

CALL FOR PROPOSALS

**Program Management, Coordination, and Support
to the government of Indonesia for the
implementation of integrated vision, hearing and
mobility programme for school-age children
(2024–2027)**

CFP reference number: ATscale/Grant/2024/014

CFP document issue date: **Apr 27, 2024**

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1. PARTICULARS

1.1. UNOPS project objective(s)

The ATscale Secretariat, hosted by the United Nations Office for Project Services (UNOPS) in Geneva, Switzerland, invites interested and eligible non-governmental organizations (NGOs) and other non-profit organizations, as well as UN entities, to respond to a Call for Proposals (“CFP”) for the grant project: **‘Program Management, Coordination, and Support to the government of Indonesia for the implementation of integrated vision, hearing and mobility program for school-age children (2024–2027)’**. The selected applicant shall be responsible for program administration and implementation and shall work in close collaboration with the focal ministry or ministries. Both the quality of the applicant’s work and the progress being made toward successfully achieving the activities and outputs of the program shall be subject to ATscale review.

1.2. Background and objectives of the grant/funding

Today, over 2.5 billion people need at least one form of assistive technology (AT), such as wheelchairs, eyeglasses, or hearing aids. Access to AT is unevenly distributed. In some countries, only 3% have access to the AT they require. The number of people needing AT will grow to more than 3.4 billion by 2050.

The UNICEF-World Health Organization’s 2022 Global Report on Assistive Technology (GReAT) articulates the current global situation and overarching recommendations to improve access to AT. This includes integrating AT into national health, social, and other inter-sectoral planning across all appropriate service delivery platforms. Unmet needs for AT are more significant in low- and middle-income countries (LMICs). Increased access to AT is critical to achieving many international commitments, including universal health coverage, the UN Convention on the Rights of Persons with Disabilities (CRPD), and the Sustainable Development Goals (SDGs).

About ATscale

ATscale, the Global Partnership for [AT](#), was developed in response to the need for a new, catalytic approach to overcoming the significant gap in access to appropriate, high-quality, and affordable AT globally. It is a cross-sector partnership for AT that aims to bring greater resources and strategic focus to this significant global challenge. ATscale envisions reaching an additional 500 million people globally with life-changing AT by 2030. The partnership seeks to harness civil society, governments, development partners, and the private sector to catalyze optimal use of much-needed resources.

ATscale works to strengthen policy, systems, and service delivery for AT at global and country levels to increase access to high-quality, affordable AT. This is achieved through identifying and supporting interventions to address the enabling ecosystem, particularly at the country level, including in humanitarian settings. ATscale also invests in interventions to overcome supply- and demand-side market barriers to build and shape markets for assistive products and their related services. Based on robust analysis tailored to LMICs’ markets, ATscale invests in promising market-shaping interventions to strengthen global and regional AT markets. Market-shaping work focuses on five priority products: wheelchairs, hearing aids, prostheses, eyeglasses, and assistive digital devices and software, as well as cross-cutting interventions that address the AT sector broadly. The effectiveness and impact of all ATscale investments are supported and fortified through advocacy and communication activities that raise awareness and mobilize action at all levels - from community to global.

ATscale, hosted by UNOPS, has a mission to help people build better lives and countries achieve peace and sustainable development. By expanding the ability of the UN, governments, and other partners to manage projects, infrastructure, and procurement operations sustainably and efficiently in some of the world’s most challenging environments. UNOPS supports more than USD 1 billion worth of development projects annually. For more information, please visit the [UNOPS website](#).

ATscale’s funding for the integrated vision and hearing program for school-age children

ATscale sought Expressions of Interest (EOI) from eligible LMICs from East and West Africa, the Middle East, and North Africa and South Asia to implement or scale up integrated screening for vision and hearing care and access to eyeglasses and hearing aids for school-aged children. After a careful review of the submissions, a total of nine (9) countries were shortlisted for scale-up support for different resource envelopes. Additional two (2) countries were selected for foundational support.

Two distinct CFPs have been issued for seven (7) selected countries (Ethiopia, Nigeria, Pakistan, Egypt, Jordan, the United Republic of Tanzania, and the State of Palestine- <https://www.ungm.org/Public/Notice/231436> and two foundational support countries (Chad and Togo - <https://www.ungm.org/Public/Notice/232245>). Please refer to the link provided for more information.

This particular CFP pertains to Indonesia alone but with a much broader scope of work (vision, hearing and mobility). The country will receive a USD 6 million grant for 3 years (2024-2027).

ATscale is a pool-funding partnership in which different donors pool funds to address AT challenges and improve access to AT in LMICs. The particular program on vision and hearing in school-age children was made possible by the support of Reaching the Last Mile, a portfolio of global health initiatives driven by the philanthropy of His Highness Sheikh Mohamed bin Zayed Al Nahyan, President of the United Arab Emirates. ATscale has already informed the selected countries' governments about their selection and the next steps, including the CFP process. The scope of the programme has been expanded to include mobility with support from the Department of Foreign Affairs and Trade (DFAT), Government of Australia.

1.3. Targeted impact of the grant/funding

The grant aims to increase access to AT i.e. eyeglasses, hearing aids and mobility aids among school-age children in the country by strengthening the AT system and removing barriers to access, including identification of vision impairment, hearing loss and mobility needs. The funding targets screening in all nine (9) selected countries (including Indonesia) of about 3.7 million school-age children for both vision and hearing loss and provides 270,000 eyeglasses and 65,000 hearing aids (In Indonesia, due to expanded scope, the funding also envisions providing over 2500 children with mobility aids such as wheelchairs, crutches etc). AT system strengthening activities will lead to 6,000 personnel trained in all of the 9 (nine) selected countries and improved awareness of vision and hearing AT (including mobility for Indonesia) in 45 million people in all of the selected countries. Furthermore, the grant also targets building a conducive environment for the broader AT ecosystem. This impact will be achieved by building the capacity of the national AT systems to work towards the goal of "universal access to quality AT." This will involve working under the focal ministry or ministries' leadership and in close partnerships with the other inter-sectoral ministries, NGOs, UN agencies, civil societies, organizations of persons with disabilities (OPDs), and the private sector.

