

**Assistive Technology
Capacity Assessment
(ATA-C) Survey
Mongolia**

Report

September-October 2019



Global
Disability
Innovation
Hub



Assistive Technology Capacity Assessment (ATA-C) National Survey was carried out in September-October 2019 by Dr. Sunil Deepak, consultant of Italian Association Amici di Raoul Follereau (AIFO), in collaboration with Tegsh Niigem (Mongolia), with technical support of the AT2030 team of the World Health Organisation (WHO) and with funding from Global Disability Innovation (GDI) Hub, UK.

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Acronyms

ADB	Asian Development Bank
AIFO	Italian Raoul Follereau Association
APs	Assistive Products
AT	Assistive Technology
ATA-C	Assistive Technology Capacity Assessment
CRPD	Convention on the Rights of Persons with Disabilities
DPO	Disabled People's Association
GADPD	General Authority for Development of Persons with Disabilities
GDI	Global Disability Innovation Hub
ILCM	Independent Living Centre Mongolia
JICA	Japan International Cooperation Agency
MNT	Mongolian Tugrik
MoE	Ministry of Education
MoH	Ministry of Health
MoLSP	Ministry of Labour and Social Protection
NGO	Non-Governmental Organisation
NRC	National Rehabilitation Centre
OT	Occupational Therapist
PT	Physio-Therapist
PwD	Person with disability
rATA	rapid Assistive Technology Assessment
SW	Social Welfare
UB	Ulaanbaatar
WC	Wheel-chair
WCUAM	Wheel-chair Users' Association of Mongolia
WHO	World Health Organisation

INTRODUCTION

Assistive Technology team of the **World Health Organisation** (WHO) with financial support from the **Global Disability Innovation** (GDI) Hub, commissioned **Italian Raoul Follereau Association** (AIFO) to carry out an *Assistive Technology Capacity Assessment (ATA-C) survey* in Mongolia. This survey was the first step in the effort to improve and strengthen the Assistive Technology (AT) services in the country, as part of the action following the resolution 71.8 of the World Health Assembly (WHA) in May 2018.

Dr. Sunil Deepak, a consultant for AIFO/Italy, coordinated this survey with support from the AIFO office in Mongolia. WHO's ATA-C survey has 4 questionnaires, these were translated and field tested in Mongolia.

Three persons from Tegsh Niigem, a Mongolian NGO, were contracted to interview the major stakeholders involved in policy, acquisition, procurement, production and distribution of assistive products in the country and compiled the WHO questionnaires. All together 47 persons were interviewed. The compiled questionnaires were translated into English, uploaded on Google Forms and analysed. The information collected through the questionnaires along with the list of persons interviewed is presented in *Annex 1*.

Main information collected through the WHO questionnaires is also available in a separate document - the ATA-C Excel summary form.

Data collection through the questionnaires was accompanied by in-depth interviews of the consultant with the key figures involved in the AT services, including persons from different Government departments and ministries. He also spoke to professionals from national schools of medicine, P & T technicians, and representatives of federations of Disabled Persons' Organisations (DPOs). He visited the centres providing rehabilitation services and met some users of Assistive Products (APs). A chronogram of the meetings conducted by the consultant is presented in *Annex 2*.

The present report brings together the information gathered through the ATA-C survey questionnaires along with information collected during the interviews with the key stakeholders and through the analysis of related documents received from different sources. With agreement of the Government of Mongolia, the survey findings may be used in the preparation of the First Global Report on Access to Assistive Technology.

Assistive Technology Capacity Assessment (ATA-C) in Mongolia

Executive Summary

Area	Situation, Key Issues & Challenges	Comments
Responsibility of AT services	<p>Ministry of Labour and Social Protection (MoLSP) is responsible for AT services in Mongolia. The present system of Assistive Products (APs) provision is in place since 2013.</p> <p>Role of health personnel is limited to confirmation of disability and prescription of APs based on the list of approved products.</p> <p>Ministry of education is responsible for education and definition of course curriculums of different health personnel including physicians and specialists. It is also responsible for Inclusive Education and existing special schools for children with disabilities (CwDs)</p>	An inter-ministerial task group may be needed
Target Groups of AT services	<p>The AT services are targeted at 2 groups – elderly persons and persons with disabilities (PwDs) - children & adults.</p> <p>For the certification of disabilities, all provinces have 2 commissions – (1) A commission of health, education and social welfare for children below 16 years; (2) A medical and labour accreditation commission (MLAC) for persons above 16 years.</p>	Coverage of other groups needing AT such as persons with non-communicable diseases (NCDs) may be considered
List of Assistive Products	<p>Mongolia has an approved list of APs (Nov. 2017, Resolution 316). At present, it includes 80 products including some medical equipment such as talking thermometers and blood pressure measuring instruments, as well as some general equipment such as radio receivers.</p> <p>For the last 2 years, there is an inter-ministerial group charged with review and rationalization of this list, which has not been able to come to any conclusion.</p> <p>The list of APs approved by MoLSP includes a recommended price for each product. Persons can buy products which cost more but MoLSP will cover only the recommended price.</p> <p>A lot of different terms are used for APs – special appliances, technical appliances, assistive devices, assistive products, aids, orthopaedic appliances, etc. This creates confusion. In the official documents related to CRPD, there is confusion between “<i>reasonable accommodation</i>” and “<i>assistive products</i>”.</p>	The APs list may be reviewed and rationalised through a stakeholders’ workshop with technical support of WHO

<p>Process for receiving APs from Social Welfare (SW) funds</p>	<p>Both, PwDs and elderly persons, need a prescription recommending required APs from a specialist (in cities and aimags) or health centre doctor (in somons and villages). This prescription has to be approved by the medical inspection commission at aimag/city level. PwDs must also have their disability certificate.</p> <p>After approval of medical inspection commission, users can go to an approved provider, ask for an invoice. All documents have to be presented to Disability officer of MoLSP and when budget will be approved, they will get the APs.</p> <p>They can also directly pay the provider and later, ask SW department of MoLSP for reimbursement.</p> <p>They can select costlier models of APs but MoLSP will only pay the recommended price approved in the list and user will have to cover the remaining amount.</p> <p>PwDs can receive most APs from the SW funds every 3 years (a few APs such as wheel-chairs, every 5 years), while elderly persons can receive them every 5 years.</p>	
<p>Assistive Products Providers</p>	<p>Every year MoLSP asks for bids for the supply of APs. Private for-profit companies, non-governmental organisations (NGOs), disabled persons' organisations (DPOs) and some government institutions such as national orthopaedic workshop take part in the bidding. The bidding process does not include any specifications on minimum quality standards for the APs.</p> <p>From all the entities applying in the bidding process, MoLSP selects 60-70 entities. These can import APs, components and spare parts of APs without paying any import tax. In 2019, 69 entities were approved as APs providers.</p> <p>There are some other APs providers, which are not approved in the MoLSP list, which provide costlier and better-quality APs. They have to pay 10-15% custom duty on their imports.</p> <p>Some APs are received through donations. For example, over the past few years, wheel-chairs have been received from a Christian association called Deseret and from Japan.</p>	<p>Minimum quality standards for the APs are needed</p>
<p>AT Procurement process</p>	<p>Most of the companies winning the bid are based in Ulaanbaatar. A few have branch offices in the Aimags (provinces), another few visit different provinces to collect orders.</p> <p>Most APs are ready made and do not allow adaptations. Most of the APs are imported,</p>	<p>The procurement process can be improved with market-shaping strategies</p>

	<p>procured mainly from China. Each provider has its own suppliers and the importing process is fragmented.</p> <p>Only a few APs are made locally. The local production is limited mainly to the national orthopaedic workshop especially for the provision of made-to-order orthotics such as footwear, braces and splints.</p>	
Distribution of APs	<p>In the private companies, the APs are distributed through their sales-persons, who usually do not receive any specific training on fitting and adaptation of APs.</p> <p>The national orthopaedic workshop provides training and adaptation for use of APs. Its products are made on order and need a 2-3 weeks production time. Some DPOs also provide training and adaptations.</p>	
AT Personnel	<p>There are only 2 trained orthopaedic technicians in the national orthopaedic workshop and both are near retirement age. The remaining persons working at this workshop have on the job training.</p> <p>During their training, rehabilitation doctors and nurses visit National Rehabilitation Centre (NRC) and its orthopaedic workshop but there are no formal lessons on this theme.</p> <p>Traditional medicine doctors and nurses usually work in rehab services. Their training does not have a module on AT.</p> <p>There is no AT technician training course. There are physiotherapists and occupation therapist training courses, these include modules on AT.</p> <p>Some of the private APs providers have specialists, general doctors, nurses and technicians such as audiologist among their staff.</p>	
Repair and maintenance of APs	<p>Except for a few products such as wheel-chairs, for which repair is possible in Ulaanbaatar, outside the capital and for most other APs there are no repair and maintenance services.</p>	
Budget for AT	<p>Over the past 5 years, the number of APs distributed annually is increasing, along with an increase in Social Welfare budget for these products, though not in the same proportion. Thus, average amount of funds approved for APs per person have decreased over the years.</p> <p>The yearly budget does not last the whole year and in the last trimester, users may be told to wait for the availability of next year's funds.</p> <p>The budget for AT in 2018 was: 2,816,990,407 MNT for Persons with disabilities, was used to</p>	

	provide 15,544 APs; & 9,869,319,535 MNT for elderly people, was used to provide 66,313 Aps (1 USD = 2,670 MNT)	
Need of AT in Mongolia	<p>In the national capital and provincial capitals, most persons are aware of the APs and the possibility of receiving them from MoLSP. However, visits to the bags (lowest administrative units) in the peripheries of the provinces show that there is limited knowledge about APs, both among PwDs and elderly persons.</p> <p>MoLSP is aware of increasing requests for APs every year and of insufficient budget to answer all the requests. At the same time, medium and long-term planning is not possible since the global need is not known.</p>	A population survey with a well-designed sample to get an idea of national need will be useful. It can be based on rATA questionnaire of WHO
A Summary of Key Challenges	<p>Almost all the users of APs complained about complicated bureaucratic procedures needed to access APs.</p> <p>Persons with mobility devices such as crutches and walking frames and persons with vision disabilities seemed satisfied with their APs.</p> <p>Most other groups of users complained about poor quality of APs. Poor product quality, lack of product diversity and choice, lack of product fitting & adaptations for individuals, lack of training about use of products and lack of repair services were common complaints.</p> <p>For the PwDs, the biggest challenges among the APs are for receiving appropriate wheel chairs, hearing aids, prosthesis and incontinence products. Lack of wheel-chair cushions was cited as a critical problem.</p> <p>Rehabilitation is seen exclusively as an issue of MoLSP. Health care specialists in general health services have little or no role in rehab services. This has a negative effect on quality of AT provision.</p> <p>There is lack of defining the minimum standards of the APs.</p> <p>The AT procurement system is heavily fragmented. Each of the 69 entities procuring and distributing APs in 2019 has its own suppliers. As such the Mongolian market for products is not very big. This does not allow negotiation of favourable prices.</p> <p>The distribution system does not always work properly. Users are sometimes forced to pay commissions to the approved companies for using the SW funds for other APs which they need, through false invoices and bills.</p>	

<p>Opportunities</p>	<p>MoLSP and the recently created Authority on Disability Development are both aware of the challenges and are committed to improving AT services. MoLSP has an annual budget of about 4.5 million USD for APs for PwDs and elderly persons, which can be used more efficiently.</p> <p>In April 2018, Government of Mongolia signed an agreement with the Asian Development Bank (ADB) for the project – “<i>Ensuring Inclusiveness and Service Delivery for Persons with Disabilities</i>”. One of the goals of this project is to improve and strengthen the AT services. There is an opportunity here to inform and strengthen the activities of this project.</p> <p>The AT team at WHO and GDI Hub have both expressed support for strengthening AT services in Mongolia. Both were involved in carrying out ATA-C survey.</p> <p>The Orthopaedic Workshop based in National Rehabilitation Centre has the space to do much more, however it has limitations in qualified human resources.</p> <p>Some Disabled Persons’ Organizations (DPOs) are playing a proactive role in finding solutions to the APs needs of their members, including the National Blind Federation, Independent Living Centre Mongolia and Wheel-Chair Users’ Association.</p>	
<p>Next Steps and Recommendations</p>	<p>All the activities for improving and strengthening the access to AT in Mongolia, should be coordinated with activities of the ADB project “<i>Ensuring Inclusiveness and Service Delivery for Persons with Disabilities</i>”.</p> <p>A survey to identify current and unmet needs of APs, using an appropriate sample which can give an idea of the national need of APs should be organised. WHO can provide technical support, the rATA questionnaire developed by WHO can be used for this survey.</p> <p>A national stake-holders workshop should be organised to officially present the findings of survey and to plan the next steps including a review of the APs list and comprehensive strategies for improving access to APs in the country.</p> <p>Identification of APs which pose greatest challenges in fulfilment of users’ needs and development of solutions/strategies to address them through appropriate market shaping activities should be explored.</p>	

Assistive Technology Capacity Assessment (ATA-C) in Mongolia

Report

General Information

Mongolia is a large and sparsely populated, landlocked country in eastern Asia, south of Russia, north of China and east of Kazakhstan. The roughly oval shaped country covers an area of 1,564,100 km². Mongolia has a population of just over 3 million people (2016), making it one of the least densely populated countries in the world.

