

STANDARD 'CALL FOR PROPOSALS' (CFP)

Overriding Principle:

In the interest of fairness, transparency and integrity, the 'Call for Proposals' (CFP) is recommended as the most appropriate solicitation method for announcing available grant support under the competitive selection method.

Objective:

The public distribution or advertising of the CFP should be tailored to best facilitate the project's objective, and ideally result in the receipt of at least three (3) proposals.

Primary project/programme title:

Support to ATscale to develop audiological profiles for pre-programmable hearing aids and to analyse operational experience of the use of pre-programmable hearing aids in low- and middle-income countries, as defined by the World Bank.

And/or UNOPS reference number (if applicable):

UNOPS/CFP-2020/001/ATSCALE

1. General instructions for proposal submission

How to submit?

Interested parties should submit the Expression of Interest form at the end of this CFP by 8th May 2020 and submit a Grant Application before the deadline shown below. Please submit your proposal in electronic format in PDF using the standard Grant Application Template given in Annex 1 of this Call for Proposals. Please make sure your proposal includes a detailed description of the research methodology, including a sampling method.

When to submit?

Applications should be submitted no later than 17:00hrs Geneva time (CET) on 29th May 2020

Where to submit?

Please submit by email, subject "Support to ATscale for pre-programmable hearing aids" to PeninnahM@unops.org

Questions?

Please submit any questions to PeninnahM@unops.org no later than 15th May 2020 at 17:00hrs Geneva time (CET). Any subsequent responses will be posted on the UNOPS grant support website by 17:00hrs Geneva time 22nd May 2020.

2. Eligibility criteria as per project agreement

Limitations. Examples:

- Only not-for profit organisations, including non-governmental organisations (NGOs) and academic institutions, which have previously conducted audiological research in low- and middle-income countries

Minimum requirements/qualifications. Examples:

- The Grantee must be able to complete and submit the inception report within four weeks of contracting
- The Grantee must have an adequate management, financial, administrative and technical structure and capacity to conduct the proposed activities
- The Grantee must propose a list of low- and middle-income countries (LMICs) in which they intend to conduct research and provide a justification for selecting those countries

Other critical considerations. Examples:

- Past performance will be strongly considered when selecting the most suitable proposal
- It is strongly recommended that team composition should include both men and women, as this shall be considered during the evaluation. This should be clearly outlined in the proposal.
- Applicants proposing an approach which integrates considerations that reflect the differential experiences of men and women as AT users and stakeholders, such as in the approach to population sampling, will be considered favourably
- Grantees which can demonstrate implementation of their prior research findings OR which can demonstrate how their proposed research method facilitates future implementation will be considered favourably by the evaluation committee
- Integrating individuals living with a disability as part of the project team is strongly encouraged

3. Description of scope of work

Overall sector:

Assistive technology, audiology and hearing loss, hearing aids

Specific activities to be funded

ATscale Background

[ATscale, the Global Partnership for Assistive Technology](#), was launched at the Global Disability Summit in July 2018, with the goal of reaching 500 million additional people with life-changing assistive technology (AT) by 2030. ATscale is a cross-sector partnership that brings new energy and strategic focus to a significant global challenge. Building on the foundations that leaders within the sector have established, ATscale will revolutionise access to AT through a collective effort, supporting the global community to have an impact greater than the sum of its individual parts.

Project Context

Globally, approximately 466 million people have disabling hearing loss, a number expected to double by 2050 due to ageing populations, untreated ear infections, ototoxicity, and noise exposure. The World Health Organization (WHO) estimates that unaddressed hearing loss costs the global economy USD 750 billion annually, with a negative impact on education, social life and employability of those with hearing loss. Currently, WHO estimates that 72 million people worldwide need hearing aids; however, hearing aid coverage is only 10% globally and less than 3% in low-

and middle-income countries (LMICs). This is in large part due to barriers such as limited investment from governments, the high cost of products and services, and a resource-intensive service delivery model, as well as low interest from global suppliers in LMIC markets.

