ATscale
GLOBAL PARTNERSHIP FOR ASSISTIVE TECHNOLOGY

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ATscale's approach in humanitarian settings

Position Paper

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Executive Summary

Access to assistive technology is vital in humanitarian emergencies, offering essential support, enhancing inclusivity, and mitigating protection concerns for individuals with vulnerabilities. In contrast, the absence of assistive technology can create barriers to essential services, magnify risks and lead to long-term impairment. The rising number of people affected by crises worldwide underscores the escalating need for assistive technology in all phases of the emergency responses. This demand arises from various reasons such as injuries, disrupted access to routine medical care and loss of existing assistive technology. Lack of access to assistive products not only impacts physical functions, such as mobility or vision, but also coping mechanisms and social resilience.

International frameworks, including the World Health Assembly Resolution WHA 71.8, acknowledge the importance of assistive technology in humanitarian settings. Access to assistive technology and inclusive, barrier-free environments must be an integral part of emergency preparedness and response programmes. Despite this, gaps persist, with limited expertise existing in assistive technology among humanitarian organisations, and inadequate availability of guidance and resources. When assistive technology is included, delivery often emphasises mobility products. However certain groups, such as those with vision and hearing impairments, face significant vulnerabilities in humanitarian situations. This is due in part to challenges in accessing vital information for survival.

In 2023, ATscale partnered with WHO and the Ukrainian Ministry of Health to support rapid access to essential assistive technology in Ukraine, meeting the needs of people affected by the war. This initiative provided valuable insights and experiences of integrating assistive technology into emergency response. It also prompted further consideration of investments in humanitarian settings.

This position paper aims to set out the challenges, gaps and opportunities related to the provision of assistive technology in humanitarian responses and to develop a series of strategic recommendations. The document makes eight recommendations that align with ATscale's strategic framework for the Board's consideration and approval:

Global Public Goods

1. Support the establishment of a stock of prepositioned assistive technology at a UN logistics centre in partnership with other UN agencies.
2. Produce an emergency preparedness guide for countries to use to improve their assistive technology emergency preparedness.
3. Develop a searchable information knowledge hub, containing resources to assist humanitarian actors with their assistive technology responses, with a linked help desk with access to experts - this could build on the already planned AT knowledge resource hub.
4. Develop a guide for use when incorporating access to assistive technology in the recovery phase of an emergency.

Country support

5. Provide foundational support to countries requiring improvement in their emergency preparedness for assistive technology and those in a recovery phase after a humanitarian response.
6. Funding a direct assistive technology response should be considered when specific decision criteria are met.

Advocacy

7. Engage in advocacy to stakeholders, including INGOs and governments, to demand appropriate assistive technology be integrated into their humanitarian responses, and to take measures to ensure assistive technology users are included in humanitarian efforts.
8. Advocate to ensure assistive technology is available immediately within Emergency Medical Teams (EMTs) in sufficient numbers to allow people to be discharged with the assistive products they need.

Adopting the recommendations outlined in this position paper would allow ATscale to effectively tackle challenges associated with assistive technology provision in development settings, fragile environments and humanitarian settings, whether through government action or collaboration with humanitarian partners.

We seek the Board's approval of the above recommendations, allowing ATscale to immediately start recommendations 1, 3 and 7 within the 2024 operational budget, while building the others into the 4-year strategic plan under preparation.

Introduction

ATscale, the Global Partnership for Assistive Technology, has a mission to catalyse action, amplify existing work, and coordinate and mobilise global stakeholders with unified strategies to increase availability of, and access to, assistive technology.

The organisation is dedicated to building and shaping systems in countries, focusing on advancing access to assistive technology and rehabilitation for those in need. While several organisations contribute to providing assistive technology and rehabilitation in humanitarian settings, there may also be potential for a strategic role of ATscale investments.

Within all of its interventions, ATscale seeks to promote systems change for the long-term benefit of people in need of assistive technology. It also aims to promote inclusion of assistive technology within country efforts to achieve Universal Health Coverage (UHC). The scale of humanitarian need and the increasingly protracted nature of humanitarian emergencies has led ATscale to explore opportunities within humanitarian action. It considers supporting response efforts, organisations and governments to address immediate needs while working towards sustainable solutions.

ATscale has recently successfully supported rapid access to essential assistive technology for internally displaced people in eastern Ukraine in 2022–2023 through the World Health Organization (WHO) in partnership with the Ukrainian Ministry of Health. Notably provision of assistive technology was integrated within the emergency response and focused on 10 priority products, with providers trained using the WHO Training in Assistive Products Programme (TAP). A total of 2458 assistive products were provided in the first phase of the project, meeting the assistive technology needs of 1485 people affected by the war. These assistive products were found to meet the assistive technology needs of the population and to facilitate rehabilitation services, community participation and community development (WHO, 2023a).

