Summary

Humanity & Inclusion (HI) has been implementing since April 2018 a major protection and health program for persons with disabilities in Amman governorate, funded by the UK’s Foreign, Development, and Commonwealth Office (FCDO) within their protection business case for Jordan. The two related FCDO grants are ending on March 31st, 2021.

This situation is bringing to a sudden halt a wide portfolio of services for refugees and Jordanians with disabilities. In the current economic situation, the Ministry of Health (MoH) and the Ministry of Social Development (MoSD) will be unable to assume responsibility for these services at short notice. Up to a hundred trained staff and volunteers, under HI management and in partner structures, will likely stop working with a major loss in specialised human resources for the protection and health sectors.

Therefore HI is requesting the urgent support of the donor community to mobilise fresh funding, ensure coverage at least of the most critical services, and avoid a full, abrupt shutdown of this program. HI is interested both in short-term, emergency funding to cover the immediate gaps for some months, and in longer-term, regular funding to ensure the continuity of these services and enable a gradual, progressive transfer to the MoH and the MOSD in the coming years.

Key program figures

Average monthly budget: 142,498 GBP (around 183,000 USD)

Minimum monthly budget to sustain the most critical services: around 120,000 USD

Average monthly number of direct beneficiaries: 562

Average monthly number of indirect beneficiaries: 3,090
Services under threat

- **Identification, assessment and referral** of persons with disabilities to specialised services, through a network of trained community-based rehabilitation volunteers
- **Early detection of disabilities and developmental delays** in young children and early intervention to address them
- **Rehabilitation sessions and provision of assistive devices**, prosthetic and orthotic devices, and hearing aids
- **Home based sessions** of occupational therapy, speech therapy and physical therapy
- **Capacity building** on rehabilitation and early detection for health staff in partner structures
- **Awareness raising sessions** for families
- **Self-support groups** for vulnerable families with children with disabilities
- **Support to the MoH** in the implementation of the National Rehabilitation Strategy (2020/24)
- **Support to the MoH and the MOSD** in the practical implementation of the Early Detection clinical pathways and the Early Intervention protocol (designed in 2020/21 with HI support).

Foreseen impact on our beneficiaries

- **The vast majority of our beneficiaries are extremely vulnerable persons with disabilities, many of them refugees**, who are unable to afford rehabilitation services without the support of this program. Many of the families have 2-3 family members living with a disability.

- The abrupt interruption of services will increase the prevalence of various disabilities and the risk of complications amongst extremely vulnerable populations.

- **For persons with fractures**, the interruption of services will lead to complications such as muscle weakness and joint fractures which will severely affect their daily lives and their ability to interact socially.

- **For children with cerebral palsy**, the interruption of services will increase their disability and will limit their ability to live independently.

- Lifesaving assistive devices will no longer be available to those who need them, since their cost is too high for many beneficiaries.

- **For persons with amputations and leg impairments**, the interruption of donations of prosthetics and orthotics will lead to complications such as muscle contracture, poor balance, poor muscle power. This will affect their ability to stand, walk, go to the toilet, work or attend school.

- **Children with prosthetics or orthotics** will not be able to have them fitted which means they will not be able to use these as they grow.

- **Children with disabilities and developmental delays** will be prevented from developing their full potential and will face increased risks of complications.
**Impacted partner structures**

- Community Development Centre (CDC) Wehdat
- Community Development Centre (CDC) Baqa’a
- Totangi Hospital
- Al Manar Centre (Early Detection / Early Intervention Unit)
- 21 Primary Health Centers in Amman governorate

**Examples of direct impact on beneficiaries**

**Fatema Al-Naji** is a 67 year-old woman and a Syrian refugee. Fatema suffered a stroke in January 2021 and she has paralysis. She needs intensive rehabilitation sessions to be able to drink, dress and go to the bathroom independently. She lives with her daughter and her uncle who has had a leg amputation. She is unable to afford the cost of the sessions and the transportation to the hospital.

**Noor Ghazi** is an 11 years-old Jordanian girl suffering from amelia (a congenital limb deficiency). Nour received a prosthesis from HI but due to her age she will need a new prosthesis as she grows up. She is eager to get back to school now that schools are reopening in Jordan, but without a new prosthesis and training on the usage of the prosthesis, she will be unable to do so.
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