

Frequently Asked Questions (FAQs) for the Expression of Interest (EoI)

Q1. What is assistive technology (AT)?

- Assistive technology is an umbrella term for assistive products such as wheelchairs, hearing aids, prostheses, eyeglasses, or digital devices and their related systems and services. Access to assistive technology can enable people to move, communicate, hear, and see.

Q2. Who can benefit from assistive technology?

- Most people will need assistive technology at some point in their lives, especially as they age. While some may require assistive technology temporarily, such as after an accident or illness, others may require it for a longer period or throughout their lifespan. Assistive technology is most needed by older people, children and adults with disabilities, and people with long-term health conditions such as diabetes, stroke, or dementia.

Overall, assistive technology enables and promotes inclusion and participation, especially of persons with disability, ageing populations, and people with noncommunicable diseases

Q3. What is the global situation of access to assistive technology?

- Over 2.5 billion people globally need at least one or more assistive products. As the average age of the global population increases and as noncommunicable diseases continue to become more prevalent, the demand for assistive products is projected to surge, with over 3.5 billion people expected to need at least one or more products by 2050. The availability and accessibility to assistive technology across different countries varies vastly, with estimates ranging from as low as 3% in some areas to as high as 90% in others. This disparity is especially pronounced in low- and middle-income countries.

Q4. What are some common challenges to providing assistive technology?

- The challenges to providing AT revolve around systems and markets. The systems to support access to AT for all are currently underdeveloped. Many cross-cutting factors influence this, including inconsistent political will, lack of understanding about AT, lack of commercial focus and significant gaps in resources and investment.
- Market barriers on the other hand limit both supply and demand of AT. There may be inadequate demand for AT from potential users and current users, service providers, and country governments. Reasons for this may include the lack of awareness, the presence of stigma and discrimination, insufficient and inadequately trained providers, the exclusion from insurance schemes as well as fragmented procurement systems. On the supply side, AT products may not be sufficiently available, affordable, appropriately designed, and of assured quality. All these present challenges and barriers in AT markets.

Q5. Is assistive technology only for persons with disabilities?

- Assistive technology is needed by anyone with a health condition, impairment, or injury, acute or chronic, that limits functioning and goes beyond only for persons with a disability. Older people and people with acute or severe, long-term physical, mental, intellectual, or sensory impairments may benefit substantially from assistive technology . People may access AT after an acute illness or injury (such as musculoskeletal injury), if they have a chronic condition (such as diabetes or lower back pain), or to facilitate recovery and functioning following surgery. Given its wide applicability, rehabilitation should be integrated into health systems and made available to those who need it.

Q6. What elements of screening and provision of eyeglasses and hearing and mobility aids will the grant cover?

- Elements covered by the grant may include addressing enabling ecosystem barriers through interventions aiming at, for example, raising awareness at political and governance levels, strengthening policy and financing mechanisms, strengthening human resource capacity, service provision, supply chain (including procurement of eyeglasses, hearing and mobility aids, diagnostic equipment, and/or screening devices), data and information systems, etc.

Q7. What if there is not enough information/data in the country to complete the EOI and Annexes?

- If there is not enough information to complete the EOI and Annexes, please provide all the information that is currently available. Given that for manyLMICs provision of AT is a relatively new development, it is common to encounter some gaps. It is encouraged to share wherever details are available and provide an explanation for any missing information.

Q8. Can all Pacific Islands countries submit an Eoi?

- Only eligible Pacific Islands countries can apply for the grant. Please refer to Annex IV, Table A for the list of eligible MICs

Q9. Who are the expected beneficiaries of the grant?

- The expected beneficiaries of the grant will be school-age children in and out of school. Whilst school age is typically described as 5–18 years of age, ATscale is flexible with the age group given the formal school entry and/or exit age may vary from country to country.

Q10. Who are the direct and indirect beneficiaries of the grant?

- The direct beneficiaries are school-age children in and out of school screened through the programme, irrespective of screening outcomes. The programme should cover both mainstream and special needs schools. The indirect beneficiaries include family members or caregivers of the children referred for further diagnosis after screening, receiving eyeglasses and/or hearing aids, mobility aids, providers, community health workers, other personnel trained, and people reached through advocacy and awareness generation

activities or campaigns under the program. More details will be provided during the agreement stage.

Q11. How to reach out-of-school children?

- ATscale acknowledges varied contexts across countries and believes in an evidence-based bottom-up approach to finding the best solution for reaching out-of-school children. Common approaches to reach out-of-school children include community outreach programmes, integration with other community-based health and nutrition programmes for children, peer education and support groups, home visits, mobile care, telehealth, door-to-door campaigns, partnerships with community leaders and community-based organizations, etc. ATscale welcomes innovative approaches that meet the needs of the national context.

Q12. What is the overall scope of the grant for programme implementation?

- The overall scope of the funding that will be supported in the country covers two key areas: 1) scale-up integrated vision, hearing, and physical mobility screening and eyeglasses, hearing aids, and mobility aids provision to school-age children and 2) create a favorable environment for wider AT sector development. For details, refer to section 6 in the EoI instructions

Q13. Please could you provide clarity on the budget range per country?

- The overall support will range from USD \$0.5 to USD US\$1 million per country per year. The initial support will be for three years and further support beyond these three years is subject to performance by the country and also funding availability with the ATscale.

Q14. How will co-financing or in-kind contributions be calculated and reported?

