

An Overview of ATscale

Eol for PIC



ATscale

GLOBAL PARTNERSHIP FOR
ASSISTIVE TECHNOLOGY

Hosted by





Who are we?

ATscale, the **Global Partnership for Assistive Technology**, is a cross-sector global partnership (hosted by UNOPS) with a mission to transform people's lives through assistive technology.

Today, over **2.5 billion** people globally need at least one form of AT, but in LMICs only **10%** of people have the **AT** they need, in stark contrast to **90%** of people in need in HICs who do.

AT can help unlock the potential of 1 billion people and benefit individuals, families, communities and entire nations



SCALE

More than 2.5 billion people

are in need of one of more assistive products such as **wheelchairs, hearing aids, prostheses, eyeglasses or digital devices** that support communication and cognition.



INEQUALITY

Stark inequalities across countries

World Health Organization data shows that **less than 10% of those in need of AT in low-income countries have access**. In high-income countries 90% in need have access.



PACE OF CHANGE

A fast-growing global problem

As our societies age, and Non Communicable Disease prevalence increases the number of people in need is **likely to rise above 3.5 billion by 2050**.



IMPACT

Key to SDGs & 'Leaving No One Behind'

No inclusion without AT. **Access to AT is life-changing for people with disabilities, but also for their families and close community**—disproportionately women and girls—who would now have more time for education and paid work.



AT plays a crucial role in **achieving** the Sustainable Development Goals (**SDGs**).

Leaving No One Behind is impossible without universal access to AT.

Assistive technology is particularly relevant to the following SDGs:

Strong global partnerships, such as ATscale, are important to ensure assistive technology is available and affordable for everyone, everywhere.
Assistive technology facilitates inclusive sustainable development for all.



Assistive technology is crucial, sometimes for survival, during climate-driven disasters.
Assistive technology is important to strengthen people's resilience and adaptive capacity, and to increase knowledge for climate action. Disability-inclusive jobs are needed in low-carbon economies, and assistive technology will bolster this transition.



Universal access to assistive technology in low- and middle-income countries will address the gross inequality globally.
Inequalities also exist within low-income countries across urban and rural areas and among wealthy and poorer populations.



Assistive technology and accessible environments are necessary in all infrastructure construction, industrialization and innovation to ensure inclusion. Assistive technology is a source of innovation, especially with new technology advances, with opportunities for local innovation and production opportunities.



Assistive technology enables people to overcome poverty through active social, political and economic participation.
Access to assistive technology for a child in a low- or middle-income country can make a difference of US\$100,000 in lifetime income.



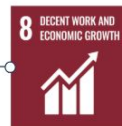
Assistive technology can improve people's health and reduce stark health inequities.
It helps overcome barriers of access to healthcare, and has profound effects on physical and mental health and wellbeing. Assistive technology is integral across the health care spectrum and is key to achieving universal health coverage.



Assistive technology from early childhood to adulthood can ensure students have access to education, and pursue learning goals throughout life. For young children, access to products like glasses, hearing aids, wheelchairs or digital devices is transformational for learning and lifelong outcomes.

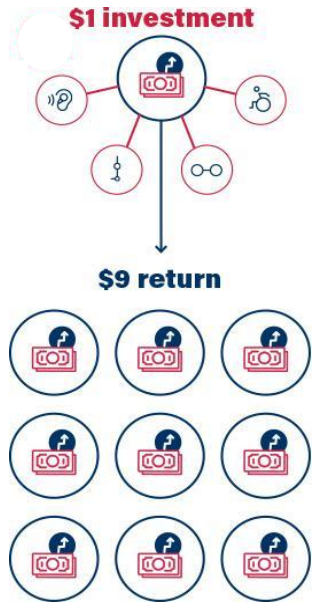


Assistive technology enables women and girls to actively participate socially, politically and economically, and enjoy access to healthcare, including sexual and reproductive health services. Assistive technology also benefits caregivers, often women and girls, freeing up time for education and employment.



Assistive technology allows people to actively participate in the workforce, be more productive than before, and contribute to the economy.
Digital assistive technology is a key workplace enabler, and mobility technologies like wheelchairs and prostheses help people travel to workplaces.

Investing in AT is not just the **RIGHT** thing to do, it is also the **SMART** thing to do

