



## Learnings from the Implementation: Assistive Technology Country Capacity Assessment using WHO Assistive Technology Assessment-Capacity Tool

**April 2020**

*The Country Capacity Assessments (CCAs) are a joint initiative of the World Health Organization (WHO), Global Disability Innovation Hub (GDI Hub) and the Clinton Health Access Initiative (CHAI) under the AT2030 programme and funded by UK aid. The AT2030 programme is led by GDI Hub. To date, 9 number of CCAs have been completed under the AT2030 programme.*

### About AT2030

AT2030 will test 'what works' to improve access to AT and will invest £20m to support solutions to scale. With a focus on innovative products, new service models, and global capacity support, the programme will reach 9 million people directly and 6 million more indirectly to enable a lifetime of potential through life-changing Assistive Technology.

### Background

The CCA is a system-level assessment of a country's capacity to appropriately provide AT to meet its population needs. Through a rapid landscape analysis and data collection on the country's capacity to finance, procure, and provide AT, the CCA aims to support stakeholders in understanding and raising awareness around the state of the AT sector, delivery systems and the understanding of AT needs. Insights gathered on the challenges, opportunities, and barriers to increasing access to AT informs the development of prioritized actions in the country.

The CCA was conducted using an iteration of the ATA-C, within the larger WHO Assistive Technology Assessment (ATA) Toolkit that is currently in development.

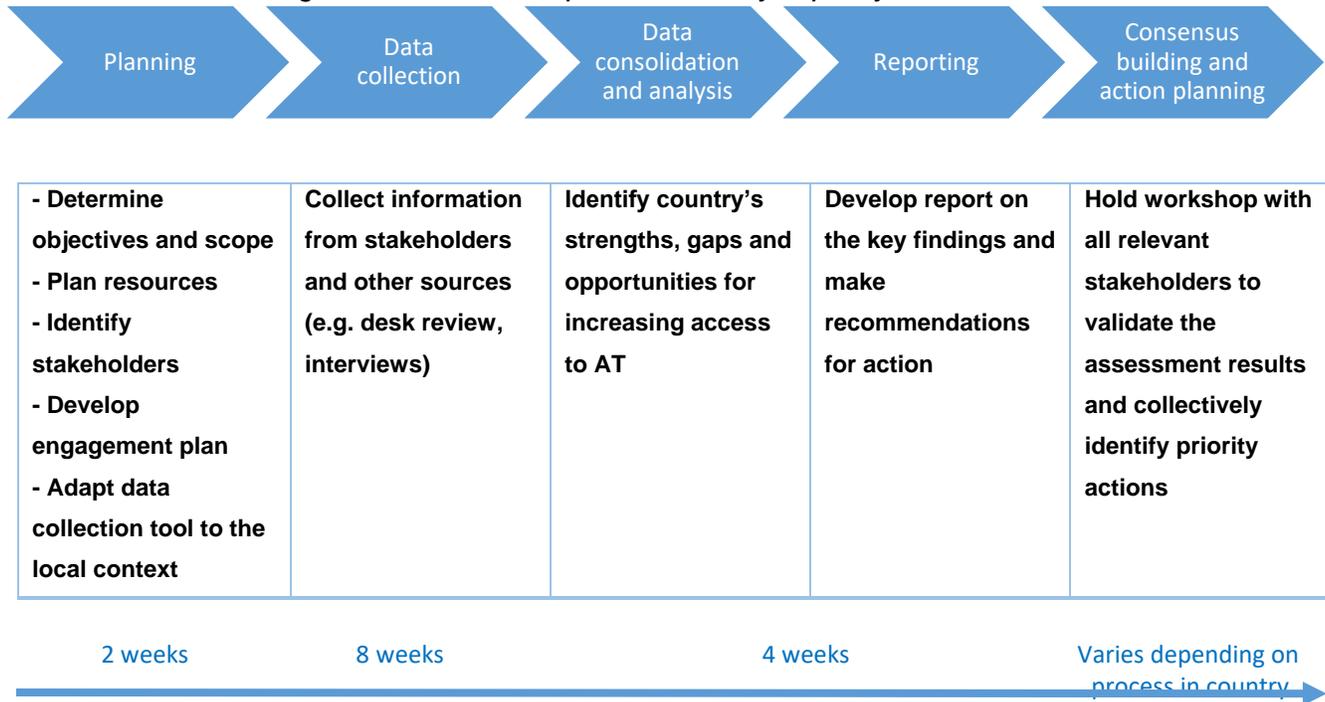


To improve the usability of WHO ATA-C tool, lessons learned were collected from implementers and feedback incorporated into a revision of the tool.

## Approach

In the second half of 2019, government ministries, particularly the Ministry of Health (MoH) from multiple countries carried out the CCA on AT with technical assistance from CHAI and WHO. Although there were slight variations between countries, the process typically began with a stakeholder mapping and adaptation of the WHO ATA-C tool to the country context. This was followed by data collection through desk research, key informant interviews and, in some countries, focus group discussions. Data were consolidated into the ATA-C excel-based tool and analyzed to identify gaps and opportunities to increase access to AT. The CCA in each country concluded with a consensus building workshop, which involved government and non-government stakeholders. The results were presented and validated. A prioritized set of actions were discussed and agreed upon. Each country produced a report to highlight key findings and recommended actions moving forward. The full approach to conducting a CCA is outlined in more detail in the *WHO ATA-C Instruction Manual*.

