



Impact of COVID-19 on Persons with Disabilities in Jordan

Case Study Report

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*Delivering a transformational step change in education provision for children with
disabilities in conflict-affected states*

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Background

Located in southwest Asia on the East bank of the Jordan River, Jordan is a Middle Eastern country in the rocky desert of the northern Arabian Peninsula. With an area of 89,342 km², Jordan is bounded to the East by Iraq, north by Syria, South by Saudi Arabia, and West by Palestine. The city of Amman is the largest in Jordan and is also its capital (Bickerton, I. 2021)¹. Jordan is populated by 10 million people. In 2020, 91.4% of this population was concentrated in urban areas, specifically in the northwest and around the capital. Affected by the regional environment, particularly in Syria and Iraq, Jordan houses around 750,000 refugees, including Syrian (90%) and Palestinian refugees.

While Jordan continues to receive a large refugee influx while having one of the smallest economies in the Middle East, it suffers from disrupted trade routes, lower investments, and lower tourism inflows. Jordan's densely populated poor urban areas and its struggling economy (Inclusive Futures & Institute of Development Studies, 2020)² are also paired with severe high rates of unemployment and underemployment and government debt. The Covid-19 outbreak, which first reached Jordan in March 2020, posed further risk on a "structurally ill-equipped country" (Jensehaugen, J., 2020)³.

COVID-19 pandemic in Jordan

Jordan's National Preparedness and Response Plan for COVID 19

In January 2020, in preparation for the Covid-19 outbreak that was yet to reach Jordan, Jordan's Ministry of Health conducted an assessment to identify capacities and gaps in detection and response to Covid-19 using a WHO national capacities review tool. In February, based on the

¹ Bickerton, I. (2021, April 09). Jordan. Retrieved May 26, 2021, from <https://www.britannica.com/place/Jordan>

² Inclusive Futures, & Institute of Development Studies (2020, June). Disability Inclusive Development Jordan Situational Analysis - Version II. Retrieved May 26, 2021, from <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15517/Disability%20Inclusive%20Development%20Situational%20Analysis%20for%20Jordan%20V2%20June%202020.pdf?sequence=1&isAllowed=y>

³ Jensehaugen, J. (2020, March). Jordan and COVID-19: Effective Response at a High Cost. Retrieved May 26, 2021, from <https://www.prio.org/utility/DownloadFile.ashx?id=2073&type=publicationfile>

results of the ministry of Health assessment, Jordan's National Preparedness and Response Plan for COVID-19 was set out and ready to be used as a practical guide for national authorities and health sector partners in fulfilling gaps (World Bank, 2020)⁴. The Response Plan targets all residents in Jordan (including Jordanians and non-Jordanians) to be eligible for benefits from COVID-19 preparedness and response activities. The plan was designed in two-part. Part 1 is on the prevention of the spread by enhancing case detection, testing, case management, recording and reporting, as well as contact tracing, risk assessment, and clinical care management. Part 2 is on implementation, monitoring and evaluation. A major component through which the response plan would function is the "Risk Communication and Community Engagement Component" which is already set out by the government of Jordan. This component necessitates a stakeholder assessment for proper implementation of the case-specific plan. Vulnerable groups were identified and they include the following:

- Elderly persons
- Persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer, or diabetes)
- **Persons with disabilities**
- Households below poverty level including uninsured Jordanians and Syrians
- People with little literacy
- Refugees living in camps managed by UN agencies
- Refugees living in communities
- Women-headed households or single mothers with underage children
- Groups of the population who could be exposed to domestic violence or abuse as a result of restrictive measures imposed to manage the pandemic
- Group of the population at risk of mental and psychological illness as a result of the restrictive measures imposed to manage the pandemic

Therefore, the plan promises dedicated means of engagement during the crises for the above-mentioned group of people.

⁴ World Bank (2020, June 4). Preliminary Stakeholder Engagement Plan (SEP) - JORDAN COVID-19 EMERGENCY RESPONSE. Retrieved May 26, 2021, from <http://documents1.worldbank.org/curated/en/629371587490605933/pdf/Stakeholder-Engagement-Plan-SEP-Jordan-COVID-19-Emergency-Response-P173972.pdf>

It is important to note that Jordan's National Crisis Management Plan has no mention of people with disabilities (United Nations, 2001)⁵ although the Arab emergency plan instructs countries to establish their national emergency plans with the participation of people with disabilities among others (mentors, women, elderly, children)⁶. Also, as stated by deputy Middle East and North Africa director at Human Rights Watch, "Jordan's disability rights law is great on paper, but it means nothing for people with disabilities if the government will not put it into practice," (2020)⁷. In other words, the actual inclusion of people with disabilities during the Covid-19 crisis seems questionable. While Jordan's National Preparedness and Response Plan for COVID-19 was designed to target all community members and their needs, the information presented in this chapter examines whether this degree of inclusivity promised remains on paper throughout the crisis or is truly implemented (World Bank, 2020)⁸.

First confirmed COVID-19 Case

In Jordan, the first Covid-19 case was confirmed on March 2, 2020. The Jordanian national had visited Italy before coming back to Jordan. As a result, authorities directly implemented airport temperature screenings and denied entry of non-Jordanians traveling from China, Iran, South Korea, and Italy within 14 days before arrival to Jordan. As for travelers coming from other countries, they were asked to be quarantined upon entry in case of a demonstration of flu-like symptoms (Garda World, 2020)⁹. Then, on March 15, the number of cases increased suddenly to

⁵ United Nations (2001, May 8). الجمعية العامة المجلس الاقتصادي والاجتماعي

⁶ جامعة الدول العربية. (2020). الاستراتيجية العربية لمحدد من مخاطر الكوارث. Retrieved May 26, 2021, from https://www.unisdr.org/files/18903_17934arabdrstrategyfinaladoptedara.pdf

⁷ Human Rights Watch (2020, October 28). Jordan: Insufficient Disability Rights Funding. Retrieved May 26, 2021, from <https://www.hrw.org/news/2019/12/23/jordan-insufficient-disability-rights-funding>

⁸ World Bank (2020, June 4). Preliminary Stakeholder Engagement Plan (SEP) - JORDAN COVID-19 EMERGENCY RESPONSE. Retrieved May 26, 2021, from <http://documents1.worldbank.org/curated/en/629371587490605933/pdf/Stakeholder-Engagement-Plan-SEP-Jordan-COVID-19-Emergency-Response-P173972.pdf>

⁹ Garda World (2020, March 3). Jordan: First COVID-19 Case CONFIRMED March 2 /update 2. Retrieved May 26, 2021, from <https://www.garda.com/crisis24/news-alerts/319416/jordan-first-covid-19-case-confirmed-march-2-update-2>

8 cases (Eysenbach, G., 2020) ¹⁰ According to the World Health Organization (WHO, 2020) ¹¹, Jordan was then classified in the “clusters of cases” category which by definition means “Countries/territories/areas experiencing cases, clustered in time, geographic location and/or by common exposures”. This was the intermediary level of classification which followed the “Sporadic Cases: Countries/territories/areas with one or more cases, imported or locally detected” and came before “Community Transmission: Countries/area/territories experiencing larger outbreaks of local transmission defined through an assessment of factors”.

First lockdown date

To control this threat, Jordan implemented very strict measures that are comparable to those of countries with extremely high outbreaks of COVID-19 such as Spain, Italy, and France where the high severity of COVID-19 explains the high severity of the lockdown. Jordan exemplifies the opposite; the high severity of its lockdown explains the low severity of the COVID-19 outbreak during the first phase (Jensehaugen, J., 2020) ¹².

The total shutdown was implemented in stages starting March 12 until it was fully applied on March 21, 2020 (UNHCR, 2021) ¹³. As of March 17, the government seized all forms of inbound and outbound movement or international travel and enacted the Defense Law that transferred the authority to the Minister of Defense to work and formulate orders according to the situation. Consequently, a national curfew was ordered to ensure complete country isolation. The government ordered a lockdown on all border arrivals to the country and administrative governorates were isolated from each other. Confirmed and suspected COVID-19 cases from

¹⁰ Eysenbach, G. (Ed.). (2020, July 7). COVID-19 Crisis in Jordan: Response, Scenarios, Strategies, and Recommendations. Retrieved May 26, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7381018/>

¹¹ World Health Organization (2020, April 12). Coronavirus disease 2019 (COVID-19) Situation Report – 83. Retrieved May 26, 2021, from https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200412-sitrep-83-Covid-19.pdf?sfvrsn=697ce98d_4

¹² Jensehaugen, J. (2020, March). Jordan and COVID-19: Effective Response at a High Cost. Retrieved May 26, 2021, from <https://www.prio.org/utility/DownloadFile.ashx?id=2073&type=publicationfile>

¹³ UNHCR (2021, March 31). COVID-19 Emergency Response Update #17. Retrieved May 26, 2021, from https://reliefweb.int/sites/reliefweb.int/files/resources/MENA_COVIDupd_17.pdf

airport arrivals were isolated in hospitals under the strict supervision of qualified medical staff (WHO, 2020) ¹⁴.

Meanwhile, task forces were established within the Crisis Cell (Ben Mimoune, N. 2020) ¹⁵: Medical care task force, Border control, Crossings, and airport task force, Social protection task force, Strategic reserve task force (Food and drugs), Media follow-up task force.

The government immediately took measures to ensure the availability of the needed equipment and supplies for diagnosis. Efforts were exerted to minimize the outbreak by keeping track of cases and contacts by outbreak surveillance teams (WHO, 2020) ¹⁶.

Meanwhile, the police and the military were delegated to monitor lockdowns. Violators of curfews were fined JD100–500 (\$140–700). For a period, residents could even face a year in jail if they left their homes (UNHCR, 2021) ¹⁷.

The Syrian Refugee Affairs Directorate (SRAD) also announced several prevention measures for refugee camps, which included: issuance of leave permits for emergency cases only, suspension of all in-person educational activities, suspension of all vocational activities, and the suspension of all in-person training activities (UNHCR, 2021) ¹⁸.

¹⁴ World Health Organization (2020, April 12). Coronavirus disease 2019 (COVID-19) Situation Report – 83. Retrieved May 26, 2021, from https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200412-sitrep-83-Covid-19.pdf?sfvrsn=697ce98d_4

¹⁵ Ben Mimoune, N. (2020, December 16). Policy and institutional responses to COVID-19 in the Middle East and North Africa: Jordan. Retrieved May 26, 2021, from <https://www.brookings.edu/research/policy-and-institutional-responses-to-covid-19-in-the-middle-east-and-north-africa-jordan/>

¹⁶ World Health Organization (2020, April 12). Coronavirus disease 2019 (COVID-19) Situation Report – 83. Retrieved May 26, 2021, from https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200412-sitrep-83-Covid-19.pdf?sfvrsn=697ce98d_4

¹⁷ UNHCR (2021, March 31). COVID-19 Emergency Response Update #17. Retrieved May 26, 2021, from https://reliefweb.int/sites/reliefweb.int/files/resources/MENA_COVIDupd_17.pdf

¹⁸ UNHCR (2021, March 31). COVID-19 Emergency Response Update #17. Retrieved May 26, 2021, from https://reliefweb.int/sites/reliefweb.int/files/resources/MENA_COVIDupd_17.pdf

Phased reopening date

On March 25, four days after the total lockdown was imposed, the lockdown was downgraded to a curfew, because utter chaos was witnessed in the country. People hustled to receive the government's bread distributions, hotlines became overloaded (Picheta, R. 2020)¹⁹, and citizens protested against the inadequate governmental food handouts (Jensehaugen, J., 2020)²⁰. Therefore, residents aged between 16 and 60 were then allowed to leave their homes to buy food and medicine; however, a curfew was still imposed between 6 pm and 10 am (Picheta, R. 2020)²¹. Considering that of the Jordanian population, 15.7% already lived under the poverty line before the COVID-19 outbreak, including 78% of the Syrian refugee population (Jensehaugen, J., 2020)²², the strict measures had to be lifted as they caused severe economic consequences.

Therefore, the government launched a website for citizens to request permits to leave their homes by car for urgent matters (وزارة الإقتصاد الرقمي والريادة, 2020)²³. The platform, however, was not designed to be accessible for people with disabilities. Six weeks later, on May 3, most sectors were allowed to resume work gradually, but schools, universities, gyms, public gatherings, church, and mosque sermons remained banned. Defense Orders 8, 11, and 16, related to the adoption of preventive measures in public places and ban social gatherings of more than 20 people were maintained and strengthened; however, on May 21, Jordan witnessed a spike in diagnoses and implemented another three-day shutdown.

Again, by September 2020, Jordan witnessed another surge in cases from double-digit figures to around 8,000 cases per day. To double the number of available COVID-19 hospital beds and

¹⁹ Picheta, R. (2020, March 26). Jordan eases LOCKDOWN after total CURFEW leads to chaos. Retrieved May 26, 2021, from <https://edition.cnn.com/2020/03/25/middleeast/jordan-lockdown-coronavirus-intl/index.html>

²⁰ Jensehaugen, J. (2020, March). Jordan and COVID-19: Effective Response at a High Cost. Retrieved May 26, 2021, from <https://www.prio.org/utility/DownloadFile.ashx?id=2073&type=publicationfile>

²¹ Picheta, R. (2020, March 26). Jordan eases LOCKDOWN after total CURFEW leads to chaos. Retrieved May 26, 2021, from <https://edition.cnn.com/2020/03/25/middleeast/jordan-lockdown-coronavirus-intl/index.html>

²² Jensehaugen, J. (2020, March). Jordan and COVID-19: Effective Response at a High Cost. Retrieved May 26, 2021, from <https://www.prio.org/utility/DownloadFile.ashx?id=2073&type=publicationfile>

²³ تصريح الخروج من المنزل (2020). وزارة الإقتصاد الرقمي والريادة. Retrieved May 26, 2021, from <https://www.stayhome.jo/>

Intensive Care Units, the army's medical corps was instructed to complete 3 field hospitals. Finally, to have at least 2,000 new medics working by the end of the year, the government rushed to recruit medical staff to include graduate nurses and retired doctors (Al-Khalidi, S. 2020)²⁴.

COVID-19 in 2021

The transmission rate grew faster with the COVID-19 variant that was first identified in Britain (Reuters, 2021)²⁵. Jordan is therefore currently witnessing a surge of cases with occupancy rates reaching 70%. While all 31 public hospitals were designated for COVID-19 treatment, the government has rented 4 private hospitals to relieve the strain from the public sector. The government is also ready to increase capacity if needed and might hence activate the defense order related to nationalizing private hospitals and health care providers (Khojji, Z. 2021)²⁶. Most recently, the situation in Jordan continues to deteriorate as the Health Minister resigns after the death of seven COVID-19 cases due to an oxygen outage at the main government hospital (Oweis, K. 2021)²⁷.

