Research Terms of Reference

Rapid Assistive Technology Assessment (rATA)
BGD2101
Bangladesh

February 2021

REACH Informing more effective humanitarian action

1. Executive Summary

Country of intervention	Bangladesh					
Type of Emergency	□	Natural disaster	x	Conflict		
Type of Crisis	□	Sudden onset	□	Slow onset	X	Protracted
Mandating Body/ Agency	N/A					
Project Code	70ARO					
Overall Research Timeframe	February-April 2021					
Research Components	1. **One household survey,** speaking directly to each consenting disabled individual					
Primary Data Collection Timeframe	1. Start collect data: 22/02/2021		5. Preliminary presentation and joint analysis workshop: 30/03/2021			
	2. Data collected: 30/02/2021		6. Outputs sent for validation: 15/04/2021			
	3. Data analysed: 15/03/2021		7. Outputs published: 30/04/2021			
	4. Data sent for validation: 15/03/2021		8. Final presentation: N/A			
Number of assessments	X	Single assessment (one cycle)				
	□	Multi assessment (more than one cycle)				
Humanitarian milestones	**Milestone**		**Deadline**			
	□	Donor plan/strategy	_ _/_ _/_ _ _ _			
	□	Inter-cluster plan/strategy	_ _/_ _/_ _ _ _			
	X	Cluster plan/strategy	01/05/2021			
	□	NGO platform plan/strategy	_ _/_ _/_ _ _ _			
	X	Other (Specify): Global Report on Assistive Technology (GReAT)	01/05/2021			

General Objective	To assess the scale and drivers of Assistive Technology (AT) needs in the Rohingya refugee population, in order to: • Inform the global understanding of AT needs by providing information on a particularly at risk and invisible population for the Global Report of Assistive Technology (GReAT) • Improve the provision of support to this population at the local level by providing information on the scale and drivers of AT needs in the Rohingya refugee camps
Specific Objective(s)	• Identify the prevalence, use and need for AT amongst Rohingya refugees with disabilities • Understand the main barriers to accessing and use of AT for refugees with disabilities • Identify how individual and household characteristics could be driving needs and access to AT • To understand how COVID-19 has impacted Rohingya refugees access and use of AT
Research Questions	• What is the prevalence of, level of use and need for different types of AT amongst refugees with disabilities living within Rohingya camps? • What are the main barriers to accessing and using AT for refugees within camps? • What are the underlying individual and household characteristics amongst Rohingya refugees which could be driving the needs and access to AT (e.g. age, gender, disability type, household size, location)? • What has been the impacts of COVID-19 on Rohingya refugees with disability's access and use of different type of AT?
Geographic Coverage	Inter-Sector Coordination Group (ISCG) / Refugee, Relief and Repatriation Commissioner (RRRC)-recognised refugee camps/settlements in Ukhia and Teknaf Upazilas, Cox's Bazar
Secondary data sources	• Rohingya refugees with disabilities: Prevalence, meaningful access, and notes on measurement (REACH, November 2019) • Education Needs Assessment (Cox's Bazar Education Sector, REACH, March 2019) • Water, Sanitation, and Hygiene Assessment: Dry Season Follow-up (Cox's Bazar WASH Sector, REACH, May 2019) • Refugee influx emergency vulnerability assessment (REVA) (World Food Programme, April 2020) Non-Rohingya context: • Removing Barriers: The Path towards Inclusive Access, Disability Assessment among Syrian Refugees in Jordan and Lebanon (Humanity & Inclusion, iMMAP, July 2018) • Access to Humanitarian Services for People with Disabilities: Situational Analysis in Bentiu Protection of Civilians Site, South Sudan (Humanity & Inclusion, IOM, January 2018) • Disability: Prevalence and impact, A Nationwide Household Survey Using Washington Group Methodology [Syria] (Humanitarian Needs Assessment Programme)

Population(s) *Select all that apply*				
	□	IDPs in camp	□	IDPs in informal sites
	□	IDPs in host communities	□	IDPs [Other, Specify]
	X	Refugees in camp	□	Refugees in informal sites
	□	Refugees in host communities	□	Refugees [Other, Specify]
	□	Host communities	□	[Other, Specify]