The initiative offered first hand experience of facilitating rapid access to essential assistive technology during a humanitarian emergency. It also enabled ATscale to gain valuable insights and best practices aligned to the organisation's goals. ATscale is now considering investments in humanitarian settings from a strategic perspective.

Aim and objectives

This position paper aims to set out the challenges, gaps and opportunities related to the provision of assistive technology in humanitarian responses, along with eight strategic recommendations for potential ATscale interventions.

The following principles have guided the development of the recommendations:

- To uphold the humanitarian principles of humanity, neutrality, impartiality and independence;
- To promote a human rights-based approach as detailed in the UN Convention on the Rights of People with Disabilities (CRPD);
- To support the principle of UHC for populations in need;
- To implement solutions in a multisectoral approach, collaborating with different sectors and stakeholder groups;
- To use a person-centred approach which reflects the importance of user engagement;
- To strive for equitable access to assistive technology services

Methodology

The objective was to understand the existing challenges and gaps and explore the opportunities where ATscale could add value. In order to produce this position paper, ATscale undertook a desk review of existing literature and conducted online consultations with over 40 stakeholders. The stakeholders include assistive technology users and key actors within assistive technology in the humanitarian response sector. This includes the United Nations system, such as WHO, the United Nations Children's Fund (UNICEF) and the United Nations High Commissioner for Refugees (UNHCR), INGOs like Humanity and Inclusion (HI), Help Age, Motivation, Christian Blind Mission (CBM) and the Red Cross Red Crescent Movement (ICRC); funders such as USAID and users of assistive technology, represented by the International Disability Association (IDA). Two members of the AT expert advisory group with significant experience in humanitarian work facilitated some of the consultations.

The consultations sought to capture the stakeholders' views on gaps in assistive technology provision within humanitarian response. Each consultation covered the potential role of ATscale, through implementing partners, in the integration of assistive technology in emergency responses. Consultations were made accessible by the use of closed captions and chat. The consultations were recorded and excerpts are presented in this document for illustrative purposes. Reflective meetings were held to work through the feedback and create summary themes. These themes were then used to develop the recommendations presented in this position paper.

Results

Assistive technology in humanitarian emergencies

Assistive technology is essential in humanitarian emergencies to help address urgent needs of people with newly acquired impairments, persons with disabilities, older people and others (Blanchet and Tataryn, 2010; ELHRA, 2019). Access to assistive technology contributes to a more inclusive and equitable humanitarian response. It assists overwhelmed health systems in delivering dignified healthcare, facilitating safe discharge, and ameliorating protective concerns, especially for those with intersecting vulnerabilities. A lack of assistive technology can create access barriers to other essential services (IASC, 2019). Emergencies such as natural and human-made disasters, conflicts, or public health crises can lead to significant assistive technology and rehabilitation needs, while simultaneously disrupting existing assistive technology services. The number of people affected by crises is increasing - in late 2022, a record 339 million people were estimated to need humanitarian assistance, marking a substantial rise from the 235 million reported in 2021 (UNICEF, 2022).

An increased demand for assistive technology often exists in humanitarian emergencies due to factors such as injury (Devakumar et al., 2014), disrupted access to routine medical care, destruction or loss of existing assistive technology, and changes to the physical and social environment. A 2022 study found a key challenge for children escaping conflict is the absence of assistive products such as wheelchairs, prostheses, or hearing aids (HRW, 2022). These factors can diminish social resilience, hamper individual coping mechanisms, create financial stress, and have a negative impact on the whole household. Access to rehabilitation and assistive technology serves as a lifeline for populations affected by emergencies and promotes independence, inclusion, and improved quality of life in challenging circumstances. Evidence suggests that health services are more resilient and emergency responses are more efficient and effective when rehabilitation and assistive technology are incorporated into preparedness, readiness, and early response (WHO, 2023b).

> "The problem with the environment in emergencies, is that it is exactly disasters and wars that destroy tactile markers, ramps and traffic lights etc that make the environment accessible." - *assistive technology user*

Frameworks and guidance

Recognizing the significance of providing access to assistive technology in humanitarian settings, the World Health Assembly Resolution WHA 71.8 urges Member States to ensure access to assistive technology and inclusive, barrier-free environments in their emergency preparedness and response programmes. Practically, the WHO Emergency Medical Teams

(EMT) recommendations include assistive product prescription, fitting and training. They emphasise the need for strengthening and using local provider capacity to sustain care for those in need of assistive technology (WHO, 2016).

The importance of including vulnerable groups in humanitarian response is increasingly recognised in international frameworks. Article 11 of the UNCRPD outlines the responsibilities of states and other humanitarian actors (Convention on the Rights of Persons with Disabilities, 2006 , OHCHR, 2015) emphasising the protection and safety of individuals with disabilities in various high-risk situations, including armed conflicts and natural disasters. Detailed guidance on inclusion of people with disabilities in humanitarian action has been developed by the Inter-Agency Standing Committee (IASC, 2019) which explicitly calls on programmes to make assistive products available to those in need, including persons with disabilities.