Mongolia won its independence from China in 1921. A communist regime was installed in 1924. During the early 1990s, the ex-communist Mongolian People's Party gradually yielded its monopoly on power. In 1996, the Democratic party won the national elections. Since then different political parties have been alternating in the national parliament.

Today the country is a semi-presidential representative democratic republic with a multi-party system. President is the chief-of-state with mostly a ceremonial role. Prime Minister, elected by the parliament called State Great Khural, is the head of the government.

The capital city of Ulaanbaatar and the northern city of Darhan support the highest population densities, while around 40% of the country's workforce is nomadic, herding livestock in the extensive pasturelands. About one-third of the total population lives in Ulaanbaatar (UB). The country is characterized by vast semidesert and desert plains, grassy steppe, mountains in west and southwest, and, Gobi Desert in south-central parts.



The whole of Mongolia is considered to be a part of the Mongolian Plateau. The highest point in Mongolia is the Khüiten Peak in the Tavan bogd massif in the far west at 4,374 m (14,350 ft). The basin of the Uvs Lake in the north-west, shared with Tuva area in Russia, is a natural World Heritage Site.

Mongolia is divided into 21 provinces (Aimags) and subdivided into 329 rural districts (Sums or Somons). The somons are subdivided into sub-districts (Horoo), while the smallest administrative units are called “Bags” (roughly translated into communities or villages, though they can cover more a few hundred kms and have a tiny, scattered human population with a large number of domestic animals).

The capital Ulaanbaatar (UB) is administrated separately as a capital city and is divided into 9 urban districts. In the reports, usually the term “district” is reserved only for city districts of UB.

Ministry of Health (MoH) reaches the peripheral administrative units, Bags, through the community-health workers known as Feldscher. In case of need, the feldschers can refer persons to the most peripheral health units, usually located in Horoo or Somon-centres.

Ministry of Labour and Social Protection (MoLSP) which deals with social welfare and social protection activities related to persons with disabilities and elderly persons, has its lowest level of functionaries at the Somon level. Similarly, Ministry of Education (MoE) also reaches down to Somon level.

Demographic information

This information was taken from the Statistical Yearbook 2018 of the MoLSP.

The estimated resident population in 2018 was 3,188,347 (M 49.3%, F 50.7%); 67.4% of the population was urban. Average life expectancy was 70.2 years (M 66.1 Yrs, F 75.8 Yrs).

Working age population was 1,358,637 (M 53.8% & F 46.2%), out of which the unemployed were 105,614 (M 57.7%, F 42.3%), about 7.8% of the working age population. Out of the unemployed, 24,964 persons were registered with employment services and included 437 persons with disabilities (1.75% of the registered unemployed).

The population growth rate in Mongolia is decreasing in recent years: in 2014 it was estimated to be 2.3 while in 2018, it was estimated to be 1.7. By 2030 the population is expected to reach 3,817,224 and by 2050 to be 4,920,406 persons.

The number of old persons living alone in 2018 was 39,620 (M 26.1%, F 73.9%). The number of elderly persons and old persons living alone, is also expected to increase in the coming years.

Registered number of Persons with Disabilities and Elderly Persons

The data regarding persons with disabilities and elderly persons in the MoLSP Year Book is based upon persons registered to receive disability pension and old age pension respectively. Total number of persons with disabilities was 105,730 (43.5%

females and 56.5% males), about 3.3% of the total population. About 33.7% of all the persons with disabilities in Mongolia were in the national capital Ulaanbaatar, while the remaining 66.3% were in the provinces.

Persons with disabilities were subdivided into the following 7 groups – vision, language, hearing, mobility, mental, mixed and others.

The disability registration process for adults requires diagnosis by a specialist (in the cities and Aimag centres) or by a health centre doctor (in Somons and Bags), followed by a confirmation by the district/province Medical & Labour Accreditation Commission (MLAC). For children below 16 years, the registration requires confirmation by a commission composed of health, education and social welfare persons. These commissions are based in the Aimag centres and every year visit at least 2 somons by rotation, to register persons who can't come to the Aimag centres.

The pension law for elderly persons has different options. Among persons who have paid their social insurance regularly, men can receive pension at 60 years and women at 55 years. There are a number of specific conditions (such as women having 4 or more children and persons occupied in hazardous jobs such as those working in mines and working as herders), where men can retire at 55 years and women at 50 years.

Elderly persons are part of district and province elders' committees and at national level, there is a national association of elderly persons.

International Context of the ATA-C Survey

WHA Resolution 71.8 adopted on 26 May 2018, noted that assistive technology enables and promotes the inclusion, participation and engagement of persons with disabilities, ageing populations and people with co-morbidities in the family, community and all areas of society, including the political, economic and social spheres; and considering that 90% of those who need assistive technology do not have access to it, and that this has a significant adverse impact on the education, livelihood, health and well-being of individuals, and on families, communities and societies, urged member countries –

- to develop, implement and strengthen policies and programmes, as appropriate, to improve access to assistive technology within universal health and/or social services coverage;
- to ensure that assistive technology users and their carers have access to the most appropriate assistive products and use them safely and effectively;
- where appropriate, based on national needs and context, to develop a national list of priority assistive products that are affordable and cost-effective and meet minimum quality and safety standards, drawing on WHO's priority assistive products list.

The Assistive Technology Capacity Assessment (ATA-C) survey has been developed as part of implementation of above WHA resolution.

Asian Development Bank: In April 2018, the Government of Mongolia signed a concessional loan agreement with Asian Development Bank (ADB) for the project "Ensuring Inclusiveness and Service Delivery for Persons with Disabilities". This

project has a total budget of 27 million USD including a soft loan of 25 million \$ from ADB and a grant of 2 million \$ from the Japan Poverty Reduction Fund. It focuses on five main areas: early identification, improve service delivery, access to physical environment, work and employment of PwDs, and improving the overall environment to support the implementation of the United Nations Convention on the Rights of PWD (UNCRPD), the Incheon Strategy and the Sustainable Development Goals.

Under Output 3 of this project, the loan agreement specifies the following goal – “to ensure access to affordable quality orthopaedic devices and assistive technology, including in aimags (provinces)”. Thus, the ADB loan will be a significant opportunity to improve and strengthen the AT services in Mongolia.

According to the White Paper on Disability in Mongolia (MoLSP and JICA, 2019), this project will establish development and rehabilitation centres in UB and 6 pilot aimags – Dornod, Darhan, Alhangai, Hobbsgul, Hobd and Dondgobi.

National Context of Assistive Products Provision in Mongolia

New Disability Law 2016: Mongolia ratified the international Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol in 2008.

In 2016, the State Great Khural (National Assembly) of Mongolia enacted the new law on rights of persons with disabilities based on CRPD.

Article 40 of this law stipulated the establishment of a separate central administrative body responsible for issues related to persons with disabilities – thus, the General Authority for Development of Persons with Disabilities (GADPD) was established as a Government implementing agency in 2018. GADPD is composed of 4 sectors – policy implementation, development and social participation, monitoring and evaluation and administrative section.

Section 4 of this law provides different definitions, including the following:

- Point 4.1.3 defines “Appropriate product” as “equipment, material, products, software, environment and services that persons with disabilities need, in order to exercise basic human rights and fundamental freedoms, on equal basis with others”.
- Point 4.1.5 defines “Community-based inclusive development service” as “to deliver socio-psychological, health, education and employment services for persons with disabilities among families and communities in order to participate in all aspects of social life on an equal basis”.
- Point 4.1.8 defines “Assistive product” as “all types of products that are designed to substitute, fix, protect and support individual’s physical disorder and functioning impairments and to prevent from injuries”.
- Point 4.1.9 defines “Patient care products” as “all types of products designed to ensure normal condition of cared persons, ease caregivers works, and ensure safety and to prevent cared persons from risks”.
- Point 4.1.10 defines “Sanitary and hygiene material” as “necessary materials to meet daily hygienic needs of persons with disabilities”.

Under section 11 of this law related to information and communication services, point 11.2.2 asks to “Develop and introduce screen readers – software programmes that allow persons with disabilities to read the text displayed on computer screen with a speech synthesizer, develop new technology, special needs equipment and make them available for use by persons with disabilities in the native tongue”.

Section 12 defines role of Mongolian sign language while section 13 defines the standards for Braille letter. Under section 15, related to educational environment, point 15.1.5 asks to “ensure that students with disabilities have access to Braille letter, sign language and other appropriate communication methods and provide with orienteering skills and counselling services”. Point 15.7 provides “Funding for books, textbooks, special needs equipment and products that meet needs of students with disabilities at all levels of education”, while point 15.9 explains that the related “amount of expenses and payment procedure shall be approved by the central government bodies”.

Section 21 of this law is about funding for prosthesis and assistive products. It explains that expenses related to purchase of prosthesis and assistive products for persons with disabilities shall be funded by social insurance, industrial accident, occupational disease insurance, pension insurance, health insurance and social welfare funds.

Point 25.1.1 under section 25 dealing with eligibility to social welfare asks for “supply of special use prosthesis, orthopaedic, sanitary-hygiene materials, nursing care and assistive products”.

Section 26 deals with benefits and subsidies from social welfare fund. Point 26.1.2 explains that “If children with disabilities up to 18 years old have outgrown their prosthesis or the prosthesis is out of use and if the prosthesis are manufactured locally, the expense shall be 100% reimbursed by government”. Point 26.1.3 asks that “If persons with disabilities who are ineligible for subsidy from industrial accident and occupational insurance fund, the expenses of locally produced prosthesis of such persons shall be reimbursed once in three years”. Point 26.1.4 asks that “Persons with disabilities who are ineligible for subsidy from industrial accident and occupational insurance, and children with disabilities up to 18 years old shall be entitled for 100% reimbursement of expenses for purchase of locally produced prosthesis and wheelchairs once in three years”. Finally, point 26.1.14 asks that “Letters printed in Braille, publications and up to 10 kg parcels of blind persons shall be dispatched locally free of charge and equipment and materials for blind persons shall be delivered locally for free”.

Present system of Assistive Products Provision in Mongolia: According to this system the Government decides the list of assistive products and medical equipment which can be provided to children and adults with disabilities, and to elderly persons, along with the maximum permissible price for each product. Then bids are invited from companies willing to provide those products at that price. A yearly list of companies and the products they can provide, is approved after the bidding process. Persons wishing to receive the approved products with funds from SW department, must get them from one of the approved companies.

Assistive products can be requested by adults and children with disabilities every 3 years (for some APs such as wheel-chairs, the reimbursement is possible every 5 years) while elderly persons can receive them every 5 years.

Most of the companies which are approved after the bidding process are based in the capital, Ulaanbaatar. These include some national federations of persons with disabilities and the national orthopaedic workshop, all of which take part in the bidding process like the private companies.

If persons wish to buy costlier products from these approved companies, if they have all the required documents, they can get back the amount foreseen in the MoLSP's approved price list as a partial reimbursement.

The last approved list of assistive products and their maximum cost (in MNT), approved under resolution 316 of 24 November 2017, is given in *Annex 3*. It includes 80 products. This list does not specify which APs can be reimbursed every 3 years and those that can be reimbursed every 5 years. During discussions, some DPOs and persons with disabilities said that all APs can be reimbursed every 3 years.

Apart from the products covered under the Social Welfare funds, some products used for surgical operations such as cochlear transplants or joint replacement, are covered under health insurance. Health insurance is free for persons with disabilities, children, elderly persons and pregnant women.

List of Approved Assistive Products: The approved 80 products (*Annex 3*) are divided into the following groups – prosthesis (lower limb, upper limb, other); orthopaedic products (shoes, insoles, back corsets, splints, other aids); and special aids (crutches, other special aids, other aids).

During 2015, Mongolia had participated in the priority assistive products survey of WHO and had collected responses from 214 persons with disabilities. When the Priority Assistive Products list was approved by the World Health Assembly, a working group was created in Mongolia to review the products to be supplied by the Government. However, the group has not been able to come to any conclusions due to the differing opinions of its members and at present, is not active.

The Mongolia list includes many products from the WHO's Priority List. However, some products are missing from the MoLSP list such as the wheel-chair cushions. At the same time, there are some products in this list, which are not assistive products such as underwear for kidneys, treatment balls and radio receivers.

