as it relates to persons with disabilities be undertaken.

F. Accessibility to the built and electronic environments

53. There are significant disparities in the broad domain of accessibility. A recurring theme during the visit was the difficulty that persons with physical disabilities (and older persons) face in accessing transport. The Special Rapporteur saw first-hand how this affects access to schools, medicine, health care and employment. The new state-of-the-art bus terminal in Amman shows what is possible. These efforts should be progressively brought to scale throughout the country.

54. Regarding access to information and communication, the provision of sign language interpretation services remains very limited, including access to basic services. This speaks to the role of higher education in training, not only for sign language interpreters but for specialists that are needed to serve all people, including persons with disabilities.

55. While it was not possible to explore accessibility to the electronic environment (e.g. web accessibility) in any depth during the visit, this is key for the development of a knowledge-based economy of benefit to all. Ratification of the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled is important for breaking down barriers to accessible formats for persons who require digital access to books. Yet, accessibility to the electronic environment more generally must also encompass accessible websites, and the provision of assistive technology needed to access the virtual environment, among other measures. Much work needs to be done to advance this goal in Jordan. Like the rest of the world, Jordan faces the task of harnessing the positive application of artificial intelligence and mitigating its known negative discriminatory impacts. It would make sense, as an aspiring knowledge-based economy, that Jordan would do its own assessment of the balance of risks and opportunities represented by artificial intelligence, and strive to optimize the latter. And it would make sense for Jordan to implement web accessibility across all its public platforms, and also with respect to the provision of goods and services publicly available.

G. Primary health-care services and access to rehabilitation

56. Addressing the accessibility of the primary health-care system and of specialist services, along with rehabilitation and mental health supports, is a critical precondition to full inclusion in society for persons with disabilities.

57. The Rehabilitation Strategy (2020) seeks to deliver on the commitments of the Convention. It seems that the system for early identification of disability is not entirely inadequate to assure the support needed and to do so early on. The results can be real. Sometimes children with disabilities can be excluded from school altogether or denied the support they need and consequently face lifelong poverty.

58. A fatwa issued in Decision No. 194-02 of 2014 and adopted by the Jordanian Department for the Rendering of Formal Islamic Law Opinions prohibits the forced sterilization of girls with disabilities. This is an important step in advancing the sexual and reproductive rights of girls and women with disabilities. This could be reinforced by ensuring that medical professionals are trained on the rights of persons with disabilities and understand how to provide accessible and respectful health care.

59. Many people with disabilities across Jordan, and especially outside of Amman, informed the Special Rapporteur that they had little or no access to basic assistive devices. Access to assistive products in the public sector is apparently poor, leading to high out-of-pocket payments that are a burden for users and their families. In meetings with individuals from the poorer sectors of society, it became obvious that they were overreliant on donations or charitable services, which often focused on the provision of large quantities of substandard or used products. These are often not appropriate for the user or the context (as was quite evident from the ill-fitting hearing aids made for adults but worn by children in the Southern Valley). Poor assistive products can, in some circumstances, cause secondary health complications or even premature death.

60. The poor or uneven provision of assistive products was also evident in humanitarian responses within refugee communities in Jordan. The need for assistive devices is very high but is largely unmet among the refugee populations. Poor-quality prosthetic and orthotic devices were observed, as were wheelchairs made for adults but used by children and that were inappropriate for the difficult terrain in camps. The basic assistive products listed under the WHO Priority Assistive Products List of 2016⁷ as being essential were apparently not being supplied.

61. The Special Rapporteur met with the Hashemite Commission for Disabled Soldiers and toured their facility in Amman.⁸ Alongside this visit, the Special Rapporteur had the honour of meeting with Lieutenant Colonel Rola M. O. Alamro, a service member and self-advocate who was injured during a terrorist attack in 2007 in Jordan.

62. The Hashemite Commission for Disabled Soldiers provides aid, medical and rehabilitation services, psychological and spiritual support, assistive devices and vocational training to members of the services who have a disability resulting from injuries sustained in the line of duty, and also, crucially, to their families. By maintaining and updating a comprehensive database of veterans with disabilities and their families, the Commission helps fulfil the needs of the entire family unit.

