



CALL FOR PROPOSALS

**Integrated Refractive Error and Children's Eye
Health Services through a National Approach**

CFP reference number: 22199/2024/01

CFP document issue date: **Nov 19, 2024**

1. PARTICULARS

1.1. UNOPS project objective(s)

This Call for Proposals (CFP), Integrated Refractive Error and Children's Eye Health Services through a National Approach, is intended to address the significant gap in access to refractive error services and children eye health services in low- and middle-income countries. The overall objective is to strengthen integrated, inclusive, and quality children's eye health services, while leveraging and building on existing opportunities and momentum to scale sustainable refractive error services for children and adults. The aim of the activity is to develop the necessary capacities, services, systems and policies to build towards a nationally owned program.

Donor and Coordinating Agencies

USAID has been investing in improving access to assistive technology (AT i.e. assistive products and the related services) and rehabilitation services for over 30 years through three (3) Congressional Directives; Leahy War Victims Fund, Wheelchair Program, and Low-Cost Eyeglass Program. All three are managed within the Bureau for Inclusive Growth, Partnerships and Innovation (IPI Bureau), through the Inclusive Development Hub (ID Hub). Recently the management of the long-standing Congressional Directive, Child Blindness Program (CBP) was brought under the same management within the IPI Bureau through the ID Hub, to leverage the related interventions with the Low-Cost Eyeglass Program. To effectively manage CBP, global experts supported USAID in developing the [new strategic guidance document](#) on what is now referred to as the Children's Eye Health Program.

[ATscale](#), the Global Partnership for Assistive Technology, was developed in response to the need for a catalytic approach to overcoming the significant gap in access to appropriate, high-quality and affordable AT globally. USAID is one of the founding donors into ATscale which 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 is one of the core ways in which USAID invests in improving access to assistive products, including eyeglasses.

The United Nations Office for Project Services (UNOPS) is an operational arm of the United Nations, supporting the successful implementation of its partners' peacebuilding, humanitarian and development projects around the world. Mandated as a central resource of the United Nations, UNOPS provides sustainable project management, procurement and infrastructure services to a wide range of governments, donors and United Nations organizations. USAID has entered into an agreement with UNOPS in support of the program entitled, "Assistive Technologies - Grant Management and Support to Operations" which is aimed at improving access to assistive technology worldwide.

This CFP is an activity under UNOPS, funded by USAID with technical support from ATscale.

1.2. Background and objectives of the grant/funding

Background

Eye health is fundamental to overall well-being, yet millions of people worldwide experience visual impairment. Globally, at least 2.2 billion people have a vision impairment or blindness, and at least one billion of these individuals have an impairment that could have been prevented or has not yet been addressed.¹ Refractive errors (RE) is the most common cause of visual impairment, for example myopia, and astigmatism affect people of all ages – and at least 826 million people living with a visual impairment due to uncorrected RE would benefit from eyeglasses. Some estimates which include milder vision loss, place this number at more than 2 billion.²

RE services play a crucial role in addressing related conditions by providing one of the most accessible solutions for children and adults, eyeglasses. As a functional intervention, eyeglasses compensate for RE, rather than eliminating them by treating their causes, to improve functioning and independence of an individual to facilitate participation and to enhance general well-being.³ Despite the effectiveness of eyeglasses as an assistive device, their accessibility and the related vision services, remains uneven across different regions. Additionally, there are many factors contributing to the low uptake of eyeglasses, particularly in low- and middle-income countries (LMICs) where the unmet need is concentrated. These are multi-fold and require a series of targeted, coordinated interventions to overcome them.

The current market landscape on eyeglasses is described in detail in the [Product Narrative: Eyeglasses](#) which was developed by ATscale, together with the AT2030 Program.⁴ This detailed analysis of market dynamics serves as a

¹ World Health Organization, World Report on Vision, (2019), accessible at <https://www.who.int/publications/i/item/world-report-on-vision>

² Essilor, Eliminating Poor Vision in a Generation, (2019), accessible at <https://www.essilorseechange.com/wp-content/uploads/2020/02/Eliminating-Poor-Vision-in-a-Generation-Report.pdf>

³ World Health Organization, World Report on Vision, (2019), accessible at <https://www.who.int/publications/i/item/world-report-on-vision>

⁴ Chaudron, Mathilde, Margaret Savage, Frederic Seghers, Alison End Fineberg, Barbara Goedde, Vicki Austin, Ben Oldfrey, Priya Morjaria, and Katherine Perry. 2020. "Product Narrative: Eyeglasses." At2030.org. <https://www.at2030.org/product-narrative-eyeglasses/>.

critical foundation for investments, providing valuable insights into supply chains, affordability, accessibility, and unmet needs. A thorough understanding of these factors is essential for driving sustainable growth and scaling impactful solutions.