Evolution of Assistive Products Provision services in Mongolia: Till about 20 years ago, the access to assistive products was extremely limited in Mongolia. At that time, the orthopaedic workshop in the National Rehabilitation Centre (NRC) in UB was responsible for prosthetics and orthotics production with funds from national Government; components for eye glasses were imported and they were assembled locally; and few hearing aids were imported. For a few years, with support from Japan, a small private P&O workshop was started, but it did not last very long. Few, if any, products were available in the private market.

In 1998, two ministries, Ministry of Health (MoH) and Ministry of Social Welfare were combined into one ministry. In 2000, it was decided to shift the NRC and orthopaedic workshop to the new department of Social Welfare under MoH. Some months later, the two ministries were separated and the NRC went with the Ministry of Social Welfare. Between 2004-12, Ministry of Social Welfare was combined with Ministry of Labour, which became Ministry of Labour and Social Protection (MoLSP). Between 2012-16, social welfare was shifted to a new ministry – Ministry of Population Development. Since 2016, social welfare is again part of Ministry of Labour, which again became MoLSP.

Since it was setup in 1966, the Orthopaedic Workshop based in NRC was involved in production of plastic splints, leather belts, orthopaedic shoes, crutches and prosthesis. However, users of these products complained about the poor quality and difficulty of using them. Due to these complaints, during the first decade of 2000, the government started buying some appliances from outside and distributing them to persons with disabilities.

However, the Disabled Persons' Organisations (DPOs) complained that the system of procurement and distribution was not transparent and there were irregularities. For example, there were accusations that persons linked with the Government had set up their own companies and were selling products to the Government. An evaluation was carried out and it was decided to change the system. The new system of identifying companies through a bidding process came into effect around 2013 (resolution 197 of the national parliament).

Shifting of the social welfare services between different ministries has influenced negatively on their connections with the MoH for the AT services.

Different Social Welfare Services for Persons with disabilities: These include the following - accommodation and firewood and coal discount, assistive devices, prosthesis and orthosis, transportation cost to carry CwDs to the schools and kindergartens, discounts for sanatorium and hot spring sanatorium, communication cost for blind and deaf people, 50% of discount for the CwDs for their summer vacation in summer camp, funeral provision, cost for training materials with big alphabets and Braille and rehabilitation service for CwDs.

2018 Annual Budgets from MoLSP for Social Welfare activities including for Assistive Products

All the information given below has been taken from the “Yearbook 2018 – Statistics of Labour and Social Protection”, Government of Mongolia, 2019.

Social Insurance Fund & Other schemes for Employed Persons: In 2018, Social insurance fund provided old age pension to 293,758 persons (total cost 1,494,920 million MNT) and disability pension to 66,348 persons (total cost 208,234 million MNT).

Military persons have a separate scheme. In 2018, 464 ex-military personnel received disability pension (total cost 1,762 million MNT) and 16,429 received old age pension (Total cost 117,693 million MNT).

Persons injured during industrial work also have a separate scheme. In 2018, 434 persons injured during industrial accidents received disability pension (total cost 23,917 million MNT). (page 31)

Social Welfare schemes for Needy persons: In 2018, Social Welfare provided old age assistance and allowance to 259,049 elderly persons (total cost 29,478 million MNT) and a disability assistance and allowance to 50,609 persons (total cost 11,064 million MNT).

Through another scheme, Social welfare provided old age pension to 2,278 elderly persons (total cost 4,528,285 MNT) and disability pension to 123 short (dwarf) persons (total cost 208,335 MNT) and 41,017 disabled persons (total cost 65,687,238 MNT). For the disability pension, the persons must be above 16 years of age and with more than 50% or more disability certified by the medical authorities.

There are additional allowances for persons taking care of elderly persons and persons with disabilities who are not self-sufficient and lack family support. (pages 33-36)

Social Welfare funds for assistive products: In 2014, 20,072 persons with disabilities had received a reimbursement/contribution for getting some assistive products (hand, foot and teeth prosthesis) for a total cost of 5,995,197,000 MNT (average 300,000 MNT). Since then, every year, the number of beneficiaries and total costs are increasing. In 2018, 40,578 persons with disabilities received this contribution for a total cost of 7,674,437,000 MNT (average 190,000 MNT). Thus, the average amount given to individuals is decreasing.

In 2015, 11,772 persons with disabilities had received once in five years reimbursement/contribution for getting some assistive products (wheel chairs and orthopaedic appliances) for a total cost of 3,080,200,000 MNT (average 260,000 MNT). In 2018, 16,282 persons with disabilities received this allowance for a total cost of 3,224,961,000 MNT (average 198,000 MNT). Thus, the average amount given to individuals is decreasing. (Page 37-38)

The above budget sub-divisions also confirm that some APs targeted at persons with disabilities are reimbursed every 5 years, while the majority of APs are reimbursed every 3 years.

Annual budget for APs: The yearly budget approved by MoLSP for the provision of APs does not last the whole year - in the last trimester, users may be told to wait for the availability of next year's funds. The budget for AT in 2018 was: 2,816,990,407 MNT for Persons with disabilities, was used to provide a total of 15,544 APs; and, 9,869,319,535 MNT for elderly people, was used to provide 66,313 APs (1 USD = 2,670 MNT).

Thus, overall, 4 times more APs were given to elderly persons compared to the persons with disabilities. The budget does not specify if any APs were given to persons with non-communicable diseases such as diabetes, for the prevention of disabilities.

Surveys in Mongolia Related to the needs of Assistive Products

Three surveys related to assistive products carried out in the past 5 years were identified. Reports of these surveys are available as separate documents.

National Survey on the Priority Assistive Products 2015: This survey was carried out by Mongolia national CBR programme in 2015 and submitted to WHO as a part of defining and finalising the products for the “Priority Assistive Products List”.

This survey had identified the appliances perceived as more important by 214 persons with different disabilities across different categories. There are some differences between the products identified by persons in Mongolia and the Priority Assistive Products list of WHO.

Rapid Assessment of Avoidable Blindness Survey among elderly persons in Mongolia: This survey was carried out in 2012-13 and involved 4,040 persons above 50 years. The survey found that 2.2% of the persons were blind (visual acuity less than 3/60 in the better eye), 2.1% had severe visual impairment (visual acuity between 3/60 to 6/60), 10.8% had moderate visual impairment (visual acuity between 6/60 to 6/18) and 4.5 had functional low vision.

Survey about awareness of assistive products available through the Social Welfare services: This survey was carried out in 2017 in 5 somons (rural districts) of the Arkhangai Aimag (province) by a local DPO. 50 persons of different age groups including families of children below 18 years, with different disabilities were interviewed. In the survey, only 12% of the interviewed persons knew about the different social welfare programmes. Many persons were aware about disability pension and general help measures from social welfare such as free firewood distribution, while, awareness about assistive products was found to be low. This survey was about different SW services and was not specific on assistive products.

Understanding the national need for assistive products: The above surveys provided some information about the need for assistive products in Mongolia. Their sample size was limited. Thus, the results of these surveys cannot be generalised.

The data from MoLSP mentioned above shows that requests for the assistive products is rising as awareness increases, and is much higher among elderly persons compared to the persons with disabilities. For a medium-term planning of services for responding to the needs of assistive products, a national sample survey that can involve a representative sample from different parts of Mongolia, involving children and adults with disabilities and elderly persons, will be useful. WHO’s rATA questionnaire can be used for this exercise.

Assistive Products Production in Mongolia

As explained above under the “Evolution of assistive products provision in Mongolia”, local production of assistive products is limited mainly to the Orthopaedic Workshop in the National Centre of Rehabilitation (NRC). The other local products include the attempt by two DPOs to start assembly of wheel-chairs from imported parts and local buying of some APs related to mobility from the local market.

National Rehabilitation Centre (NRC) in Ulaanbaatar: The history of setting up and evolution of NRC is explained above. It hosts the national orthopaedic workshop. Recently, its name was changed from “National Rehabilitation and Vocation Training centre” to “National Centre of Rehabilitation, Training and Manufacture”. Few

persons know the new name and it is not clear, if the name change will be followed by other changes in its functioning.

The Orthopaedic Workshop at the NRC (NRC) has 12 staff members including 2 trained technicians, both trained in Soviet Union in the 1980s and both near the retirement age. All the other staff has received on the job training. It produces around 1000-1500 assistive products each year. They can produce around 40 kinds of products but they don't have raw materials for most of those products. Their most commonly sold products are orthopaedic footwear and splints. The other products they are producing include upper and lower limb prosthesis, corsets and tutors. In the past they were making crutches and neck-collars, but these are no longer produced.

Until 2005, they were using Russian technology, with mostly products made of iron and leather. A German collaboration introduced the technology of production of plastic prosthesis and splints.

Like other private companies, they also participate in the annual bidding process of the SW department for the supply of assistive products. They do not have any readymade products, they only make specific products for individuals based on their measurements.

The staff gets its salary from the Government, which also provides raw materials. The money paid by clients for the products (including reimbursements from SW fund) goes back to the Government. When the raw materials are finished, the production stops. They were unable to tell what percentage of the workshop expenses are covered by their income.

In 2018, some of the staff members were sent to Russia to see the new materials they are using. However, the visit did not make any difference in the raw materials they receive and the products they can produce.

This workshop can carry out some basic repair work for some products. However, they can't repair wheel chairs. There is no other similar workshop in any other part of Mongolia. They do not accept any postal or telephone orders. The persons from aimags and rural districts need to come to UB to them to make the order, but the preparation of a product may take 2-3 weeks.

They also provide training to the users on how to clean and maintain the product. The products have a guarantee period of 3 months, if the products break down after 3 months, then clients have to buy new product or wait for 3/5 years to have the right for a new product.

A few years ago, they had participated in a wheel chair making workshop organised by Deseret, a Christian organization working in UB. However, the training was not followed by any WC production.

For all their products, the workshop has a written protocol including standards of the product. These written protocols are for the following products - orthopaedic shoes, in-soles, raised heels, summer shoes, AK prosthesis, leather belt, hernia cover, corsets, club foot braces, prosthetic belt (for fixing the prosthesis) and supinator in-sole. They

have also translated the ISO 8551 standards in Mongolian. At present, these are the only protocols regarding minimum standards that are used in the country.

Providers of APs in Mongolia

Through the order A/82, MoLSP informs the list of companies approved for the supply of specific APs during the year. For 2019, this list includes 69 companies/entities. Majority of the companies are private (for profit) organisations and most of them focus on mobility related APs. There is one company which is part of a private hospital which focuses on hearing aids. There is no company engaged only in procurement and then supply to other companies in Mongolia. Most companies directly import the APs, while a small number of products are bought from the local market in Mongolia. Majority of the companies import products from China, while a smaller number of products are imported from Japan, Korea, Germany, USA and Canada. Most of these companies refused to share information about specific models, costs and total budgets for APs. None of them had a specific strategy for the APs. Details about some of the companies interviewed for the ATA-C survey are given in Annex 1. The full list of approved companies for 2019 is available separately in Cyrillic.

Each company has its own system of suppliers, and own way of ordering products. Overall the Mongolian market for individual products is not very large and with the fragmented supply system, it is difficult to get products that answer local conditions (such as products in Mongolian language speech) and to negotiate better prices with the suppliers. Lack of technical specifications also contributes to this confusing situation.

Among the 69 companies, there are some NGOs and DPOs. More details about the private companies are available in *Annex 1*. Some information about the role played by NGOs and DPOs is provided below:

Provision of Assistive Products Through Mongolian DPOs: One person (Mr. Lhamjav also known as Poggy) from Independent Living Centre Mongolia (ILCM) has been to Japan 5 times for training about wheel-chairs for periods varying from 1 week to 1 month. During these visits he was placed for on-site practical training at the Zee Wheel-Chair factory where they assemble wheel chairs. Thus, he knows how to take measurements and how to adapt a wheel chair for individual users. About 65% of persons with disabilities linked with ILCM use Japanese wheel chairs received through donations.

Mr Lhamjav has even experimented with assembling of good quality wheel-chairs in Mongolia. He had prepared 30 wheel-chairs, costing 1 to 1.5 million MNT each. Initially these were given to children as their costs were covered by a donation. However, it was not easy to sell them in the market as their cost was perceived to be high. Thus, he did not continue with WC assembly.

At present, he provides WC repair service and modification of cars to adapt them to the needs of persons with disabilities. He has 2 assistants, who are learning these skills from him. According to ILCM, there are around 2000 WC users in Mongolia and less than 10% of them need an electric-powered WC. The wheel-chairs covered by MoLSP are imported from China. They are heavy and difficult to manoeuvre. According to

him, it is difficult to repair these WC – nuts and bolts do not fit properly, they can't be welded, their tyres are not good, etc.