63. The Special Rapporteur observed a computer skills course, a rehabilitation session, vocational training on the repair of electronics, and a general educational discussion. All of these were hosted at the Hashemite Commission for Disabled Soldiers centre in Amman. Of note was the workshop where assistive devices were being manufactured on-site to then be sent out to veterans with disabilities who require them. The comprehensive manner in which the Commission has taken to addressing the needs of veterans with disabilities helps set international standards. It also provides a model of what could be achieved with regard to providing the same necessary support for all persons with disabilities and their families in Jordan.

H. The future of mental health care: from coercion to community-based support

64. The world is moving decisively away from coercive measures and towards community-based services in the mental health field. This aligns with the obligations set out in the Convention.

65. The efforts of mental health clinics serving the needs of persons with psychosocial and mental health concerns are stretched to the limit, especially in refugee communities. Ensuring that community-based mental health responses move away from a medical model

⁷ See https://apps.who.int/iris/bitstream/handle/10665/207694/WHO_EMP_PHI_2016.01_eng.pdf.

⁸ The Hashemite Commission for Disabled Soldiers has five branches located across Jordan.

and embrace a biopsychosocial model is vital. Equally important is the overriding need to ensure that all health-care interventions or supports are provided only on the basis of free and informed consent.

66. The Special Rapporteur met with several highly dedicated, well-trained mental health workers in national hospitals, community mental health centres and primary health-care facilities, including in refugee camps. It was apparent that there was a lack of staffing and underresourcing in the mental health sector. The mental health system is unable to meet the current needs of the population, and is stretched to the limit in communities that are hosting refugees.

67. The intersection of mental disability, gender, poverty and status is a particularly harsh one. This was starkly evident when meeting with a refugee whose mental and physical health deteriorated after her abusive husband left the family and who is now totally reliant on her son for her own very intensive support needs. This single caregiver is the only one in the household not experiencing intensive mental disability. His only recourse on leaving the home to obtain food or other essentials was to chain his three seriously ill brothers in a locked room to prevent them running out of the house. This is unacceptable. The human cost of unmet access to mental health services for caregivers is inestimable.

68. Legislation exists in Jordan that criminalizes any suicide attempts where such an attempt occurs in a public space. It is the respectful view of the Special Rapporteur that this should be repealed, as it is contrary to article 5 which prohibits discrimination on the basis of disability, and article 12 on legal capacity, among other provisions of the Convention. Instead of being offered quality mental health supports, persons who attempt suicide in public are, on their second attempt, subject to criminal penalties and incarcerated. Criminalization is not the appropriate response in these circumstances. Such legislation needs to be repealed to bring the law into compliance with the Convention, and access to voluntary mental health care expanded.

69. An additional area of concern is the Al Karama facility, formerly a hotel, but used to institutionalize persons with disabilities. This facility should be part of the process of deinstitutionalization.

I. Access to justice for persons with disabilities

70. Measures are under way in the court in central Amman to provide procedural accommodations to persons with disabilities in legal proceedings as required under article 13 of the Convention, with plans to eventually do so across the country. What remains unclear is to what extent persons with disabilities are accessing the legal system in order to claim their rights. Better tracking of disability case law, together with consistent teaching of disability law in law schools and training of judges, is an imperative next step in advancing access to justice. Stating a clear national commitment to follow and implement the International Principles and Guidelines on Access to Justice for Persons with Disabilities would be a step forward.⁹

71. In the time available, the Special Rapporteur was unable to explore in any depth the case law in the higher courts to assess whether the protection of the rights of persons with disabilities was trending in the right direction. It is assumed that such case law exists – and a good first project of any new programme on disability rights in Jordanian universities would be to compile such case law.

