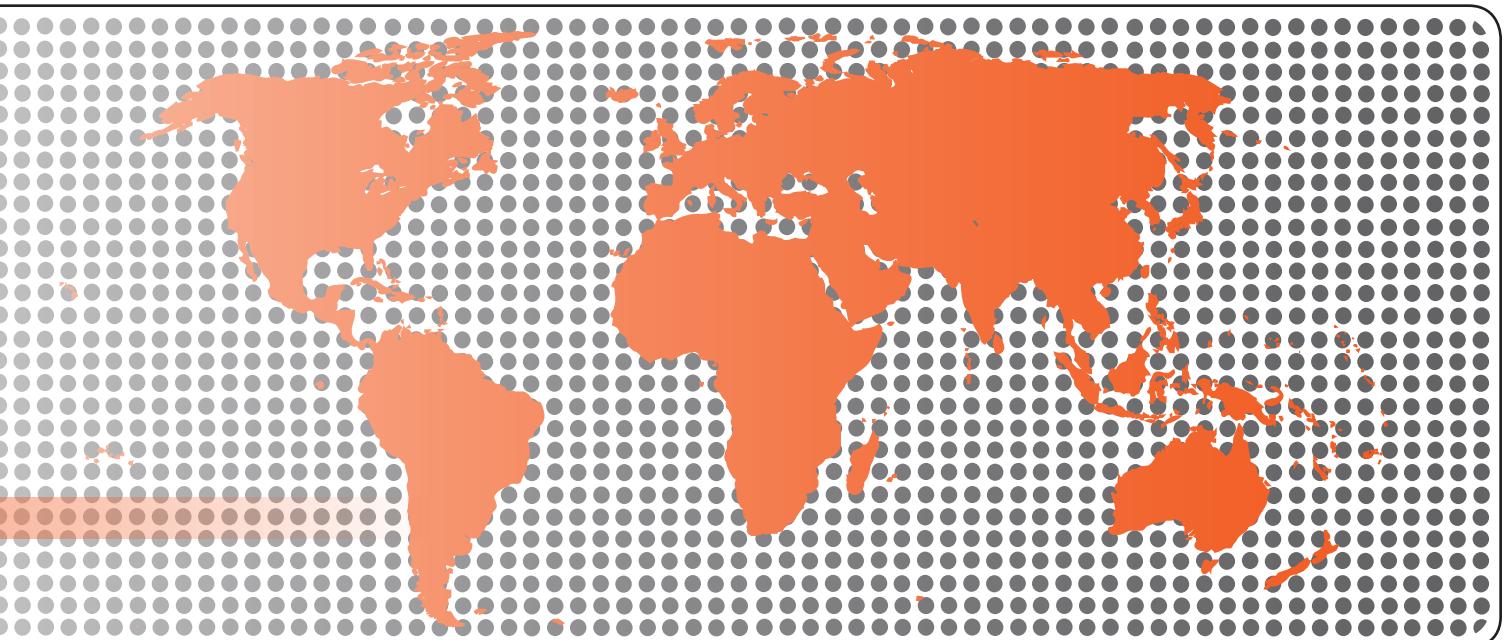


GTSS | Global Adult Tobacco Survey (GATS)



Proposal Development Guidelines



Global Adult Tobacco Survey (GATS) Proposal Development Guidelines

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1. Introduction

The Global Adult Tobacco Survey (GATS), a component of the Global Tobacco Surveillance System (GTSS), is the global standard for systematically monitoring adult tobacco use and tracking key tobacco control indicators. GATS is a nationally representative household survey of adults 15 years of age or older, using a consistent and standard protocol across countries. It is intended to enhance the capacity of countries to design, implement, and evaluate tobacco control and prevention programs. It will also assist countries to fulfill their obligations under the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). To further assist countries in addressing selected demand-related articles of the WHO FCTC, WHO developed the MPOWER package, which is comprised of six evidence-based tobacco control measures:



- M**onitor tobacco use and prevention policies
- P**rotect people from tobacco smoke
- O**ffer help to quit tobacco use
- W**arn about the dangers of tobacco
- E**nforce bans on tobacco advertising, promotion, and sponsorship
- R**aise taxes on tobacco

GATS is intended to generate comparable data within and across countries, and monitor the key indicators of the MPOWER package. The purpose of this document is to provide guidance to partner agencies in effective implementation of GATS.