1.4. Scope of the grant/funding

Two (2) critical areas covered under the overall scope of the funding supported in each selected country are: 1) scale-up integrated vision, hearing and mobility screening approach to improve access to eyeglasses, hearing aids and mobility aids for school-age children and 2) create a favorable environment for broader AT sector development. Activities contributing to both areas are expected to take place in 2024–2027 are detailed below:

1. Scale-up integrated screening for vision, hearing, and mobility and provision of eyeglasses, hearing aids and mobility aids in school-age children - 85% to 90% of grant: The funding focuses on supporting the effective expansion of integrated vision, hearing and mobility screening and provision of eyeglasses, hearing aid and mobility aids interventions as part of the government-led program. The proposed approaches should be government-owned, based on proven models, and integrated into public health, social, and education systems that leverage the strengths of both the public and private sectors. Please refer to Section 2: Approach and Methodology Frequently Asked Questions (FAQs) and Annex A: Guidance Note To Categorise as Programme Costs for more details.

2. Creating a favorable environment for AT - 10% to 15% of grant: The funding also aims to build a conducive environment in the selected countries for broader AT investments. Therefore, a small part of the grant can go towards creating a favorable environment through critical strategic activities focused on the broader AT ecosystem. This may include, among others, activities such as conducting national AT assessments, adopting a priority assistive product list, developing assistive product standards and specifications, publishing investment cases, or developing national AT procurement guidelines. It may also include creating a national strategy for AT to address policy gaps or raising AT awareness to increase demand. Please refer to the Section 2: Approach and Methodology for more details.

1.5. Target beneficiaries

The target beneficiaries of the ATscale-supported program will be school-age children. Whilst the age range is expected to be, 5–18 years, some flexibility is allowed, given that the formal school entry or exit age could vary from country to country. The program will cover both mainstream and special needs schools. When considering beneficiaries, greater attention should be paid to girls, women, the vulnerable, and other disadvantaged groups. Please refer to Frequently Asked Questions (FAQs) for more details.

1.6. Activities under grant/funding

Section 2 of the present document provides more information regarding grant activities.

1.7. Lessons learned

The application shall consider the following items in their program approach based on key lessons learned from similar initiatives implemented by ATscale:

- Establish coordinating entities that reduce fragmentation among AT sector actors (non-profits, for-profits, government ministries, UN agencies, private sector, etc.) and continually work towards greater coordination and collaboration to achieve grant objectives and long-term national strategies to increase AT access.
- Ensure meaningful participation of people with disabilities, other AT users, women, and parents/caregivers in evaluating strengths and weaknesses of implementation to inform improvements in the interventions included in the proposal, identifying opportunities for engagement of AT users, women, parents/caregivers, and vulnerable and disadvantaged groups in grant activities, and serving in advisory groups or other implementation structures responsible for guiding and/or coordinating long-term strategies to increase AT access.
- Plan for sustainability throughout the implementation process by clarifying how the grants' activities and achievements will be sustained and continue to scale beyond the three (3) year grant period. It should clearly define how co-financing requirements (as per country income status communicated during the EOI stage) will be estimated, met, and reported periodically to ATscale.

1.8. Grant/funding available

Signature and implementation of the grant are subject to funding outside the control of ATscale. As such, where sufficient funds are not made available to ATscale by its funding sources in due time, ATscale plans to provide year-by-year agreement amendments /funding additions under the same terms and conditions but also reserves the right to either introduce expenditure ceilings or, if needed, terminate the relevant agreement per Article 16. 'Termination' of the UNOPS General Conditions for Grant Support Agreements or Article J. 'Expiry and Termination of this Agreement' of the UN to UN Transfer Agreement.

Applicants will ensure that the budget in the proposal respects the funding allocated. Programme management and coordination costs cannot exceed 15% of all direct costs, and overheads/indirect costs cannot exceed 10% of all direct costs. Please refer to section 2.6: Budget Requirements and Annex A: Guidance Note To Categorise Programme Costs for more details. Grant funds under program management and coordination will be subject to review depending on funding availability and implementation progress.

Total amount of grant/funding available

The following table indicates the total amount of grant/funding available under this Call for Proposals for Indonesia (for 3 years):

Currency	Amount	Amount in words
USD	6,000,000	Six million

Important note:

- ATscale will encourage consortium proposals. However, a lead organization must be identified. There is no limit on the number of partners in a consortium, however, it should be carefully considered so it does not lead to unnecessary coordination costs. The evaluation panel will assess positively the addition of relevant organizations as well as the cost-effectiveness of the proposed consortium.
- Multiple applications by the same applicant for the same sector will be disqualified i.e. applicants within a consortium cannot submit their standalone proposals or vice versa under this CFP, resulting in disqualification for both.

1.9. Grant/funding duration

The expected duration of the grant/funding is:

YEAR(S)	3	MONTH(S)	0
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The proposed start date for the grant will be 16 August 2024, and it is expected to be concluded within three (3) years, i.e., by 15 August 2027. ATscale expects to sign the agreement for three (3) years; however, depending on timely funds availability, the grant may be signed initially for one (1) year and extended for year two and then year three under the same terms and conditions through agreement amendments. Applicants should note that these dates may change depending on factors that include but are not limited to the number, quality, and value of the proposals received, which may affect the duration of the proposal evaluations and award stage. Kindly note that the budget proposal must be planned for three (3) years or (36 months) broken down per year; ATscale may exceptionally extend the grant duration

based on proper justification of a no-cost extension during implementation or upon completion of 36 months, subject to UNOPS approval.

1.10. Applicant Eligibility

Applicant category(ies)

The following categories of applicants are eligible to apply under this CFP

- Non-governmental organizations (NGOs)
- Foundations
- Civil society organizations (CSOs)
- Institutions or federations
- Academic and research institutions
- UN system organizations

Applicant's country of registration and nationality

All applicants (including consortium partners, if any) should be legally registered to operate in Indonesia.

Additional conditions of ineligibility

The applicant shall not fall under any of the conditions listed in the [Instructions to Applicants](#), Article 1, which makes the applicant ineligible for this grant/funding.

1.11. Content of proposal submissions

The templates listed below are relevant for applicants to document their compliance with the evaluation criteria:

- Annex 1: Proposal
- Annex 2: Declarations
- Annex 3: Financial proposal

Applicants must carefully read and understand the requirements in this CFP and the instructions for applicants before completing the proposal and annexes.

1.12. Partial proposals

Partial proposals will not be permitted. Applicants shall submit a proposal covering the full scope of the activities and grant/funding and addressing all of the requirements in this CFP. Evaluation will be based on compliance with all requirements.

1.13. Sub-granting¹ and contracting²

Sub-granting and contracting are only permitted under this Call for Proposals as follows:

Sub-granting	Permissible
Contracting	Permissible

1.14. Proposal currency

The proposal budget shall be prepared in the following currency:

United States Dollars (USD)

¹ Sub-grant is when an entity is selected by the implementing partner to implement activities on behalf of the implementing partner and complies with the same principles as outlined in the UNOPS Operational Instruction on [Grant Support](#).

