

## INTRODUCTION

In total more than 870,000 Rohingya refugees currently reside in 34 camps formally designated by the Government of Bangladesh in Ukhiya and Teknaf Upazilas of Cox's Bazar District<sup>1</sup>. The problems relating to access to assistive products\* are prevalent among the Rohingya refugee population in Bangladesh. Among individuals with physical or cognitive difficulties identified by the water, sanitation and hygiene (WASH) household survey<sup>2</sup> in the Rohingya refugee camps in 2019, only 34% reportedly had access to support services such as assistive devices or rehabilitation. In addition, COVID-19 and the subsequent social restrictions can disproportionately impact people with disabilities, from the risk of being excluded from awareness messaging, to restricted access to assistive products following loss of income<sup>3</sup>. Within Bangladesh such widespread measures were introduced, and remain in place, since March 2020 to help limit the spread of COVID-19, and it remains unclear what impact this has had on persons with disabilities.

Against this background, REACH, in partnership with CBM Global, and with financial support from the World Health Organisation (WHO) has conducted the rATA survey among the Rohingya population living in camps in Cox's Bazar, Bangladesh. The aim was to assess the scale and drivers of assistive technology (AT) needs within the Rohingya population living in refugee camps, in order to inform the global understanding of AT needs in a humanitarian setting for the Global Report of Assistive Technology (GReAT), as well as improving the provision of support to this population.

<sup>1</sup> UNHCR, *Government of Bangladesh - UNHCR Population factsheet, February 2021*.

<sup>2</sup> REACH, *WASH Household Dry Season Follow-up Assessment, May 2019*.

<sup>3</sup> UN, *Policy Brief: A Disability-Inclusive Response to COVID-19, May 2020*.

<sup>4</sup> WHO, *rapid Assistive Technology Assessment (rATA) tool, January 2021*.

<sup>5</sup> REACH, *Age and Disability Inclusion Needs Assessment, April 2021*.

\* Assistive products: Any external product (including devices, equipment, instruments or software), the primary purpose of which is to maintain or improve an individual's functioning and independence, and thereby promote their well-being.

† For the purposes of this study, individuals were considered as having a functional limitation, if they reported "some difficulty", "a lot of difficulty" or "cannot do at all" in at least one domain or "a lot of" feelings of anxiety or depression are reported on a "daily" basis.

## METHODOLOGY

A survey, based on the WHO rATA tool<sup>4</sup>, was conducted with individuals who were identified as having a functional limitation<sup>†</sup> during REACH's Age and Disability Inclusion Needs Assessment (ADINA)<sup>5</sup>. During the ADINA, 2,530 households were interviewed, covering 11,187 individuals aged 2 and above, of whom 2,619 were identified as having a functional limitation<sup>†</sup>. Of those identified as having a limitation, 1522 individuals from the 841 households who consented to providing a contact number were included in the sample frame for this assessment.

Prior to data collection REACH and the Centre for Disability in Development (CDD) provided support in the training of enumerators, utilising WHO training materials with adaptations for the context. A total of 401 household surveys and 666 individual interviews were completed between 3-15 March 2021, with individuals from across all 34 Inter-Sector Coordination Group (ISCG) / Refugee Relief and Repatriation Commissioner (RRRC) recognized camps in Cox's Bazar District. All surveys were conducted remotely through phone interviews. Individual-level findings are considered representative of the original participants of the Age and Disability assessment (who were identified as having a functional limitation) at a 95% level of confidence and a 4% margin of error. Findings related to a subset may have a lower confidence level and a wider margin of error.

