

## TERMS OF REFERENCE FOR INSTITUTIONAL CONTRACT

(above US\$ 2,500)

<b>Title of the assignment</b>	Midterm evaluation of the 'Building Rohingya refugee and host community resilience in Cox's Bazar' Programme
<b>Purpose</b>	To evaluate progress to-date and course correct where needed, as outlined in the EU-funded DEVCO contract
<b>Location</b>	Camps and Host communities in the logramme implementation areas of Cox's Bazar District
<b>Estimated Duration</b>	November 2020-April 2021 (6 months)
<b>Reporting to Technical Supervisor of this assignment</b>	Research and Evaluation Specialist, Andee Cooper Parks
<b>Estimated budget</b>	\$100,000
<b>Grant Number &amp; Expiry Date</b>	SC190011 expiry December 2021
<b>Contract Plan</b>	

### 1. Background

#### Introduction

Cox's Bazar District is currently hosting 860,000<sup>1</sup> Rohingya refugees, nearly all of whom are living in 34 congested camps in the district. This crisis has created a challenging situation for Bangladesh, particularly for the communities in Cox's Bazar District, one of the worst-performing in terms of child related development indicators and vulnerability to natural disasters. While the arrival of over 700,000 Rohingya refugees since 25 August 2017 is not the root cause of the problem, their presence has contributed to a vicious cycle which will only get worse without actions with a medium to longer-term vision. This provided an opportunity to practice a new approach to responding to the crisis and the needs of the Cox's Bazar district simultaneously. To address these issues, UNICEF, funded by the European Union, started the three-year programme "Building Rohingya refugee and host community's resilience in Cox's Bazar", to support efforts to address systemic changes required not only to lessen the need for humanitarian aid in Cox's Bazar District, but also to complement and strengthen existing local development efforts. This programme is a significant investment and has local, national and international implications for UNICEF, the Government of Bangladesh, and the all people living in Cox's Bazar.

#### Context in Cox's Bazar

The latest available data indicated that, before the COVID-19 pandemic, household vulnerability within the camps was increasing. In October 2019, 37 per cent of refugee households reported that they had incurred debt in the previous month<sup>2</sup>. Meanwhile, 95 per cent of households reported spending money

<sup>1</sup> UNHCR population figure as 30 June 2020; [https://data2.unhcr.org/en/situations/myanmar\\_refugees](https://data2.unhcr.org/en/situations/myanmar_refugees)

<sup>2</sup> ISCG. [Joint Multi-Sectoral Needs Assessment: Rohingya Refugees](#). August-September 2019.

on food, 72 per cent on health expenditures, 30 per cent on hygiene items and 25 per cent on education materials. Only 54 per cent of households met an acceptable food consumption score, with dietary diversity a key concern, tied to the continued serious levels of acute malnutrition among children under 5<sup>3</sup>.

Education Sector estimates indicate that over 375,000 Rohingya children, adolescents and youth are in need education services in 2020<sup>4</sup>. The majority of these children, especially those aged 4-14 years, have been accessing learning in over 5,000 temporary learning facilities<sup>5</sup> established by various partners across the camps. The joint multisector needs assessment (MSNA) conducted by the Inter-Sector Coordination Group (ISCG) in October 2019 showed that 86 per cent of boys and 89 per cent of girls aged 6-11 years were accessing education in Learning Centres (LCs) across the camps<sup>6</sup>. These figures represent considerable progress made in expanding access to learning for Rohingya refugee children over the past two years. However, results also show access to learning decreases as children become older, especially for adolescent girls. For children aged 12 to 14, participation in education drops to 54 per cent for boys and 34 per cent for girls. Key barriers identified during the assessment include child marriage (36 per cent); cultural reasons (23 per cent); not finding the education useful (21 per cent); the child being needed at home (20 per cent); and a lack of learning materials (15 per cent). Only 13 per cent of adolescent girls and 2 per cent of boys aged 15-18 years had access to learning and skills development opportunities<sup>7</sup>.

Rohingya girls face significant sociocultural barriers to education. Many families prefer that older girls stay at home or attend single-sex classes, making it more difficult for them to access informal education organized by Education Sector partners in the camps. Children with disabilities are less likely to be enrolled: Of the 10 per cent of children aged 6 to 10 with functional difficulties survey in February-March 2019, only 61 per cent were attending LCs compared to 73 per cent of children overall in that age range<sup>8</sup>.

According to the December 2019 learning competency assessment, 40 per cent of children enrolled in UNICEF-funded LCs and home-based facilities demonstrated Learning Competency Framework and Approach (LCFA)<sup>9</sup> Level 2 competencies while 49 per cent demonstrated Level 1 competencies. Ten per cent of the children demonstrated Level 3 while only 1 per cent demonstrated Level 4 competencies. Overall, there is an increased proportion of children who demonstrated learning competencies at Levels 2 and 3 compared with the baseline results from December 2018. The data comparing the LCFA levels in 2019 and 2020 shows that learning activities have led to observable changes since the ASER has been introduced.

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<sup>3</sup> [Joint Multi-Sectoral Needs Assessment: Rohingya Refugees](#).

<sup>4</sup> ISCG, Joint Response Plan 2020.

<sup>5</sup> This includes learning centres, community-based learning facilities and Cross-sectoral shared facilities

<sup>6</sup> [Joint Multi-Sectoral Needs Assessment: Rohingya Refugees](#).

<sup>7</sup> [Joint Multi-Sectoral Needs Assessment: Rohingya Refugees](#).