Several Sustainable Development Goals (SDGs) also directly or indirectly support the integration of assistive technology in humanitarian efforts, such as SDG 10: Reduced Inequalities, which includes addressing the needs of vulnerable populations (DESA, 2015).

Humanitarian emergencies

Types of humanitarian emergencies

A humanitarian emergency is “an event or series of events representing a critical threat to the health, safety, security or wellbeing of a community, usually over a wide area” (WHO, 2007). UNICEF and WHO each use grading systems for emergencies. WHO’s emergency response framework ranges from ungraded to level 3 emergencies (WHO, 2024). The grading assigned for an acute emergency indicates the level of operational response which is required by WHO for that emergency. Protracted emergencies (that is, deemed to be longer than 6 months) are assigned protracted grades. These protracted grades indicate the level of operational response by WHO over a prolonged period. Similarly, UNICEF uses emergency procedures with levels 1 through 3 based on the type of organisational response required and the scale, urgency and complexity (UNICEF, 2021). Such gradings are made public and can be used by other organisations to inform their responses.

Conflict is the violent armed struggle between hostile groups, be they state based or non-state based. Conflict-related humanitarian responses are coordinated by the cluster approach and the consolidated appeals process. Designated cluster leads are organisations with specific expertise, for instance, UNICEF for education, WHO for health, UNHCR for camp coordination, and UNDP for early recovery, amongst others (Howard et al., 2012).

Humanitarian response mechanisms

In the event of natural disasters, the United Nations Disaster Assessment and Coordination (UNDAC) system comes into operation. Managed by the Office for the Coordination of Humanitarian Affairs (OCHA), this system is primarily activated when a country affected by a

natural disaster seeks international assistance and requires external coordination resources. OCHA also deploys UNDAC teams in complex emergencies, which are sudden-onset crises or instances of increased intensity in existing complex emergencies (OCHA, 2024).

Humanitarian response efforts differ from international development work in terms of approach, focus, timeframe, objectives, coordination and funding mechanisms. Humanitarian response primarily concentrates on basic survival needs and protects vulnerable populations in the aftermath of crises. This contrasts with a development focus, which addresses systemic issues. The urgency of humanitarian response sometimes limits the use of more comprehensive and participatory development approaches. Nevertheless, these can be incorporated into preparedness work.

However, the strict distinction between humanitarian and development approaches to international assistance have become increasingly blurred (Humanitarian Practice Network, 2023). This overlap is due to the increasingly protracted nature of many humanitarian emergencies when conflict is involved, and the acknowledgement that holistic approaches of both humanitarian and development perspectives can help to build durable solutions in otherwise fragile environments.

The humanitarian development nexus

Actions which promote long-term development can and should be considered during a humanitarian response and adopted when realistic. The humanitarian development nexus (UN, 2016) argues for collaboration between organisations working in humanitarian response and those working in international development (Cochrane and Wilson, 2023).

Shifts consistent with the humanitarian development nexus include organisations reinforcing existing systems where possible and not replacing national systems, anticipating and not waiting for crises, and transcending the humanitarian-development divide by working towards collective outcomes based on comparative advantage and over multi-year timeframes (United Nations Secretary-General, 2016).

Humanitarian emergency phases

Humanitarian emergencies typically evolve in several phases, each presenting different challenges and requiring specific responses. While more detailed and comprehensive models are in use by some humanitarian actors (IASC), for the purposes of this document, we will describe the phases as preparedness, acute response, stabilisation, recovery and reconstruction. These phases will differ depending on the context and type of the emergency, but they are broadly defined in the table below, along with key considerations for the inclusion of assistive technology.

Phase	Description	Example activities for assistive technology provision
Preparedness	Work to enhance readiness and capacity of stakeholders to respond effectively to potential emergencies.	• Prepositioning assistive products • Developing response plans • Establishing coordination mechanisms • Mapping of needs and services • Engaging and consulting with assistive technology user groups • Advocating to duty bearers for inclusion of assistive technology in preparedness plans
Acute response	Period immediately following onset of emergency - focus on saving lives, alleviating suffering, addressing urgent needs.	• Providing rapid of essential assistive products to assist in mass casualty events and displacements • Training in assistive technology provision
Stabilisation	Period once immediate crisis has subsided - focus on meeting basic needs and protecting communities and livelihoods.	• Providing broader range of assistive products • Developing the provision of services, referral networks and follow up • Developing peer support initiatives
Recovery and reconstruction	Period after protracted crisis - focus on rebuilding communities and facilitating long-term development.	• Developing sustainable systems and strengthening long-term access to assistive technology • Funding and sustainable resource allocation, repairs of assistive products

Adapted from Emergency WASH knowledge portal (Emergency WASH Knowledge Portal, 2021)

Gaps in assistive technology response

Limited government responsibility for assistive technology

Many governments do not take full responsibility for assistive technology but rather allow local NGOs and other charitable organisations to become the main provider of services with little oversight, funding or even government awareness of the sector. NGOs and other organisations often have a specialised area of expertise that does not span the entire assistive technology ecosystem. Consequently, in some jurisdictions the government effectively removes itself from stewardship of assistive technology pre-emergency, resulting in an underfunded and fragmented service delivery system (WHO, 2020).