Stratification *Select type(s) and enter number of strata*	X	Geographical #: Population size per strata is known? X Yes □ No	□	Group #: _ _ _ Population size per strata is known? □ Yes □ No	□	*[Other Specify]* #: _ _ Population size per strata is known? □ Yes □ No
Data collection tool(s)	X	Structured (Quantitative)			□	Semi-structured (Qualitative)
	Sampling method				**Data collection method**	
Structured data collection tool # 1	□ Purposive **X** Probability / Simple random □ Probability / Stratified simple random □ Probability / Cluster sampling □ Probability / Stratified cluster sampling □ [Other, Specify]				□ Key informant interview (Target #):_ _ _ _ _ □ Group discussion (Target #):_ _ _ _ _ □ Household interview (Target #):_ _ _ _ _ **X** Individual interview (Target #):200-400[1] □ Direct observations (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _	
Target level of precision if probability sampling	95% level of confidence				+/- 5-10% margin of error (TBC based on final sample size) Note that the sample included in this assessment will be representative only of the population found to be living with a disability, sampled in the REACH Age and Disability Assessment in 2020	
Data management platform(s)	X	IMPACT			□	UNHCR
Expected ouput type(s)	□	Situation overview #: _ _	□	Report #: _ _	□	Profile #: _ _
	□	Presentation: _ _	□	Presentation #: _ _	X	Factsheet #: 1
	□	Interactive dashboard #:_	□	Webmap #: _ _	□	Map #: _ _
	□	[Other, Specify] #:				
Access	X	Public (available on REACH resource center and other humanitarian platforms)				
	□	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				
Visibility	***REACH***					
	Donor: *World Health Organisation (WHO)*					
	Coordination Framework: *Age and Disability Working Group (ADWG)*					
	Partners: *Christian Blind Mission (CBM)*					

2. Rationale

2.1. Rationale

Humanitarian crises pose unique challenges for people with disabilities. Today, almost 168 million people around the world are affected by conflicts and natural events[2], 15% of whom are estimated to have disabilities. They are among the most marginalized people in crisis affected communities and are disproportionately affected by conflict and emergency situations. In 2019, there was a steep change in placing people with disabilities, and their human rights, at the centre of humanitarian

[1] Based on a sample frame of 1522 individuals, assuming a call to interview success rate of approximately 25%. 400 phone numbers will be selected at random. If a respondent from the original 400 contact does not pick up or consent to an interview then this will be replaced with a new number from the remainder of the contacts.

[2] Global humanitarian needs overview 2021, UNOCHA, December 2020

action. The UN adopted the UN Disability Inclusion Strategy[3], under which UN entities and country teams will measure and track their performance with respect to disability inclusion.

In humanitarian crisis, assistive products are often lost and damaged, increasing the likelihood of persons with disabilities, older people and those affected by non-communicable diseases to face threats, vulnerabilities, and severe health complications. Thirteen percent (13%) of people with disabilities affected by humanitarian crises are estimated to have lost their assistive devices or need to use a damaged one, leading to further isolation[4]. This may have an additional impact on their health, with possible deterioration or creation of new long-term impairment if not addressed in the early stages and may also lead to increased protection concerns for persons with disabilities. For instance, people who need but cannot access assistive technologies (AT) for communication or mobility may struggle to be registered and receive humanitarian assistance[5].

In total more than 860,000 Rohingya refugees currently reside in 34 camps formally designated by the Government of Bangladesh in Ukhiya and Teknaf Upazilas of Cox's Bazar District[6]. The problems relating to access to AT are prevalent among the Rohingya refugee population in Bangladesh. Among individuals with physical or cognitive difficulties identified by the WASH household survey in the Rohingya refugee camps in 2019, only 34% reportedly had access to support services such as assistive devices or rehabilitation[7]. 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 AT following loss of income[8]. Within Bangladesh such widespread measures were introduced in March 2020 to help limit the spread of COVID-19, and it remains unclear what impact this has had on persons of disability. REACH and CBM are therefore proposing a partnership to assess the prevalence and need for AT in the Rohingya populations as well as the impacts of COVID-19 on their needs and access to AT.