Partners and Partner Roles

Partners and partner roles in GATS include the following:

- National governments provide leadership and coordination at the country level;
- WHO provides global, regional and in-country leadership as well as monitoring of global tobacco control policy implementation;
- CDC, a WHO Collaborating Center for Global Tobacco Surveillance, provides technical assistance for implementation of the surveillance system;
- Johns Hopkins Bloomberg School of Public Health (JHSPH) provides technical assistance on data analysis and reporting;
- RTI International provides training and technical assistance in electronic data collection;
- CDC Foundation provides resources and program support.

Funding for GATS is provided by the Bloomberg Initiative to Reduce Tobacco Use, a program of Bloomberg Philanthropies. Funding for China and selected countries in Africa is provided by the Bill and Melinda Gates Foundation.

1.1. Objectives of GATS Proposal Development Guidelines

This document will assist the GATS implementing agency(ies) by providing criteria for preparing the proposal. While WHO, CDC, and the CDC Foundation can provide technical assistance during preparation and drafting of the GATS proposal, completion and submission of the proposal is the responsibility of the national implementing agency(ies).

2. Overview of GATS

GATS is designed to produce national and/or sub-national estimates among adults across countries. The target population includes all non-institutionalized men and women 15 years of age or older who consider the country to be their usual place of residence. All members of the target population will be sampled from the household that is their usual place of residence.

GATS uses a geographically clustered multistage sampling methodology to identify the specific households that Field Interviewers will contact. First, a country is divided into Primary Sampling Units, segments within these Primary Sampling Units, and households within the segments. Then, a random sample of households is selected to participate in GATS.

GATS interview consists of two parts: the *Household Questionnaire* and the *Individual Questionnaire*. The *Household Questionnaire* (household screening) and the *Individual Questionnaire* (individual interview) will be administered using an electronic data collection device.

At each address in the sample, Field Interviewers will administer the *Household Questionnaire* to one adult (preferably the head of household), who currently resides in the household. The purposes of the *Household Questionnaire* are to determine if the selected household meets GATS eligibility requirements and to make a list, or roster, of all eligible members of the household. Once a roster of eligible residents of the household is completed, one individual will be randomly selected to complete the *Individual Questionnaire*.

Sections 2.1 – 2.5 of the GATS Proposal Development Guidelines contains information that will facilitate understanding of key components of conducting the survey and includes the following topics: Questionnaire; Sampling Design; Pretest; Fieldwork; and Data Management, Analysis, and Dissemination. In order to maximize the efficiency of the data collection process of GATS, a series of manuals has been created on each of these topic areas. These manuals are designed to provide countries implementing agencies with standard requirements of GATS as well as several recommendations on the design and implementation of the survey in every step of the GATS process. They are also designed to offer guidance on how a particular country might adjust features of the GATS protocol in order to maximize the utility of the collected data within the country. In order to maintain consistency and comparability across countries, following the standard protocol is strongly encouraged.

2.1 Questionnaire

GATS questionnaire consists of a core set of questions that all participating countries will administer. In addition, an optional list of questions is available to incorporate depending on the country specific situation. Please refer to **GATS Core Questionnaire and Optional Questions** for more details (www.cdc.gov/tobacco/global). The **Core Questionnaire** is composed of the following sections:

Household Questionnaire. The *Household Questionnaire* provides the information on the household members who consider the selected household as their usual place of residence. This also identifies the household with number of eligible household members (15 years of age or older) for interview. The preferred respondent for the *Household Questionnaire* is the head of the household. However, any adult living in the household is asked to provide the information in the case of households with no head of house or where he or she is absent. This questionnaire includes the questions on number of household members and their basic information on age, gender, and current smoking status.

Individual Questionnaire. An *Individual Questionnaire* is used to collect information that directly concerns males and females. One male or female 15 years of age or older identified for interview will be interviewed in each household for the *Individual Questionnaire*. The *Individual Questionnaire* consists of eight sections:

Section A – Background Characteristics

Section B – Tobacco Smoking

Section C – Smokeless Tobacco

Section D – Cessation

Section E – Secondhand Smoke

Section F – Economics

Section G – Media

Section H – Knowledge, Attitudes, and Perceptions

Country-Specific Adaptation. The following guidelines are recommended:

- **Preparation:** initial work carried out before the translation work begins;
- **Forward translation:** translation of the original language, also called source, version of the survey instrument into another language, often called the target language;
- **Reconciliation:** comparing and merging more than one forward translation into a single forward translation;
- **Back-translation:** translation of the new language version back into the original language;
- **Back-translation review:** comparison of the back-translated versions of the instrument with the original to highlight and investigate discrepancies between the original and the reconciled translation, which is then revised in the process of resolving the issues;
- **Harmonization:** comparison of back translations of multiple language versions with each other and the original instrument to highlight discrepancies between the original and its derivative translations, as well as to achieve a consistent approach to translation problems;
- **Cognitive debriefing:** testing the instrument on a small group of relevant respondents to test alternative wording and to check understandability, interpretation and cultural relevance of the translation;
- **Review of results and finalization:** comparison of the relative respondents' interpretation of the translation with the original version to highlight and amend discrepancies; and
- **Proofreading:** final review of the translation to highlight and correct any typographic, grammatical, or other errors.

2.2 Sample Design

The design for the standard version of GATS seeks to obtain precise estimates jointly by urbanicity and gender. The sample for GATS should be selected using a multi-stage, geographically clustered design to ensure adequate coverage of the entire target population while simultaneously minimizing data collection costs. The first stage(s) of the design will involve selecting established geo-political area units. This selection process will be highly dependent on the particular country that is fielding GATS. Some countries may have suitable data so that only one stage of geographic selection is needed. Other countries may need multiple stages of geographic selection, where each stage is designed to randomly subselect geographic areas from within larger areas selected at a previous stage.

A more detailed discussion of each stage of the sampling process is provided in the **GATS Sample Design Manual**. In addition, the sample design manual also provides a detailed description on the following two types of design settings: (i) new countries conducting their first round of GATS, and (ii) countries repeating GATS by conducting another survey round.

2.3 Pretest

The pretest of the questionnaire and survey implementation process is needed to address issues, such as skip errors, translation errors, awkward wording, inadequate response categories, and potential logistical problems for main survey. The pretest is also needed to train the key survey personnel, test all survey materials prior to full implementation, and if possible, obtain estimates of respondent burden. The pretest process should reflect the planned operational model including data collection and management for the full survey implementation and should require interviews of approximately 100 individuals. By modeling the pretest after the anticipated full survey implementation procedures, the country and GATS Partners will maximize opportunities for improving the quality in the full survey implementation. However, countries are recommended to collect the information from the individual respondents that cover various residence (urban/rural), gender (male/female), age (15-24, 25-44, 45-64, 65+), and tobacco use status (tobacco users/non-users) categories, as needed. A detailed description of the pretest implementation process should be described in the GATS survey proposal.

2.4 Fieldwork

Recommended Agency Structure Resource Requirements

- Organizational plan and clear lines of authority and communication
- Human resources: processes well described, job descriptions, interviewer and other key personnel selection criteria
- Travel requirements
- Office availability
- Computers and informatics
- Detailed survey schedule
- Problem identification and resolution process

Recommended Standardized Procedures

- Administrative procedures
- Household selection and training
- Household identification, listing and mapping procedures
- Questionnaire administration procedures

- Field status reporting system
- Data processing and editing
- Quality control process

Supporting Materials Adaptation

For the Interviewer. Participating request letters for selected households, country-specific questionnaires, question-by-question specifications, *Field Interviewer Manual* and identification badges.

For the Supervisor. Identification of selected households (pre-printed addresses, and household selection and identifying information), questionnaire control forms, interviewer lists and scheduling, cartography/maps/routes/details of households, quality control checklists and *Field Supervisor Manual*.

For the Coordinator. Task descriptions for human resources, training materials and slides, selected sampling units lists, cartography/maps, quality control checklists and Coordinator's guidelines; *Sample Design Manual*.

Communications Activities. Mass media activities as required.

2.5 Data Management, Analysis, and Dissemination

The implementing agency must have procedures in place for all data management processes occurring during and after data collection including consistency checks, aggregation, data verification, data transfer, and preparation of the aggregated database for statistical analysis. A general practice of confidentiality regarding access and use of the data and related information should also be in place. The agency should have access to software to facilitate these procedures, including the Microsoft Office suite (Access, Excel, Word, etc). A proper backup schedule should be in place daily to assure regularly scheduled duplication, in order to prevent loss or corruption of data. A plan for the statistical analysis of the final database will be outlined in the **GATS Analysis and Reporting Package**. Statistical software packages such as SAS, SPSS, and STATA are required to conduct the analysis procedures. Dissemination materials, like the country fact sheet, will be developed in partnership with the countries, in order to ensure effective utilization of the results of the analyzed data. Each country will also produce a complete national GATS report and other materials for release to the media.

3. Proposal and Submission

3.1 Proposal Criteria

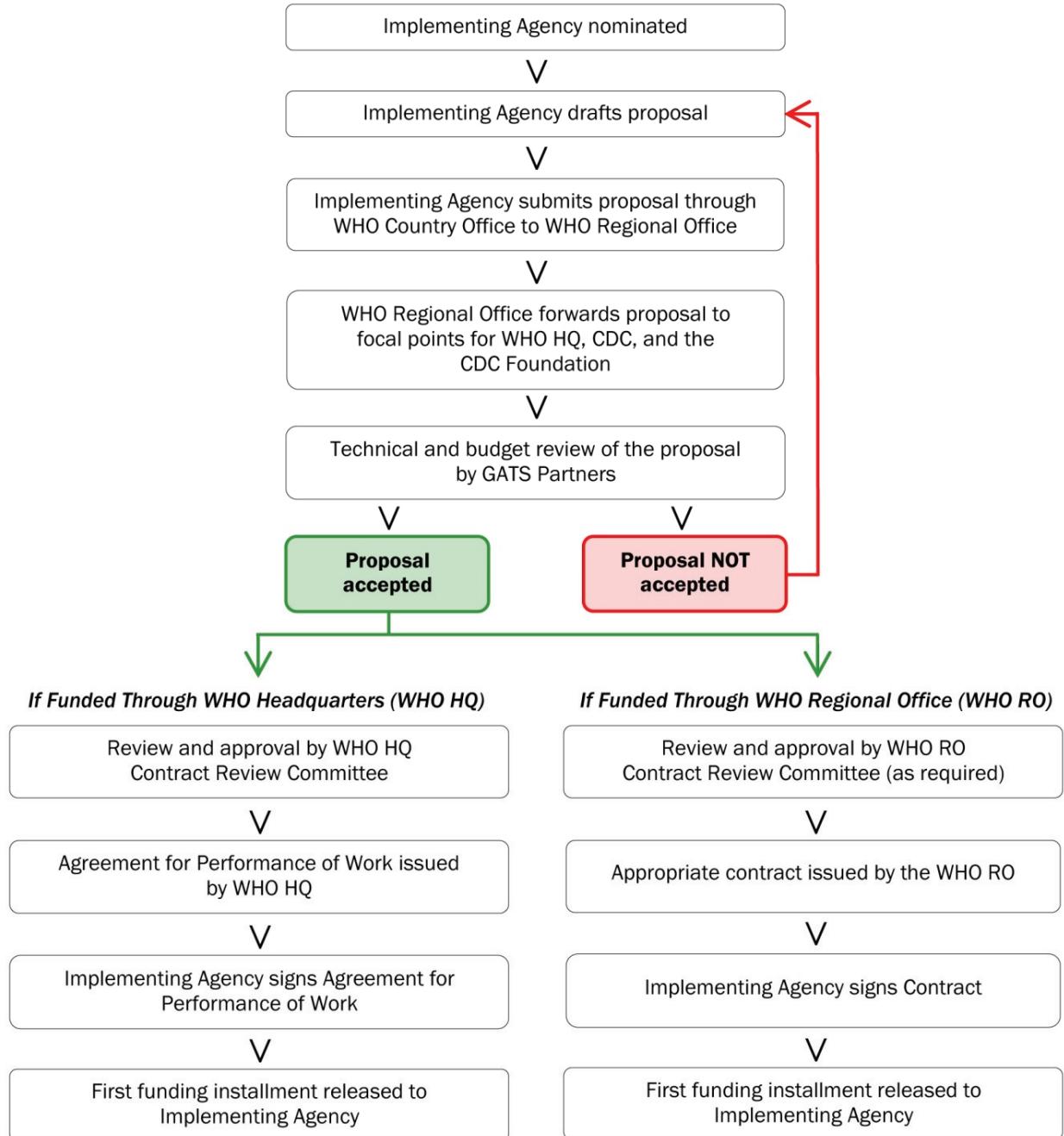
The criteria listed below will be assessed by technical and funding agencies' reviewers and should be included in the country's proposal(s). Please see **Appendix A** for a detailed template.

