

rATA Master Training Q&A – selected questions

Updated 2021-02-17

1. Does the enumerator select on respondent from each household to interview?

No. All members in the household should be interviewed.

2. What if a respondent refuses to give consent, will the enumerator replace the respondent with another one? Should the enumerator replace a household in case the household cannot be located or is not occupied?

No. The enumerator should record the respondent as without giving consent in the survey data collection form or digital tool. No replacement of household in the field is needed. This should have been counted in the non-response rate in the sample design.

3. What should the enumerator do, if one or more household members are absent at the time interview? For someone absent in the household, can another member of the household answer on behalf of the absent member or can a telephone interview be conducted instead?

The enumerator should revisit the household up to 3 times or until it becomes impractical (e.g. the survey team needs to move on to another village). Other members of the household should not respond to the survey for the absent member (e.g. as a proxy-interview). The enumerator should not conduct a telephone interview with the absent member instead.

4. If a respondent is assisted by another person in translating the slurred speech, should the interview be recorded as a proxy-interview?

No. In this case, it is not a proxy interview.

5. As for Tele-rATA, will there be bias in the data if only households reachable by telephone or mobile phone are included in the survey?

Yes. There will be bias in the data in such cases. Tele-rATA should only be applied where rATA with face-to-face household interview is not feasible and a good infrastructure (high coverage) for telephone-based interview can be conducted.

6. Can video calls be included in Tele-rATA?

Yes.

7. Is there any mechanism to check the quality of collected data or monitor the progress of the data collection in the field?

Yes. The digital survey tool provided by WHO has integrated a feature for the enumerators to report the survey forms that need to be discussed or checked with the survey supervisors in the team. Data internal consistency check (by GDC). In addition, the National Data Coordinators or survey focal persons can access the survey data portal (access provided by WHO) for an

overview of the uploaded survey forms to monitor progress in each region or by each enumerator and use the meta-data of the survey to identify suspicious survey submissions (e.g. survey forms completed within very short time). NDC can also develop additional mechanism according to the local context.

Field testing with enumerators or the first tranche of data submitted to the server should be checked by the GDC and NDC to spot any issue.

8. How does an enumerator decide which responses need to be highlighted for the survey supervisors to check?

It will not be common to highlight responses. If anything, especially unusual occurs that the enumerator is worried about (e.g. a respondent reports using 15 products but cannot name them, or that the respondent reports age of 114 years old but looks younger, or that provides very unexpected answers to some questions).

9. Will it be OK for the enumerator showing the questionnaires on paper or in the digital survey tool to the respondent and let the respondent answer (as many respondents can read)?

No. rATA is designed as an interviewer-administered questionnaire. It is not recommended to use it as a self-administered questionnaire. There are several response options that should not be read aloud to respondents.

10. Where are the survey forms uploaded and who have access to the data?

All questionnaires collected by the enumerators using the digital survey tool will be uploaded to the secured WHO backend server. Only de-identified survey data will be uploaded to the server. The National Data Coordinators or survey focal persons will be provided access to the survey database of their respective countries.

11. When a respondent reports an assistive product which is broken or not used for some reasons, should it be recorded?

No. Only the product currently used by the respondent should be recorded in response to D.2. When a product is broken or needs repair to be used properly by the respondent, the respondent may report the product as one he/she needs but does not have when answering D.9 and D.10.

12. When a respondent is not aware of the existence of certain assistive products and does not report the his/her need, should the enumerator assume the respondent would need a product or prompt with “aren't you in need of?”? How does the enumerator know that the needed products selected by the respondent is appropriate/suitable?

No. The enumerator should not assume or prompt an answer to the respondent. The enumerators' task is to record the answers of the respondents. Flip charts or other visual materials showing the different assistive products with brief descriptions in the rATA survey can be used by the enumerators to help the respondents think about what they need.

13. For question D.7 *Who paid for the product?* If the parents paid for the assistive product(s) their child uses, should the answer be recorded as *Out-of-own pocket* or *Family/friends*?

Should be recorded as 'paid out of pocket (self)'. Rationale: 'self' option considers the child a direct beneficiary/dependent on parents/carers.

14. For question *D.8 How far did you have to travel to get the product?* Which answer should be recorded, if the product is delivered to home (e.g. the respondent does not need to travel at all)?

