

HANDICAP INTERNATIONAL – HUMANITY & INCLUSION BANGLADESH

Towards Global Health: Strengthening the Rehabilitation Sector through Civil Society

POLICY BRIEF

Access to assistive products in Kurigram and Narsingdi, Bangladesh

BACKGROUND

Assistive technology and products (AP) like wheelchairs, white canes, hearing aids, communication products, visual products and many others, can transform lives by facilitating independence and community participation^{1,2}, preventing further disability and promoting early childhood development. The World Health Organization (WHO) estimates that worldwide, 1 billion people require AP and that the need could double by 2050³.

The UN Convention on the Rights of Persons with Disabilities (CRPD), ratified by Bangladesh in 2007, and the Rights and Protection of Persons with Disabilities Act (2013) guide the Government of Bangladesh to facilitate access to AP. More people now live longer and with chronic health conditions and disability. Therefore, AP is not only a challenge for the disability sector. As recognised by new global commitments⁴, access to an appropriate product or technology solution can be a ‘mediator or moderator’ to attaining the Sustainable Development Goals¹, and is central to the principle of ‘leaving no-one behind’. Accordingly, Government of Bangladesh authorities, civil society, non-governmental organisations (NGOs), private sector actors, and Disabled Persons’ Organisations (DPOs), aim to strengthen access to assistive products.

Despite growing interest in AP in health, disability and social sectors, little is known about unmet needs and patterns of access. In Bangladesh, new information is needed to understand how people can access AP, who is at risk of missing out on the services they need, and barriers to access.

PURPOSE

This ‘policy brief’ outlines findings on AP needs, unmet needs and access patterns arising from the Rapid Assessment of Disability (RAD)^a study conducted in 2016 and 2017, in partnership between the Bangladesh Bureau of Statistics (BBS) and Humanity & Inclusion (HI) Bangladesh, with technical oversight from the Nossal Institute for Global Health, University of Melbourne, Australia. The study was part of the HI project: *Towards Global Health: Strengthening the Rehabilitation Sector through Civil Society* funded by the European Union^b. Findings from the 4254 adults surveyed in the two districts are reported here.

The purpose of this component of the RAD study was to learn about the usage of AP, characteristics of AP users, barriers to use of AP, unmet and met needs of AP, and to highlight major policy implications for AP service provision, in two target areas of Kurigram and Narsingdi. The survey includes an adapted version of Washington Group (WG) ‘short set’ of Disability Questions. A modified version of the WHO’s draft Assistive Technology Assessment Tool (needs module) – or the ‘ATA-needs’, was also implemented. Findings from this study also helped modify and improve the draft ATA-needs tool.

^a Further information on the RAD is available from <http://go.unimelb.edu.au/scf6>

^b More information on the study is available in HI-Bangladesh et al., (2018) *Policy Brief: Rapid Assessment of Disability in Kurigram and Narsingdi, Bangladesh*.

HALF OF ALL
PEOPLE SPENT
LESS THAN

৳150

(USD\$1.80)
ON THEIR ASSISTIVE
PRODUCT



KEY FINDINGS

Use of assistive products

Key results

- Around 7% of all adults in the study districts used at least one AP.
- Around 18% of all people over 60 years used assistive products.
- AP use increases with more severe difficulties^c. 10%, 29%, and 40% of people who reported 'some difficulties', 'a lot of difficulties', or 'cannot do at all', respectively, report using an AP.
- APs are more commonly used to address self-care (9%), mobility (7%), and vision (5.4%) difficulties; they are rarely used to address remembering (0.5%), hearing and communicating (1%) difficulties, and health problems (2.4%).
- 72% of people with any difficulty reported a need for AP that they do not already have.
- Unmet need for AP varies with severity of functional difficulty^d. Using WGQs, 68% of people reporting some difficulties, 84% with moderate difficulties and 60% with severe difficulties, reported a need for a product that they don't already have.
- 80% of people who use AP reported that their assistive products mostly or completely met their needs.

- More information is needed to understand how men and women have different needs and ways of accessing assistive products. In this sample, women report need for AP more than men, but a larger sample is needed to understand gender-differences.
- Understanding needs and unmet needs for AP in children is essential, but was not possible with the current sample size.

Implications

- There is a profound unmet need for assistive products, despite long-term efforts and investments to improve the situation in Bangladesh. Urgent scale-up of efforts to address the needs are required.
- Use of AP varies between different functional domains. There has been less emphasis on AP for communication and learning difficulties than on mobility and self-care. Strategies to expand the range of products available and used, are urgently needed.

^c Using the Washington Group disability definition.

^d Using the Washington Group disability definitions of 'some difficulty, a lot of difficulty and cannot do at all, respectively'.