- *Background of the Agency*
- *Questionnaire Preparation*
- *Sample Design Methods*
- *Pretest Procedures*
- *Training Proposal*
- *Resources*
- *Fieldwork and Data Management*
- *Analysis and Reporting Plans*
- *Timeline of All Activities*
- *Budget*

3.2 Submission Instructions

The proposal should be submitted in English and limited to 35 pages in length, double-spaced with 1-inch margins, and using Times New Roman 12-point or Courier 10-point type. Curriculum vitae should be included for all key country-level GATS staff as attachments and do not count towards the page limit. An electronic copy should be submitted through the WHO country office (CO), for onwards transmission to the WHO regional office (RO). The WHO RO will then submit an electronic copy to the CDC focal point, the CDC Foundation, and WHO headquarters (HQ) for technical and budget review.

4. Review Process



The proposal review process consists of two stages: technical review and budget review. Details regarding each stage of review are listed in the following section.

4.1 Technical Review

Technical Review is conducted at various levels. Overall, technical details (questionnaire, sample design, fieldwork, and data management) of the proposal will be reviewed by the CDC focal point and assured that the submitted proposal adhere to all technical and scientific requirements of the GATS Comprehensive Standard Protocol (CSP). The GATS Questionnaire Review Committee (QRC) will review and approve the questionnaire and the GATS Sample Review Committee (SRC) will review and approve the sample design.

Questionnaire Review. Once the GATS questionnaire is adapted to the country specific situation, it will be reviewed by the QRC to ensure standardization. The QRC is made up of the CDC focal point and other international experts in questionnaire design. The questionnaire and its back-translation should be sent to the CDC focal point by the IA focal point, with copies to the WHO RO/HQ. The CDC focal point will forward the questionnaire to the committee for review. The committee's comments will be forwarded to the country by the CDC focal point with copies to the WHO RO/HQ. Please refer to the implementation instructions for additional details about the QRC process.

Sample Design Review. Once the GATS sampling design is framed in detail by a country, it will be reviewed by the SRC to ensure the quality and cost effectiveness. The SRC is made up of the CDC focal point and other international experts in survey design. The sampling design should be sent to the CDC focal point by the IA, with copies to WHO RO/HQ. The CDC focal point will forward the sampling design to the committee for review. The committee's comments will be forwarded to the country by the CDC focal point with copies to the WHO RO. The final decision regarding sampling designs will be made by WHO and CDC. Please refer to the implementation instructions for additional details about the SRC process.

4.2 Budget Review

The budget will be reviewed by the CDC Foundation and WHO while the various aspects of the technical review are conducted. Any comments or questions that the GATS Partners have regarding the budget will be forwarded to the WHO RO. The WHO RO will then forward these comments to the appropriate contact(s) at the country's implementing agency.

Note: Countries may want to fully or partially fund GATS implementation. However, to be a part of the GTSS, countries must adhere to the technical and scientific requirements of the **GATS Comprehensive Standard Protocol**.

The minimum requirements include review and approval of the questionnaire, sample design, sample weights, quality assurance measures, and analysis plan, by the GATS expert review committees. The GATS expert review process and technical assistance is available to countries from the CDC and WHO.

5. GATS Implementation Timeline

Phases	Date or Date Range	Activity
Pre-Data Collection		Nominate agency or institution to implement the survey.
		Introduce Implementing Agency (IA) expectations related to personnel requirements, hardware/software needs, and timelines for proposal approval and equipment delivery.
		IA provides information needed for the WHO Contract Review Committee (CRC) approval process in the pre-designed questionnaire as well as necessary financial information to become approved WHO supplier.
		Complete country specific questionnaire adaptation.
		Submit country specific adapted questionnaire (in English) to the CDC focal point with a copy to the WHO RO/HQ for review by QRC. It is recommended that at least 15 working days be allowed for review and approval.
		Perform translation and back translation of the final questionnaire.
		Complete country specific sample design.
		Submit sampling design (in English) to the CDC focal point with a copy to WHO RO/HQ for review by SRC. It is recommended that at least 15 working days be allowed for review and approval.
		Complete proposal.
		Complete proposal and obtain signatures of MOH and GATS Coordinating Committee Chairman, as appropriate.
		Submit proposal (in English) to WHO RO and the CDC Foundation to be forwarded to the CDC focal point for review by appropriate committees.
		Review and approval of proposal by appropriate committees.
		Review and approval of proposal by WHO's CRC, as appropriate — PLEASE ALLOW 21 DAYS FOR FINAL APPROVAL.
		Issuance of GATS contract by WHO to IA following CRC approval.
		Sign and return GATS contract by IA to WHO.
		Release first funding installment to IA from WHO HQ or WHO RO.
		Receive handheld delivery for pretest (consider length of time required to clear customs for shipment of electronics).
		Conduct pretest training and fieldwork.
		Analyze pretest results.
		Revise proposal as needed to reflect lessons learned from pretest, including any necessary changes in sample design or questionnaire.

