



## **REQUEST FOR APPLICATION (RFA) – Number: CCIHP\_Inclusion1\_1.0**

RFA Issuance Date: July 28, 2021  
Deadline for Questions: August 3, 2021  
Time for pre-application workshop: August 9, 2021  
Deadline for Applications: By 5.00 PM Hanoi local time, August 30, 2021

Center for Creative Initiatives in Health and Population (CCIHP) is seeking applications from eligible organizations in Vietnam to be sub-awardees for implementation of USAID funded Inclusion I project in 3 provinces of Quang Tri, Thua Thien Hue and Quang Nam. The total budget for sub-awardees is tentatively allocated at USD 16,700,000 for a 5-year project, and committed at USD 2,865,000 for phase I - by the end of December 2022.

Eligibility for this award is restricted to a single entity or joint-venture of private entities (including educational institutions and health facilities), non-governmental or not-for-profit organizations which are either established in Vietnam, or registered and is working in Vietnam (see Section III of this RFA for eligibility requirements). According to the USAID rules, the applicants must register and provide DUNS and SAM numbers in their application.

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**TABLE OF CONTENT**

ABBREVIATION	3
SECTION I: PROGRAM DESCRIPTION	4
I.1. Background	4
I.2. Inclusion 1’s goal and objectives	6
I.3. Theory of Change	6
I.4. Expected results/targets	6
SECTION II: AWARD INFORMATION	9
II.1. Number of Awards Contemplated	9
II.2 Award Packages	10
II.3. Integration of crosscutting issues and USAID forward priorities	12
II.4. Start Date and Period of Performance for Awards	13
II.5. Type of Award	13
II.6. Substantial Involvement	14
II.7. Authorized Geographic Code	14
SECTION III: ELIGIBILITY INFORMATION	15
III.1. Eligibility	15
III.2. Ineligibility	15
III.3. Number of applications per applicants	16
SECTION IV: APPLICATION AND SUBMISSION INFORMATION	17
IV.1. General information	17
IV.2. Content and format of application submission	18
SECTION V: APPLICATION REVIEW INFORMATION	22
V.1. Technical Approach	22
V.2. Organization Qualification	22
V.3. Finance management	22
SECTION VI: AWARD ADMINISTRATION INFORMATION	23
SECTION VII: AWARDED AGENCY CONTACT	24
SECTION VIII: OTHER INFORMATION	25

## **ABBREVIATION**

ADL	Activities of Daily Living
CCIHP	Center for Creative Initiatives in Health and Population
DIS	Disability Information System
DPO	Disabled persons' organizations
DUNS	Data Universal Numbering System
FAA	Fixed Amount Award
GVN	Government of Vietnam
MDT	Multi-disciplinary rehabilitation team
MEL	Monitoring, Evaluation and Learning
OT	Occupational Therapy
PT	Physical Therapy
PWD	Persons with disabilities
QN	Quang Nam
QT	Quang Tri
RFA	Request for Application
SAM	System of Award Management
ST	Speech Therapy
TTH	Thua Thien Hue
USAID	U.S. Agency for International Development

## SECTION I: PROGRAM DESCRIPTION

### I.1. Background

Assisting persons with disabilities has long been one of the top priorities for the Vietnamese Party and Government in the past decades. The U.S. Government is among the partners with significant and long-standing support to alleviate post-war consequences in Vietnam, particularly Agent Orange consequences, and provide assistance to the victims of Agent Orange. Since 1989, the U.S. Agency for International Development (USAID) and the Leahy War Victims Fund (LWVF) have worked to increase access to a wide variety of projects benefiting persons with disabilities in Vietnam, improving the quality of life of persons with disabilities by addressing medical and social needs, improving disability policies, reducing physical and social barriers, and contributing to exercising the rights of persons with disabilities to participate in society.

In 2019, USAID and the Government of Vietnam (GVN)'s National Steering Committee on the Settlement of Post-war Unexploded Ordnance and Toxic Chemical Consequences in Vietnam (Committee 701) and The National Action Center for Toxic Chemicals and Environmental Treatment (NACCET) have developed the program titled "Improving the Quality of Life of Persons with Disabilities in provinces heavily sprayed with Agent Orange" (hereafter referred to as INCLUSION). On 20th of July, 2021, the Prime Minister issued approval for the report of pre-feasibility study of the proposed program.

The Center for Creative Initiatives in Health and Population (CCIHP), established in 2008, is a non-profit organization registered under the Vietnam Union of Science and Technology Associations (VUSTA). CCIHP was selected by USAID to act as the prime agency in charge of INCLUSION implementation in 3 provinces of Quang Tri (QT), Thua Thien Hue (TTH) and Quang Nam (QN) in Vietnam central region (Cluster 1). The work undertaken by CCIHP within the INCLUSION PROGRAM is termed "Inclusion 1".