While RE has emerged as a leading cause of vision impairment globally among both children and adults, children face more broad impairments and unique challenges due to their developing visual systems. Addressing these challenges is critical, as an estimated 450 million children have a vision condition that needs treatment,⁵ with 90 million⁶ children living with some form of vision loss. Beyond RE, there are a multitude of visual impairments and conditions that are either congenital or acquired, many of which could lead to blindness. According to the Global Child Eye Health Project, 70 to 80 percent of blind children are born blind or become blind by 6 years of age.⁷ An estimated 40 percent of children are blind from eye conditions that could have been prevented or managed had the child obtained timely and quality eye care services,⁸ and an estimated 75 percent of blind children live in low-income countries.⁷ Moreover, the prevalence of myopia in children and adolescents is rapidly increasing in many parts of the world due in part to lifestyle changes.

Early detection and timely treatment are crucial to avoid irreversible vision loss. Recognizing the importance of this, WHO, in 2022, included the screening of newborns for abnormalities of the eye in their maternal and newborn care guidelines.⁹ In addition to early detection, there are numerous eye health interventions that could have a significant impact on vision in children. Particularly, the provision of eyeglasses as a corrective measure for RE, and surgery for cataracts are among the most cost-effective of all health care interventions.

Vision rehabilitation (i.e., low vision care) can be very effective in improving visual functioning for children with irreversible vision loss caused by eye conditions such as congenital cataract, congenital glaucoma and Retinopathy of Prematurity (ROP).

The leading causes of blindness and moderate to severe vision impairment among children include:^{10 11 12}

- Uncorrected refractive error
- Cataracts
- Retinopathy of Prematurity
- Congenital ocular anomalies
- Corneal scarring
- Cerebral visual impairment

As vision plays a crucial role in so many aspects of our lives, vision impairment can have a negative impact on the health, education, productivity, quality of life, and general wellbeing of individuals.

Similar to RE, Low- and Middle-Income Countries (LMICs) face significant challenges in addressing child eye health. Despite the proven cost-effectiveness of addressing vision conditions in children and the positive impact that eye health has on child educational attainment, health systems typically do not provide comprehensive eye health services including screening, detection of conditions, eyeglasses, and treatment. LMICs are often unable to provide comprehensive training for their health care workforce in eye health due to a variety of limiting factors.

The World Health Organization's 2019 [World Report on Vision](#) articulates the current global situation, as well as overarching recommendations to support countries. The guidance states that comprehensive eye care services and assistive products including eyeglasses should be integrated into national health plans and health service delivery. This approach would reinforce eye care as a fundamental component of health system planning, and foster its inclusion across all appropriate service delivery platforms.

Addressing eye care is crucial for advancing global health and well-being, particularly in contributing to the achievement of Sustainable Development Goal 3, which aims to ensure healthy lives and promote well-being for all. By providing accessible, equitable eye care services, the burden of preventable vision impairments and blindness can be reduced, thus directly impacting physical health, economic productivity, and quality of life. Furthermore, integrating eye care with other sectors, such as education is essential for delivering high quality, cost-effective interventions. Programs like school-based eye health initiatives not only help detect and treat vision difficulties early but also enhance students' learning outcomes and academic potential. Such comprehensive approaches ensure that eye care is not viewed in isolation but as an integral part of broader public health, social, and educational strategies, thereby fostering sustainable, long-term development outcomes.

⁵ Holden, B.A., T.R. Fricke, D.A. Wilson, et al. 2016. "Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050." *Ophthalmology*;123:1036–42. doi:10.1016/j.ophtha.2016.01.006.

⁶ Bourne, R., J.D. Steinmetz, S. Flaxman, et al. 2021. "Trends in Prevalence of Blindness and Distance and Near Vision Impairment over 30 Years: An Analysis for the Global Burden of Disease Study." *The Lancet Global Health*. Published Online First: 5 January. doi:10.1016/S2214-109X(20)30425-3.