The Wheel-Chair Users' Association of Mongolia (WCUAM) also has a WC repair service since 2013. It was started as a project from Employment Promotion Fund.

They had translated the WHO manuals on WC and 10 persons from the association had participated in a WHO course. Other participants in this course included one social worker and one WC user from each of the 21 Aimags (provinces) of Mongolia. After this training, apart from the WC workshop run by WCUAM, one WC user from Zavkhan Aimag had started a private WC repair workshop, which functioned for a couple of years.

WCUAM collaborates with a Christian organisation called Deseret (a part of Latter Day Saints Charity - LDSC from Utah, USA) which distributes WC (around 500 per year), provides WC user training and repair services in Mongolia. Deseret provides WCUAM with spare parts and pays for the repair work. These WC are also imported from China but are slightly better than the WC covered by MoLSP. These are foldable. However, these often break down after 3-4 months of use and require frequent repair.

WCUAM can also receive WC from other sources, for example, through the International red Cross. Earlier, they were distributing some of these WC through NRC but according to them it did not ensure proper distribution (since NRC belongs to the Government, it is vulnerable to political pressure to distribute WC to specific areas and groups).

Persons from WCUAM also attended a training on assembly of WC at the Miki factory in South Korea. However, according to their calculations, the cost of an assembled WC would be at least 800,000 MNT while the SW Department can only pay a maximum of 150,000 MNT, and thus, WCUAM did not start any local assembly of WCs.

The national Blind Federation of Mongolia is the official provider for a number of assistive products for the blind and low vision persons. It participates in the bidding process of MoLSP. It provides different products including – talking watches, talking thermometers, talking blood pressure instruments, white canes, Daisy players, Braille writers and radios. However, it does not produce any assistive products, it imports them.

They have been doing this work since 2006 for their members and have tried different suppliers from China. Initially, the quality of appliances was not good and the speaking products had only Chinese and English languages. They searched online and talked with different suppliers to overcome these challenges. Finally, since the end of 2017, they have found one supplier who provides good quality products and all talking products have Mongolian language option.

The costs of Daisy players and talking blood pressure apparatus are higher than those forseen in the MoLSP list but other products (talking thermometers and talking watches) cost less, so with the same total amount from the government, they can provide all the products to each person. The federation takes only the actual costs from persons, though members pay 5000 MNT membership fee each year. They also send these products to their branch offices in the Aimags (provinces).

The federation also provides training to the users about how to use Daisy players. They have a recording studio and produce talking books in Mongolian for free distribution to their members. In 2019, till the end of September, they have already provided products to 70 persons. All the products are covered by the Government and can be received every 3 years.

They also provide the products to non-members. Persons from Aimags come to their centre in Ulaanbaatar, ask for an invoice and present it to Social Welfare with other documents. When it is approved, then federation can supply them with the product, but they have to stay in the city to wait for them.

All the other companies, which provide some speaking products for elderly persons, do not have the option of Mongolian language.

Rehabilitation Professionals in Mongolia

Rehabilitation and Physical Medicine department under the national medical university: The department provides 3 rehab modules to medical undergraduates during 3rd (on traditional medicine), 4th (on orthopaedics and surgical rehabilitation) and 5th (on neurology) years.

The national medical university of Mongolia has 4 years of specialization for the rehabilitation doctors. After a residency in Rehab Medicine, doctors can do a sub-speciality in paediatrics, orthopaedics, internal medicine or neurology. They can also do a masters course or a PHD.

The Rehab Medicine department has special clinics for children with cerebral palsy, persons with strokes and persons with musculo-skeletal conditions. They would like to start a clinic for persons with spinal cord injury. At present, their training does not cover assistive products because of lack of a suitable teacher. In their curriculum, they have 1 month of training for this purpose, during which they visit the orthopaedic workshop but do not get proper understanding about different products.

They also wanted to open a faculty on speech therapy but they did not find any qualified person to teach it.

Physiotherapists, Occupational Therapists and Other Rehabilitation Technicians: Most of the trained rehabilitation technicians such as orthopaedic technicians, audiometry technicians and opticians are all trained outside Mongolia (usually in Russia).

The physiotherapist and occupational therapist training was started at a pilot level in 2010 in the Health Technology school which also had training courses for other personnel including nurses (2 kinds of courses – diploma and degree), midwives, traditional medicine nurses, radiology technicians, dental technicians, laboratory technicians, feldschers (community health workers - CHWs) and pharmacology technicians.

In 2014, this school changed name and became School of Nursing - now it trains only nurses, midwives, physiotherapists and occupational therapists. All other courses have been shifted to other schools (such as dental technician and laboratory technician) or have been stopped (for example, feldschers or the CHW training). Both PT and OT

classes have the annual capacity for 30 students each, but the actual number of students each year is much less, as persons are not aware about these professions. In 2019, PT admitted 18 and OT admitted 16 new students.

Both PT and OT have modules on assistive technology as part of their training, more so in the OT curriculum. However, both PTs and OTs are aware that they do not have any official role in provision, adaptation or monitoring of assistive product provision to persons, since it comes under MoLSP. However, they do advise persons and families regarding assistive products.

The concept of “rehabilitation teams” was introduced in the amendment to the national health care law in 2006. Both PTs and OTs have national associations and are in contact with their international federations. To work in Mongolia, they must be registered with the national associations and the registration has to be renewed every 5 years. Every year, they must collect 6 credits through appropriate refresher and updating courses every year. However, there are no PT and OT boards at aimag (provincial) levels, where they must register with nursing boards and need to complete nursing exams for renewals, which creates some problems. Their roles in rehab services are not very clear and most of them work with private hospitals and Kindergartens.

Ministry of Education and Children with Disabilities

The special schools are all in the national capital. In the provinces, they may have a special class for children with disabilities attached to the kindergarten in the provincial capital. Due to the prolonged and very cold winters, provinces have residential schools, where children stay for the winters, while during the few months of summers, the children go back home to stay with the families as they move around in their tents to the summer areas.

The provincial schools can include children with mild disabilities. For example, in Arkhangai province, around 250 km on the west from Ulaanbaatar, in 2018 they had 25 children with disabilities in the kindergarten and 228 children in regular schools. They have a provincial committee for supporting these children, which identifies if any children need any assistive products.

In June 2019, Ministry of Education has issued the order asking all children with disabilities in the provinces to be included in regular schools. However, there are no guidelines for teachers to explain how to do it nor any provisions for training of the school teachers. Talking to the teachers in a province, it emerged that this policy will come into effect gradually.

Special Schools: All the special schools are located in Ulaanbaatar. It has a special school for children with vision disabilities and one for children who are deaf or hard of hearing. It also has two nursery schools – one for children with cerebral palsy and the other for children with other disabilities. None of these schools has its own supply of assistive products or a repair service.

However, the schools have teachers who have long experience and understand the role of appliances, who can inform and guide children and parents. For example, the

special school for blind children has an orientation room where blind children learn spatial orientation, use of the white cane and Daisy players.

In the special school for the deaf, the teachers informed that they have a few children who had cochlear implants, some of them outside Mongolia. According to them a government hospital and a private hospital in Ulaanbaatar can do the operation for cochlear implant. However, the children who had these implants did not benefit from them and find them as a problem. The teachers told about a boy who has removed his implant and does not use it. There is lack of information about the use of this technology and the rehabilitation process needed to accompany it.

All children must apply for products from MoLSP or buy them privately. In the deaf school, they earlier had special equipment with earphones and microphones for teaching the hard-of-hearing children, but this equipment is now old and not working.

International collaborations in the areas of Rehabilitation and Assistive Technology

Japanese collaboration: During 2013-14, there was a big rehabilitation project with a grant of about 300 million Yen from Japan. This project was supposed to provide rehabilitation equipment for 6 regional rehabilitation centres in Mongolia. In Ulaanbaatar, through this project a 60 bed rehabilitation hospital was started in a building belonging to health insurance and it also received rehabilitation equipment. Persons coming to UB for appliances from the orthopaedic workshop in NRC can be hosted in this hospital.

Outside UB, the buildings for hosting the regional rehabilitation centres were not ready and thus, the equipment was given to some aimag hospitals.

Korean collaboration: During 2015-17, there was a project from South Korea in collaboration with the orthopaedic workshop at NRC, which introduced the use of new materials like gel and liquid plaster, for making better prosthesis. Apart from the staff of the orthopaedic workshop, some other persons, including some persons with disabilities were trained, while a Korean technician was placed at NRC. However, at the end of this project, they did not receive the raw materials which had to be imported and thus, the production of all the new products was stopped.

Chinese collaboration: During 2017-19, a new 60 beds children's rehabilitation hospital (its full capacity will be 250 beds) has been built in the periphery of UB, not very far from the airport, under a project of 90 billion MNT, from China. It was inaugurated earlier in 2019 and its out-patient department is already active. It has some assistive products such as standing frame for CP children, which are used for in-house therapy. At present, it does not provide any APs.

The hospital is planning to start a small centre for assistive products on its premises but it still does not have equipment for it. It has identified a small room for this service, however the room has not been planned for APs production.

Research Centre of Ministry of Labour and Social Protection

MoLSP has its own national research centre, which opened a few years ago. It carries out research and surveys related to 3 areas of MoLSP activities - social protection, population development and social welfare.

For example, the Ministry runs 12 kinds of social welfare services. Every year, the research centre carries out evaluation and research on 1-2 different welfare services. Recently they had carried out a study on quality of services provided to persons with disabilities and elderly persons. It was a qualitative survey and they had interviewed 120 persons for it.

This research is for internal use of the Ministry. The consultant was unable to access any of the survey reports produced by this research centre. For conducting a national sample survey to understand the total and unmet needs of AT services in Mongolia, it would be useful if this research centre is also involved in it.

Department of Pharmacology, Manufacturing and Technology of the Ministry of Health

MoH has a department dealing with manufacture, procurement and distribution of medicines and medical equipment. The process for providing medical equipment is similar to that for APs, where companies bid to supply the list of approved products at prices decided by the ministry. They cover a wide group of persons for supply of these products including elderly persons, persons with disabilities, persons with NCD, persons with mental health conditions and autism, etc.

This department has ordered special beds for women with disabilities at the Mother and Child hospital and are working for improving the accessibility of this hospital for persons with disabilities.

Mongolia is manufacturing some essential medicines, but around 80% of their medicines are imported. For the products, they refer to the WHO essential medicines list and are aware of the WHO's medical products list.

Users' Voices: Experiences with Assistive Products in Mongolia

Different stakeholders, including DPO representatives, persons with disabilities, their family members, persons working in the ministries and professionals shared their opinions about different aspects of assistive products in Mongolia.

The issue of assistive products was also discussed by a group of persons with disabilities as part of their emancipatory research, who had focused on the different barriers linked with accessing the assistive products and ways to overcome those barriers.

Most of these discussions focused on challenges and negative aspects related to the assistive products. Some of these opinions are shared below:

“The WC received through SW department are the manual push type, they are very basic and heavy. They have no cushion, come in only one size for adults

and children, and there is no adjustment for specific users. There was supposed to be a children's WC, but no one has received it in the last few years.”

“The white canes do not last 3 years. People need them to be replaced every year. The bottom part touching the ground is made in plastic, it breaks and needs to be replaced. People have to pay for the part.”

“The products produced at the orthopaedic workshop are old fashioned and heavy. The plastic prosthesis they prepare can easily break. On the other hand, the products we get from commercial companies are cheap and of bad quality, if we want good quality products, then the amount approved by SW is not enough, you have to pay for it from your pocket.”

“Through the SW I received a wheel chair but it was too big for me, I could not sit in it properly. It had no cushion. They just have one kind of wheel chair for everyone, if you like it, fine for you. If you don't like it, well bad luck for you. So, I had to go to Ulaanbaatar to buy this wheel chair which I am using.”

“I need catheters and urine bags all the time. According to the rule, I can get them from SW once in 3 years, so how I am going to survive? I will die of infection if I don't change my catheters. When the time came for me to get the SW products after 3 years, they did not accept that I buy from other places, even if the approved companies had no catheters, stomach bags or urine bags. So, I got everything prescribed and went to one of the companies, they made an invoice. When the money came, they made a false receipt that they have given me everything. Instead, they took 20% and gave me the money, so I could buy catheters and urine bags with that money from another place.”

“It is not true that we can buy from other companies and SW will give us the approved amount and the rest we can pay. SW insists that we buy only from approved companies which are in their list. These companies take 10-20%, even 30%, to give us a false bill. We get the remaining money to go and buy what we really need.”

“I am blind, I want Daisy player. But the SW department says you are old, why do you need a Daisy player, that is for young. They try to give us as little as possible.”