According to statistics from the Disability Information System (DIS) managed by the Ministry of Health, about 72,000 persons with disabilities (PWD) are living in QT, TTH and QN, among them more than 60,747 persons have severe disabilities<sup>1</sup>. In the last five years, there have been efforts from the GVN, USAID, and other donors to support persons with disabilities in these provinces<sup>2 3 4</sup>. However, there remains large gaps in rehabilitation and social support services for persons living with disability. For example, data from DIS showed that in these provinces, approximately 15,000 PWD need rehabilitation examination, and 11,000 PWD need provision of orthopedic services. The number of persons with disabilities with unmet needs in QN and QT is slightly higher in TTH<sup>5</sup>,

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<sup>1</sup> Source: Disability Information System (DIS); Statistics from April 1, 2015 to September 4, 2019

<sup>2</sup> Quang Tri's People Committee, CV 5670/UBND -DN, Information to improve Project document of 'Improving the quality of life of persons with disabilities in provinces heavily sprayed with Agent Orange in Vietnam' funded by USAID, dated December 9, 2019

<sup>3</sup> Thua Thien Hue's People Committee, CV 1860/SLDTBXH-BTXH, Feedbacks to Project document of 'Improving the quality of life of persons with disabilities in provinces heavily sprayed with Agent Orange in Vietnam', dated July 27, 2020.

<sup>4</sup> Quang Nam's People Committee, CV 200/LDTBXH-BTXH, Information to Project Document of 'Improving the quality of life of persons with disabilities in provinces heavily sprayed with Agent Orange in Vietnam', dated February 02, 2020.

<sup>5</sup> Disability Information System (DIS); Statistics from April 1, 2015 to September 4, 2019.

where there is a strong system for rehabilitation, healthcare and social services. According to a recent Needs assessment survey conducted by CCIHP in three provinces, approximately 40% of people with disabilities need rehabilitation and 36% need assistive devices (See a summary of major findings from the Needs Assessment [here](#))<sup>6</sup>. In addition, early identification, intervention and rehabilitation services for children with disability are still limited<sup>7</sup> despite being considered as priorities in provincial action plans in the next 10 years<sup>8 9</sup>.

There have been a number of training programs to develop human resources in rehabilitation in QT, TTH and QN in the last few years. Nevertheless, the number of trained health professionals, particularly those specialized in occupational therapy (OT), speech therapy (ST), and assistive technology (AT) fall short of the actual needs of persons with disabilities and the USAID's desired ratio of 0.5 to 1 well-trained health professionals in each discipline per 10,000 people (See details about human resources from the Needs Assessment [here](#)). In addition, multi-disciplinary rehabilitation team (MDT) practice needs to be strengthened as per recommendations by the World Health Organization (WHO), including the establishment of rehabilitation units with members from multiple disciplines, and implementation protocol for multi-disciplinary services delivery.

Services for persons with disabilities are severely lacking in terms of budget allocation and technical quality. According to the Needs Assessment survey at the three provinces, 51% of respondents with disabilities have the need for home care, 30% of persons with disabilities and 30% of caregivers have the need for psychological support, and nearly 50% of caregivers indicate the need for training to improve their knowledge and caregiving skills. Past and current projects addressing homecare, psychological support and mental health needs for persons with disabilities and their family are limited in their scope and range of services offered.

The assessment reports also show that quality of life among persons with disabilities in general and in the three project provinces in particular was very low. In addition to the lack of services as described above, other contributing factors include incoherent disability policies and ineffective policy implementation; public attitude and social barriers creating unfavorable conditions for social inclusion for persons with disabilities; low capacity in leadership, management and implementation of activities to support persons with disabilities; low budget allocated and limited resources to implement disability support programs and a lack of effective resource mobilization mechanism.

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<sup>6</sup> Needs Assessment conducted by CCIHP is a source of reference.

<sup>7</sup> USAID, CCIHP, Needs assessment in Quang Tri, Thua Thien Hue and Quang Nam, 2021.

<sup>8</sup> Thua Thien Hue's People Committee, Implementation plan for support persons with disabilities in Thua Thien Hue, period 2021-2030, dated October 30, 2020.

<sup>9</sup> Prime Minister, 2020, Implementation plan for support persons with disabilities period 2021-2030, dated August 5, 2020

## I.2. Inclusion 1's goal and objectives

### 1. Goal:

Improved Quality of Life of Persons with Disabilities in provinces heavily sprayed with Agent Orange.

### 2. The project has three main objectives:

- **Objective 1:** Health and Rehabilitation services are expanded; health status and quality of life of persons with disabilities are improved.
- **Objective 2:** Social services are expanded; social inclusion and direct support to persons with disabilities are enhanced.
- **Objective 3:** Disability policies are improved; public attitude is improved; and barriers are reduced to ensure social inclusion of persons with disabilities.

Inclusion 1 will support the coordination and collaboration between social services and rehabilitation service delivery systems in the public, private and civil spheres, to ensure effectiveness and efficiency, continuum of care, and maximization of investment in the local systems for sustainability. Throughout the project life, CCIHP and its sub-awardees will directly and indirectly contribute to the building of organizational, technical and management capacity for counterparts/stakeholders involved in the project implementation at all levels (national, provincial, district, and/or communal) where relevant. This USAID's project is expected to implement USAID global strategies of increasing the participation and ownership of local organizations and private sector engagement, in which the participation of private service providers is encouraged to expand service network and to better meet the needs of persons with disabilities.

## I.3. Theory of Change

The overall Inclusion 1 project was designed based on the theory of change as described below:

**If** (1) Rehabilitation services are expanded; (2) Social services are expanded; and (3) Disability policies and public awareness are improved; **Then** the Quality of Life of persons with disabilities in provinces heavily sprayed with Agent Orange will be improved.

## I.4. Expected results/targets

In the first phase of the project, by the end of December 2022, about 3,500 persons with disabilities, including children with disabilities and persons with disabilities affected by Agent Orange/Dioxin and 2,300 family members in the three provinces will be benefited from health, rehabilitation and social services; 9 multi-disciplinary rehabilitation units will be established or strengthened to provide services; and 155 health care workers/ service providers will receive training, including 6-month and longer training.

Towards the end of the 5-year project duration, it is expected that the project will accumulatively benefit 22,500 people with disabilities and family members in the three provinces. In addition, the project will build capacity for 825 health providers, about 40% of whom will have received at least 6 months of training, and establish and strengthen 30 multi-disciplinary rehabilitation units to

provide services.

Key expected targets for each province are included in Table 1 below.

**Table 1. Inclusion 1’s targets for QT, TTH and QN**

No. of Indicator	Objectives/Indicators	Unit	Targets for 5 years (2021-2026)			Targets for Phase 1*		
			QT	TTH	QN	QT	TTH	QN
<b>Goal: Improved Quality of Life of Persons with Disabilities in provinces heavily sprayed with Agent Orange</b>								
1	Number of PWD receiving direct support from the project	Number of persons	7,200	8,000	7,300	1,100	1,200	1,100
2	Percentage of PWD receiving direct support whose quality of life (measured by WHO’s quality of life indicators) are improved	Percentage (%)	75	75	75	75	75	75
<b>Objective 1: Health and Rehabilitation services are expanded; health status and quality of life of persons with disabilities are improved</b>								
3	Number of PWD receiving rehabilitation services	Number of persons	3,600	4,000	3,650	550	600	550
4	Percentage of PWD receiving rehabilitation services who show increased independence in activities of daily living	Percentage (%)	75	75	75	75	75	75
5	Number of multi-disciplinary rehabilitation units	Number of units	10	10	10	2	4	3
6	Number of rehabilitation service providers trained	Number of persons	247	248	330	54	47	54
<b>Objective 2: Social services are expanded; social inclusion and direct support to persons with disabilities are enhanced.</b>								
7	Number of PWD receiving home-based care	Number of persons	3,600	4,000	3,650	550	600	550
8	Percentage of PWD receiving services and having care outcomes improved	Percentage (%)	75	75	75	75	75	75
9	Number of family members of PWD and caregivers in the community, centers and health facilities receiving training and support in providing care for PWDs	Number of persons	4,900	5,300	4,900	750	800	750

No. of Indicator	Objectives/Indicators	Unit	Targets for 5 years (2021-2026)			Targets for Phase 1*		
			QT	TTH	QN	QT	TTH	QN
10	Number of PWD participating in activities organized by local DPOs	Number of persons	400	400	400	100	100	100
<b>Objective 3:</b> Disability policies are improved; public attitude is improved; and barriers are reduced to ensure social inclusion of persons with disabilities.								
11	Number of recommendations and policies developed with support from the project	Number of policies	1	1	1	0	0	0
12	Percentage of newly built public buildings and facilities (health clinics, schools, office buildings, stations, etc.) meeting the accessibility standards for PWD as a result of the project's intervention.	Percentage (%)	100	100	100	100	100	100
13	Number of organizations, clubs and groups for PWD participating in advocacy to support PWD	Number of organizations	5	5	5	1	1	1

\* Note: Targets for Phase 1 can be negotiated between CCIHP and the sub-awardee, considering the actual timeframe after completion of sub-awardee selection and approval.

In this RFA, applicants should submit technical and cost applications to reach expected results/targets for the first phase of the project, with a vision towards results/targets for 5-year duration.

CCIHP is looking for applications with innovative ideas that contribute towards achieving the objectives and desired outcomes of the project as well as sustainable mechanisms.

Applicants might apply individually or as a joint-venture of entities and propose the scope of activities based on each package. Please refer to the information about the packages below.

END OF SECTION I



## SECTION II: AWARD INFORMATION

The award(s) under this RFA will be administered through and managed by CCIHP.

### II.1. Number of Awards Contemplated

**Table 2. Information on Award Packages**

Package	Cost (USD)	Cost (VND)	% Direct Services
<b>Package 1:</b> Developing human resource in rehabilitation; establishing and improving the quality of multi-disciplinary rehabilitation units	515,000	11,749,725,000	30%
<b>Package 2:</b> Providing rehabilitation services at health care facilities and in community; providing assistive devices and home accessibility	1,190,000	27,149,850,000	75%
<b>Package 3:</b> Providing home-based care services for persons with disabilities	730,000	16,654,950,000	80%
<b>Package 4:</b> Providing psychological supports, social services that enhance independent living skills and social inclusion; supporting the implementation of policies and raising public awareness; improving gender equality and prevention of gender-based violence	430,000	9,810,450,000	40%

#### Notes:

- Applicants are encouraged to implement interventions in three provinces if they have capacity or by establishing a joint-venture with other partners.
- 01 application will be selected for Package 1, 3 and 4 each; 02 applications maximum will be selected for Package 2.
- Exchange rate applied (USD/VND): 22,815 (exchange rate announced by Vietnam Ministry of Finance as of July 2021).
- For all Packages: The percentage of budget used for direct services for persons with disabilities and their family is the minimum. Budget for personnel and admin costs should not exceed 20% of the total costs. Expense relating to construction is not allowed within this USAID's fund.