		Submit proposal revisions to WHO RO/HQ and the CDC Foundation. Revisions will be forwarded to the CDC Technical focal point, who will then forward to various committees as needed.
		Selection of survey staff (interviewers and supervisors).
		Submit full survey training curriculum along with invoice to WHO HQ or WHO RO in order to initiate second funding installment release.
Data Collection and Management		Receive handheld delivery for full survey (consider length of time required to clear customs for shipments of electronics).
		Conduct training of trainers.
		Conduct training for full implementation of electronic data collection for IT staff, interviewers, and supervisors.
		Conduct full survey data collection.
		Conduct data management and analysis.
		Convene data analysis workshop.
Post Data Collection		Prepare the country's tobacco control report using GATS data and templates.
		Submit finalized tobacco control report to GATS partners.
		Prepare standard factsheets using GATS templates.
		Submit required reports and invoices to WHO in order to initiate third funding disbursement.
		Release data per the requirements of the GATS Data Release Policy .

6. GATS Process Chart



GATS Process Chart

Global Adult Tobacco Survey

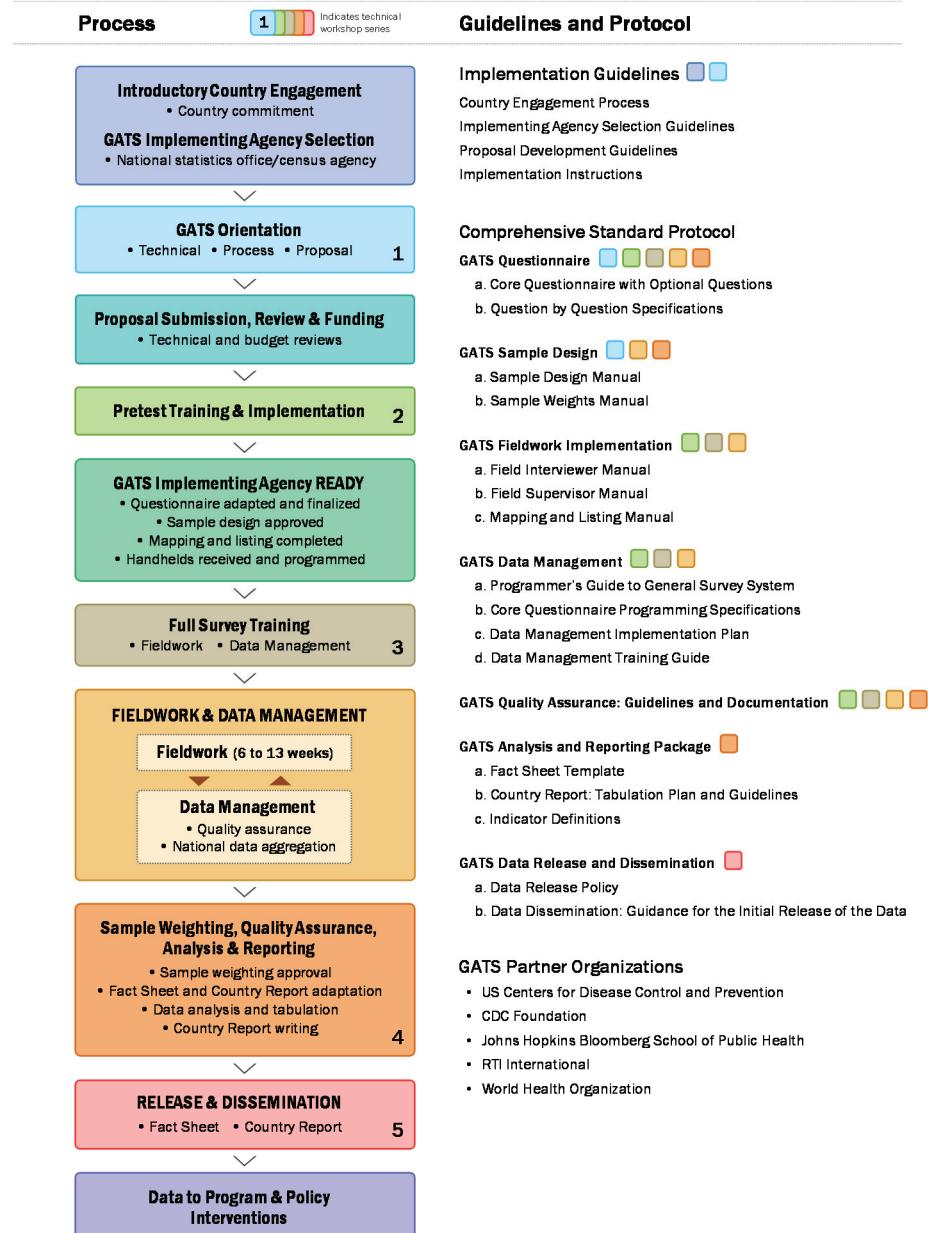
The Global Adult Tobacco Survey (GATS) is the global standard to systematically monitor adult tobacco use and track key tobacco control indicators.

