



Annex C. ATA-C questions explained

Important note:

Use the green questions for the rapid assessment and all questions for the full assessment. Each question indicates the stakeholder roles it is relevant for using the following icons:


 = all stakeholders;


 = desktop research;








 = AT policy/programme managers, procurers;



All AT stakeholders

 = AT distributors/sellers;





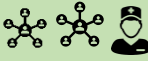
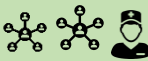
 = Service providers who assess, fit, train users, follow-up, maintain and repair AT;

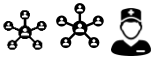
 = AT user

Questions	Purpose
 1. List all relevant stakeholders in the country's AT sector.	To get a list of names and types of stakeholders (government; nongovernmental non-profit, for-profit; UN agencies, AT users and user associations) related to AT in the country.
 2. What is each stakeholder's geographical scope?	To understand the geographical scope and impact of the stakeholder's work. Physical locations do not necessarily define geographical scope and impact (e.g. an NGO might be based at the district capital but have programmes across the country).
 3. Which area(s) of AT does each stakeholder focus on?	To identify stakeholders' area(s) of work related to AT need: mobility, hearing, vision, cognition, communication and self-care.
 4. Which role(s) does each stakeholder have?	To identify the role(s) of each stakeholder (for example, policy-making, regulatory, financing, procurement, manufacturing, distribution, sales, service provision, AT user).
 5. Does the stakeholder have a specific programme related to AT? If so, are indicators used to monitor and evaluate the programme?	<p>To understand whether the stakeholder has specific programmes/planned activities related to AT (e.g. for providing assistive products) beyond a high-level strategy, plan or road map.</p> <p>If they do, to know what types of indicators are used to monitor and evaluate progress and success (e.g. the provincial ministry of education may monitor the number of assistive products distributed to students; or an NGO's community rehabilitation programme may monitor the number of referrals by community health workers to AT service providers). Please ask for a copy of the monitoring and evaluation plan/indicators if used.</p>
 6. Does the stakeholder allocate a specific budget for AT?	To understand whether the stakeholder has a specific budget(s) earmarked for AT or unearmarked budget(s) that can be used for AT. This not only refers to stakeholders with a "financing" role in question 4, but to stakeholders with other roles (such as a disabled people's organization with a specific budget for advocacy activities to increase government funding for AT).
 7. Does the stakeholder collect or manage data about AT, health conditions and/or functional limitations?	To understand what type of data is being collected that is relevant to AT and each stakeholder's role in managing/contributing to information systems. Also, to know when the most recent update to information systems was made.


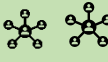
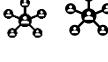
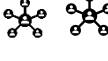
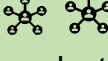
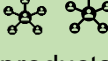
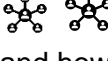
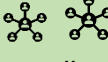
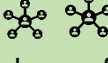
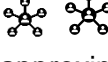
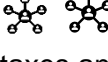
 8. List any other relevant stakeholders, key local leaders and opinion formers, or champions for AT that are identified by interviewees.	To identify any other relevant stakeholders that were not included in the initial stakeholder mapping exercise, such as local leaders, opinion formers or AT community champions.
 9. Additional comments from stakeholders.	To record anything that came up in the interview but not covered in the previous sections. For instance, additional details on stakeholder roles, key people/contacts, challenges faced by the stakeholder in fulfilling their role, key successes and lessons learnt.

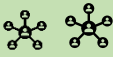
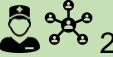
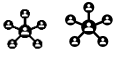
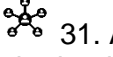
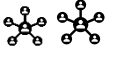
Policy (See Annex D for the list of AT product categories).