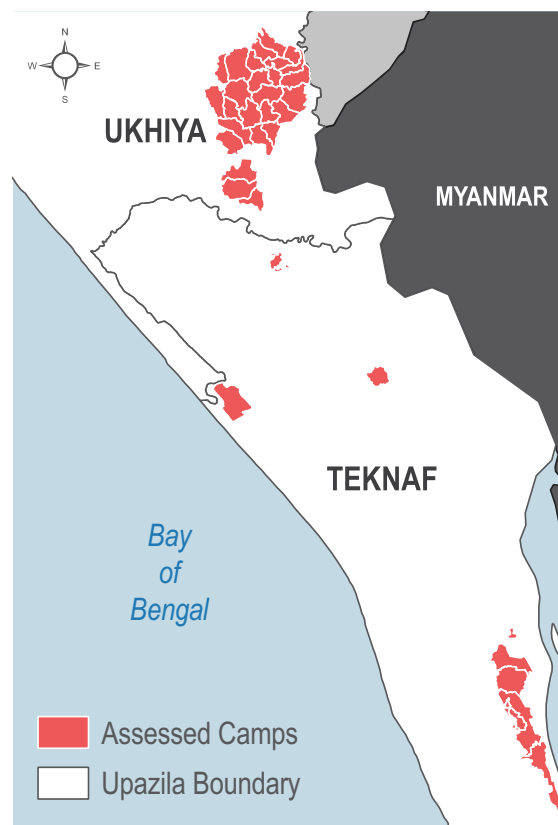
### Limitations

- Findings are indicative of the wider camp population. In addition, households without access to a mobile phone were excluded from participation, which possibly led to the under-representation of the poorest households from the sampling frame.
- Remote data collection limited the ability of enumerators to identify assistive products, as they were unable to see the products, as is intended in the rATA methodology. The use of phone interviews may also have led to the under-representation of certain impairment groups or functional domains, such as persons with functional limitations in hearing and cognitive domains.
- Data on individuals aged 17 or younger, as well as on adult individuals unable to respond on their own behalf, were collected by proxy from other household members. Results may therefore not directly reflect the experiences of the concerned individuals.

## Key findings

- Overall **11% of individuals reportedly use assistive products**, with slightly higher use by males (12%) relative to females (9%). Use of assistive products seems to increase with age, with **36% of older persons reportedly using assistive products**, and higher use also reported for **individuals with a functional limitation in the vision domain**.
- The most commonly used assistive products were reportedly **spectacles, axillary elbow crutches and chairs for the shower/bath/toilet**. Assistive products were reportedly **predominantly sourced from Non-Governmental Organisations (NGOs)**, with **self-made and provided by friends or family also commonly reported sources**.
- Overall **1% of individuals reportedly have their needs met in terms of assistive products**, with **51% of individuals having unmet needs<sup>‡</sup>**, while the remaining 48% having no assistive products needs.
- Demand for assistive products seems to increase with age, with **85% of older persons reportedly having unmet needs<sup>‡</sup> in terms of assistive products**. Amongst individuals identified as having a functional limitation in different domains, **89-98% reportedly have unmet needs<sup>‡</sup>**.
- The most commonly reported new products or products needing replacement correspond to the most commonly used products (**spectacles, axillary elbow crutches and chairs for the shower/bath/toilet**), with notable demand also for pressure relief mattresses and cushions, and hearing aids.
- The main barriers for accessing assistive products were reportedly a **lack of support<sup>19</sup>, product unavailability and being unable to afford products**. **Additional information on where to access assistive products, and access to financial support** were the most commonly reported ways of improving access to assistive products.
- Since the onset of COVID-19 social control measures in March 2020, **61% of users of assistive products reported that they had not been able to access new or replacements of products** during this period.

<sup>‡</sup> having unmet needs in terms of assistive products is defined as needing new or replacements of assistive products



# ACCESS TO ASSISTIVE PRODUCTS

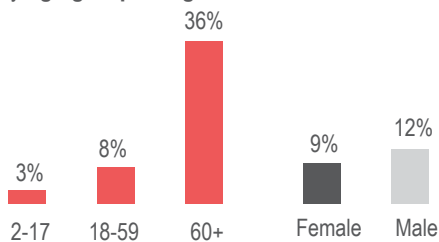
- A minority of respondents reported using assistive products, with greater use amongst older persons, and individuals with difficulty functioning in the vision domain.
- Multiple products are reportedly used by respondents, with spectacles the most commonly used.
- Assistive products reportedly came and were paid for by different sources, predominantly from NGOs and charities. A minority of users of products reported paying for them themselves.