Hearing aids are a uniquely tailored and personalised assistive technology. Hearing aids must be adjusted to match the amplification and perceptive needs of each individual user and can serve some, but not all, levels of severity of hearing loss. Different hearing aids are distinguished by amplification power, amplification technology (analogue vs. digital), sound processing capabilities, style, battery types used, and special features (such as Bluetooth, artificial intelligence, etc).

The process of obtaining a hearing aid in most LMICs is lengthy, costly, and a burden on the health system. Obtaining a typical hearing aid requires a process of screening the patient, diagnosing hearing loss, selecting a device, fitting the device, and then long-term follow-up care and rehabilitation. Technologies for screening and diagnosis are typically prohibitively expensive, and the process relies on highly trained technicians and audiology specialists to select, fit, and programme the aid for the user over multiple visits. In LMICs, these requirements become barriers, which reduce access to hearing care, and hearing aids as there are fewer trained specialists and screening technologies are less affordable. However, private sector research largely focuses on higher-end products, which do not aim to overcome these barriers, and more work is needed to understand the potential impact of some innovative technologies, which could bypass these issues in service delivery for hearing aids.

Innovative hearing aid technologies can reduce barriers related to personnel, infrastructure, cost, and reach of services. Pre-programmable hearing aids are one example of an innovative product, which can simplify service delivery, empower users, and expand access. They take advantage of the fact that most people with a hearing impairment have one discreet type of audiological profile, and that any given population has a number of discreet profiles, which are common. Rather than generating a custom profile fit per user, the pre-programmed aids mimic common profiles, leaving only the volume to be adjusted by the user or a low-skilled provider. Suppliers pre-load hearing aids appropriate to different profiles, and a technician selects one to match a user's audiogram.

Pre-programmable hearing aids could dramatically expand access to support for the hearing impaired in LMICs. Pre-programmed hearing aids could be profoundly beneficial in increasing access to hearing aids in LMICs, as they reduce the need for highly skilled technicians, reduce the cost, and do not require the user to be technically proficient. However, there has been limited research into the suitability of pre-programmable hearing aids in LMICs, the range and prevalence of audiological profiles in different populations, how the hearing aids could be introduced, and how they would be received.

Objective of the Grant

This project is part of a larger undertaking from ATscale to scope, pilot, and scale activities to increase access to affordable, appropriate hearing aids and related services. A recent document articulating the analysis on hearing aids published by the AT2030 programme and ATscale, [Product Narrative: Hearing Aids](#), provides a market landscape and a proposed strategic approach by which to increase access to hearing aids in LMICs. Building on the information in the product narrative, this project aims to generate evidence that pre-programmable hearing aids could be capable of supporting improvement for a majority of people's hearing loss in low and middle-income countries and that pre-programmable hearing aids are effective, quality devices that bring a hearing benefit to users. This research also

aims to identify next steps required to demonstrate that pre-programmable hearing aids could be used at greater scale internationally to overcome existing barriers and accelerate access to hearing aids in low-resource settings.

To generate this evidence, ATscale is providing a grant to conduct research in LMICs into audiological profiles and the operational experience of using digital pre-programmable hearing aids. ATscale is seeking a grantee to research the audiological profiles of people with a hearing impairment in LMIC populations. This research will provide an understanding of the most common audiological profiles, which could potentially be used to inform the pre-programming of hearing aids. Secondly, the grantee will research the operational experience of using different models of digital pre-programmable hearing aids in comparison to conventionally customised digital hearing aids to determine whether users find them sufficiently beneficial (in terms of broadened access, cost, and effectiveness of the hearing aid itself) to make it worth expanding the implementation and uptake of pre-programmable hearing aids.

As this grant has two distinct objectives, the grant is divided into two lots. The objective of each lot is as follows:

1. **Lot 1:** Understand the range and prevalence of audiological profiles in different LMIC populations, to inform which audiological profiles could be used in pre-programmable hearing aids to support improvement for hearing loss for the largest sections of the population
2. **Lot 2:** Understand the operational experience of users, technicians, audiologists, and other health professionals in LMICs using and providing digital pre-programmable hearing aids in comparison to conventionally customised digital hearing aids

Activities

Applicants are welcome to apply if they can demonstrate expertise in either Lot 1, OR Lot 2, OR both lots. If the Evaluation Committee determines that the combined proposals received from two different organisations for two different lots jointly represents the best proposal, the two proposing organisations will be awarded the grant, on condition they agree to work collaboratively to conduct the research, in addition to other conditions which will be finalised during contracting, if necessary.