Questions	Purpose
 10. Has the country ratified or accepted accession of the CRPD?	To know if the country has ratified or accepted accession of the Convention on the Rights of Persons with Disabilities (either CRPD only, or CRPD and the Optional Protocol). If yes, this means that the country has gone through its national procedures (e.g. parliamentary approval and law enactment) and is now bound by the terms of the CRPD.
 11. Is AT explicitly mentioned in any legal framework/ legislation?	To know whether AT is explicitly mentioned in any national/subnational legal framework/legislation.
 12. Do any stakeholders have a strategy, plan or road map that includes AT?	To find out whether any stakeholders have a strategy that includes AT, regardless of the existence of implementation guidelines and/or relevant AT programmes. Please ask for a copy.
 13. Is there a platform or mechanism for intersectoral and/or interagency coordination of AT?	To find out if there is coordination among AT stakeholders and if so, to know the mechanism and extent of coordination.
 14. Financing scheme(s) providing coverage for AT.	<p>To capture existing financing schemes providing coverage for AT and the distributors, sellers and service providers who accept these schemes. To also capture potential financing schemes that could provide coverage for AT in the future. In order to help plan for future AT financing, it is important to record existing insurance schemes in the country even if they do not currently cover AT.</p> <p>To find out more about the financing scheme: name, type, which stakeholders are responsible, who is covered, the total number of people covered, does it cover assistive products and/or related services, and the total amount that was allocated to AT in the most recent financial year.</p>
 15. Which products are covered under the financing schemes listed in question 14? What is the amount covered and for how long?	To know which assistive products and related services are covered by each financing scheme and/or accepted by distributors, sellers and service providers mentioned in question 14, together with the amount and duration of financial coverage provided.

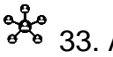




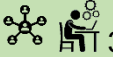





 16. Additional comments on policy/financing.	To record anything that came up in the interview but not covered in the previous sections. For instance, additional details on AT country policies, important changes or recent updates to financing schemes, or discrepancies between policy and practice.
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Products (See Annex D for the list of AT product categories).

Questions	Purpose
 17. Which assistive products are included in the national list of approved medical devices/assistive products/or similar?	To understand if and how assistive products are regulated in the country.
 18. Are there any regulations or standards that assistive products need to comply with to be on the market?	To find out if there are any regulations or standards that assistive products need to comply with before being placed on a country's market. Please ask for a copy of the regulation or standard.
 19. Which organizations procure assistive products and related services?	To find out which stakeholders procure assistive products and related services in the country.
 20. At what level does procurement occur?	To understand the level at which procurement occurs for all stakeholders (e.g. national, provincial/state, district and community).
 21. Which assistive products are procured?	To find out which products are being procured by which stakeholders.
 22. How are the assistive products procured?	To find out if assistive products are procured through bulk purchasing or individual purchase based on need.
 23. How often (frequency) and how much (volume) procurement takes place for each stakeholder?	To find out how often, on average, does procurement take place for each product and the volume of each procurement cycle for both whole products and product parts.
 24. Who are the major suppliers for each assistive product?	To find out who (top three) currently supplies which assistive products in the country.
 25. How are the suppliers chosen for each assistive product?	To understand how suppliers are chosen by each procuring stakeholder (e.g. open tenders, restricted tenders, competitive negotiations, direct procurement).
 26. What are the approximate product costs per unit when purchasing from suppliers (in the local currency)?	To understand the price paid to each supplier by procuring stakeholders.
 27. What are the assessed taxes and duties for each assistive product? (in % or local currency amount)	To understand the import duties and value added taxes (VAT) imposed, and any exemptions on assistive products that are available in the country.



















 28. Are there any technical specifications available to guide procurement of each assistive product?	To find out if any specifications are used when procuring assistive products. Please ask for a copy of the technical specifications.
 29. Are the supplies and services necessary to keep the product in good working order also procured/provided?	To find out whether assistive products that are available in the country also have spare parts and accessories available; together with maintenance and repair services, and other related supplies and services that are needed to keep the assistive product in good working order (e.g. batteries for hearing aids).
 30. What information is used to determine the quantity of products to procure?	To understand how decisions are made on the amount to procure.
 31. Are there any products obtained through an international donation?	To understand whether assistive products are obtained through international donations, and if so, who the largest donor and primary recipients are, as well as the average annual volume given by the largest donor.
 32. Additional comments for products and procurement.	To record anything that came up in the interview that was not covered in the previous sections. For instance, a description of observed product availability across the country, price discrepancies among suppliers for the same product, and procurement challenges.

Personnel (See Annex D for the list of relevant workforce).