J. Political participation of persons with disabilities

72. Jordan has taken many steps to facilitate the inclusion of persons with disabilities in political and public life. Politics is how the public interest is shaped. Not having effective access to it distorts the process and perpetuates invisibility. The Special Rapporteur

⁹ See <https://www.ohchr.org/en/special-procedures/sr-disability/international-principles-and-guidelines-access-justice-persons-disabilities>.

welcomes the fact that, following its ratification of the Convention, Jordan reformed its voter assistance procedure, greatly improving access to assistance for voters with disabilities. Efforts to improve the accessibility of voter centres to persons with mobility impairments are also evident.

73. The Special Rapporteur is concerned that the restrictive voting law that excludes persons with mental disabilities from voting is still in place, more than 10 years after ratification of the Convention and contrary to the requirements of the Convention. This undermines the positive measures being taken to advance political participation for persons with disabilities.

74. The Special Rapporteur notes that Jordan is continuing to address the participation of persons with disabilities and the barriers they face in having their voices heard. Following ratification of the Convention, Jordan moved to change its policy regarding assisted voting. Now, a person of one's own choosing can provide assistance to a voter with a disability. Greater efforts by the Independent Election Commission to employ persons with disabilities are vital in this ongoing effort and should be expedited.

75. While 23 accessible voting centres are now available, the vast majority of the remaining polling centres (mostly in schools) have minimal accessibility measures in place. Clearly, progress in making educational facilities accessible will also have an impact on the accessibility of polling stations.

76. Specially designated accessible voting centres – though welcome – should be clearly branded as a transitional arrangement. Pending full accessibility, concerted efforts are needed to ensure that viable alternatives and “reasonable accommodation” is provided to all voters with disabilities regardless of whether they have access to a designated centre.

77. Recent amendments to the legislation on political parties have resulted in a requirement for new political parties to include, in their founding, a person with a disability. The hope is that this will result in meaningful change within political parties to make their party platforms more inclusive of persons with disabilities. The danger is that this effort could result in tokenism. The effort must be closely monitored, including by the Independent Election Commission.

78. The political rights of persons with disabilities are guaranteed in the Constitution. As previously mentioned, a major gap remains. Persons with disabilities who are under a court declaration of incapacity are ineligible to vote. Materials published by the Independent Election Commission mention this exclusion, which is based on the medical model of disability, using terms such as “mental retardation” and “insanity”. As the Committee on the Rights of Persons with Disabilities has observed in its concluding observations and recommendations for Jordan,¹⁰ in its general comment No. 1 (2014), which deals with legal capacity, and in its jurisprudence under the Optional Protocol, voting restrictions based on disability, whether physical, psychosocial, sensory or intellectual, constitute prima facie discrimination. Efforts across the globe to sweep away discriminatory voting exclusions based on mental or intellectual disability merit careful study leading to reform by Jordan.

K. Poverty and disability

79. Jordanians with disabilities living in rural areas struggle to obtain access to the most basic products – batteries for hearing aids are seemingly unobtainable outside Amman. Jordanians living in poverty in the Southern Valley face serious obstacles in accessing prosthetics. Civil society organizations operating in these areas are stretched, and require training and support in order to address the many unmet needs of their beneficiaries.

80. Moreover, restrictive registration for such organizations limits their ability to provide such support. While quality control measures are a sound rationale for registration and regulation of civil society organizations, the reality in Jordan is that government services are inadequate to meet needs, and civil society organizations are often the only possibility,

¹⁰ CRPD/C/JOR/CO/1.

especially in rural areas, to fill the gap. The broad issue of rurality and disability requires further in-depth study and tailored policy development.

L. Refugees with disabilities

81. In the light of the Special Rapporteur's prioritization of the issue of armed conflict and its impact on persons with disabilities, and in view of the hosting by Jordan of some 760,000 refugees, the Special Rapporteur met with refugees hosted in Jordan in both urban and rural camps. It is clear that Jordan is being asked to undertake a monumental task and all of humanity owes a great debt to Jordan for its hosting of refugees.

