AP Mine Ban Convention
Thematic Session: Victim Assistance: Establishing and Strengthening a centralised database
Tuesday, 22 June 2021, 1330-1500

2019 Model Disability Survey of Afghanistan
Lessons Learned

Presenter Biography:

Since 2017, Tabasum Akseer, PhD has been director of the policy & research department at the Asia Foundations office in Kabul, Afghanistan. Liaising with civil society, government, the international community, and donors, Tabasum leads a comprehensive portfolio aimed at providing reliable quantitative data for informed policy making in Afghanistan. Tabasum also leads a data analysis training program aimed at building the capacity of the Afghan government, civil society and academia. Since 2017, Tabasum's department has overseen a number of surveys including, The *Model Disability Survey of Afghanistan*, *A Survey of the Afghan Returnees* (2018, 2019), Afghanistan Perceptions of Peace, Covid-19 and the Economy 2020 and 2021 (Wave 1, Wave 2, Wave 3), and The Asia Foundations' flagship, *A Survey of the Afghan People* (2017, 2018, 2019).

Presentation Outline

Intro: There are a number of challenges associated with conducting fieldwork in Afghanistan. Beyond the security situation, there are accessibility issues brought on by weather and climate changes. This affects sample design and length of fieldwork. There are also challenges associated with cultural constraints, refusals at the local level, contested populations estimates, capacity of enumerators, quality control of data and inability to remote monitor, data entry, and analysis. Drawing on experiences with Model Disability Survey of Afghanistan (MDSA), I'll briefly explore what these challenges are and the solutions TAF has relied up to ensure highest data quality and maintain international standards. Most importantly, what are the challenges when the audiences for whom the data is created, doesn't have the capacity to understand the data? The presentation will discuss TAF strategies in ensuring the data can be used by key stakeholders beyond the donor and international communities.

Outline:

1. Background on The Asia Foundation
2. Background on World Bank /World Health Organisation Model Disability Survey
3. Key MDSA findings
    a. Prevalence
    b. Sample size
    c. Impact / relevance (first in 15 years; pre-Covid snapshot of health conditions of Afghans)
4. Implementation & Lessons Learned

a. Planning & Coordination:
    i. Permissions and collaboration with government (MoPH, NSIA); invitation from gov to WHO
    ii. Engaging with local organizations (Handicapped Int, ALSO, etc)
    iii. Stakeholder consultations → ownership and buy-in of key stakeholders
b. Design of tools:
    i. Adapting tools to local context:
        1. Sensitivity of certain questions (when using international tool)
            a. questions on partner intimacy
        2. translations of sensitive words (*mirgi*)
        3. Literacy (using flash cards)
    ii. Sampling frame:
        1. Lack of verified population estimates at the settlement (nahia) level for Afghanistan; can affect sampling plan and weights
            - Reliance on government endorsed statistics is safest bet
c. Fieldwork:
    i. Training of enumerators, field supervisors, third party monitors:
        1. Capacity of enumerators, particularly for healthcare studies, they are not medical practitioners
            a. Provide intensive training to all enumerators
            b. Training and retraining of supervisors, enumerators every survey, every year
            c. Post training evaluation
            d. Using same enumerators every year unless failed evaluation of poor conduct
    ii. Insecurity and accessibility to country; sampling point replacements
        1. 67% accessibility
        2. 11% male only
        3. 18% (437/2614 districts) replaced in first draw because of:
            a. Security issues/Taliban 68%
            b. Weather 18%
            c. Village could not be found 9%
            d. Village level refusal 3%
            e. Village in wrong district 1%
            f. Other 1%
    iii. Cultural challenges:
        1. Gender matching interviews (male-female teams per household)
    iv. Refusal rate: district level, village, household District level refusal/ ANDSF refusal – letter from MoI consent for interviews, sent to all provincial PDs
        - Village level refusal— gaining access through local chief
        - Household refusal-- Working with local enumerators
        - 14, 520 successful interviews /18, 929 total sampled households
d. Quality control:
    i. How do we ensuring enumerators aren't falsifying data?

1. Direct observation 5%
2. Return visit by supervisor 20%
3. Back check 7%
4. Third party monitoring (and staff monitoring of TPM)
    a. Third party monitors to randomly selected SPs
    b. Ensuring TPMs aren't colluding with enumerators?
        - Send field staff to monitor TPMs
        - Collect GPS coordinates from at least 98% of SPs

e. Managing Expectations & Social desirability
    i. Participants are not given incentive to participate
    ii. Participants instructed in the very beginning their participation is voluntary
    iii. Enumerators trained to manage participants expectations; avoid creating situations where participants assume interview will lead to a road or medical facility being built (logic tests also flag some of these responses)
f. Data entry & processing
    i. Logistics --over 14,500 hard copies (questionnaire X pages) from across the country sent back to Kabul for entry and processing
    ii. Data entry error
        1. Double entry of 20%, flagging any enterers who may have issues in entering data (overall .14% data errors captured)
    iii. Data cleaning
        1. Ensuring enumerators understood data
        2. Logic tests to remove any additional interview that does not pass number of tests looking for falsified or poor quality data
            - Patterns
            - Duplicates
            - Non-response
g. Analysis:
    i. Oversight from WHO in developing the composite scale; Rasch score
    ii. Report & recommendations
        1. Ensuring they are realistic and practical
h. Dissemination:
    i. Launch impacted by Covid-10 outbreak in May 2020
    ii. Online blogs, pod casts, presentations, briefings with international community and local organizations, including UN and WHO
    iii. Provision of hard copies to national audiences
    iv. Translations of report to local languages

5. Data Literacy:
    a. Ensuring data is used for intended purpose by audiences beyond donor and international communities
        i. Making data accessible:
            1. Presentations and briefings on relevance of data to variety of audiences

2. Data is available, hard copies, Pashto and Dari
3. Custom analyses on additional aspects of data that might not be covered

ii. However, what happens when main stakeholder, government doesn't have capacity to understand the data?
    a. 6 week data analysis and training program
        i. Use of statistical software (Stata) courses; beginning and advanced
    b. Expensive software:
        i. Analysis licenses and software
    c. Curriculum:
        i. Trainings materials including 6 books in Dari on research ethics, data analysis, and Stata tips
    d. Coaching sessions on both TAF and gov data
2. Every year train about 100 government employees, grad students, local organizations, and young unemployed Afghans on data analysis
    a. Attendance and transportation
        i. Transportation and lunch allowance
        ii. Authorised certificate upon graduation

Lessons learned:

- Timeframe; especially when working with multiple stakeholders; government, obtaining permissions and consent take time and networking
- Importance of stakeholder consultations to ensure lessons learned from 2005 are incorporated, and buy in from key groups (gov, NGOs, INGOs, donors)
- Customising standardized tools is essential in ensuring tools are relevant to local contexts, enumerator comfort, and participant rapport
- Use of gender matched (couples/siblings) local enumerators for access to inaccessible areas (complimented with sufficient training and tools); importance of independent third-party monitoring to ensure data is collected consistently and accurately across the field
- Dissemination—expect the best but prepare for the worst; dissemination activities (launch, presentations, briefings) were impacted by Covid-19 outbreak; pivot to virtual impact such as blogs, podcasts and virtual briefings
- Increasing data literacy in Afghanistan essential to ensuring key stakeholders understand the data and are able to use it in a policy forward manner (complimentary beginner and advanced data analysis training program, curriculum materials and textbooks)