⁷ Global Child Eye Health Project: <https://www.ishtm.ac.uk/research/centres-projects-groups/gcehp#about>

⁸ Burton, M.J., J. Ramke, A.P. Marques, R.R.A. Bourne, N. Congdon, I. Jones, et al. 2021. "The Lancet Global Health Commission on Global Eye Health: Vision beyond 2020." [Supplementary appendix 1]. *The Lancet Global Health*. Apr;9(4):489–551.

⁹ World Health Organization. 2022. "WHO Recommendations on Maternal and Newborn Care for a Positive Postnatal Experience." [www.who.int. 2022. https://www.who.int/publications/i/item/9789240045989.](https://www.who.int/publications/i/item/9789240045989)

¹⁰ Burton, M.J., J. Ramke, A.P. Marques, R.R.A. Bourne, N. Congdon, I. Jones, et al. 2021. "The Lancet Global Health Commission on Global Eye Health: Vision beyond 2020." *The Lancet Global Health*. Apr;9(4):489–551.

¹¹ Gilbert, C., P. Vijayalakshmi, S. Bhaskaran, T. Udupihille, H.S. Muhiddin, D.A. Windy, et al. 2021. "Childhood Blindness and Visual Impairment." In: Das, T., P.D. Nayar, editors. 2021. *South-East Asia Eye Health: Systems, Practices, and Challenges*. Singapore: Springer Singapore; p. 169–95.

¹² [https://doi.org/10.1007/978-981-16-3787-2_11.](https://doi.org/10.1007/978-981-16-3787-2_11)

¹² Naidoo, K.S. and J. Jaggernath. 2012. "Uncorrected Refractive Errors." *Indian J Ophthalmol*. 60(5):432–7.

1.3. Targeted impact of the grant/funding

The overall objectives of this activity are to (i) improve access to low-cost eyeglasses for people of all ages through effective scale-up of screening, refractive services and eyeglasses provision, and (ii) expand the availability of and access to quality children's eye health services while integrating both approaches (objectives i & ii) into national, and government-led programs.

It is essential that solutions proposed are locally owned, based on proven models, are integrated into a broader, coordinated system that leverages the strengths of both the public and private sectors, and are developed with a clear pathway to achieve sustainable national scale in the medium term.

As mentioned above, there are a number of global guidance documents that outline the challenges and potential interventions to improve global access to RE services and children's eye health. This CFP invites applicants to submit proposals that leverage specifically the [strategic guidance on children's eye health](#) more broadly, and integrate effective and evidence-based models to improve access to RE services for children and adults. Proposals should build upon existing initiatives at the national level, to ensure a cohesive and effective integration.

1.4. Scope of the grant/funding

These funds are intended to focus on 2 key areas by taking a national approach to:

1. Build or scale sustainable refractive error services and systems for the provision of eyeglasses for people of all ages; and
2. Improve the broader availability of and access to integrated, inclusive, and quality children's eye health services for children 0-19 years old.

Both areas of work are expected to be implemented concurrently in one activity, in close coordination with the national government. This activity should be integrated into the health, education, and social systems as appropriate, through a holistic and sustainable approach, building towards national scale.

1.5. Target beneficiaries

The United States Agency for International Development (USAID) is funding up to four (4), three-year grant(s) for up to USD \$2.5 million. Grants will be administered through the United Nations Office for Project Services (UNOPS) with technical support from ATscale.

It is anticipated that the proportion of funds dedicated to improving integrated services for children both through refractive error services and broader children's eye health should account for approximately 70% of the fund allocation. Refractive error services for adults should account for the remaining funds.

1.6. Activities under grant/funding

While a wide range of activities may be proposed, the below areas are critical to an effective plan and should be addressed within the proposal:

Human resource development: To effectively provide quality, low-cost eyeglasses and children's eye health services, it is necessary to define, develop, and empower the workforce to appropriately screen, treat various eye conditions as well as prescribe and provide eyeglasses safely and effectively. For certain children's eye health conditions specialized screening and ophthalmic services are required. The activities related to human resources should address the relevant national policy framework as it relates to eye health services and products, clear knowledge and skill standards necessary, relevant professional courses and qualifications required and plans for development of a coordinated and appropriately sized workforce.

