

**Expression of Interest (EOI) for Scaling up
Access to Assistive Technology (AT) and
Rehabilitation Services for School-aged Children
(2024–2027) in Pacific Island Countries (PICs)**

EOI Ref No: EOI-002-2024 - ATscale

1. General information

Reference number	EOI-002-2024 - ATscale
Description	Expression of Interest (EOI) to scale up access to assistive technology (AT) and rehabilitation services to school-aged children (2024–2027) in Pacific Island Countries (PICs)
Posting date	12 June 2024
Deadline date	11 August 2024, 12:00 pm CET Geneva Time

2. Background on the growing global need for rehabilitation and assistive technology

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

Access to appropriate AT enables people with functional limitations, impairments, disabilities, noncommunicable diseases, and the ageing population to participate in education, work, and family and community life. Lack of access to AT has significant consequences for individuals, their families, and wider society. Without AT, individuals may experience isolation and exclusion from education, the labour market, and civic life. Lack of access to appropriate AT causes poorer health outcomes, including premature death, deteriorating mental health, and increased risk of chronic health conditions and secondary complications, all leading to a higher burden on health systems. Increasing accessibility and affordability of AT can unlock unrealized economic potential and provide socio-economic benefits for individuals, families, and countries by increasing productivity and participation in the workforce.

The 2022 UNICEF-World Health Organization Global Report on Assistive Technology (GReAT), supported by ATscale, the Global Partnership for Assistive Technology, outlines the current global landscape and provides key recommendations for countries. This includes integrating AT into national health plans and health service delivery. AT should be integrated into fundamental health and social systems, and into other inter-sectoral related system planning, and included across all appropriate service delivery platforms. The report estimates that over 2.5 billion people could benefit from one or more assistive products. The unmet needs for AT are particularly large in low- and middle-income countries (LMICs). Enhancing access to AT is essential for achieving numerous international commitments, such as universal health coverage, the United Nations Convention on the Rights of Persons with Disabilities (CRPD), and the Sustainable Development Goals (SDGs).

3. 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-sectoral partnership for AT that is intended to bring greater resources and strategic focus to this significant global challenge. ATscale's goal is to reach 500 million additional people globally with life-changing AT by 2030. The partnership seeks to harness civil society, governments, development partners, and the private sector to catalyse the 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 will be achieved by 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 building and shaping markets for assistive products and their related services. Based on robust analysis, tailored to markets in LMICs, 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, glasses, and assistive digital devices and software. Furthermore, some cross-cutting interventions address the AT sector more broadly.

The effectiveness and impact of all ATscale investments are supported and fortified by advocacy and communications activities that raise awareness and mobilise action at all levels – from community to global.

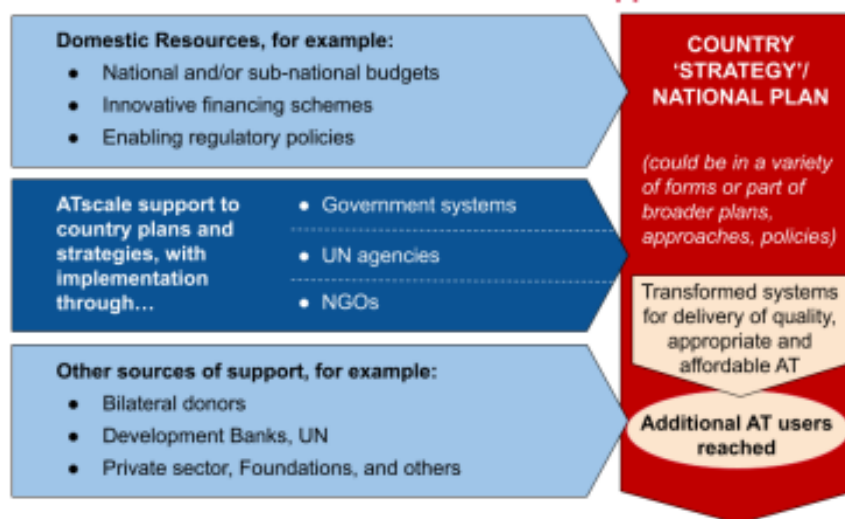
ATscale is hosted by UNOPS, the United Nations Office for Project Services. The mission of UNOPS is to help people build better lives and countries to achieve peace and sustainable development, by expanding the ability of the United Nations, governments, and other partners to manage projects, infrastructure, and procurement operations sustainably and efficiently in some of the world's most challenging environments. UNOPS supports more than US\$1 billion worth of development projects every year. For more information, please visit the [UNOPS website](#).

