



## TERMS OF REFERENCE

### *Inclusion III-b Project Completion Evaluation*

**Location:** Hanoi and Dong Nai province  
**Project:** Inclusion III-b  
**Time:** Tentatively October 2026 – February 2027

## I. INTRODUCTION

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### **I.A. CRS and Its Partners**

Catholic Relief Services (CRS) is the official international humanitarian agency of the Catholic community in the United States. CRS works to *save, protect, and transform* lives in need in more than 100 countries, without regard to race, religion or nationality. CRS' relief and development work is accomplished through programs of emergency response, HIV, health, agriculture, education, microfinance and peacebuilding.

CRS has been operating in Vietnam since 1994. In partnership with government and communities, CRS implements programs in 9 provinces/cities in Vietnam. The Vietnam Program has a diverse funding base in the sectors of Disabilities, Mine Action and Disaster Risk Reduction and Management, and Community-based Climate Change Adaptation.

### **I.B. Project Summary**

Dong Nai Province (merged of old Binh Phuoc and old Dong Nai provinces) struggles to address the needs of a large number of Persons with Disabilities in their communities. According to the Government of Vietnam (GVN) Inclusion Feasibility Study (FS) in 2021, the numbers of Persons with Disabilities in the geographical area was 150,705 with 4 to 5 percent being Agent Orange Victims (AOVs). The needs for rehabilitation and social services in the province were high, ranging from a few thousand to more than twelve thousand demands per province, notably the needs for screening and health examination; insurance and costs supported for rehabilitation; psychological support and social inclusion. The quality of life (QoL) of Persons with Disabilities in the province was still low and they faced various problems which have prevented full participation in social life and hindered their ability to maintain their well-being. For the last 30 years, USAID/Vietnam has supported the GVN to improve the QoL of Persons with Disabilities. Improving Vietnamese disability policies in addition to providing assistance to Persons with Disabilities in heavily sprayed provinces, is at the heart of these support initiatives.

In 2019, USAID/Vietnam and the Vietnam Ministry of National Defense (MND) committed to supporting persons with disability in provinces sprayed with Agent Orange in Vietnam. Investment for a five-year Project from 2021-2026, entitled "INCLUSION", has been approved by the Prime Minister in July 2021. The INCLUSION is comprised of 03 Activities operating in different provinces of Vietnam. Inclusion III-b (the project) is one of the Activities with the overall goal to improve the quality of life of Persons with Disabilities in provinces heavily sprayed with Agent Orange in Dong Nai province.

The goal of the project is to improve the quality of life of persons with disabilities with four specific objectives as detailed below:

- Objective 1 - Rehabilitation services expanded: To achieve rehabilitation outcomes, Inclusion III-b will apply a multidisciplinary (MTD) approach in rehabilitation, from assessment to service provision to outcome measurement. MTD will include Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), Assistive Device/Assistive Technology (AD/AT), rehabilitative nursing and home care, as well as psychological and mental health services. To achieve MTD, Inclusion III-b will strengthen services and respond to specific gaps and shortages (for example OT and ST providers and prosthetics and orthotics technicians).
- Objective 2 - Social services expanded: CRS will ensure coordination between Objective 1 rehabilitation screening, assessment and treatment, and social and care services under Objective 2 for the best experience and support to persons with disability, their caregiver and family. Meeting unmet psychological support needs for persons with disabilities and caregivers, and using social work approach in providing support to persons with disabilities will be a priority. Expanding social services will focus on strengthening and increasing person with disability clubs as a sustainable structure from which social activities and events can be facilitated.
- Objective 3 - Disability policies improved: Inclusion III-b will focus on impacting local level policy through improving local decision-makers understanding of needs of persons with disabilities and how to address them through strengthened policies and implementation of policies. Persons with disabilities, men, women, children, and their parents, will be at the center of policy improvement, raising issues and sharing them with government representatives. CRS will also engage and coordinate with Inclusion I and II to explore collective opportunities to influence and support national policy improvement and implementation.
- Objective 4 - Partners' capacity in disability service management improved: CRS will implement a structured capacity strengthening approach using the Holistic Organizational Capacity Assessment Instrument (HOCAI) and Organizational Capacity Assessment (OCA) to assess and improve partners' organizational performance. HOCAI is applied for 4 sub-recipients to measure the partner's overall institutional health, administrative standards compliance, ensuring a solid organizational foundation. Meanwhile, OCA is utilized to evaluate the specific technical and programmatic strengths required to implement certain activities of the two associations - Vietnam Association for Victims of Agent Orange/Dioxin (VAVA) and Vietnam Federation on Disability (VFD).
- Partners will conduct self-assessments, identify priority areas, and develop tailored action plans supported by CRS through capacity building, institutional strengthening, and ongoing accompaniment. At both provincial and national levels, CRS will engage key stakeholders to strengthen capacities in areas such as management, resource mobilization, communication, and data use, contributing to sustainable service delivery systems.

