ASSISTIVE TECHNOLOGY ASSESMENT - CAPACITY (ATA-C)

**Supporting Materials**

Decision Framework to Support AT Action Plan Development

October 2019

# ASSISTIVE TECHNOLOGY ASSESMENT – CAPACITY (ATA-C)

## Decision Framework to Support AT Action Plan Development

## What is it?

The Decision Framework to Support AT Action Plan Development is designed to support stakeholders to develop an action plan based on the findings of the Assistive Technology Assessment – Capacity (ATA-C) by doing the following:

1. Assess the political commitment to and capacity of a country’s AT systems across the six domains captured through the ATA-C.
2. Identify actions to support the scale up, strengthening or maintenance of each domain area required to deliver AT. Based on the assessment of commitment and capacity to provide AT across the domain areas, the framework supports stakeholders to identify strategic objectives and actions on where and how to best focus resources to accelerate access to AT.
3. Serve as a baseline analysis of current status of AT capacity in a country, thus allowing further progress to be tracked against this baseline.

## Five steps on how country focal point(s) can use this Decision Framework

* The Decision Framework to Support AT Action Plan Development is designed to be used in conjunction with the ATA-C Tool. The framework to identify potential actions follows the six domains used to capture data on the AT landscape in the ATA-C.
* The following steps are recommended in order to utilize the framework most effectively:

### Step 1. Country Assessment: Complete data collection

* Focal person(s) can follow the steps in the **ATA-C Manual** to undertake a system-level assessment of country capacity to provide AT to the population, including: using the **ATA-C Excel Data Entry** and **Sample of Interview Guides and Questionnaires.**
  + - Once data collection is complete, the focal person(s) should analyze the interviews and information. Data will be organized in the **ATA-C Excel Data Entry** templateaccording to the 6 domains of AT.

### Step 2. Country Assessment: Analyze Capacity, Strengths and Weaknesses

* Focal person(s) can then use the **AT Decision Framework** to classify the status of the AT sector – present/functioning, needs strengthening, or not present - according to the findings on the assessment for each components of the system listed in the column A of the framework. The purpose is to identify strengths and weaknesses in relation to these components, which in turn will form the basis for formulating recommendations for action.
* The component criteria listed in the column C are intentionally broad to support different context across countries. Analysis teams should feel free to adapt criteria as needed or focus on **identifying the strengths and weaknesses** of the system in relation to the component.

### Step 3. Identify recommended actions to accelerate access to AT

* Once the strengths and weakness of the systems are identified, the focal person(s) can identify objectives for improvement and potential actions to be undertaken to accelerate access to AT.
* The focal person(s) should agree on the recommended actions to be undertaken. Please note that:
  + A country may only focus on one domain or select component areas for recommended actions depending on level of capacity and priorities of government.
  + The recommended actions are high-level and meant to guide potential actions, but some may not be relevant or may need to be adapted depending on the relevant systemic, organizational, or cultural context of the country.
  + This tool is not meant to be a comprehensive list of all actions or steps a country should take to improve access to AT, but serves as a starting point to a strategic planning process. It provides an initial, high-level set of recommended action areas in order to improve and build certain capacities important to AT access, but it is not meant to form an implementation or work plan.

### Step 4. Produce Descriptive Report on AT Capacity

* + Based on the results of Step 2 and 3, produce a descriptive report on the assessment, which includes an assessment of strengths, weaknesses, gaps and areas for improvement, using the **ATA-C Guide for Descriptive Report**.
  + Depending on the country context, recommended actions identified in Step 3 may be included as part of the descriptive report.

### Step 5. Achieve consensus through stakeholders meeting(s) or workshop

* + The stakeholder’s meeting provides the opportunity to share and discuss the findings of the assessment and collectively identify the priority actions for scaling-up and accelerating access to AT.
  + Depending on country context and engagement level of stakeholders, the consensus meeting may undertake some aspects of Step 2 and 3 through a participatory approach with stakeholders or it may just include validation of the data analysis team’s results from the AT Decision Framework.
  + With either approach, participatory analysis with all stakeholders or validation of results, the consensus meeting should allow for all stakeholders to participate in the prioritization of actions that will form the basis of a country-wide strategy, action plan or road map for accelerating access to AT.