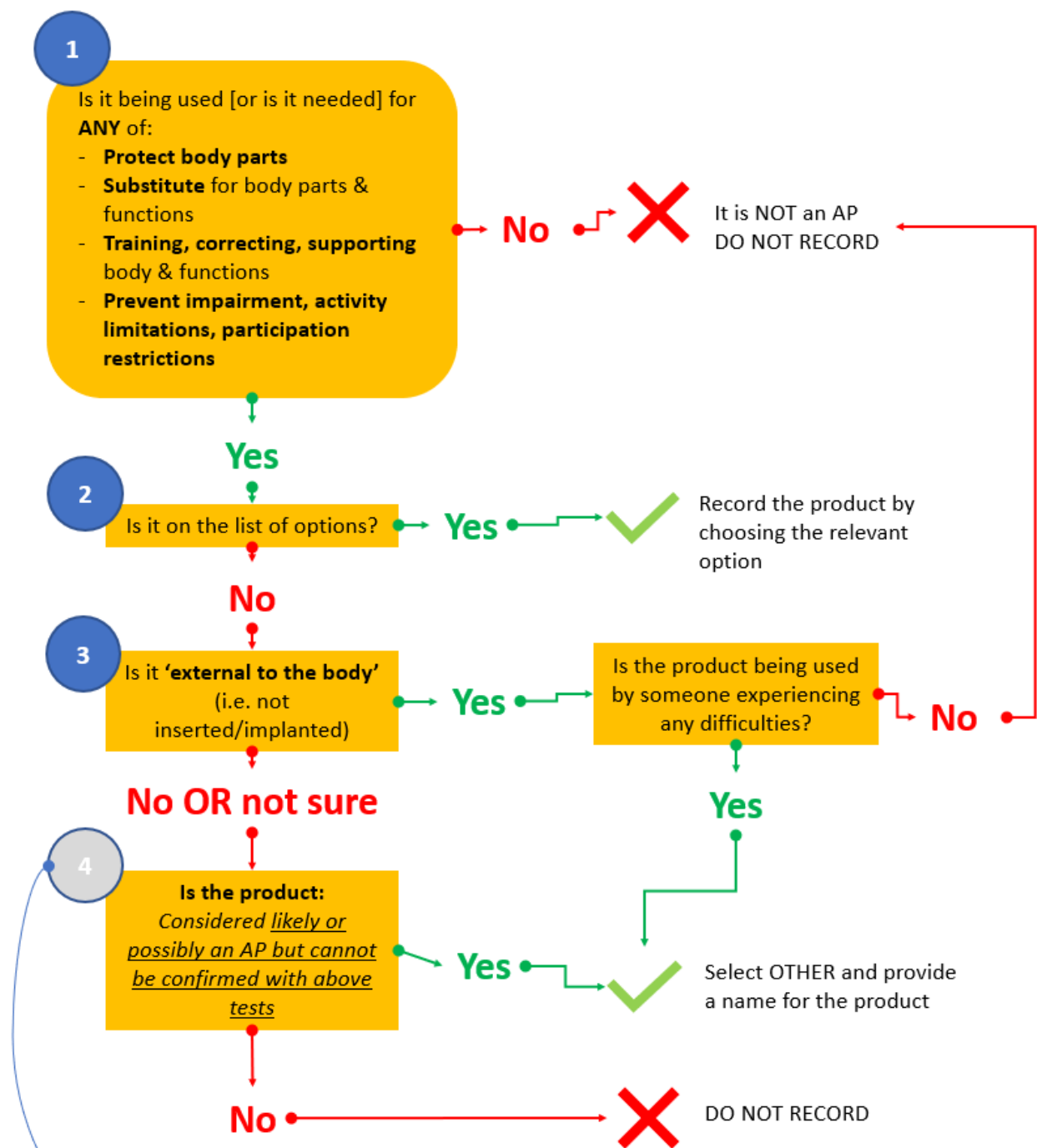
This question asks for any travel required in the process to obtain the assistive product. It includes accessing assistive technology facility for assessment, fitting, training, as well. The question can be interpreted as how far the assistive technology facility is away from the respondent. Multiple visits for a product should not be added. E.g. 3 visits of 5 kms for one product is '5kms' not 15kms.

15. How should the enumerators decide if a product used by the respondent is considered an assistive product?

Below flowchart provides a guidance for the enumerators to make decision in the interviews. The master trainers should adapt the training according to the local context and provide exercises to the enumerators prior to the data collection.

Some examples:

- Diapers used by children are usually not considered assistive products. However, diapers used by a respondent, child or adult, due to incontinence as a consequence of functional impairments or ageing are considered assistive products. Rationale: 'functional difficulty' in children is usually understood as 'functional difficulty *compared with other children of the same developmental stage*'. That is, if a child would normally be expected to be continent (~4y) but uses a diaper, it should be recorded as an AP.
- Smartphones as consumer products are not considered assistive products. However, smartphones (e.g. with an application) used by the respondent to support a specific functional difficulty in his/her activities are considered assistive products. For clarity, a person with mobility difficulties who uses a phone for communication is NOT using the phone as AP. A person with difficulty remembering (as much as their peers) who uses a phone to record memos is likely to record the product as an AP.
- Dentures are not on the assistive product list in the rATA questionnaire. However, dentures are reported as products supporting chewing (eating/self-care), especially by respondents in older age. Hence, dentures can be recorded as OTHER assistive products used by the respondent.



*NB: This should be used only if the respondent mentions the product when asked about NEED or UNMET need.