Limited expertise in assistive technology by humanitarian organisations

Humanitarian actors face several challenges in supporting the provision of assistive technology in humanitarian responses. Recent emergencies such as the COVID-19 pandemic and ongoing conflicts in Ukraine and Gaza highlight the complex nature of rehabilitation and assistive technology in emergency responses. Identifying assistive technology needs in humanitarian contexts and coordinating their coverage at scale, particularly in environments lacking an existing assistive technology provision infrastructure, is complex. These challenges are further compounded by difficulties in procurement, distribution, and resource allocation (Whittaker et al, 2021).

Most humanitarian actors including Médecins Sans Frontières, International Rescue Committee, Save the Children, UNHCR, and World Food Programme (WFP) have limited awareness and expertise in assistive technology. Research indicates that, when the delivery of assistive technology is included within the emergency response, it often tends to be tailored to specific types of impairments, with a predominant emphasis on providing mobility products (Whittaker et al., 2021). Organisations such as Humanity and Inclusion and the International Committee of the Red Cross have significant physical rehabilitation programmes, primarily focusing on mobility related assistive technology. However, certain groups of assistive technology users, such as those with vision and hearing impairments, are especially vulnerable in humanitarian situations. This vulnerability arises due to challenges in receiving vital information for survival. The repercussions of limited assistive technology provision are evident in compromised health outcomes, hindering individuals' ability to resume education, work, and community life. Emergencies often result in lasting disabilities, many of which could be prevented or minimised with early access to rehabilitation and assistive technology services.

Limited capacity of governments and humanitarian actors

The effectiveness of an assistive technology response relies on the timely availability of technical guidance and the presence of assistive technology services within the country. This includes the extent to which assistive technology is incorporated into preparedness efforts. Organisations aspiring to provide an assistive technology response, such as

UNHCR, face challenges with a workforce that lacks the required equipment to oversee basic functions like purchasing, quality checks, and matching need to assistive technology interventions (Whittaker et al., 2021). Substantial efforts are required to strengthen both international and national response capabilities. There is a need for broad frameworks to assist governments and organisations in understanding how to deliver assistive technology responsibility and effectively.

Recommendations

The following eight recommendations have been drawn from the stakeholder consultations and formulated through analysis of identified challenges and gaps. These recommendations are structured to align with the framework of ATscale activities: four are global public good recommendations, two focus on country support, and two are advocacy recommendations.

Global Public Goods

1. Prepositioning

Support the establishment of a stock of prepositioned assistive technology at a UN logistics centre in partnership with other UN agencies. This initial stock can be used and replenished by agencies and their partners in an emergency, while also being rotated during regular operations that involve imports. Advocacy efforts and catalytic funds should be employed to cover the initial costs of the stock and contribute to storage costs in the first years. This prepositioning strategy will enable UN agencies and their partners to significantly reduce both the time taken to acquire assistive products and the logistics burden associated with the initial stages of a humanitarian response. These prepositioned assistive products can be utilised by various actors including UN agencies, Emergency Medical Teams (EMTs) and implementing partners.

While details should be negotiated with relevant UN partners (UNICEF, WHO, UNHCR, WFP) and their implementing partners, the prepositioning could be located at the UNICEF Dubai logistics hub. The items are likely to include the AT10 or similar products, possibly adding products to support people with sensory impairments during the crisis. To illustrate the scale, the stock would likely include approximately 1,500 wheelchairs, 5,000 crutches and continence products for 500 people for 60 days.

Rationale

Rapid mobilisation of assistive technology logistics has been identified as a challenge in multiple consultations by numerous agencies inside and outside of the UN system. A surge in need in the early phase of an emergency is often experienced because of both newly acquired impairments and displaced persons with disabilities no longer having access to

their assistive technology. While UNICEF and WHO have made significant advances in their logistics, prepositioning has been a challenge due to competing institutional priorities for finite storage space and the relative bulkiness of items such as wheelchairs. A lack of prepositioning results in delays both in terms of time taken to procure items (due to limited stocks of some assistive technology kept by suppliers/manufacturers) and in the subsequent process of delivering the assistive technology into the country experiencing the humanitarian crisis. Further logistics capacity is then required for the assistive technology to pass customs and reach the service delivery organisations. This chain of logistics results in increased risk for implementation which can dissuade organisations from providing needed assistive technology. Prepositioning involves one single cargo flight (paid for by implementing partners or EMT) to deliver assistive technology of known quality within days, allowing for the mitigation of several risks. Positioning in a UN warehouse would allow assistive technology to be added to flights where space allows and provide flexibility to the logistics system for initial partial deliveries and subsequent refinement of orders based on need. The expected impact of this recommendation being adopted is a significant increase in the speed of response and the number of actors deciding to include assistive technology within their response, given the improved logistical advantages the prepositioning brings.