<sup>8</sup> UNICEF. [Education Needs Assessment: Rohingya Refugee Response](#). March 2019.

<sup>9</sup> The LCFA is structured from levels 1 to 5 (with Level 5 currently under development), and is an accelerated learning programme that allows learners to achieve competencies equivalent to grades one to ten in formal education core curriculum areas - English, Burmese, mathematics, science and life skills.

The primary net enrolment rate<sup>10</sup> in the host community in Cox's Bazar District was 79 per cent in 2016, which is 21 percentage points below the national average of 98 per cent. Forty per cent of boys and 22 per cent of girls in primary school in the district dropout before completing Grade 5, which is 17 percentage points higher than the national average. Learning outcomes in Cox's Bazar are among the worst nationally. The latest national student assessment<sup>11</sup> results from 2017 for Grades 3 and 5 covering Bangla and math show that the performance of students in Cox's Bazar is among the lowest compared to students in other districts nationally. The combined mean score for Cox's Bazar is 233 points which is the lowest in Chittagong Division (267 points) and far below the national average of 274 points.

According to the Child Protection Sub Sector (CPSS) Child Protection Information Management System (CPIMS+), over 23,000 Rohingya children experienced one or more forms of violence or exploitation in 2019 including physical violence, trafficking, neglect, child labour and exposure to harmful cultural social norms and practices such as early marriage. Five per cent of girls in the camps are exposed to child marriage, meaning up to 21,000 girls have been affected<sup>12</sup>. The 4,982 (2,837 girls and 2,145 boys)<sup>13</sup> identified separated and unaccompanied boys and girls require continued family-based support. Children with disabilities in the camps<sup>14</sup> are often isolated, reducing their social network, inclusion and access to resources.

A joint UNICEF and Government of Bangladesh assessment on basic services<sup>15</sup> in 2017 reported that 35 per cent of respondents in the host community believe marriage below 18 is acceptable, slightly higher than the national average (31 per cent). The prevalence of child marriage in Bangladeshi communities, especially of girls, remains high at five per cent – roughly the same rate as in the camps. The child labour prevalence, meanwhile, is reported at 9 per cent in the district, affecting 12 per cent of children in Maheshkhali and 11 per cent in Cox's Bazar Sadar. Close to a third (29 per cent) of parents in Cox's Bazar use some type of negative action to correct their children, including corporal and emotional punishment.

After a notable decrease of under-five children malnutrition rates in the Rohingya camps from 2017 to 2018, the situation has stabilized in 2019. The level of severe acute malnutrition (SAM) in the camps decreased slightly (from 1.1 per cent in 2018 to 0.9 per cent in 2019) as a result of better treatment of moderate acute malnutrition, along with an improvement in the coverage of SAM treatment (from 28 per cent in 2018 to 78 per cent in 2019 as per the Nutrition Sector Semi-Quantitative Evaluation of Access and Coverage assessment) and a change in the discharge criteria that allows a child with SAM to stay much longer in treatment for better outcomes. UNICEF administrative data from 2018 to 2020 shows a significant difference in the number of girls (55 per cent) admitted compared to boys (45 per cent) despite relatively similar levels of screening, indicating a potential difference in malnutrition rates among girls and boys.

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<sup>10</sup> Annual Primary School Census 2016, Ministry of Primary and Mass Education, Directorate of Primary Education

<sup>11</sup> The National Student Assessment 2017, Grades 3 and 5, Ministry of Primary and Mass Education, Government of People's Republic of Bangladesh, September 018

<sup>12</sup> Child Protection Risks and Needs in Cox's Bazar Secondary Data Review

<sup>13</sup> Data from CPIMS+, December 2019

<sup>14</sup> While there is no definitive source on the number of children with disabilities in the camps, UNHCR estimates that four per cent of refugees have a disability.

<sup>15</sup> An Assessment on the Coverage of Basic Social Services in Cox's Bazar District-2017

The continually high levels of malnutrition<sup>16</sup> (especially GAM, stunting and micronutrient deficiencies) are due in part to an insufficient use of services by beneficiaries in camps, despite improvement in their quality and coverage. Only 59.3 per cent of children under 5 had received vitamin A supplementation in the 6 months prior to the October 2019 SMART survey, while 60.9 per cent of pregnant women and 15.3 per cent of adolescent girls received Iron and Folic Acid (IFA) tablets according to guidelines. Underlying causes of malnutrition also include poor nutrition practices, especially insufficient dietary diversity among infant and young children. According to SMART survey Round 2 conducted in 2018<sup>17</sup>, only 50 per cent children under 6 months in the camps were exclusively breastfed. Fifty-five per cent of infants were not introduced to breastfeeding at birth.

Malnutrition remains a public health problem in Bangladeshi households in Cox's Bazar. The district is among the worst performing in terms of nutrition, with stunting and wasting affecting respectively 34.6 per cent and 9.8 per cent of children under 5 between in 2019, equal to the national average for wasting and above national prevalence in the case of stunting (28 per cent)<sup>18</sup>. While wasting occurs as a result of acute factors and can be treated if the right interventions are implemented in a timely manner, the causes of stunting are profound, more structural and difficult to avert. Micronutrient deficiencies are also prevalent. These factors include an insufficient access to and use of nutrition services by vulnerable populations and low levels of integration of nutrition and health services, as well as poor feeding and hygiene practices resulting in macro- and micronutrient deficiencies (especially undernutrition).