GATS is a nationally representative household survey of adults 15 years of age or older, using a standard protocol. It is intended to generate comparable data within and across countries. GATS enhances countries' capacity to design, implement and evaluate tobacco control interventions.

GATS aims to assist countries address selected demand-related articles of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). It will further support the WHO MPOWER policy package which includes:



- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion, and sponsorship
- Raise taxes on tobacco



September 2010

Appendix A. GATS Proposal Template (Pretest and Full Survey Implementation)

The following are some recommendations from the WHO/CDC to the prospective country agencies for submitting the proposal in a detailed and standard format to implement GATS in order to meet the Bloomberg Philanthropies and CDC Foundation international standard criteria. The criteria should be uniform irrespective of the countries that are interested in regional level implementation.

Agency Profile

- Name and communication details (mailing address, telephone and fax numbers, email address, etc.) of the organization/agency
- Year of establishment
- Principal nature of activities undertaken
- Organizational structure and names of personnel, their titles and *curriculum vitae*, including nature of appointment and duration with the organization of the key personnel proposed to be involved in GATS
- Survey Experience (In the last five years) including area of specialization of field research, evidence of experience of conducting large scale health and/or demographic household surveys (national/regional level), and the field procedure/staff particulars such as number of officers and supervisors, investigators engaged and number of households covered

Questionnaire Preparation

- Country-specific adapted version of core questionnaire including translation and back translation
- Country-specific or optional questionnaire and modifications required, if necessary after pretest

Sample Design Methods

- Description of sample design in sufficient detail
- Sample size estimation based on adherence to respondent sample size requirements as outlined in the **GATS Sample Design Manual**
- Description of appropriate adjustments for non-response and ineligibility
- Sources of sampling frame and other sample design materials
- Proposed mapping and listing procedures

Pretest—See Appendix B

Training Plans

- Agency's previous experience in training survey personnel
- Proposed plan for training staff for GATS implementation
- Structure available for training and proposed activities
- List of training materials and manuals
- No. of field personnel trained (interviewers, supervisors, IT staff)
- Training timeline

Resources

- List of human resources including field staff
- Quantity and tasks of human resources including field staff. Regional level requirements, if needed
- List of other resources allocated to the survey

Fieldwork and Data Management

- Fieldwork support materials: quality control spreadsheets, etc.
- Details on standardized procedures on household identification, interview procedures, questionnaire management, quality control procedures, non-response and refusal recovery strategies
- Reporting channels and requirements, including regional/subcontract agencies
- Plans for data aggregation and management

Analysis and Reporting Plans

- Sample weighting and quality assurance plans
- Analysis and data tabulation plans

Timeline

- Complete proposal and obtain signatures of MOH and Coordinating Committee Chairman
- Translate/back-translate questionnaire
- Submit final questionnaire to GATS Questionnaire Committee (in English)
- Submit pretest proposal for funding
- Complete sample design
- Submit sample design to Review Committee
- Submit proposal through WHO CO to WHO RO and HQ
- Proposal approved and funded
- Conduct pretest and modify proposal
- Get approval for modifications in the proposal from GATS partners
- Conduct fieldwork training
- Conduct fieldwork
- Data management and analysis
- Report writing

Budget (Template to be provided to countries electronically)

