

Annex A. Model ATA-C questionnaires

Important Note:

Use questionnaire 1 with all types of stakeholders. Adapt questionnaires 2–4 to your particular circumstances, as explained in Section 1.5 of this manual. Use the green questions for the rapid assessment and all questions for the full assessment.

Model questionnaire 1. For all stakeholders

1.	Organization/institution name: Type: <input type="checkbox"/> Government stakeholder <input type="checkbox"/> Nongovernmental, non-profit stakeholder* <input type="checkbox"/> Nongovernmental, for-profit stakeholder* <input type="checkbox"/> UN agency <input type="checkbox"/> AT user/AT user association *Indicate if national or international in brackets after name.
2.	What geographical scope is your organization responsible for? <input type="checkbox"/> National <input type="checkbox"/> Subnational (please define: province, state, district etc.)
3.	Which area(s) of AT does your organization focus on? (check all that apply) <input type="checkbox"/> Mobility impairments <input type="checkbox"/> Cognition impairments <input type="checkbox"/> Hearing impairments <input type="checkbox"/> Communication impairments <input type="checkbox"/> Vision impairments <input type="checkbox"/> Self-care impairments <input type="checkbox"/> Others, please define:
4.	Please describe your organization's role in AT.
5.	Does your organization have a specific programme related to AT? <input type="checkbox"/> Yes Name of programme: Description: Key people: Please describe indicators used to monitor and evaluate the programme. Attach a copy of any relevant plan about M&E/indicators.

	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> No</p>
6.	<p>Does your organization allocate a specific budget for assistive products and related services?</p> <p><input type="checkbox"/> Yes</p> <p>Please list the most recent annual budget in local currency:</p> <p>And the year:</p> <p>Please explain what this budget is allocated to (provision, training etc.):</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> No</p>
7.	<p>Does your organization collect or manage data about AT, health conditions and/or functional limitations that may require AT?</p> <p><input type="checkbox"/> Yes</p> <p>Please describe the type of data collected (registry of products, number of products provided, number of services provided, number of current AT users, etc.), the information system used and your organization's role (do you own, manage or contribute to the information system):</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>When was the most recent update/contribution to the information system (year):</p> <p><input type="checkbox"/> No</p>
8.	<p>Can you recommend any other stakeholders, key local leaders/opinion formers, or champions for AT that we should speak to for this assessment?</p> <p><input type="checkbox"/> Yes</p> <p>Please list full name(s):</p> <p>If appropriate, please list contact details:</p> <p>Please describe their key role(s) here:</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> No</p>
9.	<p>Any additional comments:</p>

Model questionnaire 2. AT policy-makers and programme managers

Target audience: For government ministries, nongovernmental organizations (NGOs) and international agencies involved in AT policy-making, programme management, financing and procurement.

POLICY AND FINANCING QUESTIONS

1. Does your organization have any strategies, plans or road maps that include AT?

☐ Yes

Please describe and attach a copy:

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☐ No

☐ Don't know

☐ Other, please explain:

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2. Is there a platform or mechanism for intersectoral and/or interagency coordination of AT?

☐ Yes

Please describe:

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☐ No

☐ Don't know

☐ Other, please explain:

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POLICY AND FINANCING QUESTIONS CONTINUED	
3. Is your organization primarily responsible for any health/social welfare financing schemes providing coverage for AT?	<input type="checkbox"/> Yes, health financing <input type="checkbox"/> Yes, social welfare financing <input type="checkbox"/> No
If yes, complete questions 4–11 below. If no, go to question 12.	
4. Provide a name and brief description of the scheme(s) (e.g. insurance schemes, programmes providing AT free of charge or at subsidized rate, vouchers or cash to purchase assistive products after assessment, assistive products owned by government and loaned to individuals).	
5. Who is covered by the scheme(s)?	
6. What percentage of the population, or total number of people, are covered by the scheme(s)?	
7. Does the scheme(s) cover assistive products only, service provision	

(assessment, fitting, user training, follow-up, maintenance and repairs) only, or both?		
POLICY AND FINANCING QUESTIONS CONTINUED		
8. What is the total amount/budget (in local currency) that was allocated to AT in the most recent financial year?	Total amount/budget: Year:	
9. Please list all products that are covered under the financing scheme(s). (Refer to Annex D. Product categories).	10. What is the coverage amount (in % or local currency)?	11. How long does the coverage last? (e.g. US\$ 100 coverage for spectacles is replenished every 2 years).
12.	Additional comments on policy and financing:	

PRODUCT AND PROCUREMENT QUESTIONS

13. Are there any regulations or standards that assistive products need to comply with to be on the market?

☐ Yes

If yes, describe your organization's role, the regulation/standard, and attach a copy:

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☐ No

☐ Don't know

☐ Other, please explain:

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14. Does your organization procure assistive products and related services?