Food insecurity is a major cause of malnutrition. Socioeconomically vulnerable populations face difficulties accessing food in the quantity and quality required to meet their dietary energy and nutrient needs, with families forced to adopt negative coping strategies such as meal skipping and a reduction of meal quantities. The Refugee Emergency Vulnerable Assessment (REVA) carried out in 2018 revealed that 69 per cent of refugees were highly vulnerable to food insecurity against 11 per cent in local communities, and 19 per cent of refugees and 28 per cent of local community households were vulnerable to food insecurity<sup>19</sup>. In Bangladeshi communities and in camps, dietary diversity is still low (with low consumption of nutritious foods such as fresh vegetables and animal-source foods), negatively impacting the nutritional status of vulnerable populations, especially pregnant, lactating women and young children.

All Rohingya refugees report collecting their drinking water from an improved water source – 71 per cent from hand pumps and 27 per cent from a piped water network (the remainder from protected dug wells and water tanks)<sup>20</sup>. In the eight camps under UNICEF's area of WASH responsibility<sup>21</sup>, 45 per cent of the 240,000 refugees are accessing piped networks. The 2018 WASH Sector Water Master Plan aims to provide all refugees in the camps in Ukhia Upazilla<sup>22</sup> with safe water from piped networks, including the two camps included under this evaluation (noting that water scarcity in Teknaf means that alternative water sources are required). The completion of these networks will reduce the reliance on the 16,500

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<sup>16</sup> SMART Survey, Round 4, October 2019

<sup>17</sup> Note: This data was not collected in more recent survey rounds.

<sup>18</sup> District-level data from the 2019 Multi-Indicator Cluster Survey (MICS).

<sup>19</sup> [Refugee influx Emergency Vulnerability Assessment – REVA 2018. Published in May 2019.](#)

<sup>20</sup> WASH Household Monsoon Season Follow-up Assessment REACH October 2019

<sup>21</sup> Camps 6, 7, 8E, 8W, 14, 15, 16 and 22. The remainder of the camps are split between IOM and UNHCR responsibility.

<sup>22</sup> Of the camps under UNICEF's WASH area of responsibility, seven are in Ukhia Upazilla: Camps 6, 7, 8E, 8W, 14, 15, 16.

hand pumps in the camps, 87 per cent of which are currently functional and half<sup>23</sup> of which are showing signs of contamination.

There are 14,849 latrines in UNICEF's area of WASH responsibility<sup>24</sup>, approaching the SPHERE and WASH Sector standard of 20 people per latrine. Despite this adequate coverage, there are major challenges in quality and functionality. Seventy-eight per cent of latrines across all camps are considered functional<sup>25</sup>. This figure drops to 57 per cent when measured against the WASH Sector standard Unified Design, including construction quality, maintenance and periodic desludging<sup>26</sup>. Almost half of girls and 40 per cent of women reported feeling unsafe using latrine facilities. Women and girls are adopting coping mechanisms and using improvised bathing areas within their living shelters. Many women and girls of reproductive age avoid using latrines at night and face difficulties managing their menstruation due to the absence of privacy.<sup>27</sup>

The adoption of appropriate hygiene practices remained low as of 2019. Only a third of households report washing their hands after handling children's faeces and 26 per cent of households reported the presence of human faeces in their vicinity<sup>28</sup>. This is likely due in part to the lack of safe disposal of faeces of children under 5 years old, who are also reported as practicing open defecation regularly (46 per cent). Sixty-seven per cent of households reported having soap<sup>29</sup>.

Cox's Bazar District has some of the worst water and sanitation indicators in the country according to the 2019 WASH Mapping undertaken by the Department of Public Health Engineering (DPHE) with support from UNICEF and the International Centre for Diarrhoeal Disease Research, Bangladesh. The sector lacks adequate national budget allocations while the district is regularly affected by cyclones and floods. Seventy-six per cent of households have a basic water supply but only 18 per cent have access to safely managed water<sup>30</sup>. Twenty-nine per cent of households use safely managed latrines and 47 per cent of households have handwashing facilities in their premises, where only 33 per cent of households practice handwashing and 28 per cent households dispose of faeces from children under 5 properly. Women also reported difficulties accessing MHM materials and 39 per cent of women are able to take up proper menstrual hygiene practices<sup>31</sup>.

The first case of COVID-19 in the camps was confirmed in the camps in May and by now 64 cases have been confirmed as of 24 July. The level of testing in the camps is very low at 1,722 per million. At the same time, there is no evidence of mass transmission, clustered cases or excess mortality so far. However, it is unlikely that transmission has hit its peak. The host communities of Cox's Bazar District

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<sup>23</sup> Water Quality Surveillance Round 13 Update – WHO/UNICEF/DPHE December 2019

<sup>24</sup> WASH Sanitation Infrastructure Sweep - REACH Dec 2019

<sup>25</sup> Against the criteria of having four walls, a roof, a functional door and not being full

<sup>26</sup> WASH Infrastructure Quality Monitoring – REACH July – Sept 2019

<sup>27</sup> WASH Sector Strategy for Rohingya Influx- March-December 2018.

<sup>28</sup> REACH WASH Household Assessment and ISCG MSNA, (October 2019).

<sup>29</sup> ISCG MSNA, (October 2019).

<sup>30</sup> According to Sustainable Development Goal 6: “**Safely managed drinking water**” is defined as water located on premises, available when needed, and free from fecal and priority chemical contamination; and “**Safely managed sanitation**” is defined as the use of an improved sanitation facility which is not shared with other households and where excreta is safely disposed in situ, or excreta is transported and treated off-site.