“I have this arm prosthesis. It is so hard and looks unnatural, but the biggest problem is that it breaks easily. I had to fix this part with glue, because it is new and they are not going to give me another one for next 3 years.”

“The schools take only the children with mild disabilities. The children do not have wheelchairs, white canes, hearing aids. The schools are not accessible. The teachers do not know how to teach blind and deaf children. So, what to do?”

“The terms used for assistive products are not very clear. Different words are used like special products, aids, technical products, orthopaedic appliances. There is confusion with the term 'reasonable adjustment' in the CRPD. The confusion is because of the way these terms have been translated into Mongolian.”

“Persons with disabilities get the products from SW department every 3 years, while the elderly persons get them every 5 years. If persons receive the elderly pension, they are considered elderly persons, if they receive disability pension, then they are considered disabled persons.”

“The regional hospital is in Uvshangai but it is useless to go there. It is easier for us to go to Ulaanbaatar if we need something.”

“The Aimag hospital has a disability committee, it meets on every Wednesday. Every year, there is a joint order from Ministry of Health and Ministry of Labour and Social Protection, which provides a list of disease conditions, diagnosis and disability percentages, so that we can issue disability certificates. Every year, we also try to visit 4 Somons of our Aimag, so that we can issue certificates to persons who cannot come to the Aimag centre. The duration of disability certificate is variable – an amputee gets it for 5 years. Depending upon the condition, the duration of the certificate can be 6 months, 12 months or 24 months. After that they have to come back for renewal of the certificate.”

“The assistive product has to be prescribed by a specialist, according to the list of available products approved by SW. Then the disability committee will control and approve it. Finally, family doctor has to be approve it. It is three step process, so there is no place for corruption in the health system.”

“There is some confusion between terms like assistive technology, accessible technology, reasonable accommodation, orthopaedic aids, special aids, etc.”

“Too many documents are needed, always something is missing. The whole process is very bureaucratic. SW officers lack understanding, they don’t know about products.”

“I never had artificial teeth. These are being taken by other family members in the name of disabled persons.”

“WC and crutches require repair. Due to their bad quality, they do not last for 3 years and break easily. We have to pay the repair costs or buy new from our own pocket. State should provide repair services.”

“Companies try push products which are not useful, but they give them to persons with disabilities. The byelaws say that products should be given every 3 years, but every time why do we need to duplicate the whole complicated process? By October, their finance is often finished and we need to wait for the next year to get our products. The money hardly ever comes on time.”

“A stomach bag is different from a urine bag but are difficult to get. I need urine bags, which are not there, so I have to use a stomach bag. We get catheters from Malaysia, which are of bad quality and can’t be used. The hearing aids quality is also very bad. Same for the wheel chairs. There are no options, no choice. There are no good quality standards for our products.”

“We get pressure sores because cushions are not covered under the list of the SW. They don’t assess the needs, there is no method, the staff does not know anything about products but they try to control everything.”

“We take whatever is given, including crutches and a walker, even if I don’t need them. Then I sell it to same company, to buy something which is actually useful to me like urine bags. We need to ask our families for money to buy what we actually need.”

“I took their WC, but then I negotiated with company to take some money in the place of that wheelchair, and used it for other things.”

“My white cane, it needs to be changed frequently, but they give it only once in 3 years. So, I ask for everything, braille paper, braille writer, radio, books and then use that money to get more white canes and audio books.”

“The crutch and the walking frame I have received are good. I like them.”

“My family bought this wheel chair for 250,000 MNT. It is very heavy but it is ok for me. It is my first wheel chair. However, it is a SW wheelchair, and its actual cost is 150,000 and they give it for free. But I did not know how to get it. Only after joining the association, others told me all this.”

FINAL COMMENTS: NEXT STEPS

Mongolia has a well-structured system for the provision of assistive products to persons with disabilities and elderly persons, which has developed during the past 2 decades. This system is facing different challenges:

- Global need for different APs is not known. The number of persons asking for APs is increasing every year. At the same time, it seems that many persons in the provinces and districts are not aware of the APs which can help them. The number of APs used by elderly persons are more than 4 times those used by persons with disabilities. At the same time, some groups of persons who can benefit from APs, such as persons with NCDs, do not receive them.
- The national budget for provision of APs is increasing every year but is not able to keep pace with the increase in the demand. Thus, over the past 5 years, the per capita amount covered by the Government for APs provision has decreased by about one-third. If we consider inflation, the fall is even more. Annually the Government is already spending about 4.5 million \$ for APs.
- The list of the products covered by the Government is very wide but it does not cover some essential APs such as cushions for the wheel chairs. There is scope for reviewing and rationalising this list to answer the most important needs of persons with disabilities.
- The system seems to work well for the provision of some products such as crutches and walkers, but not so well other products such as wheel chairs and hearing aids. The wheel chairs are heavy and difficult to move. Similarly, there are quality issues with hearing aids. There are no minimum quality standards for the APs, except those for products made at the orthopaedic workshop. On the other hand, the procurement system is fragmented, with each company looking for its own suppliers of products. A person with expertise in market-shaping, can be useful to optimise this system for a better response to persons’ needs.

- Apart from prescription of appliances, the rehabilitation personnel have no role in follow-up of APs provision to ensure that APs fit the person and are useful for the functioning of persons.

Considering all these issues, and considering the activities planned under the ADB project, which provides a unique opportunity to improve and strengthen the AT services, the following next steps are recommended:

- Conduct a national sample survey based on rATA questionnaire of WHO on the total and unmet needs of APs in Mongolia, with technical support of WHO. As for the ATA-C survey, AIFO and Tegsh Niigem can look for resources for conducting this survey. It will also be useful to involve the research centre of MoLSP in this survey.
- Organise a national workshop of key stakeholders to review the results of the sample survey and for defining the next steps and a roadmap for strengthening AT services in Mongolia. For example, this can include identification of those assistive products which pose greatest challenges in fulfilment of users' needs and development of solutions/strategies to address the challenges, for example, through market shaping activities.

Receiving an Assistive Product in Mongolia: An Overview

1. PERSON NEEDING AN ASSISTIVE PRODUCT GOES TO A SPECIALIST TO GET A PRESCRIPTION SPECIFYING THE PRODUCTS NEEDED

2. PERSON PRESENTS THE PRESCRIPTION TO THE LOCAL DISABILITY COMMITTEE FOR APPROVAL

3. PERSON GETS PRESCRIPTION OF APPROVED PRODUCTS FROM FAMILY DOCTOR

4. WITH COPIES OF THE ABOVE 3 DOCUMENTS & DISABILITY ID CARD, THE PERSON GOES TO ONE OF THE PRODUCT-SUPPLIERS APPROVED BY THE SOCIAL WELFARE

5. PERSON ASKS FOR AN INVOICE FOR APPROVED PRODUCTS, PRESENTS IT TO SW FOR APPROVAL AND GETS THE PRODUCT AFTER APPROVAL

5. PERSONS BUYS THE PRODUCTS AND PRESENTS THE BILL TO SW FOR REIMBURSEMENT

ATA-C Questionnaire Analysis

There are 4 WHO questionnaires in the ATA-C survey – (i) the general questionnaire common to all respondents (ii) the questionnaire for entities engaged in policy formulation and financing (iii) the questionnaire for organisations procuring AT products (iv) the questionnaire for organisations distributing AT products. The questionnaires are overlapping.

In the following analysis, the general information has been incorporated with the analysis of their second questionnaire. Where two or more persons have provided similar information, it has been consolidated together in one answer. The names of the 48 individuals who answered these questionnaires, and their organisations are given in the list at the end of the analysis.

PART 1: POLICY AND FINANCING OF AT PRODUCTS

1.1 Ministry of Labour and Social Protection: The following Government resolutions guide the access to APs in Mongolia:

- Government resolution No. 316: List of approved products and prices;
- Government resolution No. A/82: List of entities provide APs for the year, approved through the bidding process (in 2019, the list has 69 companies);
- National Program to promote the rights and participation of Persons with Disabilities approved in 2016
- General Authority for Labour and Social Welfare Service manages Social Welfare Fund

The focus of the programme is mainly on provision of mobility, hearing and vision related assistive products to children and adults with disabilities and to elderly persons. They have not had any evaluation of the AT programme.

AT Data collection is at national level. The name of system is called WAIS, it is managed by MoLSP. It belongs to Social Protection Policy Implementation Coordination department and Policy Planning department. WAIS registers the number of people with disabilities who receive an AP from the Social Welfare Fund.

They do not have a system for collecting information on health conditions or functional limitations for which AT may be needed – that is done by MoH.

There are 4 forms which collect information related to persons with disabilities and AT in the urban districts of UB and in the 21 aimags of the country:

- Form EMT-201.6.1. Number of PWDs, disability types, ages, sex
- Form EMT-201.6.1.1. Number of PWDs, ages, sex, aimags and districts

- Form EMT-201.6.2. Control information of PWDs, aimags/districts, disability types, disability reason (congenital, disease (normal and professional), accident (road, factory, home and others)), employment of PWDs (above 15 years old): employed and unemployed, Number of people who had artificial limbs, Number of wheel chair users, Number of people who are under the permanent care
- Form EMT-201.6.3. Control information of PWDs, aimags/districts, disability types: number of PWDs newly identified, moved, died, disability reason (congenital, disease (normal and professional)), accident (road, factory, home and others), employment of PWDs (above 15 years old), employed and unemployed, Number of people who had artificial limbs, Number of wheel chair users, Number of people who are under the permanent care

The financing scheme for AT is providing free or subsidized assistive products at a health and non-health facility with a prescription. The price of the APs is reimbursed from the Social Welfare funds according to the approved price list. Details of the financial schemes or programmes are as follows:

- Brief description of the scheme or programme: Fixing the price and list of prosthesis, orthopaedic and special devices from Social Welfare Fund (Government Resolution No.316, November 24, 2017)
- Who is covered by the scheme or programme? Elderly people, Persons with Disabilities and Children with disabilities. Total number of people covered by the schemes of programme (2018): 15,544 PwDs; 66,313 Elderly people
- Does this scheme or programme cover (1) only assistive products (2) only service provision (assessment, fitting, user-training, follow up, maintenance and repairs) (3) or both? - It covers only assistive products.
- What is the total amount/budget (in local currency) that went to AT from this scheme or programme in the most recent fiscal year? Total amount/budget: 9,869,319,535 MNT for Elderly people and 2,816,990,407 MNT for Persons with disabilities during the Year 2018

For the list of products covered under the programme, see the Government Resolution No. 316, 2017. MoLSP did not know if there are any written standards or registration of APs. They did not know any association of AT technicians. There is involvement of some DPOs in AT products procurement and distribution such as the national Blind Federation and a local DPO in Bayanhongor province.

The assistive products can only be prescribed by specialist doctors. There is no specific category of persons foreseen by MoLSP for the provision of these products – the guidelines only specify that they can only be provided by companies approved by the Government.

Final comments from MoLSP: There are many different terms used for assistive products in different laws which create confusion. For example, the Law on Elderly people mentions orthopaedic aids and wheel chair, while the law on the rights of PWDs mentions special devices, assistive devices, artificial organs and limbs.

Commission for health, education and social protection of CWDs at the MoLSP: The commission works in accordance with Order No 200 of 3 ministries (MoH, MoE and MoLSP) on early identification of children with disabilities. There are committees in all aimags which refer CWDs to the needed services including health, education and social protection services, based on the children's assessment.

Rehabilitation Centre for Children with Disabilities, UB: The national rehabilitation centre for children with disabilities has been built in UB with funds from China. It's out patient department has opened in 2019. In future, it plans to have an orthopaedic workshop for production of products for children. It comes under MoLSP.

The allied health professionals working at this centre include: Speech and language therapists – 1, Mobility orientation trainers (physical activities) – 1, Occupational therapists – 5, Physiotherapists – 7, Orthotists – 5, Prosthetists – 1, Prosthetic & orthotic (P&O) technicians – 1, Special Teachers – 9, Biomedical engineers – 1, Other: social worker – 2.

The specialist doctors working here include: Ear, nose, throat specialist – 1, Ophthalmology specialist - 1 (not yet recruited), Orthopaedists - 6 (not yet recruited) Rehabilitation doctors – 3, Paediatricians - 2 and Other: Radiologist – 1

In Zavhan aimag: According to a senior officer of Social Policy department working for Zavhan aimag, in 2018, apart from the funds received from the Social Welfare, the Aimag Governor's Chancellery provided a local budget of 52.379.600,00 MNT which was spent for PwDs (but it was not for AT). This person explained the difficulties of accessing APs in the somons (districts) – *“The Labor and Social welfare service agency implements Government resolution No 197 of 2017 at local level. People are not aware of the companies selected by MoLSP. These companies are selected at national level. Social welfare officer of the somon can provide the assistive devices to the person according to their needs and requests. But it doesn't work properly in practice. People can't write the request. Because of it many people can't send their request or they don't know about it. Many lack proper information. Only someone who is quite bright or they know someone at chancellery or any state organizations, they can access them from the service. Twice a year, Aimag Governor organizes meeting with herders of the somons when he goes to visit all the somons together with his staff. During these meetings, people complain that they can't get the assistive devices and other benefits and discounts from the social welfare fund. Their complaints are sent to the Social welfare office of the aimag, but nothing much has been done about it so far.”*

1.2 Ministry of Health: The activities of MoH are guided by the State Policy on Health (Plan of Action 2019-2020) under the National program to promote the rights, participation and development of persons with disabilities. They collect some data on disabilities through the Health Info 3.0 programme as a part of health indicators.