☐ Yes

☐ No

☐ Other, please explain:

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If yes, please complete questions 15–25. If no, go to question 26.

15. At what level does procurement occur in your organization?

(e.g. national, provincial, district, community level).

PRODUCT AND PROCUREMENT QUESTIONS CONTINUED

25. What information is used to determine the quantity of products to procure? (List the primary data source and provide relevant attachments where applicable).

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26. Has your organization received any products that were obtained through an international donation?

☐Yes ☐No

If yes,

Please list the products, the annual volume received, and from which international donors:

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27. Additional comments on products and procurement:

PROVISION AND PERSONNEL QUESTIONS

28. Are there any policies that guide who can prescribe and/or provide assistive products?

☐Yes ☐No ☐Don't know ☐Other:

If yes, please explain your role, the policy, and attach a copy:

29. Are there any written guidelines or standards for assistive product provision?

☐Yes ☐No ☐Don't know ☐Other:

If yes, please explain your role, the guidelines, and attach a copy:

30. Does your organization design, manage and/or facilitate any degrees, diplomas or other courses to train the assistive technology workforce? (Refer to Annex D).

*If your organization is involved in another way, please select 'other' and explain.

☐Yes ☐No ☐Don't know ☐Other:

If yes, please explain your role, the nature of the degree/diploma/course, and which workforce(s) it is for:

31. Does your organization oversee and/or coordinate professional associations that are relevant to assistive technology in the country?

*If your organization is involved in another way, please select 'other' and explain.

☐Yes ☐No ☐Don't know ☐Other:

If yes, please explain your role, the function of the professional association(s), and which workforce(s) they represent:

32. Additional comments related to provision and personnel:

****If stakeholder is also an AT service provider, please add provision and personnel questions 9–20 from model questionnaire 3.**

Model questionnaire 3. AT distributors, sellers and service providers

Target audience: For nongovernmental organizations¹ (non-profit and for-profit) distributing/selling/providing AT (where service provision includes at least one of the following: assessment, fitting, user-training, follow-up, maintenance and repairs).

POLICY AND FINANCE QUESTIONS

1. Are you aware of any regulations or standards that assistive products need to comply with to be on the market?

☐Yes ☐No ☐N/A ☐Don't know ☐Other:

If yes, please explain the type of regulation/standard and how you follow requirements. If no, please explain why (e.g. there are no regulations/standards).

2. Does your organization¹ accept any AT scheme(s)/programme(s) as a form of payment?

☐Yes ☐No ☐N/A ☐Don't know ☐Other:

If yes, explain the financing scheme(s)/programme(s) you accept and the conditions they are accepted under. If no, explain the reason why (e.g. there are no financing scheme(s)/programme(s) for AT).

¹ Nongovernmental organizations also include informal economic actors. Please see definition of nongovernmental organizations in the glossary for more details.

PROVISION QUESTIONS

3. Please list all products that your organization ¹ distributes/sells (Refer to Annex D. Product categories).	4. What is the estimated annual number of products your organization ¹ distributes/sells?	5. Are assessments, fittings, user-trainings, follow-ups, maintenance and repairs done when this product is distributed/sold? (Yes/No. If yes, please explain what is done and how it is provided).	6. Is information collected on user impact and/or satisfaction when distributing/selling this product? (Yes/No. If yes, please explain the type of information).	7. Is peer-to-peer training available when distributing/selling this product? (Yes/No. If yes, please explain what training involves, when it is available and how it is provided).

8	Additional comments related to AT distribution/sales:
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****If stakeholder also procures AT, please add product and procurement questions 15–25 from model questionnaire 2.**

PROVISION QUESTIONS CONTINUED

9. Are there any policies that guide who can prescribe and/or provide assistive products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Don't know <input type="checkbox"/> Other: If yes, please explain the policy and how you follow requirements. If no, please explain the reason why (e.g. policy does not apply).			
10. Are there any written guidelines or service provision standards for assistive products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Don't know <input type="checkbox"/> Other: If yes, please explain the type of guideline(s) and how you follow requirements. If no, please explain the reason why (e.g. service provision standards do not apply).			
11. Are there any formal referral mechanism(s) between your organization and other services (e.g. health, social, labour) that provide assistive products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Don't know <input type="checkbox"/> Other: If yes, please explain the referral mechanism and conditions for referral. Please explain how long it takes to complete a referral.			
12. Please list all products that your organization provides (Refer to Annex D. Product categories).	13. What is the estimated annual number of products provided?	14. Which workforce most often provides this product?	15. Is information collected on user impact and/or satisfaction when providing this product? (Yes/No. If yes, please explain the type of information).	16. Is peer-to-peer training available when providing this product? (Yes/No. If yes, please describe the training).