The updated number of cases till this report is written (15 May 2021), the total number of Coronavirus cases are 723,069, deaths 9,224, recovered 710,445 (Worldometer, 2021)²⁸.

²⁴ Al-Khalidi, S. (2020, November 19). Jordan races to expand hospitals to cope With covid-19 surge. Retrieved May 26, 2021, from <https://www.reuters.com/article/us-health-coronavirus-jordan-hospitals-idUSKBN27Z24D>

²⁵ Reuters (2021, March 15). Jordan reports highest daily tally of COVID-19 cases. Retrieved May 26, 2021, from <https://www.arabnews.com/node/1826041/middle-east>

²⁶ Khojji, Z. (2021, March 28). Jordan considers state takeover of private hospitals to cope With covid-19 surge. Retrieved May 26, 2021, from <https://www.arabnews.com/node/1833246/middle-east>

²⁷ Oweis, K. (2021, March 14). Jordan's health Minister forced out of government after SEVEN Covid-19 patients die from lack of oxygen. Retrieved May 26, 2021, from <https://www.thenationalnews.com/mena/jordan/jordan-s-health-minister-forced-out-of-government-after-seven-Covid-19-patients-die-from-lack-of-oxygen-1.1183250>

²⁸ Worldometer. (2021, May 15). Jordan Corona Virus. Retrieved May 15, 2021, from <https://www.worldometers.info/coronavirus/country/jordan/>

COVID-19 and Healthcare sector for vulnerable groups

With a population of 10 million, 116 public and private hospitals, and 14,000 beds, Jordan has one of the highest ratios of beds to the population in the region. The pandemic however has revealed the shortage of qualified medical staff and the mismanagement in the public health sector on which 8% of the country's \$50 billion GDP is spent (Al Arabiya English, 2020)²⁹.

Whilst the government took measures to control the spread of the virus, it is vital to investigate to what extent its health services were inclusive of the needs of vulnerable groups such as socioeconomically disadvantaged families, children, teenagers, elderly, migrants, refugees, and people with disabilities.

To start with, according to Jordan's National Preparedness and Response Plan for COVID-19, medical services and diagnostic testing for COVID-19 are provided free for all residents in Jordan, including refugees (World Bank, 2020)³⁰.

In aid of the socioeconomically disadvantaged refugee families in Jordan, the government of Jordan called on international support and established a fund for poor Jordanian families, drawn from a list of National Aid Fund recipients (USAID, 2020)³¹. However, the limitations faced by this group of people go beyond financial ones. According to a socio-economic study done by the UNRWA, 27% of the Palestinians surveyed faced challenges in receiving medical services because of travel restrictions, closed hospitals, far facilities, and lack of money. 59.3% received health services through UNRWA health centers, 29% through government facilities, and 6.5% through private health services (UNRWA, 2020)³². More specifically, adolescent refugees with disabilities

²⁹ Al Arabiya English. (2020, November 19). Coronavirus: Jordan races to expand hospitals to cope With covid-19 surge. Retrieved May 26, 2021, from <https://english.alarabiya.net/coronavirus/2020/11/20/Coronavirus-Coronavirus-Jordan-races-to-expand-hospitals-to-cope-with-COVID-19-surge>

³⁰ World Bank (2020, June 4). Preliminary Stakeholder Engagement Plan (SEP) - JORDAN COVID-19 EMERGENCY RESPONSE. Retrieved May 26, 2021, from <http://documents1.worldbank.org/curated/en/629371587490605933/pdf/Stakeholder-Engagement-Plan-SEP-Jordan-COVID-19-Emergency-Response-P173972.pdf>

³¹ USAID (2020, June 18). JORDAN MEDIA ASSESSMENT WHITE PAPER: GOVERNMENT AND MEDIA OUTREACH IN THE AGE OF COVID-19. Retrieved May 26, 2021, from https://pdf.usaid.gov/pdf_docs/PA00WQVK.pdf

³² UNRWA (2020, June). Rapid socio-economic study of the effects of covid-19 on Palestine refugees in Jordan. Retrieved May 26, 2021, from

demonstrated anxiety about the changes they are experiencing and fear for what the future might hold. For example, the little mobility that adolescents with physical disabilities had before the pandemic has now been taken away (Gender & Adolescence: Global Evidence, 2020)³³.

Médecins Sans Frontières was another means for refugees to access health services. Many Syrian refugees in this region have non-communicable diseases (NCDs), such as diabetes, high blood pressure, respiratory conditions, and heart disease that require long-term medication and follow-up. This group of people is much more vulnerable to health complications if they contract COVID-19. One way that they have been safely receiving health services is by enrolling in MSF's non-communicable diseases project. MSF teams have been following strict infection prevention measures and have been providing consultations to refugee patients through the phone, home visits, and clinics (OCHA, 2021)³⁴.

Also, Action Against Hunger launched a free telephone hotline for refugees, Syrian refugees in particular. Most people who call express the need for psychological support, as they are day workers who find themselves without any source of income during the lockdown (Ansa, 2020)³⁵. UNRWA has also prioritized a holistic response in aid of the Palestinian refugees in Jordan whereby it provides hygiene materials and psychological support via a network of school mentors (OCHA, 2020)³⁶.

https://www.unrwa.org/sites/default/files/content/resources/covid-19_rapid_socioeconomic_survey_jordan_final_10_16_2020.pdf

³³ Gender & Adolescence: Global Evidence (2020, May). Exploring the impacts of covid-19 on adolescents in Jordan's refugee camps and host communities. Retrieved May 26, 2021, from <https://www.gage.odi.org/wp-content/uploads/2020/05/Exploring-the-impacts-of-covid-19-on-adolescents-in-Jordan%E2%80%99s-refugee-camps-and-host-communities-1.pdf>

³⁴ OCHA (2021, January 7). Jordan: Covid-19, an addition to Syrian REFUGEES' renewed suffering in harsh winter - Jordan. Retrieved May 26, 2021, from <https://reliefweb.int/report/jordan/jordan-Covid-19-addition-syrian-refugees-renewed-suffering-harsh-winter>

³⁵ Ansa (2020, May 21). Coronavirus in Jordan: Hotline provides information for refugees. Retrieved May 26, 2021, from <https://www.infomigrants.net/en/post/24888/coronavirus-in-jordan-hotline-provides-information-for-refugees>

³⁶ OCHA (2020, May 1). UNRWA in JORDAN launch comprehensive "Education Cannot WAIT" distance learning programme - Jordan. Retrieved May 26, 2021, from <https://reliefweb.int/report/jordan/unrwa-jordan-launch-comprehensive-education-cannot-wait-distance-learning-programme>

Before the pandemic, there was already a need to gain a better understanding of the level of services and facilities available to people with disabilities, as well as the obstacles and barriers they face that limit their enjoyment of their rights. There was also an urgent need to conduct a thorough and comprehensive survey to identify the scale, type, nature, and prevalence of disability in Jordan (Thompson, S., 2018)³⁷. Studies reveal a lack of reliable and accurate data on persons with disabilities in Jordan; however, in 2018, disability prevalence was estimated to be between 11 and 15 percent (Inclusive Futures & Institute of Development Studies, 2020)³⁸. With regards to refugees in Jordan with disabilities, one study found that 30 percent of Syrian refugees in Jordan had specific physical or intellectual needs.

Article (23) of Law No. (20), 2017, of people with disabilities in Jordan, requires the qualification and training of the medical, technical, and administrative personnel working at hospitals and medical centers in terms of methods and ways of communication with persons with disabilities. Also, hospital licenses can only be granted and renewed if medical centers and hospitals (private and public) comply with accessibility measures for people with disabilities. These requirements were given a 5 year time (2017-2022) frame until execution (The Hashemite Kingdom of Jordan, 2017)³⁹. Practically, these laws, are to facilitate the reach of medical services to people with disabilities during normal times and times of crisis; however, no evidence exists on the impact of COVID-19 on the ability of people with disabilities to access health care, maintain medical

³⁷ Thompson, S. (2018, August 3). The current situation of persons with disabilities in Jordan. Retrieved May 26, 2021, from https://assets.publishing.service.gov.uk/media/5bb22804ed915d258ed26e2c/Persons_with_disabilities_in_Jordan.pdf

³⁸ Inclusive Futures, & Institute of Development Studies (2020, June). Disability Inclusive Development Jordan Situational Analysis - Version II. Retrieved May 26, 2021, from <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15517/Disability%20Inclusive%20Development%20Situational%20Analysis%20for%20Jordan%20V2%20June%202020.pdf?sequence=1&isAllowed=y>

³⁹ The Hashemite Kingdom of Jordan (2017). The Hashemite Kingdom of Jordan Law No. (20) for the Year 2017 Law on the Rights of Persons with Disabilities Act.

treatment, access rehabilitation care and social support services (Inclusive Futures & Institute of Development Studies, 2020)⁴⁰.

While no sources are available on the medical services that were presented to people with disabilities, a needs assessment done by Humanity and Inclusion on 466 individuals with disabilities (out of which 93% have physical impairments) reveals the unmet needs of PWDs during the COVID-19 outbreak in Jordan. Results showed that 93% of the interviewed group required the replacement of assistive devices including eyeglasses, contact lenses, and crutches, 88% could not go to hospitals or clinics for their regular checks or additional medical needs and 48% felt worried, nervous, or anxious at all times. Also, out of a bigger pool of 942 surveyed households with members who have disabilities, 38% needed medical assistant/medicine, and 14% needed diapers. Furthermore, the participants in the HI research expressed ability to stay safe and clarity and receipt of COVID-19 prevention measures where only 9% needed information on how to stay healthy, 8% needed information on COVID-19 symptoms, 7% needed information on how and where to get tested and 4% needed information on governmental rules (Humanity & Inclusion, 2020)⁴¹. This information however does not reflect the category of disability questioned and therefore does not prove that all people with disabilities could access health information.

It is important to note that the Jordanian Ministry of Health posted detailed COVID-19 statistical information on its website including the number and rate of positive cases, number and rate of deaths number of lab tests, number of cases admitted to and discharged from the hospital, number of recoveries, and finally the occupancy rate of isolation beds, ICU beds, and ventilators (Jordan Ministry of Health, 2020)⁴²; however, this information did not include statistics on people with disabilities who might have caught the virus or who died after being infected by the virus.

⁴⁰ Inclusive Futures, & Institute of Development Studies (2020, June). Disability Inclusive Development Jordan Situational Analysis - Version II. Retrieved May 26, 2021, from <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15517/Disability%20Inclusive%20Development%20Situational%20Analysis%20for%20Jordan%20V2%20June%202020.pdf?sequence=1&isAllowed=y>

⁴¹ Humanity & Inclusion (2020, April). Needs Assessment Impact of COVID-19 on People with Disabilities and their Families in Jordan. Retrieved May 26, 2021, from <https://data2.unhcr.org/en/documents/details/75872>

⁴² Jordan Ministry of Health (2020). Ministry of health, the official website of the Jordanian Ministry of Health: Coronavirus disease. Retrieved May 26, 2021, from <https://corona.moh.gov.jo/en>

Covid-19 and Educational sector

On 14 March 2020, schools and universities were suspended and the Ministry of Education commenced its Distant/Remote Learning Plan. Only a month after schools in Jordan began to reopen, authorities announced school closure again on March 9, 2021 (Omari, R. 2021)⁴³.

The Government of Jordan rapidly responded to school closures to minimize learning losses. The Ministry of Education collaborated with the Ministry of Digital Economy and Entrepreneurship (MoDEE), the World Bank, and private sector providers such as Edraak, Mawdoo3, Abwaab, and JoAcademy platforms to develop comprehensive remote education platforms (Blom, A., Nusrat, M., Goldin, N., & Bilal, A., 2020)⁴⁴. The partnership resulted in the now widely used distance-learning portal 'Darsak' (I and II) which offers recorded lessons in line with the Jordanian curriculum of Arabic, English, Maths, and Science for grades 1 through 12 (Holleis, J., 2021)⁴⁵. The Darsak official E-learning platform (www.darsak.gov.jo). Darsak I focuses on the primary level while Darsak II focuses on grades 9 to 11 (UNESCO, 2020)⁴⁶. The government's collaborations also resulted in "Teachers", a platform for teacher training and courses for distance teaching tools (Holleis, J., 2021)⁴⁷. Complementarily to the Darsak platform and with the support of UNICEF, Jordan launched the "Learning Bridges" app, to help one million students in Grades 4-9 recover and accelerate their learning amidst COVID-19 and compensate for educational losses. The application creates a link between home and school, technology and textbooks, knowledge, and

⁴³ Omari, R. (2021, March 09). Schools in Jordan closed again Amid surge IN COVID-19 cases. Retrieved May 26, 2021, from <https://www.arabnews.com/node/1822726/middle-east>

⁴⁴ Blom, A., Nusrat, M., Goldin, N., & Bilal, A. (2020, September 24). Jordan's education response to COVID-19: Speed, support, and sustainability. Retrieved May 26, 2021, from <https://blogs.worldbank.org/arabvoices/jordans-education-response-Covid-19-speed-support-and-sustainability>

⁴⁵ Holleis, J. (2021, March 3). In Jordan, home schooling could be just what the education System NEEDED: DW: 19.03.2021. Retrieved May 26, 2021, from <https://www.dw.com/en/in-jordan-home-schooling-could-be-just-what-the-education-system-needed/a-56924716>

⁴⁶ UNESCO (2020). Alternative Solutions to School Closure in Arab Countries To Ensuring that Learning Never Stops COVID-19 EDUCATION RESPONSE. Retrieved May 26, 2021, from https://en.unesco.org/sites/default/files/alternative_solutions_to_school_closure_in_arab_countries_-_final.pdf

⁴⁷ Holleis, J. (2021, March 3). In Jordan, home schooling could be just what the education System NEEDED: DW: 19.03.2021. Retrieved May 26, 2021, from <https://www.dw.com/en/in-jordan-home-schooling-could-be-just-what-the-education-system-needed/a-56924716>

applied learning. To do so, the app is uploaded with a series of weekly activities based on the core curriculum that will be distributed by schools. Each activity sheet includes instructions for teachers, parents, and students (OCHA, 2020)⁴⁸. The activities cover Arabic, English, Maths, and Science. It is important to note that students should scan a distributed QR code via their phones to access the App (UNICEF, 2020)⁴⁹.