Accessing assistive products: current situation

Key results

- Home or self-made products were the most common. Around 46% of all AP was home or self-made.
- Other sources of products were: hospital (17%), local market (12%), non-hospital health facilities (4%) and government services (2%) and other sources (17%).
- Rehabilitation centres, local artisans, pharmacists, NGOs/iNGOs and other charities were not the source of any AP in the sampled populations in this study.
- People who had ever attended school/Madrasa were more than 4x more likely to have access to an AP.
- More than half (52%) of people with an unmet AP need reported that they did not know about their options for AP, while 45% said affordability restricted access to AP. Other reasons for unmet need were: Poor knowledge about where to get a product (9%), a perception that products are not available (6%), and perceptions that products aren't suitable or won't work (2.6%).
- The average cost for AP for all study AP users combined was around ₮430 (USD\$5^e).
- Half of study AP users spent less than ₮150 (USD\$1.80) on their AP. The average cost of AP increased with disability severity, but people with severe difficulty were less likely to report that AP addressed their needs.

- 45% of people with mild disabilities reported that the costs of AP prevented use of AP.
- The APA-needs tool includes a provision for learning about AP non-use, failure and replacement, but the sample size was insufficient to draw reliable conclusions. Failure of AP is a known concern in this community.

Implications

- Much of the unmet need might be addressed at low cost, using locally available, appropriate technology and capacity.
- Distribution of AP in the sampled districts did not match expectations. New emphasis on AP in rehabilitation services, NGOs, and the private sector, along with decentralisation strategies, may be needed.
- Despite the low cost of many products, most people who used them self-reported being satisfied that their AP met most or all their needs. Much of the need for AP might be addressed at modest cost, through local strategies, with caution to ensure minimum quality and professional standards.
- Linking AP services with inclusive education and livelihood programming might help address the inequitable access to education and work for people with disabilities.

^e \$1 = ₮83 (December, 2017)

46%

OF ALL ASSISTIVE
PRODUCTS WERE
HOME OR
SELF-MADE



72%

OF PEOPLE WITH ANY
DIFFICULTY REPORTED AN
UNMET NEED FOR AP

OVERALL IMPLICATIONS

- Options for AP provision should include both simple, low-cost devices using local materials and technology, and appropriate devices to meet more complex needs, or multiple functional difficulties.
- AP is available in both the studied districts. Poor knowledge about their availability and use is a barrier to AP. Building awareness of current and future services will be essential to address the unmet needs.
- The survey method used in this study could be modified and replicated in other districts to inform local practice. This could be combined with building local awareness of options for accessing AP, referrals, and other information about services, entitlements and programs.
- Capacity to address unmet needs, including training strategies are not well researched in Bangladesh, but new evidence from elsewhere^{5,6} could inform Bangladesh stakeholders.
- People with more severe functional disabilities may require more costly products, but be less able to purchase them. Addressing this inequity should be a priority of AP service delivery solutions.
- Addressing persistent barriers to AP require a system-wide response, spanning private sector, policy reform, clinical services, healthcare financing, and social services. New global interest and commitments are an opportunity for Bangladeshi stakeholders to set ambitious targets for improving AP access.
- It is essential to understand the needs, unmet needs and access patterns for children. AP is especially important for children, but good evidence about their access to AP is still missing.
- Assistive products are needed by most people at some time in their life, either to manage short-term injuries or long-term needs. Strategies for AP provision should consider the needs of all people.

REFERENCES

- 1 Tebbutt et al. (2016) 10.1186/s12992-016-0220-6
- 2 Borg et al. (2012) 10.1186/1472-698X-12-18
- 3 WHO (2016); <https://bit.ly/1NuAfkW>
- 4 WHA. EB142R6. 2018.
- 5 Gould et al. (2015) 10.3109/17483107.2014.979332
- 6 McSweeney et al. (2017) 10.1080/17483107.2017.1379102

FURTHER INFORMATION

Handicap International – Humanity & Inclusion
 House # SW(F)1/A
 Road # 4, Gulshan 1
 Dhaka-1212.
 Phone: +880 2 9859794
 Email: dp@hibd.org

Director, Demography and Health Wing
 Bangladesh Bureau of Statistics (BBS)
 E-27/A, Agargaon, Dhaka-1207
 Phone: -880 2 9101087
 Email: mashud2003@yahoo.com



Disclaimer: This document has been produced with the assistance of the European Union. The contents are the sole responsibility of Handicap International and can in no way be taken to reflect the views of the European Union.

Suggested reference: HI-Bangladesh et al., (2018) Policy Brief 2: Access to assistive products in Kurigram and Narsingdi.