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Abstract. Mongolia conducted a rapid Assistive Technology Assessment (rATA) survey in 2021 using an assessment tool developed by the World Health Organisation (WHO). The survey involved different Government and non-governmental stakeholders. The country was divided into 4 regions and using a 2-step random sampling method, 137 clusters were identified for the survey, including 2 provinces in each region. A total of 2,868 households and more than 10,000 persons were interviewed. The data was analysed by a team from WHO. This paper explains the challenges linked to conducting such a large survey in Mongolia due to its geographical and demographic characteristics. It also presents the main findings from the rATA survey and how these findings can be used for strengthening the access to assistive technology services in the country.

Keywords: Mongolia, rATA survey, Assistive Technology.

1 Background

1.1 Introduction

Mongolia had signed and ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2009. In 2016 the Government of Mongolia passed the National Disability Law in line with the provisions of CRPD (1). For example, article 11 of the law asks for ensuring that all information and communication services are accessible to persons with disabilities, while art. 21 ensures the provision of assistive products through different insurance and welfare funds.

Ministry of Labor and Social Protection (MLSP) is responsible for the provision of assistive products to persons with disabilities and elderly persons with functional...
limitations. MLSP has conducted surveys to understand the gaps in the AP provision services. For example, a survey (2) conducted in 2019 had shown that around 81% of the beneficiaries of assistive products were elderly persons. It also showed that persons in rural areas had limited understanding about the usefulness of assistive products, they face many difficulties in receiving the necessary products and in getting them repaired.

In 2019, the Government of Mongolia signed an agreement with Asian Development Bank (ADB) for ensuring inclusiveness and service delivery for persons with disabilities. Output 2 of this collaboration focused on strengthening of different services for persons with disabilities including the services for provision of assistive products and the establishment of 6 model development and rehabilitation centers. (3) A review of the existing assistive technology (AT) services and a strategy for strengthening it has been proposed, which needs to be formalized by the Government. Ministry of Health is developing National Rehabilitation Action Plan (2021-2026) including the assistive products with the technical support of WHO. (4)

The proposal from WHO to conduct a rapid Assistive Technology Assessment (rATA) in Mongolia arrived when all the different initiatives to strengthen the national AT services were being planned and implemented.

1.2 Planning rATA Survey

WHO provided the technical and financial support for conducting the rATA survey. Ministry of Health (MOH) acted a leading organization to conduct the rATA at national level (August 2020). National Disability Coordinator (NDC) is appointed from MOH. When NDC is appointed from MOH, National Statistics Office (NSO), Ministry of Labor and Social Protection (MLSP) and Italian association “Amici di Raoul Follereau” (AIFO), working in Mongolia since 1991 in disability field were invited for a meeting (October 2020). 4 persons from above-mentioned organizations (MLSP, NSO, AIFO and WHO/CO) attended in 3 days long online master training conducted by WHO in November 17-19, 2020. After the master training, MOH decided to appoint National Development Center, the agency of MOH to conduct the rATA survey at national level (Order No. A/246, Minister of Health, April 22, 2021). WHO employed national consultant to support to the organization to conduct the rATA survey. The national consultant is from AIFO, who worked in Mongolia since 1991 implementing Community based rehabilitation program for the persons with disabilities (CBR) in collaboration with MOH. NSO played a role of calculating sample size and approving the methodology to be used for data collection of national representative household survey.

1.3 Objectives

To conduct a sample survey in different provinces of Mongolia to understand the coverage and uncovered needs of different kinds of assistive products among different age groups through the Rapid Assistive Technology Assessment (rATA) survey methodology developed by the World Health Organization.
2 Methodology

The standard methodology developed by WHO was used for conducting rATA survey in Mongolia. 4 persons (MOH, NSO, WHO/CO and AIFO, INGO) from Mongolia took part in the training of the trainers’ workshop organized by WHO. This was followed by the development of action plan for conducting rATA survey and an agreement was signed between the Government (Ministry of Health) and WHO.

Different Government organizations (Ministry of Health, Health Development Center and National Statistics Office) as well as some non-governmental organizations (Tegsh Niigem NGO and “Universal Progress” Independent Living Center) were involved in the data collection exercise. This posed additional challenges in conducting and coordinating the data collection.

National Statistics Office (NSO) in Mongolia calculated the sample size using two-step, random sampling method. Total of 137 clusters were selected using proportional method taking into consideration of WHO suggestion, which is 10% of non-responsive rate and 30% of relative error and 95% of confidence level.

According to the Statistics of Mongolia by the end of 2020 there are 3.25 million people living in 908.7 thousand households. The average household size is 3.58.

Since Mongolia has huge territory and scarse living, NSO selected 2 aimags (provinces) from 4 (western, khangai, eastern and central) regions and Ulaanbaatar, the capital city. A random sample of 2740 households were identified from 8 aimags (provinces) and Ulaanbaatar 6 districts representing all the different regions of the country using proportional method.

A total of 70 enumerators (5 enumerators from each 14 enumeration areas) and 14 supervisors (1 from each 14 enumeration areas) were trained and data collection was carried out between October 30 and 25 November 2021. The duration of data collection was varied from 9 to 23 days on the basis of the destination of the territory and size of the population. Average number of households to be visited per day was calculated that 2 enumerators visit to 5 households on average and at least 15 households will be visited by a team of 6 enumerators and supervisors.

Enumerators from above-mentioned two non-governmental organizations collected data from selected enumeration areas. The selection of supervisors relied on the experience of working with persons with disabilities in Mongolia CBR program between 1991-2015. Supervisors from enumeration areas supervised the data collection in the field.