There is a General Authority for Health Insurance. It reimburses the costs of surgical interventions including those for replacement of joints like hip and knee with artificial joints.

Duration of training for the physician-specialists: all doctors study for 6 years and then follow it with 2 years for the specialisation. Duration of training for PT and OT: 4 years.

Universities and schools for training of health professionals: National University of Medical Science (state), Nursing schools (state) and different Private medical schools (Monos, Ach, Etugen, Ulaanbaatar, Otoch manramba, National University of Mongolia) which prepare medical doctors, nurses and other medical staff.

1.3 Ministry of Education, Culture, Science and Sport: Government resolution No. 292 (May 14, 2019) asks for the implementation of inclusive education and thus, all children with disabilities should be admitted into regular schools.

MoE has budget for education of children with disabilities, which includes a budget for AT products for children. The budget in 2018 included 7.5 billion MNT for Special needs education and 5.3 Billion MNT for Long life education centres. In 2018 total of 500 million MNT worth of assistive products were provided to special schools for children with intellectual disabilities and for blind and low vision children (these are meant for use in the schools).

They also receive AT products through international donations. In recent years, such donations were used to supply assistive devices to Special school No. 29 (for deaf and hard of hearing students) and Special school No. 116 (for blind and low vision children).

MoE has a data collection system at national level, going down to district level. The statistics about children with disabilities are collected (according to 6 disability categories) through the education management system, which is managed by statistics department of the ministry. At aimag level, the schools can make request for AT for the children, which is then forwarded to SW.

In the special schools they employ different technical and rehab staff. For example, in the blind school in UB the following persons are employed - braille teachers, occupational therapists, physiotherapists, ophthalmologist and paediatrician.

In some aimags (for example, in Arkhangai) they have prepared small guidebooks about AT products and the process explaining how to get them for the children. These are local initiatives and not part of a national programme.

1.4 Mongolia National Medical University (State): The different training courses, their durations and the number of students graduating each year are as follows:

- Community Health Workers (Public Health worker) - 4 years - 20 students graduate in a year
- Nurses - 3 years and 4 years - 110 students graduate in a year
- Physicians - 6 years - 400 students graduate in a year
- Occupational therapists - 4 years -10 students graduate in a year (they have capacity for 25 students/year)
- Physiotherapists - 4 years - 25-27 students graduate in a year
- Biomedical engineers - 5 years -25 students graduate in a year

- Doctors specializing in: ENT, Ophthalmology, Rehabilitation and paediatrics need 2 years of study after 6 years of undergraduate study, while those specializing in Geriatrics and Diabetes need 3 years after under-graduate degree.

1.5 Medical University (Private) in UB: Nurses training is for 4 years (15 students graduate every year); Physicians undergraduate training is for 6 years (60 students graduate every year); and Traditional medicine doctor training is for 6 years (80 students graduate every year).

PART 2: SUGGESTIONS ABOUT POTENTIAL AT CHAMPIONS

Mongolia has a strong culture of valorising physical prowess, skills and sports. Country's biggest cultural event is the annual festival of Nadam, when athletes and sports-persons from all over the country take part in events showing their skills in a variety of traditional vocations including horse-riding, wrestling and archery. Probably because of this, with a rare exception of a singer, almost all the potential champions of AT products suggested by persons are sports-related personalities, as given below:

Mr. D. Baatarjav, Gold medal winner of Beijing Paralympic Game in 2008 on archery. He has artificial leg. He also leads a Federation of PwDs.

Mr. Lhagvajav, light athletic sportsman with low-vision, he is a State merited sportsman; Mr. Ganbat, blind, Judo, sport master; Mr. S.Hurelbaatar, blind, singer, State merited actor; and Ms. Amarjargal, blind, singer, State merited actress

Mr. Z. Boldbaatar, wheelchair shooting sportsman, sport master.

Mr. Naranbaatar and Mr. Altangerel, both are wheel chair sportsmen.

Enhmanlai, Z.Ganbaatar, B.Naranbaatar, B.Ganbaatar – they are wheel-chair sportsmen with medals in wheel chair athletics, shooting and power lifting

Mr. Erdenebileg, sport master teacher who is blind

Mr. Navaanjamts, judo champion, Mr. Baasandorj, free style wrestling, in Paralympic and Deaflympics games

Mr. B. Ganbaatar, skiing master

Ms. O. Saranchuluun, Achilles Association of Mongolia, athletics and who has artificial sport leg from USA. She calls young children with disabilities into a sport and spend time in correct way.

Ms. B. Oyunbileg, pupil of Special class of regular school No. 4 of Zavhan aimag attended in Winter Paralympic game held in Austria in 2018 and she got silver medal in marathon.

Mr. E. Byambajargal, pupil of Special class of regular school No. 4 of Zavhan aimag attended in Summer Special Olympic game on judo wrestling held in Abu-Dhabi of United Arab Republic in 2019 and he got bronze medal.

Mr. Sambuudanzan, wheel chair user, para-light-athletics, won in javelin-throw; Mr. Uuganbayar, with a leg prosthesis, also won in javelin-throw; and Mr. Garmaabazar, with a hand prosthesis, is a runner and won medal in 800 m and 1500 m.

PART 3: PROCUREMENT OF AT PRODUCTS

3.1 PROCUREMENT OF AT PRODUCTS BY THE PRIVATE COMPANIES

Rehtus LLC: It procures APs related to mobility and to daily living activities in Mongolia. These are bought from China, UK and USA. The orders are placed twice a year, based on the last years' sales. They have to pay an import duty of 15.5%, as they are not among the approved companies by MoLSP this year.

They do not have any technical specifications about the products and do not supply spare-parts and repair services.

According to them donations of some APs come from Korea and Japan, and are given to persons with disabilities through the DPOs.

Tegsh Orshihui LLC: Procures APs related to Mobility and vision in UB and some nearby aimags. They buy crutches and walking sticks from Canada while wheel chairs, belts, collars, Daisy players, Braille equipment, talking thermometers, talking BP instruments, talking watches are imported from China. The orders are placed twice a year, based on the last years' sales. They come under order A/82 meant for companies in the approved list of MoLSP and thus, they are exempted from paying any import duties.

Erham Chanar LLC: It procures APs related to mobility and hearing and covers the whole country. They said that they have an AT policy but did not have any document about it. They have not done any evaluation of their work.

They procure the following APs from China: Wheel chair (normal), Night stool, Crutches (pair), Elbow crutches (pair), Walker (adult), Standing frame, Belt (corset), Knee cover, Back brace, Hearing aids (digital), Walker (children), Radius prosthesis, Ankle braces, Collar brace, Devices with foot splint, and Eye glasses.

Some APs, such as wheel chairs, back braces, hearing aids, and walkers for children are ordered 3 times in a year; while others, such as crutches, elbow crutches, walkers for adults, standing frames and eye glasses, are ordered twice a year. All their imports are from China.

"Ochirt tulga trade" LLC: Procures APs related to mobility, vision and hearing and covers the whole country. They import the following APs (countries from where they import) - Wheel chairs for adults (China); Walker for children (China); Crutches (China, Korea); Corsets and belts (China, Taiwan, Korea); Stomach bags (urine bags?) for adults in units of 50 pcs (Russia); Toilet seat, night stool (China, Japan).

They order smaller quantities but frequently, monthly or every 15 days. Their top suppliers include Top Medi, Samderson, Ilch Medical and Abutsel. They are exempt from custom duty with the order A/82, as they are part of the approved companies.

They have to pay 10% duty only for corset-belts as these are not part of the approved list. They also import some spare parts such as wheel chair tyres, tube for the crutch or walker, rubber bottom for the canes and walking sticks. Finally, they get made on order some APs in the local market - Chair with table, Standing frame and Walker (adult). For these locally produced APs, they can do minor repairs and maintenance works.

Medimpex International LLC: It procures APs related to mobility and cognition and covers the whole country. Their total budget in 2018 was 20,909,654 MNT. They import mainly from China the following APs - Wheel chair (adult), Nursing products, Back brace, Blood pressure apparatus (talking, only in English), Knee cover, different types of splints, Shoulder and neck brace, Crutches and Walker. They order the products every 3 months. Their main suppliers are - Medtronic Enterprise Co.Ltd, China SuperOrtho and Firststar.

In addition, they buy from local market products like back-corsets and splints.

EMJJ Private hospital, UB: They run an anti-deafness programme and get persons from all over the country. They are one of the biggest importers of hearing aids in Mongolia. They buy the hearing aids from Germany and China, ordering them 3-4 times in a year. Their 3 biggest suppliers are Proacoustic, Siemens and Spiegle Theis. They import 1500-1600 pcs every year and pay 10-15% tax on it, as these are private and not under the SW scheme. These are all ISO certified.

3.2 PROCUREMENT OF AT PRODUCTS BY NGOS

National Federation of the Blind: They procure vision related APs and cover the whole country. Except for white canes which are imported from Canada, all the remaining APs are imported from China and include the following - DAISY player (talking book), Braille equipment (Braille paper - 300 pcs, Braille ruler, Typewriter, Braille note book), Blood pressure apparatus (talking in Mongolian), Thermometer (talking in Mongolian), Watches (talking in Mongolian), Magnifier, Radio receiver, Computer software (talking) and additional spare parts.

They have technical specifications for the following products - DAISY player (talking book), White cane for blind, Radio receiver, Watches (talking), and Blood pressure apparatus (talking).

They can also receive donations occasionally. For example, in 2019, they have received 100 white canes as a donation from Taiwan.

Wheel-Chair Users' Association of Mongolia: They are based in UB and have a regional coverage of some aimags around the capital city. They procure a small number of AT products (countries) for persons with mobility problems. For example, in 2018, they had received as donations the following products (all from USA) – 2 adult Wheel chairs, 3 pairs of Crutches, 4 Toilet seats, night stool, 5 adult Walkers and 6 Cushions for wheel-chairs.

In addition, they procure all types of spare parts for wheel-chairs from USA, Korea and China. The spare-parts from USA are from the Christian organization Deseret and are

a donation. They are in the list of MoLSP for the supply of wheel-chairs. They provide repair and maintenance service for the wheelchairs.

Children's Fund of Taiwan: They are based in UB and cover some aimags surrounding the capital town. They procure the following AT products in Mongolia (pieces sold in 2018) - Standing frames (6), Exercise triangles (1), Standing frames with tables (1), Chair with table (1), small standing frames, adult walkers (4), Rollators with chairs (5), special purpose chairs (3) and wheel chairs (5). They choose the suppliers on the basis of cost comparisons and make order when necessary. Their main supplier is Heinbuuk. The costs of these products vary from 500,000 MNT for a small standing frame to 3.2 million MNT for a big standing frame.

Orgil Meej: They are based in Bulgan province. They procured different AP products for distribution in their province, including the following – Crutches, Wheel chair, Walker, Rollator, hand splints, Collar, Hand brace, Standing frame, Blood pressure apparatus, and Watch /talking. In 2018, they ordered them monthly through their contacts in Inner Mongolia, in China, and as they were part of the approved organisation in the MoLSP list, they did not pay any taxes. This year, they were not selected by MoLSP during the bidding process.

PART4: DISTRIBUTION OF AT PRODUCTS

4.1 DISTRIBUTION OF AT PRODUCTS BY STATE ORGANISATIONS

Orthopaedic Workshop of National Rehabilitation Centre under MoLSP: The workshop produces only mobility related APs including prosthesis. It provides complete service, from assessment and measurement to fitting and training of users. It does not accept orders from the provinces, persons have to come to UB to the workshop to place the order. The time for producing the APs is variable but can take 2-3 weeks.