² Contracting is done when an implementing partner procures services, goods or works using the procurement procedures of the IP.

1.15. Language of proposals

All proposals, information, documents, and correspondence exchanged between UNOPS and the applicant shall be in:

English

1.16. Proposal submission

The deadline for submitting proposals is **July 08, 2024 12:00 PM**, Geneva, Switzerland, CET. Proposals shall be submitted using the following method:

e-Mail

Proposals shall be sent to bids@atscalepartnership.org

For details on the specific requirements for proposal submission, refer to Article 10, "Proposal Submission," of the Instructions to Applicants.

1.17. Type of legal instrument

The applicable legal instrument(s) are identified hereunder.

- Grant Support Agreement
- UN2UN Agreement (applicable to UN agencies only)

1.18. Contact information

All correspondence, notifications, and requests for clarifications relating to this Call for Proposals shall be sent to:

Name	Nestor Eduardo Sanchez Mera
Title	Programme Support Specialist
Email	bids@atscalepartnership.org

1.19. Important dates and deadlines

The following tables provide the key dates and deadlines of this Call for Proposals.

	Date	Time	Timezone
Submission of proposals Deadline	July 08, 2024 12:00 PM	12:00 PM	CET
Request for clarification Deadline	Jun 24, 2024	12:00 PM	CET
Expected agreement start date	Aug 16, 2024	00:00	CET

	Date	Time	Type	Additional information
Pre-proposal meeting	May 13, 2024	10:00 AM (CET)	Virtual	Pre-proposal meeting Monday, May 13 · 10:00 – 11:00am Time zone: Europe/Zurich Google Meet joining info Video call link: https://meet.google.com/ysf-ziow-imu Or dial: (FR) +33 1 73 08 31 91 PIN: 733 797 443 3381# More phone numbers: https://tel.meet/ysf-ziow-imu?pin=7337974433381

2. REQUIREMENTS

Application guidelines

The Application should describe the current national context of the proposed countries, the specific activities proposed to be funded, the expected result at the end of the activity, and the applicant's existing technical and organizational capacity. The Application should include a logical framework, team structure, monitoring, and implementation plan. Please use the Arial font size 11, single spacing, throughout the document. Please also refer to Frequently Asked Questions (FAQs) and Annex A: Guidance Note to Categorise Programme Costs for more details on the program.

2.1. Organization overview (~2 pages)

Please provide an overview of the organization's goals, mission, and objectives. Please also include the technical and management capacities statement relevant to the current program possessed by the applicant. In the case of a consortium, please provide similar information for the partners but within the maximum page limit of 3. Please describe your comparative advantage and how and why your organization (including consortium partners if relevant) is best placed to deliver this program.

2.2. Past Experience and Engagements (~3 pages)

Provide an overview of the applicant organization's experience demonstrating its capacity to implement the proposed project effectively (Proposal Section 2: Past Experiences and Engagements). Given the scope of the program activities, consortiums, partnerships, and joint proposals, are strongly encouraged. For any proposed consortium or sub-agreement, the primary or lead applicant must identify and provide the details of the organization (s) and demonstrate the partner's past experience to fulfill the defined role. In this case, the consortium partner (s) must provide the details under the Proposal- Section 7. Prior experience does not need to be AT-related but should demonstrate effective partnerships with governments in the health and/or education sector.

2.3. Approach and methodology (~24 pages including appendices)

Context

Vision, hearing and physical mobility together constitute the largest share of AT needs globally, and the highest burden is in low- and middle-income countries. The World Health Organization (WHO) estimates that unaddressed hearing and vision impairment poses an annual global cost of USD 750 billion and USD 270 billion, respectively, negatively impacting the education, social life, and employability of those affected individuals³. Uncorrected vision and hearing loss in young children can significantly affect their ability to learn, socialize, and access opportunities.

Globally, children in need of AT are more likely to be out of school than other children and commonly do not receive the education they need⁴. Children with visual, hearing, physical, or intellectual disabilities are 2.5 times more likely not to attend school at all (UNESCO). Half of the children with disabilities in low- and middle-income countries are out of school - just 42% of girls with disabilities and 51% of boys with disabilities complete their primary school education (UNICEF)⁶.

Several standalone (e.g. school eye health) or integrated children screening programs (school health program, school entry health program, etc.) exist across the globe. However, outcomes of such programs, especially in LMICs, vary significantly. This is mainly due to the limited scope of the existing programs (e.g., restricted to only physical examination of eye and ear), suboptimal system capacities related to screening, referrals, trained human resources, supply chain, service delivery, and follow-ups or absence of program interventions to reach out of school and in the primary health care system. The periodic screening is often irregular and does not follow globally recommended

³ WHO. Technical brief: Increasing eye care interventions to address vision impairment. February 2023. Available at: [https://www.who.int/publications/m/item/increasing-eye-care-interventions-to-address-vision-impairment#:~:text=Globally%2C%20at%20least%202.2%20billion.%2Dincome%20countries%20\(LMICs\)](https://www.who.int/publications/m/item/increasing-eye-care-interventions-to-address-vision-impairment#:~:text=Globally%2C%20at%20least%202.2%20billion.%2Dincome%20countries%20(LMICs).). Last accessed: March 2024

⁴ WHO. Deafness and hearing loss. Available at: <https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss>. Last accessed: March 2024.

⁵ Kuper H, Dok AM, Wing K, Danquah L, Evans J, Zuurmond M, et al. The Impact of Disability on the Lives of Children; Cross-Sectional Data Including 8,900 Children with Disabilities and 898,834 Children without Disabilities across 30 Countries. PLOS ONE. 2014;9(9):e107300.

⁶ Handicap International. Children with disabilities still excluded from school. Available at: [https://www.hi.org/en/news/children-with-disabilities-still-excluded-from-school#:~:text=Fifty%20percent%20of%20children%20with%20boys%20with%20disabilities%20\(UNICEF\)](https://www.hi.org/en/news/children-with-disabilities-still-excluded-from-school#:~:text=Fifty%20percent%20of%20children%20with%20boys%20with%20disabilities%20(UNICEF)). Last accessed: March 2024.

intervals. The provision of eyeglasses, hearing aids and mobility assistive devices is often absent or partially covered for only a few children. Interventions are either charity-driven (such as faith-based organizations) or NGO-led (in small pockets) and suffer scalability and sustainability issues. The program often lacks government ownership due to inadequate resources. Low awareness of refractive errors, hearing impairments, and mobility aids and stigma towards wearing eyeglasses, hearing aids and other assistive devices further limit the domestic resource allocation and uptake of such programs by the community.

Identifying children's vision, hearing and mobility-related AT needs as early as possible is critical. Evidence suggests that due to the highest-burden of vision and hearing impairments in a similar age group, the potential to identify both conditions together in community settings, and the possibilities of skill transfer to the primary healthcare workforce, etc the hearing and vision screening interventions can potentially be combined, provided in primary health care settings (including schools, community, health facilities) and integrated with existing school children program (health-check ups, nutrition, immunization, etc.) or other similar community-based programs. This also offers an opportunity to deliver mobility-related assistive products and related services alongside integrated eye and ear interventions.

Role of implementing partners

During the implementation, the overall objective of the implementing partner(s) should be to provide coordination, monitoring, and capacity-building support to the country's government per proposed activities and manage the funds under the government's leadership. The selected applicant will directly receive grant funds from ATscale on behalf of the government and ensure effective implementation of the grant activities as per the approved proposal. Where applicable, they will manage the disbursement to the sub-applicants or sub-contractors and perform the following functions:

- Ensure strategic resource management, including planning and tracking available resources and monitoring expenditures as per the approved grant project work plan and budget.
- Maintain financial records and monitor systems to record and reconcile expenditures, balances, payments, statements, and other data for day-to-day statutory requirements.
- Subcontract other suppliers/service providers as needed and assist in the financial review and utilization reports from sub-applicants and sub-contractors.
- Work with the government focal point and other local stakeholders, and develop a detailed work plan broken down by years, including sufficient details on activities, (other) implementing partners or sub-grantees, assigned timelines, responsibilities, and escalation levels.
- Support the inter-ministerial or national coordination mechanism established under the government's leadership for the program
- Prepare documentation with detailed terms of reference for engagement with individuals/ organizations/agencies to provide technical support and procurements as needed.
- Develop and maintain project dashboards for various levels of stakeholders; update subcontractors' status on their assigned activities.
- As and when required, undertake background research, analysis, and document development related to program implementation and monitoring.
- Coordinate with the ATscale Secretariat to identify communications and learning opportunities that serve to support national and global advocacy, communication, and learning objectives. For example, the applicant shall periodically provide AT User Stories, Lessons Learned, and other communications content, as agreed with the ATscale Secretariat. The applicant is encouraged to define roles within the team and allocate resources as needed to engage in communication and learning activities.
- Submit annual/semi-annual programmatic and financial progress reports to ATscale, including risk log updates and audit reports (as applicable)

Guided by the overall context (as mentioned above) and the expected role of the implementing partner, the approach and methodology section must include the following:

Executive Summary (~2 pages)

The executive summary should provide an overview of the proposed program's critical features, including the countries' context, selected activities, and expected results broken down per year.

Situational Analysis (~3 pages)

The situational analysis should present a comprehensive understanding of the current context related to the health, social, and education system, vision, hearing and physical mobility-related screening, and provision of eyeglasses, hearing aids and mobility-aids for school-age children. It should create a sound basis for the proposed interventions, including an

understanding of what exists in the policy and stakeholder landscape, political will, and current and past activities in the country, as well as where there are gaps in the policy landscape, capacities and services, infrastructural and procurement capabilities, funding, human resources, and management related to the screening and provision of eyeglasses, hearing aids and mobility-related AT. This section should establish that the applicant understands the current and evolving situation in which the program would be implemented and that the country has the appropriate environment for the implementation of the proposed activities.

Programme Approach (~ 8 pages)

The project approach should describe the specific activities proposed to be supported through this grant/funding broken down per year. It is expected that the proposed activities will include those that will be the most catalytic in moving the country from the existing situation towards achieving the desired national scale incorporated within a national program. Describe in detail the proposed activities and why these are the most critical to implement, as evidenced by the past implementation.

Applicants must articulate a clear program approach that includes problems to be addressed, strategic approaches, and objectives. Please describe the proposed inter-ministerial governance mechanism led by the government for this specific grant/funding or at the organizational level. Describe how the applicant plans to engage AT users, caregivers, and parents throughout the grant cycle. Develop a logical framework that includes the overall goal, specific objectives, indicators, and means of verification. Overall, the logical framework should provide a structured framework for planning and managing the implementation of a program, helping to ensure that the identified outcome, output, and activities are aligned with objectives and that progress can be monitored and evaluated effectively on a yearly basis:

- **Indicators:** Identify measurable indicators for each objective, reflecting both outputs and outcomes related to vision, hearing and mobility-related outcomes in school-aged children. These indicators should be closely aligned with the proposed activities and intended outcomes and provide a means to track progress toward achieving the program objectives.
- **Means of Verification:** Specify the data sources and methods to be used for monitoring and evaluation purposes, ensuring the reliability and validity of collected data. This should include detailed plans for data collection, analysis, and reporting to measure the program's impact and effectively inform decision-making.

Below is the high-level guidance to inform the proposed activities that may be covered under the two (2) key areas of the grant:

- (a) **Scale-up integrated screening for vision, hearing and physical mobility and provision of eyeglasses, hearing aids and mobility aids in school-age children:** It is anticipated that the activities proposed will lead to a comprehensive approach to human resource development, service delivery, procurement, financing, governance, and coordination with the private sector. Interventions should be evidence-based and reflective of the recommendations in relevant guiding documents such as WHO's Package of Eye Care Interventions and Hearing Screening: Consideration for Implementation, Rehabilitation in Health Systems etc., and should cover the following areas, at a minimum:
- **Human resource development:** To effectively provide quality screening and AT, it is necessary to define, develop, and empower the workforce to screen, diagnose, prescribe, refer, follow-up and provide eyeglasses, hearing aids and mobility aids safely and effectively. The proposed human resources activities should address plans to develop an appropriately sized workforce and skill transfer and sharing, with special recognition of the lack of specialized workforce outside of urban areas. It is integral that clear pathways to recognize the minimum skills and competency needed to screen and provide eyeglasses, hearing aids and mobility-related assistive technology appropriately are defined.
 - **Service delivery:** The service delivery models proposed within the grant should have demonstrated success in similar contexts and include a clear scale-up pathway. The model(s) must address the necessary points of screening, diagnosis and assessment, prescription, and delivery of eyeglasses, fitment of hearing aids and mobility-related assistive technology, and follow-ups. Special attention should be paid to reaching out-of-school children. Further, it must be clear how these models are or will be integrated into government-led health, education, or other national systems.
 - **Procurement:** Procurement of screening devices, diagnostic equipment, eyeglasses, hearing aids (including molds and batteries) and mobility aids (wheelchairs, crutches etc.) may be achieved through multiple channels, but eyeglasses, hearing aids and mobility aids must meet the International Organization for Standardisation quality standards or their equivalent. There must also be a comprehensive procurement plan, which articulates the required standards and specifications and indicates how longer-term procurement of eyeglasses, hearing aids and mobility aids will be managed and financed. Activities should describe how the government will be engaged in procuring eyeglasses, hearing aids and mobility aids and how government procurement systems will be strengthened or utilized

to ensure the effective procurement of eyeglasses, hearing aids, and mobility related assistive devices. Countries are encouraged to be ambitious while ensuring responsible service delivery and developing sustainable procurement systems.

- **Financing and governance:** A clear plan should be provided to estimate, record, and report the co-financing commitments (cash and in-kind) demonstrated in the country's Expression of Interest. Financial commitment should include integration into existing health, social, and education plans or other sustainable financing models targeting the concerned program for school-age children. It should also provide a clear plan for integrating human resource development, service delivery, and procurement into costed national plans wherever possible. While some of the population can be served through the private sector, demographics need subsidized models. This section must include confirmation of the government's leadership and ownership.
- **Coordination with the private sector:** To successfully reach an entire population of school-age children with appropriate screening, diagnosis and assessment, refractive, and hearing services, provision of eyeglasses, hearing aids, and mobility-related assistive devices, varied approaches, and partnerships are critical. The private sector plays an important role in improving access to eyeglasses, hearing aids, and other mobility-related assistive technology globally. Depending upon the country's context, synergies between the public and private sectors could be identified, partnerships could be implemented, and these approaches could be brought together under the concerned scale-up program strategies and other costed plans for broader AT.
- **Communication plan:** Propose a communication plan focused on the visibility of the program. Please refer to Annex A: Guidance Note to Categorise the Program Costs for more details on the potential activities covered under the support. After the program kick-off, each implementing partner will work closely with the ATscale communications team. ATscale will provide clear guidance, including what type of content is expected from case studies, tips and tools for collecting stories, frequency of communication, branding, use of logos, etc.

Please refer to Annex A: Guidance Note to Categorise Programme Costs for more details on the activities that can be supported under the overall scope of the grant.

- (b) **Creating a favorable environment for AT:** The activities proposed should be context-specific, coordinated with the government, and lead to developing a road map for broader policy actions. Country capacity in assistive products procurement, specifications, service standards, production, and supply chain management, including maintenance and follow-ups, skilled workforce, service delivery models, and financing mechanisms, play a crucial role in ensuring the sustainable provision of appropriate AT. The interventions should provide a clear road map to the countries for integration and sustained provision of AT in national strategies and programs. A range of interventions can be proposed depending on context and consultations with the government:

- **Assessing the needs and system barriers:** Working with public and private stakeholders to assess the broader AT needs, services, gaps, etc. This can include support for situation assessments such as Assistive Technology Capacity Assessment (ATA-C) and Rapid Assessment of Assistive Technology (rATA), model disability survey, Situation Assessment of Rehabilitation (STAR including AT), or other assessments. Assessments should clearly reflect the existing systems across various domains (mobility, vision, hearing, speech, cognitive, and self-care), prevailing policy gaps and barriers, stakeholder coordination, service delivery systems, and unmet needs.
- **Building the policy and implementation foundations:** Foundational policy and planning-related support is key to creating a conducive environment for more substantial support. This could include review and/or development of key policy related to access to AT; development or update of the assistive products list (APL); development of assistive product specifications; costing analysis of the AT service package; development of an AT national strategy, national action plan, policy, etc. The proposed work must help guide the longer-term investments by governments and partners. The depth of progress to be achieved within this program will be greatly influenced by the context, but it is anticipated that the proposed activities will prepare the country to launch an expansive AT program as a follow-up activity within the three-year program or immediately after.
- **Advocacy and awareness generation:** This may cover activities focused on orienting political leaders, the official launch of the program, building and disseminating an AT investment case, organizing World Day for Assistive Technology (4 June each year), and conducting public and social media campaigns to generate awareness about AT.

Please note that not all the abovementioned interventions are necessary for a country. Activities should be selected based on the country's context and government priorities. They should be chosen in consultation with the government and stakeholders in rehabilitation and AT provision. The selected interventions should result in a clear road map for integrating

and sustaining the provision of AT in a national program. The road map will demonstrate the government's aspiration to develop the sector.

Sustainability and post-grant plan (~2 pages)

Given that the grant can only support a portion of what is needed to bring screening of vision, hearing and physical mobility and provision of eyeglasses, hearing aids and mobility aids in school-age children to a national scale, applicants must describe in this section the roadmap of how the country will achieve a comprehensive and sustainable program to address the provision of eyeglasses, hearing aids and mobility-related assistive devices. Additionally, it should clearly articulate how the activities implemented to develop a favorable environment will translate into improving access to other assistive technology for the general population with a national system. Present a post-project plan outlining strategies for sustainability beyond the grant period, including:

- a) **Capacity Building:** Detail plans for building the capacity of local stakeholders, including government agencies and community organizations, to continue program activities independently.
- b) **Integration:** Describe how program interventions will be integrated into existing health, education, and social systems to ensure long-term impact and sustainability.
- c) **Funding Strategies:** Identify potential funding sources and partnerships to sustain program activities beyond the initial funding period.

Lessons Learned (~1 page)

Applicants should summarise how they have integrated insights gleaned from previous project experiences to inform the grant management. Reference specific challenges faced, strategies employed, and outcomes achieved in the past grants. It should clearly articulate how these lessons informed the proposed approach, demonstrating adaptability and learning. Emphasize the program development's continuous improvement and iterative nature to enhance credibility and effectiveness.

Health and Safety Requirements (½ page)

The grant applicant shall develop an assessment and risk management plan to ensure the health and safety of its personnel and any other persons engaged and controlled by the applicant to perform any activities under the Agreement.

Gender, Social, and Environmental Requirements (~1 page)

The grant applicant shall describe the organization's gender, social, and environmental protection guidelines and principles and demonstrate how these principles will be applied to grant activities under the agreement. The applicant proposals should also discuss how they will promote women's participation through the program cycle, including governance and team structure, decision-making, monitoring, and as a targeted beneficiary. They should also capture how vulnerable and disadvantaged groups will be paid increased attention to in the planning and implementation of the program.