2.1 Process of Conducting rATA Survey and Specific Challenges Faced during the Survey

Mongolia has a large geographical area with a small population and a very low population density. In winters, the country experiences very low sub-zero temperatures and field visits are difficult. rATA survey in Mongolia was conducted in these specific conditions, which posed specific challenges to data collection: (1) Climate: rATA survey in Mongolia was conducted in November, which became low sub-zero condition. Convenient condition to conduct survey in Mongolia is March to June and September to
October. But the rATA survey couldn’t be carried out in convenient condition owing to different bureaucratic steps. (2) Geographical distance: Households, especially those who live in nomadic area (village) live far from each other. In some area there are around 20 km between two households. The road is unpaved. Survey time is spent for travelling to the selected households. The farthest sum (village) was 520 km in one way from aimag (province) center. One of the enumeration areas was “Tsaatan” /Reindeer herders/ minority, who lives in snowy mountain “Taiga”. Reindeer herders were living 452 km in one way from aimag center. The enumerators needed to rent reindeers to reach to the Reindeer herders. Enumerators were also needed to go on ice to reach to “Hanh” sum, at the Russian border. (3) Due to COVID-19 pandemic, the majority of the households, especially in Ulaanbaatar, the capital city and aimag (province) centers, were not allowed to enter their homes. So the enumerators needed to collect data while standing outside. (4) Address of Ulaanbaatar was not well structured. District and sub-district personnel were helping to the enumerators to find the selected households, it was challenging to find the households, especially in Ger district.

3 Results

A total of 2868 households were visited during the survey covering a total sample of 10,739 persons, including 9,687 persons (90.2%) of less than 59 years and 1,052 persons (9.8%) above 60 years. The data entry forms were checked by the supervisors and national data coordinator, corrected and cleaned. The data was sent to WHO for analysis.

Total of 9960 persons’ responses were collected, including 531 responses from minors who were not accompanied by a family adult during the interview. All the responses have been included in the analysis presented here.

Among the APs, spectacles were the most commonly used AP, needed by more than 71.8% AP users. Other most frequently used products included canes/sticks 11.5%, crutches 6%, magnifier 5.8%, hearing aids 5.6%, spinal orthosis 4.8%, bath/toilet chair 4.1%, manual wheelchairs 2.7%, pill-organizers 2.3% and manual wheelchairs 1.6%.

To improve a better the understanding of remaining data, information about spectacles-users has been excluded for this analysis.

3.1 Coverage of Assistive Products Excluding Spectacles in Mongolia

Globally 8.1% of persons in Mongolia needed APs excluding spectacles and 2.3% had received them and 5.8% of individuals had unmet needs. In terms of gender, 7.4% of the men needed Aps, 1.1% had them and 5.3% had unmet needs; among women, 8.7% needed, 2.5% had them and 6.2% had unmet needs.

In terms of age, in the below 59 years, total need was 4.4%, among whom 1.3% had received APs while 3.1% had unmet needs. In the above 60 years, the total need was 37.6%, among whom 10% had received the APs while 27.6% had unmet needs.
In urban areas, the need for APs was among 7.8% of the population and 2.7% had received them, while 5.1% had unmet needs; while in the rural areas, the need was 8.2% and 2% had received them and 6.3% had unmet needs.

In terms of source of AP provision, the Government covered 24.6% of the need, about 48.2% was covered by private sector and the remaining 27.2% of the APs were covered by different sources such as NGOs, self-made, and friends and families.

In terms of funding for APs, the three biggest sources were - Government which covered 23.1%, out of pocket by individuals covered 53.5%, and family-friends who covered 20.3%. The remaining 3.1% costs were covered by other sources including NGOs.

50.5% of persons identified lack of support and funds as the principal barrier for not having an AP. Other barriers were 8.8% non-availability, 7.4% non-suitability, 3.9% distance, and 5.1% lack of time. Only 2.8% identified stigma as a barrier.

Around two-thirds of the respondents had found the APs at less than 50 km including 35.7% who had found it at less than 5 km, while one-third of the respondents had to travel to more than 50 km to receive them including 20.7% who had to travel for more than 100 km.

The level of satisfaction among persons who have already received the assistive products was good in 63.7%, about 30.7% of users were neutral and about 4.5% were unsatisfied with the APs. The level of satisfaction with the after-delivery services such as follow-up, repair and maintenance, was much lower.

93.5% of the users felt that the APs were moderately to highly suitable for them, while 6.5% felt that the APs were unsuitable.

4 Discussion

The analysis of the rATA shows the gaps between males and females, where females have greater uncovered needs (6.2% compared to 5.3%); and, between rural areas and urban areas, where rural areas have greater unmet needs (6.3% compared to 5.1%). However, the biggest challenge seems to be among elderly persons compared to younger persons (27.6% compared to 3.1%).

Another issue for the decision-makers would be regarding the high percentage of costs (around 74%) for the APs covered by the individuals and their families, while the Government contribution covers only 23%.

While the user satisfaction and suitability of the APs for the users show higher prevalence of positive comments, this is probably also influenced by the products acquisition from personal funds.

As the rATA survey implementation coincided with the plans for the review and strengthening of the national assistive technology services in Mongolia, these findings will provide a necessary background to identifying strategies to answer these challenges.
5 Conclusions

Conducting rATA data collection exercise in Mongolia had posed some specific challenges linked to its geography and climatic conditions, as it was conducted in winter when temperatures reach below zero temperatures and reaching the rural areas becomes problematic. Another challenge was to bring together the different stakeholders in completing this exercise.

At the same time, the survey has provided some very important information about specific assistive products and their unmet needs among the different age groups, which will help Mongolia to strengthen and improve its assistive technology services and set up a disability and assistive technology related database.

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