- Expenses outside of Vietnam that do not contribute directly to the interventions in Vietnam are not allowed.

## II.2 Award Packages

**Table 3. Summary of Expected Outcomes for each Award Package (AP) based on objectives and indicator (Ind)**

For specific targets for each indicator, please refer to *Table 1. Inclusion 1's targets for QT, TTH and QN* in *Section I.4: Expected results/targets*.

	Objective 1				Objective 2				Objective 1			
	Ind 3	Ind 4	Ind 5	Ind 6	Ind 7	Ind 8	Ind 9	Ind 10	Ind 11	Ind 12	Ind 13	
<b>AP1</b>	x	x	x	x								
The main outcomes of this objective are indicator 5 and 6. Regarding indicator 6, Package 1 ensures the achievement of targets relating to the number of rehabilitation practitioners attending at least 6 months of training, and 2/3 of rehabilitation professionals attending short-term training. Package 1 also contributes to targets 3 and 4, together with Package 2, after rehabilitation practitioners have received training and quality of rehabilitation facilities improved.												
<b>AP2</b>	x	x		x								
The key outcomes of package 2 are indicator 3 and 4. Package 2 also contributes to the targets relating to the number of rehabilitation practitioners who attend short-term training (indicator 6).												
<b>AP3</b>					x	x	x					
Activities in Package 3 should achieve 3/4 targets of indicator 7, 9 as minimum and ensure that indicator 8 is achieved along with indicator 7.												
<b>AP4</b>					x		x	x	x	x	x	
Outcomes of Package 4 will contribute to at least 1/4 targets for indicator 7 and 9; targets for indicator 10 of Objective 2, and results to achieve Objective 3.												

The following section provides descriptions of technical approaches to Award packages.

**Package 1: Developing human resource in rehabilitation; establishing and improving the quality of multi-disciplinary rehabilitation units**

Technical approaches to Award Package 1 might include, but not limited to, the following samples:

- Developing well-trained rehabilitation workforce, including working with the provinces to develop short-, medium- and long-term training plans to ensure its suitability in the long-

term development orientation and with the needs and realities at the provinces. The project will continue to work with educational institutions to standardize existing training programs, develop new ones and provide human resource training, focusing on enhancing the capacity and quality of clinical practice of the rehabilitation workforce, including post-training support;

- Expanding and improving the quality of rehabilitation service system, including establishing and strengthening multidisciplinary rehabilitation units with members from a wide range of disciplines, including rehabilitation doctors, Occupational therapists, Speech - Language therapists, Physical therapists, nurses, assistive technology professionals, and supporting the operation of these units based on a multi-disciplinary approach. Engaging, supporting and building capacity for private service providers.

**Package 2:** *Providing rehabilitation services at health care facilities and in community; providing assistive devices and home accessibility*

Technical approaches to Award Package 2 might include:

- Promoting rehabilitation services for persons with disabilities, including early identification and intervention, monitoring and evaluation, and referring to other supports after treatment and intervention at rehabilitation facilities; piloting and implementing service provision models that deliver high quality and appropriate services for persons with disabilities, including groups that have previously been given little attention in the past years such as children and persons with psychosocial disabilities;
- Providing assistive devices for persons with disabilities. Activities should ensure that assistive devices are part of the rehabilitation service packages for persons with disabilities, helping them improve their independence in daily living activities and social inclusion;
- Improving household living condition to create favorable conditions for persons with disabilities to carry out daily life activities, such as clean water and sanitation;
- Improving management capacity, autonomy and financial sustainability of the rehabilitation system and developing health information system in the field of rehabilitation;

The approaches employed in Package 1 and 2 aim towards providing family-centered, multi-disciplinary rehabilitation services, on the basis of public-private partnership, and multi-level (province-, district- and community-levels) partnership to ensure service accessibility, quality and sustainability.

**Package 3:** *Providing home-based care services for persons with disabilities*

Technical approaches to Award Package 3 might include:

- Improving the quality of care for persons with disabilities through training and support for caregivers so that they can provide home-based care that improve the health condition, function, and ability to perform activities of daily living of persons with disabilities and reduce health complications. Training courses will be designed to fit the characteristics and qualifications of each group of caregivers, such as family members, healthcare workers, or service providers.

- Piloting and implementing disability models to provide care for persons with disabilities. Encourage the participation of private sectors in providing care services.

**Package 4:** *Providing psychological supports, social services that enhance independent living skills and social inclusion; supporting the implementation of policies and raising public awareness; improving gender equality and prevention of gender-based violence.*

Technical approaches to Award Package 4 might include:

- Developing and implementing models of psychological supports for persons with disabilities and their family. Models might include peer counselling provided by a person with disabilities or family members, or professional therapy services provided by a professional. Models should be evidence-based and appropriate to local socio-cultural contexts and human resource;
- Improving independent living skills and social inclusion of persons with disabilities through developing and implementing models to build independent living skills for persons with disabilities, livelihoods support models, and providing necessary support to help persons with disabilities participate in social and community activities; developing and connecting groups, clubs and organizations for persons with disabilities and their families;
- Enhancing policy implementation to support persons with disability, providing support for monitoring and assessment of policy implementation, and amending or developing new policies where necessary;
- Raising public awareness and attitude toward disability, disability rights, and policies and supports for persons with disabilities; reducing stigmas and discrimination against persons with disabilities and their families; improving gender equality and prevention of gender-based violence against persons with disabilities and their caregivers;
- Removing physical and social barriers for persons with disabilities through improving physical accessibility at home, improving access to information, and organizing activities to promote engagement of persons with disabilities.

### **II.3. Integration of crosscutting issues and USAID forward priorities**

The sub-awardees are expected to properly address and integrate crosscutting issues and USAID forward priorities into their technical approach and activities design. A brief description of cross-cutting issues and priorities is provided below:

- Gender equality, women empowerment and men engagement: (1) engaging male care-givers in the care of persons with disabilities, (2) empowering women with disabilities and female caregivers by providing knowledge and building their capacity to exercise their agency in accessing services and preventing and responding to gender-based violence, and (3) integrating gender sensitivity and gender-based violence prevention into training activities for service providers and in activities cooperating with/supporting violence prevention networks and supporting victims;
- Communication for awareness raising and demand generation on (1) rights of persons with disabilities, (2) gender sensitivity, men engagement and gender-based violence prevention,

(3) early screening for early identification of disability, and (4) importance of rehabilitation services for persons with disabilities;

- Sustainability mechanism: Inclusion 1's sustainability mechanism underlies the Theory of Change of Inclusion 1. That means Inclusion 1 will contribute to sustainably improve the Quality of Life of persons with disabilities through addressing gaps of services that have not been covered adequately by other projects; strengthening rehabilitation services systems; enhancing social services for the people and their families; and improving policies and enabling the environment. Building capacity, improving the commitment, cooperation and proactive participation from local counterparts, and documenting lessons learnt and best practices to hand over to the counterparts and share with broader audience will help to sustain results of the project after the project ends;
- Environmental compliance: This project will not include any activities that may cause pollution or any environmental harms. In addition, Inclusion 1 adopts environmental-friendly approaches such reducing single-use plastic and minimizing printing and unnecessary travel;
- Policy and Governance Support: Improving policies and policy implementation on disabilities is one of the main objectives of the project. To achieve this objective, the project will support the development of guidelines/quality standards for services and training programs, or policy implementation based on evidence and best practices. This will be carried out through desk studies, analytical studies, knowledge exchanges, consultations, and dialogues. Throughout the project cycle, the project will demonstrate its good governance through its efficiency, transparency and accountability;
- Local Capacity Development: Maximizing the participation of and capacity building for local Vietnamese partners are important to the project;
- Public Private Partnership (PPP) Impacts: the project encourages the direct involvement of private entities either as a single entity, joint-venture of entities or a service provider to project's beneficiaries;
- Science, Technology, and Innovation Impacts: Inclusion 1 will provide space for sub-awardees and other stakeholders to use science and technology innovation to support and improve the quality of life of persons with disabilities, included but not limited to the use of e-learning training and coaching, technologies to support rehabilitation services delivery for persons with disabilities, and digital information system.

#### **II.4. Start Date and Period of Performance for Awards**

The effective date of the award(s) is October, 2021. The estimated completion date of the award(s) is December, 2022. Possibility for extension will depend on Phase 1's results and donor review.

#### **II.5. Type of Award**

Award(s) under this RFA are anticipated to be Fixed Amount Award (FAA). Please visit this link for more information: [Fixed Amount Awards to Non-Governmental Organizations \(usaid.gov\)](https://www.usaid.gov/learning-center/faq/fixed-amount-awards-to-non-governmental-organizations)

Please see template for budget plan for reference [here](#). This plan will be prepared and negotiated during the contract negotiation stage.

## **II.6. Substantial Involvement**

CCIHP reserves the right to:

- Coordinate cooperation and communication between implementing partners in the same project area to ensure that the project components are harmonized and support each other, and best serve the interests of persons with disabilities.
- Negotiate the allocation of targets by activities and provinces, as well as targets for each milestone in the contract negotiation process; ask for additional indicators when donor and/or GVN request.
- Discuss (re)orienting strategies and/or approaches based on monitoring and evaluation results of sub-awardees' activities to ensure project results as committed.
- Monitor periodically the finance and accounting of the project, give recommendations on compliance with sponsor requirements as well as transparency in financial management.

## **II.7. Authorized Geographic Code**

The geographic code for this program is **937** which means that the Recipient will be allowed to make purchases for items from the United States, the recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source.

END of SECTION II

## **SECTION III: ELIGIBILITY INFORMATION**

### **III.1. Eligibility**

Sub-awardees are a single entity or a joint-venture of private entities, non-governmental or not-for-profit organizations which are either established in Vietnam, or registered and are working in Vietnam.

#### **a) To Vietnamese entities**

- Be private entities, non-governmental or not-for-profit organizations. Educational institutions and health facilities who provide public services but operate under financial autonomy mechanisms can be considered and determined case by case;
- Be constituted, incorporated, or registered, and operates in conformity with the provisions of the laws of Vietnam;
- Have independent financial accounting with CCIHP and other applicants;
- Be not currently in dissolution or bankruptcy, and/or other conflict with the law
- Key personnel of applicants do not have a close business or family relationships with members in management board of CCIHP
- Have DUNS code and register in SAM as regulated by USAID.

<http://www.dnb.com/get-a-duns-number.html>

<http://www.sam.gov>

#### **b) To international entities in Vietnam**

- Registered and have a license to operate in Vietnam and in provinces that the applicants are applying for
- Local staff should comprise at least 50% of office personnel
- Have a registered and functioned local bank account
- Have a proven portfolio of locally-implemented programs
- A governing body or board of directors must include a majority of local citizens
- Have independent financial accounting with the prime and other applicants
- Have DUNS code and register in SAM as regulated by USAID.

#### **c) To Joint Venture:**

Organizations that are eligible as regulated in a) and b) can establish a joint venture. In this case, the joint venture should have an Agreement between members which specifies the responsibilities of the lead and other members of the joint venture.

### **III.2. Ineligibility**

- Individual applicants

- Application proposals with construction activities and/or prohibited activities, goods or services by Vietnamese and USAID laws and regulations
- Applicants in the black list or banned from procurement activities by USAID or Vietnamese government

**III.3. Number of applications per applicants**

- Each applicant can submit 02 (two) applications at maximum and can only be the lead in 01 (one) application
- One application can be submitted for 01 (one) or more package(s) as described in *Section II. Award Information*

END of SECTION III



**SECTION IV: APPLICATION AND SUBMISSION INFORMATION****IV.1. General information****Table 4. General Information**

Language of application	<p>Application shall be submitted in Vietnamese for evaluation.</p> <p>An English version of the application is not required at the time of submission. The applicant should, however, prepare one English version within 02 weeks since submission in case required by the funder.</p>
Currency of application	The Cost Application shall be stated in USD or in VND (with a note that the payment currency is VND).
Application Submission	<p>Application shall be sent by email. Technical and Cost Application shall be submitted in different emails before the submission deadline.</p> <p>Subject of the assignment is:</p> <p>Email 1: Application to Inclusion 1 project – <i>[Name of your organizations]</i> - Technical Application</p> <p>Email 2: Application to Inclusion 1 project – <i>[Name of your organization]</i> - Cost Application</p>
Documents for the Application	<p>The Application shall comprise the following:</p> <p><b><i>Technical Application</i></b></p> <p>(1) Power of Attorney to sign the Application (if any)</p> <p>(2) Proof of Legal Status and Eligibility of the organization</p> <p>(3) Proposal with supporting documents as specified in part IV.2.2. <i>Technical Application</i></p> <p><b><i>Cost Application</i></b></p> <p>(1) Summary and detailed budget</p> <p>(2) Supporting documents as specified in <i>Section IV.2.3. Cost Application</i></p>
Amendment of RFA	At any time before the Application Submission deadline, CCIHP may change the RFA by issuing an amendment in writing or by standard electronic means. The amendment will be announced on CCIHP’s website and sent via email to applicants who have submitted before changes take place.

	<p>If the amendment is substantial, CCIHP shall extend the Application submission deadline to give the Applicants reasonable time to take an amendment into account in their applications.</p> <p>The Applicants may adjust or modify the application at any time prior to the application submission deadline. No modifications to the Technical or Cost Application shall be accepted after the deadline.</p>
Application Opening	<p>Step 1: Technical Application shall be opened first for evaluation.</p> <p>Step 2: Cost Application shall be opened for applicants who pass the evaluation round for Technical Application.</p>
Point of contact information (for submission and RFA's clarification)	<p><b>Center for Creative Initiatives in Health and Population</b></p> <p>Address: 48 Lane 251/8 Nguyen Khang street, Yen Hoa ward, Cau Giay, Ha Noi</p> <p>Telephone: (+84) 24 35770261</p> <p>Email: <a href="mailto:dtdoan@ccihp.org">dtdoan@ccihp.org</a> (Ms. Doan)</p> <p>Website: <a href="http://www.ccihp.org">www.ccihp.org</a></p>

## IV.2. Content and format of application submission

Preparation of Applications:

Applicants should retain for their records one (1) copy of the application and all accompanied enclosures.

### 1. Application Submission Procedures

Please submit your technical application and cost application electronically in separate emails to the address stated in Point of Contact as mentioned in part IV.1. Technical Application needs to be submitted in both PDF and Word format, and Cost Application in Excel format.

Please indicate in the subject line of the email whether the email relates to the technical or cost application. In case technical or cost application is being sent by more than one email, please indicate the desired sequence of multiple emails and of attachments (e.g., "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email should have a subject line which says: "Application to Inclusion 1 project, [*Organization name*], Cost Application, Part 1 of 2".

Please provide instructions on how to collate the attachments sent through emails. CCIHP will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear. No addition or modifications will be accepted after the submission deadline. CCIHP will send an email to confirm the receipt of your application.

After you have sent your applications electronically, immediately check your own email to confirm that the attachments you intended to send were indeed sent. If you discover an error in your transmission, please send the material again and note in the subject line of the email. Do not send

the same email more than once unless there has been a change, and if so, please note that it is a "corrected" email.

## **2. Technical Application**

### **2.1. Technical Application Considerations**

The Technical Application should be specific, complete and concise. The application should demonstrate the applicant's capabilities and expertise with respect to achieving the objectives of this project. The technical application should take into account the requirements of the project as described in Section I.

### **2.2. Technical Application Format**

Technical Applications must not exceed 20 single-spaced typed pages, utilizing Times New Roman 12pt font, typed on standard A4 sized paper with one-inch margins (both right and left) and each page numbered consecutively. All materials and supporting documentation shall be in Vietnamese for evaluation purpose. The evaluation committee will work and give scores based on Vietnamese version of the application. The applicant should prepare to submit an English version of the application after two weeks since submission if required.

The Technical Application should be structured in the following format. Unless otherwise noted, the following sections will adhere to the total page limit noted above.

1. Cover Page (not to exceed one page; does not count against the 20 pages limitation)
2. Executive Summary (not to exceed one page; does not count against the 20 pages limitation)
3. Technical Approach
4. Management Approach and Key Personnel
5. Monitoring, Evaluation and Learning Plan
6. Organizational Capability and Experience
7. CVs of any proposed Key Personnel (limited to 2 pages each and does not count against the 20 pages limit)

Pages in excess of the stated limitations will not be considered.

**2.2.1. Cover Page** (not to exceed one page; does not count against the 20 pages limitation):  
Applicants to include:

- Name, address and DUNS number of organizations.
- Title of proposed program; total dollar amount of funds requested.

- Point of contact, hereafter referred to as the “agent,” with the authority to negotiate and sign on behalf of the applicant. The agent’s name (both typed and his/her signature), title or position in the organization, email and postal addresses, telephone numbers should be included.

### **2.2.2. Executive Summary**

Applicants to provide:

- A concise summary of the applicant’s project description, project technical approach, and expected results.

### **2.2.3. Technical Approach**

Applicants to include:

- An introduction of the background on the challenges that will be addressed by the application.
- A description of objectives the applicant’s project will work in, and outcomes and anticipated results.
- Presentation of the technical approach, and strategies to be used to achieve project results.
- Detailed description of how project activities will be carried out, including what activities, how, where and when they will be implemented.
- A description of the coordination, cooperation, and inclusion of relevant stakeholders.

Additionally, applicants must take into consideration the below subject matters when preparing the technical approach:

- Gender equality, women empowerment and men engagement
- Communication for awareness raising and demand generation
- Sustainability mechanism
- Environmental compliance
- Policy and Governance Support
- Local Capacity Development
- Public Private Partnership (PPP) Impacts
- Science, Technology, and Innovation Impacts

### **2.2.4. Management Approach and Key Personnel**

Applicants to provide:

- Description of partners for activities where appropriate.
- Overall structure of project implementation
- Key personnel

### **2.2.5. Monitoring, Evaluation and Learning (MEL) Plan**

Applicants to provide: A description of the approach the applicant will use to monitor and evaluate the project’s progress in achieving the outcomes and results mentioned in the Technical Approach section, including an analysis of why this approach is appropriate.

The illustrative MEL Plan should include the results to be achieved, associated performance measurement indicators, methods for data collection, including data sources, sampling and sample size (if applicable), tools for data collection; and data collectors, frequency of data collection.

**2.2.6. Organizational Experience:**

Applicants to provide:

- A brief statement of the history of the organization; its primary development focus, capabilities and challenges.
- Description of the organization’s experience managing disability related projects of similar scale and complexity.

Reference template can be as follows:

**Table 5. Reference template for management experience**

<b>Duration</b>	<b>Assignment name and brief description of main deliverables or outputs</b>	<b>Name of Donor and Partners</b>	<b>Location</b>	<b>Contract value (in \$/ Amount Paid to Your Organization)</b>	<b>Role on the Assignment</b>
<i>Example 1: January 2016 – April 2019</i>	<i>Improvement of the quality of.....</i>	<i>KOICA; Quang Tri Health Department</i>	<i>Quang Tri</i>	<i>\$500,000</i>	<i>Lead partner</i>

**3. Cost Application**

The Cost Application must detail all direct costs associated with the management and implementation of activities, as well as program costs such as those related to any sub- agreements and/or contracts .

- The Cost Application should include a detailed budget in MS Excel format with an accompanying budget narrative which provides in detail the total proposed costs for implementation of the program your organization is proposing. Detailed budget notes which explain the basis of cost estimate (cost realism and cost reasonableness) and supporting justification of all proposed budget line items must be included. Please find the attached budget template for your reference [here](#).
- Supporting documents, including Audit Report in the last 3 years

END of SECTION IV

## **SECTION V: APPLICATION REVIEW INFORMATION**

The following criteria are listed as follows:

### **V.1. Technical Approach**

Technical Approach accounts for 50% of total score and includes:

A clear description of understandings of current challenges, proposed outcomes and anticipated results to contribute to the specific objective(s) of the program; strong evidence base and appropriateness of approaches/ strategies; proposed activities and effective activity implementation plan; the quality of the MEL plan and its effectiveness in monitoring the progress towards achieving the proposed results/outcomes; quality assurance plan; and an description management plan.

### **V.2. Organization Qualification**

Organization Qualification accounts for 30% of the total score and includes:

Experiences in program management, experiences in fund management, appropriateness of the organization's past experience in implementing disability- and rehabilitation-related activities, experience in working with local partners; and the quality and appropriateness of the proposed key personnel.

### **V.3. Finance management**

Finance management accounts for 20% of the total score and includes:

A summary of past audit results; the costs in detailed budget reflecting an understanding of the requirements of the call for application, and whether the costs are efficient and consistent to project description.

END of SECTION V

**SECTION VI: AWARD ADMINISTRATION INFORMATION****Table 6. Tentative Award Timeline**

<b>Time</b>	<b>Activity</b>
July 28	Announcement of Request for Application
August 9	Orientation workshop is organized online at 9.00 AM via Google Meet. Link to the meeting will be posted on CCIHP's website: <a href="http://www.ccihp.org">www.ccihp.org</a>
August 30	Closing announcement
Week 1 to 2 September	Technical Application open and evaluation
Week 3 - 4 September	Cost Application open and evaluation for applicants who pass the evaluation round for Technical Application
Week 1 - 2 October	Finalizing the list of selected sub-awardees and submitting to USAID & NACCET for appraisal and approval
Week 1 - 2 October	Field trip for pre-award assessment and contract negotiation with potential sub awardees
Week 3 October	Signing contract with sub-awardees and commencing implementation

END OF SECTION VI

**SECTION VII: AWARDING AGENCY CONTACT**

Agency Points of Contact:

Name: Ms. Do Thi Doan

Contract and Procurement Officer

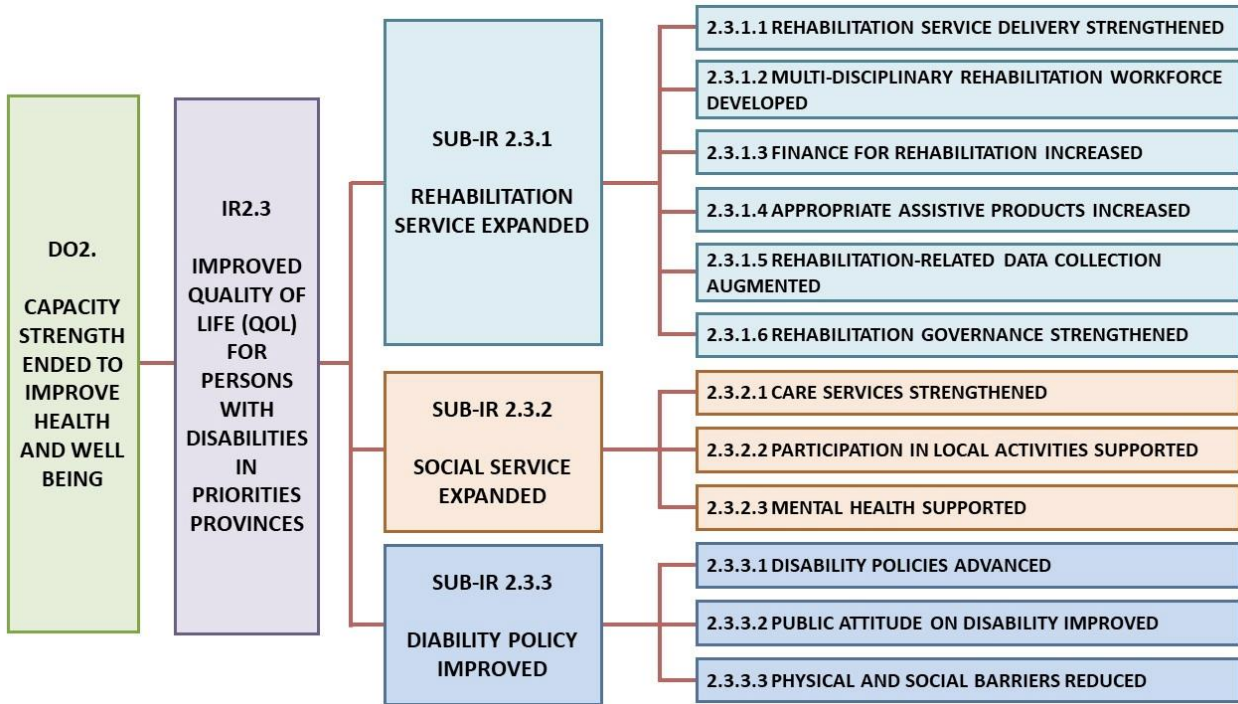
Email: dtdoan@ccihp.org

END of SECTION VII



**SECTION VIII: OTHER INFORMATION**

**1. USAID’s Disability Result Framework**



**2. MEL template**

No.	Name of indicator	Definition of Indicators and calculation	Unit of measure	Data Collection Method	Who collect data	Reporting Frequency

**3. Checklist for required supporting documents, comprising the application**

No.	DESCRIPTION	Notes
	<b>TECHNICAL APPLICATION</b>	
	<b>Proof of legal status and eligibility</b>	
1	Registration or operation certification	
2	Documents prove legal status of authorized person	
3	If the Application is submitted by a Joint Venture (JV), attach the agreement to form JV.	
4	In the case of a JV, several documents are required: a power of attorney for the authorized representative of each JV member, and a power of attorney for the representative of the lead member to represent all JV members	
5	DUNS & SAM registration number	
6	For international organization: List of members of Management board and organization’s staff	
	<b>Consultant’s Organization and Experience.</b>	
7	Curriculum Vitae (CV) of key personnel	
8	Proof of implemented activities in the field of disability, rehabilitation and in the project areas	

<b>COST APPLICATION</b>		
9	Audit Report in 2020, 2019 and 2018	
10	Estimated Budget for packages	Templated attached in the RFA