| **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 |

**Expression of Interest (EOI) Form**

# **General Information**

**Table A) Country Profile**

| **Country name** |  |
| --- | --- |
| **Population in millions (2024)** |  |
| **Population of school-aged children in millions (2024)** |  |
| **GDP per capita (2022), as reported by the World Bank** |  |
| **AT unmet need (%) rATA or any other source if available** |  |
| **Overall disability prevalence** |  |
| **Refractive error prevalence in school-aged children (survey/research or any other source)** |  |
| **Hearing impairment prevalence in school-aged children (survey/research or any other source)** |  |
| **Physical/mobility-related impairment prevalence among school-aged children (survey/research or any other source)** |  |

**Table B) Details of responsible government entity**

| **Legal name of the government entity responsible for the EOI** |  |
| --- | --- |
| **Entity’s address** |  |
| **Entity’s website** |  |
| **Entity’s description (max 100 words)** |  |
| **Contact information of authorized representatives of the government entity** | Name:  Job title:  Email:  Telephone number (including country code):  Time zone: |
| **Signature of the authorized representative** |  |
| **Date of EOI submission** | DD/MM/YYYY |

## 

# **Annex I: National AT ecosystem: checklist**

## **Policies and strategic plans**

**Q1. Does the country have any of the following governance frameworks or strategic plans in place to enable increased national commitment to AT? Frameworks can include legislation, acts, decrees, policies, special orders, or other documents.**

|  | **Framework** | | **Strategic plan** | | **If yes for either framework or strategic plan, does it include AT?** | |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Yes** | **No** | **Yes** | **No** | **Yes** |
| Assistive technology |  |  |  |  |  |  |
| Universal Health Coverage |  |  |  |  |  |  |
| Physical rehabilitation services |  |  |  |  |  |  |
| Ear and hearing care |  |  |  |  |  |  |
| Eye care |  |  |  |  |  |  |
| Rights for persons with disabilities |  |  |  |  |  |  |
| Inclusive education |  |  |  |  |  |  |
| Social welfare/service/protection |  |  |  |  |  |  |
| Elderly care/welfare |  |  |  |  |  |  |
| Labour protection/welfare |  |  |  |  |  |  |
| Veteran protection/welfare |  |  |  |  |  |  |
| Humanitarian/emergency response |  |  |  |  |  |  |
| Any other relevant AT and rehabilitation related framework/s |  |  |  |  |  |  |

## **Financing**

**Q2 (a). Does the country have a publicly financed national programme that includes the provision of rehabilitation and AT services?**

* **Yes**
* **No**

**Q2 (b). If ‘Yes’ to the above, who is covered by the publicly financed programme in the country to provide rehabilitation and AT services?**

| **People with functional difficulties in;** | **No** | **Yes** | **If yes, please identify the population covered by the publicly financed rehabilitation and AT programme** | |
| --- | --- | --- | --- | --- |
| **General population**  **(yes/no)** | **Only persons with disability certification or status**  **(yes/no)** |
| Cognition |  |  |  |  |
| Communication |  |  |  |  |
| Hearing |  |  |  |  |
| Mobility |  |  |  |  |
| Self-care |  |  |  |  |
| Vision |  |  |  |  |

**Q3 (a). Does the government allocate a budget to provide rehabilitation and AT services?**

* **Yes**
* **No**

**Q3 (b). If ‘Yes’ to the above, where does the government allocate a budget for rehabilitation and AT services? Several responses may apply.**

| **Budgetary allocation for rehabilitation and AT** | **No** | **Yes** | **if yes, please provide the following additional information on the budget** | |
| --- | --- | --- | --- | --- |
| **Amount allocated in 2023 (USD)** | **Percentage of the overall budget in question** |
| Is there a combined budget for physical rehabilitation services and AT? |  |  |  |  |
| Is there a separate budget for assistive technology? |  |  |  |  |
| Is it part of the budget for health services (or similar)? |  |  |  |  |
| Is it part of the budget for social services (or similar)? |  |  |  |  |
| Is it part of the budget for education (or similar)? |  |  |  |  |
| Is it part of the budget for labour (or similar)? |  |  |  |  |
| Is it part of the budget for defense (or similar)? |  |  |  |  |
| Is it part of the budget for elderly care (or similar)? |  |  |  |  |
| Is it in other budgets? If so, please name \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