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| POLICY, PROGRAM, AND FINANCING FOR AT | | | | | | |
| **ANALYSIS OF CAPACITY** | | | **POTENTIAL ACTIONS TO SUPPORT ACCELERATING ACCESS TO AT** | | |
| **Component** | **Status** | **Criteria** | **Objective for Improvement** | **Possible actions** |
| 1. Assistive technology has a legal framework (ATA-C item 2.1 - 2.3) | Present/ Functioning | Country has ratified or accepted accession of the CRPD/established a legal framework for CRPD implementation, AT is explicitly mentioned in the legal framework/legislation, and it has been implemented. | Establish/strengthen and implement legislation supporting access to AT | * Develop legislation and adopt policies supporting access to AT in accordance with national processes (including ratifying or accepting accession for CRPD); establish legal framework for its implementation * Update or revise existing relevant legislation and/or policies to include AT (e.g., disability, employment, and/or education laws). * Develop accountability mechanism(s) to track progress against the implementation of legislation. |
| Needs strengthening | Country has ratified or accepted accession for CRPD/established a legal framework for CRPD implementation. However, AT is not explicitly mentioned in the legal framework/legislation, or it is mentioned but it has not been implemented. |
| Not present | Country has not ratified or accepted accession of CRPD. Assistive technology is not explicitly mentioned in any legislation. |
| 2. Unified national strategy for increased access to AT exist with clear roles and responsibilities and strong coordination among government entities for its successful implementation (ATA-C item 1.1. - 1.4) | Present/ Functioning | Government is aware on the need for and importance of AT. There is a unified national strategy for AT with clear/defined roles and responsibilities among government entities engaged in AT. Coordination is strong and there are mechanisms or platforms for inter-sectoral and/or inter-agency coordination. | Establish/strengthen/maintain a coordinated national effort for increased access to AT. | * Increase awareness among stakeholders on the need for and importance of AT, and build political commitment for improved access to AT. * Develop and implement a unified national strategy, including clear and coordinated roles and responsibilities among different government entities and between national and sub-national levels. * Develop a national priority assistive product list (APL) and determine priorities based on national needs and drawing on WHO priority list. * Establish or designate a national entity (this might be a specific Ministry, new agency, inter-agency coordinating mechanism or Technical Working Group) responsible for coordinating the implementation, monitoring, and evaluation of AT activities at various government entities and national and sub-national level. Ensure AT user representation in the entity. |
| Needs strengthening | Government is aware on the need for and importance of AT. There is a national strategy for AT, but there is a lack of clarity regarding the roles and responsibilities among government entities, which result in gaps in implementation of strategy or overlap of work being done. There is poor or inadequate coordination among sectors and agencies and there are no established mechanisms or platforms for addressing this. There are also gaps in roles and/or focus on particular assistive technology areas. |
| Not present | Government has limited awareness on the need for and importance of AT. There is no national strategy for AT, and government plays no or very limited role in ensuring availability and access to AT. Contribution from government entities is ad-hoc. |
| 3. Government entities implement programmes for AT (e.g., provision, training, standards/regulation, procurement, etc.) with defined monitoring and evaluation plan (ATA-C item 1.5 - 1.7) | Present/ Functioning | Government entities have programmes for AT with defined monitoring and evaluation plan and indicators | Develop/strengthen/maintain programmes for AT within relevant government entities and associated monitoring and evaluation plans and indicators | * Integrate AT into existing, relevant developmental plans (e.g., SDGs) and large-scale programmes. * Establish programmes for AT within relevant sectors (e.g., health, education, social welfare, etc.) and within national and sub-national levels of government. * Develop and implement a monitoring and evaluation plan and tools with indicators that also capture the users' perspectives. * Apply the results of evaluation and lessons learned to improve program implementation. |
| Needs strengthening | Government entities have programmes for AT. However, there is no monitoring and evaluation plan and indicators. |
| Not present | Government entities do not have programmes for AT or monitoring and evaluation plan and indicators |
| 4. Sufficient government financing exists to support programmes for AT (e.g. provision, training, standards/regulation, procurement, etc.) (ATA-C item 1.8) | Present/ Functioning | Financial resources to support programmes for AT exist among government entities. There is a budget line for appropriate AT activities at national, provincial and district level with attached allocated funds. | Ensure sufficient/increasing/ consistent amount of resources are put towards AT programming from government and/or partners (e.g. donors) | * Implement process to identify and calculate costs for implementing programmes within the national strategy for AT. * Implement fiscal analysis and forecasting. * Identify possible funding mechanisms for AT programmes (e.g., public private partnerships, donor support, etc.). |
| Needs strengthening | Financial resources to support programmes for AT exist among government entities and there is a budget line with attached allocated funds. However, the allocation is insufficient resulting in gaps in programming. |
| Not present | Government financial resources are not available to support programmes for AT. Donors (e.g., bilateral, multilateral, foundations, charities) play a more significant financing role in AT. |
| 5. National health financing scheme provides appropriate coverage for assistive technology (ATA-C item 2.4 - 2.5) | Present/ Functioning | National health financing scheme includes AT and is accessible to the majority of the population. It provides a wide range of priority assistive products and services. | Ensure national health financing scheme is inclusive of AT | * Develop investment case for inclusion of priority AT into health financing scheme, universal health coverage or other social safety policy. * Follow process to ensure that coverage for priority AT is included in national health financing scheme, universal health coverage or other social safety policy. * Determine range of assistive products to be covered or financed based on need and economic capacity. * Establish reimbursement rate or amount at which each priority AT is to be covered by the financial mechanism. |
| Needs strengthening | National health financing scheme exist, but it does not include AT or it includes some AT but gaps exist because the overall expenditure is inadequate, there is restrictive eligibility criteria, there is a small range of products covered, etc. |
| Not present | National health financing scheme does not exist, or if the scheme does exist it covers a fraction of the population. AT is not covered. |