Risk and mitigation measures (2 pages)

Identify and list the risks associated with the program, including key assumptions underlying the program design and implementation, constraints, and challenges that may impact program implementation. Strategies for mitigating these risks should also be outlined.

Proposed Team Structure (~4 pages)

This pertains to Proposal-Section 6, 8, and 9. Define roles and responsibilities within the proposed program governance structure, including program management, technical support, and monitoring and evaluation functions. It should also include the details of the team members from the consortium partner (if applicable). Please visually represent the management structure (i.e., organogram from the lead entity in case of a consortium), how the proposed team (including consortium partner, if applicable) will be organized, and how it is proposed to be placed within the lead entity's overall structure for this grant. The applicants should include the CVs of only one key personnel (from the lead entity in case of a consortium).

2.4. Implementation Plan Requirements

Completing the Implementation Plan using the proposed outputs, deliverables, and activities is essential to achieving the grant/funding outcomes. The Implementation Plan should accurately show the sequence and timeframe for delivering each activity and output under various quarters (Q1–Q12).

2.5. Implementing Partner Monitoring Plan Requirements

Complete the Implementing Partner (IP) Monitoring Plan using the template provided (Proposal -Section 5). The implementing partner will report program progress to the ATscale Secretariat biannually. Wherever possible, country data and monitoring systems should be used to report the program's success. The implementing partner will be working in coordination with the government's focal point to ensure annual/bi-annual progress reporting (and Final Reports) is comprised of a narrative summary of the progress of implementation and any relevant updates to the grant, along with the following:

a. Program Implementation Monitoring (Semi-annual reporting):

- A narrative summary of progress against the applicant's work plan, including personnel/recruitment/procurement updates, as applicable;
- Output/outcome data to demonstrate progress as identified in the Monitoring Plan.
- The applicant is to report minimum data biannually as part of progress reporting on grant activities, as specified in the agreement. This may include:
 - Direct reach: The number of targeted beneficiaries who received assistive products and services under the grant. Please refer to Frequently Asked Questions for more details.
 - Indirect reach: This includes the following:
 - Numbers of indirect beneficiaries reached through the program (please refer to FAQs for more details).
 - Human resources trained: Number of personnel trained under the program
 - Number of people reached through advocacy and media campaigns, awareness generation workshops, and normative work
 - Organization capacity strengthened - Number of organizations whose capacity was strengthened
- Risk Log update
- Financial Reports (Interim and Certified Final)
- Audit Report (as applicable)
- Case Study of Lessons Learned or AT User Stories as agreed upon with the AT Secretariat

b. Country Capacity Monitoring (Annual reporting):

The selected applicant shall also report against country capacity indicators, if available, on an annual basis that gauge improvements in overall **system capacity** in areas such as Legislation, Financial, and Provision and an overall increase in addressing the unmet needs of AT users nationally. Further details will be provided during the agreement signature stage.

The specific reporting templates and requirements for both program implementation, including more details on the direct and indirect beneficiaries and country capacity monitoring above will be shared with the selected applicant as part of the finalization of the Grant Support Agreement or relevant UN to UN Agreement.

2.6 Budget requirements

- a. Budget Ceiling: [as indicated under section 1.8 in the [Particulars](#)]
- b. At a minimum, the budgets must include:
 - i. An estimate of direct costs including all of the expenses required for and can be tracked directly to the grant/funding accounts. Direct costs must be broken down by expense subcategory, by expense line item, by thematic area, and by year.
 - ii. A description of assumptions or justifications underlying the estimates
- c. The costs will be eligible only if these are incurred for the purpose of this grant/funding and within the duration mentioned in the legal instrument (including any amendments)
- d. Article II, Section 7, of the Convention on the Privileges and Immunities of the United Nations, provides, inter alia, that the United Nations, including UNOPS as a subsidiary organ, is exempt from all direct taxes, except charges for public utility services and is exempt from customs restrictions, duties, and charges of a similar nature in respect of articles imported or exported for its official use. All proposals shall be submitted net of any direct taxes and any other taxes and duties.

- e. Grant budgets may include indirect costs up to 10% of direct costs. In the case of subgrants, indirect costs on the subgrant amount should be calculated and presented separately. Please refer to Annex A: Guidance Note to Categorise Programme Costs to understand how to classify various program activities and related cost elements.

3. EVALUATION METHOD AND CRITERIA

Proposals submitted in response to this CFP document shall be evaluated following the cumulative analysis methodology, which consists of the following steps:

- a. **Preliminary screening:** This includes an assessment of whether proposals comply with the formal and eligibility criteria stated in [Table 1: Formal and eligibility criteria](#). All proposals which pass this stage will go through a subsequent evaluation as follows.
- b. **Technical evaluation:** This assesses the technical points achieved by each proposal, as per the maximum obtainable points assigned per criteria group in [Table 2.1: Parts of the technical proposal evaluation](#). Only proposals that meet the minimum threshold indicated in [Table 2: Technical criteria](#) shall be considered substantially compliant at this stage. Evaluation of the technical proposals shall be completed prior to the financial evaluation.
- c. **Financial evaluation:** Financial evaluation will only take place for proposals that have achieved the minimum threshold in the technical evaluation. Financial proposals shall be checked for any mathematical errors in accordance with Article 15, “Minor Informalities, Errors or Omissions” in the [Instructions to Applicants](#). The total financial proposal points achieved for each proposal are determined in accordance with [Table 3: Financial criteria](#).
- d. **Combined analysis:** This evaluation will be conducted based on a combined analysis of each proposal's relevant costs, risks, and benefits. The combined analysis includes the scores from both the technical evaluation, including factors such as risks, sustainability, and others, and the financial evaluation, using a predefined weighting method.

The maximum number of points that an applicant may obtain for its proposal are as follows:

- Technical proposal: 80 points
- Financial proposal: 20 points

The maximum number of points an applicant may obtain for technical and financial proposals is 100. The weighting of the technical and financial proposals will be 80:20.

UNOPS may request clarification or further information in writing from applicants at any point during the evaluation process. In this case, any response from an applicant shall not modify the substance of the proposal, including its technical and financial aspects. UNOPS may use such information to interpret and evaluate the relevant proposal.

The evaluation of a proposal by UNOPS shall be carried out against the evaluation criteria described in the following tables.

i. Preliminary screening
Table 1 FORMAL AND ELIGIBILITY CRITERIA

Criteria evaluated on a pass/fail basis during the preliminary screening	Documents to establish compliance with the criteria
1. The applicant is eligible as defined in Article 1, "Applicant Eligibility" in the Instructions to Applicants .	<ul style="list-style-type: none"> ● Annex 1: Proposal ● Annex 2: Declarations (Lead Partner only) ● Registration certificate to operate in the country (both for lead partner and consortium partners in case of consortium) ● Proof of organization as not for profit entity (both for lead partner and consortium partners in case of consortium)
2. The proposal is complete and includes all completed forms and other documentation requested in the Particulars , 'Content of proposal submissions'.	<ul style="list-style-type: none"> ● All documentation requested in the Particulars, 'Content of proposal submissions'
3. The applicant accepts the conditions in the template for agreement, as specified in the Particulars , 'Type of legal instrument'.	<ul style="list-style-type: none"> ● Annex 2: Declarations

ii. Technical evaluation
Table 2 TECHNICAL CRITERIA

Criteria evaluated based on scoring during the technical evaluation	Documents to establish compliance with the criteria
<p>The maximum number of technical points obtainable is detailed in Table 2.1: Parts of the technical proposal evaluation.</p> <p>To be technically compliant, applicants must obtain a minimum threshold of 70% of the total obtainable points.</p>	<ul style="list-style-type: none"> ● Proposal

Table 2.1 Parts of the technical proposal evaluation

	Obtainable points
1. Applicant's capacity, expertise, and past experience	20
2. Proposed methodology, approach, and implementation plan	45
3. Proposed team structure and key personnel	15
Total technical proposal points	80

Table 2.1.1 Part 1: Applicant's capacity and expertise

	Criteria to be evaluated	Documents to establish compliance with the criteria (not exhaustive)	Obtainable points
1.1	The applicant has the general organizational capability to support effective implementation: management structure, financial stability, project financing capacity, management controls, and the extent to which any work would be sub-granted/contracted.	Copy of audited financial statements for the last three years <ul style="list-style-type: none"> • Proposal 	2
1.2	The applicant's (including consortium partners, if any) organizational goal, mission, and objectives are relevant to the program context.	<ul style="list-style-type: none"> • Proposal: Section 2 	3
1.3	The applicant ((including consortium partners, if any) has the presence or experience working in the relevant country	<ul style="list-style-type: none"> • Proposal: Certification of incorporation of the applicant 	2
1.4	The applicant (including consortium partners, if any) has been in continuous operations and has relevant specialized knowledge and experience in successfully delivering similar programme activities in the last 5 years.	<ul style="list-style-type: none"> • Proposal: Section 2 and Section 7 (if applicable) • Certificate of incorporation of the applicant (lead partner in case of consortium) 	5
1.5	The applicant's (including consortium partners) existing projects complement this grant support project activity(ies). The applicant has the capacity to undertake the current proposed activities in addition to its current workload.	<ul style="list-style-type: none"> • Proposal: Section 2 and Section 7 (if applicable) 	5
1.6	Lessons learned by the applicant from other projects are factored in the proposal to implement the proposed grant support project activity(ies).	<ul style="list-style-type: none"> • Proposal: Section 3 	3
Total points for Part 1			20

Table 2.1.2 Part 2: Proposed methodology, approach, and implementation plan

No.	Criteria to be evaluated	Documents to establish compliance with the criteria (not exhaustive)	Obtainable points
2.1	The proposal is substantially compliant and does not contain any material deviation(s) from the minimum requirements as stipulated in this CFP document, which indicates the applicant's understanding of these requirements.	<ul style="list-style-type: none"> • Proposal 	2
2.2	The situation analysis provides a detailed contextual overview of the programme, policy, financing, system, and service delivery gaps.	<ul style="list-style-type: none"> • Proposal, Section 3 	4
2.3	The proposed approach and logical framework are technically sound and clearly define targeted results and outcomes, objectives, indicators, and means of verification needed to measure the programme's success. The activities proposed in the logical framework are aligned with	<ul style="list-style-type: none"> • Proposal, Section 3 	18

	the country's context, programme situation, the implementing partner's expected role, and the grant support's overall scope.		
2.4	Key partners, stakeholders, and coordinators clearly identified. The approach clearly explains which partners will be engaged, where, and for what. There is a clear description of how different stakeholders will coordinate.	• Proposal , Section 3 and Section 6	3
2.5	The AT user engagement approach describes how AT users, parents, and caregivers will be consulted and engaged throughout to ensure inclusion.	• Proposal , Section 3	2
2.6	The proposed approach outlines the sustainability and post-grant plan to achieve the proposed impact.	• Proposal , Section 3	3
2.7	The approach is feasible given the operating environment (e.g., access, security, climatic conditions, etc.).	• Proposal , Section 3	2
2.8	The proposal satisfactorily demonstrates that the Health, Safety, Gender, Social, and Environmental (HSSE) requirements in relation to the grant support programme activities will be met.	• Proposal , Section 3	2
2.9	The activities proposed under the Implementation Plan (Gantt chart) are aligned with the proposed approach and methodology. The Implementation Plan demonstrates the applicant's capacity to plan and implement the grant support project activities within the identified timelines	• Proposal , Section 4	3
2.10	The proposal has clearly identified the potential risks and mitigation measures to ensure programme success.	• Proposal , Section 3	3
2.11	The IP Monitoring Plan details how different work elements will be monitored and controlled. The indicators provide a true measure of the result and are a realistic way to capture the required information.	• Proposal Section 5	3
Total points for Part 2			45

Table 2.1.3 Part 3: Proposed team structure, and key personnel proposed

No.	Criteria to be evaluated	Documents to establish compliance with the criteria (not exhaustive)	Obtainable points
3.1	The applicant describes and justifies the various functional roles (including roles assigned to consortium partners), size, and overall composition of the programme team.	• Proposal , Section 6, Section 8	10
3.2	The organizational chart clearly defines how the proposed team structure (including consortium partner) fits into the overall hierarchy and management of the implementing partner organization.	• Proposal , Section 6	3
3.3	The function, qualifications and experience of the proposed programme team and one key personnel (CV) meet the programme requirements.	• Proposal , Section 8 and Section 9	2

Total points for Part 3
15

iii. Financial evaluation

Table 3 FINANCIAL CRITERIA

Criteria evaluated based on a cumulative analysis methodology during the financial evaluation	Documents to establish compliance with the criteria	Obtainable points
1. Total Budget: A maximum of 2.5 points will be allocated to the lowest total budget. Total budgets of other substantially compliant applicants will be scored according to the following formula: Points for budget amount = $\frac{[\text{lowest total budget amount}] \times [\text{maximum points allocated for the total budget amount}]}{[\text{Total budget amount of proposal under evaluation}]}$	<ul style="list-style-type: none"> • Annex 3: Financial proposal 	2.5
2. Applicant organizations comply with the maximum budgets stipulated in the Budget requirements .	<ul style="list-style-type: none"> • Annex 3: Financial proposal 	2.5
3. The applicant has provided sufficient justification for budget lines and lump sums.	<ul style="list-style-type: none"> • Annex 3: Financial proposal 	5
4. Budget allocation among different categories is appropriate, particularly between programme activities and the operational budget.	<ul style="list-style-type: none"> • Annex 3: Financial proposal 	5
5. The applicant's cost estimates and the assumptions made for such estimates are reasonable.	<ul style="list-style-type: none"> • Annex 3: Financial proposal 	5
Total financial proposal points		20

Annex A

Guidance Note To Categorize Programme Costs

The classification system and description defined below are meant to understand the broader focus of the proposed interventions for planning, implementation, and monitoring under the concerned program. Activities must be tagged via the drop-down menu of the classifications provided under the financial budget template. It is understood that some activities may not necessarily fit neatly into these classifications. Therefore, countries are asked to use their best judgment to select where it works best. Please note that ATscale does not expect a proposed program to focus on all the areas and activities therein. Prioritization is critical and should be guided by the government's priorities, country, and program context to ensure greater value for money and sustainability.

STRATEGIC THEMATIC AREAS (Illustrative Activities)	
HRH Strengthening	Pre-service training, curriculum development, short—and long-term post-service training courses on vision and hearing rehabilitation, post-service and refresher training of the workforce on particular assistive product/s and services, support for engaging providers personnel/specialists, including community health workers, teachers for screening and provision, development of a scheme of service, regulation for related rehabilitation and assistive technology workforce, etc.
Data and Information	Screening tools include the development or/and roll-out of paper, IT-based, or mixed screening and assessment systems, the integration of data generated through screening, recording, referrals, provision, and follow-ups into existing information management systems, integration with a health information management system or DHIS2, and the development/revision of facility-based monitoring and evaluation reporting tools, systems, etc.
Service Provision	Provision of rehabilitation services and AT in primary, secondary, and tertiary facilities, community-based rehabilitation and AT, social services as part of service provision, procurement of screening/diagnostic/ manufacturing equipment, infrastructure (renovation/refurbishment/rent), setting up referral network, the collaboration between health facilities and AT users including public-private partnership models on services, follow-up mechanism, supportive supervision, integration of school-age children screening and AT provision with facility and/or community-based health and social program on maternal, neonatal, child, and adolescent health (RMNCAH), immunization, nutrition, tuberculosis, and other infectious diseases, non-communicable diseases, rehabilitation, elderly and palliative care.
Leadership/Coordination/Stakeholder Management	Inter-ministerial coordination platforms, steering committees, parliament committees, technical working groups, program advisory groups including government, partners, parents/caregivers, women, organizations of persons with disability, vulnerable and disadvantaged groups, etc., created for strategic decision-making and implementation coordination purposes
Guidelines/Policy/Financing	Normative work including the development of policy, costed rehabilitation, and strategic plan related to screening and AT provision, program for school-age children or the general population, development/revision of priority list of assistive products, standards, and specifications of assistive products, service standard guidelines, development of screening, rehabilitation and AT service package across primary, secondary, tertiary levels including community-based rehabilitation and AT, costing analysis of service packages of integrated rehabilitation and AT services, the establishment of financing or reimbursement system, innovative financing mechanisms, AT inclusion into social and health insurance and other subsidy programs, universal health coverage package, duty exemption, Convention on the Rights of Persons with Disabilities implementation in the context of AT, rehabilitation and AT road map, etc.
Advocacy, and Demand Generation	Advocacy and awareness activities related to professional recognition, service development, and increased financing on rehabilitation and AT, information material on AT, dissemination of information to stakeholders including organization of persons with disability and communities, awareness campaign, sensitization workshops, building networks of stakeholders, communication plans, mass advocacy and awareness campaigns on World day for Assistive Technology (4 June each year-being introduced by ATscale from 2024 onwards), World Sight Day, World Hearing day etc.
Communication Plan	This may include support in producing short videos, photo stories, human interest case studies, and a summary paper on lessons learned each year to provide more visibility to the program. All will be posted on the ATscale website and also amplified across our social media

	channels: Instagram, Facebook, X, and LinkedIn. The applicants can allocate up to USD 15,000 each year for activities proposed under this category.
Assistive Product Procurement	Costs of all assistive products or their components need to be procured (including import duties, if applicable) as a part of the proposal through any mechanism, i.e., state budget, catalytic donations, ATscale budget, etc. The economic worth of catalytic donations needs to be estimated and provided separately.
Supply Chain Strengthening	Activities related to technical support in tendering, procurement, and regulation; developing specific requirements and profiles of needed assistive products and diagnostic equipment; building capacity in import or domestic procurements; storage, product inspection, maintenance and repair, refurbishment, replacement of old products and related components, warehousing, mapping of distribution and supply to service delivery centers, integrating assistive product distribution into other health and social system supply chains (e.g., medicines), logistic information management system, calibration and annual maintenance of screening and diagnostic equipment, local production, etc.
Innovation	Limited resources can be permitted for innovation-related activities, such as products and service delivery models, development and the invention of new assistive devices related to the concerned program, customization of existing assistive products and pilot testing, evaluation of new methods or service delivery models for screening, assessment, prescription or fitting of assistive products and related services, etc. Please note that the innovation is not a focus of the concerned grant.
Programme Management and Coordination	This includes costs for two components: grant management and the coordination role played by the partner (government or non-government) to build capacity and help support the implementation led by the government partner. The total budget envelope indicated to the country is inclusive of program management and coordination costs. For planning purposes, this should be considered within the maximum limit of 15% of the direct costs.
Indirect/overhead costs	<p>Expenses incurred by an organization, such as administrative or other support functions, that are not easily linked to a specific Grant Support Activity. Examples of indirect costs are, but are not exclusive to:</p> <ul style="list-style-type: none"> - Office support staff who are not directly working on activities under the Grant/Funding - Utilities - Development and fundraising activities - Rent and occupancy costs - Internet and telephone services - Meetings (e.g., Board of Directors, office retreats or celebrations, etc.) - General office equipment (e.g., furniture, servers, copiers, office supplies, repairs and maintenance, etc.) <p>Indirect costs should be limited to a maximum of 10% of the total direct costs.</p>