Considerations

Best practice would dictate only using such an import system in a crisis when local supply is unavailable. Substitution with imported products can undermine local service delivery. When products are imported they should be appropriate to the setting and high quality in order to demonstrate the effectiveness of assistive technology to stakeholders and government. Transition to local supply should occur as son as is practical.

This recommendation of prepositioning in UN warehouses has been adopted in part because it is understood that prepositioning in each country is incredibly challenging when waiting lists may already exist for products and the costs of storage may be prohibitive in many LMICs.

Risks and mitigations

- *Other UN agencies and their partners do not require the prepositioned products.* This can be mitigated by involvement in decision-making of UN agencies and their partners to ensure relevant products are selected for prepositioning.
- *Other UN agencies may not assume responsibility for the continuing costs of storage.* While there is no guarantee that other UN agencies will take on the ongoing costs of prepositioning, the advantages are likely to be clear in terms of operational response times. In the event that they do not take over responsibility, stock can be delivered to partners or ATscale focus countries to recoup the initial investment.
- *Expiry dates of perishable products.* This can be mitigated by stock rotation in non-humanitarian procurement within the UN system.

"People with disabilities will often lose assistive technology when they have to evacuate and then with reduced mobility, vision or hearing will have difficulties to orientate themselves and reduce their exposure to danger." - *assistive technology user*

2. Emergency preparedness guide

Produce an emergency preparedness guide for countries to use to improve their assistive technology emergency preparedness. Such a document can be used as a tool for countries to achieve basic levels of preparedness, (with or without some small scale investments from ATscale - see Recommendation 5). These preparedness recommendations should be produced in consultation with assistive technology users. The guide would assist countries to conduct and consider essential activities, such as identifying the particular types of emergency the country may be vulnerable to and anticipating the assistive technology needs. Methods of mapping of services and supply chains along with identifying gaps and user engagement would be outlined. Examining existing service delivery models, mapping needs, considering information delivery for people with disabilities in emergencies, and advocating for inclusion of assistive technology in emergency response would also be covered. ATscale focus countries could test and pilot the guide. These recommendations could be used directly by governments or in partnership with other actors such as INGOs or UN agencies.

"Priority products have to take into account user diversity"- *assistive technology user*

Rationale

Currently, there is no comprehensive framework to guide governments in coordinating preparation responsibilities for assistive technology in humanitarian responses. Current rehabilitation and disability working groups tend to vary depending on the context, lacking predictable systems. Gaps in existing emergency preparedness documentation are also evident, with it being common for statements to assert that assistive technology should be made available, but without providing any supporting details. This preparedness guide will also help humanitarian and development actors to include assistive technology within their preparedness support to countries.

Considerations

This preparedness guide should be aligned to other guidance documents, while providing consistent advice and structure to avoid confusion. It is beyond the scope of this position paper to examine all relevant guidance across the assistive technology ecosystem and consider its relevance to humanitarian action. However, this would be an integral part of the preparatory work. Consideration should be given to whether this should be a guide or an implementation plan, expanding upon and operationalising details provided in other documents.

This document should include information on often less prioritised health conditions, such as sensory impairments as well as more commonly addressed needs for mobility.

The guide is suggested to be a normative document, outlining the necessary steps in achieving specific levels of preparedness. This is intended to help actors inside and outside

of government to advocate for funding to support assistive technology preparedness actions.

This document could guide in-country investment by ATscale. This is expanded upon in Recommendation 5.

Risks and mitigations

- *Preparedness documentation on rehabilitation is being prepared by other actors.* This can be mitigated by engaging with these efforts to ensure alignment.

> "We also need to know which [assistive] devices make sense in a destroyed environment."
> *assistive technology user*

3. Knowledge hub

Develop a searchable information knowledge hub, containing resources to help actors with their assistive technology humanitarian responses. Additionally, there should be a help desk linked with access to experts. With initial contact made via email, ATscale could use its internal expertise or tap into its network of experts to provide rapid direction towards existing resources as well as advice on best practice in humanitarian emergency action for assistive technology.

The proposed information knowledge hub on humanitarian responses could be an additional component of the ongoing ATscale efforts to develop a one-stop knowledge hub platform on assistive technology which centralises available key resources to support country implementation and contributes to their dissemination and use.

Rationale

Many agencies not traditionally engaged in assistive technology responses may lack the specialist expertise needed to provide assistive technology in humanitarian emergencies within their organisation (e.g. Cooperative for Assistance and Relief Everywhere (CARE), UNHCR, Action Against Hunger (ACF), Save the Children). Assistance could be provided to organisations by linking them to resources or offering advice in line with existing guidance, thus helping improve their assistive technology responses. Minimum response times, exact scope, eligibility for support and other particulars would need to be established in consultation with organisations which may be potential consumers.

Risks and mitigations

- *Direct advice on best practice may lead to misunderstandings or risk inappropriate assistive technology being provided.* Encouraging organisations to provide assistive technology may increase the number of actors involved. However, a help desk or information hub alone cannot offer all the necessary expertise for organisations to deliver emergency assistive technology safely and appropriately. Developing a mechanism for clarifications and additional support when uncertainties arise could

prevent misunderstandings and allow for real-time guidance. Access to a roster of experts who could offer tailored advice based on the unique circumstances of each emergency could also be established. This would enable access to expertise beyond what the main help desk could provide.

> "We need some kind of disability focal points in different agencies responsible for disaster risk reduction or disaster management. It's important that coordinating bodies include disability inclusion specialists" - *assistive technology user*

4. Recovery guide

Develop a document containing a guide for use during the recovery phase of an emergency. The intended audience would be governments and organisations who have been supporting emergency responses. It would aim to guide a responsible pivot towards development of the assistive technology sector and consolidation of support. The recommendations could be directly used by governments or collaboratively implemented by other actors such as INGOs or UN agencies. The implementation of the recommendations could be with or without direct small scale assistance by ATscale.

Rationale

During a humanitarian response, organisations build relationships with governments and provide assistance through assistive technology and associated services. Many organisations seek to build sustainable service delivery mechanisms. However, humanitarian actors often lack information on the entire assistive technology ecosystem, typically specialising in a particular area of service delivery. Building on existing relationships, organisations can benefit from guidance on actions to take during the recovery phase of a humanitarian crisis. This guidance can help actors leverage gains made in one area of assistive technology across the entire sector. Such documentation could inspire assistive technology sector wide thinking and help in securing resources for recovery, creating the basis for future developments.

Considerations

The recovery phase of a humanitarian emergency ideally transitions to development. As has been described, this linear model often lacks clarity and does not adequately capture the complexity of protracted emergencies or persistent fragile environments. In some protracted humanitarian situations, reforming the assistive technology sector can be challenging, especially if the government lacks resources or the will to drive change. Yet assistance with transitioning to development methodologies is valuable within humanitarian responses, particularly in the field of assistive technology, where many humanitarian workers lack sector wide assistive technology expertise. Topics which could be addressed include sector wide approaches, user involvement, and government stewardship.

This guidance document should ensure representation of assistive technology users in decision-making forums related to recovery efforts. It could also guide in-country investment by ATscale. This is expanded upon in Recommendation 5.

Country support

5. Preparation and recovery support

Provide foundational support to countries requiring improvement in their emergency preparedness for assistive technology and those in a recovery phase after a humanitarian response. By using the documents outlined in Recommendations 2 and 4, ATscale can directly fund alternative foundational support packages. Some examples of the foundational support include, amongst others, the development of priority assistive product list for emergencies specific to the country and disaster reduction policy reform to include assistive technology. These packages would suit countries requiring preparedness or needing support in transitioning from recovery to development initiatives in the assistive technology sector.

Rationale

Countries requiring preparation for, or recovering from, humanitarian emergencies need support which is tailored to their current circumstances. For countries acknowledging the need for assistance with assistive technology preparation, it is likely there will be a policy window conducive to systems change, providing an opportunity for exploring the assistive technology sector with a view to reform. Countries in the recovery phase of a humanitarian response have distinct opportunities including the presence of humanitarian actors who have helped build service delivery models and who could assist in transitioning to a sustainable development approach. While there is likely significant overlap with the foundational support package, making some minor adjustments in priorities for this package would actively include countries in a more varied set of circumstances and allow for a greater diversity of partnerships.

Considerations

The foundational support package Expression of Interest does not actively preclude countries seeking to improve their preparedness or countries in the recovery phase from responding. Countries requiring preparation or in the recovery phase should be provided with an opportunity to access funds with the outputs tailored to their current needs. Particularly those countries in the recovery phase potentially possess numerous opportunities. These include recent international assistance and funding, which has contributed to the development of certain parts of the assistive technology ecosystem, and a growing understanding of the ongoing need for assistive technology within the

population. In addition, this phase coincides with a period of change with aspects of the economy and country as a whole.

Risks and mitigations

- *Towards the end of a humanitarian response, actors seek ways of handing over services to governments or other development agencies.* ATscale may be perceived as capable of funding unsustainable services rather than actively working towards system-level change. Careful partner selection would be required.