**Q4. Which of the following financing mechanisms does the country have in place to fully or partly cover costs for accessing assistive products and associated services?**

| **Financing mechanism for rehabilitation and AT** | **No** | **Yes** | **if yes, please provide the percentage of the eligible population covered by the existing mechanism(s)** |
| --- | --- | --- | --- |
|
| Public (insurance) scheme |  |  |  |
| Compulsory private insurance schemes |  |  |  |
| Voluntary private insurance schemes |  |  |  |
| A list of assistive products subsidized or provided free of charge to people in need |  |  |  |
| Out of pocket |  |  |  |
| Other financing mechanisms, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

## **Situation assessment(s) completed**

**Q5. Which rehabilitation and AT-related situation assessment/population-based surveys have already been completed in the country to help determine needs and capacity gaps?**

| **Rehabilitation and AT-related activities** | **No** | **Yes** | **When was the activity last implemented?** |
| --- | --- | --- | --- |
|
| WHO’s rapid Assistive Technology Assessment (rATA) |  |  | YYYY |
| WHO’s Assistive Technology Capacity Assessment (ATA-C) |  |  | YYYY |
| WHO’s Systematic Assessment of Rehabilitation Situation (STARS) |  |  | YYYY |
| WHO’s Model Disability Survey |  |  | YYYY |
| Rapid Assessment of Avoidable Blindness (RAAB) Survey |  |  |  |
| Ear and Hearing Disorder Survey |  |  |  |
| Population census with the inclusion of Washington Group Short Set on Functioning (WG-SS) |  |  | YYYY |
| Any other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | YYYY |

## **Providers of rehabilitation and AT services**

**Q6 Does the country have organizations that provide technical assistance, rehabilitation and AT services or products?**

| **Name of organisation (in Full)** | **Type (United Nations / international NGO / local/faith-based / civil society / private)** | **Domain(s) of focus (cognition / communication / hearing / mobility / self-care / vision / cross-cutting)** | **Focus of services provided** | | | **Duration of support provided (if applicable)** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Technical assistance in rehabilitation / AT services**  **(yes/no)** | **Assistive products and service**  **(yes/no)** | **Rehabilitati-on services**  **(yes/no)** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# **Annex II: Eye, ear, mobility and rehabilitation programmes: checklist**

**Q1. Does the country have the following elements of services integrated into its most recently developed/available wider health sector strategic plan?**

| **Elements** | **No** | **Yes** | **Duration of the plan** |
| --- | --- | --- | --- |
| Eye care services |  |  | YYYY - YYYY |
| Ear and hearing care service |  |  | YYYY - YYYY |
| Physical rehabilitation/mobility-related services |  |  | YYYY - YYYY |
| AT services |  |  |  |

**Q2. Has the country carried out the following situation analysis in the past five years?**

1. **Vision**

| **Situation Analysis** | **No** | **Yes** | **If ‘Yes’, does that include** | |
| --- | --- | --- | --- | --- |
|  |  | **Situation of refractive error in children** | **Situation of access to eyeglasses for children** |
| Eyecare Situation  Analysis |  |  |  |  |
| Any other, please specify: \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

1. **Hearing**

| **Situation Analysis for hearing** | **No** | **Yes** | **If ‘Yes’, does that include** | |
| --- | --- | --- | --- | --- |
|  |  | **Situation of hearing impairment in children** | **Situation of access to hearing aids for children** |
| Ear and Hearing Care Situation Analysis |  |  |  |  |
| Any other, please specify: \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

1. **Mobility**

| **Situation Analysis for physical rehabilitation/ mobility** | **No** | **Yes** | **If ‘Yes’, does that include** | |
| --- | --- | --- | --- | --- |
| **Situation of mobility impairment issues in children** | **Situation of access to mobility products for children** |
| Situation of Physical Rehabilitation/mobility impairment |  |  |  |  |
| Any other, please specify: \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

1. **Disability Prevalence**

| **Disability prevalence and rehabilitation situation** | **No** | **Yes** | **If ‘Yes’, does that include** | |
| --- | --- | --- | --- | --- |
| **Prevalence of disability among school-aged children** | **Situation of access to AT products children** |
| Overall disability situation analysis |  |  |  |  |
| Any other, please specify: \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