## Use of assistive products

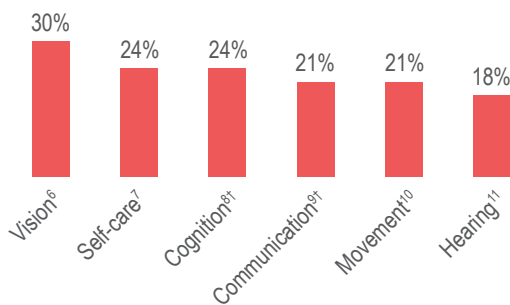


11% of individuals overall reportedly use assistive product(s) at the time of data collection

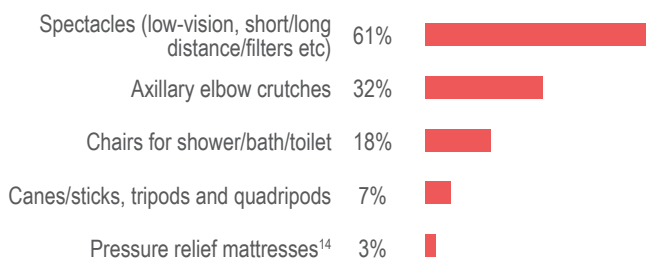
% of individuals reporting to use assistive products at the time of data collection, by **age group** and **gender**:



% of **individuals with functional limitations** in different domains reporting to use assistive products at the time of data collection, by domain:



**Top 5 assistive products reportedly used by individuals:**<sup>\*12,13</sup>



\* respondents could select multiple options

† findings are indicative only

‡ having unmet needs in terms of assistive products is defined as needing new or replacements of assistive products

<sup>6</sup> of 187 individuals who reported having at least some difficulty in seeing without using any devices

<sup>7</sup> of 144 individuals who reported having at least some difficulty in self-care without using any products

<sup>8</sup> of 51 individuals who reported having at least some difficulty in remembering or concentrating without using any products

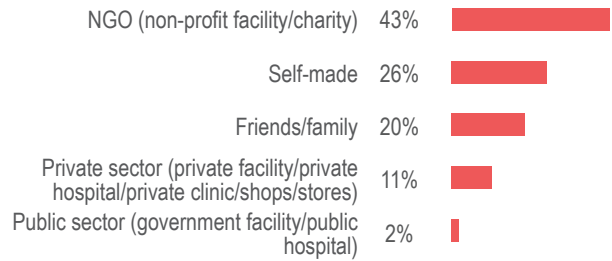
<sup>9</sup> of 19 individuals who reported having at least some difficulty in speaking or communicating without using any products

<sup>10</sup> of 217 individuals who reported having at least some difficulty in sitting, standing, walking or climbing steps without assistance or support from any people or equipment

<sup>11</sup> of 93 individuals who reported having at least some difficulty in hearing without using any devices

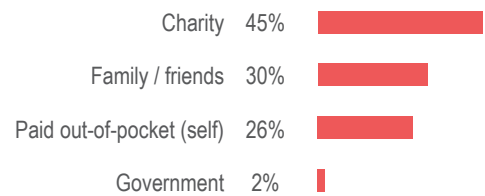
## Sources of assistive products

% of **assistive products** by reported source:<sup>\*15</sup>



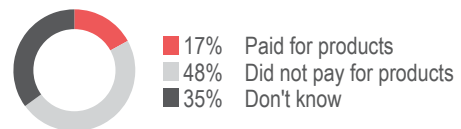
## Payers of assistive products

% of **assistive products** by reported payer:<sup>\*15</sup>



## Costs of assistive products

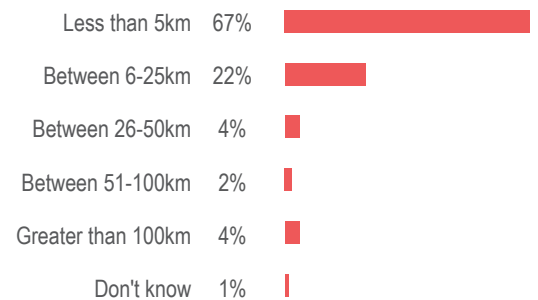
% of individuals using assistive products who reported paying for products in the 12 months prior to data collection:<sup>12</sup>