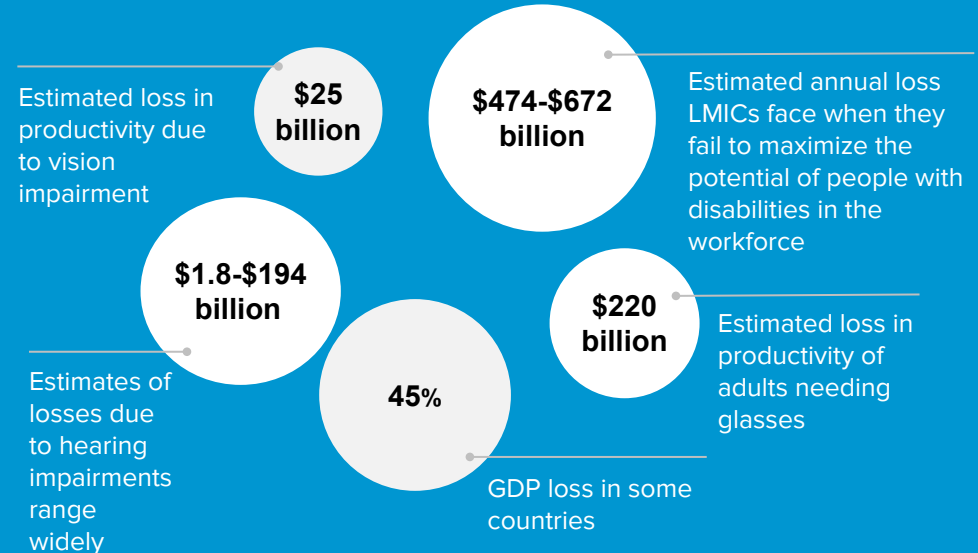


Investing in AT not only has huge benefits in **health, social inclusion and quality of life**, it makes good **economic sense**

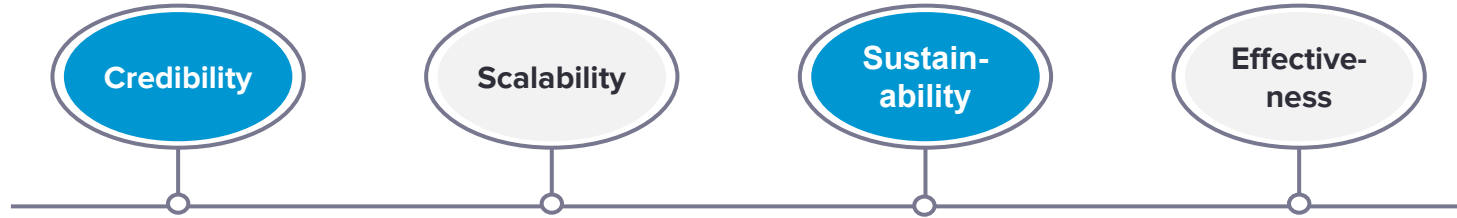
These effects flow outward to impact **families, communities and entire nations**

With access to the right AT from childhood, a person in a low- or middle-income country can increase their lifetime income by more than \$100,000

Economic implications of neglected AT needs



Only a collective effort - a global partnership - will improve and accelerate access to AT in low- and middle-income countries



A global partnership working hand-in-hand with local governments, partners and civil society

Board members and donors



Others donors



ATscale's vision is to enable a lifetime of potential where every person can access and afford the life-changing AT they need

1

Strengthen policy, systems, and service delivery to increase **access at country level**

2

Invest in **global public goods** to overcome supply and demand-side **market barriers**

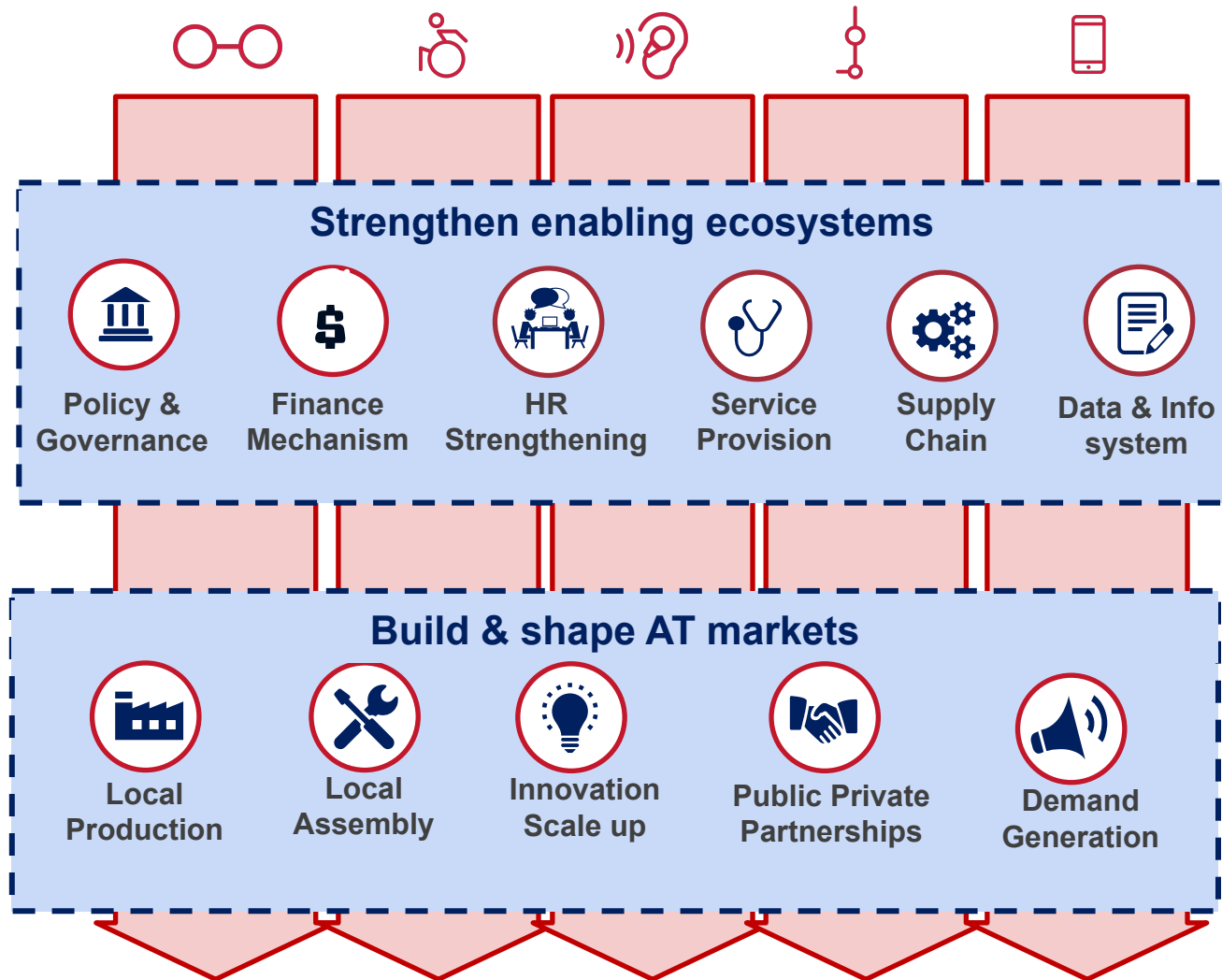
3

Raise awareness and resources, including political will to ensure sustainability & impact

Ensure that 500 million more people globally are reached with **life-changing AT by 2030**

ATscale makes catalytic investments, 75% of which are country focused

At country level, ATscale supports activities that align with country's AT strategic plan and ATscale strategic objectives.....



Few examples of our many **Global Public Goods** investments, aiming at normative work, evidence generation and market shaping. More to come...

Generate data and evidence

- Test innovative technology in eye care services (*Ethiopia, Nigeria, Bangladesh*)
- Outcome measures for people with prostheses.

Innovation and new solutions

- Promote smartphones as digital AT w/Google and GDI
- Accelerate uptake of affordable and quality prosthetic technologies

Market shaping strategies

- Drive reduction of AT tariffs and taxes in LMICs.
- Global AT Market Report to increase availability of AT in LMICs.

Policy, systems and services

- Vision screening and provision handbook
- Hearing Aid Service Delivery Approaches

Strengthen AT financing

- End-user financing solutions
- Country-level investment case

Build capacity and participation

- Expansion of TAP platform
- Capacity of eye care workforce for provision of eyeglasses

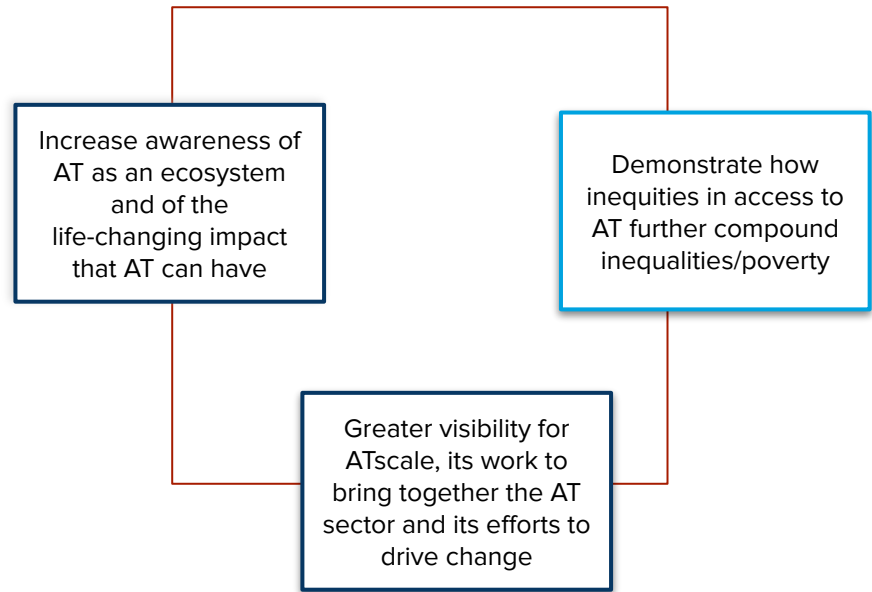
As a part of
Global Awareness
Efforts, ATscale
has embarked on
a global
awareness
campaign for
2024

unlocktheeveryday.org

Unlock
everyday
moments with
assistive
technology



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4th of JUNE 2024 :
First ever World Day for Assistive Technology

The campaign is adaptable, sharable and amplified by partners and countries globally.

Under government leadership, we value a participatory and inclusive approach to programming and implementation, with a strong M&E and learning component



Partner country identification, based on geographical diversity, political commitment, enabling environment

↳ **Situation assessment**, based on existing tools, data, interviews, AT user inputs

↳ **Planning & programming**, through an iterative process of co-creation with broad range of stakeholders. Strategies and interventions prioritized based on mix of expert knowledge, evidence, proven interventions as well as innovative approaches → aiming to sustainably reach as many AT users as possible

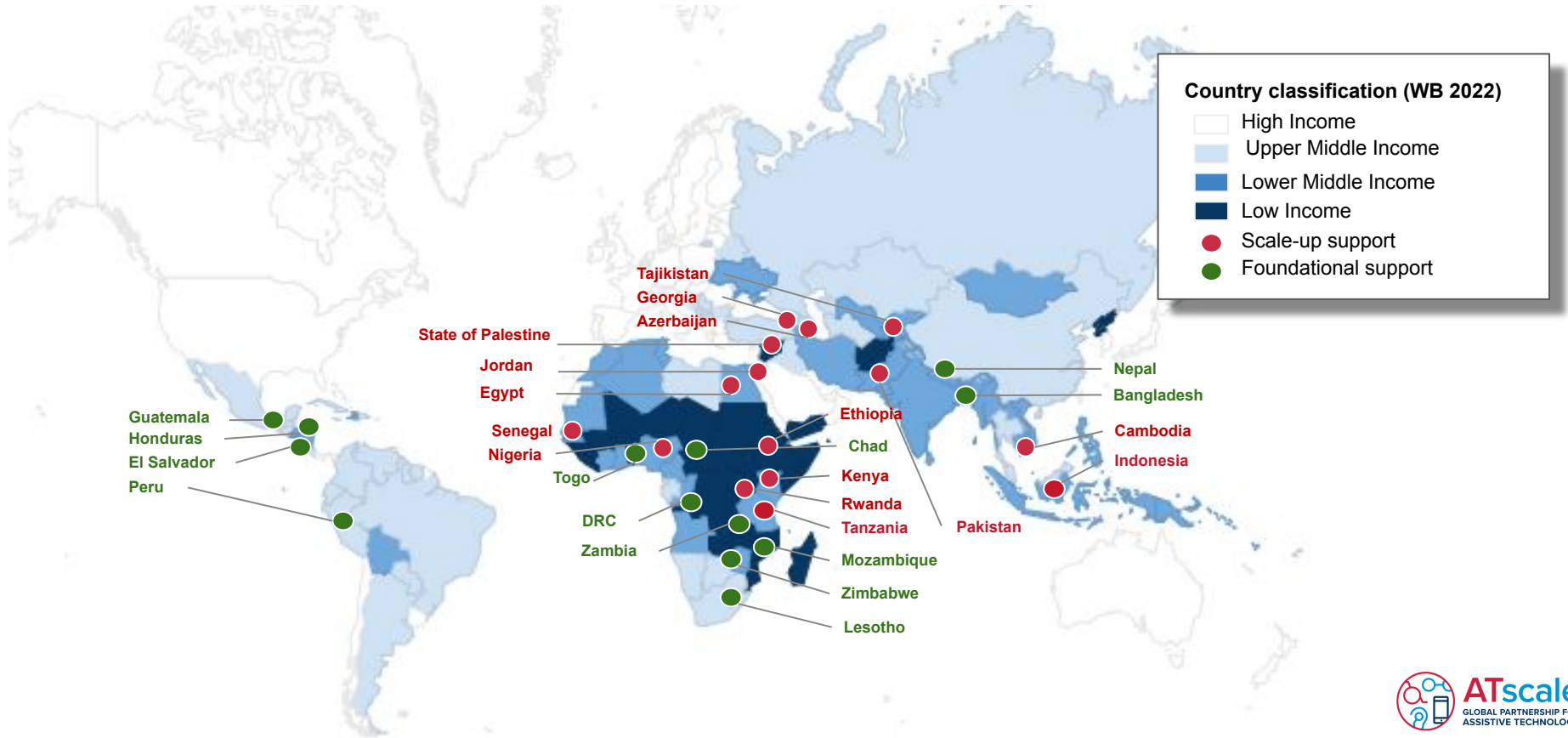
↳ **Implementation**, through a coordinated, capacity-building approach with frequent reviews, and course corrections to adapt programme for greatest impact

↳ **Monitoring & Evaluation**, to ensure robust data collection and systems-building efforts are leading to measurable and concrete outcomes and impact

↳ **Learning**, feeding into our global programming, possible country support beyond the initial 3 years, as well as fostering South-South collaboration and learning networks



Active programmes in 28 countries ranging from short-term (1 year) to longer-term funding support (3-years)



Kenya - To sustainably reach over 300,000 people with AT & strengthen rehabilitation services across all domains



Population: 47m
PwD Estimates: 1.7m
AT coverage: ~35%
GDP per capita: \$1,878

In-country Coordinator Organization: CHAI

Mobility

- ✓ **Infrastructure upgraded** for production of prosthetics across 5 regional facilities
- ✓ **Community-based rehabilitation** expanded nationwide
- ✓ **Over 30,000 additional users** reached with wheelchairs and prosthetics

Cognition

- ✓ **Speech and language therapy** provision available in 7 regional facilities
- ✓ Rehab staff trained in providing **care to children** with cognitive issues
- ✓ Availability of **communication assistive devices** across 15 specialised facilities



Vision

- ✓ **10 optical labs** established covering 50% of country
- ✓ **38 inclusive and special schools** for blind children capacitated with Braille Orbit Readers
- ✓ **School-based screening** scaled-up providing access to **210,000 eyeglasses** and **30,000 low-vision devices**

Hearing

- ✓ 5 Regional Hospitals upgraded with **advanced diagnostic equipment** (BERA Machines)
- ✓ Hearing **diagnosis services** expanded to 15 hospitals by installing audiometers
- ✓ Scaled up **community-based hearing screening and referrals**, and provision of 100 screening devices and 3000 hearing aids

Cross-cutting

- ✓ **Updated Rehab & AT Policy**
- ✓ **Assistive Product List adopted**
- ✓ **AT in financing schemes**
- ✓ **AT data info. system in place**

Senegal - To help strengthen access to mobility aids (general population) and eyeglasses provision (school-age children)



Population: ~16.8 m
PwD Estimates: ~1 m
AT coverage: ~10%
GDP Per Capita: \$1,636

In-country Coordinator Organizations: **WHO (lead) + UNICEF**

Mobility

- ✓ **Upgrade** the Central Rehab and Ortho Centre (CNAO) into a **1-stop hub** for the provision of assistive technology
- ✓ **Build and equip one regional centers** for rehabilitation and production of assistive technology (CRAOs)
- ✓ **Organize advance strategies** (assessment, fitting, follow-up) through workshop van to cater to 14 regions
- ✓ Strengthen **existing 7 regional** rehab and ortho centres (CRAOs) by providing inputs, materials required to produce mobility aids



Vision

- ✓ Build and equip 2 centers for vision;
- ✓ Creation of 4 optical workshops
- ✓ **School-based screening** - train teachers in the detection of visual disorders and screening for refractive error
- ✓ Advanced strategy and information campaigns through **school-screening caravans** approach (mobile vans)
- ✓ Fit primary school students and modern daras screened for refractive errors

Cross-cutting

- ✓ Strengthen national and regional level coordination mechanism
- ✓ Development of rehabilitation competency framework

- ✓ Develop and integrate monitoring system into DHIS2
- ✓ Develop and implement communication plan - mobility and vision domain

Cambodia - Help increase govt. ownership and sustainably reach over 250,000 people



Population: 17m
PwD Estimates: 2.2m
AT coverage: ~10%
GDP Per Capita: \$1,590

In-country Coordinator Organization: **CHAI and HI**

Mobility

- ✓ **Infrastructure upgraded** for govt owned 5 Physical Rehabilitation Centres (PRCs)
- ✓ **Over 90,000 beneficiaries** reached through PRCs
- ✓ **Over 25,000 additional users** reached with wheelchairs and prosthetics
- ✓ **15 Prosthetics and Orthotics services** supported
- ✓ **Prosthetic factory and wheelchair workshop consolidated**

Vision

- ✓ **Increased govt share** of eyeglass provision **from 0 to 75%**
- ✓ **18 vision centres** supported, covering 50% of country, **Newly established; 9 Upgraded** → 9
- ✓ **85 Refractionist nurses** and **180 teachers** trained to expand school-based eye screening to all 25 provinces
- ✓ **School-based screening** scaled-up to cover additional **300,000 children** and provide access to **156,000 eyeglasses**
- ✓ **Regulatory board established** for eyeglasses provision in private sector

Cross-cutting

- ✓ National strategic plan development
- ✓ Assistive Product List adopted
- ✓ AT including in health and social financing schemes
- ✓ AT data info. system in place

Caucasus & Central Asia countries would reach over 6000 additional AT users in 3 years

Coordinator Organization: **WHO Regional Office for Europe**



Tajikistan

Population: 9.5m
Disability Estimates: 160K
AT unmet need: ~52%
GDP Per Capita: \$897

- Scale-up 'One Stop Shop' model in 5 districts at the regional level to increase AT access nationwide
- Develop quality assurance mechanism for assistive products procurement
- Updating assistive product list and specifications
- Communication plan and inter-country procurement initiatives



Azerbaijan

Population: 10.1m
Disability Estimates: 620K
AT unmet need: ~64%
GDP Per Capita: \$5,384

- Develop national roadmap plan for AT including communication plan
- Updating assistive product list and development of specifications
- Set-up inter-country assistive product procurement initiatives
- Pilot assistive product provision in primary health care centres



Georgia

Population: 3.7m
Disability Estimates: 120K
AT coverage: ~45%
GDP Per Capita: \$5042

- Pilot AT provision in 30 PHCs
- Training on assistive product procurement, inspection and verification
- Updating national service standards
- Train 120 health professionals on Training of Assistive Products (TAP)
- Inter-country learning and network development

12 pipeline countries supported by ATscale

Implementing partner: CHAI

DRC: AT Policy and Strategic Plan, Assistive Priority Products List, Assistive Technology Task Force

Lesotho: AT Action Plan and Assistive Priority Products List,

Mozambique: Identify Procurement Systems, Assistive Priority Products List and AT guidelines

Zimbabwe: Assistive Priority Products List, Data and Information System and Coordination Mechanism for Assistive Technology.

Implementing partner: HKI

Nepal: Assistive Technology Capacity Assessment (ATA-C), Assistive Technology Policy, Action Plan, Assistive Priority Products List and Investment Case for Assistive Technology.

Bangladesh: Investment case, Assistive Technology Capacity Assessment (ATA-C), rapid Assistive Technology Assessment (rATA) and strategic plan.

Implementing partner: HelpAge

Indonesia: rapid Assistive Technology Assessment (rATA), Assistive Technology Road Map, Coordination and Capacity building.

Tanzania: Assistive Technology Policy, Assistive Technology Capacity Assessment (ATA-C), Assistive Technology Coordination among stakeholders.

Implementing partner: Momentum

El Salvador: AT Capacity Assessment (ATA-C), Strategic Plan on AT, Assistive Priority Products List, Advocacy and Awareness campaigns.

Peru: Assistive Technology Capacity Assessment (ATA-C), Road Map for AT and Advocacy Campaign.

Guatemala: Road Map for Assistive Technology and Advocacy Campaign and AT assessment

Honduras: Assistive Technology Capacity Assessment (ATA-C) and Advocacy Campaign.



9 new countries selected for scaling up vision/hearing programmes for school aged children and 2 for foundational support through EoI and CFP process

Scale up support	Foundational Support
<ol style="list-style-type: none">1. Ethiopia2. Nigeria3. Pakistan4. Tanzania5. Palestine6. Egypt7. Jordan8. Indonesia9. Rwanda	<ol style="list-style-type: none">10. Chad11. Togo