> "It is too late to try to do user participation in a crisis, it needs to come before " - *assistive technology user*

6. Funding of direct humanitarian emergency response

Funding of a direct assistive technology response should be considered when specific decision criteria are met. For example, conditions favourable for funding could include:

- Funders explicitly request ATscale to administer designated funds to help deliver a specific humanitarian response;
- The level of emergency is at a UNICEF and/or WHO level 2 or above;
- Reputable implementing partners can be found within the UN system, from ATscale's network of INGOs or local NGOs (or a combination);
- Assistive technology is warranted according to a recent health needs assessment.

It is anticipated that all such conditions would need to be met although some discretion may be required by ATscale if the level of emergency was ungraded or at level 1. Further, in the case that a humanitarian implementing partner launches a specific alert or appeal for urgent assistance, ATscale may play a role in obtaining financing if there is a pressing humanitarian need.

Rationale

Funders who are interested in contributing to the mission of ATscale have at times expressed a desire to facilitate AT services in ongoing humanitarian responses as well as funding other core activities. In order to both foster the relationship and provide needed humanitarian assistive technology, a mechanism specific to funding humanitarian action is required. This mechanism should maintain standards, align with the core purposes of ATscale, and adhere to humanitarian principles.

Considerations

Funding humanitarian action should not become a core business of ATscale. Instead, funding should be considered in specific cases where opportunities align. The funding of the humanitarian response itself must maintain the highest standards of good donorship

and may open doors for systems reform in later stages of response of recovery and development, if a donor is interested in earmarking funds over multiple years.

Risks and mitigations

- *There is a risk that contributing to assistive technology within humanitarian responses distracts ATscale from its major objectives of promoting systems change and leading ecosystem development.* Adhering to the above mentioned conditions and seeking board guidance will assist in mitigating the risk.

Advocacy

7. Inclusion of assistive technology in humanitarian responses

Engage in advocacy to stakeholders including INGOs and governments to demand appropriate assistive technology be integrated into their humanitarian responses and to take measures to ensure assistive technology users are included in humanitarian efforts. This advocacy work should highlight the need for best practice in provision of assistive products, including developing guidance on donated goods. Advocacy work should also highlight the need for assistive technology provision in humanitarian crises which are not receiving significant international attention.

Rationale

Advocating for assistive technology provision aligns with the CRPD assertion of the responsibility of governments and the international community to make assistive technology available to everyone who needs it.

While humanitarian response recognises the importance of inclusion of vulnerable groups, advocacy to duty bearers and humanitarian actors is needed. This advocacy aims to develop understanding of which assistive technology is critical for the survival and functioning of those who need it. Additionally, it should focus on how these assistive products should be responsibly delivered as part of both acute and ongoing response. Demanding that response and security efforts are accessible to assistive technology users, such as making information, food and water collection points, or emergency shelters accessible, and considering the assistive technology needs of those with cognition impairments, could be a further aspect of this advocacy project.

Advocacy efforts could highlight the importance of using the guidance documents outlined in Recommendations 2 and 4, in particular outlining best practices for donated goods. This is crucial given that inappropriate assistive products may be donated, or they may be provided without the necessary accompanying service in humanitarian crises.

ATscale could use its position to draw attention to assistive technology needs in humanitarian crises that have faded from the news spotlight, or which are in places not receiving significant international attention.

Considerations

Assistive technology needs surge during a humanitarian emergency, and encompass groups of people in need of assistive technology that ATscale may be less familiar with. Those with injuries caused by conflict or disaster may develop new, either temporary or permanent, assistive technology needs. Others with pre-existing impairments may not be able to function as they did before due to the crisis causing the physical environment to become more difficult to navigate, resulting in a new need for assistive technology (WHO, 2011). To advocate fluently and persuasively, ATscale will need to consult and understand the issues faced by these diverse user groups.

Promoting the accessibility of technology such as digital platforms and information can bring substantial advantages during a crisis, particularly for individuals with communication impairments.

Risks and mitigations

- *International organisations that do provide assistive technology in emergencies are often experts in a specific type of assistive technology.* ATscale will need to tailor advocacy accordingly, recognising existing expertise and being sensitive to ongoing efforts.

8. Advocate for assistive technology inclusion within Emergency Medical Teams

Advocate to ensure assistive technology is available immediately within Emergency Medical Teams (EMTs) in sufficient numbers to allow people to be discharged with the assistive products. EMTs have challenges in transporting and providing emergency assistive technology. Despite existing guidance documents which specify assistive technology, the logistical challenges often prevent their full inclusion. Consideration should be given to using prepositioned stocks to support EMTs in some emergencies. This stock level should be adequate to support use within the hospital environment as well as provision at the moment of discharge.

Rationale

Assistive technology provided to EMTs would be a high-profile example of its usefulness. This may open up advocacy opportunities for both the country sponsoring the emergency medical team and the country receiving the emergency medical team, and beyond. By definition when EMTs are activated there is significant need and the assistive technology will likely contribute to safe, dignified and timely discharge from hospital for users, allowing

others to be admitted for lifesaving care and thereby improving the timeliness and quality of health services provided in a crisis.