Of those individuals who reported paying for assistive products, the average amount spent on assistive products in the 12 months prior to data collection was **BDT 850 (USD 10)**.<sup>16,17,†</sup>

## Distance to access assistive products

% of users of assistive products by reported distance traveled to access them:<sup>12</sup>



<sup>12</sup> of 71 individuals who reported to use assistive products at the time of data collection

<sup>13</sup> the full list of assistive products reportedly used also includes club foot braces, manual wheelchairs (basic type for active users), orthoses (lower limb), orthoses (spinal), magnifiers (digital handheld), grab-bars / hand rails and incontinence products (absorbent)

<sup>14</sup> it is possible that the use of a pressure relief mattress has been conflated with a regular mattress

<sup>15</sup> of 96 products reportedly used by 71 individuals who reportedly use assistive products at the time of data collection

<sup>16</sup> of 12 individuals who reported paying for assistive products in the 12 months prior to data collection

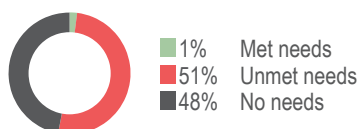
<sup>17</sup> [UN operational exchange rate of 84.45 BDT to 1 USD, as of 01/04/2021](#)

# GAPS IN ACCESS TO ASSISTIVE PRODUCTS

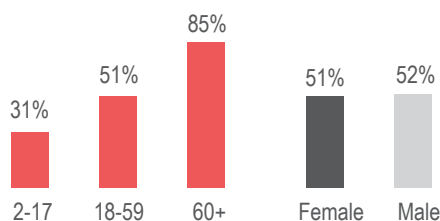
- A minority of respondents reported having their assistive product needs met, with the majority of respondents reporting unmet needs. Unmet needs seemed to increase with age, and was especially true for persons with functional limitations in all disability domains.
- Multiple barriers to accessing assistive technology were identified, with a lack of services and product unavailability the main reported reasons.

## Demand for assistive products

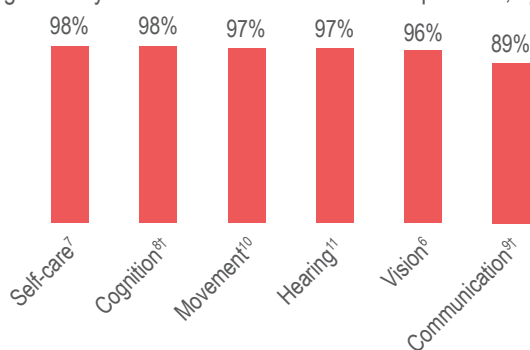
% of individuals reporting having needs for assistive products:



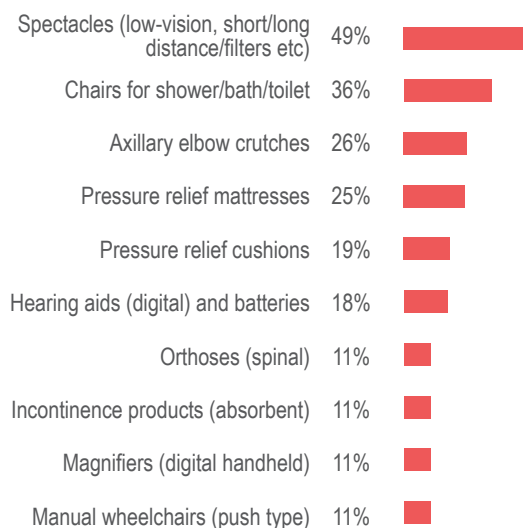
% of individuals reporting that they have unmet needs<sup>‡</sup> for assistive products, by age group and gender:



% of individuals with functional limitations in different domains reporting that they have unmet needs<sup>‡</sup> for assistive products, by domains:



Top 10 assistive products reportedly needed by individuals:<sup>\*18</sup>



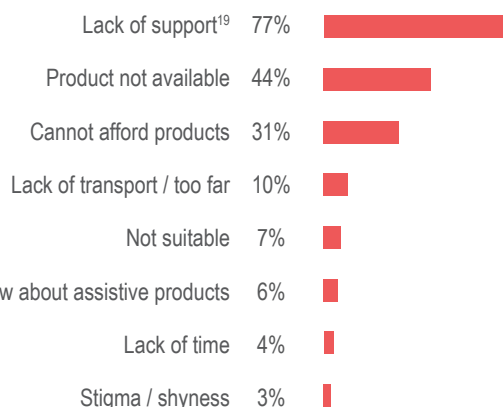
\* respondents could select multiple options

† findings are indicative only

<sup>18</sup> of 342 individuals who reported needing new or replacements of assistive products at the time of data collection

## Barriers to accessing assistive products

% of individuals needing replacement of or new assistive products by most commonly reported barriers to access them:<sup>\*18</sup>

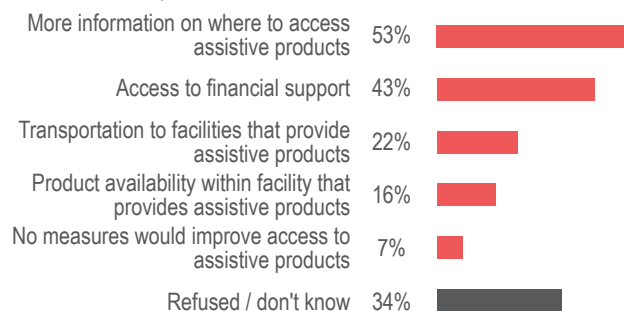


% of individuals with functional limitations in different domains, needing replacement of or new assistive products by most commonly reported barriers to access them:<sup>\*</sup>

Challenge	Movement <sup>20</sup>	Vision <sup>21</sup>	Hearing <sup>22</sup>	Communication <sup>23†</sup>	Cognition <sup>24†</sup>	Self-care <sup>25</sup>
Lack of support <sup>19</sup>	83%	77%	74%	88%	92%	87%
Product not available	44%	40%	42%	24%	32%	47%
Cannot afford products	37%	32%	21%	53%	44%	33%
Lack of transport / too far	12%	11%	8%	29%	18%	13%
Not suitable	9%	7%	7%	6%	0%	14%
Do not know about assistive products	5%	7%	7%	6%	6%	4%
Lack of time	3%	4%	1%	0%	0%	3%
Stigma / shyness	3%	4%	3%	0%	0%	4%

## Improving access to assistive products

% of individuals by reported measures which would most improve their access to assistive products:<sup>\*</sup>



<sup>19</sup> this phrase was interpreted by respondents as the services that they were being provided in relation to accessing assistive products were poor / insufficient

<sup>20</sup> of 210 individuals who reported having at least some difficulty in sitting, standing, walking or climbing steps without assistance or support from any people or equipment, and who needed new or replacements of assistive products

<sup>21</sup> of 179 individuals who reported having at least some difficulty in seeing without using any devices, and who needed new or replacements of assistive products

<sup>22</sup> of 91 individuals who reported having at least some difficulty in hearing without using any devices, and who needed new or replacements of assistive products

<sup>23</sup> of 17 individuals who reported having at least some difficulty in speaking or communicating without using any devices, and who needed new or replacements of assistive products

<sup>24</sup> of 50 individuals who reported having at least some difficulty in remembering or concentrating without using any devices, and who needed new or replacements of assistive products

<sup>25</sup> of 141 individuals who reported having at least some difficulty in self-care without using any devices, and who needed new or replacements of assistive products

# SATISFACTION WITH ASSISTIVE PRODUCTS

- A majority of respondents reported being more satisfied than not with their assistive products, both overall and also in terms of training and maintenance.
- Multiple factors were identified by users who were dissatisfied with their products.
- Most respondents reported that their assistive products were only moderately suitable and useful in their environment and in helping them do what they want.