## ASSISTIVE PRODUCTS AND PROCUREMENT SYSTEM

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| **ANALYSIS OF CAPACITY** | | | **POTENTIAL ACTIONS TO SUPPORT ACCELERATING ACCESS TO AT** | |
| **Component** | **Status** | **Criteria** | **Objective for Improvement** | **Possible actions** |
| 6. Assistive products are regulated (ATA-C item 3.2 - 3.3.) | Present/ Functioning | There are comprehensive, clear and effective regulatory structures and mechanisms to regulate assistive products in the country. There are regulations or standards that products must comply to before being placed on the market | Establish/strengthen/maintain regulation and regulatory mechanism for assistive products | * Establish a regulatory structure or assign agency at national or sub-national level to implement quality control of assistive products. * Include assistive products into existing health products certification regulation (e.g., essential medical device list). * Develop and publish clearly defined, step-by-step procedure for a product to go through the regulation process (e.g. standard operating procedures, registration requirements, minimum quality). * Facilitate testing and certification of assistive products using existing national or sub-regional testing facilities, and establish and maintain a register of certified or approved products. * Establish and maintain a register of manufacturers, suppliers and importers of assistive products and a post-market surveillance system. * Establish mechanism for routine update |
| Needs strengthening | There are regulatory structures and mechanism for some assistive products. These regulations are inadequate, lack clarity, and do not work effectively most of the time (e.g., due to lack of compliance, lack of applicability to key stakeholders, etc.) |
| Not present | Regulatory structures and mechanisms for assistive products are non-existent across both public and private sectors |
| 7. Country has a national assistive product list (APL) or similar, with sufficient technical specifications (ATA-C item 3.3 and 3.7) | Present/ Functioning | Country has a national assistive product list, or AT is registered on the national list of approved medical devices, and uses it to guide product development, production, service delivery, procurement, or reimbursement/benefit package policies. Quality products are procured through use of appropriate, sufficient technical specifications. | Develop/strengthen/maintain national assistive product list and technical specifications | * Develop a national priority assistive product list (APL) and determine priorities based on national needs and drawing on WHO priority list. * Introduce comprehensive technical specifications and minimum standards for all assistive products on the APL. to guide the procurement of quality products. * Enforce the use of technical specifications as the main tool to evaluate products and suppliers during the procurement process; implement a clear verification process. |
| Needs strengthening | Country has a national assistive product list, or AT is registered on the national list of approved medical device, however it covers limited types of AT and/or poorly used. Technical specifications exist, but only for a limited range of assistive products and/or only provides basic, insufficient product specifications. |
| Not present | National assistive product list does not exist, and AT is not registered on the national list of approved medical device. No technical specifications for assistive products are available. |
| 8. There is an establishedgovernment procurement system for assistive technology (ATA-C item 3.4 - 3.11) | Present/ Functioning | Government is the largest procuring entity for assistive products. Procurement is well-managed, done in bulk and regularly. Procurement among different entities are well-coordinated and/or pooled nationally or sub-nationally. Quantity is determined by sufficient and accurate data/information. | Establish/strengthen/maintain government procurement system for assistive technology | * Integrate assistive products into the existing procurement system in the country (e.g., MoH’s procurement system). * Develop plan and guidelines for the procurement of assistive products (e.g. technical specification, tender process to select supplier, etc.) * Develop aggregate procurement lists based on needs from various sectors/ministries to enable centralized procurement. * Develop and maintain database of available assistive products and suppliers that meet quality requirements for planning and decision-making. * Participate in regional procurement network, if available. |
| Needs strengthening | Government plays a significant role in the procurement of assistive products. However, the procurement system is weak. For example, the systems is inadequate; inconsistency in procurement frequency or procurement happens in an ad-hoc manner; there is no information to reliably determine the quantity to procure. |
| Not present | Government is not undertaking procurement of assistive products. They may procure a limited amount, however they mostly rely on international donations/non-government actors |
| 9. Assistive products are exempt from tax and duties (ATA-C item 3.16) | Present/ Functioning | A wide range of assistive products are exempt from tax and duties | Increase/maintain range of assistive product categories that are tax exempt | * Gather data and evidence to advocate for and support policy development for inclusion of priority assistive products in tax-exempt categories of medical and health devices |
| Needs strengthening | Many assistive products are not exempt from tax and duties, except for some priority products |
| Not present | All or most assistive products are not exempt from tax and duties |
| 10. Sufficient categories of assistive products on the APL are available through government procurement (ATA-C item 3.1 and 3.5) | Present/ Functioning | More than 50% of priority assistive products on the APL are available in the country through government procurement system | Ensure sufficient categories of assistive products in the national APL are available through government procurement | * Develop a national priority assistive product list (APL) and determine priorities based on national needs and drawing on WHO APL. * Analyze and quantify need for each assistive products category based on user needs to inform priorities * Develop plans, guidelines and tenders to integrate procurement of products on APL into government procurement * Something on adequate supply chain to ensure availability at appropriate facility level |
| Needs strengthening | Less than 50% of priority assistive products on the APL are available in the country through government procurement system. |
| Not present | No priority assistive products on the APL are available in the country through government procurement system. |

