**The COVID-19 global pandemic and access to assistive technology: voice of users and providers**

**Ethics Project ID 26972**

**Explanatory Statement**

This research asks you to tell the World Health Organization about the impacts of the COVID-19 pandemic on the way you provide, recommend or service assistive products.

The World Health Organization has funded Monash University and the Centre for Inclusive Policy to find out about the impacts of COVID-19. We want to find out:

* Has the COVID-19 pandemic affected the way people **access** or **use** assistive products?
* Has the COVID-19 pandemic affected the way assistive products, services and other supports are **provided**?

This research will help the World Health Organization to understand how to support people who need assistive products and services as well as the personnel and providers who support assistive products and services availability.

Taking part in this research is positive because you can share your valuable information to build better systems. We don’t expect there are any risks to you if you join in. You do not have to participate if you don’t want to.

You are invited to tell us your story by filling in the self-report **Snapshot** form on pages 3-5 of this document. Return both the **Snapshot** form and the signed **Consent** form (page 2) to contribute your story to the research project.

We will store the information you give us safely, for ten years. Your personal information will only be shared with your consent. You can ask any questions about the study, and withdraw from the study at any time, by emailing [natasha.layton@monash.edu](mailto:natasha.layton@monash.edu.au)

The results of this research will be presented and published. You can choose if you would like to be identified, or not identified in these results.

**Chief Investigators:**

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* Dr Daniel Mont, Centre for Inclusive Policy
* Emma Tebbutt, World Health Organization

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**DATA COLLECTION SNAPSHOT for AT service providers**

**Consent Form**

I have read and understood the participant information statement. Any questions I asked have been answered. I understand what being in this project means for me.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I agree to complete the Snapshot Form |  |  |
| I agree to being identified in the Snapshot. I understand by ticking ‘Yes’ my name and other identifying information will be used, so other people will know that it is me that you are talking about  *(Note. If you tick ‘No’, you will not to be identified, your name and other identifying information will be removed from the Snapshot. Other people will not know that it is you we are talking about)* |  |  |
| I agree that the information that I give in the snapshot form will be written in reports and articles, spoken about at conferences, and can be used by Monash University, Centre for Inclusive Policy and the World Health Organisation in future research projects. |  |  |

Name:Click or tap here to enter text.

Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

**RETURN with the following pages by email to** [**assistivetechnology@who.int**](mailto:assistivetechnology@who.int)

**DATA COLLECTION SNAPSHOT for AT service providers**

If you are involved in AT service provision you can complete this form to share information about the impact of the COVID-19 pandemic on services.

*\*\* if you have accessibility issues with this form please contact* [*assistivetechnology@who.int*](mailto:assistivetechnology@who.int)*\*\**

**Service information**

|  |  |
| --- | --- |
| What country is your service located? | Click or tap here to enter text. |
| What best describes the setting of your service: (tick all that apply) | City  Urban  Rural |
| Does your service provide outreach to other settings? | Yes  No |
| What types of services or products do you provide? (tick all that apply) | Mobility Communication Self-care  Vision  Hearing  AT Support Services |
| How are you paid for your services? | Click or tap here to enter text. |

**AT service delivery during COVID-19**

|  |  |
| --- | --- |
| **What months did COVID-19 impact your service? Please tick** | |
| **2020**  January  February  March  April  May  June  July  August  September  October  November  December | **2021**  January  February  March |

**Client numbers**

How many clients did you see each month? Please tell us the number of new clients, and the total number of clients you saw each month (the total number should also include the new clients). If you don’t know the number of new clients leave that column blank and fill in the total number. We will compare last year and this year to see the impact of COVID-19 on your service.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AT Service for:** | **April 2019** | | **April 2020** | | **July2019** | | **July 2020** | | **November 2019** | | **November 2020** | |
|  | New | Total | New | Total | New | Total | New | Total | New | Total | New | Total |
| Mobility |  |  |  |  |  |  |  |  |  |  |  |  |
| Communication |  |  |  |  |  |  |  |  |  |  |  |  |
| Vision |  |  |  |  |  |  |  |  |  |  |  |  |
| Hearing |  |  |  |  |  |  |  |  |  |  |  |  |
| Self-care |  |  |  |  |  |  |  |  |  |  |  |  |
| Cognition/ thinking |  |  |  |  |  |  |  |  |  |  |  |  |

**Impacts on service delivery**

**What factors caused difficulty in your ability to provide AT services?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COVID-related Factors** | **No difficulty** | **A little difficulty** | **A lot of difficulty** | **Prevented service delivery** | **Not applicable** |
| Personal protective equipment |  |  |  |  |  |
| Social distancing at work |  |  |  |  |  |
| Staff being able to come to work |  |  |  |  |  |
| Staff being willing to come to work |  |  |  |  |  |
| Availability of supplies e.g. delays in shipping |  |  |  |  |  |
| Ability or willingness of clients to interact |  |  |  |  |  |
| Travel restrictions (land, air, sea) |  |  |  |  |  |
| Change in available transportation (for employees or clients) |  |  |  |  |  |
| Need for travel documents (e.g. quarantine pass) to get to the facility |  |  |  |  |  |
| Increased cost of supplies |  |  |  |  |  |
| Increased cost of staff |  |  |  |  |  |
| Ability of clients to afford goods and services |  |  |  |  |  |

**Did any other factors cause difficulty? If so, please list them here:**

Click or tap here to enter text.

**Did any factors help you in providing services?**

Use the table below to indicate the things that helped your ability to provide AT services, and how much they helped.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Factors that may have helped** | **None** | **A little** | **A lot** | **Essential** | **Not applicable** |
| Increased private donations |  |  |  |  |  |
| Increased government support |  |  |  |  |  |
| Increased support from NGOs |  |  |  |  |  |
| Personal protective equipment |  |  |  |  |  |
| Increased staff time |  |  |  |  |  |
| Internet or wireless communication |  |  |  |  |  |
| Local/national government guidance on COVID-19 safe health services |  |  |  |  |  |
| International guidance on safe operating procedures  *(e.g. WHO guidance on COVID-safe health services)* |  |  |  |  |  |
| New strategies to provide remote service provision (describe) |  |  |  |  |  |

**Did any other factors help you provide services? If so, please list them here:**

Click or tap here to enter text.

**Did your ability to provide products and services change?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | A little | A lot | Unable to provide | Not applicable |

**If yes, please provide more information about these changes in the following questions:**

**What steps did you take to overcome the difficulties you have encountered, and were these steps effective?**

Click or tap here to enter text.

**What steps did other entities like the government or civil society organizations take to help you and was their help effective?**

Click or tap here to enter text.

**What is the biggest need of the users of your services and products currently?**

Click or tap here to enter text.

**What are the biggest needs for service providers to be able to meet the demand for your services and products?**

Click or tap here to enter text.

**What do you think could have been helpful, but was not done?** [ Open text box]

Click or tap here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature** | Click or tap here to enter text. |  | Name | Click or tap here to enter text. |
|  | *Signature of the Person Submitting this Form* |  |  | *Name of the Person Submitting this Form (print)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Signature** |  |  |  |  |  |
|  | *MM* |  | *DD* |  | *YY* |

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