

2019

UAB GLOBAL HEALTH CASE COMPETITION



Syrian refugee children and disabilities in Zaatari Camp, Jordan

Connecting students from diverse fields to
address a global health challenge



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All characters and plots described within the case are considered fictional and bear no direct reflection of existing organizations or individuals. The case topic, however, is a true representation of circumstances in refugee camps in Jordan. The case scenario is complex and does not necessarily have an ideal solution, thus encouraging a discerning balance of creativity and knowledge. Provided are informative facts and figures within the case and appendices to help teams create a proposal. The data provided are derived from independent sources, may have been adapted for use in this case, and are clearly cited allowing teams to verify or contest them within their recommendations, if necessary. Teams are responsible for justifying the accuracy and validity of all data and calculations that are used in their presentations, as well as defending their assertions during judging.

Opening Scenario

Dr. Amina Oxfam doesn't remember much about the night her family left their home, left their country and became refugees. Although she was too young then to know what was happening, the family's decision to flee from growing civil unrest changed the course of her life. It's with these memories in mind that Dr. Oxfam readily accepts the position as new Executive Director for a non-profit organization in Jordan called Refugees Advocating for Children & Health (REACH). Dr. Oxfam wants refugees in the camps to have the same opportunities for education and health that she had, which propelled her to where she is now. The purpose of REACH is to increase access to basic human rights such as health, education, and safety within the refugee camps, specifically the Zaatari refugee camp for Syrian refugees. Furthermore, REACH aims to increase the community awareness and knowledge of various health conditions that could arise from the lack of access to health care along with neglect of overall health.

It doesn't take long for Dr. Oxfam to realize that REACH's objectives are not adequately addressing the needs of Syrian children living with disabilities. She has called upon the heads of the 12 districts within the Zaatari Camp to identify the most common disabilities seen in children and their underlying causes. After investigations, the heads of the 12 districts met with Dr. Oxfam and informed her that the common disabilities seen in children are physical impairments, often a war injury, along with mental, intellectual and developmental disabilities, disabilities related to psychological trauma, and visual and auditory disabilities. In particular, Marfraq Al-Rahman, one of the heads for the districts, stated that nobody really knows the full extent of this issue, reports are conflicting, and there are few resources to support needs of refugee children living with disabilities.

Case Background

Syrian Civil War and Refugees

The Syrian Civil War began on March 15, 2011, when pro-democracy protests were met with violence of government forces led by President Bashar Al Assad. Extensive use of military and police that suppressed these efforts led to civil war in Syria. The war has resulted in 5.7 million people fleeing Syria and becoming refugees mainly in surrounding countries and Europe (United Nations High Commissioner for Refugees [UNHCR], 2019a). An additional 6.6 million individuals are internally displaced within Syria and in desperate need of humanitarian assistance (UNHCR, 2019b). Nearly half of Syrian refugees (2.6 million) are under the age of 18 (UNHCR, 2019a) and are one of the most affected group due to intensifying violence and increased vulnerability in unsafe and trying conditions. According to the United Nations International Children's Emergency Fund [UNICEF], the dire situation in Syria resulted in many

children being killed or injured (UNICEF, 2018a). Refugee camps vary in function and safety. The uncertainty and instability in many camps can be traumatic for children, especially those with disabilities. Since 2011, 94% of 5.6 million Syrian refugees resided in the neighboring countries -- Turkey, Lebanon, and Jordan. As of January 2019, 671,551 refugees are registered in Jordan, which holds the third most Syrian refugees (UNHCR, 2019a).



Jordan

Jordan is a lower-middle income country located in the Middle East. The official language of Jordan and in Syria is Arabic. English is commonly known among upper-class citizens. Over 97% of Jordanians are Muslim, specifically Sunni. The life expectancy is 75 years of age. Due to insufficient supplies of natural resources, such as water and oil, Jordan heavily relies on international assistance and has an unemployment rate of 29.3%. Jordan is susceptible to natural disasters, such as droughts, earthquakes, and flash foods. Jordan does not offer citizenship by birth (Central Intelligence Agency [CIA], 2018).

Zaatari Refugee Camp, Jordan



Zaatari Camp was established in 2012 under the joint leadership of the Syrian Refugee Affairs Directorate and UNHCR. The desert camp is located near Jordan's northern border with Syria and endures extreme seasonal temperatures, reaching 104°F in summer and freezing temperatures in winter. Zaatari Camp currently houses 78,357 refugees. Of those, nearly 56% are children and 20% are children under

five years old (UNHCR, 2018). Refugees live in 24,000 pre-fabricated shelters that include a latrine and kitchen. A solar photovoltaic plant that opened in November 2017 provides electricity to refugees comes up to 12 hours per day. Families living in Zaatari Camp attempt to have a routine life by working inside the camp. 10,963 refugees have work permits and 5,104 work for cash inside the camp (UNHCR, 2018). A trade market has developed between northern Jordan and southern Syria. Zaatari Camp is comprised of 3,000 informal shops and businesses. In addition, there are 32 schools that accommodate a total of 19,500 children and 58 community centers that offer various activities (UNHCR, 2018).

Disabilities - international convention and classification

Jordan has a history of accepting refugees from neighboring countries that are embroiled in battle. In the last seven years, Jordan has accepted hundreds of thousands of Syrian refugees, including children with disabilities. Jordan, a member of the UN and one of the first countries to ratify the UN 2006 *Convention*

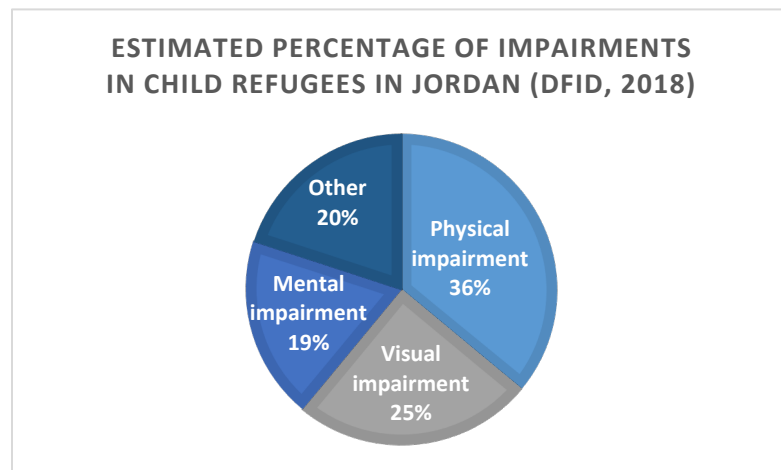
of Rights of Persons with Disabilities (CRPD), has laws and policies in place to protect the rights of individuals with disabilities. CRPD adopts a broad categorization of persons with disabilities, including social development dimension, and reaffirms that “all persons with all types of disabilities must enjoy all human rights and fundamental freedoms”. CRPD clarifies that people with disabilities should be viewed as “subjects” with rights, who are “capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society” rather than seen as “objects” of charity, medical treatment and social protection (United Nations [UN], 2016).

The *International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY)* also incorporates the social dimension and captures impairment and its effect on children’s functioning and participation in their environment. The classification of disabilities includes: body structures (e.g. organs, limbs and structures of the nervous, visual, auditory and musculoskeletal systems), body functions (physiological functions of body systems, e.g. listening, remembering), limitations on activity (e.g., walking, climbing, dressing) and restrictions on participation (e.g., playing with caregivers or other children, performing simple chores) (World Health Organization [WHO], 2007). Despite this international guidelines, number of disability cases are often underestimated and classifications vary. UNICEF estimates that 93 million children live with a moderate/severe disability (UNICEF, 2013). Children with disabilities encounter different forms of exclusion, stigmatization and neglect, the extent of which depends on factors such as the type of disability, residency, or culture (Jones, 2012; UN, 2006). Refugee children, especially girls living with disabilities are particularly vulnerable.

Disabilities in Syrian refugee children

There are conflicting reports on the number of children with disabilities that have sought shelter in Jordan. One estimate suggests that approximately 30 percent of refugees fleeing the crisis in Syria have some form of disability (Ferguson, 2018); however, the true numbers may be much higher as registration and data collection efforts are not typically designed to support disabilities and many disabled children are unable to access the assistance programs in place (Cogan, 2017; Reilly, 2010). UNICEF estimates that 1 in 5 Syrian refugees living in Jordan and Lebanon have an impairment, 42% of which are physical impairments. The majority of reported injuries (80%) were directly caused by war and about half are caused by explosive weapons. About 15% of refugees injured by explosives have amputated limbs, 80% suffer from severe psychological distress, 66% are unable to conduct basic daily activities, and many lose