## Overall satisfaction with assistive products

% of **assistive products** by reported level of overall satisfaction with products:<sup>26</sup>

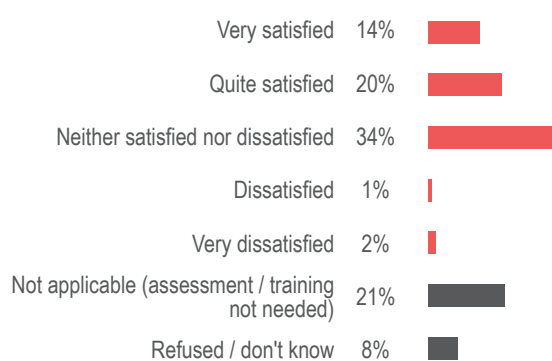


Of the individuals who were reportedly dissatisfied or very dissatisfied with an assistive product, the reported reasons for dissatisfaction were:<sup>27</sup>

- Pain/discomfort
- Safety
- Fit/size/shape
- Appearance

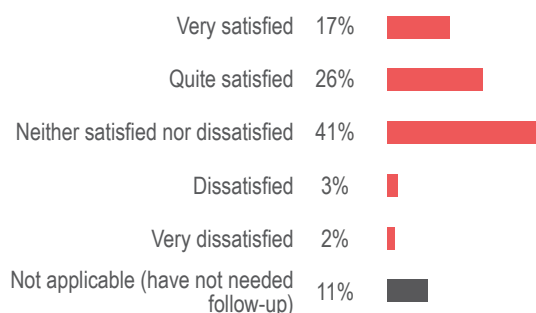
## Satisfaction with training

% of **assistive products** by reported level of satisfaction with product assessment and training:<sup>26</sup>



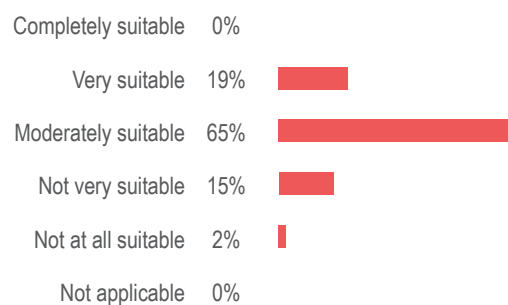
## Satisfaction with maintenance

% of **assistive products** by reported level of satisfaction with product repair, maintenance and follow-up services:<sup>26</sup>



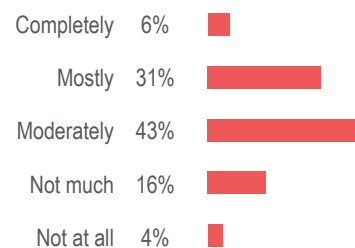
## Suitability of products

% of **assistive products** by reported level of product suitability to their home and surrounding environment:<sup>26</sup>



## Assistive product usefulness

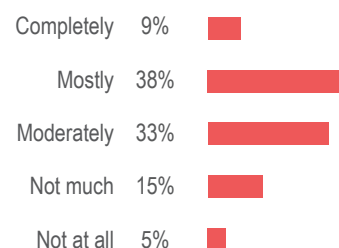
% of **assistive products** by reported level of usefulness with helping the users to do what they want:<sup>26</sup>



Of the individuals who reported that a product was not much help or not at all helpful in helping them do what they want, the most commonly reported reasons were:<sup>28</sup>

- Pain/discomfort
- Durability
- Fit/size/shape
- Safety

% of **assistive products** by reported level of being able to use their products in places that they visit (e.g. public spaces):<sup>26</sup>



<sup>26</sup> of 96 products reportedly used by 71 individuals who reportedly use assistive products at the time of data collection