82. Going beyond the obligation of protection in a narrow sense, the philosophy of inclusion also applies to refugees with disabilities. The Committee on the Rights of Persons with Disabilities calls attention to the need for the extra costs of disability to be prioritized in order to reach a baseline of human dignity, even in dire circumstances. On his visits to the Jerash Palestinian refugee camp and the Za'atari Syrian refugee camp, and to urban refugees with disabilities living in the Sweileh district in Amman, the Special Rapporteur found the differential access of refugees with disabilities to health care, rehabilitation, education and employment, based on their status and nationality, to be striking.

83. A 43-year-old Sudanese refugee stated that even with the support of UNHCR, he was not able to afford the high medical costs associated with his disability because he was unable to obtain health insurance. Within the Jerash camp, a family had to prioritize using their limited financial assistance to send their one child to school, and thereby foregoing medication and treatment for their two adult children with disabilities.

84. A Syrian refugee, who has been disabled since 1986, summed up the economic prospects for refugees by saying: "They say teach a man to fish, but persons with disabilities have learned to fish but there is no sea nearby." Providing access to health insurance and employment equally across all the refugee population is the sensible solution.

85. Especially wrenching was the situation of a young father whose two children were born in the Za'atari camp with an especially serious eye condition requiring surgery, with only the dimmest prospects of access to specialist care. The absence of respite care for caregivers of refugees with disabilities, whether for refugees inside camps or living in urban areas, simply reinforces extreme poverty and, indeed, the development of non-communicable diseases and mental health issues for these carers.

86. The visit to the Jerash camp highlighted the significant role that intergenerational poverty and disability plays for the most at-risk refugee families, including many who may have two, three or more family members with disabilities with intensive support needs. The intersectionality and relationship between disability, poverty, gender and societal status (including refugee status) is all too clear.

87. In addition to the refugees themselves, the Special Rapporteur met with the many service providers, local and international, including UNRWA, who are working tirelessly to serve refugees with disabilities. The challenge to ensure that these especially at-risk individuals and their families are not left behind is immense.

88. The Special Rapporteur recognizes the immense strain placed on Jordan in regard to the number of refugees the country is hosting, and the fact that donor organizations and States continue to provide humanitarian aid but that support is starting to wane. Significant gaps remain to reach the most at-risk population of refugees with disabilities and their families. During a focus group discussion at the Za'atari camp, it became excruciatingly clear that the assistance provided was insufficient to meet the needs of persons with disabilities and particularly those with additional support needs.

89. As donor fatigue sets in, and as international aid organizations move to the next conflict, refugees with disabilities increasingly struggle to access the most basic of necessities. The very few international organizations specifically focused on (and experienced in) providing basic assistive devices to persons with disabilities in the Za'atari refugee camp are now gone. The wait for much-needed assistive devices – hearing aids,

prosthetics and orthotics, wheelchairs and walkers, among other items on the WHO Priority Assistive Products List¹¹ – is seemingly interminable. Even when they are obtained, they are not replaced and are of poor quality, notwithstanding the best efforts by the organizations remaining and the camp workshops to create assistive devices from recycled metal. Obtaining the resources needed to obtain such assistive products outside the camps is difficult for refugees with disabilities.

90. Mainstreaming disability is essential in humanitarian action. Yet, without targeted programming for refugees with disabilities, stories such as that of a young man with an intellectual disability who was unable to get an education because the camp school could not accommodate his disability will grow ever more common. Aid organizations and donors must endeavour to use the twin-track approach in humanitarian action – not merely mainstreaming – to ensure that no matter the type or degree of disability, there will be programming to address the need.

91. Targeted programming is needed, for instance to provide additional space or a larger caravan in a camp setting, the provision of assistive products, uninterrupted refrigeration for essential medications, or quick access to a battery for a hearing aid. The lack of access to personal hygiene products, mattress protectors and bed pads, among other essentials, for persons with disabilities has left refugees with disabilities in an unacceptable situation of indignity and puts their health at serious risk.