the ability to speak, or develop speech impediments. Approximately 17% of these victims are children (UNICEF, 2018). The United Kingdom's Department for International Development (DFID) in 2018



estimated that 10,000-15,000 Syrian refugee children of school age in Jordan have a disability. Physical impairment is most frequent (36%), followed by visual impairment (25%), and mental impairment (19%). About 20% of refugees face multiple impairments. Additionally, children are twice as likely to suffer psychological distress compared to

other refugees (DFID, 2018). UNICEF reported that in Jordan, an estimated 17% of children with disabilities ages 6 - 14 are out of school compared to 6% of children living without disabilities. Between ages 15 and 17, nearly half (47%) of children are not in school (UNICEF, 2018). Without registering for these services and the protection that these services provide, many disabled children are at risk of exposure to physical violence, sexual exploitation, and discrimination (Reilly, 2010). In addition, the loss of a caregiver or family member is common for disabled children within the refugee camp and many are at risk of starvation and dehydration without a caregiver to collect the food and without specialized foods for specific needs (Jensen, 2013; Reilly, 2010). DFID report concluded that there are children living with disabilities who have not had their health needs met despite Jordan's free Social Health Insurance. In March of 2018, Jordan legalized refugee movement to provide refugees access to jobs, aid, and education. However, these refugees leaving camps will lose their access to healthcare which could be especially problematic for children with disabilities (DFID, 2018). Undoubtedly, children with disabilities living in the refugee camp face a number of unique challenges and risks. As one humanitarian worker from Zaatari Camp explains, "Those with disabilities have that much more working against them: services for disabled students were limited before the war; now they are almost nonexistent." (Cogan, 2017).

UNICEF's response to the needs of Syrian refugee children living with disabilities

UNICEF has been actively responding to the crisis in Syria since the initial uprising and it's committed to improving outcomes, and providing equitable opportunities for children with disabilities. UNICEF's response focuses on (1) immunizations, (2) proper nutrition, (3) water, sanitation, and hygiene (WASH), (4) child protection, and (5) education.

Immunizations

UNICEF has outlined how imperative immunizations are for children with disabilities as they are frequently left unvaccinated. The 2018 UNICEF Midyear Report outlines many of the issues relating to immunizations (UNICEF, 2018c). It is important to note that some communities believe immunizations only benefit children without disabilities since the vaccinations prevent disabilities (e.g., polio). UNICEF has stated that it is unethical to disregard children with disabilities and universal coverage cannot be reached if this population is ignored. Children with disabilities that do not receive vaccinations have a higher risk of experiencing developmental delays as well as preventable secondary conditions that can lead to death (UNICEF, 2018c). Data from 2018 has shown that Syria's routine immunization coverage declined from 90% in 2010 to 70% in 2017, which led to several outbreaks (UNICEF, 2018b). The World Health Organization (WHO) reported that there have been outbreaks of polio and the measles since 2013, which could have been prevented. These outbreaks extend beyond the borders of Syria and are found in refugee camps in neighboring countries. UNICEF has responded by setting up clinics near refugee camps to provide vaccinations. The organization has asked refugee-host countries to provide access to this inclusive basic service and has recommended raising awareness through promotional materials, including contacting parents and organizations focusing on persons living with disabilities.

Proper Nutrition

Inadequate access to nutrition that provides essential vitamins and minerals can lead to infections as well as disabilities in infants and children. It is also essential for pregnant women to receive proper nutrition to protect their growing fetus from illnesses. There are several low-cost measures to prevent childhood nutritional deficiencies. UNICEF has supported efforts in refugee host countries, reaching 46,251 mothers/caregivers with Infant and Young Child Feeding counseling. All Zaatari camp refugees receive \$28 per person per month in the form of electronic vouchers which enables them to buy food in two contracted supermarkets in the Camp (UNHCR, 2018). In the 2018 Executive Report, the importance of nutrition for Syrian refugee children with disabilities is highlighted. Children with disabilities face specific issues related to nutrition, as detailed in the report. They may have physical impairments that impede consuming food. In addition, some children require special diets which can complicate receiving proper nutrition. Other barriers that need to be addressed to ensure proper nutrition include supporting breastfeeding to children with disabilities, providing nutritional screenings in schools, and providing access to proper nutrition for children disabilities.