Service delivery: Service delivery models proposed within the grant should have already demonstrated success in a similar context and should include a clear pathway for scale-up. The service delivery model(s) must address the necessary points of screening, referral and services for adults and children:

- Screening - assessment of adults and children, including early identification in newborns, to identify those with potential RE and/or eye health needs
- Referral - establishing or strengthening referral pathways to support linkages between individuals identified through screening and qualified providers and facilities for further comprehensive examination and services
- Prescription and Provision of Eyeglasses - qualified eye care professional providing specific recommendations for next steps, including the provision of appropriately prescribed eyeglasses, and ensuring follow up access
- All services and key components essential for effective service delivery at the primary, secondary and tertiary level for children's eye health

Further, it must be clear on how these models are, or will be, integrated into government-led health, education, or other national systems. Recognizing that refractive error and children's eye health interventions will overlap, it is expected that the approaches are integrated, to optimize resources and streamline service delivery.

Integration: Integration has three points of emphasis: (1) integrating with the health system at primary, secondary and tertiary levels; (2) integrating with the education system; and (3) alignment with global policy frameworks and initiatives (i.e. World Health Organization's Integrated People-Centered Eye Care Program, the WHO SPECS 2030 Initiative, ATscale, Global Partnership for Assistive Technology, and other aligned initiatives).

Children's eye health can be integrated into primary health care services by linking it with existing maternal, newborn and child health, and nutrition programs, which would increase the likelihood of identifying and referring young children with eye health and RE needs to services. In addition, child eye health should be included at secondary and tertiary levels with a focus on specialized treatment and services. Integration of screening and referral systems into education systems allows eye health and RE services to cost-effectively expand their reach and support learners by detecting and addressing visual needs early.

Supply management and procurement: Procurement of eyeglasses, screening tools, low vision devices and other necessary assistive technology may be achieved through multiple channels. However, it is imperative that products meet International Organization for Standardization quality standards or their equivalent. There must be a comprehensive procurement plan, which articulates the standards and specifications required and indicates how longer-term procurement of eyeglasses and other products will be conducted and financed. Leveraging the capabilities and resources of the private sector, including public-private partnerships for cost sharing or to build technical capacity of the Ministries in procurement and supply chain, and the public health workforce in RE and children's eye health services, for example, should be considered. Any in-country policies or procurement system strengthening activities that may be required in the context of eyeglasses and children's eye health should be described. Details on proposed interventions either in the context of what is requested in the grant, or what will be strengthened in a complementary way, should be included.

Financing and governance: While different elements of the activities will lend themselves to discussing longer-term financing, applicants should include a discussion of plans for integration of each component into costed national plans or integration into existing health plans, and opportunities for securing sustainable financing. This could involve costing the inclusion of screening and refractive services and eyeglasses provision into the health benefits package or children's eye health services into UHC, for example. It will be important to articulate how long-term investments from across various Ministries and across sectors to fund, plan, and sustain services will be coordinated.

Policy development and implementation: There may be policy-related elements that need to be addressed in the context of human resources development and recognition, procurement and financing, integration of services at primary, secondary or tertiary levels, as described above. Please describe policy-related interventions that should be addressed in the context of ensuring the proposed project becomes part of an integrated, sustainable national program.

Coordination with the private sector: To successfully reach national scale with appropriate refractive services, eyeglass provision and children's eye health services, varied approaches and partnerships are critical. The private sector plays an important role in improving access to eyeglasses and children's eye health services globally. The role the private sector will play in the context of national scale-up and any specific areas of intervention (i.e. private sector regulation) in the proposed country should be specified.

Awareness and acceptance of eye care needs and interventions: In many contexts, it is necessary and important to engage the whole of society to develop approaches to address existing attitudes and behaviors that are limiting people's engagement with eye care services. The proposed activities should describe any crucial cultural and community-relevant interventions to be implemented to support greater awareness and acceptance of the availability, accessibility, and importance of the vision services and products.

Evidence: Evidence-based approaches, and data should drive the establishment, strengthening of and delivery of high-quality RE and child eye health services. This includes identifying best practices, leveraging sectoral guidance to support integration, data informed interventions, and standardizing treatment protocols to support the achievement of sustainability. Applicants should describe their strategy for utilizing evidence-based approaches.

1.7. Grant/funding available

The grant offers funding of up to USD \$2.5 million, with a maximum of four (4) grants available. Each grant will be issued for a three-year period, and applicants should apply for an individual grant up to the full amount of \$2.5 million. Applicants will ensure that the budget in the proposal respects the funding allocated. Overheads/indirect costs cannot exceed 10% of all direct costs.