<sup>31</sup> [Joint Multi-Sectoral Needs Assessment: Rohingya Refugees.](#)

has been more affected, with 3,143 confirmed cases since the first case in March 2020. The direct and indirect socioeconomic impacts of COVID-19 in the district are worsening tensions with the host communities. On 24 March, the Refugee Relief and Repatriation Commissioner (RRRC) circulated a letter restricting operations in, and travel to, the Rohingya refugee camps to essential services only. Access was restricted further on 8 April with the shift to critical services only. All LCs in the camps and schools in the host communities are closed, with 60 per cent of children in host communities and 77 per cent of children in the camps believed to be accessing alternative learning modalities during the pandemic. Child Protection services have pivoted to one-on-one, community-based and remote provision of psychosocial support, case management and engagement. Meanwhile, access to nutrition services decreased by half in April and May, but by July had returned to pre-pandemic levels, due to supplementary measures put in place by UNICEF and other actors. Finally, WASH services have been expanded to ensure a safe and clean environment and allow for increased handwashing.

### Programmatic Design and Response

Due to the context and conditions in Cox's Bazar outlined above, the European Union funded a programme specifically designed to build the resilience among Rohingya refugees in Camps 7 and 15 and across the host communities of Pekua and Teknaf in Cox's Bazar. In these areas, UNICEF is working to support children under 5, school-aged children, adolescents and mothers along with the community more broadly. Particularly vulnerable households, including women-headed households, are among the targeted groups. Across activities, both frontline workers and beneficiaries are expected to be at least half female, with some components, including nutrition and livelihoods, focusing specifically on adolescent girls, pregnant and lactating women and female-headed households.

This programme is referred to in this document as 'DEVCO'. This first phase is a three-year programme which began implementation in January 2019. Its overall objective to **contribute to strengthening the resilience<sup>32</sup> of Rohingya refugees and their host communities in an integrated manner in Cox's Bazar District**. This action is designed to provide vulnerable populations with a package of multisectoral interventions that allow them to prevent, respond and adapt to shocks over the long-term. This means bringing together several complementary technical areas within UNICEF across three entry points: household, community and facility levels. Examples include a multisectoral life skills curriculum for adolescents and common messaging to be used in household visits across the programme. The full (retrospectively built) Theory of Change (TOC) for the programme is found on the following page in Figure 1.

It is implemented with a wide range of government and NGO partners including:

#### Key Government Stakeholders:

- Ministry of Health (Institute Of Public Health and Civil Surgeon's Office, Cox's Bazar)
- Ministry of Agriculture (Department of Agricultural Extension)
- Ministry of Women and Children Affairs
- Department of Public Health Engineering
- District Primary Education Office
- District Non-Formal Education Bureau

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<sup>32</sup> See UNICEF Guidance on Risk-Informed Programming for more information on how UNICEF aims to strengthen resilience.

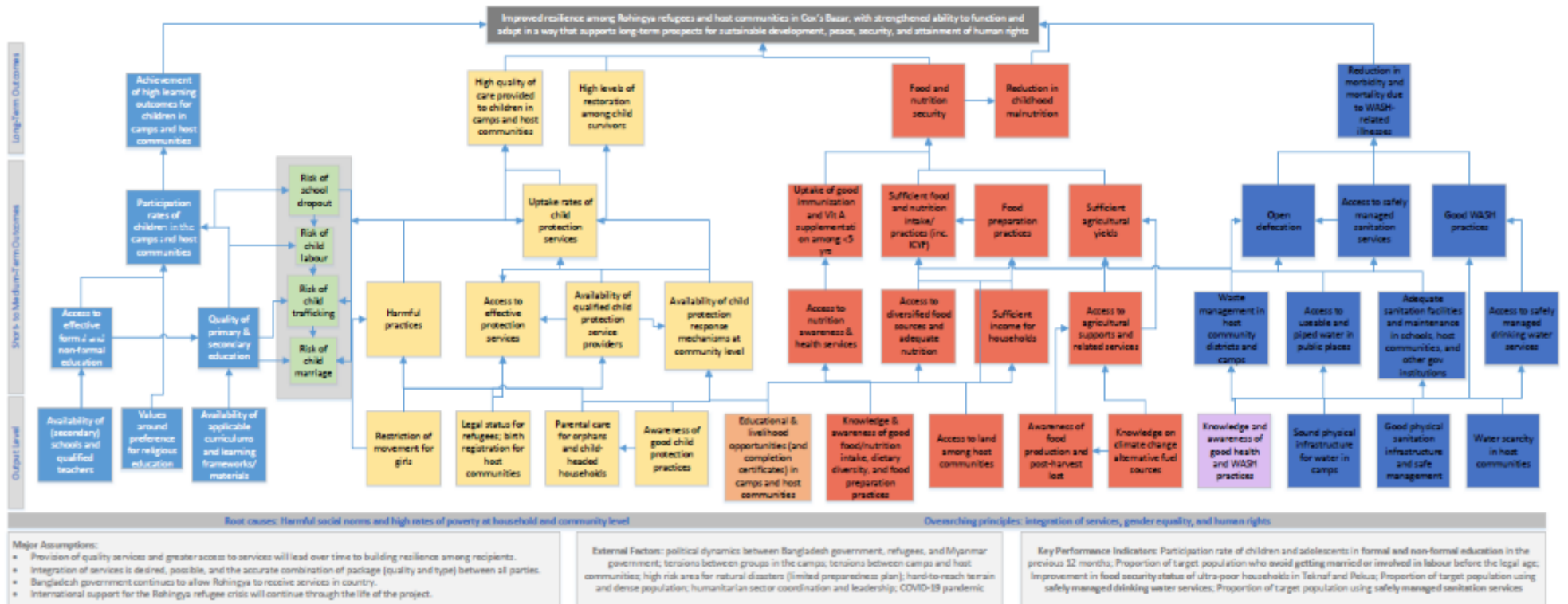
- District Education Office
- Department of Social Services
- Ministry of Women and Child Affairs (MoWCA)
- Office of the Deputy Commissioner, Cox's Bazar
- District Information Office (DIO), Cox's Bazar
- Upazilla Administration, Teknaf and Pekua