92. There is a need for donors and humanitarian aid organizations to adhere to the guidance provided by the Inter-Agency Standing Committee in its Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. While some efforts have been made to address coordination in humanitarian action for support to persons with disabilities and older persons, there is an urgent need to better prioritize assistance programmes to reduce duplication, avoid overly broad initiatives that will not sufficiently meet the needs of refugees with disabilities, and share lessons learned.

M. Role of international cooperation and disability-inclusive development

93. Jordan plays an important leadership role in its efforts to advance the rights of persons with disabilities, not only in the region, but globally. In 2024, Jordan will co-sponsor the third Disability Summit, together with Germany. This affords Jordan unique opportunities to share its own experience in implementing the Convention, and to engage with other countries regionally and across the world to share good practices and ongoing challenges.

94. Jordan could strengthen its efforts to track how, as a beneficiary of multilateral assistance, it is ensuring that persons with disabilities are the real recipients of assistance, including by providing data disaggregated by disability and pressing donors to do the same. In the context of the recently adopted United Nations Disability Inclusion Strategy, it could, for instance, request United Nations agencies operating in Jordan to jointly track implementation of the strategy and devote resources to its implementation. The United Nations country team in Jordan has a clear role to play in implementing the Strategy. Likewise, in its agreements with other multilateral and bilateral donors, the Government could ensure that development and humanitarian assistance is designed and implemented consistent with principles of disability inclusion. Donors should be particularly attentive to the capacity needs of organizations of persons with disabilities and for grass-roots advocacy to ensure that they can take full advantage of the opportunities presented by the new policy landscape.

¹¹ Available at https://apps.who.int/iris/bitstream/handle/10665/207694/WHO_EMP_PHI_2016.01_eng.pdf.

IV. Conclusions and recommendations

A. Conclusions

95. Jordan has clearly set itself down the path of disability inclusion on the basis of the rights of persons with disabilities. The early ratification by Jordan of the Convention has been coupled with law reform measures and policy efforts to advance the rights of persons with disabilities. The underlying predicates of this cultural shift – rights, not charity – need to be continually reinforced.

96. The strong political commitment to the rights of persons with disabilities needs to be better reflected in day-to-day implementation. The State has an obligation to ensure that all persons with disabilities throughout the country – urban and rural – have the same opportunities as anyone else in the country. Jordan also has a challenge in reforming its legislation on legal capacity, in ensuring equal access to the exercise of political rights and in ending coercion in the field of mental health.

97. The institutional architecture for change – especially the Higher Council on the Rights of Persons with Disabilities – is strong. Organizations of persons with disabilities deserve more support in raising their capacities to take advantage of the new policy landscape and to co-create blueprints for change. Universities and research institutes need to be encouraged to become active participants in the process of change and to do so in close collaboration with civil society.

98. The main policy challenges across a broad range of fields reflect an uneven application of the philosophy of inclusion. They can be remedied. More attention might be paid to how similarly situated countries are nevertheless managing to push forward and innovate, for instance in the areas of deinstitutionalization, community-based mental health care, the provision of assistive devices and products, inclusive education and voting equality.

99. Donors and the United Nations system have a particular responsibility to adopt a clear theory of change for disability-inclusive development and humanitarian action, to identify investments that will lead to systemic as well as sustainable change, and to better coordinate their joint efforts.

B. Recommendations

100. The Special Rapporteur makes the following recommendations to the Government in the area of legislation, policy and data collection:

(a) **Ratify the Optional Protocol to the Convention on the Rights of Persons with Disabilities;**

(b) **Continue harmonization of the national legislative and regulatory framework with the Convention, including addressing discriminatory provisions limiting rights on the basis of disability;**

(c) **Consider establishing a parliamentary committee designated to monitor implementation of the Convention, to hear testimonies from the public and, on that basis, to propose new laws;**

(d) **Ensure that all public policies, including disability-specific ones, include a human rights-based approach to disability;**

(e) **Move forward with laws and policies on the assumption that 15 per cent of the population are individuals with disabilities, and that therefore, universal design and accessibility need to be included in all projects, regardless of the unavailability of data;**

(f) **In the collection of data and statistics on persons with disabilities, use such data to assess the situation and living conditions of persons with disabilities in order to better inform public policies and their implementation.**