Aims of ATscale funding for country support

ATscale seeks to provide catalytic funding to LMICs to sustainably increase access to AT for those in need. ATscale envisions achieving this through multi-sectoral partnerships at the country level. Partnerships should be led by governments and involve key in-country partners including organisations of persons with disabilities and users of rehabilitation services and AT.

The ATscale funding supports comprehensive and integrated national AT programmes and activities. Country funding support can span one or multiple functional difficulties (that is, vision, hearing, mobility, cognitive, and self-care) and their associated assistive products and services. The diagram below depicts how ATscale support (the dark blue arrow) is a complementary source of support alongside domestic resources and other sources of support.

ATscale supports national plans in complementary ways to other domestic and external sources of support



4. Purpose of Expression of Interest

The EoI from eligible countries in Pacific Island Countries (PICs), is intended 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 joint screening for eye, ear, and mobility, including the provision of eyeglasses, hearing and mobility aids to school-aged children.

5. Scope of funding

This programme is enabled by funding from the **Australian government**, through partnership with **ATscale**. ATscale plans to partner with at least **three PICs** by providing them with grants ranging from **USD 0.5 million to USD 1 million** per country per year. The annual budget is subject to funding availability and performance of the country over the period, and this may lead to revision of the initial allocation. Each grant will be initially for three years (2024–2027) with the ambition of long-term partnerships with national governments.

The overall scope of the funding covers two key activity areas: 1) scaling up integrated screening for eye, ear, and mobility and provision of eyeglasses and hearing and mobility aids to school-aged children; and 2) strengthening the AT ecosystem by creating a favourable environment for wider AT sector development. Details of these areas are provided below:

1. Scale-up joint 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): The funding focuses on supporting the effective expansion of eye, ear, and mobility screening and provision of eyeglasses and hearing and mobility aids interventions into government-led programmes. Approaches that are government-owned, based on proven models, integrated into public health, social, and education systems, and that leverage the strengths of both the public and private sectors will be seen favourably. The selected countries are expected to demonstrate quick outcomes in the

selected geography for scale-up; ideally from year 1, and the clear pathway to achieve national scale-up in the medium term based on the lessons learned and increased government ownership in due course. This is a highly ambitious program, where across the selected partner countries, the aim is to screen at least 300,000 school-aged children and ensure access to eyeglasses and hearing and mobility aids for those who need them.

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): The funding is also intended to build a conducive environment in the selected countries for wider AT ecosystem strengthening. Therefore, a small part of the grant can also go towards creating a favourable national environment through key strategic activities focused on the wider AT ecosystem and assessment, needs establishment, awareness raising, policy shaping, strategy planning, and procurement capacity building. This may include, among other activities, a national AT assessment, priority assistive product list, product standards and specifications, investment cases, costed national strategic plan for AT, national AT procurement guidelines, and/or awareness raising of AT.

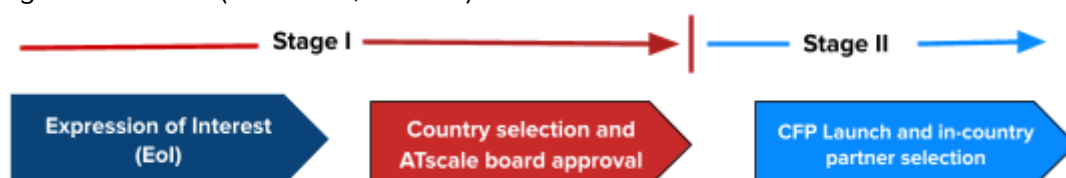
These activities can be implemented over three years and should engage in-country stakeholders from inter-sectoral ministries, non-governmental organisations (NGOs), organisations of persons with disabilities (OPDs), and the private sector must be engaged.