Relevant Sectors (Education, Protection, Nutrition and WASH) and Implementing Partners:

- Education:
  - Dhaka Ahsania Mission (DAM)
  - Save the Children
  - Bangladesh Rural Advancement Committee (BRAC)
- Child Protection:
  - Aparajeo Bangladesh
  - BRAC
  - Community Development Centre (CODEC)
  - World Vision
- Nutrition:
  - Concern World Wide
  - Society for Health Extension and Development (SHED)
- WASH:
  - BRAC
  - Dushthya Shashthya Kendra (DSK)
  - NGO Forum
  - Village Education Resource Center (VERC)
  - World Vision
- C4D:
  - Alliance for Cooperation and Legal Aid Bangladesh (ACLAB)

As part of the implementation arrangements, the project is overseen by a Programme Implementation Committee (PIC) chaired by the Deputy Commissioner and co-chaired by the EU. A Programme Monitoring Committee (PMC) composed of UNICEF technical sections and their respective partners from the government and NGOs meet four times a year to discuss technical issues and provide recommendations to the PIC for endorsement.

Figure 1: (Retrospective) Theory of Change for DEVCO ('Building Rohingya refugee and host community resilience in Cox's Bazar') Programme



There are three main results under the overall objective, to be implemented in an integrated model. These results and their respective activities are listed below. The full logframe is included in Annex A.

- **Result 1: Improved access to education services and learning opportunities in a protective environment for Rohingya refugees and host communities**
  - Build the capacity of 400 teachers in pedagogical skills, psychosocial skills, Disaster Risk Reduction (DRR), including teaching and learning strategies that are tailored to the varying needs of refugee children;
  - Support the professional development of school leadership to address quality school management, supervision of teachers and protection of children for Rohingya communities;
  - Recruit and remunerate 400 teachers for Rohingya communities;
  - Develop student assessment tools and processes within the LCFA.
  - Strengthen the child protection system to protect and respond to the children of Rohingya refugee and host community at-risk of or vulnerable to violence, exploitation and abuse
  - Sensitize refugees and host community with behavioural lifesaving messages through community engagement and participation on Education.
- **Results 2: Enhanced food and nutrition security for Rohingya refugees and host communities**
  - Enhance coverage and quality of nutrition services in camps and host communities
  - Ensure sustainable food availability and improved dietary consumption at household level in host communities and camps
  - Improve safety nets and livelihoods for vulnerable groups in host communities
  - Strengthen multisectoral coordination at district and upazilla level for better integration between nutrition-specific and nutrition-sensitive interventions
  - Promote environment-friendly practices and technologies
  - Sensitize refugees and host community with behavioural lifesaving messages through community engagement and participation on Nutrition.
- **Result 3: Improved access to water and overall hygiene and sanitation conditions for Rohingya refugees and host communities**
  - Improve access to safe water through piped networks.
  - Ensured sustained access to safe sanitation including faecal sludge management (FSM).
  - Provide critical WASH hygiene supplies.
  - Ensure Hygiene promotion for behavioural changes at camps and host communities.
  - Implement CLTS/CATS in host communities for ensuring open defecation free (ODF) environment.
  - Provide WASH in institutions support in host communities.

## **2. Evaluation Purpose, Objectives and Scope**

### Purpose

The overall purpose of this mid-term evaluation is to assess the progress of activities and results to-date of the “Building Rohingya refugee and host community resilience in Cox’s Bazar” programme, considering the Theory of Change and logframe.

This evaluation, along with focusing progress analysis, will identify early learnings, lessons learned, challenges and accordingly will provide realistic recommendations for the betterment of the implementation and for further revisions if required to ensure and optimize the impacts among children, adolescent girls, women and vulnerable people at Rohingya camps and host community in Cox's Bazar district. In addition, this evaluation will significantly extract discrepancies between expected results of the activities and actual achievements within the programme, including presenting the main causes behind any identified discrepancies/under achievements and will propose solutions for a way forward to minimize the gaps. In particular, the evaluation will assess the impact of COVID-19 on the programme context and results achievement and identify learnings from the current adaptations as well as recommend further ones for future activities.

Moreover, the evaluation will provide directions to both UNICEF, EU, and Implementing Partners including Government and CSOs who are the primary audience of the evaluation, on the further actions and required reprogramming within the programme results areas of Education, Child Protection, Nutrition and WASH for refugees and people of the host communities in Cox's Bazar district. Refugees and host communities are the secondary audience of the evaluation findings as the further actions resulting these findings will benefit them overall.

