



Terms of Reference

Supporting Rohingya Refugees through Life-Saving Shelter Assistance, WASH Services, and High-Risk Landslide and Monsoon Response Activities

Terms of Reference for Contract to Conduct Endline Evaluation

Background

CARE is a leading international humanitarian organization fighting global poverty and injustice, with a special focus on working with women and girls. Founded in 1949, CARE Bangladesh is one of CARE's oldest and largest country offices. Placing women and girls at the center of our work enables us to tackle the root causes of poverty and inequity among Bangladesh's rural and urban populations. Working with over 100 partners and reaching millions of beneficiaries, CARE Bangladesh creates lasting change by strengthening marginalized, excluded, and extremely poor communities, building their resilience to shocks, and amplifying their voices to influence governance, public policy, and development planning and practices. We work with the government, civil society, and the private sector to implement a holistic program that encompasses livelihoods and household security, health and hygiene, nutrition, governance, small enterprise development, disaster and climate risk reduction, and emergency response. Looking forward into the future and taking into consideration anticipated changes in the country context, CARE Bangladesh has identified emerging issues and position itself to be a leader in addressing new developmental challenges such as youth and skills development, climate change, and gender equality and to make a greater impact on the communities CARE Bangladesh serves. CARE Bangladesh also believes that the emerging focus areas have the potential to strengthen partnerships with different stakeholders and to position CARE to stay competitive and responsive to changing contexts and needs.

The **Supporting Rohingya Refugees through Life-Saving Shelter Assistance, WASH Services, and High-Risk Landslide and Monsoon Response Activities** project in Cox's Bazar, Bangladesh, is a 6-month Asia Pacific Humanitarian Fund – Bangladesh Humanitarian Fund (APHF – BHF) funded project running from April 01, 2026, through September 30, 2026 in Camps 13, 15, and 16. This project aims to enhance safe, dignified, and climate-resilient living conditions and access to essential services for Rohingya refugees through integrated Shelter/NFI, Camp Coordination and Camp Management (CCCCM), and WASH interventions. It has contributed to directly benefit 76,616 Rohingya refugees, including 6,514 persons with disabilities, and indirectly benefit 18,570 individuals through improved communal infrastructure and environmental health conditions.

SCCCM interventions will reduce environmental risks associated with monsoon flooding and landslides through targeted site improvement works and community-based disaster risk reduction activities in Camps 13, 15, and 16. The project will rehabilitate 800 meters of damaged pathways and bamboo bridges to improve safe access to services. Rapid Damage Verification (RDV) will be conducted in approximately 600 high-risk locations, followed by slope stabilization across approximately 1,800 square meters of high-risk terrain. Environmental restoration will include community-led planting of approximately 9,000 trees to reduce erosion and improve slope stability. In addition, 180 multi-hazard awareness sessions will strengthen community preparedness for landslides, flooding, and extreme weather events.

Shelter interventions will improve the safety and resilience of vulnerable households through shelter upgrading and construction of mid-term shelters in Camps 13, 15, and 16. A total of 3,000 households will receive shelter-upgrading materials to repair and reinforce their existing

shelters ahead of the monsoon season. The project will also construct 40 Mid-Term Shelters (MTS) for households living in highly vulnerable conditions. In addition, 570 extremely vulnerable households (EVHHs) will receive shelter repair assistance through Cash-for-Work (CfW). Complementary site improvement works will include drainage cleaning and rehabilitation, covering approximately 10,000 linear meters of drainage channels, to reduce waterlogging and protect shelters during heavy rainfall.

CfW activities will provide temporary income opportunities to support vulnerable households while implementing DRR and site development works. Beneficiaries will be prioritized based on vulnerability, including female-headed households, persons with disabilities, and households in high-risk areas, in line with standard CfW guidance developed by RCP/RRRC. Tasks will differentiate between skilled labours and general CfW participants, with appropriate safety measures and PPE provided.

WASH interventions will maintain life-saving water, sanitation, and waste management services in Camp 15. The project will support operations and maintenance of six existing Water Distribution Networks, ensuring uninterrupted access to safe drinking water. Additional communal water points will be constructed in identified pocket-gap areas, and one existing water distribution network will be upgraded. Communal sanitation services will be strengthened through reconstruction and upgrading of communal latrines and bathing facilities. The project will also maintain seven Faecal Sludge Treatment Plants connected to 984 communal latrines and 16 sludge transfer stations, ensuring safe faecal sludge management. Solid waste management services will be maintained through operation of two Material Recovery Facilities (MRFs) and door-to-door waste collection for approximately 3,962 households.

The project prioritizes extremely vulnerable individuals, including female-headed households, persons with disabilities, and households living in high-risk areas. Rohingya community members will participate in implementation through CfW activities supporting shelter repair, drainage cleaning, slope stabilization, and environmental restoration, strengthening community ownership and resilience.

Scope of the Supporting Rohingya Refugees through Life-Saving Shelter Assistance, WASH Services, and High-Risk Landslide and Monsoon Response Activities Project

The goal of the project is to enhance safe, dignified, and climate-resilient living conditions for Rohingya refugees through integrated shelter improvements, strengthened WASH services, and site development initiatives in targeted camp areas. It also has the following objectives and/or expected outcomes by sectors:

Camp Coordination and Camp Management (CCCM)

Outcome 1: 43,160 Rohingya people in camps 13, 15 and 16 are better protected from disaster risks through improved site infrastructure, environmental restoration, and enhanced community awareness on multi-hazard preparedness

Shelter and Non-Food Items

Outcome 1: 53,446 Crisis-affected Rohingya people, particularly Extremely Vulnerable Individuals (EVI), have improved access to safe, dignified, and climate-resilient shelter through shelter upgradation, new mid-term shelter construction, and CfW support in the Rohingya camps 13, 15 and 16.

WASH

Outcome 1: Enhance access to safe drinking water, dignified, safe and inclusive communal sanitation facilities, safe and effective waste management and disposal for 19931 Rohingya communities within the camps.

At the same time, the project implements several key activities that allow for advancing the overall purposes and outcomes of Camp Coordination and Camp Management (CCCM), Shelter & Non-Food Items (NFI) and WASH sector.

Table 1. Geographic Area, Direct Participants, Targeted & Impact Population

Sector: Camp Coordination and Camp Management (CCCM)							
District	Camp	Block	Women	Girls	Men	Boys	Total
Cox's Bazar	13	A, C, E	2,437	2,389	2,203	2,555	9,584
Cox's Bazar	15	D, F, G	1,626	1,594	1,470	1,704	6,394
Cox's Bazar	16	A, B, D	1,625	1,592	1,468	1,703	6,388
CCCM Total			5,688	5,575	5,141	5,962	22,366
Persons with Disability			483	474	437	507	1,901
Sector: Shelter and Non-Food Items							
Cox's Bazar	13	A, C, E	3,790	3,701	3,376	3,839	14,706
Cox's Bazar	15	D, F, G	2,528	2,469	2,252	2,552	9,801
Cox's Bazar	16	A, B, D	2,527	2,467	2,250	2,568	9,812
Shelter & NFI Total			8,845	8,637	7,878	8,959	34,319
Persons with Disability			752	734	670	762	2,918
Sector: WASH							
Cox's Bazar	15	F, H	5,021	5,123	4,561	5,226	19,931
WASH Total			5,021	5,123	4,561	5,226	19,931
Persons with Disability			427	435	387	446	1,695

Purpose, Objectives, and Rationale

Purpose: The endline evaluation will assess the overall relevance, effectiveness, efficiency, coherence, and the likely sustainability of the project in achieving its intended outcomes across the project operational areas in Cox's Bazar. Where feasible, the evaluation will also examine the project's early results and emerging impacts. The evaluation will generate evidence-based findings on the project's contributions to life-saving shelter assistance, WASH services, high-risk landslide preparedness and response, and monsoon preparedness and response. It will also assess the integration of gender equality, disability inclusion, and the

Community Feedback and Response Mechanism (CFRM) throughout project implementation. Furthermore, the evaluation will identify key gaps, good practices, and lessons learned to inform future humanitarian programming, donor reporting, organizational learning, and strategic decision-making.

Objectives: The evaluation intends to –

1. Assess Project Outcomes:

- Measure the extent to which the project has achieved its three outcome statements across CCCM, Shelter & NFI and WASH sectors. The progress will be measured compared to baseline comes from Inter Sector Need Assessment (ISNA) report 2025.
- Evaluate changes in the lives of beneficiaries, particularly women, girls, and other marginalised groups, in terms of access to services, safety, monsoon preparedness and response.

2. Review Program Quality Drivers and Examine Effectiveness:

- Analyse the integration of Inclusion (Gender Equality, Disability Inclusion, and Other marginalised and vulnerable groups), Accountability to Affected Populations and Sustainability of marginalised groups across project interventions.
- Assess the effectiveness of the coordination works for smooth implementation of the project interventions.
- Assess timeliness of the humanitarian assistance as per sector priorities.
- Review the cost-efficiency and timeliness of project implementation using appropriate quantitative and qualitative methods, including review of budget utilization, comparison of planned versus actual implementation timelines, and stakeholder feedback.

3. Identify key Gaps, Lessons & Recommendations:

- To identify unmet needs and remaining gaps in humanitarian assistance among the target population, despite the presence of multiple humanitarian actors, and recommend measures to improve future programming, coordination, and service delivery.
- Document key successes, challenges, and lessons learned to inform future programming.
- Provide actionable SMART recommendations for scaling up best practices and improving future humanitarian responses.
- The recommendations shall be in line with ISCG prioritization, amended JRP 2026 and cost efficiency.

Rationale: The project, funded by Bangladesh Humanitarian Fund (BHF), is a critical intervention addressing life-saving shelter assistance, WASH services, high-risk landslide preparedness and response, and monsoon preparedness and response in Cox's Bazar,

targeting Rohingya refugees. As the project nears completion, an **independent endline evaluation** is important to:

- **Ensure Accountability:** To donor and affected communities by verifying the project's achievements against its stated objectives and baseline.
- **Inform Future Programming:** By identifying what worked well and areas needing improvement, particularly in life-saving interventions. Also identify what was the threat & challenges of this intervention.
- **Identify unmet needs and remaining gaps in humanitarian assistance:** identify unmet needs and remaining gaps in humanitarian assistance among the target population, despite the presence of multiple humanitarian actors, and recommend measures to improve future programming, coordination, and service delivery.
- **Strengthen Evidence-Based Decision Making:** By providing data-driven insights on the project's outcome on vulnerable groups, including women, girls, persons with disabilities, and other marginalized populations.
- **Contribute to Sector Learning:** By sharing findings with the broader humanitarian community to improve coordination and response strategies in protracted crises.