Questions	Purpose
 33. Are there any national professional associations for those involved in AT?	To find out if there are any professional associations/organizations/societies for those involved in AT, and if so, who oversees/coordinates them.
  34. List the relevant workforces that provide AT in the country across government and nongovernmental sectors (non-profit, for-profit)?	To find out which AT workforces exist to provide AT across government and nongovernmental sectors (non-profit and for-profit) in the country.
  35. What is the size of each workforce and at which levels do they operate?	Following on from question above, to know the total number of staff per workforce by administrative level, who provide AT in the country.
  36. Are there any educational institutions offering degree, diploma or other courses to train the AT workforce?	To understand if the country has institution(s) that provide formal training programmes for the AT workforce; and if so who oversees/coordinates the programmes.
  37. Do the workforces identified in question above receive specific training for AT provision?	Identify which workforce in the country receive training specifically for AT provision as a part of core training (primary academic curriculum) or continuing education (additional training complementing core training).
  38. Additional comments on personnel.	To record anything else that came up during the interview that was not covered in the previous sections. For instance, a description of the informal











sector's role in service provision or the workforce distribution (e.g. certain workforces only cover specific regions).

Provision

Questions	Purpose
  39. Are there any policy(ies) to guide who can prescribe and/or provide assistive products?	To identify and understand any existing policies that determine which health workforce can prescribe/provide assistive products. Please ask for a copy of any policies.
  40. Are there any written guidelines or standards for assistive product provision?	To identify whether there are any written guidelines or standards on assistive product provision. To find out if there is one consistent guideline/standard that all stakeholders follow or many different ones. Please ask for copies.
  41. What is the estimated annual number of assistive products provided in the country by government and nongovernmental sectors (non-profit, for-profit)?	To estimate the total number of assistive products provided annually in the country, by government and nongovernmental sector (non-profit and for-profit). See Annex D for the list of AT product categories.
  42. At what level does assistive product provision occur?	To find out at which administrative level assistive products are being provided (e.g. national, provincial/state, district). (Annex D).
  43. Which workforce most often provides which assistive products?	To find out which health workforce most often provides which assistive products, and whether this differs from any existing guidelines/standards. (Annex D).
  44. Are there formal referral mechanisms between different services that provide assistive products?	To find out if there is a formal mechanism connecting stakeholders who distribute and/or provide assistive products (for instance between a health service and a social service).
  45. Is any information collected on user impact and/or satisfaction after provision of assistive products?	To identify whether user satisfaction and/or impact of AT on users are considered during the AT service provision process.
  46. Is peer-to-peer training available when providing assistive products?	To find out if AT users are trained to provide support to each other.
  47. Additional comments on provision.	To record anything else that came up during the interview that was not covered in the previous sections. For instance, description of the informal sector's role in providing assistive products and variations between different provinces/states/districts.

People

Population data questions	Purpose
 48. Total population of the country.	To collect a denominator to estimate prevalence data. Please list the absolute value of the current population size, the data source and year in which data

	was recorded. Please clearly note the assumptions and calculations used to present the data in the data consolidation spreadsheet.
 49. Prevalence of functional limitations where AT is commonly needed.	To collect prevalence data on mobility, hearing, vision, cognition, communication and self-care needs to estimate AT requirements in the population. Please only use quality data from national population surveys, or administrative data for example from population registries. The impairment severity categories are inspired by both the Washington City Group short set of disability questions and the Global Burden of Disease database . Please indicate if the prevalence of each functional limitation is measured WITH or WITHOUT the use of aids (AT).
 50. Prevalence of health conditions where AT is commonly needed.	To collect prevalence data on health conditions to estimate AT need (see Section 1.6 of the instruction manual for a list of relevant health conditions most likely to benefit from AT). Please add any other relevant conditions to this list if data exists. List the prevalence of each health condition as accurately as possible in a consistent manner (either as a proportion of the population or an absolute number).
AT user questions	Purpose
 51. What is AT?	To understand what AT means to AT users and to clarify how the term AT is used in the ATA-C.
 52. Top three types of most used AT.	To understand the most commonly used types of AT (top three).
 53. Awareness of policies/programmes that give the user access to AT.	To find out the level of awareness among AT users of policies and programmes that can give them access to AT. If not aware, to understand why this is.
 54. Ability to access AT.	To understand whether AT users can access AT through these policies and programmes in practice.
 55. How is AT financed.	To find out how AT users pay for their most used assistive product(s) and related services, and whether they are accessing support from the financing schemes identified earlier in question 14.
 56. Where is AT sourced?	To understand where AT users obtain their most used assistive product(s) and related services.
 57. Experience of accessing AT from this source.	To understand why AT users chose to get their most used assistive product(s) and related services from this source (question 57), and to know more about the benefits and challenges of using this source.
 58. Key considerations when accessing AT.	To understand the factors that are most important to AT users when accessing their most commonly needed/used assistive product(s) and related services.