WASH Programs

The DFID reported on data from 2013, 2014, and 2017. The 2013 data suggested that 300,000 refugees residing in camps needed improved WASH facilities (DFID, 2018). In 2014, there were 151 schools in refugee camps that served children with disabilities; however, only 54% of these schools provided latrines for children with disabilities. In 2017, data from the Jordanian government reported that 750 schools provided WASH facilities for children with disabilities but only 11% had a universal-design. Clean water and sanitation are concerns for children with disabilities. Schools that have not been outfitted with toilets for the disabled have seen a reduction in the number of enrolled children with disabilities. UNICEF's Executive Report has communicated that children with disabilities who are enrolled in schools have reduced their liquid and food consumption since they do not have access to toilets (UNICEF, 2018b). With regard to access to water for consumption and sanitation, many refugee host countries are reliant on trucked water for the refugee camps. UNICEF has stated that this water is not regulated, and other water derives from unsafe wells. Jordan, Iraq, and Lebanon have been providing temporary safe water to nearly half a million people and have held hygiene promotion sessions for the refugees (UNICEF, 2018b).

Child Protection

UNICEF has stated, "Children with disabilities are among the most vulnerable members of society." Countries that have adhered to The Convention on the Rights of Persons with Disabilities (CRPD) must ensure that there are laws in place and enforced to protect children with disabilities from discrimination. According to UNICEF, children with disabilities are more likely to be victims of violence and abuse when compared to children without disabilities (UNICEF, 2018b). Countries that have hosted refugees have created programs to protect children, including specialized care and services for children with disabilities.

Education

Of the 2.5 million children living in refugee camps, only 1.1 million (44%) receive education. UNICEF has worked with partners to support access to education for refugee children. Syrian children living in refugee camps have been enrolled in formal and informal education programs. UNICEF supports inclusion of people with disabilities including childhood education. UNICEF has provided aid to host countries for capacity building and educational infrastructure. This includes reconstruction of schools as safe environments, providing improved pedagogy training to teachers, data collection, and providing interventions for children that are out of school (DFID, 2018). UNICEF also provides initiatives for educating children with disabilities including social protection, cash transfers and case management, and

seed funding which allows children with disabilities to have meaningful roles in their communities (UNICEF, 2018b).

Plan of Action: *Jordan Response Plan 2018-2020*

The Jordan Response PLAN (JRP, 2017) is the development plan for working with Syrian refugees, which includes sustainable programs such as health and nutrition, WASH, child protection, and education. The following information is based on their need's assessment for the upcoming two years. Healthcare has been an issue for Syrian refugees, especially vulnerable children with disabilities. The Jordanian government has been working on addressing these needs which include malnutrition and access to care. As stipulated in the UNICEF section, malnutrition is especially problematic for children with disabilities. Jordan has been responding to this disparity by their Care Cash Program and in-kind food assistance. Food security has also been promoted by providing families with the tools to start businesses in the food industries. Jordan's policies aiming to improve food security for children, include providing healthy foods in schools, providing food assistance, and promoting food diversity which is important for individuals with special dietary needs.

There are several achievements that the Jordanian government has made with regard to access to healthcare. The government has increased the capacity of healthcare workers, allowed for the provision of essential drugs including reproductive health and family planning, and provided the necessary critical equipment at public hospitals and/or health centers. Despite these achievements, there are vulnerabilities that still need to be addressed, and the financial assistance from UN and non-governmental organizations are working to improve on these areas. This includes responding to newly arrived refugees and aiding individuals that have suffered war-related injuries. In addition, there are problems with inadequate health centers. Health centers are overwhelmed by the high patient to clinician ratio. Further, the Vulnerability Assessment Framework found that 16% of households have family members with disabilities that negatively affect a person's daily life. The JRP needs assessment for the next two years also addressed the need to improve the provision of medical consumables, supplies, vaccines, and equipment. In addition, quality control is also on the agenda to improve access to care. Finally, the country needs to provide long-term healthcare to refugees.

WASH is a particularly important area to reduce the number of illnesses that are waterborne or related to poor hygiene. The JRP begins their report by indicating that water scarcity is an issue in Jordan. Since the Syrian war, Jordan has seen an influx of refugees which has placed a burden on already limited water supplies especially in the northern and central governorates. The JRP reported, "The water demand increased by 40% in Northern governorates between 2011 and 2014, and the frequency of water supply in

some locations reduced from once a week to once every four weeks, resulting in a daily per capita share 50% less than the standard.” Yet, despite these challenges, there have been achievements. The country performed a number of interventions to improve water flow to the northern and central governorates, improve access to safe water in schools, clinics, and child-friendly locations through repair and construction efforts, and improve host community’s sanitation practices. The needs for the next two years include but are not limited to the focus on renewable energy for pump systems, reducing water loss in older water systems, enhancing supplies by monitoring aquifers, and expanding sewer networks.