During 2018, they produced the following APs: Orthopaedic shoes - 377 pair; Different types of insoles - 494 pair; Front of foot prosthesis - 10 pcs; Lower limb prosthesis (plastic) - 29 pcs; Tutor (plastic) - 2 pcs; Hand splints (plastic) - 16 pcs; Pavlik harness - 43 pcs; Standing frame - 17 pcs; Tibia and foot prosthesis - 46 pcs; Tibia prosthesis with knee support - 3 pcs; Femur prosthesis - 32 pcs; Radius prosthesis - 5 pcs; Shoulder prosthesis - 12 pcs; Leather corset (belt) - 51 pcs; Cotton corset (belt) - 34 pcs; Prosthesis narrow belt - 12 pcs; Hernia cover - 1 pc; Chair with table - 15 pcs; Finger prosthesis (foot) - 15 pcs; Collar brace (hard) - 2 pcs; Finger prosthesis (hand) - 4 pcs; Ankle braces - 94 pcs; Radius splint - 1 pc; Ilium and hip prosthesis - 1 pc; Sacral cover - 1 pc; Whole body apparatus - 1 pc; Plastic corset - 1 pc; Tutor (cotton) - 2 pcs.

For making these APs, the MoLSP pays for the supplies of the raw materials, some of which are bought locally and some have to be imported. Around 60% of the supplies are imported.

Time needed for preparing each of these di different. For some only 2 working days are needed, such as for making different insoles and Pavlik harness. For some 5 days

are needed, such as making upper & lower limb prosthesis, hand splints and hernia covers. Making the foot prosthesis needs 14 days, for making orthopaedic shoes may need 7 to 21 days.

They ask for client satisfaction but there is no specific format. They have technical specifications for each product that they make.

In terms of costs for making the different products, they have done the calculations - Orthopedic shoes - 120.000-250.000 MNT; Different types of insoles - 20.000-50.000 MNT; Front of foot prosthesis - 300.000 MNT; Lower limb prosthesis (plastic) - 300.000 MNT; Tutor (plastic) - 150.000 MNT; Hand splints (plastic) - 90.000 MNT; Pavlik harness - 30.000 MNT; Standing frame - 160.000 MNT; Tibia and foot prosthesis - 740.000 MNT; Tibia prosthesis with knee support - 800.000 MNT; Femur prosthesis - 1.200.000-1.600.000 MNT; Radius prosthesis - 650.000 MNT; Shoulder prosthesis - 800.000-1.200.000 MNT; Leather corset (belt) - 150.000-180.000 MNT; Cotton corset (belt) - 60.000 MNT; Prosthesis narrow belt - 35.000 MNT; Hernia cover - 60.000 MNT; Chair with table - 150.000-300.000 MNT; Finger prosthesis (foot) - 150.000-380.000 MNT; Collar brace (hard) - 50.000 MNT; Finger prosthesis (hand) - 35.000-150.000 MNT; Ankle braces - 90.000-180.000 MNT; Radius splint - 50.000-90.000 MNT; Ilium and hip prosthesis - 800.000-1.500.000 MNT; Sacral cover - 80.000 MNT; Whole body apparatus - 300.000 MNT; Plastic corset - 250.000 MNT; Tutor (cotton) - 75.000 MNT.

The price paid by consumers depends upon the list approved by the Government. The supplies and salaries are paid by the government, and the money paid by the customers goes back to the government. If clients order and buy something which is not in the approved list, they pay for it according to the cost calculated by the workshop, but even that money goes back to the government.

The workshop can do repair of the products made in the workshop, but clients have to pay for it.

4.2 DISTRIBUTION OF AT PRODUCTS BY PRIVATE COMPANIES

Rehtus LLC: Distributes APs related to mobility and to daily living activities all over Mongolia. In 2018, they sold around 300 appliances. They have sales staff, no AT technicians or health staff. They do not collect any information on users' impact. Their staff receives some training about the products so that they can explain it to users.

Tegsh Orshihui LLC: Distributes APs related to Mobility and vision in UB and some nearby aimags. They have around 20 kinds of products and they sell around 250 to 300 of these. They said that they had done a satisfaction survey but were unable to give a copy of it.

The APs except for the eyeglasses, are sold by the manager, who is a sales person. Among their staff they have an ophthalmologist and a optician, who can provide some advice to users. The sales staff does not have the skills to provide advice.

Erham Chanar LLC: Distributes APs related to mobility and hearing and covers the whole country. Their sales persons work with clients buying APs. They say that they ask information about users' satisfaction but did not have document or report on this

subject. They said that they provide training on the use of prosthesis to the first-time users.

Among their staff, they have the following health personnel - Physicians – 2, Nurses - 2, Audiometric technicians – 2, Hearing aid technicians – 2, Mobility orientation trainers – 1, Opticians – 1, Physiotherapists – 1, Prosthetists – 3, Prosthetic & orthotic (P&O) technicians – 3, Wheelchair technicians – 1. Their physicians and nurses have learned on the job, while technical staff already know what they have to do.

They also import some spare parts from China including tyres for wheel chairs and screws for crutches and walkers, and provide some repair services.

"Ochirt tulga trade" LLC: Distributes APs related to mobility, vision and hearing and covers the whole country. Their sales persons deal with the clients. They ask persons about their experiences with the APs but don't have any report on users' satisfaction. They do not provide any training on the use of APs to the clients.

They have the following health professionals in their staff - Nurses – 2, Physicians – 2, Mobility orientation trainers – 1, Physiotherapists – 1, Prosthetic & orthotic (P&O) technicians – 1, Geriatrics doctor – 1, Rehabilitation – 1.

Medimpex International LLC: It distributes 8 kinds of APs related to mobility and cognition and covers the whole country. The delivery of APs is done by sales persons. They ask about users' satisfaction to the clients. Among their staff, they have 1 nurse and 3 pharmacologists. Their staff has received on the job training in dealing with APs.

Intermed Private hospital, UB: They have some assistive devices (auxiliary crutches, quadripod, tripod, walker, wheel chair, knee support, elbow splint) for inpatient use only. If it is necessary, they can give the APs on loan for their home for a while, but then the patients have to bring them back. They have rehabilitation doctors and PT who give advice to the patients about proper use of APs.

EMJJ Private hospital, UB: They run an anti-deafness programme and get persons from all over the country. They are one of the biggest providers of high-quality hearing aids in Mongolia. They also make ear moulds and do survey on users' satisfaction.

They employ 5 nurses, 5 physicians, 25 Audiologists or ENT specialists, 4 audiometric technicians and 4 hearing aid technicians. They can also do cochlear transplants in their hospital. They provide at least some hearing aids at subsidized rates. They also have a repair and maintenance service.

4.3 DISTRIBUTION OF AT PRODUCTS BY NGOs

Association of the parents of children with disabilities: They distribute some APs related to mobility, cognitive function and communication in UB and in surrounding aimags. They mainly get second-hand Japanese wheel chairs as donations for children and distribute these to the members of the Association. Every year, they distribute 20-30 wheel chairs. The distribution is done by a social worker.

Among their staff they have - Social workers – 10, Speech and language therapists – 1, Mobility orientation trainers – 1, and Occupational therapists – 1. These persons have specific training to deal with APs.

National Federation of the Blind: They distribute vision related APs and cover the whole country. They collect information on users' satisfaction and provide peer-to-peer training to the new users, for example, for the use of DAISY players. Among their staff they have the following technical persons - Braille teachers, Mobility orientation trainers, Occupational therapists and an Ophthalmologist (on Contract).

Wheel-Chair Users' Association of Mongolia: They are based in UB and have a regional coverage of some aimags around the capital city. During 2018, they repaired 200 wheel-chairs. They employ 1 wheelchair technician, 1 wheelchair distribution manager and a Psychologist. They provide training to first time users of wheelchairs, and adapt the wheelchairs to individual use.

Universal Progress Independent Living Centre Mongolia: ILCM imports spare parts for repair of wheel chairs from Japan, Korea and Taiwan. They repair wheel chairs in UB region and can modify and adapt for cars for use by persons who have paraplegia or other problems in lower limbs. Their annual budget is about 2 million MNT.

They also receive donations of wheel-chairs from "Ninjin", a Japanese association. There are two Mongolian organisations which receive these wheel chairs – children wheel chairs go to Association of parents with children with disabilities and adults wheel chairs come to "Universal Progress" ILCM. The number of wheel chairs is very variable. They want to set up their own workshop for making wheel chairs. They had tried such workshop in the past, but it was closed because their wheel chairs were costing 1.5 million MNT and were too costly for the market.

They have 1 orthotist and 1 wheel-chair technician. In addition, 2 persons are learning on the job on how to repair wheel-chairs.

Kindergarten No. 10 for CP children: This kindergarten is for children with CP and comes under Ministry of Education. It has a small orthopaedic workshop and a carpenter for making and repairing small appliances for use in the school.

Tegsh Niigem: Tegsh Niigem NGO is formed by retired rehabilitation doctors, paediatricians, traditional medicine doctors, nurses, CBR coordinators, persons with disabilities and their family members, who were earlier working as staff or as volunteers in the National CBR program at district and provincial levels. It has good human resources and a network spread over different aimags. It provides information to persons with disabilities and families regarding different kinds of AT products and where to get them repaired. It also puts them in contact with different DPOs and other NGOs. However, till now the NGO has not taken part in the yearly bidding process of the Social Welfare Fund.

AIFO Mongolia: AIFO Mongolia has implemented 3 EU co-funded projects in the country. Under these projects, small scale orthopaedic workshops were set up in the capital towns of the 21 aimags, and at National Rehabilitation Center and Kindergarten No. 10. These workshops were provided some basic carpentry tools (jig saw, circular saw, electric drill, carpentry cutting board, etc.) to make simple orthopaedic aids using local available materials including PVC pipes, cotton, plywood, Velcro, wood, and

aluminium rods. They were making hand and foot splints, standing frames, chairs with tables, corner seats, tumble forms, bed to lift the head, etc.

These workshops were set up in collaboration the Health departments, in hospital and regional treatment and diagnosis centres, when rehabilitation was under MoH. The equipment was registered in the inventory list of the health departments.

Local carpenters were trained on taking measurements and how to make simple orthopaedic aids. When project-funding finished, these slowly stopped working. These were Government departments and they were prohibited from the MoLSP bidding process because according to the Government resolutions No. 197, 316 and A/82, the orthopaedic workshops were not registered entities. So, they couldn't get any funding from the Social welfare fund. They did not come under MoLSP and therefore could not get SW funds. Many of them still have their equipment kept in store rooms, but these are not being used.

CONCLUSIONS

MoLSP has a list of AT products, whose costs can be covered fully or partially by the Government. This list is not very rational and has developed over a period of years, depending upon the advocacy skills of different groups of AT users. MoLSP has been trying to rationalise this list through an inter-ministerial group, but has not succeeded so far.

MoLSP selects the companies which can provide the selected AT products. Except for the Orthopaedic Workshop in the National Rehabilitation Centre, most of the services related to procurement and distribution of AT products is privatised. Among the companies which procure and distribute AT products, there are also some Disabled Peoples' Organisations and NGOs.

Annex 2 - Respondents to ATA-C Survey

A total of 47 persons answered one or more questionnaires of ATA-C survey. Among them there were - 13 persons working in Government ministries or bodies at national level; 16 persons working for Government services including professionals and persons working at sub-national level; 5 persons representing NGOs; 6 persons representing DPOs; and 7 persons representing for-profit companies.