**Q3. Does the country have the following strategic plan?**

| **Strategic Plan** | **No** | **Yes** | **If ‘Yes’, does that include** | | |
| --- | --- | --- | --- | --- | --- |
| **Endorsement**  **of the**  **government** | **Refractive error screening for**  **children** | **Eyeglasses**  **provision for**  **children** |
| Eyecare Strategic  Plan |  |  |  |  |  |
| Any other, please specify: \_\_\_\_\_\_\_ |  |  |  |  |  |

| **Strategic Plan** | **No** | **Yes** | **If ‘Yes’, does that include** | | |
| --- | --- | --- | --- | --- | --- |
| **Endorsement of the government** | **Ear and hearing screening for children** | **Hearing aid**  **provision for children** |
| Ear and Hearing Care Strategic Plan |  |  |  |  |  |
| Any other, please specify: \_\_\_\_\_\_\_ |  |  |  |  |  |

| **Strategic plan** | **No** | **Yes** | **If yes, does this have/include** | |
| --- | --- | --- | --- | --- |
| **Endorsement of the government**  **(yes/no)** | **Mobility provision for children**  **(yes/no)** |
| Rehabilitation services |  |  |  |  |
| Any other, please specify: \_\_\_\_\_\_\_ |  |  |  |  |

**Q4. Does the country have the following annual/multi-year operational plan supported by public funding?**

| **Operational Plan** | **No** | **Yes** | **If ‘Yes’, does that include** | | |
| --- | --- | --- | --- | --- | --- |
| **Refractive error screening in**  **children** | **Provision of**  **eyeglasses in**  **children** | **Budget**  **Amount in**  **USD (2023)** |
| Eyecare Operational Plan |  |  |  |  |  |
| Any other, please specify:  \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

| **Operational**  **Plan** | **No** | **Yes** | **If ‘Yes’, does that include** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Ear screening in children** | **Hearing**  **screening in**  **children** | **Provision of**  **hearing aids**  **in children** | **Budget**  **Amount in**  **USD (2023)** |
| Ear and  Hearing Care Operational Plan |  |  |  |  |  |  |
| Any other, please specify:  \_\_\_\_\_\_\_ |  |  |  |  |  |  |

| **Operational Plan** | **No** | **Yes** | **If ‘Yes’, does that include** | | |
| --- | --- | --- | --- | --- | --- |
| **Mobility screening for children** | **Provision of mobility aids for children** | **Budget**  **Amount in**  **USD (2023)** |
| Physical rehabilitation services |  |  |  |  |  |
| Any other, please specify: \_\_\_\_\_\_\_ |  |  |  |  |  |

**Q5. Does the country have the following interventions and approaches included in the health/education/social programme for school-aged children?**

| **Interventions for**  **school-aged children - could be as a part of**  **school health or**  **standalone intervention or general health care** | **No** | **Yes** | **If ‘Yes’- what type of approach is followed?** | | |
| --- | --- | --- | --- | --- | --- |
| **School based** | **Community Outreach** | **Health**  **Facility-based** |
| Health promotion and education for eye care |  |  |  |  |  |
| Eye examination and  referrals |  |  |  |  |  |
| Refractive error screening and referrals |  |  |  |  |  |
| Eyeglasses provision to school-aged children with refractive error |  |  |  |  |  |
| Ear examination and  referrals |  |  |  |  |  |
| Hearing screening and referrals |  |  |  |  |  |
| Hearing aid provision to school-aged children |  |  |  |  |  |
| Physical and mobility assessment and referrals |  |  |  |  |  |
| Screening, assessment, prescription, fitting, and follow-up for mobility-related AT provision |  |  |  |  |  |

**Q6 Has the country integrated the following indicators into the health information system?**

| **Indicators** | **No** | **Yes** |
| --- | --- | --- |
| Number of school-aged children screened for eye conditions |  |  |
| Number of school-aged children screened for vision/refractive error |  |  |
| Number of school-aged children fitted with eyeglasses |  |  |
| Number of school-aged children screened for ear care |  |  |
| Number of school-aged children screened for hearing |  |  |
| Number of school-aged children fitted with hearing aids |  |  |
| Number of school-aged children screened for mobility-related issues |  |  |
| Number of children provided with mobility related assistive products |  |  |