Furthermore, the government of Jordan utilized two TV channels to offer on-air lectures and repurposed the country's TV-sports channel to broadcast “Tawjihi” lessons for the secondary school leaving examination (Holleis, J., 2021)⁵⁰. The ministry of education also revised and amended the grades required for passing, completing, or failing the subjects for the second semester of 2019/2020 (British Council, & UK Aid, 2020)⁵¹.

While the governmental plan excludes universities, universities such as the German Jordanian University in Amman have individually adapted to the new situation by introducing 'digital twins' of their 30 courses.

According to the head of the German Academic Exchange Service in Amman, a major obstacle to the government’s efforts in the education sector is the unequal access to the internet due to “costly wifi”, “digital infrastructure that does not extend to rural regions” and weak mobile networks in refugee camps. According to the Organization for Economic Co-operation and Development’s (OECD) Program for International Student Assessment (PISA), more than 16% of students in Jordan lacked internet access. One-third of 15-year-olds said they didn't have a

⁴⁸ OCHA (2020, September 20). Ministry of education and UNICEF LAUNCH "LEARNING BRIDGES" to help one million children RECOVER learning in Jordan - Jordan. Retrieved May 26, 2021, from <https://reliefweb.int/report/jordan/ministry-education-and-unicef-launch-learning-bridges-help-one-million-children>

⁴⁹ UNICEF (2020, September 20). Learning bridges. Retrieved May 26, 2021, from <https://www.unicef.org/jordan/education/learning-bridges>

⁵⁰ Holleis, J. (2021, March 3). In Jordan, home schooling could be just what the education System NEEDED: DW: 19.03.2021. Retrieved May 26, 2021, from <https://www.dw.com/en/in-jordan-home-schooling-could-be-just-what-the-education-system-needed/a-56924716>

⁵¹ British Council, & UK Aid (2020, October 27). Summary report: Policy dialogue on Inclusive Education and Covid-19, Jordan Experiences.

computer that can be used for schoolwork (Holleis, J., 2021)⁵². An online poll of 25,000 Jordanians revealed that many students were not able to connect to the government-sponsored online teaching program” (Kuttab, D. 2021)⁵³. According to a study carried out by the UNRWA, more than three-fourths (75.4%) of Palestinian students have access to the internet at home; however, 42.4% indicated that it is of poor quality (UNRWA, 2020)⁵⁴.

However, to ensure that no one is left behind, the World Bank, through its Skilling Up Mashreq Initiative” (SUM), is currently mapping low-resource settings for the development of their digital skills and is supporting programs to ensure refugees in Jordan have opportunities for remote learning and work (Blom, A., Nusrat, M., Goldin, N., & Bilal, A., 2020)⁵⁵. Also, the Jordanian Ministry of Education has fully recognized the “Kolibri” platform” as an e-learning resource and incorporated it in the MoE’s national education platform (OCHA, 2021)⁵⁶. Kolibri was developed to support learning for people without Internet access; it is an offline-first learning platform that provides a library of educational resources and runs on a variety of low-cost devices (Learning Equality, 2021)⁵⁷.

In support of remote learning for refugees, the UNHCR has utilized Kolibri by establishing multi-purpose rooms in public schools with access to the platform. The UNHCR also provided online

⁵² Holleis, J. (2021, March 3). In Jordan, home schooling could be just what the education System NEEDED: DW: 19.03.2021. Retrieved May 26, 2021, from <https://www.dw.com/en/in-jordan-home-schooling-could-be-just-what-the-education-system-needed/a-56924716>

⁵³ Kuttab, D. (2021, January 15). Jordan begins COVID-19 vaccines as students start to return. Retrieved May 26, 2021, from <https://www.arabnews.com/node/1793296/middle-east>

⁵⁴ UNRWA (2020, June). Rapid socio-economic study of the effects of covid-19 on palestine refugees in jordan. Retrieved May 26, 2021, from https://www.unrwa.org/sites/default/files/content/resources/covid-19_rapid_socioeconomic_survey_jordan_final_10_16_2020.pdf

⁵⁵ Blom, A., Nusrat, M., Goldin, N., & Bilal, A. (2020, September 24). Jordan's education response to COVID-19: Speed, support, and sustainability. Retrieved May 26, 2021, from <https://blogs.worldbank.org/arabvoices/jordans-education-response-Covid-19-speed-support-and-sustainability>

⁵⁶ OCHA (2021, February 21). UNHCR Jordan Covid-19 Response (17 February 2021) - Jordan. Retrieved May 26, 2021, from <https://reliefweb.int/report/jordan/unhcr-jordan-Covid-19-response-17-february-2021>

⁵⁷ Learning Equality. (2021). Kolibri. Retrieved May 26, 2021, from <https://learningequality.org/kolibri/>

training, certified courses, and homework support groups; focus groups with youth on the impact of blended/online learning; training of teachers and professors on online learning; digital connected learning hubs (OCHA, 2021)⁵⁸.

The UNRWA education program also launched its “Education Cannot Wait” initiative, a rapid distance learning plan to accommodate the needs of around 118,000 young Palestinian refugees distributed in the agency’s 169 schools. The program trained its teachers for online teaching and ensured student access to the government’s education TV channels as well as the Darsak platform. Two UNRWA technical and vocational education training centers collaborated with telecommunications companies in Jordan for free-of-charge internet connection packages. UNRWA has also prioritized a holistic response, including consideration of widespread access to smartphones, tablets, and laptops (OCHA, 2020)⁵⁹.

The ministry of education in Jordan did not exclude students with special needs from its COVID-19 education Plan. It collaborated with the Higher Council for the Rights of Persons with Disabilities (HCD) and international NGOs to implement the 10-Year Strategy for Inclusive Education (2020-2030). The ministry therefore filmed the curriculum lessons that the Ministry of Education developed for students with Special Educational Needs and Disabilities including sign language and audio. The lessons were uploaded to the website of HCD. The ministry also managed to exclude students with disabilities from some of the passing requirements to facilitate their education. Also, an amount of 450,000 dinars for those enrolled in special education centers and private schools were disbursed; 429 students each received 1,000 dinars. As for the HCD, it produced 2300 filmed videos by initiating the “Basera” Initiative and “Isteklale” Application specially designed for students with visual impairment. HCD also created a YouTube channel on which 200 movies are uploaded for children with intellectual disabilities and autism disorder and is providing counseling services for students with intellectual disabilities.

Finally, UNRWA is providing special needs refugee students with videos, assignments, and worksheets according to the objectives included in each of their educational plans. It also

⁵⁸ OCHA (2021, February 21). UNHCR Jordan Covid-19 Response (17 February 2021) - Jordan. Retrieved May 26, 2021, from <https://reliefweb.int/report/jordan/unhcr-jordan-Covid-19-response-17-february-2021>

⁵⁹ OCHA (2020, May 1). UNRWA in JORDAN launch comprehensive "Education Cannot WAIT" distance learning programme - Jordan. Retrieved May 26, 2021, from <https://reliefweb.int/report/jordan/unrwa-jordan-launch-comprehensive-education-cannot-wait-distance-learning-programme>

implemented a specialized program for Arabic language and mathematics skills and created a network of communication during home quarantine between the school management, teacher, mentor psychological educators, special education teachers/support centers, students, and parents (British Council, & UK Aid, 2020)⁶⁰. The UNHCR is similarly providing virtual counseling for parents of children with disabilities (OCHA, 2021)⁶¹.

However, all the above services provided for special needs students remain inaccessible to view the previously mentioned unequal internet access in Jordan. A needs assessment survey done by Humanity and Inclusion on 942 households having members with disabilities (disability type unspecified), 42% had children not using online education platforms during quarantine (Humanity & Inclusion, 2020)⁶². A 16-year-old Palestinian girl with a hearing disability expressed her concern about distance learning as follows, 'Because we don't go to school we cannot study. Before the corona outbreak, my time was full – I was busy studying, being with my teachers and friends. Studying was the most important thing in my life. I feel afraid because we may lose the year and we might not be able to go back to school at all. We are waiting for them to start the online education and to post the online lessons for deaf people as they did with the other schools.' (Gender & Adolescence: Global Evidence, 2020)⁶³.

It is also important to note that before the COVID-19 pandemic, Jordan's special education sector faced financial challenges, early intervention, evaluation, and diagnosis tools and services (Melhem, T., & Isa, Z., 2013)⁶⁴, lack of specialized curricula, and appropriate learning environments. According to Jordan's Strategic Education Plan, the special education sector also

⁶⁰ British Council, & UK Aid (2020, October 27). Summary report: Policy dialogue on Inclusive Education and Covid-19, Jordan Experiences.

⁶¹ OCHA (2021, February 21). UNHCR Jordan Covid-19 Response (17 February 2021) - Jordan. Retrieved May 26, 2021, from <https://reliefweb.int/report/jordan/unhcr-jordan-covid-19-response-17-february-2021>

⁶² Humanity & Inclusion (2020, April). Needs Assessment Impact of COVID-19 on People with Disabilities and their Families in Jordan. Retrieved May 26, 2021, from <https://data2.unhcr.org/en/documents/details/75872>

⁶³ Gender & Adolescence: Global Evidence (2020, May). Exploring the impacts of covid-19 on adolescents in Jordan's refugee camps and host communities. Retrieved May 26, 2021, from <https://www.gage.odi.org/wp-content/uploads/2020/05/Exploring-the-impacts-of-covid-19-on-adolescents-in-Jordan%E2%80%99s-refugee-camps-and-host-communities-1.pdf>

⁶⁴ Melhem, T., & Isa, Z. (2013, July). Special Education in Jordan: Reality and Expectations. Retrieved May 26, 2021, from <https://core.ac.uk/download/pdf/194203489.pdf>

lacked a comprehensive database, accurate data on children with disabilities, and finally reliable educational indicators that can reflect the reality of students with educational disabilities and finally (The Hashemite Kingdom of Jordan, 2018)⁶⁵. According to the president of HCD, there remains a large gap between education policy and practice with regards to including children with disabilities in the education system (Inclusive Futures & Institute of Development Studies, 2020)⁶⁶. Jordan has signed the Convention on the Rights of Persons with Disabilities (CRPD) and has adopted the Law on the Rights of Persons with Disabilities No. 20/2017. The rights of children with disabilities to education are therefore articulated whereby the Ministry of Education (in association with the HCD) is mandated to produce disability-inclusive policies and provide accessibility solutions in public and private educational institutions. They also have a responsibility for revising educational curricula to be disability-inclusive. Yet, there are still many gaps to be filled (The Hashemite Kingdom of Jordan, 2018)⁶⁷.

Finally, despite all of the effort done by the ministry of education and related parties during the ongoing COVID-19 pandemic, parents expressed dissatisfaction with online learning and needed to ease its burden; therefore, a national campaign for the Return to School was formed and issued a statement asking the Government of Jordan to allow parents the choice of either sending

⁶⁵ The Hashemite Kingdom of Jordan. (2018). Ministry of Education Education Strategic Plan 2018 - 2022. Retrieved May 26, 2021, from http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Amman/pdf/ESP_English.pdf

⁶⁶ Inclusive Futures, & Institute of Development Studies (2020, June). Disability Inclusive Development Jordan Situational Analysis - Version II. Retrieved May 26, 2021, from <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15517/Disability%20Inclusive%20Development%20Situational%20Analysis%20for%20Jordan%20V2%20June%202020.pdf?sequence=1&isAllowed=y>

⁶⁷ The Hashemite Kingdom of Jordan. (2018). Ministry of Education Education Strategic Plan 2018 - 2022. Retrieved May 26, 2021, from http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Amman/pdf/ESP_English.pdf

their children to school or maintaining online learning methods for the second semester (Husseini, R., 2020)⁶⁸. The demand was however rejected (Kuttab, D. 2021)⁶⁹.

COVID-19 Vaccination

Jordan was among the first 40 countries to be vaccinated against Covid-19 as the head of the epidemics and communicable diseases department at the health ministry stated. On January 13, Jordan launched its free national vaccination campaign to fight COVID-19 which was carried out by its Ministry of Health and the National Centre for Security and Crises Management under the umbrella of the Government of Jordan. The government accordingly set out an online registration platform where both, Jordanian citizens and non-Jordanian nationals (U.S Embassy in Jordan, 2020)⁷⁰ register for the vaccine and also check if they are eligible to get it (Arab News, 2020)⁷¹.

Priority was given to healthcare workers (doctors and nurses), people with chronic illnesses, and those over the age of 60 in the first stage of vaccination. At first, injections were given at hospitals and healthcare facilities, until the authorities designated 29 vaccination centers across Jordan (France 24, 2021)⁷², listed on the ministry of health's official website.

Accordingly, 5,000 people can receive vaccination shots every day, according to Health Minister Nathir Obeidat. So far, till this report is written (15 May 2021), around 1 million doses (500,000 individuals) have been distributed which equals 5.4% of the country's population. According to Reuters, at this rate, it will take a further 86 days to distribute enough doses for another 10% of

⁶⁸ Husseini, R. (2020, December 29). National campaign for return to schools picks up tempo. Retrieved May 26, 2021, from <http://jordantimes.com/news/local/national-campaign-return-schools-picks-tempo>

⁶⁹ Kuttab, D. (2021, January 15). Jordan begins COVID-19 vaccines as students start to return. Retrieved May 26, 2021, from <https://www.arabnews.com/node/1793296/middle-east>

⁷⁰ U.S Embassy in Jordan (2020, August 9). COVID-19 Information. Retrieved May 26, 2021, from <https://jo.usembassy.gov/Covid-19-information/>

⁷¹ Arab News (2020, December 24). Jordan launches COVID-19 vaccine registration website. Retrieved May 26, 2021, from <https://www.arabnews.com/node/1782106/middle-east>

⁷² France 24 (2021, January 13). Jordan launches COVID vaccination campaign. Retrieved May 26, 2021, from <https://www.france24.com/en/live-news/20210113-jordan-launches-Covid-vaccination-campaign>

the population (Reuters, 2021)⁷³. The government has most recently signed deals with COVID-19 vaccine producers to import 10.2 million doses enough to vaccinate more than 50 percent of the kingdom's 10 million population (Omari, R., 2021)⁷⁴. Initially, Jordan had granted the emergency license for the use of the US-German Pfizer-BioNTech vaccine and China's Sinopharm vaccine (France 24, 2021)⁷⁵. Currently, however, Pfizer-BioNTech, Astra Zeneca, Sinopharm, and Sputnik V are all the available vaccines in Jordan (U.S Embassy in Jordan, 2020)⁷⁶.