- For the purpose of estimating co-financing and in-kind contributions, ATscale will look at the elements of 'additionality' to the financial and/or in-kind contributions. The government may commit to additional co-financing and/or in-kind resources beyond existing/ongoing partner investments by sources such as United Nations agencies, national and international NGOs, and other development partners. Since the domestic budget allocation mechanism differs across countries, the actual reporting of co-financing and in-kind contributions should be discussed with the government focal point.

Q15. Do funds from UN partners including UN agencies complementing government programmes also classify as co-financing, or is co-financing only related to government budgets?

- Kindly refer to Q6 of Annex III of the EOI for definitions of co-financing and in-kind contributions, as well as minimum expectations (including footnotes) for upper-middle-income countries, lower-middle-income countries, and low-income countries.
- For this EOI, ATscale will look at the elements of 'additionality' on the financial and/or in-kind contributions, as well as on the potential 'sustainability' of the program. This essentially

means the commitment towards additional co-financing and/or in-kind resources from the government that can be added on top of the existing/ongoing partners' investments (UN agencies, NGOs, and other development partners). This will be further assessed on the potential sustainability of the overall program.

Q16. We are interested in applying for the EOI and have decided to proceed but cannot find the link to the form. Could you please provide the link?

- Three documents are shared for this EOI:
 - EOI instructions (PDF format)
 - EOI form and Annexes I–III (Word format)
 - Annex IV, list of eligible countries (PDF format)
- Applicants must submit the EOI form along with Annexes I–III (Word format).

Q17. What is the expected role from UN agencies and NGO partners?

- In Stage I of EOI, UN agencies and NGO partners can advocate and make the government aware of this opportunity. If requested by their respective government, they may also wish to support the government in submitting their expression of interest. In stage II, interested UN agencies and NGO partners, or consortium of partners from the shortlisted countries, can submit their proposals in response to the Call for Proposals.

Q18. If the EOI is submitted as a joint application by the Health and Education Ministries - or by the Health and Social Affairs/Labour Ministries, do you need signatures from both ministers?

- It depends on the country's context. Ideally, endorsement from all the ministries would be desirable but not mandatory. However, we would like the applicant to mention explicitly in the EOI that it is a joint submission in case only one minister signs the form.

Q19. We are supporting some country governments to submit this EOI and had a few questions outlined below:

- *In Annex I, Question 1 asks about country frameworks or strategic plans that enable increased national commitment to ATs. If AT is mentioned in these documents, is that sufficient enough to answer 'yes' to these questions or do the documents need to have specific details on how AT access will be expanded?*
 - *On the same question, do these documents have to mention more than one type of AT or is a mention of a specific AT enough to answer yes?*
 - *Lastly, can you kindly confirm that the submission protocol is to be done via email (bids@atscalepartnership.org) and does not require a UNOPS account that governments have to set up?*
- The mention of AT in the key strategic documents will suffice to mark 'Yes' at this stage in Annex I and Annex II. Any details about types of AT, or how AT is envisaged to expand, can be explained in the Annex III at the appropriate section, or within the five additional pages provided for furnishing useful information. The EOI must be submitted to

bids@atscalepartnership.org and doesn't require a UNOPS account that the government has to set up.

Q20. How will funding be channeled to the government, and what role will the non-government implementing partner play?

- Funding will be channeled to the government through the non-government implementing partner, which could be an NGO, a UN agency, or a consortium. The selected implemented partner(s) will facilitate the disbursement and management of funds while working closely with the government to execute programs and initiatives effectively.

Q21. What is the process for selecting an implementing partner, and how will the government be involved?

- The EoI submission is stage I and selection of the implementing partner will only happen at stage II. Since the ATscale partnership is hosted by the United Nations Office of Project Services (UNOPS), ATscale is mandated to follow UNOPS policies. Implementing partners will be selected through a competitive call for proposals (CFP), who will only be launched after completion of the EoI process and where countries will be selected.

Q22. How will the government lead the programme implementation throughout the grant cycle?

- The government is expected to lead the programme implementation through the support of the selected implementing partner(s). The government will assign a focal point to coordinate with in-country partners and ATscale. A multi-sectoral and inter-ministerial committee is expected to be set up with all relevant partners (NGOs, UN agencies, and OPDs), with the government leading the committee. The implementing partner will play a secretariat role for the committee. The committee will provide strategic directions, oversee the programme implementation and be responsible for decision-making about the programme.

Q23. What is the duration of the grant cycle, and what factors will determine its continuation beyond three years?

- The initial grant cycle spans three years. Continued support beyond the initial grant cycle may be possible, but it is contingent upon the country's performance and available resources at ATscale. Factors such as the effectiveness of interventions and the country's progress will influence the decision to extend support beyond the initial grant cycle.

Q24. Is there opportunity for joint applications from implementing partners?

- Stage I, Phase I is limited to eligible country governments. Two or more ministries from one country can submit a response. An exception is made for conflict affected countries, where NGOs and/or UN agencies can respond. For the second stage (CFP submission - not yet launched), joint applications or joint ventures will be allowed, but limited to NGOs or UN agencies legally registered to operate in that country.

Q25. Is it possible to speak with someone at ATscale?

- For any additional questions, and if you want to know the details of the government focal point, please contact the ATscale Secretariat at bids@atscalepartnership.org.

These FAQs are shared to guide you in the submission process. Please be guided accordingly.