Additionally, applicants applying for both lots may sub-grant one lot to a partner organisation with complementary skills and expertise. The sub-granted organisation must be named in the proposal and submit a corresponding letter of support acknowledging their awareness and capability to implement the lot for which they are responsible, if selected. UNOPS reserves the right to conduct separate due diligence on sub-recipients prior and post award.

The Grantee will perform the following activities:

1. The grantee (or both grantees in the case that each lot is awarded to separate grantees) shall select three or more low- or middle-income countries in which to conduct the required research. Countries should be selected in different regions of the world, including at least one in sub-Saharan Africa and at least one in South East Asia. Where different grantees are working on different lots, the grantees are expected to try to coordinate to conduct research in at least one overlapping location if feasible.
2. Lot 1: Research the range and prevalence of audiology profiles in those countries and develop a report of findings
 - a. Sample a population of adults who have hearing loss of at least 20dB or greater in their ear with the strongest hearing impairment. Sampling should include at least 100 audiograms per location, and the applicant is expected to propose and justify their sampling methodology.

- b. Research the audiological profiles typical of the selected sample population, potentially through retrospective chart review of audiograms
 - c. Conduct desk-research where necessary to supplement findings with additional data and evidence
 - d. Whether new audiological profiles have been taken or pre-existing audiograms have been taken, provide the output of the research in de-identified form, in a file format, which is convertible across many different device platforms. Data and files generated as part of this work must be freely distributed and accessible by any individual or organisation. The grantee may not exert intellectual property rights over them
 - e. Develop a concise report outlining the research methodology, the range of audiological profiles, their prominence within each population studied, and the implications for the provision of pre-programmable hearing aids in the countries studied
3. Lot 2: Research the operational experience of using different models of digital pre-programmable hearing aids, preferably in the same countries researched for the audiological profiles where feasible, and develop a report of findings and recommendations
 - a. Conduct primary research to understand experience with digital pre-programmable hearing aids in comparison to conventionally customised digital hearing aids for users, technicians who fit the hearing aids, audiologists, and other health professionals. Interviewees should have previous experience using or fitting conventionally customised digital hearing aids to make the comparison valid
 - b. Conduct desk-research where necessary to supplement findings with additional data and evidence
 - c. Develop a concise report including:
 - i. 2-3 case studies of the experience of using and / or providing pre-programmable hearing aids in comparison to conventionally customised digital hearing aids. At least one case study should be of a user experience, and at least one of a health care professional, both of whom should have experience with conventionally customised and pre-programmable hearing aids
 - ii. Quantitative and qualitative findings from research including the benefits and drawbacks of using digital pre-programmable hearing aids in comparison to conventionally customised digital hearing aids and the benefits of different models of digital pre-programmable hearing aids covering factors such as quality, cost, comfort, effectiveness in supporting improvement for hearing loss, ease of fitting, and ease of use
 - iii. A summary of recommendations informed by the operational research into what next steps should be taken to explore further scale-up of pre-programmable hearing aid use (e.g., any technological improvements, any issues around effectiveness, any service delivery improvements)
 - iv. All information and data resulting from operational research should be de-identified to protect participant privacy. Data and files generated as part of this work must be free and available to use by any individual or organisation. The grantee may not exert intellectual property rights over them.

Grant Management

UNOPS will be responsible for day-to-day management of the grant for financial issues and issues related to grant contracting and disbursement. ATscale will be responsible for programmatic guidance including approving proposed

countries of research, providing additional specifications or feedback on deliverables, and approving all deliverables. ATscale reserves the right to refine the scope of work in collaboration with the selected Grantee.

Area of Operations

Proposals will be accepted from potential grantees regardless of their location. Proposals should include proposed low- or middle-income countries of research in multiple regions, with a justification for this selection. The selected Grantee must be capable of making the necessary travel – if applicable – to the selected countries and conducting interviews with relevant stakeholders in those countries (subject to travel restrictions due to the ongoing coronavirus pandemic).