Also, with support from the government of Canada and as part of UNICEF's mission to ensure equitable and fair access to COVID-19 vaccines for all countries and priority groups, UNICEF has donated 1.3 million syringes to support Jordan's national COVID-19 vaccination campaign (OCHA, 2021)⁷⁷.

Despite governmental efforts to vaccinate the people in Jordan, research done to study the acceptability of COVID-19 vaccines in Jordan identified Jordan as one of the lowest countries in the acceptance of COVID-19 vaccines where 36.3% of the population indicated a refusal to get vaccinated and 26.3% were not sure. This was directly linked to safety concerns and therefore

⁷³ Reuters (2021, May 26). Jordan: The Latest CORONAVIRUS counts, charts and maps. Retrieved May 26, 2021, from <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/jordan/>

⁷⁴ Omari, R. (2021, March 28). Jordan considers state takeover of private hospitals to cope With covid-19 surge. Retrieved May 26, 2021, from <https://www.arabnews.com/node/1833246/middle-east>

⁷⁵ France 24 (2021, January 13). Jordan launches COVID vaccination campaign. Retrieved May 26, 2021, from <https://www.france24.com/en/live-news/20210113-jordan-launches-Covid-vaccination-campaign>

⁷⁶ U.S Embassy in Jordan (2020, August 9). COVID-19 Information. Retrieved May 26, 2021, from <https://jo.usembassy.gov/Covid-19-information/>

⁷⁷ OCHA (2021, April 2). UNICEF donates 1.3 million syringes to support National COVID-19 vaccination CAMPAIGN [en/ar] - Jordan. Retrieved May 26, 2021, from <https://reliefweb.int/report/jordan/unicef-donates-13-million-syringes-support-national-covid-19-vaccination-campaign-enar#:~:text=AMMAN%2C%20April%202021%20E2%80%94%20UNICEF,the%20routine%20immunization%20of%20children.>

lack of awareness campaigns about the safety and efficacy of the vaccine (El-Elimat, T., AbuAlSamen, M., Almomani, B., Al-Sawalha, N., & Alali, F., 2021)⁷⁸.

Although people with disabilities in Jordan were not given vaccination priority, on Wednesday 31 March 2021, the Higher Council for the Rights of Persons with Disabilities, and in coordination with the National Centre for Security and Crises Management and the Ministry of Health in Jordan, launched a vaccination campaign targeting persons with disabilities. Jordan's Crisis Cell and the Ministry of Health took part in encouraging PWDs to register for the vaccine through the government's vaccine portal (The Jordan Times, 2021)⁷⁹. The campaign went on for 5 weeks, to include all persons with disabilities, including refugees. While the registration platform was not redesigned to meet the accessibility needs of people with mental and visual impairments, a hotline number was established to allow for phone registration processes (UNHCR, 2020)⁸⁰.

Only half of 78 countries around the world that have launched nationwide vaccination programs have explicitly included refugees in their strategies. Jordan launched a comprehensive COVID-19 vaccination program for migrants, refugees, and asylum seekers. It is one of the first countries in the world to address the particular risk situation of refugees (InfoMigrants, 2021)⁸¹. The registration platform is inclusive of refugee certificate conditions; they are given the option to either enter the number displayed on the barcode sticker on their passport received upon entry

⁷⁸ El-Elimat, T., AbuAlSamen, M., Almomani, B., Al-Sawalha, N., & Alali, F. (2021, April 23). Acceptance and attitudes toward COVID-19 vaccines: A cross-sectional study from Jordan. Retrieved May 26, 2021, from <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0250555>

⁷⁹ The Jordan Times (2021, March 31). COVID vaccination for persons with disability to begin Wednesday in Jordan. Retrieved May 26, 2021, from https://www.zawya.com/mena/en/life/story/COVID_vaccination_for_persons_with_disability_to_begin_Wednesday_in_Jordan-SNG_206009943/

⁸⁰ UNHCR (2020). COVID-19 vaccine. Retrieved May 26, 2021, from <https://help.unhcr.org/jordan/en/frequently-asked-questions-unhcr/Covid-19-vaccine/>

⁸¹ InfoMigrants (2021, January 15). Jordan launched COVID vaccination program for refugees. Retrieved May 26, 2021, from <https://www.infomigrants.net/en/post/29674/jordan-launched-covid-vaccination-program-for-refugees>

to Jordan, or the personal number displayed on their Ministry of Interior service card, or the individual number on the UNHCR Asylum Seeker/Refugee Certificate (UNHCR, 2020)⁸².

COVID-19 information and awareness campaigns

Before the COVID-19 crisis, the citizens of Jordan expressed a lack of trust in the Jordanian media (9%), government officials (6%) as well as social media (6%). These figures were directly related to a lack of trust in the government of Jordan where only 39% of citizens trusted the government statement. The Government of Jordan found the COVID-19 pandemic an opportunity to restore the trust and communication gap with its citizens (USAID, 2020)⁸³.

On March 6, 4 days after the first case of COVID-19 was confirmed in Jordan, the Jordanian government, in affiliation with Facebook, launched a COVID-19 awareness campaign whereby Facebook presents Facebook visitors from within the Kingdom with links to the Ministry of Health. The government had dedicated the ministry of health website (available in Arabic and English) for COVID-19 awareness and information including preventative measures, tips to reduce the spread, list of facilities for testing and treatment (Jordan Ministry of Health, 2020)⁸⁴. The government's rapid response also included establishing a COVID-19 hotline and "Wahed", an online portal for all governmental platforms related to the virus on (واحد, 2020)⁸⁵. The portal unified an awareness platform, donation platform, grocery and food delivery platform, permit request platform, private-sector request platform, teaching and learning platform, school curricula bookstore platform, travel request platform, chronic illness medicine delivery platform, repair service platform, and reporting platform. However, none of the mentioned platforms are accessibly designed to cater to users with visual or mental disabilities, and they can only be accessed through Wi-Fi and computer/smart device availability.

As early as March 15, 2020, the Government launched a daily press briefing from the National Center for Security and Crisis Management. The Minister of State for Media Affairs, the Minister of Health representatives from the National Committee for Epidemics took part in these daily

⁸² UNHCR (2020). COVID-19 vaccine. Retrieved May 26, 2021, from <https://help.unhcr.org/jordan/en/frequently-asked-questions-unhcr/Covid-19-vaccine/>

⁸³ USAID (2020, June 18). JORDAN MEDIA ASSESSMENT WHITE PAPER: GOVERNMENT AND MEDIA OUTREACH IN THE AGE OF COVID-19. Retrieved May 26, 2021, from https://pdf.usaid.gov/pdf_docs/PA00WQVK.pdf

⁸⁴ Jordan Ministry of Health (2020, March 6). شراكة مع فيسبوك لتكثيف حملات التوعية بالوقاية من الكورونا. Retrieved May 26, 2021, from <https://corona.moh.gov.jo/ar/MediaCenter/09>

⁸⁵ واحد (2020). منصة واحدة توفر لك الوصول السهل والمباشر لكل المنصات الفاعلة اليوم في مواجهة أزمة كورونا في المملكة الأردنية الهاشمية. Retrieved May 26, 2021, from <https://one.gov.jo/>

televised briefings. These briefings were broadcast on TV and streamlined online and saved on ministry websites. This communication strategy followed by the government included qualified sign language interpretation. However, not all deaf people understand signs; therefore, captions are also a crucial requirement to ensure information is accessible (International Disability Alliance, 2020)⁸⁶. Aside from the daily briefings, the government issues weekly basis updates such as the places of residence of those infected, their age groups, how they were infected, their general health situation, and the age groups of those who passed away (USAID, 2020)⁸⁷.

Jordan also rushed to publish its National Campaign "Elak w feed". It was completed in partnership with the Ministry of Health, UNICEF-Jordan, World Health Organization, Royal Health Awareness Society, and the National Council for Family Affairs. Its objective was to encourage the adoption of healthy behavior among children, adolescents, and parents (particularly mothers) (USAID, 2020)⁸⁸. The campaign was circulated on the website of the ministry of health and social media platforms of the partner institutions (Facebook, Instagram, Twitter, and WhatsApp groups). It was also broadcast through radio and television (Jordan Ministry of Health, 2020)⁸⁹. However, only a fifth of the respondent (youth and adults) reported having heard of this campaign (USAID Jordan, 2020)⁹⁰.

A survey was carried out by the Community Health and Nutrition Activity to understand the knowledge of Jordanians on COVID-19 preventive measures. The results from the survey reflected a high degree (96%) of awareness among respondents about methods of COVID-19 transmission. 91% of respondents knew the primary clinical symptoms of COVID-19, and 96% of respondents knew that the elderly or people who had chronic health conditions were more likely to develop severe complications from COVID-19. While 27% of respondents had a chronic health

⁸⁶ International Disability Alliance IDA. (2020, May 18). Cut from the World: Pandemic experience for hard of HEARING persons in Nepal. Retrieved May 26, 2021, from <https://www.internationaldisabilityalliance.org/nepal-Covid19>

⁸⁷ USAID (2020, June 18). JORDAN MEDIA ASSESSMENT WHITE PAPER: GOVERNMENT AND MEDIA OUTREACH IN THE AGE OF COVID-19. Retrieved May 26, 2021, from https://pdf.usaid.gov/pdf_docs/PA00WQVK.pdf

⁸⁸ USAID (2020, June 18). JORDAN MEDIA ASSESSMENT WHITE PAPER: GOVERNMENT AND MEDIA OUTREACH IN THE AGE OF COVID-19. Retrieved May 26, 2021, from https://pdf.usaid.gov/pdf_docs/PA00WQVK.pdf

⁸⁹ Jordan Ministry of Health (2020). The National Campaign (Elak w Feed). Retrieved May 26, 2021, from <https://corona.moh.gov.jo/en/page/1038/ElakFeed>

⁹⁰ USAID Jordan (2020, December). COMMUNITY HEALTH AND NUTRITION PROJECT. Retrieved May 26, 2021, from <https://www.moh.gov.jo/Echobusv3.0/SystemAssets/6da682cf-d97d-4940-8d73-6a7417f8b25f.pdf>

condition, such as diabetes, hypertension, respiratory disease, heart disease, or obesity, 98% of respondents did not have a disability; therefore, inclusive/accessible dissemination of this information is not reflected in this study and therefore not guaranteed. There are ample studies on the degree of awareness successfully spread by Jordan's awareness campaigns; however, none of them represent people with disabilities (mobility, visual, hearing, cognitive impairments); In another study by USAID, the most mentioned sources of information were regional and international TV channels, local news outlets and their social media platforms (Facebook messenger, Whatsapp, Facebook), the government daily and weekly briefs, relatives or friends, awareness SMS, ministry of health website, National COVID-19 communication campaign (elako-feed), Sehtak Mobile App (which needs more promotion and clarification on its purpose), WhatsApp messages, leaflets, posters, outdoor billboards, radio (USAID Jordan, 2020)⁹¹.

While the information shared by the government was abundant and broadcasted via different platforms, it was not designed to cater to diverse needs including those of people with disabilities. The awareness guide published by the ministry of health and National Centre for Security and Crises Management on the latter's website included a wide range of information including the following: ways of COVID-19 transmission, COVID-19 symptoms, protection measures, protection measures for travelers, instructions on proper hand wash, frequency of hand wash, measures to be taken when symptoms appear when to wear the mask, instructions on sneezing to lower transmission of viruses, a Q and A section answering frequently asked questions, MoH hotlines for COVID-19 information; however, the guide was only provided in an inaccessible Arabic PDF text format (Jordan Ministry of Health, & Jordan National Centre for Security and Crises Management, 2020)⁹². Similarly, while the home isolation instructions for confirmed patients with Covid-19 provided by National Centre for Security and Crises Management instructs the isolation of the infected person from high-risk individuals (elderly or a member of the family with a disability), it was only provided in an inaccessible Arabic PDF text format via the NCSCM website (Jordan Ministry of Health, 2020)⁹³.

Therefore, people with disabilities were not very well targeted in awareness campaigns. The National Centre for Security and Crises Management also established other hotlines to provide people with disabilities more information and resources about COVID-19 and the vaccination

⁹¹ USAID Jordan (2020, December). COMMUNITY HEALTH AND NUTRITION PROJECT. Retrieved May 26, 2021, from <https://www.moh.gov.jo/Echobusv3.0/SystemAssets/6da682cf-d97d-4940-8d73-6a7417f8b25f.pdf>

⁹² Jordan Ministry of Health, & Jordan National Centre for Security and Crises Management (2020). الدليل التوعوي عن فيروس كورونا المستجد

⁹³ Jordan Ministry of Health (2020). تعليمات العزل المنزلي للمرضى المؤكدين إصابتهم بفيروس كوفيد-19.

campaign (UNHCR, 2020)⁹⁴. Based on the needs assessment survey done by Humanity and Inclusion on 466 individuals with disabilities (out of which 93% have physical impairments), 97% found the protection and prevention information on COVID-19 easy to understand and 71% did not need more information about the COVID-19 crisis which they received via media (37%), social media (26%) and friends and family (12%); however, it is important to note that 93% of the interviewed PWDs have physical impairments which do not hinder them from accessing COVID-19 information (Humanity & Inclusion, 2020)⁹⁵.

The “Amman App” set up by the Government of Jordan could have been a very useful tool to protect people with chronic diseases and with disabilities who are more vulnerable to health complications if infected by Covid-19; however, it was criticized by users to be inaccurate and inefficient. The App was designed to notify people of suspicious and high-risk locations they visit, yet, it only notified users after several days of visiting (USAID Jordan, 2020)⁹⁶.

Jordan’s media campaigns not only lacked accessibility but also lacked COVID-19 vaccine campaigns. Research done to study the acceptability of COVID-19 vaccines in Jordan linked the low percentage of acceptance to a lack of awareness campaigns about the safety and efficacy of the vaccine as well as the technology that was utilized in their production. A large percentage of the respondents trusted sources ranging from healthcare providers, pharmaceutical companies, and the media/internet for information about the COVID-19 vaccine; however, 18.1% did not trust any of them (El-Elimat, T., AbuAlSamen, M., Almomani, B., Al-Sawalha, N., & Alali, F., 2021)⁹⁷.