Total amount of grant/funding available

The following table indicates the total amount of grant/funding available under this Call for Proposals.

| Currency | Amount | Amount in words |
|----------|------------|--------------------------|
| USD | 10.000.000 | Ten million U.S. dollars |

Grant/funding amount limit per applicant

The following table indicates the limit of grant/funding allowable per applicant under this Call for Proposals.

| Currency | Amount | Amount in words |
|----------|-----------|--|
| USD | 2.500.000 | Two million five hundred thousand U.S. dollars |

Applicants are invited to submit proposals for full funding consideration, not exceeding a maximum of USD 2.5 million per grant. In the event of any changes to the available funding, the proposal, award, and accompanying agreements shall be amended accordingly to reflect the required adjustments.

At the end of the grant period, an audit is required. The cost for the audit must be included within the financial proposal (budget). The cost for the audit must be covered within the grant.

1.8. Grant/funding duration

The expected duration of the grant/funding is:

| | | | |
|----------------|---|-----------------|---|
| YEAR(S) | 3 | MONTH(S) | 0 |
|----------------|---|-----------------|---|

The proposed start date for the grant is April 1, 2025, and it is expected to be concluded within three (3) years, ending on March 31, 2028.

1.9. Applicant eligibility

Applicant category(ies)

The following categories of applicants are eligible to apply under this Call for Proposals:

- ❖ Non-governmental organizations (NGOs)
- ❖ Foundations
- ❖ Civil society organizations (CSO)
- ❖ Academic and research institutions
- ❖ UN entities

Organizations may be the lead applicant on no more than two submissions. There is no limit to the number of proposals that an applicant can participate in as a sub-award partner.

Applicant country of registration and nationality

Initiatives should be proposed in LMICs where there is already a good foundation for the work, including strong and clearly demonstrated political will. It is encouraged that countries selected are not locations that already have significant investments in low-cost eyeglasses and children's eye health from USAID, UNOPS or ATScale.

Countries eligible for Overseas Development Assistance (ODA), as listed by the OECD, are specifically targeted, meaning applications from countries outside this designation may not be considered. For the latest classifications and detailed data, you can consult the OECD's data portal [here](#).

1.10. Content of proposal submissions

Applicants shall include the following:

- **Annex 1: Proposal**
- **Annex 2: Declarations**
- **Annex 3: Financial proposal**
- **Annex 4: Protection from sexual exploitation and abuse (PSEA) implementing partner self-assessment. Please note: All NGO applicants are required to complete the PSEA self-assessment via the [UN Partner Portal \(UNPP\)](#).**

Applicants must carefully read and understand the [Requirements](#) in this Call for Proposals and the [Instructions to Applicants](#) before completing the Proposal and Annexes.

Please note that a Capacity self-assessment will apply to shortlisted applicants. UNOPS will inform the respective applicants when they should complete this assessment. It is not part of the proposal submission process.

1.11. Partial proposals

Partial proposals will not be permitted. Applicants shall submit a proposal for the total scope of the grant/funding and address all of the requirements in this Call for Proposals. Evaluation will be based on compliance with the total requirements.

1.12. Sub-granting¹³ and contracting¹⁴

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

| | |
|---------------------|--------------------|
| Sub-granting | Permissible |
| Contracting | Permissible |

Organizations proposing to sub-grant must clearly identify each intended sub-grantee and justify their selection. Additionally, applicants need to demonstrate that these partners have the organizational capacity required to effectively carry out their specific roles within the project.

Activities not permitted to be sub-granted or contracted

Core responsibilities, such as strategic decision-making and management, must stay with the lead applicant to ensure centralized control and consistency. Sub-granting these roles is not permitted.

1.13. Proposal currency

The proposal budget shall be prepared in the following currency(ies):

USD (United States Dollar)

1.14. Language of proposals

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

English

1.15. Proposal submission

The deadline for the submission of proposals is **Jan 17, 2025**. Proposals shall be submitted using the following method:

¹³ 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](#).

¹⁴ Contracting is done when an implementing partner procures services, goods or works using the procurement procedures of the IP.

e-Mail

Proposals shall be sent to lauradavinaku@unops.org, with the subject line: 'Integrated Refractive Error and Children's Eye Health Services through a National Approach'.