3. Methodology

3.1. Methodology Overview

The assessment will be composed of approximately 200-400 randomly-selected remote individual-level quantitative surveys based on original participants of the REACH Age and Disability Inclusion assessment, with data collection planned to take place over a 3-week period in February to March 2021. In light of COVID-19, data collection will be conducted remote through phone interviews and as a result of this the precise sample-size cannot be determined at present. Ideally a target of 400 individual surveys is aimed for (inclusive of a buffer), giving findings at a 95% confidence level and a 5% margin of error, however a minimum target of 200 surveys (inclusive of a buffer) is set to ensure findings are representative at a 95% level of confidence and a 7% margin of error. The quantitative tool will be composed primarily of the rapid Assistive Technology Assessment (rATA) tool developed by the World Health Organisation's (WHO) Global Cooperation on Assistive Technology (GATE) initiative, which aims to better understand met and unmet needs for, barriers to access and user satisfaction with AT. Additional indicators will be included to assess the impact of COVID-19 on those with disabilities and ways to incorporate them in COVID-19 response programming. The sampling frame for the survey will be taken from REACH's ongoing Age and Disability Inclusion assessment, which utilised a stratified cluster sampling method to conduct individual surveys on the prevalence of disabilities and access to services for people with disabilities. During this assessment respondents will be randomly sampled from this sample frame.

[3] United Nations Disability Inclusion Strategy

[4] World Report on Disability, WHO and World Bank, 2011

[5] Disability in humanitarian contexts: Views from affected people and field organisations, Humanity and Inclusion, July 2015

[6] Population Data and Key Demographic Indicators; UNHCR; June 2020

[7] WASH household assessment, REACH, 2019

[8] A Disability-Inclusive Response to COVID-19, UN Policy Brief, May 2020

3.2. Population of Interest

The populations of interest are Rohingya refugees with disabilities, who are residing in the 34 ISCG/RRRC-recognized camps in Cox's Bazar district. Participants will be targeted from their participation in the age and disability assessment conducted by REACH, based on their disability status and consent / availability to provide a contact number. In cases where the identified household member is not available, unable to respond, or the household member is below the age of 18 then the relevant family member will answer on their behalf.

3.3. Primary Data Collection

The primary data collection will use a quantitative individual survey with participants randomly sampled from a contact list developed during REACH's Age and Disability assessment, and will be remotely conducted through phone interviews. Data collection tools may be adjusted based on early findings from the piloting exercises. Individual surveys will be collected by REACH enumerators and will be analysed by REACH.

All participating staff will receive joint training by REACH and CBM. Training conducted by REACH will include objectives and methodology of the assessment, field data collection protocols, clarification of tools/agreement on standards for recording responses, and multiple rounds of practice with tools. CBM will provide training on best practices in interviewing people with disabilities, to ensure data collection can take place with maximum dignity and respect for respondents. REACH will translate tools into Rohingya and review language issues with the team prior to data collection. Following training, tools and data collection protocols will be piloted by REACH enumerators to identify and rectify any problems with the coding of the Kobo tools before the full roll-out of data collection.

Individual survey

To achieve the first three objectives of this assessment, focusing on access to, use of and barriers to AT, as well as the factors influencing them, the WHO rATA survey tool will be asked to individuals. To achieve the final objective, additional questions will be incorporated looking at the impacts of COVID-19 on disabled persons access and use of AT.

In the absence of publicly available contact lists for households in Rohingya camps and budgetary limitations preventing a full-scale sweep of camps to identify persons of disability through random sampling, a contact list of individuals identified as having a disability during REACH's Age and Disability assessment will be used a proxy sample frame. During this assessment, individuals were sampled through a stratified cluster sampling methodology across all Rohingya refugee camps, resulting in a total of 2,530 households and 11,187 individuals interviewed. People with disabilities were identified through the Washington Group's Short Set Enhanced (WG-ES 3) for individuals aged 18 and over, and the WG's Child Functioning (aged 2-4 and 5-17) questions for children in those respective age groups. Households with individuals who were identified as having disabilities were then asked if they would be interested in participating in a follow-up study relating to access to assistive technology, and were asked to provide a contact number. For the purposes of this study, individuals above the age of 18 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. For children aged 5-17 they 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 "daily" feelings of anxiety or depression are reported. Children aged 2-4 are considered as having a functional limitation if "some difficulty", "a lot of difficulty" or "cannot do at all" was reported in at least one domain or "a lot more" violent tendencies are reported compared to other children of the same age. The resultant contact list of individuals identified as having a disability totals 1522 individuals from 839 households.