### Objectives

The specific objectives of the midterm evaluation are as follows:

1. Assess the relevance, coherence, and coverage of this programme to the country's priorities and context, considering a gender-responsive and a human rights lens, as well as the COVID-19 pandemic and recent natural disasters
2. Assess the quality and fidelity of implementation of the programme's activities, including their internal integration as well as coordination with other agencies
3. Assess the effectiveness and efficiency of the programme as well as progress towards impact on both the Rohingya refugees and the host communities, considering differences in gender, age, and ability, and the effects of COVID-19 pandemic and natural disasters
4. Identify the programme's current strengths, weaknesses, threats, and opportunities of the integrated model of intervention, identifying indications of connectedness, sustainability, and systemic change for both Rohingya and host communities
5. Draw lessons learned and recommendations for further improvement of the programme immediately and in future phases, as well as for similar contexts in resilience building of refugee populations

### Scope

The total value of the phase I programme is EURO 18 million, and in accordance with the proposal and agreement with the EU, is subject to a mid-term evaluation. This evaluation is to be conducted during the period of September 2020-January 2021. While there has already been deemed a phase II extension (through 2024) and those activities will overlap, this evaluation will only cover phase I activities to date, from its commencement in 2019 to mid-2020, including fund utilization, expected outputs, results, and outcomes. The programme includes activities across all four areas of Child Protection, Education, WASH, and nutrition, all to be implemented in an integrated way, and therefore the evaluation will cover these

four areas equally, with no greater thematic emphasis on one over the others. An endline evaluation will occur in 2024. The phase I programme covers two upazillas of Cox's Bazar District (Pekua and Teknaf) and two camps for refugees (camp 7 and 15), which is the geographic scope of this mid-term evaluation.

### **3. Evaluation Questions**

The evaluation will be informed by the OECD-DAC criteria of relevance, effectiveness, efficiency, and less so, impact and sustainability, due to the project implementation status (midline). In addition, gender and human rights will also be addressed, and given the humanitarian context, the evaluation will assess coherence, coverage, and connectedness of the programme. The evaluation will seek to answer, but not limited to, the following questions corresponding to the criteria. See the evaluability assessment matrix in Annex B on how each question relates to the criteria and the specific objectives of the evaluation. The bidding team can suggest changes to the evaluability scoring and evaluation questions, as long as the original question is captured and reasoning behind changes is included. The contracted evaluation team will finalize the matrix during the inception phase with a goal to explore other aspects if any, given any contextual circumstances.

#### Relevance

- Were the planned activities informed by need assessments or analyses (including a gender analysis) as well as logical, relevant and strategically optimal for the various stakeholders' needs (including Rohingya and host community population sub-groups – marginalized and in hard-to-reach areas)? Has the programme meaningfully involved relevant stakeholders during the preparation phase through consultations or information sharing (specifically the target populations and women and girls)?
- Have the programme's results remained valid and relevant regarding beneficiary needs and government/partner priorities (pre- and post-COVID-19 and natural disasters)? How well has the programme adapted to the COVID-19 situation and cyclones, including help to reduce the impact of these on beneficiaries and shifts to climate-resilient services?

#### Coherence & Coverage

- Do the main programme activities/components contribute to the main objectives of the programme and logically interlink and align with the Theory of Change and logframe?
- Is the programme in line with the current objective of Joint Response Plan (JRP)? How is the programme aligned with JRP and other national plans (such as NSSS, NPAN2, etc.) and sub-national plans like District Implementation Plan, Five Year Plan, UN Planning and Results Framework (UNDAF, CPD) at country level? How consistent is the programme with UNICEF's revised Core Commitments for Children in Humanitarian Action (CCCs)? What changes are recommended for the programme to be in alignment with these national and international initiatives and frameworks?
- What is the reach of the key achievements (including sub-outcomes)? Consider differences among vulnerable groups, locations, and varying demographics (gender, age, ethnicity, ability, etc.).

### Efficiency

- Was there clear distribution of roles and responsibilities of key actors involved, including programme governance mechanisms, staff, implementing partners toward the achievement of objectives?
- Have the resources been requested, allocated, and utilized adequately to implement the planned activities? To what extent have UNICEF and Implementing Partners made good use of the human, financial and technical resources, and have made appropriate use of tools (programme and financial management) and approaches to pursue the achievement of programme results in a cost-effective way?

### Effectiveness

- How effectively have the results been achieved, and to what level of quality (analysed by expected results and outputs)? Were there any obstacles/bottlenecks/issues on the UNICEF/Government/Programme partner side that limited the successful implementation and results achievement of the programme? What are the government stakeholder's and beneficiaries' views on services provided? What are their views on improving services (if need to improve)? Is the programme implemented in a way to regularly collect these views and adapt the programme to meet them?
- Was the integration of interventions effectively done? How has the integrated nature of the model impacted fidelity, quality, and effectiveness of implementation and realization of current results? Consider differences among vulnerable groups and varying demographics (gender, age, ethnicity, ability, etc.).
- Are the implementation strategies for education, child protection, nutrition, livelihoods, health, and water, sanitation, and hygiene (WASH) appropriate, on track, and effective to achieve the planned objectives and impact? What, if any, alternative strategies would have been more effective in achieving its objectives? What are findings and lessons from this programme that should influence ongoing and future interventions for UNICEF and its partners, regarding effectively building resilience among refugee populations and surrounding host communities (in Cox's Bazar and in other similar contexts)? What lessons from the programme management, institutional and implementation arrangements could be retained for the future interventions? How could the identified positive or negative external factors be mitigated or exploited further for the next programme phase?

### Gender and Human Rights

- How well has the programme integrated gender and a human rights lens into the design and implementation? What has been the current effects of that integration?
- Have current achievements or progress been equitably achieved (according to geographical area/camp, vulnerability, gender, ability status, age, time entry into the camps, refugees vs. host communities, etc.)?