The JRP did not include details on providing and/or improving latrines for disabled adults or children. The Jordanian government responds to social protections through the Ministry of Social Development and receives financial assistance from UN and other non-governmental organizations. Issues that were problematic prior to the Syrian war include unemployment, poverty, high rates of violence against women and children, insufficient prevention, and response teams for individuals with disabilities. The Syrian refugee crisis has exacerbated these challenges. The objectives of the social sector are to expand services to Syrian refugees. The JRP reports that it will strengthen and improve protection systems to meet international requirements. The JRP has been focused on improving educational outcomes for Syrian refugee children, a part of their commitment to leave no one behind. One achievement since the war, has been improving training for teachers to work and care for children with disabilities. Jordan has increased the infrastructure to serve the needs of children with disabilities with new schools. The needs assessment for the 2018-2020 cycle include plans to integrate Syrian refugees into communities, provide financial support in the way of transportation and educational tools, support access to early childhood education, and provide post-basic education for youth and strengthening vocational trainings.

Summary of 2019 Case Competition Team Assignment

As the new executive director of REACH, you have been tasked with submitting a proposal for the development and implementation of a program that is effective, culturally appropriate, and feasible. It may include interventions incorporating educational, policy, social, and/or other strategies that involve important stakeholders from local government, the community, non-governmental organizations, universities, and other partners.

The time frame for REACH to develop and implement effective supports for Syrian refugee children living with disabilities is over a period of five years. The maximum amount you are permitted to request is \$2,000,000 USD for the duration of the program. Your team must present your plan to a panel of 9 local and global experts on February 9, 2019. You will need to justify your decisions concerning the development of your final strategies and be prepared to explain the details of your plans.

Important Considerations

- Choice of Target Population: Who is the target population and why did the team choose to target them?
- Who will you develop partnerships with to leverage resources and expertise?
- Who are the stakeholders and decision makers?
- How will you monitor and evaluate your project?
- Are the proposed strategies feasible, effective and culturally appropriate?
- For your intervention program, what are the:
 - Objectives?
 - Strategies?
 - Settings?
 - Budget?
 - Timeline?
 - Sustainability?
- What are your specific plans to address the following topics related to children with disabilities living in Zaatari refugee camp:
 - Access to education
 - Access to health care
 - Health disparities
 - Water, sanitation and hygiene (WASH)
 - Proper nutrition
 - Social support for children and caretakers
 - Cultural attitudes and stigma related to disabilities
 - Other

- What impact will this implementation have at the individual, family, community, and national level?
- Are there any long-term or short-term economic consequences?
- Can a socio-ecologic framework be used in assessing this problem and how will this be accomplished? (Centers for Disease Control and Prevention, n.d.)

Important Aspects of Proposed Strategy

- *Social Benefit/Social Return on Investment*: Impact on health outcomes, economic improvement, and productivity at the personal, family, and community levels
- *Feasibility*: How well do the proposed strategies utilize and/or improve capacity of current health systems, training/education required to implement plan, what provisions for education, product, or service delivery?
- *Economic Impact*: Direct costs associated with proposed strategies; transportation and/or opportunity costs to stakeholders
- *Cultural Acceptability*: Cultural perceptions of the proposed strategies and the extent to which they have taken in local cultural context and technologies
- *Legal and Ethical Issues*: Strategies for how these will be addressed, if applicable
- *Scalability*: Application of recommendation to other communities or more extensive coverage beyond the Zaatari camp, provided there is evidence of success
- *Sustainability*: Plans for how the program will proceed once funding ends
- *Monitoring and Evaluation*: Comparison of baseline data, to data collected during and after proposed intervention(s) and how this information will be used to inform program improvements and demonstrate impact
- *Risk Identification & Mitigation Strategies*: Potential challenges/risks associated with recommendation(s) and how those will be addressed
- *Innovation*: Are there aspects of the proposal which could be considered particularly innovative or creative; novel application of existing technologies or new products/services proposed

Attachments

Location of Zaatari Camp, Jordan



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