The project is being implemented by CRS Vietnam from 2023 to 2027 through a partnership approach, (i) with four (04) local organizations (VNAH, VietHealth, HDEC and DRD) focusing on Objective 1 and Objective 2, who specialize in providing rehabilitation and social services to children and adults with disabilities, their families and the service network which supports their inclusion across all aspects of daily life; and (ii) with central agencies and organizations (departments under MOH, VAVA, VFD etc.) on policies and service management on disability of Objective 3 and Objective 4.

The project is now in the last year of implementation; and CRS needs to conduct the project completion evaluation. The evaluation will focus on determining relevance, effectiveness and impact, sustainability of the

project, to provide the Donor, Project Owner and other stakeholders with information on the results achieved, lessons learnt and recommendations.

CRS Vietnam is seeking an Evaluation Team to conduct the evaluation as mentioned above (the evaluation). The objectives and scope of work for the evaluation are described in the following sections.

## **II. PURPOSE OF THE EVALUATION**

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### **II.A. Purpose of the Evaluation**

The purpose of this final evaluation is to independently assess the relevance, effectiveness and impact, sustainability, and overall contribution of the Inclusion III-b Project toward improving the Quality of Life (QoL) of Persons with Disabilities (PWDs). The evaluation will utilize the findings to highlight lessons learned and provide recommendations for CRS to consider in future iterations of similar programs in Vietnam.

### **II.B. Key Audiences and Uses**

The key audiences of this evaluation and their ways of utilizing findings are detailed as below:

- NACCET (Project Owner): As a government agency under the Ministry of National Defense and the Project Owner, NACCET needs to ensure the project's strategic direction and accountability. NACCET will use the evaluation results to verify the effectiveness of the project, especially models such as multidisciplinary rehabilitation (MTD), social service models etc., for potential adoption and nationwide scale-up.
- US Department of State (DoS, Donor): As the Donor, DoS will use the findings from the evaluation to inform future funding strategies for disability and Agent Orange-related programs in Vietnam.
- CRS (Prime Implementer): As the lead agency, CRS will use the evaluation to document best practices and lessons learned in consortium management and technical monitoring, ensuring high-quality standards in future disability programming.
- Sub-recipients (VNAH, HDEC, VietHealth, DRD): These specialized organizations will use the findings to improve their technical service delivery models (PT, OT, ST, and social work) and to strengthen their organizational and programmatic capacities for future interventions.
- National and provincial stakeholders (MOH, and Provincial Department of Health): These entities will use the evaluation to understand the project's contribution to local development goals and to refine provincial policies on services for Persons with Disabilities (PWDs).

## **III. KEY EVALUATION QUESTIONS**

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The consultancy shall refine and finalize evaluation questions during the inception phase. Below are indicative questions:

- Relevance:
  - To what extent are the approaches, intervention models, and service delivery methods used by the implementing partners appropriate for achieving the Project's objectives?
  - To what extent do the types of interventions/services provided align with the actual needs of persons with disabilities and the specific local context?
  - Were the project objectives aligned with national or local development priorities?