101. The Special Rapporteur makes the following recommendations to the Government regarding the institutional architecture for change:

(a) Work towards the establishment or designation of an independent mechanism to monitor the implementation of the Convention, consistent with article 33 (2) and in accordance with the principles relating to the status of national institutions for the promotion and protection of human rights (the Paris Principles), allocate sufficient resources for its operation and ensure the participation of persons with disabilities;

(b) Ensure that all social protection programmes and initiatives transition away from using the charity and medical models to use a human rights-based approach to disability;

(c) Increase the awareness, knowledge and capacity of government officials, civil servants, service providers and civil society to implement articles 4 (1) and 8 of the Convention, and engage in wide-scale public awareness campaigns on the Convention and the rights-based approach to disability;

(d) Redouble its efforts on comprehensive data collection disaggregated on the basis of disability and aligned with the Washington Group instruments on data collection.

102. The Special Rapporteur makes the following recommendations to the Government in the area of legal capacity and personhood:

(a) Guarantee the exercise of full legal capacity to all persons with disabilities, including those with psychosocial or intellectual disabilities, in all aspects of life, and provide them with access to the support they may require in order to take informed decisions;

(b) Implement a pilot project on supported decision-making and undertake research on formal and informal support arrangements (e.g. support networks, support agreements, independent advocacy, peer and self-support groups, and advance directives) with the participation of persons with disabilities;

(c) Promote and provide training on the rights of persons with disabilities to equal recognition before the law and on supported decision-making arrangements for public officials, service providers, persons with disabilities and their families, and other relevant actors.

103. The Special Rapporteur makes the following recommendations to the Government regarding living independently and being included in the community:

(a) Continue to progressively reduce the number of residential institutions, following a time-bound plan with concrete benchmarks;

(b) Implement, in coordination with county and municipal authorities, family- and community-based services for children and adults with disabilities, including supported housing programmes;

(c) Determine how to deinstitutionalize foreign nationals living in institutions in Jordan and address the risk that they will be reinstitutionalized in their home countries;

(d) Bring an immediate end to the placement of foreign nationals with disabilities from neighbouring countries into institutions in Jordan.

104. The Special Rapporteur makes the following recommendations to the Government in the area of inclusive education:

(a) Ensure that sufficient financial resources are budgeted for the Ministry of Education each year to quickly and effectively implement the Ten-year Strategy on Inclusive Education;

(b) Develop clear and detailed guidance on what constitutes “reasonable accommodation” for students with disabilities, and ensure that monitoring and implementation are undertaken to guarantee compliance;

(c) Undertake a comprehensive scoping of the accessibility of higher education and vocational training to persons with disabilities, potentially through international cooperation; and develop a national plan to remove barriers that prevent their access on an equal basis with others and provide them with the support they may need in order to succeed;

(d) Take measures to improve the provision of quality inclusive education through:

(i) Enhanced coordination among private and public education service providers to enable a seamless integrated delivery system;

(ii) The raising of awareness among and sensitization of school administrators, teachers and staff, and families, on disability;

(iii) Prompt provision of individualized support and accommodation for all pupils with disabilities in regular schools and, where applicable, in a culturally sensitive environment, and provision of training for supporters;

(iv) The adaptation of educational materials and learning methodologies;

(e) Undertake an assessment as to the needs of students with disabilities outside of Amman, including access to necessary assistive devices, and develop a strategy to improve the access to inclusive education in rural locations;

(f) Develop a public awareness campaign to address and combat bullying of students with disabilities in educational settings;

(g) Encourage the teaching and research on disability rights at Jordanian universities and in association with like-minded institutions in the Arab region and around the world.

