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 Upazillas of Cox’s Bazar District. 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 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. 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.

METHODOLOGY
A survey, based on the WHO rATA tool², was conducted with individuals who were identified as having a functional limitation during REACH’s Age and Disability Inclusion Needs Assessment (ADINA)³. 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. Of those identified as having a limitation, 1,522 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 conducted 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, 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 in terms of assistive products. Amongst individuals identified as having a functional limitation in different domains, 89-98% reportedly have unmet needs.
• 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, 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.

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

- 2-17: 3%
- 18-59: 8%
- 60+: 36%

- Female: 9%
- Male: 12%

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

- Vision: 30%
- Self-care: 24%
- Cognition: 24%
- Communication: 21%
- Movement: 21%
- Hearing: 18%

Top 5 assistive products reportedly used by individuals:

- Spectacles (low-vision, short/long distance/filters etc): 61%
- Axillary elbow crutches: 32%
- Chairs for shower/bath/toilet: 18%
- Canes/sticks, tripods and quadripods: 7%
- Pressure relief mattresses†: 3%

Sources of assistive products

% of assistive products by reported source:

- NGO (non-profit facility/charity): 43%
- Self-made: 26%
- Friends/family: 20%
- Private sector (private facility/private hospital/private clinic/shops/stores): 11%
- Public sector (government facility/public hospital): 2%

Payers of assistive products

% of assistive products by reported payer:

- Charity: 45%
- Family / friends: 30%
- Paid out-of-pocket (self): 26%
- Government: 2%

Costs of assistive products

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

- 17% paid for products
- 48% did not pay for products
- 35% don't know

Distance to access assistive products

% of users of assistive products by reported distance traveled to access them:

- Less than 5km: 67%
- Between 6-25km: 22%
- Between 26-50km: 4%
- Greater than 100km: 2%
- Don't know: 1%
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:

- Met needs
- Unmet needs
- No needs

% of individuals reporting that they have unmet needs for assistive products, by age group and gender:

- 2-17: 31%, 51%, 85%
- 18-59: 51%, 52%
- 60+: 51%

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

- Self-care: 98%
- Cognition: 98%
- Movement: 97%
- Hearing: 97%
- Vision: 96%
- Communication: 89%

Top 10 assistive products reportedly needed by individuals:*18

1. Spectacles (low-vision, short/long distance/filters etc) 49%
2. Chairs for shower/bath/toilet 36%
3. Axillary elbow crutches 26%
4. Pressure relief mattresses 25%
5. Pressure relief cushions 19%
6. Hearing aids (digital) and batteries 18%
7. Orthoses (spinal) 11%
8. Incontinence products (absorbent) 11%
9. Magnifiers (digital handheld) 11%
10. Manual wheelchairs (push type) 11%

Barriers to accessing assistive products

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

- Lack of support 77%
- Product not available 44%
- Cannot afford products 31%
- Lack of transport / too far 10%
- Not suitable 7%
- Do not know about assistive products 6%
- Lack of time 4%
- Stigma / shyness 3%

% of individuals with functional limitations in different domains, needing replacement of or new assistive products by most commonly reported barriers to access them:*18

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

Improving access to assistive products

% of individuals by reported measures which would most improve their access to assistive products:*18

- More information on where to access assistive products 53%
- Access to financial support 43%
- Transportation to facilities that provide assistive products 22%
- Product availability within facility that provides assistive products 16%
- No measures would improve access to assistive products 7%
- Refused / don’t know 34%

* respondents could select multiple options
† findings are indicative only
18 of 342 individuals who reported needing new or replacements of assistive products at the time of data collection

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19 this phrase was interpreted by respondents as the services that they were being provided in relation to accessing assistive products were poor / insufficient
20 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
21 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
22 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
23 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
24 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
25 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
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**