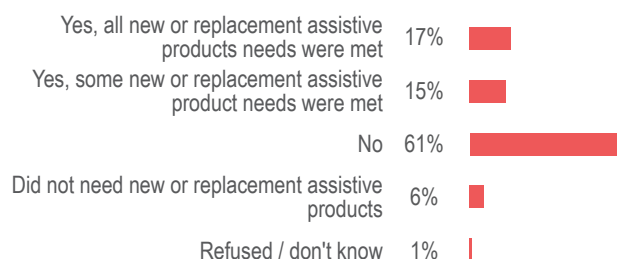
<sup>27</sup> of 11 individuals who reported being dissatisfied or very dissatisfied with an assistive product. Note that individuals could use multiple assistive products.

<sup>28</sup> of 22 individuals who reported that a product was not much help or not at all helpful in helping them do what they want

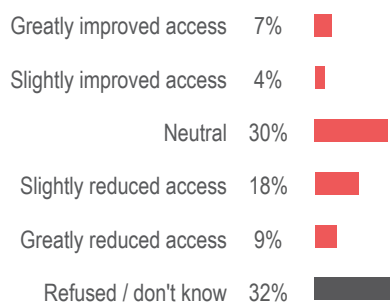
## COVID-19 IMPACT

- A majority of respondents reported being unable to source new or replacement products since COVID-19 restrictions were introduced, with a slightly higher proportion of respondents reporting reduced access during this time.
- Reduced access was attributed to a variety of reasons notably the closing of facilities and lack of support from NGO staff.

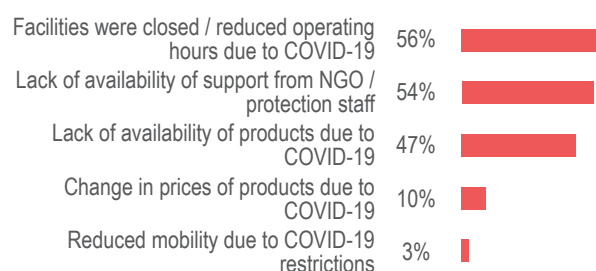
% of individuals using assistive products reporting that, since COVID-19 restrictions were introduced in March 2020, they were able to access new or replacement of assistive products:<sup>29</sup>



% of individuals reporting that since COVID-19 restrictions were introduced in March 2020, their access to new or replacements of products has changed relative to the period before social restrictions were in place:



Of the 27% of individuals who reported that access had reduced or greatly reduced, the reported reasons were:<sup>30</sup>



\* respondents could select multiple options

<sup>29</sup> of 71 individuals who reported to use assistive products at the time of data collection

<sup>30</sup> of 179 individuals who reported that access to new or replacements of products since COVID-19 had slightly or greatly reduced

## Conclusion

Access to assistive technology is a critical component of humanitarian aid as it facilitates the ability of the user to move, see and communicate. Denial of rehabilitation services, including the provision of assistive products, can significantly impact the ability of its users, including persons with disabilities and older persons, to complete their activities of daily living and access humanitarian assistance in a dignified manner. As such, provision of rehabilitation including assistive products can be an essential prerequisite for persons with functional limitations in all age groups and across gender to access critical aid in a humanitarian context.

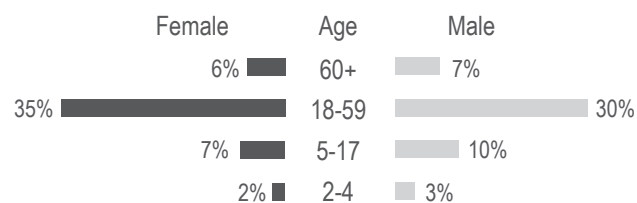
The rATA survey has demonstrated that clear gaps in access to assistive technology, combined with the lack of accessibility of humanitarian services and overall inaccessible environment of the Rohingya camps, can create significant barriers for people in need of these products, including persons with disabilities and older persons, to access humanitarian assistance and participate in community life. The majority of respondents indicated a need for new or replacements of assistive products, along with many individuals who have assistive technology reporting that their devices were only moderately useful or suitable for their environment. While nearly half of assistive products were provided by an NGO, a significant number of respondents reported having to pay for products or making their own assistive devices.