This evaluation will follow **Donor and CARE evaluation guidelines**, ensuring credibility, impartiality, and alignment with international humanitarian standards.

The evaluation is planned to take place from 01 August – 30 September 2026.

Intended Users and Communications

The evaluation findings and processes will be used and shared by relevant stakeholders, including UN-OCHA, BHF, CARE Bangladesh, CARE USA, SCCCM and WASH sectors. The following table outlines the expected communications to be produced throughout the evaluation process, their purpose, intended users and who is responsible.

Table 2. Communication, Dissemination and Utilization Plan

Communication Format	Purpose of Communication	User / Primary Audience	Person Responsible	Timing/Dates
Evaluation process update	Keep informed about evaluation process	Evaluation committee (Project)	Evaluator / Consultant / Firm	5 days after signing contract
Presentation	Present preliminary findings	Evaluation Committee, Project Team, Senior Management, Relevant Technical Staff	Evaluator / Consultant / Firm	25 days after signing contract
Presentation Summary slide for different audiences Evaluation report	Present completed / final findings	CARE Management, Project Team, Technical Staff, Donor (if required)	Evaluator / Consultant / Firm	30 days after signing contract
Evaluation response plan	Document actions taken	CARE Bangladesh Management, Evaluation	Evaluation committee (Project)	40 days after completion of

	based on the findings	Committee, Project Team, MEAL Team, Donor (if required)		the assignment
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Evaluation Questions, Indicators to be Measured and Methodology

Key Evaluation Questions

The evaluation will seek to answer the following key questions:

1. To what extent has the project improved access to life-saving shelter assistance for the target Rohingya population?
2. To what extent has the project improved access to quality WASH services for the target population, particularly women, girls, and other vulnerable groups?
3. To what extent has the project contributed to strengthening the preparedness and response capacity of the target population to high-risk landslides and monsoon-related hazards?
4. How effectively has the project integrated program quality drivers (gender equality, disability inclusion, and Accountability to Affected People (AAP)) into project design, implementation, and service delivery?
5. Which project approaches, strategies, or interventions have demonstrated the potential for continuation, replication, or scale-up in future humanitarian programming?
6. What unmet needs and remaining gaps in humanitarian assistance continue to exist among the target population despite ongoing interventions by multiple humanitarian actors, and what recommendations can inform future humanitarian programming?

The key indicators that the evaluation will measure, and disaggregation levels, are:

The following table presents a set of proposed indicators that should be assessed through this evaluation. These indicators aim to reflect the status and effectiveness of the project outcome. They will also help identify gaps and areas for strengthening inclusive, accountable, unmet needs and community-driven approaches.

Ref.#	Indicator	Disaggregation Required
Sector: Camp Coordination and Camp Management (CCCM)		
Outcome Indicator 1.1	% of Rohingya community members in camp 13, 15 and 16 report reduced exposure to disaster risks.	Sex, age, disability, location
Additional 1	% of beneficiaries demonstrating knowledge about Multi-hazard (landslide and monsoon preparedness, Fire) measures.	Sex, age, disability, location
Additional 2	% of beneficiaries reporting increased confidence in responding to landslide and monsoon-related risks.	Sex, age, disability, location
Additional 3	Evidence of improved community preparedness and response capacity.	Sex, age, disability, location
Sector: Shelter and Non-Food Items		

Additional 4	% of beneficiaries reporting that shelter assistance met their priority needs.	Sex, age, disability, location
Additional 5	% of beneficiaries satisfied with the quality, appropriateness, and timeliness of shelter assistance.	Sex, age, disability, location
Sector: WASH		
Outcome Indicator 1.1	% of households reporting having sufficient water to meet all their HH needs	Sex, age, disability, location
Outcome Indicator 1.2	% of households reporting that all members are satisfied with their access to a latrine.	Sex, age, disability, location
Outcome Indicator 1.3	% of Household Segregating waste at Household level	Sex, age, disability, location
Mainstreaming		
Additional 6	% of beneficiaries reporting that services were inclusive, equitable, and accessible.	Sex, age, disability, location
Additional 7	% of beneficiaries aware of AAP/CFRM mechanisms.	Sex, age, disability, location
Additional 8	% of beneficiaries who know how to provide feedback or complaints.	Sex, age, disability, location
Additional 9	Qualitative evidence of gender-responsive and disability-inclusive programming.	Sex, age, disability, location
Additional 10	Stakeholder perceptions regarding the feasibility of continuation, replication, or scale-up.	Sex, age, disability, location
Unmet Need and Gap		
Additional 11	Number and type of priority unmet needs identified.	Sex, age, disability status, location (Camp/Block), vulnerability group
Additional 12	Number and type of remaining service gaps identified.	Sex, age, disability, location, vulnerability group
Additional 13	Number of evidence-based recommendations developed for future programming.	Sex, age, disability, location, vulnerability group
Additional 14	Stakeholder perceptions regarding priority humanitarian needs.	Sex, age, disability, location, vulnerability group

These indicators will be complemented by qualitative insights to better understand the user experience of the project.

Focus areas:

The firm/consultant/consulting team is required to address the following focus areas.

a) Relevance

- I. To what extent did the project adapt itself to contextual changes (if any) to ensure that it adequately responded to any emerging needs/issues while remaining on course towards achieving the planned results?
- II. Was the project design and activities relevant to the identified needs of the target beneficiaries?
- III. To what extent were project objectives aligned to the context-specific priorities and strategies?

b) Efficiency

- I. Were the financial resources, human resources and other inputs used efficiently to achieve project outcomes?
- II. What measures were taken to enhance value for money in delivering project results?
- III. Were project activities delivered within the intended timeframe?

c) Coherence

- I. What was the extent of cooperation with other organisations/actors working on the same thematic components (complementarity, harmonisation and coordination with others)?
- II. What synergies and interlinkages existed between the other projects carried out by the CARE Bangladesh and other multiple actors?

d) Effectiveness

- I. To what extent were the planned project outputs delivered, and how did they contribute to attaining project objectives within the project implementation timeframe?
- II. What has worked/not worked well in activity implementation and the processes/systems deployed to facilitate the same?
- III. How effective was the project's management, monitoring, and learning system in contributing to the effective management and quality implementation of the project activities?

e) Outcome

- I. What outcome on Life-Saving Shelter Assistance, WASH Services, and High-Risk Landslide and Monsoon Response Activities on communities and mutual support mechanism among targeted communities can be attributed to the activities under each project objective?
- II. What factors influenced the achievement of the key project results in improving access to basic needs, Life-Saving Shelter Assistance, WASH Services, and High-Risk Landslide and Monsoon Response?

f) lesson learns and unmet need

- I. Were the key project results, key lessons identified, and lessons learnt effectively integrated in the project implementation?
- II. What unmet needs and remaining gaps in humanitarian assistance continue to exist among the target population despite ongoing interventions by multiple humanitarian actors, and what recommendations can inform future humanitarian programming?

Evaluation Design and Data Collection Methods

Proposed Design

This suggested design for this evaluation is **non-experimental, mixed-methods cross-sectional design** that is most appropriate for an ongoing implementation process review. But

the evaluator/evaluation team should propose the design that is most appropriate for the purpose of the evaluation and the evaluation questions. The evaluator/evaluation team is responsible for getting approval on the design, from the evaluation committee organized by CARE.

The evaluator will be expected to:

- Apply an intersectional gender and inclusion lens.
- Ensure methodological rigor across qualitative and quantitative tools.
- Comply with responsible data management, safeguarding, and Do No Harm principles.

Data Collection Methods

The evaluation will utilize both quantitative and qualitative methods to ensure data triangulation and a holistic understanding of project effectiveness. These include:

- Structured household surveys
- Focus Group Discussions (FGDs)
- Key Informant Interviews (KIIs)
- In-Depth Interviews (IDIs)
- Desk review
- Stakeholder consultation

The evaluation team/consultant shall develop appropriate quantitative and qualitative data collection tools and checklists aligned with the evaluation objectives, key evaluation questions, and indicators outlined in this ToR. The tools should be context-specific, gender-responsive, disability-inclusive, and designed to capture the perspectives of different population groups. All quantitative tools should allow for data disaggregation by sex, age, disability status, and location, where applicable. The draft tools shall be submitted to the project team for review and approval prior to data collection. A pilot test of all data collection tools must be conducted to assess their clarity, relevance, and feasibility, and necessary revisions shall be made before full-scale implementation. The consultant shall also ensure that the tools comply with humanitarian principles, ethical standards, and data protection requirements throughout the evaluation process.

IMPORTANT: A safeguarding risk assessment should be considered for identifying the possible barriers to participation in the evaluation (for women and children), and harm and abuse, with mitigations plans and, where needed, resources allocated. Consideration should be given to the suitability of questions asked, how participants are selected to participate, required travel and location of the evaluation.

Primary Data Collection and Sample Size

The collection of primary data will involve the following methods and sampling techniques for the different stakeholders:

The primary data collection process will include the household survey and structured survey for both qualitative and quantitative data collection (the consultant will propose the method in more detail), where the consultant will include target project participants, including female and male of different age categories and person with disability from the Rohingya community. The consultant will adopt responsible data management principles (e.g. consent).

Sampling: The consultant is expected to propose appropriate sampling strategies to draw a representative sample of project participants stratified by sectors and extend of project activities while ensuring enough female, persons with disability and/or children in the study group.

Secondary Data

The process to incorporate secondary data into the evaluation will include the desk review of the following documents:

- Project proposal, strategy documents, and annexes
- Progress reports
- Assessment report by relevant sectors like ISNA 2025
- Research / studies / assessment / evaluation reports
- Learning documents
- Implementation / work plan
- Dataset review of previously conducted MEAL survey (PDM/On Spot monitoring / assessment / community consultation, etc.)
- Complaint Feedback and Response Mechanism (CFRM) data
- MIS data
- Relevant policy and strategic documents
- Other relevant quantitative and qualitative secondary data sources

Comparability with Baseline

The evaluation questions, indicators, design and data collection methods should be comparable with baseline data comes from the ISAN and other relevant sectoral report and documents. All

Roles, Responsibilities, and the Evaluation Timeline

The following table delineates the key roles and responsibilities of CARE Staff and the evaluation team during the evaluation process:

Table 5. Roles and responsibilities on evaluation team(s)

Person / Unit / Organization	Activity
The consultant	• Design the evaluation • Design necessary data collection protocols • Organize and facilitate comprehensive training for all enumerators and field team members on the evaluation methodology, data collection tools, ethical considerations, safeguarding principles, interview techniques, and data collection protocols prior to field implementation. Conduct a pilot test of the data collection tools and revise them as necessary based on the pilot findings. • Develop and implement a comprehensive data quality assurance plan throughout the evaluation process, including field supervision, field monitoring, spot-checks, back-checks (where applicable), daily data review, data validation and cleaning, and quality control procedures to ensure the accuracy, completeness, consistency, and reliability of the evaluation data and findings. • Data collection, cleaning, and analysis

	• To share frequency analysis file with CARE • Report writing with other agreed upon deliverables • Present evaluation results to the management • All kinds of logistical arrangement • Abide by relevant national laws and policies, including those specific to child protection, and the protection of women, people with disabilities, and other vulnerable groups.
CARE MEAL	• Management of the contract / evaluation / quality assurance process and serve as a liaison with the consultant / evaluation team • Provide relevant documents for review • Coordinate with CARE sector lead for the endline evaluation • Issue a completion certificate upon completion of the assignment.
CARE Sector Lead	• Assist the consultant during field data collection in terms of organizing household survey, Focus Group Discussion, Stakeholder engagement, field movement, etc. • Participate in meetings / workshop related to this study
CARE Bangladesh	• Review and approval of final product

The following table delineates the timeline and milestones during the evaluation process.

Table 6. Evaluation timeline and milestones.

Evaluation Milestone	Aug	Sep
Inception phase Submission of inception report including: • Detailed methodology, sampling framework, and work plan • Desk review of secondary documents and a summary of desk review • Tools for data collection (qualitative and quantitative) • Structure / outline of the study report • Approval from RRRC • Presentation of the inception report	10 days	
Data collection phase • Formation of the team for quantitative and qualitative data collection • Enumerators' orientation / training on data collection tools with field testing. • Quantitative and qualitative data collection using the tools • Field supervision, field monitoring, spot-checks, back-checks (where applicable), daily data review, data validation and cleaning, and quality control procedures to ensure the accuracy, completeness, consistency, and reliability of the evaluation data and findings. • Cleaned, sorted, and validated quantitative dataset • Transcripts of all qualitative data collection sessions	5 days	5 days
Data analysis and validation phase • Frequency analysis of quantitative data using appropriate statistical software followed by sharing it with CARE Bangladesh before drafting report • Analysis of qualitative transcripts using appropriate qualitative data analysis software.		12 days

Evaluation Milestone	Aug	Sep
• Interpretation and visualization of data • Presentation of analysis findings and validation of data from the wider program team.		
Report writing and dissemination phase • Complete draft report for comment and feedback of the program team. • Final report (30-page max) addressing the feedback and comments • Presentation of the report to CARE Bangladesh & Donor.		8 days

Deliverables

Key deliverables throughout the evaluation process include:

- Evaluation Proposal
- Inception Report (Max 10 pages)
- Progress Reports
- Frequency analysis file
- Final Report – Draft and Final version, following [CARE's standards for evaluation reports](#).
- PPT Slide Deck of Evaluation Findings
- A two-pager infographic with top line results to share widely
- Data sets and all supporting documents compiled or produced during the evaluation process, appropriately anonymized: quantitative data sets (raw and refined products), transcripts of qualitative data and others in an easy-to-read format and maintain naming conventions and labelling for the use of key stakeholders.

Final Report Requirements

The consultant is accountable to maintain the requirements for the content, format, or length of the final report, overall quality and approved timelines. They will produce a comprehensive report that assesses the quantitative and qualitative achievements, impact and outcomes of the project so far and provide prioritised recommendations to maximise results. To simplify this process, CARE has developed a study report template that can be modified to meet the needs of all projects, programs, and initiatives.

The report must include:

- ❖ **A Title:** A title that conveys the name of the project, location, implementation period, as well as the main impact or key finding of the report.
- ❖ An **executive summary that focuses both on process as well as impact** that is no more than 2 pages in length and is formatted so that it can be printed as a stand-alone 2-pager about the project. The study report should also include **3-5 key findings:**
 - What changed because of the project?
 - What contributed to those changes, and why did it matter?

These are the most significant accomplishments, supported by solid evidence. Each impact should be written as one or two sentences. **Talk about impact early on the report** so that the audience does not have to read the entire report before seeing evidence of change.

- ❖ **A clear methodology section:** the methodology should explain the study questions, and how the methodology chose appropriately answers those questions. It should also contain key ethical considerations, and a description of how the evaluators protected participants and personally identifiable information.
- ❖ **Key Outcomes:**
 - **3-5 key lessons learned:** These should be short, actionable, and the most important aspects of what the program/analysis found. They need to be relevant and new for people outside of the direct program. They should also include highlights of what to improve in the future
 - **3-5 bullets describing how the project got to outcome/3-5 recommendations:** It is important to have non-jargon descriptions of what a project did to get to outcome. These are highlights of the most effective, relevant, and scalable approaches and tools.
 - **3-5 bullets describing what unmet needs and remaining gaps** in humanitarian assistance continue to exist among the target population despite ongoing interventions by multiple humanitarian actors.
- ❖ **Limitations:** must provide a list of key technical and/or administrative limitations, if any, that the NHF funded project should consider; and
- ❖ **Shareable Evidence:** Evidence collected by the consultant from the conclusions and recommendations must be submitted along with the final report. All datasets, qualitative interviews, and underlying data are owned by CARE and are included in final deliverables. Sources of all evidence must be identified, and conclusions must be based only on evidence presented in the report, and recommendations must directly correspond to the conclusions.

The contract will be a deliverables-based contract, and final payment will be contingent on receiving the agreed deliverables in their final versions, meeting acceptable quality standards from CARE.

Responsible Data Management, Safeguarding and Data Ownership

Consider the following elements:

- The study must be compliant with necessary regulations, do no harm principles, CARE standards as well as with donor requirements and maintain CARE safeguarding policy.
- All datasets, qualitative interviews, and underlying data are owned by CARE and are included in final deliverables.
- Informed consent will be obtained from every person participating in the evaluation process. If children are participating, informed consent will be obtained from their parent/care giver.
- Referral pathways are identified and documented, informing CARE staff/partners how to respond to any disclosure of misconduct, or abuse, committed by CARE staff and/or partners as part of the program delivery, or within the community. Prior to undertaking an evaluation, staff must be informed of how to recognise a disclosure of a safeguarding concern and to whom to report.
- Quantitative datasets: should be submitted to CARE, password protected. The data should be anonymized with all personal or identifying information removed.
- Qualitative textual datasets or transcripts: The data should not anonymize UNLESS suitable permission has been granted from the person who provided the data. In these circumstances, submit a record of the permission granted, for example a consent form.

- CARE must be provided with a final template of any surveys, interview guides, or other materials used during data collection. Questions within surveys should be assigned numbers and these should be consistent with variable labelling within final datasets.
- In the case of tabular datasets variable names and variable labels should be clear and indicative of the data that sits under them. Additionally, the labelling convention must be internally consistent, and a full codebooks/data dictionary must be provided.
- All temporary or dummy variables created for the purposes of analysis must be included in the datasets. All output files including calculations, and formulae used in analysis should be provided along with any Syntax developed for the purposes of cleaning.
- All datasets should be submitted in one of CARE's acceptable formats:

Type of data	Acceptable formats
Tabular data with extensive metadata	• Formats of statistical packages: SPSS (.sav), Stata (.dta), MS Access (.mdb/.accdb) • SPSS portable format (.por)
Tabular data with minimal metadata	• tab-delimited file (.tab) • delimited text with SQL data definition statements • comma-separated values (.csv) • delimited text (.txt) with characters not present in data used as delimiters • widely-used formats: MS Excel (.xls/.xlsx), MS Access (.mdb/.accdb), dBase (.dbf), OpenDocument Spreadsheet (.ods)
Geospatial data vector and raster data	• ESRI Shapefile (.shp, .shx, .dbf, .prj, .sbx, .sbn) • Geo-referenced TIFF (.tif, .tiff) • CAD data (.dwg) • Geography Markup Language (.gml) • ESRI Geodatabase format (.mdb) • MapInfo Interchange Format (.mif) for vector data • binary formats of GIS and CAD packages
Textual data	• Hypertext Mark-up Language (.html) • Widely-used formats: MS Word (.doc/.docx) • Rich Text Format (.rtf) • Plain text, ASCII (.txt) • Extensible Mark-up Language (.xml) text according to an appropriate Document Type Definition (DTD) or schema
Image	• JPEG (.jpeg, .jpg, .jp2) if original created in this format • GIF (.gif) • TIFF other versions (.tif, .tiff) • RAW image format (.raw) • Photoshop files (.psd) • BMP (.bmp) • PNG (.png) • Adobe Portable Document Format (PDF/A, PDF) (.pdf) • TIFF 6.0 uncompressed (.tif)
Audio	• Free Lossless Audio Codec (FLAC) (.flac) • MPEG-1 Audio Layer 3 (.mp3) if original created in this format • Audio Interchange File Format (.aif) • Waveform Audio Format (.wav)

Video	• MPEG-4 (.mp4) • OGG video (.ogv, .ogg) • motion JPEG 2000 (.mj2) • AVCHD video (.avchd)
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Requisites for Evaluators presenting a Proposal for this Terms of Reference

A technical and cost proposal based on the above Terms of Reference (ToR) is requested from the evaluator or evaluation team. The proposal should contain as minimum:

1. A detailed description of the overall evaluation design, in accordance to the ToR
2. Schedule of key activities preferably in a format such as a Gantt chart.
 - a. A specific of action for primary data collection work, indicating resources required
3. Detailed budget including a reasonable detail of budget required to cover all costs associated with the evaluation. Make sure to include evaluator's fees of both international or local evaluation team (lead evaluator, technical experts, enumerators, translators, drivers, etc.), local travel, in-country lodging and per diem, materials, or any other related costs (e.g., translators of the report, meeting rooms for presentations, etc.)
4. Description of the evaluation team, with roles and responsibilities of the team leader, supervisory chain and other core members of the evaluation team.
If the evaluation team plans to include staff that have been involved in the design, implementation, or monitoring of the project/initiative/program to be evaluated, please describe the expected roles these staff would play.
Include Updated CV of Team Leader and other core members of the Evaluation Team.
5. A profile of the consulting firm
6. A similar sample report of a study the evaluator or study team has conducted
7. The consultant having any qualitative data analysis software (i.e.: Nvivo, etc.) will be given preference.

Minimum expertise requirement /Team composition:

The consulting team is expected to demonstrate the following minimum expertise and composition to successfully conduct this Endline Evaluation:

Team Leader/Lead Evaluator

- Advanced degree (master's or above) in International Development, Social Sciences, Humanitarian Studies, Statistics or related fields.
- Minimum of 7-10 years of experience in designing and conducting evaluations in humanitarian contexts, preferably in Cox's Bazar crisis settings.
- Proven expertise in mixed-methods evaluation, including qualitative and quantitative data collection and analysis.
- Strong understanding and demonstrated experience in evaluating multi-sectoral humanitarian projects, particularly in WASH, and Shelter, Camp Coordination and Camp Management.
- Experience integrating Gender Equality, Disability Inclusion, and AAP considerations into evaluations.
- Demonstrated ability to lead evaluation teams, manage fieldwork in complex settings, and deliver high-quality analytical reports within tight timelines.
- Excellent written and verbal communication skills in English; knowledge of Bangla and/or Rohingya dialect is an asset.

Sectoral Specialists (as required)

- The team should include or have access to sectoral experts to ensure robust technical analysis across major project sectors:
 - WASH Specialist: Strong knowledge of inclusive, accessible WASH programming in humanitarian contexts.
 - Inclusion Specialist: Expertise in inclusion of women, girl and person with disability programming and evaluation, with strong gender analysis skills.
 - Resilience/Shelter Specialist: Demonstrated experience evaluating resilience, shelter, and DRR interventions in humanitarian or protracted crisis contexts.
- Sectoral experts may be part of the core team or engaged as resource persons as necessary to ensure technical accuracy and sectoral depth in findings.

Data Collection and Analysis Experts

- Proven experience in designing and managing large-scale quantitative surveys and qualitative data collection in refugee settings.
- Skills in electronic data collection platforms (e.g. Kobo Toolbox) and advanced data analysis software (e.g. SPSS, Stata, NVivo, or similar).
- Understanding of ethical considerations and safeguarding standards in working with vulnerable populations, including women, girls, and person with disabilities.

Local Context Expertise

- At least one team member or engaged associate should have strong knowledge and prior experience working in Cox's Bazar Rohingya Response context, including understanding of local cultural, gender, and power dynamics, and existing humanitarian coordination structures.

General Requirements from All Team Members:

- Minimum experience in designing, implementing, managing and coordinating assessment/survey/research/etc.
- The team should have research experience on Shelter, Camp Coordination and Camp Management, WASH and Resilience program.
- Working with CARE for conducting such evaluation will be preferred.
- Previous experience of conducting such evaluation for any UN funded project will be preferred.
- Experience of working in integrated projects approaches in Rohingya Communities is highly appreciated.
- Evidence of having undertaken similar assignments.
- Ability to develop high quality research reports in English
- Demonstrated commitment to participatory and inclusive evaluation approaches.
- The consultant/consulting firm must comply with CARE's safeguarding policies, Child Protection Policy, and PSEA standards throughout the evaluation process.

Evaluation Criteria:

The consultant will be evaluated based on the following weight: 100 marks.

- Technical Score: 80%

- Financial Score: 20%

Technical Evaluation Criteria: (Score is 100 and weight is 80%)

The selection committee will evaluate both the technical and financial proposal of the Service Providers/Firms based on set evaluation criteria as follows. A cumulative weighted scoring method will be applied to evaluate the proposal. The award of the contract will be made to the Service Provider/Firm whose offer has been evaluated and determined as responsive/compliant/acceptable with reference to this TOR. The following areas will serve as criteria for proposal assessment:

Technical Evaluation Criteria	Allotted Score (Maximum)
1. Technical Proposal	
A. Overall Proposal Framework	40%
Evaluation Design and Alignment with ToR	30%
Evaluation plan with key activities.	10%
B. Previous Relevant Work and Awards on Similar Field	20%
Relevant experience of similar evaluation (Final evaluation, midterm, etc.) from any organization	10%
Relevant experience of assessment of unmet need and gap identification from any organization	10%
C. Team Composition	20%
CV/Profiles of the Team	10%
Required Qualifications and experiences	5%
The time allocation of the Team Leader for this assignment	5%
Subtotal	80%
2. Financial Proposal (Value and Cost)	
D. Value and Cost	20%
Subtotal	20%
Total	100%

Financial Evaluation Criterion: (Score is 100 and weight is 20%)

Only the participated bidders will be considered for this evaluation, and the lowest bidders will be assigned with full/highest marks that is 100 and the subsequent highest bidders will get proportionate lower score out of 100.

The total score derived from the mentioned proposals (technical and financial) will be the final score and converted to the score out of 100. CARE Bangladesh also reserves the right to cancel, disqualify any proposal without explaining any reason whatsoever.

Note: The evaluation committee will invite top three scorer for a presentation to the evaluation committee focused on the assignment. CARE preserves all rights to select most qualified firms for the assignment based on their profile and presentation.

Technical Focal person of CARE:

Name: Md. Hasanuzzaman

Designation: Senior Manager – MEAL

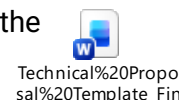
Mail: hasanuzzaman@care.org

Application process:

If you are interested and feel competent in carrying out this very exciting consultancy work, please submit technical and financial proposal in two separate documents:

Technical Proposal:

1. Duly completed Technical Proposal prepared in accordance with the prescribed template. **Proposals that do not follow the prescribed template will not be considered for technical evaluation.**
2. Resume of team members/Organizational Profile with previous/ongoing client lists
3. A one-page application letter of expression of interest
4. Set of documents mentioned in the Technical Evaluation Criteria
5. Detailed Technical-narrative proposal with clearly outlined methodology, timeline, evaluation approach and techniques, Level of Effort of each member of the consulting firm and tools to be employed.
6. A sample of at least 2 recently written report of similar assignments.



Financial Proposal:

1. Filled up Financial Proposal that outlines the fees and associated costs including govt. circulated VAT & TAX and provide budget notes.

Applications not including all the above information will not be reviewed. CARE Bangladesh is an equal opportunity employer.

Terms of Payment

The Consultant will be paid as per the following schedule:

PAYMENT MATRIX		
Deliverables	Measuring Criterion/ Indicator	% on total Purchase Value
Inception report	The report must follow the outline stated in the section Key Deliverables (Inception Report max 10 pages) with all mentioned section/information. The report should also follow the CARE template for branding (will be provided by CARE)	30%
Final Report	The report must incorporate all comments/feedback/observations of the consortium and satisfy the evaluation management committee. template for branding (will be provided by CARE)	70%

Payments in local currency will be paid as per standard procedure. There will not be any scope to pay in advance before starting work. Consultant shall provide CARE Bangladesh with periodic and final invoice statements indicating Services performed, expenses incurred, past payments made, and any other information CARE Bangladesh shall reasonably request. Consultant shall provide a final invoice statement within 30 September 2026.

CARE Standard Payment Terms are 30 days from receipt of goods or service and accurate & complete invoice acceptable to CARE Bangladesh.

Penalty Terms

If the consultant/agency fails to provide services of any or all of the contract within the period (s) specified in the Contract / Purchase Order, the Purchaser shall, without prejudice to its other remedies under the Contract, deduct from the Contract Price / Purchase Order amount, as penalty, a sum equivalent to the percentage stated below:

SI #	Total Delay	% to be deducted on the contracted value
01	First 5 days	2%
02	From 6 to 11 days	4%
03	From 12 to 20 days	6%
04	Above 20 days	The termination clause may be applicable as per terms of PO

**Deduction of the penalty amount will not be applicable in case if any extended completion time/ period is officially agreed and accepted by CARE Bangladesh after the completion date mentioned in PO.

Intellectual Property Rights

CARE Bangladesh's copyrights are reserved for every data set, report, and strategy documents generated by the consultant during the consultancy period for the said purpose. The consultant may not share these documents or use the evidence without informing with CARE Bangladesh in written.

Ethical Considerations

- **Participatory:** All stakeholders and beneficiaries' type should be consulted during the study process ensuring the true participation.
- **Inclusiveness:** Ensure that beneficiaries from different ethnic, social and religious backgrounds have the chance to participate, as well as with disabilities and who may be excluded or discriminated against in their community.
- **Ethical:** The final evaluation, monitoring, evaluation or research must be guided by the following ethical considerations:
 - **Systematic inquiry:** Consultant conduct systematic, data-based inquiries.
 - **Integrity/honesty:** Consultant display honesty and integrity in their own behaviour and attempt to ensure the honesty and integrity of the entire study process.
 - **Safeguarding:** Demonstrating the highest standards of behaviour towards beneficiaries specially marginality.
 - **Sensitive:** To child rights, gender, inclusion and cultural contexts.
 - **Openness:** Of information given to the highest possible degree to all involved parties.

- **Confidentiality and data protection:** Measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.
- **Public access:** To the results when there are not special considerations against this.
- **Broad participation:** The relevant parties should be involved where possible.
- **Reliability and independence:** The Qualitative Impact Assessment should be conducted so that findings and conclusions are correct and trustworthy
It is expected that:
 - Data collection methods will be age and gender appropriate.
 - Qualitative Impact Assessment will provide a safe, creative space where respondent feel that their thoughts and ideas are important.
 - A risk assessment will be conducted that includes any risks related to children or young people's participation. Informed consent will be used where possible.

Managing Unexpected

The consultants must keep this in their prime consideration how to manage any unexpected situation like strikes and political uprising, natural disaster, increased security concern in camps and host community areas, that may affect the overall consultancy work. They should keep options for contingency plans and alternatives without compromising the overall quality, purpose and timeline.

Special Terms and Conditions related to submission of this tender:

1. Financial and technical proposal softcopy should submit in two separate documents following the prescribed template.
2. Please submit your proposal (Technical and Financial) as per RFP (Request for Proposal)
3. Timely submission by e-mail has to be maintained very strictly as well. To avoid any unnecessary hassle due to network quality or jamming it is requested to submit the proposal minimum 02-03 hours before the time is expired. However, if any sender sent their document at right time but it reached to us after the mentioned submission time will also be disqualified.
4. Please submit proposals to the correct email mentioned in RFP.
5. You are requested to submit your proposal or financial offer in your company letter head pad or if it is in white page then with company seal and sign.
6. Any kind of solicitation or effort to bribe any current CARE Bangladesh staffs is not going to be entertained to get any special facility. Rather reporting of similar kind of activities will be dealt severely and the proposals shall not be considered.
7. CARE Bangladesh does not require to receive any payment in cash or in kind for including a vendor to its Approved Vendor List, invite to submit quotation or for final selection as a supplier for goods and services. Likewise, it also strictly prohibits its employee to demand such payment from a vendor or involvement in any form of conflict of interest. In case of any attempted request for such kind of payment from any employee, as a vendor you are kindly requested to send complaint to CARE BD Country Director (CD) at email account BGDProComplaint@care.org , or any of CARE

BD's senior leaders. Please label the emails as "confidential & privileged". "Any proposals be submitted to the complaints email, they will be treated as spam and the sender will be blocked which will mean they will not be considered in the future for any submission". Moreover, the Vendor hereby declares and confirms that it and its employees do not attempt to make such unlawful payment directly or indirectly to CARE employee or allow involvement of CARE employee in any activity that lead to any form of conflict of interest. Such unlawful attempt and involvement shall be a ground for disqualification and blacklisting of the vendor and cancellation of any existing order."

8. The terms and conditions mentioned here shall remain same in the final agreement document.
9. CARE Bangladesh reserves the right to accept or reject partially or fully any or all quotations without assigning any reason whatsoever. CARE Bangladesh may not select the lowest bidder, if the quality, specifications etc. are not up to the mark and not bound to provide any explanation about the selection process.

Checklist to Assess and Evaluator's Proposal

The table below outlines criteria that can be used to assess the completeness and quality of an evaluator's proposal. The team commissioning the evaluation can use these criteria during the recruitment/contracting process for the evaluator or evaluation team.

Criteria to Assess the Completeness and Quality of an Evaluation Proposal	
Criteria	Details
1. Evaluation design and alignment with ToR	Alignment with the evaluation purpose and questions 1) There is a clear description of: a) The type of evaluation (e.g. experimental, quasi-experimental, nonexperimental) b) The methods to be used (e.g. quantitative, qualitative, mixed methods) c) The main focus of the evaluation (e.g. coherence, outcome, sustainability, unmet need etc.). d) The actors to be involved and their roles. e) How the evaluation will answer the evaluation questions from the ToR f) How all the indicators required in the ToR will be measured, with the required disaggregation levels (sex, age, location, etc.) and comparability with previous measurements. g) How/If it will look at unintended outcomes, learning, failures. 2) There is mention to the limitations of the type of evaluation proposed. 3) The evaluation proposed will examine gender aspects (e.g. impact by different groups, unintended consequences for different groups, etc.) Primary data collection 1) The sampling method for the collection of data collection is clear. 2) There is mention to ethical elements and considerations for primary data collection. Secondary data collection 1) The sources for secondary data collection are well identified, even if not in full detail.

	Deliverables and dissemination of results 1) The evaluation proposal commits to all the expected deliverables from the ToRs, in the respective formats and for the respective audiences a. The final evaluation document will follow CARE's template and quality criteria for evaluation reports. b. CARE will have ownership of final data sets. The evaluator will share them in formats accepted by CARE c. The proposal clearly outlines other presentations or dissemination options, as per the ToR
2. Evaluation plan with key activities.	1) The overall evaluation plan is manageable within time requirements: process, due dates, responsibilities, and deliverables are clearly outlined.
3. Evaluation budget	1) The type of evaluation and evaluation activities proposed can be executed with the proposed budget 2) The budget clearly outlines all necessary costs, for instance: a) Professional fees of evaluation leads, technical experts, enumerators, translators, drivers, etc.) b) local travel c) In-country lodging and per diem d) Materials, or any other related costs (e.g., translators of the report, meeting rooms for presentations, etc.)
4. Evaluation team	1) The composition skills and experience required are commensurate to the task (supported by CVs or profile of the evaluation firm) 2) There is a clear description of the evaluation team and their roles

Annexes

Annex A: Logical Framework of Supporting Rohingya Refugees through Life-Saving Shelter Assistance, WASH Services, and High-Risk Landslide and Monsoon Response Activities.

LOGICAL FRAMEWORK		
4. Project Objective		
Enhance safe, dignified, and climate-resilient living conditions for Rohingya refugees through integrated shelter improvements, strengthened WASH services, and site development initiatives in targeted camp areas.		
Logical Framework details for Camp Coordination and Camp Management (CCCM)		
Cluster Objectives	HRP Objectives	% of activities
SS01	SO1	100
Outcome 1		
43,160 Rohingya people in camps 13, 15 and 16 are better protected from disaster risks through improved site infrastructure, environmental restoration, and enhanced community awareness on multi-hazard preparedness		
Outcome 1 Indicators		

Code & Type	Indicator	Sector/Cluster	Women	Girls	Men	Boys	Target
Outcome Indicator 1.1(Custom)	% of Rohingya community members in camp 13, 15 and 16 report reduced exposure to disaster risks.	Camp Coordination and Camp Management (CCCM)	0	0	0	0	70

Means of Verification:

Baseline & Endline Assessment report. The baseline data collected from ISCG ISNA 2025 pg#1

Comments

This project will focus on strengthening resilience. An endline survey will be conducted in the 6th month to assess changes in community awareness, preparedness, and perceived ability to respond to multi-hazard risks as a result of the intervention.

Output 1.1

Description

Improved community resilience and reduced disaster risks for 18,600 people through infrastructure rehabilitation, environmental restoration, multi-hazard mitigation measures, and community-based disaster preparedness initiatives.

Output 1.1 Activities

Activity Code	Activity Description	Sub-Implemented by
Activity 1.1.1	Standard Activity: (Global) (C-CA1) Ensure establishment and improvement of camps or communal settlements and basic infrastructure to facilitate the provision of life-saving assistance Rehabilitation of Pathways and Bamboo Bridges After Disaster Damage Activity Description From June to September 2026, CARE will directly implement the rehabilitation of approximately 800 linear meters of damaged pathways and bamboo bridges to improve safe access for Rohingya refugees living in Camp 13 (Block A, C, E), Camp 15 (Block F & G), and Camp 16 (Block B & D). The activity will focus on repairing infrastructure damaged by heavy rainfall, landslides, flooding, and other weather-related hazards that frequently disrupt mobility and access to essential services within the camps. CARE's engineering and field teams will identify and prioritize damaged pathways and bamboo bridges through field assessments and consultations with Site Management, CiC authorities, and community representatives, with particular attention to routes frequently used by vulnerable groups such as women, children, elderly persons, and persons with disabilities to access water points, health facilities, distribution centers, and other communal services. Following identification, CARE's technical team will conduct detailed technical assessments to determine the extent of damage and prepare technical designs and Bills of Quantities (BoQs) in line with Shelter and Site Management Sector technical guidelines and standards. Rehabilitation works will include pathway surface repair, drainage improvement, reinforcement of pathway edges, and reconstruction or strengthening of bamboo bridge structures using improved design standards. CARE will implement the works directly through skilled laborers and community members engaged through Cash-for-Work modalities, which will both support the implementation of site improvement works and provide temporary income opportunities for vulnerable households. To ensure quality and accountability, CARE's engineering team and field supervisors will conduct regular monitoring visits and technical supervision throughout the implementation period. Quality control will be maintained through compliance with sector standards, technical	

inspections, and completion verification. Progress and output will be documented through monitoring reports, photographic evidence, and completion reports, which will feed into CARE's internal reporting and donor reporting mechanisms.

Activity 1.1.2

Standard Activity: (Global) (C-CA1) Ensure establishment and improvement of camps or communal settlements and basic infrastructure to facilitate the provision of life-saving assistance

Community-Led Tree Plantation and Reforestation with Maintenance Support

Activity Description

Between June and September 2026, CARE will directly facilitate community-led tree plantation and reforestation activities targeting approximately 9,000 planted trees and benefiting Rohingya refugees residing in Camp 13 (Block A, C, E), Camp 15 (Block F & G), and Camp 16 (Block B & D). The activity aims to support environmental restoration, reduce soil erosion, and contribute to landslide risk mitigation within environmentally vulnerable areas of the camps. CARE's technical and field teams will identify suitable plantation sites through environmental assessments and coordination with Site Management, CiC authorities, and community representatives, prioritizing degraded slopes, exposed land areas, and locations vulnerable to erosion and landslides.

Following site selection, CARE's technical team will conduct environmental and soil assessments to determine appropriate tree species suitable for slope stabilization and environmental restoration. Species selection and plantation techniques will follow environmental and site management sector guidelines to ensure sustainability and ecological compatibility.

The plantation activities will be implemented through community mobilization and participation, encouraging community ownership of environmental protection initiatives. CARE will distribute saplings and guide community volunteers in proper planting methods, spacing, and maintenance practices. Community members will also support ongoing care and protection of planted saplings, including watering, monitoring, and safeguarding from environmental damage.

CARE field staff will conduct regular monitoring visits to plantation sites throughout the implementation period to assess tree survival rates and ensure appropriate maintenance practices. Monitoring data, survival rate assessments, and photographic documentation will be recorded and incorporated into project monitoring reports and donor reporting to demonstrate environmental restoration outcomes.

Activity 1.1.3

Standard Activity: (Global) (C-CA1) Ensure establishment and improvement of camps or communal settlements and basic infrastructure to facilitate the provision of life-saving assistance

Community-Based Multi-Hazard Awareness and Preparedness Sessions Activity Description Between April and September 2026, CARE will conduct 180 community-based multi-hazard awareness and preparedness sessions targeting Rohingya community members living in Camp 13 (Block A, C, E), Camp 15 (Block F & G), and Camp 16 (Block B & D). CARE field teams will mobilize participants from different community groups, ensuring inclusive representation of women, youth, elderly persons, and persons with disabilities through coordination with community leaders, volunteers, and site management authorities. Prior to conducting the sessions, CARE staff will conduct a brief awareness needs assessment to identify knowledge gaps related to disaster risks such as cyclones, flooding, landslides, and fire hazards commonly experienced in the camps. CARE will then conduct interactive awareness sessions focusing on disaster preparedness, early warning understanding, safe shelter practices, landslide and flood preparedness, fire safety, safe evacuation procedures, and household-level preparedness actions. The sessions will use participatory training approaches including discussions, demonstrations, and visual materials to enhance engagement and

understanding. CARE staff will maintain attendance records, training reports, and participant feedback forms to monitor participation and assess improvements in disaster preparedness awareness. Monitoring findings, session documentation, and photographic evidence will be included in CARE's project monitoring system and periodic donor reports.

Output 1.1 Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1(Standard)	Camp Coordination and Camp Management (CCCM)	(Global) (CCM/C-CA1/CM.7) Number of people in displacement sites with physical site improvements	4,375	4,553	4,739	4,933	18,600

Means of Verification:

Scheme completion reports, monitoring visits, activity photos & monthly/quarterly reports verify progress. Visits support quality & reporting. Training strengthens MEAL & CFRM. CFRM outreach, PDM, & endline surveys assess feedback and accountability.

Comments :

The targeted people will be reached through pathways, bridges and tree plantation.

Output 1.2

Description

Improved Community resilience for 24,560 people through enhanced damaged verification, high risk slope stabilization

Output 1.2 Activities

Activity Code	Activity Description	Sub-Implemented by
Activity 1.2.1	Standard Activity: (Global) (C-CA1) Ensure establishment and improvement of camps or communal settlements and basic infrastructure to facilitate the provision of life-saving assistance Risky Area Identification, Demarcation, and Rapid Damage Verification (RDV) Activity Description From April to September 2026, CARE will directly conduct risk area identification, demarcation, and Rapid Damage Verification (RDV) activities covering approximately 600 high-risk locations and benefiting Rohingya refugees living in Camp 13 (Block A, C, E), Camp 15 (Block F & G), and Camp 16 (Block B & D). CARE's technical and field teams will collaborate with Site Management authorities, CiC offices, sector partners, and community leaders to identify locations exposed to hazards such as landslides, flooding, erosion, and structural instability. Community consultations will also help identify areas historically affected by hazards and ensure community participation in risk identification. CARE engineers will conduct Rapid Damage Verification (RDV) assessments following hazard events to determine the extent of damage to shelters, pathways, slopes, and other camp infrastructure.	

These assessments will document hazard exposure, identify vulnerable households or infrastructure, and support prioritization of mitigation measures.

Based on the findings, high-risk and non-mitigable areas will be clearly demarcated using visible signage, markers, or barriers to prevent settlement or movement in unsafe zones. Community volunteers will support awareness raising and information dissemination to ensure residents understand the risks associated with these areas.

CARE will ensure continuous monitoring of demarcated areas and maintain hazard mapping records, RDV documentation, and monitoring reports. All findings will be documented through monitoring visits and photographic evidence, and relevant information will be shared with sector partners and site management authorities to support coordinated risk mitigation planning.

Activity 1.2.2

Standard Activity: (Global) (C-CA1) Ensure establishment and improvement of camps or communal settlements and basic infrastructure to facilitate the provision of life-saving assistance

Stabilization of High-Risk Slopes through Site Development Works Activity Description

Between May and September 2026, CARE will directly implement slope stabilization and site development works targeting approximately 2670 square meter high-risk slopes and benefiting Rohingya refugees residing in Camp 13 (Block A, C, E), Camp 15 (Block F & G), and Camp 16 (Block B & D).

CARE's engineering team will identify slopes vulnerable to landslides and soil erosion through field assessments and coordination with Site Management, CiC authorities, and community representatives, prioritizing slopes located near shelters, pathways, and communal infrastructure where landslide risks could threaten lives and property. Following identification, CARE engineers will conduct detailed technical assessments to analyze soil stability, slope gradient, and drainage conditions. Technical designs and Bills of Quantities will be developed based on Shelter and Site Management Sector engineering standards and guidelines.

The stabilization works will include a combination of structural and nature-based solutions, such as terracing, sandbag reinforcement, drainage channel construction, vegetation planting, bamboo reinforcement, and soil compaction. Implementation will be carried out directly by CARE with participation from community members through Cash-for-Work modalities, supporting both risk reduction and temporary livelihood opportunities.

CARE engineers and field supervisors will ensure regular technical supervision and monitoring throughout the implementation period. Quality control will include engineering inspections, compliance with design specifications, and completion verification. Monitoring reports, progress documentation, and photographic evidence will be maintained for accountability and donor reporting.

Output 1.2 Indicators

			End cycle beneficiaries cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1(Standard)	Camp Coordination and Camp Management (CCCM)	(Global) (CCM/C-CA3/CM.b) Number of individuals supported to safely relocate or voluntarily return	5,659	6,130	6,130	6,641	24,560

Means of Verification:

Monthly reports, muster rolls, & attendance sheets verify progress. Monitoring visits support quality & reporting. Training strengthens MEAL & CFRM. CFRM outreach, PDM, & endline surveys assess feedback, accountability, satisfaction, & results.

Comments :

High-risk landslide areas will be identified, demarcated, and stabilized through site development and nature-based solutions. Pathway/bridge rehabilitation, tree planting, RDV, and multi-hazard awareness will complement SMS and WASH activities.

Logical Framework details for Shelter and Non-Food Items

Cluster Objectives	HRP Objectives	% of activities
SS01	SO1	100

Outcome 1

53,446 Crisis-affected Rohingya people, particularly Extremely Vulnerable Individuals (EVI), have improved access to safe, dignified, and climate-resilient shelter through shelter upgradation, new mid-term shelter construction, and Cash for Work support in the Rohingya camps 13, 15 and 16.

Outcome 1 Indicators

Code & Type	Indicator	Sector/Cluster	Women	Girls	Men	Boys	Target
Outcome Indicator 1.1(Custom)	Number of populations who report feeling safe from threats or other hazards in the camps, disaggregated by sex and age.	Shelter and Non-Food Items	0	0	0	0	34,319

Means of Verification:

Baseline (ISNA 2025) (pg#9) and end line Assessment report.

Comments

Project will track the progress by using monthly IPTT. On the 6th month of the project, an endline survey also will be conducted to see the progress.

Output 1.1

Description

Improved safety, resilience, and living conditions of vulnerable households for 14,592 people through shelter upgrading, construction of resilient shelters, and community-based disaster risk reduction activities.

Output 1.1 Activities

Activity Code	Activity Description	Sub-Implemented by
Activity 1.1.1	Standard Activity: (Global) (C-CA1) Provision and distribution of shelter materials including items to mitigate risks of violence against women and girls, such as partition materials and lighting, and basic technical advice on safe construction Provision of Shelter Upgradation Materials to reduce vulnerability: The activity will be implemented in Camp 13 (Blocks A, C, E), Camp 15	

(Blocks F, G), and Camp 16 (Blocks B, D). A total of 3,000 vulnerable households will be supported between April 2026 and September 2026. CARE will implement the activity directly through its field and technical teams, ensuring close supervision, quality control, and compliance with shelter sector standards. Beneficiaries will be identified through rapid shelter needs assessments conducted in coordination with camp authorities, sector partners, and community leaders. Priority will be given to households living in structurally weak or hazard-prone shelters, including female-headed households, elderly persons, persons with disabilities, and other highly vulnerable families. Special attention will be given to households needing improved privacy and safety measures to reduce risks of violence against women and girls. CARE's shelter technical team will assess shelter conditions to identify structural gaps and risks. The assessment will review roofing condition, structural stability, and exposure to environmental hazards such as heavy rain, strong winds, or landslides. Based on findings, standardized shelter material packages will be prepared, including bamboo, tarpaulins, rope, fasteners, partition materials to enhance privacy, and lighting solutions to improve safety within shelters. CARE will procure and distribute shelter materials through organized distribution events in the targeted camps following prior notification to selected beneficiaries and approval from the respective Camp-in-Charge (CiC). The process will ensure safe and accessible distribution, particularly for women, elderly persons, and persons with disabilities. During distribution and follow-up visits, CARE's shelter technical staff will provide basic guidance on safe shelter construction and installation of partitions and lighting materials to improve shelter safety and protection. CARE will implement a robust monitoring and quality assurance system. Shelter engineers and field staff will conduct regular supervision visits to verify material quality and proper use. Post-Distribution Monitoring (PDM) will assess improvements in shelter safety, privacy, and beneficiary satisfaction. Distribution records, beneficiary lists, monitoring reports, and photo documentation will ensure transparency and accountability.

Activity 1.1.2

Standard Activity: (Global) (C-CA2) Construction and rehabilitation of temporary emergency shelter and technical advice on safe construction

Construction of New Mid-Term Shelters (MTS) for High-Risk Households:

This activity will be implemented in Camp 13 (Blocks A, C, E), Camp 15 (Blocks F, G), and Camp 16 (Blocks B, D). A total of 50 Mid-Term Shelters (MTS) will be constructed for highly vulnerable households during the implementation period April 2026 to September 2026. CARE will implement the activity directly through its shelter and engineering teams, ensuring close technical supervision, quality control, and compliance with Shelter Sector standards.

Beneficiary households will be identified through technical assessments and coordination with Camp-in-Charge (CiC) offices, site management actors, sector partners, and community leaders. Priority will be given to households living in severely damaged or highly vulnerable shelters, particularly those affected by recent fire incidents or located in hazard-prone areas exposed to heavy rainfall, flooding, or landslides. Selection will prioritize female-headed households, elderly persons, persons with disabilities, and families living in structurally unsafe shelters to ensure support reaches those most in need.

CARE's shelter engineers will conduct site-specific technical assessments to review ground conditions, slope stability, drainage, and available construction space. Based on these findings, the Mid-Term Shelter (MTS) design will follow Shelter Sector technical guidelines, ensuring structural safety, stability, and durability within the camp environment.

Construction will be carried out by skilled labor and trained community workers under the direct supervision of CARE engineers and technical

staff. Works will include foundation preparation, installation of structural frames, roofing systems, and ventilation improvements to enhance safety and living conditions. CARE's technical staff will also provide practical guidance to beneficiaries on safe construction practices and shelter maintenance, strengthening resilience to seasonal hazards such as strong winds and heavy rainfall. CARE will maintain a strong monitoring and quality assurance system throughout implementation. Shelter engineers will conduct regular site supervision and stage-wise quality checks to ensure compliance with technical standards. Completed shelters will undergo final inspection before handover to beneficiary households.

Activity 1.1.3

Standard Activity: (Global) (C-CA1) Provision and distribution of shelter materials including items to mitigate risks of violence against women and girls, such as partition materials and lighting, and basic technical advice on safe construction

Provide Shelter Repairment Assistance for EVHHs through Cash for Work (CFW):

This activity will be implemented in Camp 13 (Blocks A, C, E), Camp 15 (Blocks F, G), and Camp 16 (Blocks B, D). A total of 600 Extremely Vulnerable Individuals (EVI) households will receive shelter repair support from April to September 2026. BDT 4,235 per household is allocated to engage Cash for Work (CFW) labor. CARE will implement the activity directly through its field and technical teams, ensuring close supervision, quality control, and compliance with Shelter Sector standards.

EVI households will be identified through vulnerability assessments in coordination with Camp-in-Charge offices, site management actors, community leaders, and sector partners. Priority will be given to households in structurally weak or damaged shelters, including female-headed households, elderly persons, persons with disabilities, and those facing heightened protection risks. CFW workers will be recruited from Rohingya camp residents based on vulnerability and willingness to participate in labor-intensive activities.

CARE's shelter technical team will conduct rapid assessments to identify repair needs and design work plans for CFW teams. Activities include reinforcing bamboo frames, repairing roofs, improving anchoring systems, installing partition materials for privacy, and providing lighting solutions to enhance safety, protection, and shelter resilience, particularly for women and girls.

Selected Rohingya workers will carry out repairs under direct supervision of CARE engineers and shelter staff. Participants will receive temporary employment and cash payments aligned with sector wage standards. CARE staff will provide technical guidance on safe repair and maintenance practices.

CARE will implement a robust monitoring and quality assurance system. Field staff will conduct regular supervision visits and verify proper use of materials. Attendance records, payroll documentation, and financial transactions will be maintained for transparency. Post-repair monitoring and beneficiary feedback mechanisms will assess improvements in shelter safety and protection. All activities will be documented through reports, beneficiary records, and photographic evidence to ensure compliance with sector coordination and donor reporting requirements.

Output 1.1 Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1(Standard)	Shelter and Non-Food Items	(Global) (SHL/C-CA1/SN.1a) Number of people receiving in-kind shelter assistance	3,432	3,572	3,718	3,870	14,592
Means of Verification: Muster rolls, SUM recipient lists, distribution reports, databases, photos & PDM reports verify outputs. Monitoring visits support quality & reporting. Training strengthens MEAL and CFRM. Outreach and endline surveys assess feedback & accountability. Comments : Under this indicator, the vulnerable shelter will be assess and supported with shelter materials, A PDM will be conducted on the 6th month of the project to collect community feedback and the report will be shred.							
Output 1.2							
Description							
Ensure improved access and safety for 38,854 Rohingya people through drainage cleaning and distilling works done							
Output 1.2 Activities							
Activity Code	Activity Description					Sub-Implemented by	
Activity 1.2.1	Standard Activity: (Global) (C-CA4) Basic infrastructural works. This can include rubble removal, environmental clean-up and emergency rehabilitation of community infrastructure Drainage Cleaning and Desilting to Reduce Flooding and Waterlogging Risks: This activity will be implemented in Camp 13 (Blocks A, C, E), Camp 15 (Blocks F, G), and Camp 16 (Blocks B, D), targeting the cleaning and rehabilitation of approximately 10,000 linear meters of drainage channels and related community infrastructure from April to September 2026. CARE will implement the activity directly through its field teams, ensuring close technical supervision, coordination, and compliance with sector standards. Priority areas will be identified where drainage channels are blocked, heavily silted, or damaged, causing flooding, waterlogging, or environmental hazards. Identification will be conducted in coordination with Camp-in-Charge offices, community representatives, and sector partners, including Site Management and WASH actors, to ensure interventions focus on the most affected areas. CARE's technical team will assess channel condition, length, depth, and structural issues, identifying areas needing rubble removal, environmental clean-up, desilting, or minor rehabilitation to restore effective water flow. Works will include removal of silt, debris, and waste, clearing and reshaping channels, and minor rehabilitation, with the workforce mobilized through Cash for Work arrangements. Activities will be carried out by skilled labor and community workers under CARE supervision to ensure quality and timely completion. A robust monitoring and quality assurance system will be maintained throughout the implementation period. Field staff will conduct regular supervision visits, track daily progress against the 10,000 linear meter target, and ensure technical specifications are met. Before-and-after photographs, site inspection records, and monitoring reports will be maintained for verification. Progress and outcomes will be						

documented systematically to ensure accountability and alignment with sector coordination and donor reporting requirements.

Output 1.2 Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1(Standard)	Shelter and Non-Food Items	(Global) (SHL/C-CA4/SN.6) Number of people accessing shelter services	8,743	10,010	10,269	9,832	38,854

Means of Verification:

Photos, monthly reports, Cash-for-Work muster rolls, and field monitoring reports verify progress. Monitoring visits support quality and reporting. Training strengthens MEAL and CFRM. Outreach, PDM and endline surveys assess feedback, accountability.

Comments:

Focusing on the monsoon, different drains will be identified and cleaned to ensure there are no water logging during monsoon, and this will contribute to environmental and health safeguard for the Rohingya community.

Logical Framework details for WASH

Cluster Objectives	HRP Objectives	% of activities
SS01	S01	100

Outcome 1

Enhance access to safe drinking water, dignified, safe and inclusive communal sanitation facilities, safe and effective waste management and disposal for 19931 Rohingya communities within the camps.

Outcome 1 Indicators

Code & Type	Indicator	Sector/Cluster	Women	Girls	Men	Boys	Target
Outcome Indicator 1.1(Custom)	% of households reporting having sufficient water to meet all their HH needs	WASH	0	0	0	0	90

Means of Verification:

Endline Survey

Comments

The baseline is selected from the Camp level ISNA report 2025 (Tabl#A.9.2). An endline survey will be conducted to identify the progress. The criteria of sufficient water will be referred to the Sphere standard of 20-liter water per person per day.

Outcome Indicator 1.2(Custom)	% of households reporting that all members are satisfied with their access to a latrine.	WASH	0	0	0	0	90
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Means of Verification:

Endline Survey

Comments

Baseline is taken from camp level ISNA 2025 (Tabl#A.9.7) of WASH sector. An endline survey will be conducted to see the progress during the 6th month of the project.

Outcome		WASH	0	0	0	0	85
Indicator	% of Household						
1.3(Custom)	Segregating waste at Household level						

Means of Verification:

Endline Survey

Comments

Baseline is taken from ISNA 2025 (Tabl#A.9.10) of WASH sector. An endline survey will be conducted to see the progress during the 6th month of the project.

Output 1.1

Description

19931 targeted Rohingya community at Camp-15 have improved access to safe drinking water

Output 1.1 Activities

Activity Code	Activity Description	Sub-Implemented by
Activity 1.1.1	Standard Activity: (Global) (C-CA6) Provision of water for drinking, cooking and personal hygiene. Activities in support of the WASH sector including extraction, transport, treatment, storage, distribution and monitoring, and repair, construction and maintenance of emergency water facilities. Operation and Maintenance of existing water distribution Networks: CARE will ensure that all six existing Water Distribution Networks (WDNs) at Block- F & H of Camp-15 remain fully functional and operational throughout the project period. The planned activities include covering the pump operator costs required for daily operation, security guards, as well as minor repair and maintenance necessary to keep the systems running efficiently. To ensure uninterrupted water supply during the monsoon season when solar power generation is often insufficient CARE will also provide fuel for backup generators. Additionally, the budget accounts for any land rental fees associated with the sites where the WDNs are located. By maintaining and operating these six WDNs, CARE will be able to provide safe and fresh drinking water to 19,931 Rohingya individuals, significantly contributing to improved health and reduced risk of waterborne diseases within the camps. The activity will be implemented throughout the full project period.	
Activity 1.1.2	Standard Activity: (Global) (C-CA6) Provision of water for drinking, cooking and personal hygiene. Activities in support of the WASH sector including extraction, transport, treatment, storage, distribution and monitoring, and repair, construction and maintenance of emergency water facilities. Construction of Communal Water Tap Stand in the Pocket gap areas: According to the recent ISNA report, only 56% of the Rohingya community currently has access to safe water supply, leaving a	

significant portion of the population without reliable access to clean drinking water. To address these unmet needs, CARE will conduct a detailed assessment to identify pocket gap areas where Rohingya households remain excluded from safe water services. Based on the assessment findings, CARE plans to install 15 new water tap stands connected to treated piped-water systems. This aims to expand coverage of safe drinking water, reduce dependency on unsafe sources, and ensure that vulnerable families have regular access to clean water. By increasing access to treated water, the intervention will play a crucial role in preventing waterborne diseases and improving overall public health and safety among the Rohingya community. The budget under this line includes construction materials costs, cost of cash for worker engagement. The activity will be implemented during 2nd, 3rd, 4th and 5th month of the project period.