6. Review and selection process

The countries will undergo a two-stage review and selection process: Stage I and Stage II.

STAGE I

Stage I will begin with the global launch of the EOI by ATscale, and end with countries receiving an official communication from ATscale about their selection. Countries will submit their EOI by completing the EOI form (Annexes I, II and III).



The evaluation of the submitted EOIs will focus on three criteria:

i. Technical Merit of the EOI: Overall clarity and quality of the submitted EOI and its alignment with the programme in focus (that is, addressing the AT needs of school-aged children through joint screening and provision of eyeglasses and hearing and mobility aids) as well as ATscale's strategic goals and priorities.

ii. Country Readiness and Commitment: This includes political will, financial commitment, and existing infrastructure. Political will is reflected by the EOI being submitted by high-ranking officials, indicating stronger commitment. Financial commitment is assessed through evidence of co-financing and in-kind contributions from national or other sources to support the proposed activities. The evidence of existing systems and structures to support

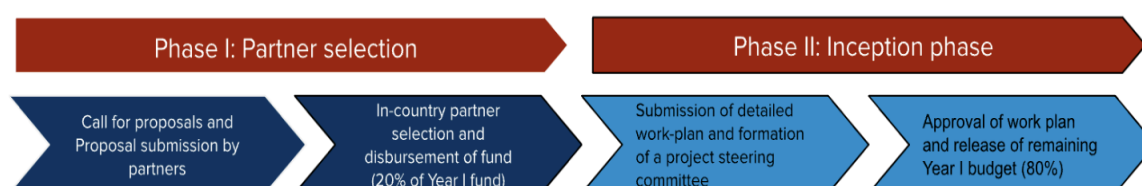
AT deployment and scale-up is also favourable.

iii. Reach and Scale: Potential number of beneficiaries and geographical coverage.

The ATscale Secretariat will score and rank the EOI submissions. The list will then undergo internal due diligence, taking into account resources available at ATscale, the potential impact, geographical distribution, and overall suitability. ATscale may initiate discussions with the countries, as well as civil society stakeholders (especially users of rehabilitation and AT), to understand the countries' commitment and financial contributions. Any discussions at this stage do not signal a commitment for Stage II. The internal due diligence will be followed by the development of a preliminary list of countries and corresponding funding amounts, subject to approval from the ATscale Board. After the decision of the ATscale Board, the ATscale Secretariat will inform the successful countries of their selection, as well as their grant amounts. Only the selected countries will enter Stage II.

STAGE II: Phase I and Phase II

The selected countries will be asked to **nominate a focal point within the government** at this stage. The focal point will be responsible for overall coordination, management, and day-to-day discussions with the ATscale Secretariat and local partners. The focal point is expected to have sufficient authority to engage stakeholders and speak on behalf of the government or line ministry. It is advisable that the focal point is familiar with disability, AT and rehabilitation.



Stage II, Phase I

In Stage II, Phase I, ATscale will issue a '**Call for Proposals (CFP)**' to **define the country programme scope** and **select the in-country implementing partner** for each country. The CFPs will be formally launched and shared through multiple communication channels and platforms to ensure broad reach and engagement. The CFP will remain open for a sufficient duration to allow for comprehensive outreach and advocacy efforts, as well as to give applicant organisations ample time to prepare their proposals.

Governments, through the **country's focal ministry** (represented by the nominated **government focal point**), will be involved as observers in the **selection of the in-country partner organisation** during the **CFP evaluation**. It is important to note that government entities **will NOT submit proposals** in response to the CFP. Instead, the government's role through the focal will be to participate as an observer in the selection committee to ensure the **government's perspective** is considered in the selection process. Additionally, during Stage II, Phase I the government is expected to support all the potential implementing partners wishing to submit an application and provide guidance on the government's priorities as needed, rather than endorsing any specific organisation.

