



Credit: WHO/NOOR/Sebastian Liste

Assistive technology capacity assessment (ATA-C)

# Instruction Manual



**World Health  
Organization**









Assistive technology capacity assessment (ATA-C)

# Instruction Manual



**World Health  
Organization**



Assistive technology capacity assessment (ATA-C): instruction manual

ISBN 978-92-4-001906-5 (electronic version)

ISBN 978-92-4-001907-2 (print version)

© World Health Organization 2021

All rights reserved. *Assistive technology capacity assessment (ATA-C)* has been developed by the World Health Organization (WHO) and is made available to authorized users. You may use, reproduce, adapt and/or translate ATA-C for non-commercial purposes, subject to the following conditions.

- Requests for permission to reproduce, adapt and/or translate ATA-C should be addressed to the WHO Assistive Technology Team in the Medicines and Health Products Division (e-mail: [ata-c-admin@mednet-communities.net](mailto:ata-c-admin@mednet-communities.net)).
- If you plan to use ATA-C in a specific country, you should inform the relevant WHO Country Office or the WHO Assistive Technology Team (e-mail: [ata-c-admin@mednet-communities.net](mailto:ata-c-admin@mednet-communities.net)).
- If you translate ATA-C, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.
- You may distribute ATA-C and your adaptation or translation of ATA-C to selected third parties for the purpose of conducting your ATA-C assessment.
- You may publish any results or findings of your ATA-C assessment on your website or in a scientific journal.
- You hereby grant WHO a non-exclusive license to use and reproduce your adaptation or translation of ATA-C and to distribute the adaptation or translation to users of the ATA-C portal, and to authorize users to use the adaptation or translation in their own countries, subject to appropriate attribution of the source.
- You agree that your adaptation or translation of ATA-C will not be sold or used in conjunction with the promotion of commercial products and services.
- You agree that neither the WHO logo nor the WHO emblem will be displayed on the adaptation or translation of ATA-C. There should be no suggestion that WHO endorses any specific organization, products or services.

All reasonable precautions have been taken by WHO to verify the information contained in ATA-C; however, ATA-C is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material, including adaptation and translation, lies with the reader. In no event shall WHO be liable for damages arising from its use.

Cover page photo: A man shares information with a health worker in his family house during an assistive technology survey in the outskirts of Islamabad.

# Contents

|   |           |
|---|-----------|
| <b>Acknowledgements .....</b>   | <b>iv</b> |
| <b>Introduction .....</b>   | <b>1</b>  |
| <b>Step 1. Preparation .....</b>                                      | <b>5</b>  |
| 1.1 <i>Identify the implementation team.....</i>                      | <i>6</i>  |
| 1.2 <i>Determine assessment objectives, scope and resources .....</i> | <i>6</i>  |
| 1.3 <i>Mapping stakeholders.....</i>                                  | <i>7</i>  |
| 1.4 <i>Develop a stakeholder engagement plan .....</i>                | <i>9</i>  |
| 1.5 <i>How to use the model ATA-C questionnaires .....</i>            | <i>10</i> |
| 1.6 <i>Desktop research.....</i>                                      | <i>11</i> |
| <b>Step 2. Data collection .....</b>                                  | <b>12</b> |
| 2.1 <i>Checklist .....</i>  | <i>13</i> |
| 2.2 <i>Interviewing stakeholders .....</i>                            | <i>13</i> |
| 2.3 <i>Adjustments .....</i>  | <i>14</i> |
| 2.4 <i>Missing information.....</i>                                   | <i>15</i> |
| <b>Step 3. Data consolidation and analysis .....</b>                  | <b>16</b> |
| 3.1 <i>The model data consolidation spreadsheet.....</i>              | <i>17</i> |
| 3.2 <i>Analyse the data .....</i>                                     | <i>17</i> |
| 3.3 <i>Identify trends, gaps and opportunities.....</i>               | <i>18</i> |
| <b>Step 4. Reporting .....</b>  | <b>19</b> |
| 4.1 <i>Draft the report.....</i>                                      | <i>19</i> |
| <b>Step 5. Consensus building and action planning .....</b>           | <b>22</b> |
| 5.1 <i>Stakeholder workshops .....</i>                                | <i>22</i> |
| 5.2 <i>Example workshop agendas .....</i>                             | <i>24</i> |
| 5.3 <i>Key considerations for your action plan.....</i>               | <i>25</i> |
| 5.4 <i>Maintaining momentum .....</i>                                 | <i>28</i> |
| <b>References .....</b>   | <b>29</b> |
| <b>Annexes .....</b>  | <b>30</b> |
| Annex A. <i>Model ATA-C questionnaires .....</i>                      | <i>31</i> |
| Annex B. <i>Model introduction sheet for stakeholders .....</i>       | <i>31</i> |
| Annex C. <i>ATA-C questions explained .....</i>                       | <i>31</i> |
| Annex D. <i>AT product categories and relevant workforce .....</i>    | <i>32</i> |
| <b>Glossary .....</b>   | <b>34</b> |

# Acknowledgements

The Assistive Technology Capacity Assessment (ATA-C) tool was developed with technical support and in collaboration with the Clinton Health Access Initiative and the Global Disability Innovation Hub. The World Health Organization (WHO) would like to thank everyone who has contributed their valued time and expertise to the development of the tool.