## HUMAN RESOURCES

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| **ANALYSIS OF CAPACITY** | | | **POTENTIAL ACTIONS TO SUPPORT ACCELERATING ACCESS TO AT** | |
| **Component** | **Status** | **Criteria** | **Objective for Improvement** | **Possible actions** |
| 11. Workforce related to assistive technology is sufficiently available (ATA-C item 4.2 - 4.5) | Present/ Functioning | There is a sufficient number of general health workforce, as well as full range of specialists and allied health professionals related to AT in the government sector | Ensure/strengthen/maintain sufficient workforce related to AT | * Identify needs for personnel at different levels of the AT service provision system. * Estimate the required number of personnel required to meet the unmet and future needs for AT at all levels. Note: Based on priority AT, the cadre of health worker or personnel may vary by type of AT to be delivered. * Develop and implement strategies for training of required personnel at different levels of the system. * Develop a fit-for-purpose AT workforce at all levels. * Develop and adopt standards for AT service providers. * Develop and implement initiatives/incentives to support retention and career pathways/continuing professional development. |
| Needs strengthening | The full range of workforce is not available and/or in insufficient quantities in the government sector. For example, rehabilitation specialists or audiologists may not exist, or are too few in numbers to meet the demand for service. |
| Not present | There is lack of or major deficits in the workforce; there is not enough to meet basic needs for AT provision. Multiple gaps exist across AT service delivery. |
| 12. Structures/resources to build or strengthen the capacity of workforce in assistive technology is available (ATA-C item 4.6 - 4.7) | Present/ Functioning | There are educational institutions in the country offering degrees, diplomas or other courses for the full range of workforce categories (refer to workforce list in ATA-C). Most of the workforce receives specific training on AT provision, either as part of their core training or through continuing education. | Establish/strengthen/maintain capacity to develop workforce related to AT | * Integrate degrees, diplomas, and/or courses within existing educational institutions to achieve sufficient range of workforce categories. * Develop curricula and materials for training programmes on the provision of AT at different levels of the system. * Develop the capacity of educational institutions to develop workforce for the provision of AT at different levels and offer academic credentials with a focus on AT provision; provide continued learning and educational opportunities, and increasing accreditation and certification. * Develop policy for establishing professional associations related to AT. * Recognize AT provision as part of workforces’ scope of practice * Implement training programs for non-traditional AT providers. * Establish center of excellence to provide training in collaboration with existing facilities at tertiary care hospitals. |
| Needs strengthening | There are educational institutions in the country offering degrees, diplomas or other courses for most of the workforce categories (refer to workforce list in ATA-C). Only a limited cadre of workforce receives training specific to AT provision. |
| Not present | Educational institutions in the country offer degrees, diplomas or other courses for limited range of workforce categories (refer to workforce list in ATA-C). Workforce in the country does not receive specific training on AT provision. |