Notification of funding decisions will be provided to grantees within sixteen weeks of the deadline for submission.

1.16. Type of legal instrument

The applicable legal instrument(s) are identified hereunder.

- Grant Support Agreement (GSA)
- UN2UN Agreement

The UNOPS Standard Grant Support Agreement (GSA), which includes the UNOPS General Conditions for Grant Support Agreements (Annex D of the GSA template), is attached as an Annex. This GSA is a key component of this CFP, and acceptance of its terms and conditions is required prior to submitting a proposal.

1.17. Contact information

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

| | |
|--------------|--|
| Name | Laura-Davina KUEN-MOEZ |
| Title | Portfolio Senior Officer |
| Email | lauradavinaku@unops.org |

1.18. Important dates and deadlines

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

| | Date | Time | Timezone |
|--------------------------------------|--------------|-------------|-----------------|
| Submission of proposals | Jan 17, 2025 | [23:59] | [CET] |
| Request for clarification | Dec 4, 2024 | [23:59] | [CET] |
| Expected agreement start date | Apr 1, 2025 | [00:00] | [CET] |

2. REQUIREMENTS

2.1. Approach and methodology

Application guidelines (16 pages, allocated as follows across the subsections)

The Application should describe the current national context, the specific activities proposed to be funded, the other elements critical to strengthening RE and children's eye health services through a comprehensive, integrated national program, and the applicant's existing technical and organizational capacity. It should be concise, specific, and holistic in its perspective, and should demonstrate a clear understanding of the objectives of the project, the national context, and build off past successes in the country.

Executive Summary (2 pages)

The Executive Summary should provide an overview of critical features of the proposed project, including the national context, program activities, and anticipated results.

Situational Analysis and National Commitment (2 pages + appendices)

The Situational Analysis should present a comprehensive understanding of the current context as it relates children's eye health and access to eyeglasses in the specific country being proposed and a clear justification for why the country was selected. Countries proposed must be eligible to receive [Overseas Development Assistance](#). In the selection of countries, applicants should consider factors such as the overall development of the health sector, estimated number of individuals in need, and the existence of partners and related activities on the ground. It is critical that the countries proposed must be prepared to sustain the proposed activities following the activity award.

The situational analysis should create a sound basis for the proposed interventions, including an understanding of what exists, as well as where there are gaps, in the policy landscape, capacities and services, procurement capabilities, funding, human resources, and management related to the provision of eyeglasses and children's eye health. This section should establish that the applicant has sufficient understanding of the current and evolving situation in which the project would be implemented, and that the country has the appropriate environment for implementation.

As highlighted previously, comprehensive, integrated national approaches refractive error services and children's eye health can only be achieved with leadership, ownership, and support from the national government. Provide evidence of national government commitment in a form that clearly articulates the government's awareness, demonstrates previous engagement, anticipated active participation, as well as ongoing support and detailed plan for future government ownership of the proposed activities. Evidence of support can be provided in the form of a letter from the relevant Ministry or any other form in which the applicant is able to demonstrate commitment. Evidence may be incorporated into an appendix. A letter of support, in itself, does not indicate government commitment without inclusion of the levels of government financial commitment, human resource commitment, national action plans and other specifics that demonstrate how the government will take leadership of the proposed activities.

Project Approach (8 pages)

The Project Approach should describe the specific activities that are being proposed to be supported through this grant. 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. This CFP seeks to strengthen existing RE and children's eye health services through a national approach, or establish services where none exist, thus avoiding duplication, and enhancing the profile and reach of RE and eye health services that are integrated with other national health programs. Describe in detail the proposed activities, why these are the most critical to implement as evidenced by past implementation, and how these will contribute towards achieving a comprehensive program integrated within national systems. Include specific outcomes, and outputs with clear targets for the proposed activities. Within this section it should be clear how the activities proposed will lead to government owned services.

Organizational Capacity (1 page + Section 2 of the Proposal)

Provide a narrative overview of the applicant organization's prior experience that demonstrates its capacity to effectively implement the proposed project. In addition, complete section 2 of the Proposal Form: Past Experience and Organizational Capacity.

Sustainability and post-grant plan (2 pages)

Given that the grant can only support a portion of what is needed to achieve national scale, applicants must describe in this section how the proposed country will achieve a comprehensive and sustainable program for the provision of eyeglasses and children's eye health services after the grant period. Applicants should clearly articulate how the activities implemented will translate into sustainable, locally led and funded services beyond the grant period.