41 EOIs



34

countries



4 Joint

submission

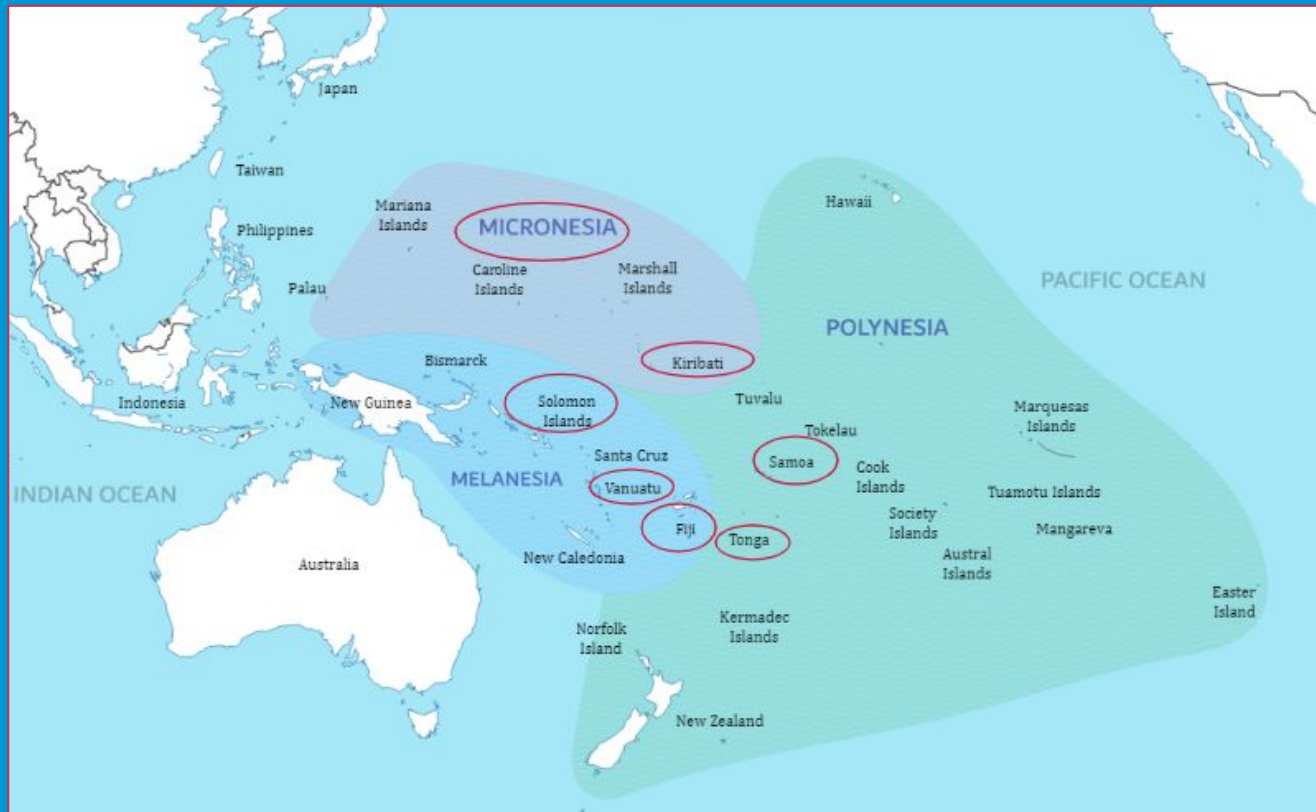


Eol in the Latin America

Latin America - Eol process through which we actively sought interest from eligible LMIC from Latin America

2-3 countries will be selected to strengthen **Rehabilitation and Assistive Technology services**

Time-frame: 2024 to 2027 (Three years)



Eol for the Pacific _Overview and Next Steps

[https://en.wikipedia.org/wiki/List_of_islands_in_the_Pacific_Ocean#/media/File:Pacific Culture Areas_\(Philippines+Vanuatu_Correction\).svg](https://en.wikipedia.org/wiki/List_of_islands_in_the_Pacific_Ocean#/media/File:Pacific_Culture_Areas_(Philippines+Vanuatu_Correction).svg)

Overview of the Pacific Eol

Aim of the Support

To support a **government-led programme** to scale up access to **assistive technology (AT)** and **rehabilitation services** for **school-aged children**, with a focus on scaling up integrated screening for eye, ear, and mobility, including the provision of eyeglasses, hearing and mobility aids to school-aged children.

Scope of funding

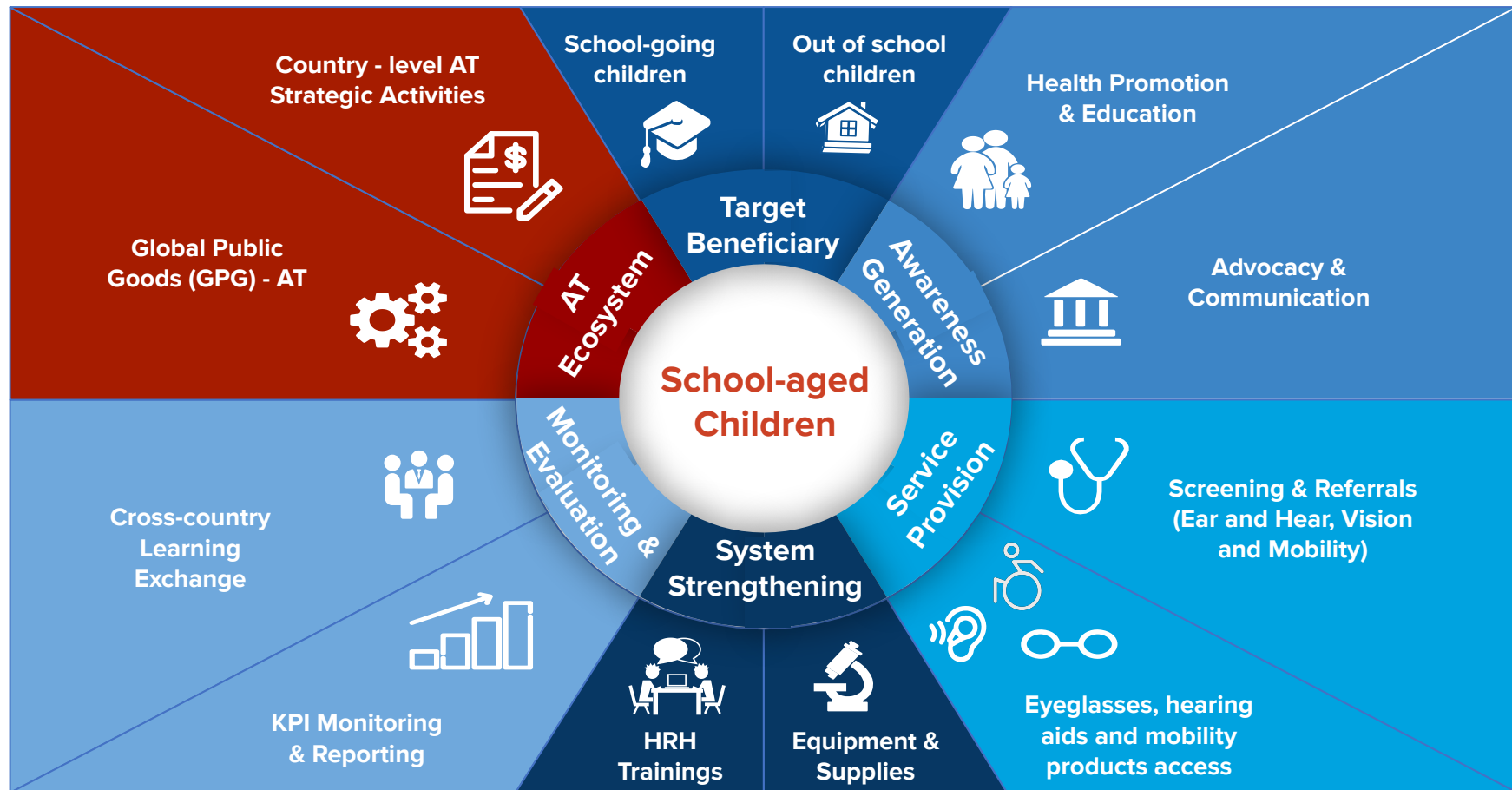
Grants ranging from **USD 0.5 million to USD 1 million** per country per year.