<table>
<thead>
<tr>
<th>% of assistive products by reported level of overall satisfaction with products:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
</tr>
<tr>
<td>Quite satisfied</td>
</tr>
<tr>
<td>Neither satisfied nor dissatisfied</td>
</tr>
<tr>
<td>Dissatisfied</td>
</tr>
<tr>
<td>Very dissatisfied</td>
</tr>
</tbody>
</table>

Of the individuals who were reportedly dissatisfied or very dissatisfied with an assistive product, the reported reasons for dissatisfaction were:
- Pain/discomfort
- Safety
- Fit/size/shape
- Appearance

**Satisfaction with training**

<table>
<thead>
<tr>
<th>% of assistive products by reported level of satisfaction with product assessment and training:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
</tr>
<tr>
<td>Quite satisfied</td>
</tr>
<tr>
<td>Neither satisfied nor dissatisfied</td>
</tr>
<tr>
<td>Dissatisfied</td>
</tr>
<tr>
<td>Very dissatisfied</td>
</tr>
<tr>
<td>Not applicable (assessment / training not needed)</td>
</tr>
<tr>
<td>Refused / don't know</td>
</tr>
</tbody>
</table>

**Satisfaction with maintenance**

<table>
<thead>
<tr>
<th>% of assistive products by reported level of satisfaction with product repair, maintenance and follow-up services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
</tr>
<tr>
<td>Quite satisfied</td>
</tr>
<tr>
<td>Neither satisfied nor dissatisfied</td>
</tr>
<tr>
<td>Dissatisfied</td>
</tr>
<tr>
<td>Very dissatisfied</td>
</tr>
<tr>
<td>Not applicable (have not needed follow-up)</td>
</tr>
</tbody>
</table>

**Suitability of products**

<table>
<thead>
<tr>
<th>% of assistive products by reported level of product suitability to their home and surrounding environment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely suitable</td>
</tr>
<tr>
<td>Very suitable</td>
</tr>
<tr>
<td>Moderately suitable</td>
</tr>
<tr>
<td>Not very suitable</td>
</tr>
<tr>
<td>Not at all suitable</td>
</tr>
<tr>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Assistive product usefullness**

<table>
<thead>
<tr>
<th>% of assistive products by reported level of usefulness with helping the users to do what they want:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely</td>
</tr>
<tr>
<td>Mostly</td>
</tr>
<tr>
<td>Moderately</td>
</tr>
<tr>
<td>Not much</td>
</tr>
<tr>
<td>Not at all</td>
</tr>
<tr>
<td>Not applicable (assessment / training not needed)</td>
</tr>
<tr>
<td>Refused / don't know</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>% of assistive products by reported level of being able to use their products in places that they visit (e.g. public spaces):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely</td>
</tr>
<tr>
<td>Mostly</td>
</tr>
<tr>
<td>Moderately</td>
</tr>
<tr>
<td>Not much</td>
</tr>
<tr>
<td>Not at all</td>
</tr>
</tbody>
</table>

26 of 96 products reportedly used by 71 individuals who reportedly use assistive products at the time of data collection.

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

28 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 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:

- Yes, all new or replacement assistive products needs were met: 17%
- Yes, some new or replacement assistive product needs were met: 15%
- No: 61%
- Did not need new or replacement assistive products: 6%
- Refused / don’t know: 1%

% 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:

- Greatly improved access: 7%
- Slightly improved access: 4%
- Neutral: 30%
- Slightly reduced access: 18%
- Greatly reduced access: 9%
- Refused / don’t know: 32%

Of the 27% of individuals who reported that access had reduced or greatly reduced, the reported reasons were:

- Facilities were closed / reduced operating hours due to COVID-19: 56%
- Lack of availability of support from NGO / protection staff: 54%
- Lack of availability of products due to COVID-19: 47%
- Change in prices of products due to COVID-19: 10%
- Reduced mobility due to COVID-19 restrictions: 3%

% respondents could select multiple options
29 of 71 individuals who reported to use assistive products at the time of data collection
30 of 179 individuals who reported having difficulty in at least one domain.

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 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.
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 or contact 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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