For successful COVID-19 campaigns, refugees living in Jordan should be targeted as they constitute almost 10% of the population. The UNHCR exhibited efforts in refugee awareness as it established a helpline for refugees residing in Jordan and posted campaigns on its Facebook and Twitter pages. UNHCR also posted procedures to follow on its website that covered the following subjects: COVID-19 latest news, a list of the UNHCR services, and Protect guidelines

⁹⁴ UNHCR (2020). COVID-19 vaccine. Retrieved May 26, 2021, from <https://help.unhcr.org/jordan/en/frequently-asked-questions-unhcr/Covid-19-vaccine/>

⁹⁵ Humanity & Inclusion (2020, April). Needs Assessment Impact of COVID-19 on People with Disabilities and their Families in Jordan. Retrieved May 26, 2021, from <https://data2.unhcr.org/en/documents/details/75872>

⁹⁶ USAID Jordan (2020, December). COMMUNITY HEALTH AND NUTRITION PROJECT. Retrieved May 26, 2021, from <https://www.moh.gov.jo/Echobusv3.0/SystemAssets/6da682cf-d97d-4940-8d73-6a7417f8b25f.pdf>

⁹⁷ El-Elimat, T., AbuAlSamen, M., Almomani, B., Al-Sawalha, N., & Alali, F. (2021, April 23). Acceptance and attitudes toward COVID-19 vaccines: A cross-sectional study from Jordan. Retrieved May 26, 2021, from <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0250555>

(UNHCR, 2020)⁹⁸. The shared information is either in the form of inaccessible Arabic pdfs (images + text), or Videos that neither include subtitles nor sign language interpretation. The UNHCR also provided updates on its Facebook and Twitter pages. Similarly, Action Against Hunger launched a free telephone hotline in response to the coronavirus emergency in Jordan. It offers support and updated information on the risks tied to the pandemic for vulnerable groups, in particular Syrian refugees. The vast majority of people calling the hotline express a desire to receive regular information on preventive measures to protect themselves and their families from any risk of contamination (Ansa, 2020)⁹⁹. Another effort targeting refugee awareness is UNRWA's Recreational activities designed to provide children with videos and songs explaining how to protect themselves from Covid-19 (British Council, & UK Aid, 2020)¹⁰⁰. According to a socio-economic study done by the UNRWA, during the emergency, the population was grappling with so much information on the pandemic and its related closures and lockdowns and was seeking information from various sources. The majority (98%) of the surveyed population depended on the media, such as TV, radio, and online news as a source of information on COVID-19. Furthermore, many of the surveyed population (38%) depended on social along with words of mouth by friends, relatives, and neighbors (around 31%), as indicated in Figure (7) below. Accordingly, respondents became aware of the pandemic and its precautions and where to go for testing and treatments (UNRWA, 2020)¹⁰¹. However, Syrian adolescents living in informal tented settlements demonstrated less knowledge. Adolescents with hearing disabilities were not able to understand what was happening. Their parents were struggling to explain the situation and the reasons for changes in their daily routines due to their limited sign language skills. Similarly, girls had more limited and superficial information about Covid-19 which was often related to their limited access to information sources and restrictions around their use of social

⁹⁸ UNHCR (2020). COVID-19 vaccine. Retrieved May 26, 2021, from <https://help.unhcr.org/jordan/en/frequently-asked-questions-unhcr/Covid-19-vaccine/>

⁹⁹ Ansa (2020, May 21). Coronavirus in Jordan: Hotline provides information for refugees. Retrieved May 26, 2021, from <https://www.infomigrants.net/en/post/24888/coronavirus-in-jordan-hotline-provides-information-for-refugees>

¹⁰⁰ British Council, & UK Aid (2020, October 27). Summary report: Policy dialogue on Inclusive Education and Covid-19, Jordan Experiences.

¹⁰¹ UNRWA (2020, June). Rapid socio-economic study of the effects of covid-19 on palestine refugees in jordan. Retrieved May 26, 2021, from https://www.unrwa.org/sites/default/files/content/resources/covid-19_rapid_socioeconomic_survey_jordan_final_10_16_2020.pdf

media and devices with an internet connection. This was linked to gender norms and the limited number of devices per family. (Gender & Adolescence: Global Evidence, 2020)¹⁰².

This brings us to how the Government's disseminated information mainly focused on the government's actions and excluded information on the effect of the pandemic on people, especially vulnerable groups that include women and children quarantined with their abusers, people with disabilities, refugees, and daily wage workers (USAID, 2020)¹⁰³. To explain, the press is not allowed to give any information to the media before the release of official press statements that are distributed through GOJ channels. Similarly, shedding light on the vulnerable was not allowed. The Jordanian COVID-19 media approach has been criticized by the Human Rights Watch, "it won't tolerate criticizing the government's response to the pandemic"; sharing such news can carry a penalty of up to three years in prison. The TV station that broadcast the video of the following messages faced severe consequences: "We all work for a daily wage. If the Government does not allow us to go back to work within two or three days, I will have to steal... I need to feed my family, what do I do? Shall I deal with drugs? Shall I steal? Is this our only option? Relax the curfew and let us catch the Coronavirus, and face death better than this.". "Lift this siege on our behalf. If this siege is not lifted within two days, I will go to the street to beg. We want to feed our children (USAID, 2020)¹⁰⁴

¹⁰² Gender & Adolescence: Global Evidence (2020, May). Exploring the impacts of covid-19 on adolescents in Jordan's refugee camps and host communities. Retrieved May 26, 2021, from <https://www.gage.odi.org/wp-content/uploads/2020/05/Exploring-the-impacts-of-covid-19-on-adolescents-in-Jordan%E2%80%99s-refugee-camps-and-host-communities-1.pdf>

¹⁰³ USAID (2020, June 18). JORDAN MEDIA ASSESSMENT WHITE PAPER: GOVERNMENT AND MEDIA OUTREACH IN THE AGE OF COVID-19. Retrieved May 26, 2021, from https://pdf.usaid.gov/pdf_docs/PA00WQVK.pdf

¹⁰⁴ USAID (2020, June 18). JORDAN MEDIA ASSESSMENT WHITE PAPER: GOVERNMENT AND MEDIA OUTREACH IN THE AGE OF COVID-19. Retrieved May 26, 2021, from https://pdf.usaid.gov/pdf_docs/PA00WQVK.pdf

Impact of COVID-19 on Persons with Disabilities in Jordan

Jordan Case Study Methodology

Different qualitative methods are used to identify the impact of COVID-19 on persons with disabilities in Jordan.

Desk Review

This study reviewed 59 available research studies, reports, policies, procedures, notes, and rapid analysis reports conducted by the governmental authorities such as the ministry of health, international NGOs and UN agencies such as UNICEF, UNHCR, and UNRWA, international disability organizations such as Humanity and Inclusion (HI), IDA and OCHA. Moreover, the study reviewed reports published by the World Bank, World health organizations, and Human Rights Watch.

Social Media COVID-19 awareness Campaign Analysis

The study reviewed and analyzed different social media campaigns produced by the Jordanian government, local and international NGOs, and disability organizations. The review aims to analyze to what extent the COVID-19 awareness campaigns and media information represented people with disabilities in their media content and the accessibility level for the content particularly for people with visual, hearing, and cognitive impairments.

Virtual Personal Interviews

Eighteen personal (virtual) interviews were conducted with parents for students with disabilities under 18 years old, students with disabilities above 18 years old, local disability organizations, and stakeholders from the educational and healthcare services. Researchers conducted open-ended questions covering the following sections seven sections.

Services provided before and after the Pandemic

Service Evaluation and satisfaction

IT and technology knowledge, internet and accessibility features

Emotional and mental health services

Medical health services

COVID-19 awareness campaigns

COVID-19 vaccination evaluation

Limitations

Several limitations restricted researchers from conducting a full evaluation of the impact of COVID-19 on persons with disabilities in Jordan. The study generates recommendations from analyzing and evaluating 18 virtual interviews with educational stakeholders, local and international disability organizations and teachers and parents, and students with disabilities to ensure that people with disabilities and other vulnerable groups are included during and after the pandemic.

The Four limitations are:

- Location: The researchers were based in Lebanon, and they could not travel to Jordan to conduct the interviews due to the COVID-19 restrictions and the limited research budget. To compensate the researchers had to hire a research assistant in Jordan for one month to recruit participants and take notes in Arabic during the virtual interviews.
- The duration for obtaining the IRB approval which took almost 4 months (26 March- 25 June) restricted the researchers to conducting interviews with teachers, university faculty members, and university students as they were busy with final exam preparations. However, the researchers used this period to review the literature, reports, and studies and prepared a list of potential participants who fit within the scope of the research. 18 participants took part in the study and they represented different government representatives, local and international nongovernmental organizations, disability organizations, and parents and students with disabilities in one month.
- The electricity power-cuts and the slow internet connections in Lebanon hindered the researchers from reaching a representative sample of interviewees from the education and healthcare services in Jordan. Two potential participants could not complete the study as their availability did not coincide with the researcher's electricity power availability and time. To compensate, potential participants living in districts outside the capital Amman were offered free internet bundles to complete the study.
- Essential stakeholders from the ministry of education and healthcare did not take part in virtual interviews due to the bureaucracies and the limited research time, and the COVID-19 lockdown restrictions which hindered the researcher from traveling to Jordan to conduct the study

Research Ethics Statement

The research project with Protocol Title: Case Study on People with Disabilities under COVID-19: A Qualitative Study in Lebanon and Jordan has been approved by the Lebanese American University, Institutional Review Board (LAU IRB) on 25 June with IRB protocol number:

IRB #: LAU.STF.MS3.25/Jun/2021

Impact of COVID-19 on Persons with Disabilities in Jordan

Jordan Case Study Findings and Discussions

This chapter examines the key findings and the impact of COVID-19 on persons with disabilities in Jordan. To this end, the research investigated the educational and healthcare services that were provided for people with disabilities before and during the COVID-19 pandemic, people with disabilities evaluation and satisfaction of these services, their IT and technology knowledge, internet and accessibility features provided, emotional and mental and medical health services, in addition to COVID-19 knowledge and information and COVID-19 vaccination evaluation.

Services before and during the pandemic

To understand the impact of COVID-19 on persons with disabilities in Jordan, it is important to shed light on the educational services provided by the government and local disability organizations for people with disabilities before the pandemic.

The researcher conducted virtual interviews with five local non-governmental disability organizations NGOs, and two governmental disability organizations that all offer different services tailored to different disabilities (physical, visual, hearing, and cognitive disabilities).

The two governmental disability organizations aim to implement the Jordanian Disability Act 2017 and promote the full inclusion of people with disabilities by drafting policies and strategies and providing services that ensure the rights of access to mainstream education, employment, healthcare, and public services for people with disabilities in Jordan.

One non-governmental disability organization tailors its services for children and students with visual impairments and provides occupational/ physio and speech therapy services for people with visual impairments. It also provides several training workshops for parents and children with visual impairments such as Braille typing and reading and using the White cane and recognizing the different tactile surfaces. In addition, the organization offers a school curriculum in Braille for kindergarten one and two and extra curriculum activities.

Two organizations provide support, therapy, and mobility aids for people with physical disabilities, training workshops for parents, caregivers, about dealing and providing support for children with different disability types, except intellectual disabilities. Moreover, they provide different inclusive extra curriculum activities for young people with disabilities, so they are integrated into society.

On the other hand, one organization offers psychosocial and speech therapy for children with autism, and training workshops for parents and caregivers to gain a better understanding of autism and guide families in preventing and managing children with autism's different behaviors. In addition, the organization offered some classes for some students with autism.

The seventh disability organization is a private organization that provides educational and therapeutic services to students with different learning difficulties, and students with developmental and neurological delays or dysfunctions.

Although the seven disability organizations in Jordan used to provide different educational, healthcare, and training services for parents and people with disabilities before the pandemic, most of their services could not cover all disability needs across the country. Five out of six non-governmental disability organizations are based in Amman, the capital, while one non-governmental disability organization based in Zarqa district offered its services for children with the Autism spectrum. On the other hand, the two governmental disability organizations based in Amman responded to people with disabilities' needs across the twelve different districts in Jordan.

Furthermore, amid the Covid-19 pandemic, all the seven disability organizations in Jordan had to alter their methods of providing services to cater to people with disabilities. One disability organization used to provide educational and therapeutic services to students with different learning difficulties before the pandemic had to revert to online educational services in February 2020, to comply with the national lockdown restrictions. They were able to reopen and offer face-to-face services in May 2020, as the Jordanian government eased restrictions for certain service providers including special education organizations/ centers, however, inclusive school providers had to remain closed. One interviewee representing an NGO that provides services for children with visual impairments had to deliver Braille typewriters for grade one students with visual impairments to enable students to complete their class assignments while attending online schooling during the lockdown restrictions. In addition, they had to provide online training sessions about using Braille typewriters for parents of children with visual impairments who never used such typewriters.

“Many parents were unfamiliar with Braille typewriters, so we had to provide online training sessions over a few months to train mothers to use such typewriters... unfortunately, some mothers had little literacy and others were illiterate and they were the ones who faced difficulties while attending our training sessions”

An interviewee representing a disability NGO that provides services for children with autism in Zarqa stated that their center had to close during the lockdown restrictions, and they could not communicate with the children as many did not have access to the internet and virtual communication devices. In addition, the lockdown restriction hindered many parents and children with mobility impairments to have occupational and physiotherapy sessions that two disability organizations used to offer for people with mobility impairments.

In addition, one governmental disability representative who serves as the head of inclusive education used to monitor the educational curriculum, deliver training for teachers and provide guidelines and recommendations for inclusive education in schools and universities before the

pandemic. However, amid the Covid-19, she was in charge of coordinating with the Ministry of Education to ensure that students with disabilities are given priority to attend face-to-face schooling as online schools are not accessible for students with disabilities.

Another governmental disability organization interviewee concluded that the Covid-19 pandemic harmed both people with and without disabilities. However, it was more harmful to people with disabilities and has forced them as a governmental organization to tailor their services to cater to people with disabilities amid the pandemic. Part of the services, they provide was allocating six hotlines for 24/24 hours to respond to people with disabilities' requests, providing financial support for those in need, special accommodations, and assistive devices established three centers in the country and allocated a team who oversaw delivering medicine for people with disabilities across the twelve Jordanian district. In addition, they coordinated with the government on facilitating the movement and travel of people with disabilities and their quarantine in special allocated governmental hotels.

“We received 16,000 calls during the 2 months lockdown... We were asked to provide financial support for some families with disabilities and we had to allocate allowances to support the ones in need although financial support was not among the services we used to provide before the Covid-19..... We also provided batteries for people hearing aids systems”.

Service Evaluation and satisfaction

The researcher had to conduct virtual interviews with disability organization educational and healthcare service providers and parents and students with disabilities to investigate the impact of COVID-19 on accessing these services and their satisfaction with the services provided.