### Connectedness, Impact and Sustainability

- Is the programme likely to contribute long term to refugee and host community resilience for vulnerable families and children in the areas of education, child protection, nutrition, livelihoods,

health, and WASH? What evidence shows indications towards achievement of other sub-outcome or long-term impacts? Consider direct and indirect contributions and positive and negative intended and unintended outcomes.

- Is the programme (UNICEF and Implementing Partners) linked well and in line with broader development efforts to address systemic changes required not only to lessen the need for humanitarian aid in Cox’s Bazar District, but also to complement and strengthen existing local development efforts?
- Are there any external factors (including institutional obstacles) to the programme that have affected successful implementation and results achievement, and prospect for policy impact and replication? How has COVID-19 impacted progress towards achieving desired results and what are the recommendations for interventions in the midst of and post-COVID restrictions?
- To what degree, if any, are there indications of sustainability, systemic change, or more resilience among the refugee and host communities in the areas of education, child protection, nutrition, livelihoods, health, and WASH?
- What are the possible sustainability mechanisms (financial and programmatic) for each of the programme result areas/ components (including maintaining the quality of service provision)? Given the goal of replication for this integrated model of programming, have any programmatic approaches or results emerged that indicate promising signs for replication and scale up by national partners or other actors? Analyse and comment on any emerging vision, strategy and measures proposed (and being implemented) for the planned next phase of programming.

#### 4. Evaluation Methodology

A mixed method approach will be followed for this evaluation by combining qualitative and quantitative components. The evaluation team will conduct a desk review of programme documents (proposal, logframe – Annex A, baseline evaluation report, monitoring data and tools, workplans, progress and financial reports, joint monitoring visits reports, workshop reports, meeting minutes, financial statements, etc.) and country context-specific documents (such as Joint Response Plan, Rolling work plan, district implementation plan). This data will be verified with key informant interviews, community-level focus group discussions and field visits. The survey will assess results (outputs), while coverage of services will be assessed through review of partner and sector data (taking into consideration that similar interventions are funded through other agencies). The analysis and synthesis of findings will also be built on triangulating the information from different stakeholders (implementing partners, government, and programme staff and beneficiaries).

##### **Available monitoring data:**

- Data and tools that feed the logframe (*note availability date for some sources*)
- Monitoring data for Rohingya refugees, collected in Ona forms
- Sector data, including 5Ws/sector databases
- Joint field visit reports and actions
- Administrative data for host

The evaluation team is expected to propose a robust methodology, including sampling plan for each, tools that will enable collection of relevant information for conclusive learnings and recommendations while upholding COVID-19-related safety precautions, and analysis methods for both the quantitative and qualitative collections. To guide the sampling plans development, UNICEF will provide the winning team

the following: 1) A partial list of beneficiaries, corresponding to specific services that have discrete beneficiaries (i.e. not the whole target population, which is the case for WASH services); 2) A list of phone numbers for frontline workers, with the exception of Rohingya volunteer teachers; and 3) A list of implementing partners (location-wise), including how they map to the two camp's service provision numbers in the logframe. Also, in general, service provision is divided by sector and one implementing partner is responsible for one service sector. The two camps are divided in blocks and sub-blocks. To further guide the evaluation team's planning, see Table 1.

**Table 1: Demographic breakdown in the areas of intervention**

Area	Total Population	Children under 5	Children under 6 months	Children 6-59 months	School-aged Children <sup>33</sup>	Pregnant women	Lactating women	SAM caseload
Camp 7	39,577	7,639	764	6,875	13,267	1,476	673	990
Camp 15	49,468	9,084	908	8,176	16,782	1,781	841	1,177
Pekua	216,485	36,431	2,324	34,107	76,428	6,666	10,307	1,064
Teknaf	274,003	52,885	5,289	47,597	51,819	11,858	21,680	1,485

The evaluation process should be participatory, engaging local government officials, implementing and donor partners, programme concerns, key stakeholders and a wide cross-section of staff and beneficiaries, incorporating gender equity. The opinion of partners, donors and key stakeholders will be required and analyzed. This includes the following, with special consideration for members of the Programme Management and Programme Implementation Committees:

- Local Government, Upazila Nirbahi Officers (UNOs)
- Strategic partners (Strategic Advisory Group members) and donors
- All international and national NGO Partners and other UN agencies

The primary data collection will be conducted remotely and with some safely-managed in-person interactions through key informant interviews, in-depth interviews and smaller focus group discussions, and a survey. Voices of vulnerable participants must be included in this evaluation, specifically: adolescent girls, persons with disabilities, and Rohingya refugees (both children and adults). These groups will be asked about relevance and appropriateness of the programme, views on the services provided, effectiveness and quality of the activities, any contributions toward building longer term resilience (connectedness), and COVID-19 impacts and recommendations for future work. Additional methods may include participant observation and field visits, depending on ability, given the current context. See Table 2 below for more details on the recommended participants by method. Further safeguarding measures can be proposed to ensure ethical and safe data collection for both the evaluation participants and data collectors. The data collection could include the organization of tele-meetings and consultations, establishing a process for verification of findings with key stakeholders and presentation of preliminary findings and recommendations. To collect data in the camps, UNICEF will work with local authorities to secure the necessary access. In the host community, the evaluation will be approved through the Deputy Commissioner's Office. The evaluability matrix found in Annex B maps the evaluation objectives to questions to methods and data sources. The bidding team is expected to

<sup>33</sup> For camps, this includes children 6-18 as per UNHCR data. For host communities, this is data for children 5-14 as per Health Sector projections.

include more information to demonstrate understanding of and strong capacity for the evaluation execution.