Figure 1. Phases to implement country capacity assessment



## Key Learnings

Below is the summary of recommendations for future implementation based on feedback on what worked well and what was learned through the implementation of a CCA.

### 1. Planning

- ✓ Define objectives and geographic scope: During the planning phase, it is important to engage relevant government partners and other stakeholders to define the objectives and the geographic scope of the assessment. The WHO ATA-C tool facilitates multiple purposes; it can be used to raise awareness around the need and current capacity for AT provision, to inform policy and program design, or to monitor and evaluate progress. The tool can also be adapted for use at the national or sub-national level.
- ✓ Allow for flexibility in approaches and time allocation: The AT sector in most countries is highly fragmented and actors are rarely coordinated or engaged collectively. Therefore,

identifying the key stakeholders and their contact details at the outset of the assessment to plan for the engagement can be challenging.

To address this issue, implementing teams utilized the snowball or chain-referral method to identify stakeholders and key informants in the sector and obtain their contact details over time. Utilizing the snowballing approach did not necessarily allow for stakeholder engagement to be perfectly planned at the beginning of the assessment and it may take longer than anticipated. Flexibility in timelines was key as additional stakeholders may be identified and added throughout the process.

Implementers noted that preliminary engagement with an initial set of stakeholders as early as possible was critical to map the full stakeholder landscape. Implementers did not wait for other aspects of the planning phase (e.g., adaptation of tools to the country context) to be completed to begin stakeholder mapping and early engagement.

- ✓ Ensure a common understanding and definition of AT: It is important to present and discuss with stakeholders and key informants the definition and scope of AT at the outset of the assessment. This prevents confusion as the scope of AT might vary differently depending on the country context. Countries found it helpful to develop clear presentations or printed materials on AT, such as definitions of different functional limitations, list and pictures of assistive products, service delivery pathways, etc.

## **2. Data collection**

- ✓ Report the situation as is: The assessment showed that across government, non-government organizations and private sector, data was fragmented, unavailable or not collected. Information systems often did not capture data on AT need, procurement or provision. This lack of data or data systems resulted in parts of the ATA-C tool being incomplete or marked as missing or unavailable.

In this situation, it is important to note that the unavailability and poor quality of data serves as an important finding to report. Data are a basic capacity that a system should have for proper planning, monitoring and evaluation.

Despite this, implementers highlighted the eagerness of stakeholders to engage and share information regarding the current state of AT provision with the hope that the assessment will catalyse real progress towards improved access to AT.

### **3. Data consolidation and analysis**

- ✓ Consolidate data to gain insight: Consolidating data and information into one platform, using the ATA-C Excel Data Entry tool, allows for the identification of trends, strengths and critical gaps. For example, with consolidated information, it is easier to analyze the gap in a government's capacity to provide AT by comparing the volume of products provided by the government versus non-government entities (non-profit and for-profit). The result may show how much users rely on unsustainable donations or out-of-pocket payments for their AT needs.
- ✓ Allocate adequate time to analyze the data: After data is consolidated and organized, conduct internal meetings involving all team members who collected the data. Group discussion ensures data is presented correctly and allows for detailed analysis of the trends, strengths and gaps indicated by the data as well as nuances that may not have necessarily been captured during consolidation.

### **4. Reporting**

- ✓ Structure the report in line with the guidance provided: The WHO ATA-C tool includes a *Guide for Writing Narrative Report*, inclusive of a reporting template. The reporting template should be viewed as guidance and not a restrictive template.
- ✓ Utilize quantitative and/or qualitative data as available: Depending on the availability of data in the country, it may not always be feasible to report quantitative data for every question (i.e. by using the table provided). In such cases, qualitative descriptions of strengths, gaps or weaknesses, opportunities and barriers obtained from informants, desk research and overall data analysis are useful to provide strong evidence on the capacity to provide AT.



## **5. Consensus building and action planning**

- ✓ Structure the workshop effectively: The purpose of the stakeholder workshop is to present and validate the findings, as well as to discuss prioritized actions to improve access to AT in a country. Many domains are covered and many product-specific findings may be presented in the workshop. It is therefore helpful to start the workshop in a large group to share the overview of key findings, and then use break-out groups with relevant stakeholders to discuss the specific findings and recommended actions for each domain area.
- ✓ Plan for additional data gathering and incorporation post workshop: Anticipate additional effort after the workshop to incorporate input and feedback from participants on the assessment findings. Additionally, allocate time to engage additional stakeholders that are identified during the workshop but may not have been captured in the initial assessment and for follow-up to clarify or complete missing information.

## **Conclusions**

The experiences of using and feedback on WHO ATA-C tool was captured throughout the CCA. This information was used by the WHO to refine the ATA-C tool as well as its supporting materials. This feedback back has helped to ensure that the current iteration of the ATA-C tool and supporting materials are more user friendly, applicable across different context, and focused on the most critical questions necessary to support the action planning for improving AT capacity in a country.