Six virtual interviews were conducted with parents of students with disabilities under 18 years old living in Amman, Jarash, Karak districts. Two out of the six interviewed parents had a male child with autism spectrum, two parents have a male child with down syndrome, one parent had one daughter with multiple disabilities (visual impairment and learning difficulty), and a male adult who has cancer and a cognitive disability. The sixth participant and his son both have hearing loss and they both use sign language as a means of communication. Moreover, one high school male student shared his evaluation of the services provided during the COVID-19 pandemic.

Four schoolteachers with hearing impairments took part in the virtual interview (two females, and two males). A sign language interpreter was facilitating the discussion and communicated the questions and answers between the participants and the researcher during the virtual zoom meeting.

Findings from interviews with parents and students with disabilities, teachers, and disability organizations revealed that COVID-19 had both positive and negative impacts on education and healthcare services for people with disabilities.

All interviewed parents with children with disabilities and disability organizations representatives stated that students with disabilities did not have the same equitable and inclusive access to face-to-face and remote learning. One governmental disability interviewee highlighted that Covid-19 excluded students with and without disabilities from gaining access to learning, however, students with disabilities encountered more challenges during online learning.

A key finding from interviews with eighteen participants highlighted the necessity to provide inclusive education in public schools as the public education sector in Jordan does not provide educational support for students with disabilities. Five out of the six interviewed parents of children with disabilities had to enroll their children in private schools, while one parent enrolled her daughter in a special educational center.

Five out of the six parents of students with disabilities affirmed that online education was challenging and inaccessible for their children's disability needs (visual and hearing impairments, learning difficulties, autism spectrum, and Down syndrome), while one parent concluded that online education had a positive impact despite some of its limitations. The parent stated that although online education during the Covid-19 pandemic restricted her son from taking part in life skills activities such as cooking, tidying the classroom, and reading and writing skills, it allowed him to become more independent, organized, and focused. He used the Zoom platform independently to join his online class and communicate with his instructor.

A parent said: "Online education had a positive impact on my child... It allowed him to develop, improve his abilities and depend on himself... There were no distractions or difficulties, he was content and had extra time to join a summer club".

Most parents of children with disabilities believed that face-to-face learning is essential for their children's social development, which online education lacks. One parent of a student with Down Syndrome enrolled her son in grade 3 two months before the lockdown. During the two months, he was motivated to learn a few words and numbers and established friendships with his classmates.

The mother said: "What matters for me, is that my child learns how to communicate with people and have friendships and be integrated at school, more than learning reading and writing.... He managed to memorize his friends' names and play with them during break time. However, with the lockdown restrictions, he lost his interest to learn and did not allow me to teach him while being at home".

Similarly, one parent of a child with down syndrome affirmed that his son developed his social skills during face-to-face school time. The son was enrolled in a private inclusive school and used

to be fully integrated with his classmates in all classes except Math and English curriculum that were tailored to accommodate his educational needs. However, amid the lockdown restrictions, his participation and engagement with his classmates became less, as the school used WhatsApp chats to communicate with students and each class had a WhatsApp group. In addition, most of the classes were asynchronous due to the slow internet connections. Alternatively, teachers had to send lessons, voice recordings, video links, and assignments via WhatsApp. With the lack of live learning, many parents of students with disabilities had to assist their children to learn and follow the instructions assigned on the WhatsApp chat group. On the other hand, live online sessions were more engaging for some students with disabilities.

One parent of a teenager with Down Syndrome asserted: “During the second year of the pandemic, and as a teenager in grade ten, my son wanted to rely on himself and became more independent while using the Microsoft Teams platform. He used to share jokes with his classmates and take part in online classroom discussions. His mother used to attend the live- sessions and to take notes and revise the lessons later in the day”.

According to the father, his son was one of the few students with Down Syndrome who were able to complete grade ten remotely as the whole family dedicated their time to provide educational and financial support to enable him to complete. Yet he prefers face-to-face schooling as his son gets more educational support from teachers and shadow teachers.

“Online education was challenging for many parents of students with disabilities. We dedicated our time as a family to support our son so he can become the first student with Down Syndrome to complete the Tawjihi / High School degree in Jordan and to be able to join University. His mother dedicated a lot of her time to attending his online classes to be able to support him academically.... However, face-to-face learning is more efficient as the teacher and the shadow teacher were able to provide better support for him”.

Another parent of a child with autism affirmed that face-to-face education was more suitable for her son since he was able to drain his energy to learn new skills and follow his routine schedule that he was deprived of during the lockdown restrictions.

A mother said: “Centers and schools were closed. My child lost many academic and life skills as there were no follow-ups or communications with parents and students with disabilities. We were only contacted to be informed about back-to-school proposed dates”.

While parents of children with cognitive impairments found online learning limiting their children’s social skills, parents of children with visual and hearing impairments concluded that online learning had delayed their children’s language and academic development as the online platforms were inaccessible for their particular needs.

One parent of a child with hearing impairment stated: “*Students with hearing impairments and those who are Deaf rely on lipreading which is obstructed while the shared screen is pixelated, and the voice and image of the speaker camera are lagging*”.

In addition, many parents and their children with hearing impairments had little knowledge of using online platforms such as Zoom which hindered many from joining online education.

One parent stated: “*It took me more than half an hour to train one Deaf student to use the Zoom platform*”.

On the other hand, many parents of children with disabilities could afford to purchase devices and internet data, which hindered many from gaining access to online classes.

A mother of a child with visual impairment asserted: “*My daughter could not join all the online sessions because I could not afford to buy her a tablet. She used to attend some online sessions and use my mobile phone to join classes but, could not fully participate when I am at work, or my line is disconnected if not being able to pay my phone bill*”.

Therefore, the lack of knowledge on using online platforms and the lack of financial support to cover tablets and device costs and internet data bundles was one of the key issues that many families of children with disabilities encountered which prohibited them from accessing online education. This finding is confirmed by two non-governmental disability organizations. They added that the lack of accessible online provisions for people with disabilities hindered students with disabilities from gaining access to online education.

While parents of children with disabilities were mostly unhappy with online education, one disability organization believed that it had a positive impact on service providers. According to a non-governmental disability spokesperson, the Covid-19 pandemic forced service providers to use technology and online platforms to provide their services remotely.

He added that: “Many service providers have to deliver online training workshops and teaching and guidance sessions which eased communication between and enabled experts in the field across the world. Online services enabled many people to exchange knowledge and use some of the accessibility features in different online platforms and applications such as the read-aloud specification and screen reader software.”

On the other hand, one governmental disability representative pointed out that the Ministry of Education in Jordan did its best to allow students with disabilities to attend face-to-face schooling by permitting special schools and centers serving students with disabilities to open their schools and provide face-to-face learning, however, not all of these centers opened their centers.

“Unfortunately, not all schools and centers opened their services to students with disabilities...Even educational centers for Deaf students... only two or three schools offered face-to-face teaching... Many parents refused to send their children”.

Another non-governmental disability organization had to offer free training for parents of children with disabilities on using different online platforms as they knew that many were unfamiliar with using online platforms such as Zoom, and Microsoft teams.

When asked about their satisfaction with the ministry of education online platform named “D Darsak.”, most interviewed parents stated that the platform did not consider students with disabilities. One parent pointed out that Darsak online platform did not have sign language interpretation for students with hearing impairments. Another parent stated that her son could not use or benefit from it as it offers a curriculum for students with Down Syndrome or intellectual disabilities.

A mother of a student with Down Syndrome stated: “Although I was keen on teaching him and got him a whiteboard and colorful pens, he refused to study with me..... He could not access Darsak website as it is not designed to cater to his needs....”

Another governmental disability representative pointed out that the Ministry of Education online platform “Darsak” was inaccessible for many students with disabilities and this includes students with hearing impairments.

“We had to provide adapt the educational curriculum and included sign language interpretation to the content, so it becomes accessible for students with hearing impairments”

The governmental disability representative pointed out that most schools relied only on the Ministry of Education online educational platform “Darsak” which covered the curriculum for all grades and included an assessment section. However, most schools did not provide additional live online lessons for their students, neither they did follow up with the students’ academic progress.

“Most schools requested their students to follow up the lessons posted on Darsak platform and to complete the assessments... however, they did not follow the students’ educational progress...”

A concluding finding from all interviewed disability organizations revealed that the lack of preparedness, in addition to the lack of enforcing face-to-face-education, and teachers’ training on dealing with students with disabilities in all the Jordanian districts have all contributed to excluding students with disabilities from gaining access to education during the Covid-19 pandemic.

“Many school principals and teachers in different Jordanian districts do not know how to deal with students with disabilities.... Many of them are not familiar with the Jordanian Disability Act and hence they do not know how to tailor their services to respond to students with disabilities' educational needs... The Ministry of Education should be more involved and provide training to ensure that students with disabilities gain access to education”.

IT technology knowledge, internet, and accessibility

All interviewed parents of children with disabilities stated that schools did not use IT technology or online platforms as part of the academic curriculum before the pandemic.

One parent of a student with a disability whose profession is in IT stated that his son's school never used any platform as part of the academic curriculum before the pandemic.

He said: “The school only used to send emails to remind us about any outstanding fee balances, but they never relied on online platforms or websites to provide educational support for my son”.

Most of the interviewed parents of children with disabilities pointed out that their children had no experience in using online platforms including Zoom and Microsoft teams before the pandemic. Only one parent of a child with autism stated that her son had IT knowledge as he used to browse the internet, and used Skype as a means of virtual communication, while the five children with disabilities had no IT knowledge and many could not afford to purchase electronic devices and tablets.

A parent representing the Deaf community stated: “Many Deaf students have little knowledge of using IT technology as they have not developed or expanded their literacy knowledge.... So, most of them find difficulty in understanding IT terminologies which hinders them from using IT technology”

One parent from the IT profession noted: “Before the pandemic, electronic devices, laptops, and tablets were expensive and unaffordable for many parents in Jordan.... Their prices even got doubled during the pandemic.... for example, a laptop which costs 500\$ before the pandemic became around 1000\$”.

Another parent of a child with visual impairment and learning difficulty living in a refugee camp had one smartphone to share with her daughter during the pandemic. Her daughter could not attend all the online classes due to the time conflict of the online schooling and her mother's work schedule.

The mother said: “As a farmer, I had to sell my vegetables near the camp I had to take my mobile phone while selling... My daughter could not join online schooling when I am at work, and this limited her from accessing online education. I could not afford to buy a tablet for her and although one of the international organizations distributed tablets for unprivileged families in the camp, they did not provide one for my daughter”.

On the other hand, one governmental disability organization stated that the Ministry of Education distributed free tablets to students living in rural areas or those whose parents could not afford to pay for such devices. However, the interviewee did not have an accurate number of the total distributed devices. On the contrary, one parent of a student with a disability living in a rural area in Karak district noted that her daughter was not given any tablet although her financial condition gives her a priority in having a free tablet.

A key finding from interviews with parents of children with disabilities and disability organization representatives highlighted that not all online platforms and IT technologies accommodate people with disabilities needs.

Parents of students with visual and hearing impairments noted that online platforms were inaccessible for students with visual and hearing impairments. One parent found the “Darsak online platform” inaccessible for Deaf students and hearing impairments as many videos did not have sign language interpretations. Another parent of a student with visual impairment and learning difficulty mentioned that her daughter found difficulty in accessing the Zoom platform.

Similarly, one parent of a child with autism stated that his son’s school preferred to use phone calls instead of online platforms (Zoom) to communicate with parents of students with disabilities as many lived in remote areas outside Amman had no experience in using the Zoom online platform.

On the contrary, two parents of students with Down Syndrome and Autism spectrum concluded that the Zoom platform was easy as their children were able to use Zoom independently and managed to interact with their classmates and teachers.

One governmental education service provider pointed out that although Students with Down Syndrome and Autism spectrum learned new IT skills and many were able to access Zoom, and Teams independently, however, they lost their daily interaction with people and teachers and affected their ability to communicate and interact with their classmates.

“Online education is a double sword.... yes it enabled them to develop their IT skills, but on the other hand, it restricted their interaction with other children and limited their chances of learning from their peers and classmates...it affected their full integration in society”.

Findings from interviews with disability organization representatives revealed that IT technology and accessibility level varied from one disability to another. One governmental education service provider concluded teachers relying on Zoom, teams, and WhatsApp chats found difficulty in engaging students with Attention Deficient Disorder (ADHD) as they could not identify and control the distraction environment around them.

“Online education needs full attention and engagement... You can not ask any young child, especially a child with ADHD to focus on the screen for a long period In my opinion, online education is not accessible for those students...Even Online education was not suitable for students without disabilities...especially small children...You can’t ask them to sit for long hours on laptop screen or tablet and expect them to be fully engaged and focused....”

Disability organizations serving people with visual and hearing impairments stated that IT and online platforms were not fully accessible for people with sensory impairments, and they had to provide a different alternative format for their students.

A visual impairment service provider said: “We used different methods to communicate with our students with visual impairments since many of IT technology programs and online platforms were inaccessible... We used to send voice and video recording files, written lesson notes for parents who could not afford the high cost of internet and electronic devices”.

Another spokesman of the Deaf Community added:” We used Zoom in online learning, but students with hearing impairments could not participate or interact with the lack of sign language interpretation during the session.... Background noise, slow internet connection, and unclear camera screen played a major role in limiting students with hearing impairments from accessing the online information”.

On the other hand, one disability educational and therapeutic service provider to students with different learning difficulties used to offer online sessions before the pandemic as many of their students resided abroad. They used different communication devices that respond to different verbal and nonverbal students.

The educational service provider noted: “We used an application with images that they can point out or show to us, so we know what they want ... for example an image for a sandwich... We offered iPad for our students, and we used different online tools that accommodate their needs”.

One governmental disability education service provider stated that the Ministry of Education in Jordan did not rely on IT technology before the Covid-19. However, they developed “Darsak” online platform to enable students to virtual access the educational curriculum. However, it

relied on parents to buy internet packages to access the platform without offering internet packages for low-income families.

Emotional and mental health services

A key finding from interviews with parents of children with disabilities and disability organizations highlighted that lockdown restriction during the Covid-19 pandemic affected the mental health condition of people with and without disabilities. It certainly had a more negative impact on the emotional and mental health conditions of people with disabilities and their parents.

A mother of a child with Autism spectrum confirmed that the Covid-19 pandemic and the lockdown restrictions had affected her son's mental health condition and behavior. During the curfew, the child could not stay at home and had to walk in the neighborhood. He was then arrested and taken to a police station because of not abide by the curfew.