Considerations

EMTs operate within a well-regulated system with clear minimum standards and accreditation. These teams enhance the capacity of national health systems by providing a rapid response capability in the immediate aftermath of a disaster, outbreak and/or other emergency. EMTs are a relatively high profile aspect of humanitarian health programming, therefore successful inclusion of assistive technology would contribute to understanding of the benefits.

Risks and mitigations

- *Providing prepositioned assistive technology may become an expected function of ATscale.* Advocacy to achieve sustainable full inclusion of assistive products within the EMTs standard operating procedures will mitigate the risk.

Conclusion

ATscale is emerging as a global leader in driving high quality assistive technology access for those in need. This has happened through investment in global public goods to fill critical gaps, investment in countries' own ecosystems to support change, and advocacy to ensure the value of assistive technology is understood.

Prior to a humanitarian emergency, many governments do not fully engage with the assistive technology sector, hence they provide little oversight or funding, and some have inadequate awareness of the sector. The importance of assistive technology becomes apparent during emergencies, offering governments an opportunity to consider actions which would sustain the entire assistive technology ecosystem. It is important to incorporate actions promoting long-term development during a humanitarian response, when realistic to do so, in order to foster long-term impact and systems wide change while providing critical humanitarian assistance. This approach aligns with considerations regarding the humanitarian-development nexus. Proactive efforts to prepare the assistive technology sector before a crisis or to leverage benefits during recovery are in harmony with development objectives. A country that prioritizes assistive technology readiness is one that is looking to improve its assistive technology ecosystem. When a country wants to pivot from humanitarian assistance to development, it recognises the value of the assistive technology response and wants to turn this into sustainable change.

Many humanitarian actors lack expertise in assistive technologies. While there is growing interest in the humanitarian impact of assistive technology and its ability to address intersecting vulnerabilities of people in need, organisations lack the capacity to consider even basic evidence-based prioritisation or plan service delivery. This includes dealing with the complexity of procurement, logistics, quality checking, and monitoring and evaluation.

Atscale aims to streamline the process and support actors who are currently grappling with those complexities.

Global public goods which can support the entire humanitarian system should be viewed as an opportunity to imbed assistive technology provision in the whole humanitarian system. ATscale establishing a stock of prepositioned assistive technology at a UN logistics centre in partnership with other UN agencies (Recommendation 1) will speed responses of UN agencies and their partners and make it easier for actors to consider the inclusion of assistive technology. ATscale producing an emergency preparedness guide for countries to improve their assistive technology emergency preparedness (Recommendation 2) will provide a roadmap for systems change while the country deals with preparedness for a crisis. ATscale supporting a help desk or a searchable information knowledge hub containing resources which could assist actors and individual experts with their assistive technology humanitarian responses (Recommendation 3) will bolster the entire humanitarian system's ability to integrate assistive technology into their responses. ATscale producing a document containing a guide for use during the recovery phase of an emergency (Recommendation 4) capitalises on the gains made through the humanitarian response and encourages countries to pivot to durable solutions.

Direct support to specific countries by ATscale is an opportunity to leverage the guiding documents for preparedness and recovery so that ATscale can support countries requiring improvement in their emergency preparedness for assistive technology and those in a recovery phase after a humanitarian response (Recommendation 5). In certain limited circumstances where specific decision criteria are met, funding of a direct assistive technology response should be considered (Recommendation 6) in order to both meet the needs of specific donors while also helping to provide lifesaving emergency assistance.

In a short period of time, ATscale has developed an already good track-record of raising awareness, growing political will, and mobilising investment. ATscale should engage in advocacy towards stakeholders, including INGOs and governments, demanding assistive technology to be integrated into their humanitarian responses, while taking measures to ensure assistive technology users are included in humanitarian efforts (Recommendation 7). Further ATscale should advocate to ensure assistive technology is available immediately within Emergency Medical Teams (EMT) in sufficient numbers to allow people to be discharged with the assistive products (Recommendation 8).

By adopting these recommendations ATscale can position itself as a relevant organisation actively seeking opportunities for sustainable change and development, in moments of complexity, challenge and high need. Strategically targeted humanitarian response activities will allow ATscale to adopt a more integrated approach, promoting sustainability and resilience in affected communities, and ensuring that both immediate needs and long-term development goals are considered.

Hence we seek the Board's approval for the above recommendations, allowing ATscale to immediately start recommendations 1, 3 and 7 within the 2024 operational budget, while building the others into the 4-year strategic plan which is under preparation.

Supporting the humanitarian system to improve and integrate its assistive technology response aligns with both humanitarian principles and with the mission of ATscale. Taking the modest steps and catalytic approaches outlined in this position paper will enable ATscale to effectively address the challenges associated with assistive technology provision in development settings, fragile environments and humanitarian settings alike.

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