



AT-Info-Map

Summary of Cape Town Seminar

April 13, 2016

Seminar Description

Representatives from AfriNEAD, Southern Federation for the Disabled (SAFOD), Dimagi, and the University of Washington described a newly funded initiative, AT-Info-Map, that aims to map the availability of assistive technologies (AT) in southern Africa. The seminar included 70 minutes of presentations, followed by 50 minutes of questions & answers where attendees were welcomed to provide feedback to help inform the project design and implementation.

AT-Info-Map is a 3-year project that will first be piloted in Botswana and then scaled up in the nine other SAFOD linked countries. Mapping the availability of AT will create the baseline against which increased access can be measured. It will also bring to light the gaps between availability and need. Understanding these gaps has the potential to encourage governmental, nongovernmental, and private organization to develop strategies to increase access to AT.

HOST: The African Network on Evidence-to-Action in Disability (AfriNEAD) at the Centre for Rehabilitation Studies, Stellenbosch University.

LOCATION: Faculty of Medicine and Health Sciences, Stellenbosch University, Francie Van Zijl Dr, Tygerberg Hospital (Room 4053 D)

DATE/TIME: Wednesday, April 13, 2016/ 13:00 – 15:00

Presentations:

Gubela Mji, AfriNEAD, Stellenbosch University – *Opened the event and introduced team members.*

Mussa Chiwaula, Southern Federation for the Disabled (SAFOD) (SKYPE video presentation) – *Described the project vision and objectives and the role of SAFOD.*

Mark Harniss & Rebecca Matter, University of Washington, Seattle USA – *Described the background, implementation plan and anticipated challenges and opportunities.*

Kieran Sharpey-Schafer, Dimagi, Cape Town – *Provided an overview of Dimagi and described the CommCare technology system and the process Dimagi uses to design systems from the ground up*



Discussion Summary

The following summary aims to capture the main topics that were discussed during the seminar.

Challenges/risks

- Limitations of information-based solutions:
 - Examine assumptions about ‘information culture’ – are people interested in providing and accessing AT information?
 - Romance with high-tech solutions – users may adopt system initially because it is hi-tech and new but will go back to paper system/lack of info if the system isn’t useful or novelty wears off.
 - There is an oversaturation of mhealth solutions/apps in development and public health community.
 - There is a need for a realistic approach as an App alone won’t address the complexities of AT access.
- Motivation for using the system and continuing to use it:
 - User must have immediate need for and gain benefits from using the system - A long-term goal of increased AT access will not be sufficient to motivate people to enter/access AT information.
 - Sustainability of this project is a concern. Since the project will have multiple users, who will ensure that people continue adding information about AT to the system?
- Determining who has access to the information collected through the App:
 - Concern was expressed about government health facilities being overburdened because end users will have access to information about which clinics/hospitals have AT available or not available. Public health system is already overstretched and increased demand can exacerbate the existing health systems problems with regard to the AT provision.
 - Information on AT availability is a human rights issue, especially at community level. Views expressed support keeping information collected through the App publically available.
 - Tensions exists between users and providers of AT because of significant unmet demand. There is also a distrust of ultimate users of information by institutions.
- Complexity of public AT provision:
 - Government tendering system may show that AT should be available but products are not reaching end users due to poor management, and problems with referrals.
 - The nearest public AT provider (proximity) may not be the point a person can access due to eligibility/coverage. This is the situation in South Africa and likely similar in other southern African countries.
 - There are country level differences in how AT procurements and tenders are managed.



Opportunities

- Increased level of IT usage:
 - AT users within communities are using tech/cell phones to access support. End users are using technology to reach services that are not within their local communities.
 - Example: Shonaquip received SMS of wheelchair photo and text that needed repairs from rural area.
 - Level of cell phone usage and tech adoption at community level is underestimated.
- Value to government AT providers:
 - System could be useful tool for government to monitor supply.
 - System could help government meet demand because government could be exposed to a wider network of AT providers.
- Rights-based approach:
 - Access to information is a human rights issue, making information accessible (technically, understandable, local language) should be a priority.
 - AT availability information is critical for advocacy.
- Other benefits:
 - Project could contribute to raising awareness, training and research because it will provide data on available products and services, and could help identify infrastructure gaps.
 - Mapping exercise might assist in generating standards in the provision of AT whether local, indigenous or international.

What type of AT information to include in system?

- End users need to know where to find AT and also where to fix or replace AT
- Most critical information for end users
 - *What AT is available?*
 - *Where do I get it?*
 - *Do I need services to get it?*
 - *What is the cost?*
 - *Where do I maintain it?*

Who will provide the AT information?

- Who are the AT service providers?
 - Health system providers through hospitals and clinics, NGOs, private suppliers.
- Determine who are the key role players in the area of AT providers and users should be determined early in the project.
- Consider connecting users to information on indigenous innovations/local inventiveness (e.g., locate person who repairs wheelchairs in community)



General design recommendations

- Clarify definition and scope of AT that will be addressed through this initiative – does AT include accessible environments, sign language interpreters, accessible academic materials, etc.?
- AT services should be included when mapping AT products.
- It is critical to build system from the ground up - Observe, document and synthesize lived account, experiences by people trying to access AT.
- Examine how gender, race, class, and poverty are intersecting with AT needs/access.
- Project must align with health system/structure within each of SAFOD countries – primary government system that provides AT.
- Accessibility of all types of cell phones (feature phones, SMS) is critical.
- Ensure systems compatibility with existing information systems – how will the project fits in and engage with existing systems that provide AT information?

Participants

There were 27 attendees at the April 13th seminar which included researchers and practitioners working in the fields of AT, disability, rehabilitation, and/or information technologies.

Attendees	Affiliation
Andre Galant	Western Cape Government
Dominique Mannel	Center for Rehabilitation Studies, Stellenbosch University
Dr Lara Grobler	Stellenbosch Tygerberg Campus – Institute of Sport and Exercise Medicine
Edwin Blake	University of Cape Town
Elsje Scheffler	Stellenbosch University
Gubela Mji	Center for Rehabilitation Studies, Stellenbosch University
Hillary Lane	Center for Rehabilitation Studies, Stellenbosch University
Karen Smit	Vodacom
Kieran Sharpey-Schefer	Dimagi
Leslie Swartz	Stellenbosch University
Lieketseng Ned	Center for Rehabilitation Studies, Stellenbosch University
Marcia Lyner-Cleophas	Office of Students with Special learning Needs, Stellenbosch University
Mark Harniss	University of Washington
Martha Gieger	Center for Rehabilitation Studies, Stellenbosch University
Megan Giljam	Shonaquip



Attendees	Affiliation
Meryl Glaser	University of Cape Town
Phoebe Runciman	Stellenbosch University
Precious Muzite	University of the Witwatersrand
Prof Liz Bressan	University of Cape Town
Q Louw	Stellenbosch University
Rebecca Matter	University of Washington, University of Cape Town
Rochelle Felix	Western Cape Government
Rogini Pillay	Western Cape Government
Rosemary Luger	Center for Rehabilitation Studies, Stellenbosch University
Shona McDonald	Shonaquip