S.No.	Name	Role	Organisation
Government Officials (Policy Makers)			
01	Ms. Badarch Maichimeg	officer, Social Protection Policy implementation department	Ministry of Labor and Social Protection
02	Ms.S.Davaajargal	senior officer, Health information department (health statistics)	National Center for Health Development
03	Ms.G.Surentsetseg	Officer in charge of social protection issues	General Authority for the development of persons with disabilities
04	Mr. M. Suhtsoodol	Officer	General Authority for Health Insurance
05	Mr. B. Zagdsuren	Head of department of Finance and Monitoring	Department of Social Welfare service of Ulaanbaatar city
06	G.Enh-Ochir	Officer in charge of social protection affairs of PWDs	General Authority for the Labor and Social Welfare service
07	Ms. B. Gereltuya	Officer in charge of regular schools	Ministry of Education, Culture, Science and Sport
08	Ms. Ch.Tungalagtamir	officer in charge of pre-school education	Department of education, culture and art
09	U.Bat-Ochir	monitoring department officer	Department of Labor and Social welfare service of Chingeltei district
10	Ms.D.Tsendjav	officer in charge of traditional medicine,	Health department of Ulaanbaatar city

		rehabilitation and care and service for PWDs	
11	Ms.Battsetseg	officer	Department of Labor and Social Welfare service
12	Ms.A.Barhas	Officer in charge of rehabilitation, traditional medicine and target group (PWDs, trans-gender and elderly)	Ministry of Health, Medical Care department
13	Mr.Ch.Byambadorj	Officer in charge of disability issue	Department of Labor and Social welfare service
Professionals, Technical staff working for Government			
14	Mr.Ts.Jambalvandan	Director of Prosthetic and Orthopedic workshop	National Rehabilitation and Training and Manufacturing Center
15	Ms. B. Handsuren	Director of Rehabilitation cabinet	National Rehabilitation Center of Children with Disabilities
16	Mr.N.Purevjav	Rehabilitation doctor	Traditional Medicine institute
17	Ms. G. Buyanjargal	Director	Kindergarten No. 10 for CP children
18	Ms. E. Nurzed	Training manager	Special school No 116 (blind)
19	Ms. M.Sarantuya	Acting director	Special school No 29 (deaf)
20	Ms. Uyangoo	Head of Training department	"Otoch manramba" traditional medicine university
21	Ms. S. Solongo	Head in charge of treatment	Rehabilitation sanatorium of National Center for Elderly people
22	Ms. Ts. Erdenechimeg	Head of Medical care	National Center of Elderly people
23	Ms. Narantuya	Head of Quality assurance (neurologist)	General hospital of Arhangai aimag
24	Ts.Nyamtulga	officer	Commission for health, education and social protection of CWDs at the MLSP

25	Ms. Ts. Oyungoo	Head of Training policy department	National University of Medical Science
26	Ms. S. Sarantuya	CBR coordinator and senior officer of Social Policy department	Governor's Chancellery of Zavhan aimag
27	Ms. M. Narantuya	Officer	Governor's chancellery of Uliastai somon, Zavhan aimag
28	Mr. T. Bat-Ireedui	Officer in charge of disability issue	Department of Labor and social welfare service of Arhangai aimag
29	Ms. S. Byambachuluun	CBR coordinator and officer in charge of healthy activities	Health department of Arhangai aimag
NGOs			
30	Mr. L. Enhbuyant	Head	Tegsh Niigem NGO
31	Ms. D. Tulgamaa	Country coordinator	AIFO Country Coordination Office in Mongolia
32	Ms. Odserjmaa Dorjgotov	Project coordinator	Deseret International Charities
33	Ms. J. Borhuhen	Social Worker	Children's Fund of Taiwan
34	Ms. P. Saran	Head	Orgil Meej
DPOs			
35	Ms. S. Selenge	Executive director	Association of the parents of children with disabilities
36	Mr. A. Enkhbaatar	President	National Federation of the Deaf
37	Mr. B. Boldbaatar	General secretary	National Federation of the Blind
38	Mr. Ts. Lhavjav	Office manager	Universal Progress ILCenter
39	Mr. Ya. Avirmed	Executive director	"Universal Progress" ILC
40	Ms. B. Chuluundolgor	Head	Association of Wheel Chair users
Private (For Profit) Companies			
41	Mr. Oidov Vaanchig	CEO	Rehtus LLC
42	Ms. Ts. Eejimaa	officer	"Erhem chanar" private prosthetic manufacture (LLC)

43	Ms. D. Tumenjargal	General manager	"Ochirt tulga trade" LLC
44	Ms.M.Zaya	Executive director	EMJJ private hospital
45	Ms. M.Tserendolgor	Rehabilitation doctor	Intermed private hospital
46	Ms. Narmandah	Pharmacologist	Medimpex International LLC
47	Ms. A. Yundentseren	Ophthalmologist	Tegsh Orshihui LLC

Annex 3

Meetings/Interviews Dr. Sunil Deepak for ATA-C Survey, Mongolia (24 Sept. to 4 October 2019)

Date and time	Name of the Organization	Name of the people wot meet	Contact telephone numbers
September 24	Tegsh Niigem NGO	Tegsh Niigem staff B.Lkhagvasuren, Yu.Tsolmon and B.Galya	99829895
	Ministry of Health	Dr. Mrs. A. Barhas, Medical Officer, Rehab, elderly and sexual minorities department	
September 25	ADB	J.Altantuya, Senior Social Sector Officer, Mongolia Resident Mission, ADB	+976-99099027
	- Elder people's sanatorium, Batsumber somon, Tuv aimag - Rehabilitation Sanatorium, Batsumber	Mr. Lkhagvasuren Erdenekhuu, Director+chief clinical officer Dr Solongo, chief rehabilitation Officer	99824242
September 26-27	Erdene-Bulgan somon, Arhangai (6-7 hours of one way journey)	Ms S.Byambachuluun, CBR coordinator Ms Ganchimeg (ILC), Mr Sandag (Nat. Fed.), Ms. G. Ulziisaikhan (WC Users), Ms. Sarantsetseg (mother of a CwD) Dr Narantuya, head of quality control and surgeon, Aimag hospital Ms. Tungalagtamir, head of aimag education dept Mr Bat-Ireedui, Disability officer MoLSP +officer Disability Development authority	99037263 95330200,89140200
September 28-29	Emancipatory research meeting on AT	Researchers	
September 30	General Authority for the development of PWDs	Ms. Ts.Ganchimeg, Chair	88109292

	National RHB and Vocational Training Center	Ms. Dulmaa, chief OP Tech of Prosthetic and Orthosis workshop	-
	MoLSP Research Centre	Mr. Tsogtbayar	
	National RHB Center of CWDs	Dr Ms. Handsuren, RHB doctor	89001636
October 01	Special school No.29 (deaf)	M.Sarantuya, in charge of Director	99915830
	Special school No. 116 (blind)	D.Chinbaatar, Director Nurzed, methodologist	99216573
	Kindergarten No.10	G.Buyanjargal, Director	95119580
October 02	WHO	Dr Ms. Bolormaa (TBC)	
	National University of Mongolia	Dr Ms. T.Batdulam, Public Health faculty of Medical School	99040071
	Ministry of Health	Dr Gerelt-Od Namdag, director, dept of Pharma, Manufacturing & Technology	
October 03	National University of Medical Science	Dr Ms. Oyungoo, head of training + Specialists from different departments (Ophthalmology, Neurology)	99097908
	MoLSP	Ms. Regzen, director disability dept	
October 04	National Centre of Rehabilitation	Dr. Enhtuya (D.Director), Ms. Naransatral (Quality assurance), Ms. Chantsal (Sr Nurse) Rehab hospital for adults	
	National University of Medical Science	Specialists from different departments (Prof Tsend-Ayush, ENT; Prof. Baljinnyam, rehab medicine)	
	National Nursing school	Ms. Batkhlam, head of Physiotherapy Dept. Ms. Erdenetsetseg, head of OT dept.	

GOVERNMENT RESOLUTION OF MONGOLIA

November 24, 2017

No. 316

TO APPROVE LIST AND PRICE OF ASSISTIVE PRODUCTS OF ORTHOSIS, PROTHESIS AND SPECIAL PRODUCTS TO BE PROVIDED FROM SOCIAL WELFARE FUND

Considering Article 8.1.1, 13.2 of Law of elderly people and Article 26.4 of Law on the rights of the persons with disabilities, the Government approves following:

1. To prove the list and price of the assistive products of orthosis, prosthesis and special products to be provided from Social Welfare Fund for the persons and children with disabilities and elderly people in Appendix;
2. To let S.Chinzorig, the Minister of Labor and Social Protection to propose new amendment to the price of the assistive products of orthosis, prosthesis and special products to the Cabinet session on the basis of price, tariff and livelihood cost changes;
3. On the based of this Resolution, the previous resolution (No.153) on the list and price of the assistive products of orthosis, prosthesis and special products of December 01, 2012 is nullified.

U.KHURELSUKH, Prime minister of Mongolia

S.CHINZORIG, Minister of Labor and Social Protection

Appendix of Government Resolution No. 316, 2017

LIST AND PRICE OF ASSISTIVE PRODUCTS OF ORTHOSIS, PROTHESIS AND SPECIAL PRODUCTS TO BE PROVIDED FROM SOCIAL WELFARE FUND

No	Names of the products	Price (MNT)	Target group
	A. TYPES OF PROSTHESIS		
	A-1. LOWER LIMB PROSTHESIS		
1	Tibia and foot prosthesis	400,000.00	elderly people
2	Femur prosthesis	500,000.00	
3	Ilium and hip prosthesis	650,000.00-1,000,000.00	
4	Front of foot prosthesis	50,000.00-120,000.00	PWDs
5	Tibia prosthesis with knee support	500,000.00	
6	Artificial joint for hip	6,000,000.00	CWDs
7	Artificial joint for knee	5,000,000.00	
8	Locked nail for tibia	450,000.00	
	A-2. UPPER LIMB PROSTHESIS		
9	Shoulder and humerus prosthesis	400,000.00	elderly people
10	Radius prosthesis	300,000.00	PWDs
11	Finger prosthesis	150,000.00	
12	Finger prosthesis	30,000.00-100,00.00	CWDs
	A-3. OTHER PROSTHESIS		
13	Skull titan cover	1,200,000.00	PWDs & CWDs

14	Artificial jaw	180,000.00	Elderly people
15	Glass eye	50,000.00-85,000.00	
16	Artificial teeth	20,000.00-120,000.00	
17	Chrystal eye (soft and hard)	275,000.00-460,000.00	PWDs
18	Cardiac valve	3,000,000.00	CWDs
19	Tympanum titan prosthesis	350,000.00	
	B. ORTHOPEDIC PRODUCTS		
	B-1. ORTHOPEDIC SHOES		
20	Winter shoes (with order)	150,000.00	PWDs
21	Winter shoes (standard)	300,000.00	
22	Spring/autumn shoes (with order)	120,000.00	
23	Spring/autumn shoes (standard)	250,000.00	
24	Summer shoes	120,000.00	CWDs
	B-2. INSOLES		
25	Insole with high heel	50,000.00	Elderly people
26	Pronator, supinator insole	25,000.00	CWDs
	B-3. BACK CORSET		
27	Leather corset	65,000.00-150,000.00	Elderly people
28	Cotton corset	60,000.00	PWDs
29	Plastic corset	250,000.00	
30	Back brace	600,000.00	CWDs

	B-4. SPLINTS		
31	Products with foot splint (long)	300,000.00	Elderly people
32	Products with foot splint (short)	200,000.00	
33	Hand splint (different types)	50,000.00-150,000.00	
34	Radius splint	50,000.00	
35	Humerus splint	150,000.00	
36	Ankle braces	90,000.00	
37	Collar	50,000.00	
38	Collar brace (soft)	30,000.00	
39	Collar brace (hard)	50,000.00	PWDs
40	Arm pit lifter	80,000.00-150,000.00	CWDs
41	Knee cover	10,000.00-15,000.00	Elderly people
	B-5. OTHER ORTHOPEDIC AIDS		
42	Pavlik harness (with order)	25,000.00-50,000.00	PWDs
43	Pavlik harness (standard)	50,000.00	
44	Hernia cover	30,000.00	
45	Underwear for kidney	20,000.00	CWDs
46	Hearing aids (digital)	350,000.00	Elderly people
47	Eye glass	15,000.00	
48	Contact lens (+5, -5 and over)	100,000.00	PWDs & CWDs
	C. SPECIAL AIDS		
	C-1. CRUTCHES		
49	Wooden crutches (pair)	15,000.00	Elderly people
50	Crutches, metal (pair)	40,000.00	

51	Elbow crutches (pair)	40,000.00	PWDs
52	Walking stick	10,000.00	CWDs
53	White cane (for blind)	60,000.00	Elderly people & PWDs
54	White cane, signal (for blind)	120,000.00	
	C-2. OTHER SPECIAL AIDS		
55	Walker (adult)	50,000.00	Elderly people
56	Wheel chair (adult)	150,000.00	
57	Toilet seat, night stool	80,000.00	
58	Stomach bag for adult (50 pcs)	720,000.00	PWDs
59	Wheel chair (normal)	200,000.00	
60	Wheel chair (holder, table, high seat back, lie down, collar support)	600,000.00	CWDs
61	Chest brace for children	400,000.00	
62	Treatment ball (oval)	80,000.00	
63	Treatment ball (round)	60,000.00	
64	Walker (children)	120,000.00	
65	Tumble forms (pillows for CP children to lie down)	50,000.00	
66	Support for CP children to seat in the toilet	280,000.00	
67	Standing frame	160,000.00	
68	Chair with table	160,000.00	
69	Hand and foot splints (thumb apart, straighten the carpus)	35,000.00	
70	Night stool	12,000.00	
71	Stomach bag (50 pcs)	720,000.00	
	C-3. OTHER AIDS		

72	Braille equipment (Braille paper - 300 pcs, Braille ruler, Typewriter, Braille note book)	100,000.00	PWDs (blind)
73	DAISY player (talking book)	520,000.00	
74	Braille watch	30,000.00	
75	Magnifier	30,000.00	
76	Computer software (talking) and additional spare parts	200,000.00	
77	Thermometer (talking)	50,000.00	Elderly people (blind)
78	Watches (talking)	25,000.00	
79	Blood pressure apparatus (talking)	150,000.00	
80	Radio receiver	50,000.00	PWDs (blind)