- Effectiveness:
  - To what extent were the four objectives and related intermediate results and outputs achieved?
  - How effective were the rehabilitation and social service interventions (e.g., psychological support, care systems, clubs, livelihood supports) in achieving intended outcomes?
  - To what extent did policy engagement contribute to reducing barriers for PWDs and for PWD service providers?
  - What enabling and constraining factors influenced project effectiveness during implementation?
  - To what extent did the project ensure suitable access to services for all target groups, including disaggregation by sex, age, type of disability? How satisfied were beneficiaries with the services received?
  - To what extent was the QoL of PWDs improved across different domains? And to what degree did PWDs demonstrate changes in awareness, skills, and behavior as a result of project interventions?
  - And was the QoL of PWDs improved? Any changes in awareness and actions of PWDs?
  - Did civil society organizations and associations of PWD increase their participation in advocacy as intended?
- Impact:
  - To what extent did the project contribute to improvements in the quality of life of PWDs?
  - To what extent did the project contribute to strengthening and improving policies and regulatory frameworks to create a more enabling environment for PWD?
  - To what extent were local (provincial) systems sustainably strengthened as a result of the project? To what extent did the project contribute to functional readiness and effectiveness of local service provision systems for PWDs?
  - What effective practices, adaptations or technology applications emerged from the project and to what extent do they have potential for replication or scale-up beyond the project areas?
- Sustainability:
  - To what extent are the project's outcomes, systems, and institutional capacities likely to be sustained beyond the project period?
  - To what degree have key services and systems been institutionalized by national and sub-national authorities and by organizations?
  - To what extent are private-sector service providers sustainably engaged in service delivery?
  - How likely are policy improvements supported by the project to be maintained and further advanced after project completion?
- Lessons learned and recommendations:
  - In project design and implementation: To what extent were the project design and implementation approaches effective and appropriate in achieving the intended outputs and outcomes? What were the key strengths of the project, and what areas could be improved in the design and implementation of similar interventions?
  - In project implementation and management: What key lessons were learned during project implementation and management, particularly in addressing operational challenges, mitigating risks, adapting to contextual changes, and ensuring the delivery of planned outputs and outcomes?
  - Recommendations: What practical, evidence-based recommendations can be provided to the donor, government stakeholders, CRS, and implementing partners to strengthen the design, management, and implementation of similar disability inclusion programs in the future?

## **IV. EVALUATION METHODOLOGY**

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### **IV.A. Evaluation Design and Approach**

The evaluation shall use a mixed-methods approach of qualitative and quantitative in combination with literature review in carrying out this evaluation to achieve the objectives as mentioned above. The methodology must be participatory, inclusive of diverse beneficiary groups, disability-sensitive, ethical and ensure confidential handling of data.

The evaluation will be carried out in Hanoi and Dong Nai province, tentatively from October 2026 to February 2027, through in-person or online discussion in addition to collecting information from all key stakeholders (including, Project Owner, Donor, Sub-recipients, national and sub-national partners, and beneficiaries) of the project.

### **IV.B. Sources of Data and Data Collection Methods**

Data will be collected from, but not limited to, the following sources:

- Documents, including but not limited to: Project proposal and Theory of Change, annual and quarterly reports, monitoring reports, capacity assessment reports, provincial action plans, policy engagement documentation, and rehabilitation management information system documents.
- Quantitative data analysis of QoL baseline and endline dataset, intervention data (quarterly database), training and capacity building data.
- Qualitative data collection and analysis: The evaluation shall include (i) Key Informant Interviews (KIIs) with NACCET, DOS representatives, CRS leadership and technical staff, sub-recipients (management and technical staff), Provincial DOH, relevant MOH agencies, health facilities, and associations (e.g., VAVA, VFD), service providers, PWDs/caregivers; (ii) Focus group discussions (FGDs) with adult PWDs, children with disabilities (with age-appropriate methods), caregivers, rehabilitation and care practitioners, social workers, and PWD clubs; and (iii) Case studies with at least 6–8 in-depth beneficiary case studies, examples of system-level change, and policy influence cases.
- New data to be collected/ surveyed by the consultant team, if necessary.

The consultant will propose and agree with CRS on data collection and analysis tools.

The consultant must also take into account ethical considerations to ensure informed consent, protect confidentiality of PWD profiles, apply safeguarding principles, use accessible tools (sign language, simplified formats where needed), and avoid harm and retraumatization. The Evaluation Team will be responsible for protecting the privacy of the participants and maintaining the confidentiality of data and information being collected.

### **IV.C. Sampling Strategy**

For data collection, the Evaluation Team is expected to design and implement the following sampling strategies:

#### ***a. Qualitative Component***

The consultant shall apply purposive sampling to select information-rich participants for in-depth insights. Participants selection should reflect diversity in geography, service type, and levels of engagement with the project, focusing on:

- Partners: National and local level partners (NACCET, provincial authorities, and sub-recipients).
- Stakeholders: Representatives involved in policy engagement and capacity building (agencies under MoH, VAVA, VFD).
- Beneficiaries: PWDs, caregivers, service providers

The consultant is expected to apply appropriate sampling rigor, clearly document sampling decisions and limitations, and ensure the approach supports meaningful interpretation of both outcomes and contributing factors. The Evaluation Team will develop a proposed sampling strategy and sample size in consultation with CRS. The sampling approach and size will be finalized and submitted to CRS for review and approval.

***b. Quantitative Component (if necessary)***

The consultant shall draw a stratified random sample of project beneficiaries using available monitoring data. The sampling approach must ensure adequate representation across key characteristics to allow for disaggregated descriptive analysis. Stratification criteria shall include:

- Geography: National, both old provinces within Dong Nai (old Dong Nai and old Binh Phuoc province).
- Demographics: Inclusion of children and adults, and balanced representation of male and female beneficiaries (sex-disaggregated)
- Disability profile: Diversity in disability types (physical disability, mental disability, intellectual disability etc.).
- Beneficiary categories: PWDs, including AOVs, caregivers, service providers, partners etc.
- Intervention types: Beneficiaries who received rehabilitation (PT, OT, ST, AD/ATs), psychological/ mental health support, capacity building, and social services, etc.

**IV.D. Data Analysis Procedures**

The Evaluation Team will conduct data analysis using Excel or equivalent software. The method should allow for comparisons between pre-and-post intervention changes, when data is available. The results will be captured in findings, conclusions and recommendations (FCR) matrix proposed by the Evaluation Team and in presentation slides to present to CRS and other stakeholders.

**V. EVALUATION TEAM**

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The Evaluation Team is expected to consist of individuals working across evaluation management, technical knowledge (public health, medical, rehabilitation and care, disability sector, social inclusion and livelihood), data collection and analysis, for a total of 70 - 80 working days. The Evaluation Team will work together with CRS, and in coordination with CRS in working with the project’s stakeholders and partners.

The Evaluation Team will develop the evaluation protocol in consultation with CRS, and will ensure the use of the standard, validated tools and sampling strategy as required by the project.

Minimum Requirements for Key Personnel:

- Master’s degree in public health, disability rehabilitation and care, social policy, data analysis, or a related field. PHD preferred.
- At least 10 years of experience in evaluating development programs, especially those funded by USG Department of State.

- Proven experience in disability inclusion and systems strengthening, including familiarity with MTD rehabilitation systems.
- Strong expertise in quantitative and qualitative research methodologies, including analysis of panel or baseline–endline data.
- Excellent oral communication skills and the ability to deliver high quality written reports in English
- Demonstrable experience in producing high-quality, credible evaluations and documentation
- The ability to communicate with diverse groups of people respectfully and effectively
- Strong interpersonal and facilitation skills, and cultural and gender sensitivity in working with local communities and a range of stakeholders
- Good experience in contributing to high quality assessment processes.

The team will develop inception report, design data collection tools, conduct fieldwork, analyze data, present preliminary findings, produce draft and final reports. CRS will facilitate access to documents and data, coordinate stakeholder introductions, and support field arrangements.

The consultancy team will be selected based on adequate skills, experience, and qualifications.

## **VI. REPORTING AND DISSEMINATION PLAN**

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### **VI.A. Report Template**

#### ***Inception Report Template***

The Inception Report must be in English, with the main text of 20-25 pages, excluding annexes, and should include but is not limited to the following main items:

- Front page
- A list of acronyms and abbreviations
- Table of contents
- Executive Summary
- Introduction & Evaluation Purpose
- Evaluation Objectives and Key Questions
- Evaluation Scope, Approach and Methodology
- Sampling Strategy & Data Collection Methods
- Analysis Plan
- Ethical Considerations
- Limitations and Mitigation Measures
- Workplan and Timeline
- Team Composition and Responsibilities
- Deliverables
- Annexes

#### ***Final Report Template***

The Final Report main text should be of 30–40 pages, excluding annexes, and should include but is not limited the following main items:

- Front page
- A list of acronyms and abbreviations
- Table of contents

- Executive Summary
- Introduction and Background
- Evaluation Purpose and Methodology
- Project Overview
- Project achievements & findings by each of 4 objectives
- Analysis on outcomes in quality of life of PWD
- Analysis on relevance, effectiveness, quality, sustainability, efficiency and coordination
- Lessons Learned and good practices based on the findings
- Conclusions
- Actionable Recommendations for CRS and Sub-recipients, NACCET, DOS, and MoH/DoH
- Annexes

The Final Report must be produced in two versions, one version in Vietnamese and one version in English, using clear and formal language. The report must clearly present findings, conclusions, and recommendations, with transparent evidence and exclusive of advocacy language. The report must be submitted in editable Word format. All data, graph/chart must be submitted in editable Excel format.

## **VI.C. Dissemination Plan**

### ***Inception Report***

The Evaluation Team will submit a Draft Inception Report outlining the proposed evaluation approach, methodology, and key issues. This will be followed by a review and validation meeting with CRS to discuss the draft, clarify expectations, and agree on any revisions. The Evaluation Team will then submit a Final Inception Report, incorporating all agreed inputs and clarifications.

### ***Final Report***

The Evaluation Team will present the preliminary findings to CRS and relevant stakeholders for the purpose of technical clarification and verification of factual accuracy. Following the incorporation of verified factual clarifications arising from the presentation, the Evaluation Team will submit a complete (1) Draft Evaluation Report to CRS for review. The Evaluation Team will review and address all technical comments received and subsequently submit a (2) Revised Draft Report.

Upon submission of the Revised Draft Report, the Evaluation Team will facilitate a Validation Workshop with key stakeholders to discuss the implications of the findings and refine the recommendations, as appropriate. The Evaluation Team will then submit the (3) Final Draft Evaluation Report, incorporating technical clarifications and any valid, evidence-based adjustments resulting from the Validation Workshop, together with a finalized and prioritized recommendation matrix.

The Evaluation Team will then submit the (4) Final Evaluation Report, updating the final end-of-project data when it is available, tentatively in February 2027.

## **VII. LOGISTICS**

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### **Supports to be provided by CRS:**

- Coordinate for the meetings and interviews with the project's stakeholders, partners, local service providers and beneficiaries (NACCET, DOS, Sub-recipients, MOH, DoH of Dong Nai, VAVA, VFD...).
- Provide relevant necessary available documents, including work plans, progress reports and technical for the Evaluation Team.

- Provide relevant necessary available data for the Evaluation Team.
- Review and provide feedback on draft products (approach, plans, tools, data analysis, findings, reports, presentation, etc.) during the evaluation process of the Evaluation Team.

#### **Responsibilities of the Evaluation Team**

- Coordinate/ arrange for the transport, accommodation, meals, and other logistical considerations.
- Develop and adjust, when necessary, the working plan according to actual progress of the project, to ensure flexibility and sufficient time for coordination of meetings and interviews.
- Provide sufficient input as required for coordination of meetings and interviews.

The Evaluation Team will report to the COP and MEAL Manager within CRS Vietnam. During the assignment the Team Leader will be the focal point for coordination with CRS. The Evaluation Team will work closely with the MEAL Manager, Rehabilitation and Disability Inclusion Technical Team Lead, Chief of Party and Deputy Chief of Party, to ensure consultancy activities remain fit for purpose and to address issues as they arise. If required, the Evaluation Team may also be required to interact with the donor, implementing partners and other technical, advisory or management staff within CRS. This will be coordinated through the CRS Vietnam team.<sup>7</sup>

#### **VIII. DELIVERABLES AND TIMELINE**

<b>Deliverable</b>	<b>Tentative Week from Kick-off (*)</b>	<b>Purpose</b>
1. Kick-off Meeting	Week 1	Confirm scope, methodology expectations, reporting lines, timeline, and access to documentation. Establish mutual understanding of evaluation objectives and independence.
2. Desk Review	Weeks 1–2	Review project documents, prior reports, monitoring data, and contextual materials to inform methodology and refine evaluation questions.
3. Inception Report	Weeks 2-3	Present detailed methodology, evaluation questions, sampling strategy, workplan, and data collection approach for approval prior to field implementation.
4. Tools Design (KII, FGD, Survey, etc.)	Weeks 3–4	Develop and finalize data collection tools aligned with the evaluation questions and approach.
5. Data collection arrangement	Weeks 5-7	Wait for permission from the province. Collaborate with CRS in arrangement with stakeholders for data collection
6. Data Collection	Weeks 8–9	Collect primary data through interviews, focus groups, surveys, and site visits in accordance with methodology and ethical standards.
7. Data Cleaning, Processing	Weeks 10-11	Validate, clean, code, and organize quantitative and qualitative data to ensure reliability and readiness for analysis.
8. Data Analysis	Weeks 11-12	Conduct data analysis and come up with findings across data sources.
9. Present Preliminary Findings	Week 12	Present key findings for factual verification and technical clarification prior to full draft submission.

<b>Deliverable</b>	<b>Tentative Week from Kick-off (*)</b>	<b>Purpose</b>
10. Draft Evaluation Report	Week 13-14	Submit complete draft including methodology, findings, conclusions, recommendations, and annexes.
	Week 15	Waiting for CRS and Sub-recipients to review/comment the draft report.
11. Revised Draft Report	Week 16-17	Incorporate technical comments from CRS and submit a revised version reflecting addressed feedback.
12. Validation Workshop	Week 18	Facilitate discussion with stakeholders (including CRS, Sub-recipients, and other partners) to review implications of findings and refine prioritization of recommendations.
13. Final Draft Evaluation Report	Week 19	Submit finalized report incorporating validated, evidence-based adjustments and prioritized recommendation matrix.
14. Final Evaluation Report, Data Submission & Contract Close	Tentatively in February 2027 (when all final project-end data of the project is available)	Update the Final Draft Report with final project-end data of the project. Submit cleaned datasets, tools, codebooks, and required documentation; complete administrative and contractual closure.

*(\*) The kickoff week will be tentatively the first week of October 2026. The specific dates of deliverables will be updated in the Inception Report.*

**IX. ETHICAL CONSIDERATIONS**

The Evaluation Team must ensure that the evaluation process adheres to ethical guidelines as outlined in the American Evaluation Association’s (AEA) Guiding Principles for Evaluators. A summary of these guidelines is provided below:

1. Informed Consent: All participants are expected to provide verbally informed consent following standard and pre-agreed consent protocols. For children respondents (under 18 years) in the qualitative assessment, written parental consent is required for each child participating.
2. Systematic Inquiry: Evaluation Team conducts systematic, data-based inquiries.
3. Competence: Evaluation Team provides competent performance to stakeholders.
4. Integrity/Honesty: Evaluation Team displays honesty and integrity in their own behavior and attempts to ensure honesty and integrity of the entire evaluation/assessment process.
5. Respect for People: Evaluation Team respects the security, dignity and self-worth of respondents, program participants, clients, and other assessment stakeholders. It is expected that the Evaluation Team will obtain the informed consent of participants to ensure that they can decide in a conscious, deliberate way whether they want to participate.
6. Responsibilities for General and Public Welfare: Evaluators articulate and take into account the diversity of general and public interests and values that may be related to the Assessment.

## X. APPLICATION PROCEDURE

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CRS will consider applications from Individual Consultants working in a team, consultancy agencies, NGOs and INGOs and academic institutions.

Interested parties are requested to submit the proposal in English, including:

**Technical proposal:**

- Expression of Interest
- A copy of business license (if any)
- Company profile (if any)
- A concise technical proposal
- A tentative work plan.
- Curriculum vitae (CVs) demonstrate relevant capacity and experience.
- Minimum 02 references for similar assignment
- Example of previous similar work {weblink or portable document format (PDF)}

**Financial proposal:**

- Propose assessment fee with a detailed breakdown of the daily rate in Vietnam dong, including tax (VAT/PIT) and travel-related expenses.

**Method for submission:**

- Proposals should be duly signed, stamped (if any) and submitted to CRS's email: [vn\\_procurement@crs.org](mailto:vn_procurement@crs.org)
- Closing date for submission: **26 July 2026**

For any clarification requests, please contact: [hoan.le@crs.org](mailto:hoan.le@crs.org) and [thuthuy.nguyen@crs.org](mailto:thuthuy.nguyen@crs.org).