The development was led by Novia Afdhila, Irene Calvo, Alice Guo, Margaret Savage and Emma Tebbutt in consultation with WHO personnel at headquarters, regional and country offices, and implementing partners. We would especially like to thank the following people for their contributions: Olajumoke Adekeye, Nina Asterina, Victoria Austin, David Banes, Tucker Bbosa, Eshetu Bekele, Johan Borg, Sunil Deepak, Antony Duttine, Zainab Eleiba, Abraham Endeshaw, Richard Frost, Ibrahim Gandhi, Samuel Goteh, Younis Hamdany, Fuad Jamil, Lorraine Kabunga, Anil Kashyap, Chapal Khasnabis, Vindi Kurniawan, Lily Lu, Francis Regis Magombo, Rehab al Marzooq, Amanda Milligan, Satish Mishra, Grevet Moyo, Joseph Ngobi Mwoga, Jean Baptiste Nikiema, Emmanuel Nsengiyumva, Andrea Wayra Oropeza Rojas, Andrea Pupulin, Eka Fitria Ramadhini, Ahmad Rifai, Hala Sakr, Nada Sallam, Samuel Sesay, Silvestre Suh, Claude Tardif, Mengistab Terefi, Mihereteab Teshome, María Luisa Toro Hernández, Stella Matutina Tuyisenge, Jean Bosco Uwikirebera, Julian Walker, Cheryl Ann Xavier, Gebrekidan Mesfin Zbelo and Wei Zhang.

The ATA-C was developed through field testing in Bahrain, Bolivia (Plurinational State of), Ethiopia, Indonesia, Iraq, Liberia, Malawi, Mongolia, Nigeria, Rwanda, Sierra Leone, Tajikistan, Uganda and Viet Nam. We would like to thank the ministries involved as well as implementing partners, including WHO regional and country offices, the Clinton Health Access Initiative, the Global Disability Innovation Hub, the Italian Association Amici di Raoul Follereau and University College London.

The development of ATA-C has been funded by the UK aid under the AT2030 programme led by GDI Hub, and the United States Agency for International Development.

This tool was prepared by WHO's Division of Medicines and Health Products. It is a living document and will continue to be refined as it is implemented in more countries.





Eka and Vindi from Indonesian NGOs Kaki Kota and Kota Kita doing fieldwork for the "Country Capacity Assessment for Assistive Technology: Informal Markets Study" in Banjarmasin, Indonesia. Photo credit: Angus Stewart.

# Introduction

## Background

Worldwide over one billion people are in need of assistive technology (AT), a number predicted to rise to two billion by 2050 due to population ageing and an increase in noncommunicable diseases (1). Yet only one in every 10 people who needs AT has access to it, and this gap is even more prominent in low- and middle-income countries (1).

The AT sector faces multiple barriers, both in the **supply** of appropriate, affordable, quality products and in the unmet **demand** for these products from users, service providers and national health systems.

Appropriate AT refers to assistive products and services that meet the user's needs and local environmental conditions, are properly fitted, safe and durable. Appropriate AT can be obtained, maintained and repaired with services provided in-country at an affordable cost. A well-functioning health system that has the capacity to provide appropriate assistive products and services at an affordable price, and in a timely manner, is crucial to ensuring more widespread and equitable access to AT.

The World Health Organization (WHO) supports countries to improve access to AT through strengthening five interlinked areas (the 5P): people-centred, policy, products, provision and personnel (Fig. 1). The 5P make up the essential components of a well-functioning AT system.

The AT sector is diverse and fragmented, consisting of stakeholders that cover a wide range of health conditions and functional limitations. To help AT stakeholders plan and deliver services effectively, there is a great need for more information about what is happening in countries.

## Definitions

**Assistive technology** is an umbrella term covering assistive products and the systems and services related to their delivery (1).

**Assistive products** maintain or improve an individual's functioning and independence, thereby promoting their well-being. Examples include hearing aids, wheelchairs, spectacles, pill organizers, incontinence products and augmentative communication devices (1).

## The ATA-C tool and what it can do

The Assistive Technology Capacity Assessment (ATA-C) tool has been developed to help understand the AT sector at national and subnational level using the 5P framework. The aim is to assist local stakeholders in collecting information to build up a comprehensive understanding of a country's capacity to regulate, finance, procure and provide AT to meet national needs appropriately. This in turn can inform decision-making, strengthen the AT sector and improve access to AT.

The ATA-C has evolved in consultation with WHO personnel at headquarters, regional and country offices, and external implementing partners; it has been field tested in 14 countries and will continue to be refined as we learn more. It is made up of two core materials to be used together: this instruction manual and a model data consolidation spreadsheet.

The ATA-C is designed to take a wide perspective across the entire AT system and is not for detailed planning or analysis of a specific assistive product. The assessment can serve three purposes:

1. **Awareness raising:** To provide initial information at national or subnational level about the current AT situation (using a brief version).
2. **Policy and programme design:** To identify key gaps and opportunities in the AT sector to inform decision-making when designing policies, strategic action plans and programmes (using the full assessment).
3. **Ongoing monitoring and evaluation (M&E):** To monitor and evaluate the AT situation in a country over time.

Although the ATA-C can act as a stand-alone tool, it can also be complemented by a household survey on population need for AT\*. The combined information about need and the existing capacity to meet that need, leads to better policy and programme design, particularly for procurement and service provision requirements.



**Fig. 1.** The five interlinked areas of assistive technology (5P).

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_23671](https://www.yunbaogao.cn/report/index/report?reportId=5_23671)