Please refer to the **GATS Country Budget Request Template** (available as a separate file) for instructions on completing the budget. The template also includes budget spreadsheets that must be completed and submitted with the GATS proposal. A detailed budget and justification will be required for each of the following phases:

- Phase I – Pre Data Collection
- Phase II – Data Collection and Management
- Phase III – Post Data Collection

Appendix B. GATS Pretest Proposal Template

I. Title: Global Adult Tobacco Survey (GATS) pretest proposal in [country]

II. Introduction

1. Objectives

- a) To pretest the questionnaire and address issues, such as skip errors, translation errors, awkward wording, inadequate response categories, and potential logistical problems for main survey.
- b) To train the key survey personnel and test all survey materials prior to full implementation.
- c) To pretest the planned operational model including data collection and management for the full survey implementation.
- d) To gain experience in field operations related to GATS implementation.

2. Methodology

- a) Proposal for pretesting the questionnaire and data collection and management has been developed by [implementing agency name] in close consultation with [technical committee/WHO/CDC].
- b) Questionnaire development and adaptation
 - i. Final adapted GATS questionnaire will be used and translation into (language) and back translation of the questionnaire into English will be done by language expert (translators);
 - ii. Translation of field operation manuals will be done by language experts;
 - iii. Country specific optional questions or options for core questions may be added into the final questionnaire;
 - iv. IF MULTI LINGUAL, ALL LANGUAGES TO BE TESTED
- c) Sample size and respondents allocation
 - i. Sample size for pretest is [NUMBER] interviews depending on language and geographic representation
 - A. The selection of the sample will be purposive (convenient sampling of the target population)
 - B. The target respondents will be persons aged 15 and above, covering various residence (urban/rural), gender (male/female), age (15-24, 25-44, 45-64, 65+), and tobacco use status (tobacco users/non-users) categories, as needed.
 - ii. Data transfer and aggregation will be followed as per standard protocol

III. Selection and training of field staffs

- a) IT personnel
- b) Number of supervisors and interviewers
- c) Training (class presentations, mock interviews and field practice tests) will be conducted for and by core team members in the use of handheld technology, data collection and management, questionnaire, general interviewing techniques, etc

IV. Fieldwork implementation

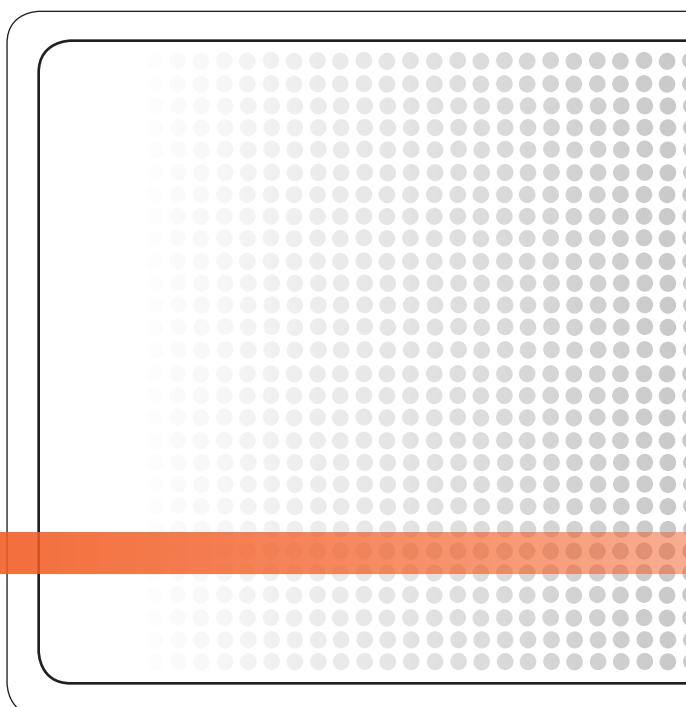
- a) Study area: [area details]
- b) Timeline for pretest training and fieldwork

V. Data analysis and report writing

- a) Data will be analyzed with respect to proposed objectives
- b) A complete report of pretest will be submitted to the WHO/CDC
- c) Review of overall logistics including data collection and management
- d) Finalizing the GATS questionnaire and proposal for GATS in [country]

VI. Timeline

Total duration of the pretest will be [number] months/weeks. Provide detailed breakdown of pretest implementation activities.



GLOBAL TOBACCO SURVEILLANCE SYSTEM (GTSS)