The in-country implementing partner can either be **one organisation adopting a multi-country approach to coordinate efforts across all selected countries or can be one single organisation per country**. United Nations agencies and NGOs (international or local) registered and entitled to work in the selected countries under the country's legal requirements are encouraged to apply. Furthermore, ATscale encourages and welcomes applications from consortium of partners.

In their proposal, partners will be required to lay out a clear proposal accompanied by a budget. The proposal must incorporate a logical framework outlining the programme's objective, outcomes, outputs, activities, indicators and budget.

Stage II, Phase I will result in one in-country implementing partner being selected in each country and 20% of the funds from Year I to be disbursed to the selected partner to facilitate the programme inception.

Stage II, Phase II

During Stage II, Phase II, the selected partners will be required to prepare and submit a detailed annual work plan and budget, which will be specified in the Grant Support agreement (GSA) under an inception/mobilisation report. The plans must align with the workplan and budget with the project's objective, outcomes, outputs, activities, and indicators submitted in the programme proposal submitted in Stage I, Phase I). At Stage I, Phase II, the implementing partners will also be required to establish a project coordination mechanism. This could include a project steering committee and/or technical working groups.

ATscale Secretariat will evaluate the detailed annual work plan and budget. These will be shared with the ATscale Board for no-objection approval, allowing for comments and feedback. Partners may be asked to revise and resubmit their annual work plan and budget based on the comments and feedback. Once the annual work plan and governance report are satisfactorily reviewed and approved by the programme management or steering committee, the ATscale Secretariat will release the remaining funds for the first year.

7. Eligibility

EOI applicant

The EOI form should be submitted by an individual with a sufficient level of authority in the government.

Countries

Only LMICs from the Pacific Islands listed in Annex IV are eligible to apply for this EOI.

Activities

Depending on the national context, activities may fall under different ministries and/or national programmes. The interventions or programmes could fall under health, education, noncommunicable diseases, rehabilitation, disability, standalone eye, ear, and hearing programmes, social welfare and labour, etc.

8. Instructions

This section provides the instructions to submit documentation to ATscale in response to the EOI. Applicants are requested to strictly comply with these instructions.

Completing the EOI form and Annexes

Interested countries will complete the EOI Form (see Annexes I, II, and III). Filling out all the annexes is mandatory for an application to qualify as complete:

- **Annex I** comprises six questions in the form of a checklist and is intended to provide a high-level overview of the AT situation in the country.
- **Annex II** comprises eight questions in the form of a checklist and is intended to provide a high-level overview of eye, ear, and hearing care and physical mobility-related AT services in the country.
- **Annex III** comprises six questions to elicit a narrative description of major challenges, plans, existing partnership mechanisms, and co-financing and in-kind contributions complementing the ATscale funding support.

How to submit the EOI and Annexes

The responses should be signed and submitted by an individual with a sufficient level of authority in the government. The governments of interested countries are requested to submit their EOI before the deadline. All annexes should be submitted in electronic format as one PDF file. The submissions including the Annexes should be made in English language. Applicants should address each component of the EOI and Annexes in accordance with the format and word limit. Any additional information in support of the submission can also be shared if needed but should not exceed five pages (font Calibri 11 point).

Only electronic submissions over email will be accepted, and they must be sent with the completed 'EOI Form' including the following in the subject field of the email: "EOI Ref No: EOI-002-2024 ATscale_Country Name". These documents must be sent to ATscale at the e-mail address: bids@atscalepartnership.org

When to submit

Applications should be submitted no later than 12:00 PM Geneva time (CET) on 11 August 2024. The receipt time stamp shall be the date and time when the email is received in the ATscale email inbox.

Q&A period

Questions may be submitted to bids@atscalepartnership.org no later than 01 August 2024, 12:00 pm Geneva time (CET). The questions will be answered on an ongoing basis and all the responses to the questions received by 1st August 2024 will be shared on the UNGM 05:00 pm Geneva time on 05 August 2024 at the latest.

A Frequently Asked Questions from a former ATscale EOI process is attached.

Notification of interest

To receive the answers to all the questions asked, you must notify your interest in response to this EOI. This notification has to be sent by email to bids@atscalepartnership.org.