Provision of assistive technology in humanitarian contexts may require creative solutions in order to develop products which can be easily sourced, suitable for the environment and easily maintained in order to get appropriate solutions into the hands of as many people who need it as quickly as possible. Further research to look at providing such solutions to meet the demands for assistive technology in the Rohingya camps is essential in order to develop solutions to address the significant gap in access to appropriate assistive technology.

## POPULATION PROFILE

### Demographic data

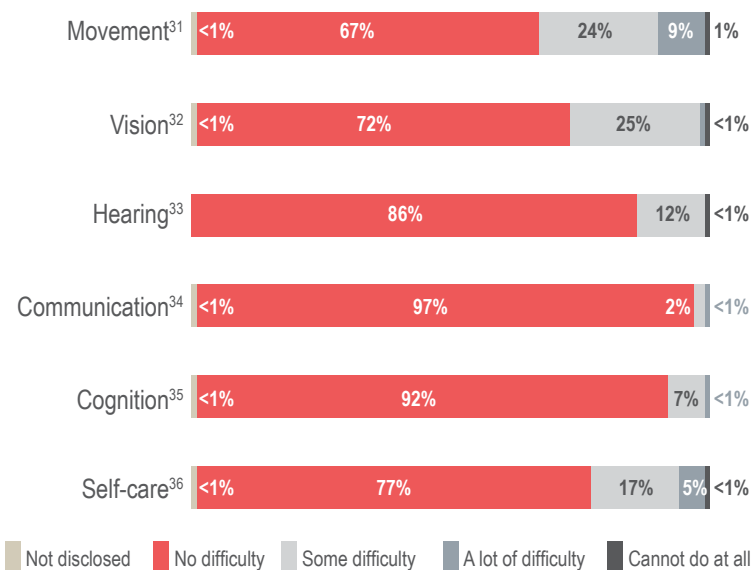
% of individuals by age and gender:



Average household size of individuals: **5.4** persons

### Functional limitations

% of individuals reporting to have difficulty in different domains:



14% of respondents reported a lot of difficulty or cannot do at all in at least one domain.

47% of respondents reported having some difficulty in at least one domain.

<sup>31</sup> individuals who reported having difficulty in sitting, standing, walking or climbing steps without assistance or support from any people or equipment

<sup>32</sup> individuals who reported having difficulty in seeing without using any devices

<sup>33</sup> individuals who reported having difficulty in hearing without using any devices

<sup>34</sup> individuals aged 5 and above who reported having difficulty in speaking or communicating without using any devices

<sup>35</sup> individuals aged 5 and above who reported having difficulty in remembering or concentrating without using any devices

<sup>36</sup> individuals aged 5 and above who reported having difficulty in self-care without using any products

## ABOUT CBM Global

CBM Global Disability Inclusion works alongside people with disabilities in the world's poorest places to fight poverty and exclusion and transform lives. Drawing on over 100 years' experience and driven by Christian values, we work with the most marginalised in society to:

- break the cycle of poverty and disability;
- treat and prevent conditions that lead to disability; and
- build inclusive communities where everyone can enjoy their human rights and achieve their full potential.

We work in over 20 countries, investing in long-term, authentic partnerships with the Disability Movement and multiplying our impact by delivering a combination of inclusive community-based programmes, advocacy for national and global policy change and inclusion advice to other organisations. For more information please visit [cbm-global.org](http://cbm-global.org) or contact [EmergencyUnit@cbm-global.org](mailto:EmergencyUnit@cbm-global.org)



## ABOUT REACH

Helvetas Swiss Intercooperation is a Swiss INGO, registered in Bangladesh, with livelihood, WASH, governance and emergency projects in the country. REACH initiative operates under the umbrella of Helvetas as a technical implementing partner.

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms.

REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).



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