1. Scale-up integrated screening for eye, ear, and mobility, including the provision of eyeglasses, hearing and mobility aids to school-aged children (85 percent to 90 percent of the grant).
2. Strengthening the AT ecosystem by creating a favourable environment for the AT sector at the national level (10 percent to 15 percent of the grant).

Total number of country: 2-3 countries

Time frame of the programme: 2024–2027 (three years)

An ambitious and comprehensive programme for Scaling up access to Assistive Technology (AT) and Rehabilitation Services for School-aged Children in the PICs



AT System Strengthening KPIs

AT System Strengthening KPIs*

Capacity Building

- Vision and hearing Centres (5-6)
- Physical Rehab Centres (4-5)

Service delivery capacity will be strengthened by setting up vision centres; improving capacity of physical rehab centres - HR, training, equipment etc.

Awareness/Outreach

1.5 - 2 million

Number of parents, educators and general population reached with awareness raising activities

AT Ecosystem = *descriptive*

Increased capacity in financing, policy, provision coverage, etc



School-aged Children Reached KPIs* (3-years)



Children screened**

400 - 450K



Children receive eyeglasses

3.5 - 4K



Children receive hearing aids

2.3 - 2.5K



Children receive mobility aids**

1.8K - 2K

Overall:

ATscale aims to screen over 80% of the target population across the selected countries.

* This includes KPIs from 3 PICs and Indonesia and will be adjusted (+/-) further after submission of Joint Investment Plan by individual countries. Reporting on KPIs is conducted biannually as part of routine monitoring for each country program and are disaggregated by gender and age groups.

PIC_Country selection and next steps



Focus of
Investment

About 2-3 low and
middle income
countries in pacific

Investment ranges
from \$0.5m-1m per
country per year (3
years)

Program focus is on
AT and rehabilitation
services



Key Processes
Involved

Country Selection

Program Design



Expression
of Interest



Country Portfolio
Selection



Call For Proposal



In-country Partner
Selection



Selection
Criteria

EOI



Country
Situation



Foundational
Activities



Long-term
Sustainability



Governance
Frameworks



Partnership
Potential

CFP



Technical
Capacity



Past
Experience



Financial
Capacity



Program
Management
Capacity

Key points to consider for the Eol Submissions

1. Submission Protocol:

Eol submissions must originate from the government.

The document should be signed by the Minister or an official one position below the Minister.

2. Alignment with Government Priorities:

The Eol must be submitted by the government reflecting their priorities.

A multi-sector-based approach that includes the active participation of all relevant stakeholders in the Eol preparation is encouraged.

3. Stakeholder Engagement:

Ensure the inclusion of Assistive Technology (AT) users, Organizations of Persons with Disabilities (OPDs) and Gender Based Groups/organizations to incorporate their perspectives in filling up Eol documents.

4. Sustainability:

- Clearly define co-financing arrangements.
- Co-financing can be in the form of cash or in-kind contributions.
- Additional funding provided by the government or partners will be viewed favorably.

5. Quality of Submission:

Focus on delivering a high-quality Eol submission that meets all specified criteria and standards.



Summary

- *Duration of the Eol-**June 12 to August 26***
- *Submission dateline: **August 26, 2024 12:00 (GMT 2:00)***
- *Details: <https://www.ungm.org/Public/Notice/237582>*

Active Outreach to Relevant Government Agencies: Partners are requested to actively reach out to relevant government agencies and encourage the submission of the Eols.

Learn more
about who
we are and
what we do !

Thank you



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Watch short film



*Watch ATscale
explainer animation*

<https://atscalepartnership.org/>
<https://unlocktheeveryday.org/>