Management and Operational Capacity

The Grantee is expected to provide ATscale with an inception report in the first four weeks after contracting. The Inception Report should include the team members and their roles and responsibilities, a detailed work plan including deliverable submission dates and check-ins, project travel plans, proposed interviewees, and any foreseen project risks. Integrating individuals living with a disability as part of the project team is strongly encouraged.

Timing

The work is expected to start in early July and be completed by 31st December 2020. A modest amount of flexibility is available to accommodate travel restrictions due to the coronavirus pandemic, to be discussed.

Performance Requirements

The selected grantee will develop the following deliverables:

Lot 1:

1. Inception report aligning on key activities and objectives
2. Draft and final report of audiology profiles for different populations
3. De-identified data of audiological profiles from different countries in a widely convertible file format, freely and openly accessible to all
4. UNOPS-required financial reports to enable disbursement of funds (*a template will be provided*)

Lot 2:

1. Inception report aligning on key activities and objectives
2. Draft and final report on the operational experience of using models of pre-programmable hearing aids
3. UNOPS-required financial reports to enable disbursement of funds (*a template will be provided*)

ATscale will be responsible for reviewing and approving all deliverables. Additionally, the grantee is expected to hold regular check-ins with ATscale to ensure ongoing programmatic alignment.

The grantee should allow two weeks for ATscale to review the draft reports, and one week to review the inception report and provide feedback on methods, timeframes, and the team. For the draft reports, ATscale will review the report and the ATscale touch point will respond to the grantee with feedback from the wider ATscale reviewing group, which could include Secretariat staff, board members, and Founding Partners as necessary.

Expected Milestones

The inception report should be delivered within four weeks of contracting

The final reports should be delivered within six months of contracting

These milestones are to be confirmed with the selected grantee during the contracting period

Budget

The grant value will be up to USD 100,000 for Lot 1 AND up to USD 100,000 for Lot 2, making up to USD 200,000 in total for both lots.

4. Evaluation process

In line with UNOPS evaluation principles of fairness, transparency and integrity, an independent Grant Evaluation and Selection Committee will be responsible for the review of proposals and the Grantee selection. The review is based on the criteria outlined in the 'Call for Proposals' (CFP) and includes an assessment of the grant proposal's formal, technical and financial aspects. The review should usually include at least two (2) 'substantially compliant' proposals and result in the selection of the most substantially compliant proposal. Any non-compliant proposal may automatically be eliminated from the evaluation process.

Additionally, applicants will perform better in the Evaluation stage if they can demonstrate they fulfil the following criteria:

1. The applicant is a not-for profit organisation, including an NGO or academic institution, which has previously conducted audiological research in low- and middle-income countries
2. The applicant demonstrates that their research findings have previously concretely informed implementation, or that their research is conducted in a way which facilitates implementation
3. The applicant's proposed team members include individuals living with a disability and a mix of men and women of broadly equal experience
4. The applicant's proposed approach integrates considerations which reflect the differential experiences of men and women as AT users and stakeholders, such as in the approach to population sampling

5. UNOPS Grant Support Agreement

The UNOPS Standard Grant Support Agreement (GSA) containing UNOPS General Conditions for Grant Support Agreements (Annex D of the [UNOPS Grant Support Agreement template](#)) is herewith attached, as Annex 2. The GSA constitutes an integral part of this CFP, as it is mandatory to accept this agreement with its conditions before submitting a proposal.

6. Interest / Grantee Application template

If your organisation is interested in submitting a proposal in response to this CFP, please kindly prepare a short 'Expression of Interest' statement (below) and submit via email with subject "Support to ATscale for pre-programmable hearing aids" to PeninnahM@unops.org by 8th May 2020. Please complete your proposal in the Grantee Application template (herewith attached as Annex 1) and submit by email with the same subject to the same email address by 29th May 2020. Please attach as annexes to your proposal a description of specific organisational experiences and completed projects which demonstrate your ability to conduct this research. The proposal and annexes in total are not to exceed 20 pages per lot.

My organisation _____ is hereby formally interested in the advertised grant program/component and will submit a proposal within the established timeframe.

Authorised signature:

Title:

Date: