TERMS OF REFERENCE

Technical Assessment of The Care and Psychological Support Models under the Inclusion IIB Project

Location: Gia Lai (Binh Dinh) and Quang Ngai (KonTum)
Project: Inclusion II-b
Time: October – December 2026

I. INTRODUCTION

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

With funding from the United States Government, CRS is implementing the project "*Support to Improve the Quality of Life of Persons with Disabilities in Provinces Heavily Sprayed with Agent Orange*" in Gia Lai and Quang Ngai provinces (Inclusion II-b Project). The project is led by the National Action Center for Toxic Chemicals and Environmental Treatment (NACCET) and implemented in coordination with the Departments of Health of Gia Lai and Quang Ngai provinces. Humanity & Inclusion (HI) serves as the managing organization, while CRS acts as an implementing partner responsible for achieving Objective 2 of the project. This objective is comprised of four results, of which CRS is responsible for contributing to three as follows:

- *Expected Result 2.1*: Institutional care, home care including psychological support/mental health care provided for at least 6,000 persons with disabilities resulting in improved outcomes.
- *Expected Result 2.2*. Care skills improved in at least 8,900 family members and caregivers from community, care centers, and hospitals through training and support. Formal care systems developed/piloted
- *Expected Result 2.4*. Provincial responding mechanism is in place to address GBV issues toward adults and children with disabilities

As the project enters its final year of implementation, CRS will conduct a comprehensive documentation and technical review of the Care and Psychological Support Models for Persons with Disabilities. The assignment aims to systematically capture the models' relevance, evidence of effectiveness, sustainability, good practices, and lessons learned to inform future replication and scale-up. CRS Vietnam is seeking a consulting team to undertake this assignment.

II. PURPOSE OF THE ASSIGNMENT

II.A. Purpose of the Assignment

This assignment aims to document and technically assessing the Care and Psychological Support models supported by CRS under Inclusion II-B. The specific scope of works includes:

1. Document the design, implementation process, and key components of the Care and Psychological support models supported by CRS under Inclusion II-B;
2. Assess the technical soundness, effectiveness of the models in improving access to and quality of services for persons with disabilities;
3. Examine alignment of the models with current Vietnamese policies, strategic directions, and service delivery systems;
4. Identify factors that support or constrain sustainability and institutionalization;
5. Generate lessons learned and recommendations for future programming, replication, and scale-up

II.B. Key Audiences and Uses

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

- Catholic Relief Services - CRS as the direct implementer
- Humanity and Inclusion- HI (Prime Implementer) as the lead agency.
- Local stakeholders (Provincial Department of Health, Health Centers, Commune Clinics): These entities will use the assessment to understand the project's contribution to local development goals and to refine provincial policies on services for Persons with Disabilities (PWDs).
- U.S. Department of State (DOS) – as the donor.

III. KEY ASSESSMENT QUESTIONS

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

- Models' Design and Relevance:
  - What are the key components, resources, etc constituting the home-based care and psychological support models?
  - To what extent are the models aligned with the needs of persons with disabilities and caregivers?
  - To what extent are the models aligned with Vietnam's current disability, rehabilitation, mental health, and social assistance policies?
  - How appropriate are the models within the local service delivery systems?

- Effectiveness:
  - To what extent have the models improved PWD's access to rehabilitation, care, psychosocial support, and related services?
  - To what extent have the models strengthened knowledge and competencies of caregivers, service providers?
  - Which elements of the models contributed most to observed outcomes?
  - What technical strengths and limitations were identified during implementation?
  - To what extent were the Inclusion II-B's objective 2 and related intermediate results and outputs under the CRS-led component achieved?

- Sustainability and Scale Up:
  - Which components of the models are most likely to be sustained after project completion? Why?
  - What adaptations would be required for replication or scale-up?
  - What lessons learnt and good practices should inform future disability inclusion programming?

IV. TECHNICAL DOCUMENTATION AND ASSESSMENT METHODOLOGY

IV.A. Assignment Design and Approach

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

The assignment will be carried out in Gia Lai and Quang Ngai provinces, tentatively from October to December 2026, through in-person or online discussion in addition to collecting information from related stakeholders 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: technical guidelines, training materials, tools (e.g: health screening, ...), HBC SOP, referral mechanisms, etc
- Monitoring data as supportive evidence for technical assessment and model documentation
- Qualitative data collection and analysis: The assessment shall include (i) Key Informant Interviews (KIIs) with CRS's PM and technical staff, MEAL staff, Provincial DOH, health facilities, service providers, PWDs/caregivers; (ii) Focus group discussions (FGDs) with adult PWDs, children with disabilities (with age-appropriate methods), caregivers.

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

The consultants 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 traumatization. The consultants 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 consultant team is expected to design and implement the following sampling strategies:

The consultants 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:

- Local partners (DOH, health facilities, Social Protection Centers, Commune health clinics, etc).
- PWDs, caregivers, service providers (TOT trainers, care mentors, etc), rehabilitation specialists, mental health specialists
- CRS staff

The consultants 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.

IV.D. Data Analysis Procedures

The assignment should primarily focus on synthesis of technical evidence related to model implementation, effectiveness, sustainability, and systems integration. Quantitative project data may be used as supporting evidence where relevant

V. DOCUMENTATION AND ASSESSMENT TEAM

The Documentation and Assessment Team shall consist of a maximum of two consultants: one specialist in disability care and rehabilitation and one specialist in mental health and psychosocial support (MHPSS). Both consultants should have demonstrated experience in technical assessment and

documentation of service delivery models or systems-strengthening interventions. The team will be responsible for assessment design, data collection and analysis, model documentation, and reporting in close coordination with CRS and project stakeholders.

The anticipated level of effort (LOE) for the assignment is approximately 30 person days for the consultancy team. Bidders are expected to propose a detailed staffing plan, including the level of effort by team members and allocation of days by major deliverables, as part of the technical proposal.

Minimum Requirements for Key Personnel:

- Master's degree in public health, disability rehabilitation, disability studies, psychology, social work, social policy, or a related field. A PHD is an advantage.
- At least 5 years of experience in technical assessment and documenation, and analysis of development programs, service delivery models, or system strengthening initiatives.
  Demonstrated expertise in disability inclusion, rehabilitation, care services, mental health, or psychosocial support.
  - Proven experience in documenting technical models, identifying good practices, and generating lessons learned and recommendations for program improvement or scale-up.
  - Strong qualitative and participatory assessment skills, including stakeholder consultations, interviews, and facilitation of group discussions.
  - Excellent analytical, report writing, and communication skills in English.
  - Ability to communicate effectively and respectfully with diverse stakeholder groups, including persons with disabilities, caregivers, service providers, and government counterparts.
  - Strong interpersonal, facilitation, and stakeholder engagement skills, with demonstrated cultural and gender sensitivity.

The consultancy team will be responsible for developing the inception report, designing data collection tools, conducting desk review and fieldwork, documenting the technical models, analyzing findings, facilitating validation discussions, and producing final report. CRS will provide relevant project documents and data, facilitate engagement with key stakeholders, and support field coordination as needed.

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

VI. REPORTING AND DISSEMINATION PLAN

VI.A. Report Template

Inception Report Template

The Inception Report must be in English and should include, but not be limited to, the following sections:

- Executive Summary
- Background and Purpose of the Assignment
- Documentation and Assessment Objectives
- Technical Documentation and Assessment Framework

- Key Assessment Questions
- Scope of Work
- Methodology and Approach
- Stakeholder Mapping and Sampling Strategy
- Data Collection Methods and Tools
- Data Analysis Plan
- Ethical Considerations
- Limitations and Mitigation Measures
- Work Plan and Timeline
- Team Composition and Roles
- Deliverables

Final Report Template

The Final Report should not exceed 30 pages, excluding annexes, and should include, but not be limited to, the following sections:

- Executive Summary
- Introduction (project background, purpose of the assignment, scope and methodoglogy)
- Overview of the Models
  - Care and Rehabilitation Model
  - Psychosocial Support and Mental Health Support Model
- Findings
  - Model Design and Key Components
  - Relevance and Alignment with Current Policies and Local Systems
  - Technical Effectiveness and Outcomes
  - Systems Strengthening and Institutionalization
  - Sustainability and Scale-Up Potential
- Good Practices and Lessons Learned
- Recommendations
  - Programmatic Recommendations
  - Technical Recommendations
  - Policy and Systems-Level Recommendations

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 should provide comprehensive documentation of the two service models, present evidence-based findings on their technical effectiveness, relevance, sustainability, and scale-up potential, and highlight key lessons learned and recommendations for future programming and policy engagement**.** 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 Documentation and Assessment Team will submit a Draft Inception Report outlining the proposed documentation and assessment framework, methodology, key questions, data collection approach,

and work plan. CRS will review the draft and provide feedback through a consultation meeting to clarify expectations and align the scope of work. The Team will then submit a Final Inception Report incorporating all agreed revisions.

Final Report

The Documentation and Assessment Team will present preliminary findings, emerging lessons, and initial recommendations to CRS and relevant stakeholders for technical validation and factual verification. Following the presentation, the Team will submit a Draft Technical Documentation and Assessment Report for review.

The Team will address comments received from CRS and stakeholders and submit a Revised Draft Report. A validation workshop may be conducted, as appropriate, to discuss key findings, lessons learned, sustainability considerations, and recommendations for future programming and potential scale-up of the models.

Following incorporation of agreed feedback and technical clarifications, the Team will submit a Final Technical Documentation and Assessment Report, including finalized findings, documented good practices, lessons learned, and recommendations.

The final submission date will be agreed upon during the inception phase and reflected in the approved work plan.

VII. LOGISTICS

Supports to be provided by CRS:

- Coordinate for the meetings and interviews with the project's stakeholders, partners, local service providers and beneficiaries
- Provide relevant necessary available documents, including work plans, progress reports and technical for the Assessment Team.
- Provide relevant necessary available data for the Assessment Team.
- Review and provide feedback on draft products (approach, plans, tools, data analysis, findings, reports, presentation, etc.) during the assessment process of the Assessment Team.

Responsibilities of the Documentation and Assessment 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 Documentation and Assessment Team will report to the Disability Program Manager and MEAL Manager within CRS Vietnam. During the assignment the Team Leader will be the focal point for coordination with CRS. The Assessment Team will work closely with the MEAL Manager, Inclusion 2B Project staff, to ensure consultancy activities remain fit for purpose and to address issues as they arise.

VIII. DELIVERABLES AND TIMELINE

Deliverables:

Deliverables	Tentative submission timeline
1. Final Inception Report (including refined methodology, assessment framework, sampling strategy, workplan, and data collection approach)	Week 2 after contract signing
2. Finalized Data Collection Package (including KII/FGD guides, data collection tools, and data collection protocol)	Week 3 after contract signing
3. Draft Technical Documentation and Assessment Report (including model documentation, findings, conclusions, lessons learned, and recommendations)	Week 8 after contract signing
4. Revised Draft Report and Validation Presentation Materials	Week 10 after contract signing
5. Final Technical Documentation and Assessment Report (English and Vietnamese versions)	Week 13 after contract signing

Tentative Timeline

Activities	Tentative Week	Purpose
Kick-off Meeting	Week 1 after contract signing	Confirm scope, methodology expectations, reporting lines, timeline, and access to documentation. Establish mutual understanding of assessment objectives and independence.
Desk Review	W1	Review project documents, prior reports, monitoring data, and contextual materials to inform methodology and refine assessment questions.
Development of Inception Report	W2	Present detailed methodology, assessment questions, sampling strategy, workplan, and data collection approach for approval prior to field implementation.
Development and finalization of data collection tools (KII, FGD, etc.)	W3	Develop and finalize data collection tools aligned with the assessment questions and approach.
Field data collection	Week 4 and 5	Collect primary data through interviews, focus groups, and site visits in accordance with methodology and ethical standards.
Data Cleaning, Analysis and model documentation	Week 6&7	Validate, clean and conduct data analysis and come up with findings across data sources.

Activities	Tentative Week	Purpose
Prepare draft report	Week 8	Submit CRS the draft report including methodology, findings, conclusions, recommendations, and annexes for review and comments
Review and revised draft Report	Week 9, 10	Incorporate technical comments from CRS and submit a revised version reflecting addressed feedback.
Validation meeting/workshop	Week 11	Facilitate discussion with stakeholders (including CRS, Sub-recipients, and other partners) to review implications of findings and refine prioritization of recommendations.
Submission of final report package and contract closure	Week 12 - 13	Submit finalized report incorporating validated, evidence-based adjustments and prioritized recommendation matrix.

(*) The kickoff week will be tentatively in the week of 1st October 2026. The specific dates of deliverables will be updated in the Inception Report.

IX. ETHICAL CONSIDERATIONS

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

1. Informed Consent: All participants are expected to provide verbal 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: Assessment Team conducts systematic, data-based inquiries.
3. Competence: Assessment Team provides competent performance to stakeholders.
4. Integrity/Honesty: Assessment Team displays honesty and integrity in their own behavior and attempts to ensure the honesty and integrity of the entire assessment/assessment process.
5. Respect for People: Assessment Team respects the security, dignity and self-worth of respondents, program participants, clients, and other assessment stakeholders. It is expected that the Assessment 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

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 (understanding on TOR, methodologies, timeline, human resources, etc)
- A tentative work plan.
- Curriculum vitae (CVs) demonstrating 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 dongs, 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**
- Closing date for submission**: September 13th 2026**