Risks (1 page – please use your own template)

Provide a comprehensive overview of the risks associated with the project.

2.2. Implementation Plan requirements (Use Proposal Form - no page limit)

Using the proposed outputs, deliverables and activities, in view of achieving the outcomes of the grant/funding, complete the Implementation Plan within the Proposal Form. The Implementation Plan should accurately show the sequence and timeframe for the delivery of each activity and output.

2.3. Monitoring Plan requirements (Use Proposal Form - no page limit)

Complete the Monitoring Plan, including an Implementing Partner (IP) Results Framework.

All applicants need to develop a results framework that is aligned with evidence-based models to improve access to RE services and the Children's [Eye Health Strategic Guidance Document](#). Guidance for preparing a results framework can be found in Annex 6 of the CFP. The Results Framework will be part of the legal grant agreement.

The applicant should propose a clear performance matrix for what can be achieved and should highlight a robust monitoring system not only in the context of this grant, but also for longer-term implementation at a national level. Wherever possible, country data and monitoring systems should be used to not only report success of the program, but also strengthen existing health information pathways to support data informed decision making nationally, with the integration of eye health information. Further, the applicant should make an effort to align monitoring and evaluation plans with global indicators and targets, such as those the World Health Organization is establishing for monitoring success in effective coverage of the correction of RE globally. The applicant shall ensure to get the explicit consent of a data subject (a person) for personal data processing where such information is needed.

2.4. Proposed team structure (Use Proposal Form - multiple sections)

Provide an organizational chart for the proposed activity and describe roles and responsibilities of all members of the proposed team. In addition, identify up to three key personnel for this project, briefly describe their roles and areas of responsibility, how the proposed project will be managed and the governance structure for the project proposed.

2.5. Sub-grantees (Use Proposal Form)

If subgrantees or partnerships are part of the proposal, please identify and describe the associated activities, the governance functions for the specific project proposed, and a justification for the selection of the sub-grantee or partner.

2.6. Budget requirements

Summary Budget

The funding available for this grant is up to USD \$2.5 million. Up to four grants will be awarded. Applicants should provide a high-level summary budget including a breakdown of key personnel, operating costs, direct costs, etc., as further articulated in the Application Template (Annex 3 - Financial proposal).

- a. Budget Ceiling: 2.5 Million US Dollars.
- b. At a minimum, the budgets must include:
 - i. An estimate of direct costs, which include all of the expenses that are 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 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 case of subgrants, indirect costs on the subgrant amount should be calculated and presented separately.
- f. The budget must include a financial audit to be conducted by a third party at the end of the grant period.

2.7. Programme reporting requirement

The implementing partner is required to report programme progress to UNOPS at least biannually following the requirements and reporting schedule defined in the grant agreement. Wherever possible, country data and monitoring

systems should be used to report the program's success. The specific reporting templates and requirements for the programme's implementation will be shared with the selected applicant as part of the finalization of the Grant Support Agreement or relevant UN to UN Agreement.

The grant agreement will indicate the reporting period and reporting requirements. Reporting documents usually include:

- A narrative report of progress against:
 - High-level overview of the reporting period,
 - The applicant's implementation plan (Gantt Chart),
 - Risk and Mitigation Measures report,
 - Communication and visibility report.
- A Results framework including a report on the number of people reached and indicators' logframe.
- Financial Reports (Interim and Certified Final).
- Report of the Lessons Learned identified by the implementing partner.

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 opening the financial proposals.
- c. **Financial evaluation:** Financial proposals will only be opened 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, analyzing all of the relevant costs, risks and benefits for each proposal. 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 total number of points an applicant may obtain for both the 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 both the technical and financial aspects of the proposal. 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.

