Jordan declared itself as a country responsible for a significant number of survivors in November 2007.
Who??

- The National Committee for Demining and Rehabilitation (NCDR),
- the Royal Medical Services (RMS),
- Ministry of Health (MoH),
- the Ministry of Social Development (MoSD),
- the Hashemite Commission for Disabled Soldiers (HCDC),
- Jordan Red Crescent (JRC),
- Civil Defence Department,
- Al-Hussein Society for the Physically Challenged (AHS)
- Survivors’ Corps-Jordan (SC), have been engaged in addressing victim assistance issues since 1999.

VA in Mine Action

- Jordan’s National Mine Action Plan 2005-2009 included the objective to develop a national policy to guide and target the long-term assistance required by survivors of landmine mine and other ERW incidents.
VA in the Disability Context

- A Steering Committee on VA formed under the umbrella of the Higher Council for the Affairs of people with Disabilities (HCAPD).

VA Steering Committee

- Membership? Main VA actors.
- Aim? Mainstream issues related to landmine/ERW survivors within national strategies in general and disability strategies in specific.
Strong Political Will

- His Majesty King Abdullah II Bin Al Hussein who spearheaded the development process of the National Strategy on Disability (2007 – 2009).
Action 33: National Strategy Review

1. First phase ends in 2009.
3. VA committee to review the national strategy and integrate issues related to landmine victims within National Strategy on Disability.

CRPD

- CRPD signed and ratified.
- Jordanian expert as Chair of the Committee on the Rights of Persons with Disabilities.
- Law on the Rights of Persons with Disabilities changed.
- First monitoring report due in May 2010.
Action 34: Data Collection - Achieved

- NCDR has completed the creation of the National Database on mine/ERW casualties.

- The NCDR, along with its NGO partners have also been capable of visiting and identifying the needs of all known survivors.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Injured</th>
<th>Killed</th>
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<td>631</td>
<td>622</td>
<td>9</td>
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<td>6</td>
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<td>7</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>2009</td>
<td>17</td>
<td>11</td>
<td>6</td>
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<tr>
<td>Total</td>
<td>673</td>
<td>654</td>
<td>19</td>
</tr>
</tbody>
</table>
Action 29: Enhance Health Care Services - Achieved

- Emergency medical care is free of charge;
- Continuing medical care is not free for those without insurance.
- On a case by case basis, the NCDR has ensured that medical costs for uninsured civilian mine/ERW casualties was covered by the government.

Action 29: Enhance Health Care Services - Challenges

- Build the knowledge of specialized surgeons dealing with mine/ERW accidents,
- Creating coordination mechanism between medical doctors and rehabilitation specialists,
- create a national referral mechanism to ensure LMS receive the highest quality of care in the most efficient manner.
Action 30: Increase national Physical Rehabilitation Capacity - Achieved

- All known landmine survivors have received some form of physical rehabilitation through both the government and non-government service providers.

The National Centre for Rehabilitation of Amputees was established and became fully operational in September 2006.

Moreover, the Queen Rania Center for Military Personnel with Special Needs was established under the Hashemite Commission for Disabled Soldiers (HCDC).

The second batch of 10 graduates on ISPO CAT II is expected to graduate in June 2009.
**Action 30: Increase national Physical Rehabilitation Capacity - Challenges**

- To create standards and guidelines to maintain the highest quality of prosthetics and orthopedic programmes.
- Long waiting lists and lack of supplies.
- To ensure the distribution of rehabilitation services in remote and rural areas.

**Action 30: Increase national Physical Rehabilitation Capacity - Challenges**

- The coordination mechanism between physical therapists, prosthetic and orthotic technicians and occupational therapists continues to be weak.
Action 31: Psychosocial Support

- Peer support home visits conducted to every known survivor.
- **The Challenge**: creating a national sustainable programme to provide psychosocial support in public hospitals and on the community level.

Action 32: Socioeconomic reintegration - Achieved

- Vocational training and small grants provided to landmine survivors.
- Six vocational training centers were made accessible for persons with disabilities.
- A training project to information and communication technology (ICT) assistance for people with physical disabilities, including landmine survivors.
Action 32: Socioeconomic reintegration - Challenges

- Weak structures to address employment and training issues on the national level.
- Minimal systematic approaches to economic empowerment after the landmine injury.

Action 32: Socioeconomic reintegration - Challenges

- Dependency on charitable aid programs is high.
- Advocacy programs are needed
- Strong campaigns are required to change stereotypical approaches to disability.
- Access to loans for persons with disabilities due to discrimination practices in accessing life insurance policies for persons with disabilities.
Thank You

- Donor support
- International NGO Support
- Main national actors

- Jordan Status Report will be available.