## PROVISION OF ASSISTIVE PRODUCTS

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| **ANALYSIS OF CAPACITY** | | | **POTENTIAL ACTIONS TO SUPPORT ACCELERATING ACCESS TO AT** | |
| **Component** | **Status** | **Criteria** | **Objective for Improvement** | **Possible actions** |
| 13. The provision of assistive products is guided by clear guidelines/standard (ATA-C item 5.1 - 5.6) | Present/Functioning | There are clear guidelines/standards that support effectiveness and quality of assistive technology provision, including policy on which workforce is eligible to prescribe and/or provide the assistive product, and the standard of service provision. The practice of AT service provision is consistent with the guideline/standard. | Develop/strengthen/maintain standards guiding the provision of assistive technology | * Form expert or technical committee(s) to develop standards and guidelines for AT service provisions * Develop mechanism to provide training and raise awareness on provision standards to workforce and facilities where assistive products are provided * Implement oversight of standards and guidelines at national and sub-national levels * Monitor and evaluate the efficiency of service delivery through outcomes measurements such as performance indicators * Develop and enforce expectations and good practices among AT providers * Develop and implement a plan for ensuring that service facilities are physically, cognitively, socially and culturally accessible |
| Needs strengthening | There are few guidelines/standards that support effectiveness and quality of assistive technology provision. Those that exist are unclear, insufficient or impractical. There are substantial gaps in its implementation. |
| Not present | Guidelines/standards of assistive technology provision are non-existent. The quality of provisions of AT varies widely from one provider to another |
| 14. Assistive product service provision largely occurs in facilities within the governmental sector (ATA-C item 5.7) | Present/ Functioning | Majority of assistive product service provision occurs in the governmental sector, at the primary healthcare level or community level, while more complex assistive products are sufficiently provided at the secondary/tertiary healthcare levels. | Include/increase/maintain the provision of assistive products in facilities within the governmental sector | * Identify government facilities where the provision of assistive products could be added into the existing services offered * Establish services at primary, secondary and tertiary care levels as appropriate, and at other relevant ministries; increase the number of service outlets over time. * Identify and allocate necessary resources over time * Ensure sufficient availability of assistive products from the approved national list |
| Needs strengthening | Some assistive products are provided in the governmental sector. Gaps in service provision are filled by non-governmental (not-for-profit and for-profit) entities. Some limitations exist in capacity to provide assistive technology at either the primary, secondary, and tertiary healthcare levels or community, district, and national levels, which result in inefficient allocation of tasks (e.g.’ specialists providing simple assistive products, general health workforce providing complex assistive products without adequate training). |
| Not present | There are significant gaps in provision of assistive products in the governmental sector, which are largely filled by non-government (not-for-profit or for-profit) entities. There are significant limitations in capacity to provide assistive products at all levels, resulting in inefficient allocation of tasks. |
| 15. Assistive product service provision is person-centered (ATA-C item 5.5 and 5.9) | Present/ Functioning | User impact and/or satisfaction is consistently evaluated after providing assistive products. Evaluation results are systematically reviewed and used to improve quality of services provided. Peer-to-peer training is available for some assistive products and led by service providing entities. | Ensure/strengthen/maintain person-centeredness within the assistive product service provision | * Ensure user impact and/or satisfaction and peer-to-peer training are included in the guidelines/standards of assistive technology service provision * Engage technical experts and user-groups (e.g., disabled persons’ organization) to develop necessary tools (e.g., user impact and satisfaction assessment tool) and training of trainers program for delivering person-centered assistive technology services * Carry out user impact and/or satisfaction assessment routinely and use results to improve product procured and service provision * Develop follow-up and online user tracking system or mechanism, including compliance and grievance mechanisms |
| Needs strengthening | User impact and/or satisfaction is sometimes evaluated after providing assistive products, but does not occur in a consistent manner. Evaluation of results are not systematically considered to improve the quality of services provided. Peer-to-peer training occurs on an ad-hoc basis and is largely driven by persons using assistive technology due to need. |
| Not present | User impact and/or satisfaction is not considered at all after providing assistive products. Peer-to-peer training does not exist for any assistive products. |
| 16. Assistive product service provision is well-connected and coordinated (ATA-C item 5.8) | Present/ Functioning | There is a formal referral mechanism between the different services providers (e.g., providers within health and other sectors, providers at different level, etc.). Service providers in different sectors and levels are well-connected to provide appropriate service to users | Develop/strengthen/maintain well-connected and coordinated assistive product service provision system | * Map service providers and develop directory * Include AT in existing referral mechanism within the healthcare system * Develop and implement a larger referral mechanism between facilities under different sectors (health education, social welfare, etc.) * Improve knowledge of service providers on AT services and referral process |
| Needs strengthening | There is a formal referral mechanism between the different services providers, but it has not been successfully implemented due to various limitations on-the-ground |
| Not present | There is no mechanism to refer or connect users from one provider to another. Service provision is fragmented, poorly connected and poorly coordinated |