REACH enumerators will try to call all of the phone numbers on the contact list, resulting in an estimated 380 individual interviews, assuming a 25% call to interview success rate, as was observed during data collection for the 2020 Joint Multisector Needs Assessment (JMSNA), which employed a similar remote data collection methodology. Initially 400 contacts will be randomly selected to be interviewed. If they fail to respond to the call or do not consent to the interview then a replacement number will be selected. The results will give findings that are representative at a 95% confidence level with

a 5% margin of error of the original participants of the Age and Disability assessment, although this will vary depending on the final number of interviews conducted, and findings indicative of the wider disabled refugee population. Only households where an adult over the age of 18 is available to be interviewed will be eligible to participate. If the individuals are under the age of 18, not present at the time of the interview or unable to respond, the head of household will answer the questions as a proxy. Prior to each interview, informed consent will be asked of the respondent. Interviews will be administered using the Kobo phone application on a questionnaire previously uploaded onto smartphones.

3.5. Data Processing & Analysis

Cleaning and checking of household survey data will be conducted on a daily basis by REACH teams according to a set of pre-established Standard Operating Procedures (SoP) built on IMPACT's Data Cleaning Minimum Standards Checklist. Data checking and cleaning will include outlier checks, recoding of 'other' responses, identification and removal or replacement of incomplete or inaccurate records, and time checks per interview. All changes will be recorded in a data cleaning log. A daily report of identified issues will be produced by REACH's data team and provided to field teams for inclusion in daily briefings. During data collection, assessment team leaders will monitor enumerator interview practices using a quality checklist.

Data analysis

Following the finalisation of the tool, a data analysis plan will be developed ensuring linkages between questionnaire questions/responses, reporting on indicators, and stratification of the sample. REACH will develop an initial analysis script using R software and will conduct all of the analysis.

Final outputs

Following the completion of initial data analysis REACH will draft a factsheet presenting the findings for protection and disability specialists, who will review the factsheets and provide quality control. Once the factsheet has been finalised the findings will be presented to relevant actors in the Rohingya refugee response. Raw data, analysis tables and final products will be made publicly available on commonly-used web platforms including Humanitarian Data Exchange (HDX) and HumanitarianResponse.info as they are produced, and will be usable under Creative Commons Attribution. Throughout the assessment process, REACH's technical team in Geneva will conduct internal review and validation of tools and products in order to ensure they meet REACH's organisational quality standards.

4. Roles and responsibilities

Description of roles and responsibilities

Task Description	*Responsible*	*Accountable*	*Consulted*	*Informed*
Research design	Research Manager	Country focal point	CBM, IMPACT Research Design and Data Unit (RDDU)	CBM
Supervising data collection	Field Coordinator, Field Assistant, and Team Leaders	Country focal point	CBM	
Data processing (checking, cleaning)	Data Officer	Country focal point	IMPACT RDDU	

Data analysis	Data Officer	Country focal point	CBM, IMPACT RDDU	
Output production	Data Officer / Research Manager	Country focal point	IMPACT Research Reporting Unit (RRU)	
Dissemination	Research Manager	Country focal point	CBM, IMPACT Communications Officer	
Monitoring & Evaluation	Research Manager	Country focal point	IMPACT RDDU	ADTT
Lessons learned	Research Manager	Country focal point	CBM, Country focal point, IMPACT RDDU	IMPACT RRU

Responsible: *the person(s) who executes the task*

Accountable: *the person who validates the completion of the task and is accountable of the final output or milestone*

Consulted: *the person(s) who must be consulted when the task is implemented*

Informed: *the person(s) who need to be informed when the task is completed*

Annex – Data analysis plan

Bangladesh

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Available at:

https://www.impact-repository.org/document/reach/0b633392/REACH_BGD_DAP_Rapid-Assistive-Technology-Assessment-rATA_March-2021.xlsx