3.1. 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"> ● Proposal ● Annex 1: Declarations ● Annex 4: PSEA implementing partner self-assessment (Please note: NGO-applicants should complete the self-assessment via the UNPP). |
| 2. The proposal is complete if it 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 1: Declarations |
| 4. Proposed activities must be in an eligible LMICs country as per the ODA current DAC list | <ul style="list-style-type: none"> ● DAC list of ODA recipients |

3.2. 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"> ● Annex 1: Proposal |

| Table 2.1 Parts of the technical proposal evaluation | | Obtainable points |
|---|---|--------------------------|
| 1. | Applicant’s capacity and past experience | 16 |
| 2. | Scope, Proposed methodology, approach and implementation plan | 56 |
| 3. | Key personnel proposed | 8 |
| Total technical proposal points | | 80 |

Table 2.1.1 Part 1: Applicant's capacity and past experience

| | 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 and 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 2 years <ul style="list-style-type: none"> • Proposal | 3 |
| 1.2 | The applicant has the presence or experience working in the relevant region, country or area. | <ul style="list-style-type: none"> • Proposal | 4 |
| 1.3 | The applicant has experience successfully delivering similar grant support project activities | <ul style="list-style-type: none"> • Proposal | 5 |
| 1.4 | The applicant's existing projects complement this grant support project activity(ies). | <ul style="list-style-type: none"> • Proposal | 2 |
| 1.5 | The applicant has been in continuous operation during the last 10 year(s). | Certification of incorporation of the applicant | 2 |
| Total points for Part 1 | | | 16 |

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

| No. | Criteria to be evaluated | Documents to establish compliance with the criteria (not exhaustive) | Obtainable points |
|-----|--|---|-------------------|
| 2.1 | Does the situational analysis provide a comprehensive understanding of the current context related to access to eyeglasses and children's eye health services in the specific country being proposed and a clear justification for why the country was selected? | <ul style="list-style-type: none"> • Proposal | 9 |
| 2.2 | Do the proposed activities, when combined with the context, include those that are most catalytic in moving the country from the existing situation to create an enabling ecosystem, while also promoting integration with existing systems and ensuring inclusiveness for marginalized and underserved populations? | <ul style="list-style-type: none"> • Proposal, Section 3 | 9 |
| 2.3 | Is there evidence of government awareness and support of the proposed activities? Evidence can be provided in the form of a letter of support from the relevant Ministry or any other form in which the applicant is able to demonstrate commitment.? Evidence should demonstrate previous government engagement, and anticipated active participation, including levels of government financial commitment, human resource commitment, national action plans and other specifics. The letter itself is only a small part of demonstrating government support and readiness. | <ul style="list-style-type: none"> • Proposal, Section 3 | 10 |
| 2.4 | Do the proposed results and next steps clearly articulate how the proposed investments will drive next steps for country engagement after the conclusion of the proposed activities? | <ul style="list-style-type: none"> • Proposal, Section 3 | 8 |
| 2.5 | Has the applicant proposed an approach that clearly leverages partnership and resources beyond this grant? | <ul style="list-style-type: none"> • Proposal, Section 3 | 4 |

| | | | |
|--------------------------------|--|--------------------------------------|-----------|
| 2.6 | Are the assumptions underlying the grant project's design specific, accurate, and complete and is it realistically budgeted? | • Proposal , Sections 3 and 4 | 6 |
| 2.7 | Have substantial risk factors, based on internal and external conditions, been taken into account? | • Proposal , Section 4 | 2 |
| 2.8 | Are the proposed work-plan activities and their time estimates for implementation sound and realistic? | • Proposal | 8 |
| Total points for Part 2 | | | 56 |

Table 2.1.3 Part 3: Key personnel proposed

| No. | Criteria to be evaluated | Documents to establish compliance with the criteria (not exhaustive) | Obtainable points |
|--------------------------------|--|--|-------------------|
| 3.1 | The composition and structure of the applicant's proposed team is appropriate and the proposed management roles and other key personnel roles are suitable for the implementation of the grant support project activities. | • Proposal , Section 6 | 2 |
| 3.2 | The applicant describes and justifies its plan for the size and composition of its team. | • Proposal , Section 6 | 2 |
| 3.3 | The qualifications and experience of the proposed key personnel meet the requirements. | • Proposal , Sections 8 and 9 | 2 |
| 3.4 | The proposed team is diverse in terms of gender, persons with disability and/or users of assistive technology to achieve the expected results | • Proposal , Section 6 | 2 |
| Total points for Part 3 | | | 8 |

3.3. 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. The applicant has provided sufficient justification of budget lines and lump sums. | Annex 3: Financial proposal | 6 |
| 2. The allocation of budget among different categories is appropriate, particularly the allocation between activities and the operational budget. | Annex 3: Financial proposal | 8 |
| 3. The applicant's cost estimates and the assumptions made for such estimates are reasonable. | Annex 3: Financial proposal | 6 |
| Total financial proposal points | | 20 |