## DATA AND INFORMATION SYSTEM

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| **ANALYSIS OF CAPACITY** | | | **POTENTIAL ACTIONS TO SUPPORT ACCELERATING ACCESS TO AT** | |
| **Component** | **Status** | **Criteria** | **Objective for Improvement** | **Possible actions** |
| 17. Reliable information is collected to accurately estimate the need for assistive technology (ATA-C 6.2) | Present/ Functioning | Government collects data on health conditions and/or functional limitations that may require AT, and the results are up-to-date, comprehensive, reliable, and covers entire population. There is a clear method to estimate AT need from prevalence of health conditions and functional limitation. | Establish/strengthen/maintain data collection on health conditions and functional limitations to estimate the need for assistive technology. | * Assess gaps in the existing data availability and determine priority question(s) to add into the regular census or survey (e.g., population survey on health, facility survey). * Develop a national data collection roadmap with defined intervals on when data will be collected and how data will be used to inform procurement, service delivery, and AT policy. * Engage and encourage universities and research institutions to participate and fill the gaps in data availability on AT through research activities. |
| Needs strengthening | Government collects data on health conditions and/or functional limitations that may require AT. However, the results are not up-to-date, not comprehensive, the reliability is questioned, and/or subsets of total population are not accounted for. |
| Not present | Government only collects data on limited number of health conditions that may require AT. There is no data collection on functional limitation. There is no/unsubstantial information to support estimation of AT needs. |
| 18. Information is collected on the provision and utilization of assistive technology (ATA-C item 6.1) | Present/ Functioning | Government has centralized information system that can comprehensively and reliably generate up-to-date information regarding utilization of AT (e.g., number of products provided, current AT users, etc.) | Establish/strengthen/maintain information system and database on the provision and utilization of AT | * Design and implement an AT information system or registry that meets the needs of the county and that can be extended/adapted as the needs shift (e.g., numbers of individuals in need of AT, number of people using AT, registration of products, projected needs); promote the use of the data to drive evidence-based practices. * If some data collection exists, determine mechanism to integrate data collection across agencies/ministries/facilities into a streamlined AT information system under one relevant ministry. * Develop capacity among stakeholders on how to analyze and use the data captured in the information system; encourage utilization of data for research to improved policy and programming. |
| Needs strengthening | Government has centralized information system that can generate information regarding utilization of AT. However, the results are not up-to-date, comprehensive, and the reliability is in question. |
| Not present | Information system that can generate data regarding utilization of AT is non-existent. |