105. The Special Rapporteur makes the following recommendations to the Government in the area of employment and vocational training:

(a) Raise awareness among employers and the general public on the right of persons with disabilities to work;

(b) Develop clear and detailed guidance on what constitutes “reasonable accommodation” for employees with disabilities and ensure that monitoring and implementation are undertaken in order to guarantee compliance;

(c) Undertake inspection and enforcement of the quota on employment of persons with disabilities, with the goal of moving away from the quota system towards a more genuinely open and inclusive labour market;

(d) Encourage employers’ networks to establish a peer-to-peer network to share best practices and break down stigma surrounding the employment of persons with disabilities;

(e) Encourage the active involvement of labour unions in working towards more inclusive labour markets, and the active participation of persons with disabilities in labour unions, especially in positions of leadership;

(f) Provide transport and disability accommodations for persons with disabilities seeking to access vocational training;

(g) Assess the socioeconomic cost of excluding persons with disabilities from employment, and take targeted measures to enable their effective inclusion in the public and private labour markets, especially among youth, and persons with intellectual and psychosocial disabilities;

(h) Utilize a broader range of policy tools to generate a more inclusive labour market – such as the use of tax credits for investments made to make premises

accessible, and the greater use of public procurement laws to give an added advantage to businesses that are generally inclusive of persons with disabilities.

106. The Special Rapporteur makes the following recommendations to the Government in the area of social protection:

- (a) Take measures to address the economic imbalance between persons with and without disabilities, and consider the extra cost of living borne by persons with disabilities in social protection policies and programmes;
- (b) Ensure that social protection programmes rely on a human rights-based approach to disability rather than a charity or medical model;
- (c) Increase the scope of social protection policies and programmes, while at the same time reducing the fragmentation of those services to better serve the needs of persons with disabilities.

107. The Special Rapporteur makes the following recommendations to the Government in the area of accessibility:

- (a) Accelerate and complete the process of transforming the built environment and public transportation, as required by the existing legislation, regulations and plans for universal design, allocate funds, and make them fully accessible for the diversity of persons with disabilities;
- (b) Ensure that county governors effectively monitor the incorporation of universal design in all municipal plans under their jurisdiction;
- (c) Take measures to make digital and online public services accessible to the diversity of persons with disabilities, including older persons;
- (d) Formally recognize Jordanian Sign Language as an official language, and facilitate its learning in schools and in higher education and its use in official and other interactions, including through international cooperation.

108. The Special Rapporteur makes the following recommendations to the Government regarding primary health-care services and access to rehabilitation:

- (a) Improve access to health-care services and facilities for persons with disabilities, as close as possible to their own homes;
- (b) Provide youth and women with disabilities with sexual education programmes and information regarding sexual and reproductive health and rights, in accessible formats;
- (c) Invest in the mapping, systematization and scaling-up of non-coercive interventions and initiatives, and allocate adequate financial resources to replicate successful practices.

109. The Special Rapporteur makes the following recommendations to the Government regarding the future of mental health systems:

- (a) Enact legislation to prohibit all forms of coercion of persons with psychosocial disabilities, intellectual disabilities and dementia, and guarantee that all mental health and social care services and support are provided on the basis of free and informed consent;
- (b) End the use of coercive interventions for persons with psychosocial disabilities, intellectual disabilities and dementia, including involuntary admissions, shielding and isolation, restraints, forced medication and outpatient commitment.

110. The Special Rapporteur makes the following recommendations to the Government regarding political participation:

- (a) Establish a coherent plan of action for the transition from specifically designated accessible polling centres to universal accessibility in all polling centres (noting that doing so will facilitate the Government's inclusive education policy);

(b) **Establish a clear and coherent reasonable accommodation procedure and accompanying accessibility measures for all polling centres that are not yet fully accessible to voters with disabilities;**

(c) **Consider holding, perhaps as part of the Global Disability Summit, a peer-to-peer session between Independent Election Commissions on disability inclusion;**

(d) **Ensure that all municipalities take measures to guarantee the right to vote for all persons with disabilities in future elections, including by providing accessible information and materials, signage, Braille ballots and accessible booths;**

(e) **Increase the participation of women and men with disabilities holding public office;**

(f) **Consider establishing, within the framework of the Higher Council on the Rights of Persons with Disabilities, a formal mechanism to consult and engage actively with the diversity of organizations of persons with disabilities in decision-making processes and bodies;**