Activity 1.1.3

Standard Activity: (Global) (C-CA6) Provision of water for drinking, cooking and personal hygiene. Activities in support of the WASH sector including extraction, transport, treatment, storage, distribution and monitoring, and repair, construction and maintenance of emergency water facilities.

Upgradation of Existing Water Distribution Network to increase efficiency and coverage:

According to the recent ISNA report, only 56% of the Rohingya community currently has access to safe water, leaving a large portion of the population dependent on unsafe or inconsistent water sources. To help address these gaps, CARE plans to upgrade one existing Water Distribution Network (WDN) located in an underserved area. The upgradation will focus on increasing the solar power capacity to ensure a more reliable and continuous water pumping system, as well as expanding the reservoir storage volume so that adequate quantities of treated water can be supplied throughout the day, even during peak demand or low sunlight periods. Through these improvements, CARE aims to significantly increase the coverage of safe drinking water, enabling more Rohingya families to access fresh, treated water and reducing their vulnerability to waterborne diseases. The activity will be implemented during 3rd and 4th month of the project period.

Output 1.1 Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1(Standard)	WASH	(Global) (WSH/C-CA6/WS.6) Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	4,561	5,021	5,226	5,123	19,931

Means of Verification:

Beneficiary lists and water production/supply registers verify outputs. Monitoring visits support quality and clearer reporting. Training strengthens MEAL and CFRM. CFRM outreach and IEC materials promote awareness, feedback, and endline assessments.

Comments:

The target includes all Rohingya people residing in Block-F & H of Camp-15 where this project will ensure smooth supply of fresh drinking water.

Output 1.2

Description

Targeted Rohingya Community has safe and dignified access to 1579 communal sanitation facilities

Output 1.2 Activities

Activity Code	Activity Description	Sub-Implemented by
Activity 1.2.1	Standard Activity: (Global) (C-CA7) Support to sanitation systems in emergency situations. This can include excreta disposal. Operation, maintenance, rehabilitation and Upgradation of Communal Latrines: Through this activity, CARE will conduct a comprehensive assessment of existing communal latrines to identify those requiring major upgrading, rehabilitation and reconstruction in some cases, with appropriate community consultation and participation. A significant number of communal latrines in the camps were constructed during 2020–2021, and many of these facilities have since experienced reduced efficiency and structural deterioration due to prolonged use and challenging environmental conditions. Based on the assessment findings, aged and damaged facilities requiring major upgrading will be prioritized. Special consideration will be given to the needs of women and girls, as well as persons with disabilities, to ensure that upgraded facilities are safe, inclusive, and dignified for all users. Under this activity, a total of 100 communal latrines will be upgraded, rehabilitated and reconstructed to improve the overall quality, safety, and usability of sanitation facilities in the targeted camp areas. The unit cost for this activity will include construction materials and other resources required for the upgrading and reconstruction works. CARE will ensure that all rehabilitation and reconstruction works are carried out in strict compliance with the approved WASH Sector technical designs and standards, ensuring durability, functionality, and alignment with sector guidelines. The budget under this line includes construction materials costs, cost of cash for worker engagement. The activity will be implemented during 2nd, 3rd, 4th & 5th month of the project period.	
Activity 1.2.2	Standard Activity: (Global) (C-CA7) Support to sanitation systems in emergency situations. This can include excreta disposal. Operation, maintenance, rehabilitation and Upgradation of Communal Bathing Cubicles: Through this activity, CARE will conduct a comprehensive assessment of existing communal bathing facilities to identify those requiring major upgrading, rehabilitation and reconstruction in some cases, with appropriate community consultation and participation. A significant number of communal bathing cubicles in the camps were constructed during 2020–2021, and many of these facilities have since experienced reduced functionality and structural deterioration, which has increased safety and protection risks for women and girls who are the primary users of these facilities. Rapid Gender Analysis in fire incident at camp findings indicate that inadequate privacy, poor lighting, and damaged bathing facilities significantly increase protection concerns and limit safe access for women and girls in the camps. With active consultation and engagement with women and girls, CARE will identify the communal bathing facilities that require significant upgrading or reconstruction to ensure that they are safe, private, and accessible, thereby enhancing the dignity and protection of women and girls living in the camps. Under this activity, a total of 80 communal bathing cubicles will be	

upgraded, rehabilitated and reconstructed to improve the overall quality, safety, and usability of sanitation facilities in the targeted camp areas. The unit cost for this activity will include construction materials and other resources required for the upgrading and reconstruction works.

CARE will ensure that all rehabilitation and reconstruction works are carried out in strict compliance with the approved WASH Sector technical designs and standards, ensuring durability, functionality, and full alignment with sector guidelines.

The budget under this line includes construction materials costs, cost of cash for worker engagement. The activity will be implemented during 2nd, 3rd, 4th and 5th month of the project period.

Activity 1.2.3

Standard Activity: (Global) (C-CA7) Support to sanitation systems in emergency situations. This can include excreta disposal.

Maintenance of existing FSTPS through regular De-sludging of Communal Latrines:

CARE will ensure the proper operation and maintenance of seven (7) existing Fecal Sludge Treatment Plants (FSTPs) serving the targeted areas. These FSTPs are connected to 984 communal latrines and 16 Sludge Transfer Stations (STs), forming an essential system for the safe management and treatment of fecal sludge within the camps.

To ensure that the Rohingya community has safe, hygienic, and dignified access to communal sanitation facilities, CARE will carry out regular de-sludging activities. Through this process, fecal sludge collected from latrines will be transported to the designated FSTPs for proper treatment and disposal. Considering the high population density in the camps and an estimated production of approximately 2 kg of human waste per person per day, a significant volume of fecal sludge is generated daily. This requires a well-functioning treatment system to prevent environmental contamination and public health risks.

By effectively operating and maintaining the existing FSTPs, CARE will ensure that fecal sludge is safely collected, treated, and managed, thereby reducing potential health hazards, environmental pollution, and disease transmission, while contributing to improved sanitation conditions for the Rohingya community.

The budget includes cost of minor repair and maintenance, any rental charges for using lands that belong to Bangladeshi host community and operational tools. The activity will be implemented throughout the project period.

Output 1.2 Indicators

				End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	

Indicator 1.2.1(Standard)	WASH	(Global) (WSH/C-CA7/WS.13) Number of communal sanitation facilities (e.g. latrines) and/or communal bathing facilities constructed or rehabilitated					1,579	
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Means of Verification:

De-sludging Register, Repair and Maintenance register, User group list

Comments:

The number 1579 includes communal bathing and latrines which will be repaired and maintained, de-sludged and rehabilitated. This also includes Fecal Sludge treatment plants and Sludge transfer stations.

Output 1.3

Description

19931 Rohingya individuals receiving appropriate waste management services as per sector standard

Output 1.3 Activities

Activity Code	Activity Description	Sub-Implemented by
Activity 1.3.1	Standard Activity: (Global) (C-CA10) Support to solid waste management Operation and Maintenance of Existing Materials Recovery Facility: CARE will operate and manage two existing Material Recovery Facilities (MRFs) located in Block F and Block H of Camp 15. Solid waste collected through door-to-door household collection by community volunteers will be transported to these MRFs for further processing and management. At the MRFs, the collected waste will be sorted and processed according to waste type. Organic waste will be further treated and converted into organic compost, which can be used by the Rohingya community for homestead gardening and small-scale cultivation, contributing to environmentally sustainable practices within the camps. Inorganic and non-recyclable waste will be temporarily stored at the designated landfill areas within the MRFs. After reaching a scheduled collection threshold, this waste will be transported to the Mega Landfill Site at Camp 20 Extension for final disposal, in accordance with WASH sector waste management guidelines. Through this activity, CARE will ensure systematic waste processing, environmentally responsible disposal, and improved sanitation conditions within the targeted camp areas. The budget includes cost of security guards, minor repair and maintenance, any rental charges for using lands that belong to Bangladeshi host community and operational tools. The activity will be implemented throughout the project period.	
Activity 1.3.2	Standard Activity: (Global) (C-CA10) Support to solid waste management Door to door collection of Solid waste as per the sector standard: Under this activity, CARE will ensure regular solid waste management services for 3,962 Rohingya households (approximately 19,931 individuals) residing in Blocks F and H of Camp 15. This the the same individuals who will be benefiting from the water supply as well. In line with WASH sector guidelines, households will be encouraged and supported to store their solid waste in segregated bins provided to them previously, promoting proper waste separation at the source. CARE, with the support of community-based volunteers, will conduct daily household-level waste collection to ensure that waste is removed regularly and does not accumulate within the community. A total of 20 community-based solid waste collection volunteers will be engaged to carry out this activity, ensuring efficient coverage of the targeted households. Collected waste will be transported to designated Material Recovery Facilities (MRFs), where further sorting, recycling, and safe disposal processes will take place in accordance with established waste management practices. Through this intervention, CARE aims to ensure that solid waste generated in the camps is properly collected, managed, and disposed of, thereby reducing environmental pollution and minimizing the risk of disease outbreaks associated with unmanaged waste, while contributing to improved hygiene and healthier living conditions for the	

Rohingya community. The activity will be implemented throughout the project period.

Activity 1.3.3

Standard Activity: (Global) (C-CA3) Community engagement with affected communities including providing information, participation in decision-making and feedback and complaint mechanism

(Global) (C-CA3) Community engagement with affected communities including providing information, participation in decision-making and feedback and complaint mechanism

Ensuring Functionality of Existing Complain Feedback and Response Mechanism: This project will ensure that already established in camp CFR Mechanism are functional, community is well aware of the CFR mechanism in close collaboration with AFA UNICEF and WASH Sector.

Output 1.3 Indicators

				End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	

Indicator 1.3.1(Standard)	WASH	(Global) (WSH/C-CA10/H.a) Number of individuals benefiting from improved solid waste management services.	4,561	5,021	5,226	5,123	19,931	
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Means of Verification:
Beneficiary list, MRF registers.

Comments :

The target includes the individuals who will be benefited from Door to door solid waste collection.

Indicator 1.3.2(Standard)	WASH	(Global) (WSH/C-CA3/AS.8) Percentage of issues identified in feedback processes for which solutions are in process or closed						85
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Means of Verification:

CFRM Database

Comments :

Through Establish Complain and feedback mechanism, this project will track the issues identified or raised by the community and the percentage addressed.