“My son is accustomed to wearing a police outfit during wintertime. As a child with autism, he could not stay at home for a long time. So he used to walk around our neighborhood for an hour. One day, during the Covid-19 curfew, he was wearing his favorite police outfit and walking around our neighborhood.... Not recognizing that he has autism, the police arrested him, and he stayed in detention for a few hours because he was wearing a police outfit and wandering around during the Covid-19 curfew time.... After nine hours, he was released when his father signed an agreement that the child will no longer wear a police outfit on street..... A few days later, the head of the police station in our area called my husband and apologized for arresting our child as they did not know that he has autism.... Since then, they only gave special permission for parents of children with autism to take children outdoors to ease any of their stress, anger temperament and frustrations during the lockdown restrictions”.

Another governmental disability organization interviewee pointed out that the lockdown restrictions affected the mental health conditions and behavior of people with autism spectrum and Down Syndrome. Many families contacted them to report their children's bad temperament and behavior, and some requested them to coordinate with governmental ministries to obtain special permission that allows the parents to take their children with disabilities out.

“We coordinated with the Ministry of Defense and the Corona committee to issue permission for people with disabilities and their parents to go out for a few hours...”

One parent of a child with hearing impairment concluded that the lack of accessible communication with people with disabilities particularly those with hearing impairments about the governmental quarantine measures and protocols, created discomfort, uncertainty, and fear among people with disabilities. The parent narrates an incident that a traveler with hearing impairment experienced at his visit to Amman during the lockdown period.

The parent says: “A traveler with hearing impairment visiting Amman, was taken from the airport to the Dead Sea hotel to quarantine for fourteen days... The person was furious as he did not know where he is going and the reason for it. No one knew how to communicate with him.... He was left alone in an unfamiliar place in the hotel.... A few days later, as a person using sign language, I was asked to communicate with him, and I felt the anxiety and fear he experienced during our communication.... Even he missed the hotel meals as he could not hear the food serving team knocking on his room.

Conversely, three parents of children with disabilities used their free time to play and entertain their children during the lockdown restrictions. The activities included playing football, and basketball near the house courtyard, drawing, watching TV and having a conversation. Another parent of a child with autism concluded that delaying the first online class session till 9:00 am allowed the child to have a better sleeping pattern and to lessen his epilepsy attacks.

Some disability organizations serving people with hearing impairments offered free psychosocial and mental health support for children with hearing impairments amid the Covid-19 pandemic. One interviewee pointed out that some parents obliged their children with hearing impairments to undertake cochlea implant operations which caused psychological problems for many. Consequently, some disability organizations initiated and provided psychosocial support for those who were forced to undertake cochlea implant operations.

With the lack of specialized psychosocial therapists and counselors at their organizations, all interviewed disability organizations had to either offer or refer parents of children with disabilities to mental health support services as most parents and their children with disabilities could not cope with the lockdown restrictions that impacted their mental health conditions. However, most interviewed disability organizations could not support all the requests.

The two governmental disability organizations used to refer families to different mental health support centers which were mostly located in Amman the capital. However, with the lack of specialized mental health units or centers in rural areas or other districts, they could not assist families and their children with disabilities living outside Amman.

One non-governmental disability organization serving people with disabilities provided a hotline to provide psychosocial and mental health support for the families of children with disabilities they serve. However, they did not have enough specialists to support different requests across the 12 Jordanian districts.

One interviewee said: “We had a team who worked 24/24 to provide psychosocial support for parents and children with disabilities, however, we could not have enough team to cover all of the requests across Jordan”.

Another non-governmental disability organization offered online mental health awareness sessions for parents of students with learning difficulties and referred many parents to one governmental disability organization that used to offer mental health support for parents and people with disabilities. On the other hand, one disability organization serving people with visual impairments noted that many students showed symptoms of anxiety and social withdrawal, so the organization had to directly communicate with them instead of their parents to enable many to express their concerns and needs. With the collaboration of parents and students with visual impairments, the organization held different musical activities to ease their stress and anger.

A key finding from interviews with disability organizations and parents with different disability groups pointed out that the ministry of education and social welfare overlooked providing mental health support for parents and children with disabilities. With the lack of mental health support for parents and children with disabilities, many children with disabilities experienced different levels of abuse and some did not receive enough support and attention.

One disability organization representative stated: “During the lockdown restrictions, many people with disabilities experienced domestic violence... Some parents took the wheelchair away from their child with mobility impairments... others did not frequently change their children’s diapers... and others used to hit their children with disabilities...The level of abuse was unbearable that one parent from a low-income family could not provide food meals for a child with disabilities as he became unemployed during the lockdown restrictions.”

One disability organization representative stated that the COVID-19 pandemic showed the weakness and shortcoming of the public and private services that accommodate people with disabilities needs. With the lack of government policies and services that protect people with disabilities from abuse and discrimination, many people with disabilities were treated badly and disrespectfully.

One interviewee representing a governmental disability organization said: “A person with multiple disabilities was first tested positive...then had to redo the test twice and tested negative in both tests... The caregiver family decided to leave the person alone as they were afraid of contracting Covid-19.... The person was left alone on the street ...The person contacted us and we transferred her to a governmental social security family organization who provided housing for her then contacted her family and managed to return her to her home”.

Medical health services

The Covid-19 lockdown restrictions and the risk of contracting COVID-19 in healthcare centers and hospitals limited parents from taking their children with disabilities for regular medical checkups and even prevented many from reporting their children’s positive Covid-19 results. Two parents of their children with autism spectrum got infected with Covid-19 yet they did not report

positive Covid-19 results as they did not want to leave their children quarantined and hospitalized in Covid-19 wards.

“The whole family got infected with Covid-19 virus and we all quarantined at home. He got infected too.... but his symptoms were mild... I did not want him to be admitted to a hospital as I was worried that he has to quarantine alone without seeing his family.... A few months later, the ministry of Health permitted one family member of persons with disability to accompany them if they need to be hospitalized”.

One parent of a child with Down Syndrome concluded that the Covid-19 pandemic had a negative medical impact on all patients with and without disabilities as Covid-19 patients were prioritized over other patients' illnesses. During the lockdown restrictions, he had to consult with his son's pediatrician over the phone to get medical prescriptions as most clinical units, hospitals, and medical laboratories were closed.

He added: “As a child with Down Syndrome, my son was had to do several laboratory tests including the Thyroid test... however, he could not do the test until the government eased the lockdown restrictions”.

Most interviewees found difficulty in obtaining medical prescriptions during the lockdown restrictions. Many disability organizations stated that personal initiatives were made to deliver medical prescriptions for patients, but the government did not have a clear plan on supplying medications for patients with chronic diseases across Jordan. During the lockdown restrictions, a parent of a child with autism could not purchase one medication for her child without having an updated medical prescription report from her son's pediatric Dr. Another disability organization coordinated with international organizations to distribute medicine for people with disabilities. However, some medicines were expensive, many were unavailable, and others could only be provided if having a medical prescription which was difficult to obtain during the lockdown.

Half of the interviewees were infected by the Coronavirus, and none of them needed to be admitted to the hospital. However, when asked about their satisfaction with the ministry of health follow-up procedure, most of them were not satisfied with the ministry's medical to follow up and many could not access the PCR testing stations as some were inaccessible for people with mobility impairments.

One interviewee said: “My husband, the helper, and myself tested positive. We had different symptoms. Although I informed the ministry of health that I have a disability, they did not follow up on my health condition....I had to rely on my private medical Dr and my family to get medical support, but what happens to people with disabilities who live alone or do not have any family members to support them.... Even not all testing stations were accessible for people with disabilities”.

On the contrary, one governmental disability organization pointed out that the Ministry of Health used to contact people with and without disabilities infected by the Covid-19 and provide medical advice and protocol to follow to improve their immune system and to recover from the Covid-19 infection.

“The Ministry of Health Drs used to call infected patients with and without disabilities and provide medical advice on the diet they should follow, the meals they should eat, and the medicine they should take to recover from the infection, however, the Ministry of Education did not follow the students with and without disabilities who got infected with the virus or check their medical condition”.

COVID-19 awareness campaigns

On March 6, 2020, four days after the first case of COVID-19 was confirmed in Jordan, the Jordanian government launched a COVID-19 awareness campaign and used its Facebook page to share Covid-19 information and awareness produced by the Ministry of Health. The government had dedicated the ministry of health website (available in Arabic and English) for COVID-19 awareness and information including preventative measures, tips to reduce the spread, list of facilities for testing and treatment.

All interviews including parents of children with disabilities and disability organizations found the Jordanian government Covid-19 awareness campaigns out of reach and inaccessible for people with disabilities. One disability organization representative pointed out that the government relied mostly on social media to spread Covid-19 awareness without targeting the population or vulnerable groups that are unfamiliar with social media and have no access to digital information. Three disability service providers noted that some Covid-19 information was broadcasted on Jordanian TV channels, but the content was inaccessible for people with visual and hearing impairments.

Two governmental disability organization representatives stated that the governmental Covid-19 awareness information and campaign were inaccessible for people with disabilities. Hence, one governmental disability organization produced a series of short videos about the Covid-19 and included sign language interpretation and cartoon animation to ensure that the information is accessible for people with hearing impairments, cognitive impairments, and people with Autism spectrum.

A representative serving people with visual impairments stated: “Covid-19 information and awareness campaigns were inaccessible for people with visual impairments and low in vision... All video campaigns lacked adequate visual

contrast, while most TV infographics were written and did not have audio-descriptions for the visual content....”.

Another interviewee representing the Deaf community noted: “ *We had an initiative entitled “ Understand us by our language or Ifhamouna Bey loghatna / أفهمونا بلغتنا” we visited and had a meeting with several ministries including the Ministry of Health and requested that Covid-19 awareness campaigns and information include Sign Language interpretation.... Unfortunately, our request was rejected as we were told that the ministries do not have any allocated budget for such services”.*

One disability organization representative said: “*Some disability organizations and activists volunteered to make the Ministry of Health database information, posters, and video campaigns accessible for people with visual impairments... however most of the visual information and videos were inaccessible for people with hearing impairments who had to rely on the animation to understand some of the key messages.....”*

Most parents of children with disabilities noted that many of the Covid-19 information and awareness campaigns did not target children with and without disabilities and people with intellectual disabilities. The parent of a child with autism found difficulty in convincing her son to use the mask. Another parent used to simplify the information for her child to follow the Covid-19 safety measures. On the other hand, one parent used to rely on cartoon and animated videos to inform her child with autism about the Covid-19 hygiene steps.

One parent noted: “*I had difficulty in convincing my son with intellectual disability to wear the mask.... One day, one policeman stopped us because my son was not wearing the mask... I had to inform him about my son’s disability and he asked me to contact the Civil Defense whenever I have to accompany my child for a trip during the lockdown restrictions”.*

Another mother said: “*My son who is a teenage understood the Covid-19 information, however, my youngest daughter found difficulty in following the hygiene steps, but used to wear the mask”.*

Another disability education provider used the governmental and UN Covid-19 awareness videos to inform their students about Covid-19 and had to simplify the information as the content was not accessible for all age groups.

COVID-19 vaccination evaluation

On January 13, Jordan launched its free national vaccination campaign to fight COVID-19 which was carried out by its Ministry of Health and the National Centre for Security and Crises Management under the umbrella of the Government of Jordan. The government accordingly set

out an online registration platform where both, Jordanian citizens and non-Jordanian nationals register for the vaccine and check if they are eligible to get it. Priority was given to healthcare workers (doctors and nurses), people with chronic illnesses, and those over the age of 60 in the first stage of vaccination, however, people with disabilities were not given a priority during this stage.

Parents of children with disabilities and disability organizations and service providers had to use the vaccination online platform to register their children's and their names in advance before taking the vaccine. A key finding from all interviews revealed that the vaccination platform was inaccessible for people with visual and hearing impairments, and those who have learning difficulties and little literacy. Many parents of people with disabilities had to complete the online form on their behalf as the platform was inaccessible.

An interviewee said: "The platform was inaccessible for people with hearing impairments. It included difficult questions and sections that Deaf people and people with hearing impairments could not understand.... Many used to select a random answer to complete the form..."

Another parent noted: "For people with cognitive and intellectual disabilities, the platform is not easy to complete. One has to assist them so they can be registered".

Another disability organization representing people with visual impairments said: "The platform was inaccessible for people with visual impairments..... We had to rely on other people to complete it...I recall that there was a section about the national number, but I could not find a section about disability.

One disability education provider noted that the vaccination platform form was written in Arabic language only, which restricted foreigners and those who cannot read Arabic residing in Jordan from completing the form. Many had to rely on native speakers or friends to complete the form.

On the other hand, one governmental disability organization stated that they coordinated with the Ministry of health to ensure that the platform is accessible for people with disabilities. He added that the online form included a question about the disability types and whether the person can reach the vaccination center or not. However, the platform was not fully accessible, and hence their center provided another registration platform and also offered a hotline to assist people in completing the registration form.

Findings from interviews with parents of children with disabilities revealed that some of them were willing to get their children vaccinated but some logistics did not permit them. One parent pointed out that the Ministry of Health requests an official government document that states that the person has a disability as a condition to provide vaccination for people with disabilities. According to her, such a condition can prohibit many people with disabilities from getting the vaccine as many of them do not have such documents in hand. Another parent of a child with a

disability stated that many children with disabilities with chronic diseases should be given priority to take the vaccination, but the Ministry of Health only allows those above the age of eighteen.

A mother said: “I registered my eldest son who is above eighteen, but my youngest daughter is below eighteen years old, and she could not take the vaccine, although she has a disability”.

On the other hand, one parent was hesitant in providing the vaccine for her child who has a disability. She stated that due to her son’s medical condition, she preferred not to give him the vaccine as he might experience severe side effects.

In contrast, a governmental disability organization spokesperson highlighted that:

“On 31 March 2021, seven hundred and thirty-nine people with cognitive disabilities took the vaccination, and I can assure you that none of them had any side effects”.

Another disability NGO interviewee believed blamed the Ministry of Health for not providing enough information about Covid-19 and the vaccination's impact on people with disabilities, which in turn played against people’s with disabilities right to take the vaccine.

One disability NGO interview said: *“The lack of information about the vaccination and the impact on people with disabilities caused fears and hesitation among parents and people with disabilities... Some had to consult their medical Drs. before taking the vaccine”.*

It is important to note that one main governmental disability organization led the vaccination campaign for people with disabilities. It coordinated with the Ministry of Health to allocate specific dates for different disability types and managed to provide accessible vaccination centers across Jordan districts.

“Since the beginning of the Covid-19, we held meetings with the Ministry of Health and the Covid-19 committee to ensure that people with disabilities are included in all measures... As for the vaccination, we made sure that the platform include information about disability and we specified certain dates for providing the vaccination for people with disability”.