(g) **Monitor the implementation of the recently adopted quota for newly established political parties to assess its effectiveness;**

(h) **Support the creation of organizations of persons with disabilities from underrepresented sectors, including persons with autism and self-advocates with psychosocial and intellectual disabilities, and develop their skills;**

(i) **Strengthen the capacity of civil society organizations working to provide much-needed support in rural areas and reassess restrictive registration regulations which impede the provision of supports by civil society.**

111. **The Special Rapporteur makes the following recommendations to the Government regarding access to justice:**

(a) **Conduct a comprehensive study to determine to what extent persons with disabilities are accessing the legal system, to understand potential barriers to access not considered, including lack of knowledge within the disability community of their rights and of the ability to adjudicate violations of their rights;**

(b) **Make a national commitment to follow and implement the International Principles and Guidelines on Access to Justice for Persons with Disabilities;**

(c) **Track disability case law in a more meaningful way and ensure the teaching of disability rights law within law schools.**

112. **The Special Rapporteur makes the following recommendations to the Government regarding refugees with disabilities:**

(a) **Eliminate the differentiation of access based on nationality for refugees with disabilities to health care, rehabilitation, education and employment;**

(b) **Provide access to national identification for refugees with disabilities to eliminate the substantial disparity in costs in obtaining health-care services, rehabilitation and assistive products.**

International cooperation and the role of Jordan, the United Nations and the donor community

113. **The Special Rapporteur makes the following recommendations to the Government regarding international and multilateral assistance:**

(a) **Request that multilateral and official development assistance programmes disaggregate information by disability and that they report on how persons with disabilities have benefited from such assistance;**

(b) **Coordinate and prioritize initiatives with the United Nations and international donors to reduce duplication of services and avoid overly broad initiatives that address only some of the needs of persons with disabilities, and share lessons learned.**

114. **The Special Rapporteur makes the following recommendations to the United Nations in Jordan:**

- (a) **Address access barriers to United Nations offices and facilities consistent with the United Nations Disability Inclusion Strategy;**
- (b) **Develop a coherent strategy to support the systemic change reflected in the country's disability law and policy framework;**
- (c) **Apply the twin-track approach in implementing disability-inclusive humanitarian action to include not only mainstreaming of disability, but the development of targeted programming to address unmet needs, especially for refugees with disabilities and Jordanians living in rural areas;**
- (d) **Use the guidance provided by the Inter-Agency Standing Committee in its Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action;**
- (e) **Strengthen capacity to collect and utilize disability data to meet the significant unmet needs of refugees with disabilities;**
- (f) **Adhere to guidance set out in the WHO Priority Assistive Products List for refugees with disabilities in refugee communities served by United Nations agencies;**
- (g) **Prioritize assistance programmes to reduce duplication of services and avoid overly broad initiatives that address only some of the needs of persons with disabilities, and share lessons learned among United Nations agencies to ensure best practices;**
- (h) **Ensure advancement of the United Nations Disability Inclusion Strategy through reporting, engagement with persons with disabilities, and increasing the capacity of organizations of person with disabilities and civil society organizations serving persons with disabilities, especially in rural areas.**

115. **The Special Rapporteur recommends that donors in Jordan:**

- (a) **Ensure that they do not support institutionalization of persons with disabilities, but devote funding to community-based living and supports;**
 - (b) **Support the capacity needs of organizations of person with disabilities and grass-roots advocacy efforts consistent with the guidance provided by the Inter-Agency Standing Committee in its Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action;**
 - (c) **Deepen the provision of humanitarian aid to address unmet basic needs of persons with disabilities – such as personal hygiene products, medication and assistive devices – guided by the WHO Priority Assistive Products List;**
 - (d) **Address the urgent need for coordination which is hampering the Government's efforts to implement the inclusive education strategy effectively;**
 - (e) **Coordinate with other donors and the Government to reduce duplication of services and avoid overly broad initiatives that address only some of the needs of persons with disabilities, and share lessons learned.**
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