**Q7.Please provide information on services at different levels of care:**

**a) Eyecare:**

| **Type of services** | **Settings** | | **Level of care at health facilities** | | |
| --- | --- | --- | --- | --- | --- |
| **Community Outreach** | **School-based** | **Primary** | **Secondary** | **Tertiary** |
| Torchlight examination (external eye assessment) |  |  |  |  |  |
| Automated refraction |  |  |  |  |  |
| Subjective refraction |  |  |  |  |  |
| Retinoscopy |  |  |  |  |  |
| Colour-vision |  |  |  |  |  |
| Hearing screening and referrals |  |  |  |  |  |
| Functional vision  assessment |  |  |  |  |  |
| Spectacle correction for refractive error in children |  |  |  |  |  |
| Referrals to vision specialists, group programs and  psychological support for children with vision impairment or blindness |  |  |  |  |  |

**b) Ear and hearing care**

| **Type of services** | **Settings** | | **Level of care at health facilities** | | |
| --- | --- | --- | --- | --- | --- |
| **Community Outreach** | **School-based** | **Primary** | **Secondary** | **Tertiary** |
| Otoscopy |  |  |  |  |  |
| Audiometry (air-conduction) |  |  |  |  |  |
| Audiometry (bone- conduction) |  |  |  |  |  |
| Otoacoustic emission test |  |  |  |  |  |
| Tympanometry |  |  |  |  |  |
| Pure-tone testing |  |  |  |  |  |
| Behavioural audiometry (bone- conduction)  testing |  |  |  |  |  |
| Speech perception testing |  |  |  |  |  |
| Audiometry brainstem response |  |  |  |  |  |
| Hearing aids provision, fitting, and post-fitting adjustments |  |  |  |  |  |
| Referrals to Ear  specialists, group  programmes and  psychological support for children with hearing impairment or hearing loss |  |  |  |  |  |
| Speech therapy |  |  |  |  |  |

**c) Mobility**

| **Type of services** | **Settings** | | **Level of care at health facilities** | | |
| --- | --- | --- | --- | --- | --- |
|
| **Community Outreach** | **School-**  **based** | **Primary** | **Secondary** | **Tertiary** |
| Physical Rehabilitation services:outpatient/inpatient (including physiotherapy and occupational therapy) |  |  |  |  |  |
| Mobility related:  1/ screening, assessing and referrals,  2/ prescribing, testing, fitting and following-up |  |  |  |  |  |
| Referrals to specialist group programmes, including psychological support for school-aged children with mobility issues/physical impairments |  |  |  |  |  |

**Q8. Please provide information on the various rehabilitation and AT professional available at various level of care**

| **Type of Rehabilitation Professionnels** | **Level of care at health facilities** | | | |
| --- | --- | --- | --- | --- |
|
|  | **Community based** | **Primary** | **Secondary** | **Tertiary** |
| Audiologists |  |  |  |  |
| Audiometrists |  |  |  |  |
| Speech and language therapists |  |  |  |  |
| Hearing aid technicians |  |  |  |  |
| Opticians/Orthoptists |  |  |  |  |
| Physiotherapists |  |  |  |  |
| Physiotherapy assistants |  |  |  |  |
| Wheelchair technicians |  |  |  |  |
| Mobility oriental trainers |  |  |  |  |
| Occupational therapists |  |  |  |  |
| Occupational therapy assistants |  |  |  |  |
| Prosthetic and orthotic technicians |  |  |  |  |
| Prosthetic and orthotic assistants |  |  |  |  |
| Community based rehabilitation workers |  |  |  |  |
| Others…………………………. |  |  |  |  |

# 

# **Annex III: Eyecare, Ear and Hearing Care and Physical Rehabilitation and AT services For School-aged Children - Narrative Description**

**Q1. a. What are the major challenges faced by the country in providing vision screening and eyeglasses to school-aged children?** (max 150 words - responses can be framed around the burden of uncorrected refractive error in school-aged children, unmet need for eyeglasses, personnel and service delivery capacity, assistive products (mainly eyeglasses) and associated services (e.g., affordability, availability, quality, etc), financing, awareness, political buy-in, etc.

**Response:**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Q1. b. What are the major challenges faced by the country in providing hearing screening and hearing aids to school-aged children?** (max 150 words - responses can be framed around the burden of hearing impairments in school-aged children, unmet need for hearing aids, personnel and service delivery capacity, assistive products (mainly eyeglasses and hearing aids) and associated services (for example, affordability, availability, or quality), financing, awareness, political buy-in, etc.