Another governmental disability education provider confirmed the leading role of the governmental organization who coordinated with the Ministry of Health once the Vaccine became available in Jordan. Due to their efforts, they managed to embed a new section that enables people with disabilities to state their disability and register their names on the Vaccination online platform, so they can take the vaccine.

“The governmental organization included a disability section in the Vaccination platform... It also provided a hotline so people with disabilities can contact them directly to assist them in completing the vaccine registration and they even offered to complete the form on their behalf for those who found difficulty in completing it....”.

A governmental disability organization spokesperson who coordinated the vaccination campaign for people with disabilities provided information about the vaccination campaigns for people with disabilities.

He says: “The first vaccination campaign was held on 31 March 2021. We allocated fourteen vaccination centers to cover the twelve Jordanian districts... Few people with disabilities took the vaccine.... Participation was humble... were afraid of taking it... There were a lot of rumors and false information about the vaccine... Since participation was low, we decided to provide direct communication with people with disabilities seeking to take the vaccine and we provided our online platform where people with disabilities can register their names and go directly to the specified vaccination centers... we also coordinated with the Covid-19 committee, so they provide vaccination home visits for those incapable of accessing the vaccination stations in addition to visiting the special disability centers and providing vaccination for people with cognitive and mental health disabilities residing in special centers or caring units ”.

Findings from interviews with different disability NGOs highlighted gaps in the Covid-19 vaccination plan. One disability NGO pointed out that the difficulty in reaching the vaccination stations restricted many people with disabilities to get the vaccine during the first vaccination cycle for people with disabilities.

The NGO interviewee said: “Although the vaccination was offered for all people including people with disabilities, many people with disabilities could not reach the vaccination centers due to the lack of accessible transportation.... Although some took the vaccination at their own homes, many still wanted to be able to reach the vaccination centers and have that experience....”

To overcome this barrier, one disability NGO interviewee suggested that the Ministry of Health should offer a mobile clinic across the twelve districts to serve different people with different age groups and abilities including people with disabilities.

When asked about the number of people with disabilities infected by Covid-19 or who lost their lives as a consequence, all disability organizations including the governmental ones highlighted that the Jordanian government did not provide specific information about the number of people with disabilities who caught Covid-19, recovered, or lost their lives.

One governmental disability spokesperson said: “There was no statistical information about people with disabilities who took the vaccine, got infected, recovered, or died... We only knew a few people who got infected by the virus as they used to contact us and we used to assist them”.

Discussion of Findings

Findings from analyzing the services before and during the Covid-19 revealed that the pandemic harmed both people with and without disabilities. However, it was more harmful to people with disabilities who encountered barriers in accessing healthcare and educational services in Jordan.

Five main themes are identified at the policy and decision level and the healthcare, and academic services levels.

Lack of Inclusive National Preparedness and Response Plan

In February 2020, Jordan's National Preparedness and Response Plan for COVID-19 was set out and ready to be used as a practical guide for national authorities and health sector partners in fulfilling gaps, however, the plan did not include people with disabilities. Findings from interviews with parents of children with disabilities, people with disabilities, and local governmental and non-governmental organisations revealed that the National Preparedness and Response Plan for COVID-19 overlooked responding to people with disabilities needs. Such finding confirms the findings generated from the World Bank (World Bank, 2020)¹⁰⁵. Moreover, the Jordanian Ministry of Health posted detailed COVID-19 statistical information on its website including the number and rate of positive cases, number and rate of deaths number of lab tests, number of cases admitted to and discharged from the hospital, number of recoveries, and finally the occupancy rate of isolation beds, ICU beds, and ventilators (Jordan Ministry of Health, 2020)¹⁰⁶; however, findings from interviews with local disability NGOs and governmental organisations, pointed out that the Ministry of Health website did not provide any statistical information about people with disabilities who might have caught the virus or who died after being infected by the virus. To fill the government's preparedness plan gaps, the Higher Council for the Rights of Persons with Disabilities played a vital role in providing services for people with disabilities across Jordan. The services included providing accessible information and guidance on coping with Covid during the pandemic and had to coordinate with the Ministry of Health to include disability information into the vaccine registration platform. The Ministry of Health responded positively to adapt the

¹⁰⁵ World Bank (2020, June 4). Preliminary Stakeholder Engagement Plan (SEP) - JORDAN COVID-19 EMERGENCY RESPONSE. Retrieved May 26, 2021, from <http://documents1.worldbank.org/curated/en/629371587490605933/pdf/Stakeholder-Engagement-Plan-SEP-Jordan-COVID-19-Emergency-Response-P173972.pdf>

¹⁰⁶ Jordan Ministry of Health (2020). Ministry of health, the official website of the Jordanian Ministry of Health: Coronavirus disease. Retrieved May 26, 2021, from <https://corona.moh.gov.jo/en>

vaccination registration platform to target and support people with disabilities after initially low engagement.

Lack of access to routine healthcare services

Covid-19 lockdown restrictions and the risk of contracting COVID-19 in healthcare centers and hospitals meant people with disabilities were limited in their ability to access health services for routine medical checkups. Findings from interviews with parents of children with disabilities revealed that many of them got infected with Covid-19 yet they did not report positive Covid-19 results as they did not want to leave their children quarantined and hospitalized in Covid-19 wards. Many parents pointed out that the lack of medical staff training on dealing with patients with disabilities obliged parents to take care of the health of their children who got infected with the Covid-19, instead of taking them to hospitals or medical centers. Although, Article (23) of Law No. (20), 2017, of People with Disabilities in Jordan, requires the qualification and training of the medical, technical, and administrative personnel working at hospitals and medical centers in terms of methods and ways of communication with persons with disabilities, findings from interviews with respondents with disabilities, and NGOs revealed that there is still a lack of implementing the Law with the absence of qualified medical staff that is trained to respond to the diverse healthcare needs of people with disabilities. Such finding confirms with the Humanity and Inclusion report (Humanity & Inclusion, 2020)¹⁰⁷ that noted that 88% of people with disabilities in Jordan could not go to hospitals or clinics for their regular checks or additional medical needs and 48% felt worried, nervous, or anxious at all times. A key finding from our interviews with parents of children with disabilities and people with disabilities revealed that there was pressure on health services as a result of Covid, which disrupted access to routine medical prescriptions for people with disabilities and chronic illnesses. Access to specialized disability services such as physiotherapy and speech therapy was a significant challenge for those living outside of Amman as most of these services were mostly provided in the capital.

Demand on providing psycho-social and mental health support for PWDs

A key finding from interviews with parents of children with disabilities and disability organizations highlighted that lockdown restriction during the Covid-19 pandemic affected the mental health condition of people with and without disabilities. The needs of parents and carers of people with disability were often overlooked by Covid policies and plans. Disability-led organizations believed lack of mental health support for parents led to increased stress and tension within families that

¹⁰⁷ Humanity & Inclusion (2020, April). Needs Assessment Impact of COVID-19 on People with Disabilities and their Families in Jordan. Retrieved May 26, 2021, from <https://data2.unhcr.org/en/documents/details/75872>

resulted in poor care and abuse. With the absence of governmental psycho-social and mental health support for people with disabilities, disability-led organisations had to provide psycho-social and mental health support, including services such as a hotline for families. But most organisations reported being unable to support all the requests due to the volume of demand and the availability of trained personnel.

Absence of accessible Covid-19 awareness campaigns and information

Whilst the Ministry of Health, was quick in providing COVID-19 awareness and information and had dedicated its website (available in Arabic and English) for COVID-19 awareness and information including preventative measures, tips to reduce the spread, list of facilities for testing and treatment (Jordan Ministry of Health, 2020)¹⁰⁸, findings from reviewing these information campaigns and interviews with people with disabilities and disability NGOs revealed that the official Covid-19 awareness campaigns and Covid-19 medical information were found to be out of reach and inaccessible for people with disabilities. To fill that gap, disability activists coordinated with the Higher Council for the Rights of Persons with Disabilities in providing Jordan Sign Language interpretation for audible information guidance on coping with Covid during the pandemic. However, not all deaf people understand signs; therefore, captions are also a crucial requirement to ensure information is accessible. Such finding is confirmed by the (International Disability Alliance, 2020)¹⁰⁹ report that pointed out that COVID-19 awareness campaigns did not have closed captioning which hindered some people with hearing loss from accessing the audible information. On the other hand, most interviewed parents of children with disabilities noted that many of the Covid-19 information and awareness campaigns did not target children with and without disabilities and people with intellectual disabilities.

The study findings revealed that online platform for registering for vaccination was inaccessible for people with visual and hearing impairments, and those who have learning difficulties and little literacy.

Lack of preparedness for inclusive education

A key finding from interviews with students with disabilities, parents, and education providers revealed that there is a lack of preparedness, inability to facilitate face-to-face education, and insufficient teacher training to support students with disabilities in all the Jordanian districts. The lack of governmental inclusive educational strategy has contributed to excluding students with

¹⁰⁸ Jordan Ministry of Health (2020, March 6). *شراكة مع فيسبوك لتكثيف حملات التوعية بالوقاية من الكورونا*. Retrieved May 26, 2021, from <https://corona.moh.gov.jo/ar/MediaCenter/09>

¹⁰⁹ International Disability Alliance IDA. (2020, May 18). *Cut from the World: Pandemic experience for hard of HEARING persons in Nepal*. Retrieved May 26, 2021, from <https://www.internationaldisabilityalliance.org/nepal-Covid19>

disabilities from gaining access to education during the Covid-19 pandemic. Findings from the literature review revealed that before the COVID-19 pandemic, Jordan's special education sector faced financial challenges, early intervention, evaluation, and diagnosis tools and services (Melhem, T., & Isa, Z., 2013)¹¹⁰, lack of specialized curricula, and appropriate learning environments. Findings from interviews with educational providers pointed out that while the Ministry of Education in Jordan allocated a budget for free tablet distribution to support remote learning, there were gaps in the rollout of devices for those living outside of the capital Amman which resulted in excluding many students with disabilities from accessing online education.

The effectiveness and accessibility of IT technology and remote learning modalities varied dependent upon the disability. Whilst the Ministry of Education provided an online educational platform "Darsak", many students with disabilities including students with hearing impairments could not access the educational information as they were inaccessible for their needs. Moreover, online learning also required access to the internet which created a cost barrier for low-income families. This finding is confirmed with a previous study conducted by Humanity and Inclusion on 942 households having members with disabilities (disability type unspecified) which stated that 42% had children not using online education platforms during quarantine (Humanity & Inclusion, 2020)¹¹¹. On the other hand, respondents noted that while Darsak had many resources most schools did not provide additional live online lessons for their students, neither they did follow up with the students' academic progress.

On the other hand, schools that provided inclusive education were required to close during the May 2020 lockdowns, at the same time schools that only provided special education support for persons with disabilities were able to remain open. While the situation was incredibly difficult and this inconsistent approach reinforced the medical model perception of disability and undermined the inclusive approaches some schools had provided.

To conclude, despite all of the effort done by the ministry of education and related parties during the ongoing COVID-19 pandemic, parents of children with disabilities, students with disabilities, and education providers expressed their dissatisfaction with online learning services that failed to fill the gap between education policy and practice with regards to including children with disabilities in the education system. Although Jordan has signed the Convention on the Rights of Persons with Disabilities (CRPD) and has adopted the Law on the Rights of Persons with

¹¹⁰ Melhem, T., & Isa, Z. (2013, July). Special Education in Jordan: Reality and Expectations. Retrieved May 26, 2021, from <https://core.ac.uk/download/pdf/194203489.pdf>

¹¹¹ Humanity & Inclusion (2020, April). Needs Assessment Impact of COVID-19 on People with Disabilities and their Families in Jordan. Retrieved May 26, 2021, from <https://data2.unhcr.org/en/documents/details/75872>

Disabilities No. 20/2017. The rights of children with disabilities to education are therefore articulated whereby the Ministry of Education should produce disability-inclusive policies and provide accessibility solutions in public and private educational institutions. According to the respondents, the Ministry of Education could not fulfill its duties to provide inclusive education for all. Most of them stated that the COVID-19 pandemic highlighted the gaps in the educational sector and they demanded that the Ministry of Education should revise its educational curricula to be inclusive.

Impact of COVID-19 on Persons with Disabilities in Jordan

Jordan Case Study Recommendations and Conclusions

Recommendations

Proactive procedures must be taken in Jordan to incorporate inclusive policy at the healthcare, and academic practices services level that addresses minority and socioeconomically disadvantaged children, teenagers, elderly, migrants, and refugees, in addition to people with disabilities. Adopting a holistic inclusive approach and consulting and involving parents of students with disabilities, and people with disabilities in emergency policies, plans, and decisions made during the pandemic is recommended.

The first recommendation includes implementing existing plans “The Jordanian Law on the Rights of Persons with Disabilities No. 20 for the Year 2017” so that it is considered during all Covid response planning.

Another recommendation involves disruption to regular health services such as access to prescriptions for people with disability to be accounted for in response planning, in addition to allocating mobile clinics to improve accessibility to vaccinations. Moreover, support for parents and carers of people with disabilities should be included in any support packages arising from Covid responses.

The third recommendation lies in making all the written and visual information and awareness-raising campaigns accessible from the outset. Accordingly, accessibility to critical public health tools such as vaccination platforms must be integrated at the design stage. This includes online education resources that should be made accessible and tailored and provisions made for different types of disability.

The final recommendation is the feasibility study to consider if it is possible to promote inclusive education in public schools (not just private) would support with long term aims. Accordingly, inclusive training workshops for the academic staff, teachers, and assistants enhance teaching and learning methods that respond to the diverse needs of students’ learning styles.

Conclusion

We found that while access to health, education, and information services during Covid was initially lacking for people with disabilities, efforts to address and remove those barriers were identified, and efforts to remedy them were undertaken. Research participants identified the key role the Higher Council for the Rights of Persons with Disabilities played in advocating for vaccination prioritization and access, developing approaches to support learning, and in several cases volunteering to make information accessible. With the switch to remote learning, we saw real challenges with accessibility to online resources and a lack of face-to-face support which created real barriers to education for some. Efforts were made to address these challenges but improved access to assistive devices, the internet, and accessible curricula must be considered for any future lockdowns. We found that organisations providing services for people with disability also innovated and adapted services to respond to increasing needs for support. However, both organisations and respondents acknowledged the lack of availability of services outside of Amman, and even then, a scarcity of appropriately trained personnel meant that access to essential services and support was insufficient.