PERSONNEL QUESTIONS

Allied health workforce	17. Which workforce provides AT in your organization? (Check all that apply).	18. How many workers do you have in your organization for each workforce?	19. Do these workers receive specific training on AT provision? If so, is it part of core training or continuing education?
Audiologists	<input type="checkbox"/>		
Audiometric technicians	<input type="checkbox"/>		
Hearing aid technicians	<input type="checkbox"/>		
Speech and language therapists	<input type="checkbox"/>		
Braille teachers	<input type="checkbox"/>		
Mobility orientation trainers	<input type="checkbox"/>		
Opticians	<input type="checkbox"/>		
Occupational therapists	<input type="checkbox"/>		
Occupational therapy assistants			
Physiotherapists	<input type="checkbox"/>		
Physiotherapy assistants	<input type="checkbox"/>		

Prosthetists and orthotists	<input type="checkbox"/>		
Prosthetic and orthotic technicians	<input type="checkbox"/>		
Community based rehabilitation workers	<input type="checkbox"/>		
Inclusive teachers	<input type="checkbox"/>		
Biomedical engineers	<input type="checkbox"/>		
Wheelchair technicians	<input type="checkbox"/>		
Others (specify):	<input type="checkbox"/>		
Doctors specializing in:	17. Which workforce provides AT in your organization? (Check all that apply).	18. How many workers do you have in your organization for each workforce?	19. Do these workers receive specific training on AT provision? If so, is it part of core training or continuing education?
Ear, nose and throat	<input type="checkbox"/>		
Geriatrics	<input type="checkbox"/>		
Ophthalmology	<input type="checkbox"/>		
Orthopaedics	<input type="checkbox"/>		
Diabetes	<input type="checkbox"/>		
Rehabilitation	<input type="checkbox"/>		
Paediatrics	<input type="checkbox"/>		
Other (specify):	<input type="checkbox"/>		
20.	Additional comments related to provision and personnel:		

Model questionnaire 4. AT users and AT user group associations

Target audience: For AT users and those involved in running any of the following: disabled person's organizations, older person's associations and/or organizations representing people with noncommunicable diseases or chronic conditions.

Important note:

Please adapt questions depending on whether you are asking an AT user or an association (for example, if speaking to an association, replace 'you' with 'AT'

1. What do you think assistive technology (AT) is? What does AT mean to you?	
To answer the next question please clarify what AT is, and the six functional domains that AT supports, using the one-page information sheet	
2. What is the most common AT that you use (list up to three)?	
Please complete questions 3–7 based on the answer to question 2.	
3. Are you aware of any policies/programmes that give you access to AT?	<div data-bbox="477 930 2110 1141"> <input type="checkbox"/> Yes If yes, which policies/programmes? Please explain: </div> <div data-bbox="477 1141 2110 1412"> <input type="checkbox"/> No If no, why not? Please explain: </div>

	<input type="checkbox"/> Don't know <input type="checkbox"/> Other, please explain:
4. Do you think most AT users are aware of policies/programmes that give them access to AT?	<input type="checkbox"/> Yes If yes, which policies/programmes? Please explain: <input type="checkbox"/> No If no, why not? Please explain: <input type="checkbox"/> Don't know <input type="checkbox"/> Other, please explain:
5. Are you able to access AT in practice?	<input type="checkbox"/> Yes If yes, please explain what enables access:

☐ No

If no, why not? Please explain:

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☐ Don't know.

☐ Other, please explain:

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6. How do you pay for your assistive product(s) and related services? Do you get any help?

If there are any financing schemes/programmes providing coverage for assistive products and related services, please explain the scheme/programme and the extent of coverage (e.g. eligibility for coverage, amount covered). If not, please explain how AT users otherwise finance their assistive products and related services.

7. Where did you get your assistive product(s) and related services from? (e.g. private shop, borrowed from friend/family, public health service or self-made).

Reason:

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☐ Did not have a choice, please explain why:

☐ Don't know

☐ Other, please explain:

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Please explain the **benefits** of accessing AT from this source.

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Please explain the **challenges** of accessing AT from this source.

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