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Q1. c. What are the major challenges faced by the country in providing physical rehabilitation and AT to children with mobility-related impairments/issues?** (maximum 150 words: responses can be framed, for example, around the burden of mobility-related impairment in school-aged children, unmet need, personnel and service delivery capacity, mobility-related assistive products and associated services (covering, for example, affordability, availability and quality), financing, awareness, or political buy-in)

**Response:** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Q2: What are the government’s priorities for increasing access to vision, ear and hearing screening and rehabilitation services for school-aged children with vision, hearing and mobility-related issues ?** (maximum 300 words: responses can be framed based on the government’s priorities for increasing access to vision, ear and hearing and mobility-related screenings and provision of eyeglass, hearing aids and mobility products for school-aged children for the next five years or more and by linking them up with the broader vision of how the government plans to address challenges mentioned in Q1)

**Response:** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Q3. Please provide a brief overview of the key existing ministries and other stakeholders that are working towards improving access to AT in the country** (max 250 words - please provide the name of the key sectoral ministries and other local partners (i.e., non-government organizations, etc.) that are working to increase AT access, and describe their strategic roles (such as national coordination, planning or implementation, providing specific types of assistive products - eyeglasses and hearing aids and services, training AT personnel, etc.)

**Response:** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Q4.** **Please provide a brief description of existing intersectoral coordinating bodies/working groups/committees etc. that are dedicated to improving access to health screening in school-aged children in the country** (max 250 words).

**Response:** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Q5. Please provide a few examples of key activities around school-aged children screening programs (for vision, ear and hearing and mobility) implemented including the source of funding thus far to improve access to eyeglasses, hearing aids and mobility products in the country** (max 250 words).

**Response:** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Q6.** **Please describe the level of commitment that the government will be able to provide if the country is selected to receive scaling-up support (ranging from USD 0.5 million to USD 1 million per year).**

(maximum 250 words: please provide information on both financial and in-kind contributions that the government will be ready to provide to complement ATscale funding to the country programme. Responses shall consider the minimum expectations by country income classifications (refer to Annex IV) in the table below.

| **Country income classification** | **Minimum expectations[[1]](#footnote-0)** |
| --- | --- |
| Low-income country (LIC) | In-kind[[2]](#footnote-1) or co-financing[[3]](#footnote-2) support at any level |
| Lower middle-income country (LMIC) | In-kind and/or co-financing support at 50 per cent of ATscale programme investment |
| Upper middle-income country (UMIC) | Co-financing match (100 per cent) of ATscale programme investment |

**Response:** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………

**Annex IV: List of Eligible Countries (Table A)**

**Table A: List of Eligible countries**

| **Pacific Island Countries** | | |
| --- | --- | --- |
| **Sr. No** | **Country** | **Income classification** |
| 1 | Fiji | UMIC |
| 2 | Kiribati | LMIC |
| 3 | Micronesia | LMIC |
| 4 | Samoa | LMIC |
| 5 | Solomon Islands | LMIC |
| 6 | Tonga | UMIC |
| 7 | Vanuatu | LMIC |

These classifications are based on the World Bank's [country classification](https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups). LMIC: Lower middle-income country; UMIC: Upper middle-income country.

1. For this EOI, ATscale will look at the elements of ‘additionality’ to the financial and/or in-kind contributions, as well as on the potential ‘sustainability’ of the programme. This essentially means the commitment to additional co-financing and/or in-kind resources from the government that can be added to existing/ongoing partner investments (by United Nations agencies, international NGOs, and other development partners). This will be further assessed when considering the potential sustainability of the overall programme. [↑](#footnote-ref-0)
2. Examples of in-kind support include – but are not limited to – support for policy or strategic plan development, coordinating mechanisms, personnel engaged in rehabilitation and AT activities, existing staff to help manage or implement activities, and advocacy to raise awareness or mobilize government resources to strengthen rehabilitation and AT systems and services. [↑](#footnote-ref-1)
3. Examples of co-financing support could be the creation of a budget line for rehabilitation and AT interventions, or increasing the budgetary allocation for AT products or activities. [↑](#footnote-ref-2)