**Table 2: Participants by Methods**

<b>IDIs/FGDs</b>	<ul style="list-style-type: none"> <li>• Beneficiaries in the camps and host communities, with a special focus on the most vulnerable (including adolescent girls and persons with disabilities)</li> <li>• Frontline service providers (teachers, social workers, agricultural extension officers, community nutrition volunteers, information service providers, WASH technicians, hygiene promoters, social mobilizers)</li> <li>• Implementing NGO partners (camps and host communities) and relevant Sector Leads</li> </ul>
<b>KIIs</b>	<ul style="list-style-type: none"> <li>• EU counterparts</li> <li>• Local government officials from the district and upazilla administrations</li> <li>• Camp authorities including Camps-in-Charge and Mahjis</li> <li>• Strategic partners (SAG members) and donors</li> <li>• Relevant UN agencies (FAO, UNHCR, IOM at minimum)</li> <li>• Government line department counterparts</li> <li>• Key UNICEF staff at Dhaka and Cox’s Bazar levels</li> <li>• Implementing NGO partners (camps and host communities)</li> </ul>
<b>Survey</b>	<ul style="list-style-type: none"> <li>• Beneficiaries in the camps and host communities, with a special focus on pregnant and lactating women and adolescent girls. The project is targeting 288,000 beneficiaries, 50 per cent each from the camp and host populations. Wherever possible, beneficiaries will be surveyed in person by the survey team or through UNICEF implementing partner staff and volunteers on the ground. It will not be possible to remotely survey Rohingya refugees.</li> <li>• Frontline service providers (Teachers, social workers, agricultural extension officers, community nutrition volunteers, information service providers, WASH technicians, hygiene promoters, social mobilizers). Frontline service providers can be contacted remotely by phone.</li> </ul>
<b>Participant observation</b>	<ul style="list-style-type: none"> <li>• Information and Feedback Centres (information service providers and beneficiaries seeking information)</li> <li>• Adolescents and youth at multipurpose centres</li> <li>• Community nutrition volunteers and agricultural extension workers undertaking outreach at household level</li> </ul>
<b>Field visit (including Camps 7 and 15, Pekua and Teknaf)</b>	<ul style="list-style-type: none"> <li>• Visit to key service points in camps:             <ul style="list-style-type: none"> <li>○ Learning and multipurpose centres</li> <li>○ Integrated nutrition facilities</li> <li>○ WASH infrastructure</li> </ul> </li> <li>• Visit to key service points in host communities:             <ul style="list-style-type: none"> <li>○ Multipurpose centres</li> <li>○ Community clinics</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Households benefitting from homestead gardening and nutrition education</li> <li>○ Beneficiaries of livelihoods strengthening initiatives (especially women and youth)</li> <li>○ WASH infrastructure</li> </ul>
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COVID-19 Considerations

The World Health Organization (WHO) declared the COVID-19 a pandemic on 11 March 2020 due to the speed of its spread globally and urged governments to take urgent measures to limit its spread. In response, the Government of Bangladesh has adopted various measures aimed at controlling the spread of the disease, with observing general holiday from 25 March to 30 May and educational institutions closing nationwide from 17 March. Nationwide general holiday and lockdown slowed down the overall activities and results of DEVCO programme along with other development programmes, particularly affecting the education sector due to nationwide school closure. The focus has shifted towards a COVID-19 lifesaving response. The situation remains fluid and while moving forward with planning, it is possible that the evaluation will not be executed as planned due to access issues with travel and meetings. The evaluation team should include mitigation strategies for the COVID-19-related restrictions and ethical considerations, incorporating alternative modalities for interaction with beneficiaries and stakeholders, but also be ready and equipped to maneuver as needed. Discussions with frontline service providers can be done remotely by phone, however, beneficiaries will need to be surveyed in-person. For the longer discussions with refugees, these will need to be done in small groups or as individual interviews. It may also be possible to speak to host community beneficiaries over the phone, though this may preference better-off beneficiaries. Most importantly, we want to uphold the “do no harm” principle throughout this evaluation. To this end, the evaluation team will be required to develop Standard Operating Procedures (SOPs) for fieldwork in COVID-19 conditions, which will need to be approved by UNICEF and the relevant government and local authorities.

Quality Assurance and Data Analysis

The agency is required to present a quality assurance plan around each methodology, including design, data collection, storage, entry, analysis, and synthesis. The agency will also propose a detailed Data Analysis Plan for the evaluation findings, presented host and refugee communities separately when applicable.

Limitations

The agency will need to take into consideration and/or provide workable solutions to any identified limitations including the following: COVID-19 conditions may limit the ability of the evaluation agency to interact or collect data equally and ethically from various stakeholders and beneficiaries.

**5. Norms and Standards Guiding the Evaluation**

This evaluation will be held to the highest standards employed by UNICEF for the conduct of evaluations and research. In all duties carried out under this assignment, it is expected that the winning evaluation team will uphold their obligation toward independence, impartiality, credibility, conflicts of interest, and accountability. This means the winning evaluation will abide by the following:

- [United Nations Evaluation Group \(UNEG\) Norms and Standards for Evaluation in the UN System, 2016](#)
- [Ethical Guidelines for UN Evaluations](#)
- [UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis](#)
- [UNICEF Procedures for Ethical Research Involving Children](#)

The final report is expected to meet the UNICEF-adapted UNEG Evaluation reports standards as well as benchmarks used in [UNICEF's Global Evaluation Reports Oversight System \(GEROS\)](#). The final deliverable's approval will be dependent on the sufficient adherence to these standards.

#### Ethical considerations

It is expected that the proposal will include a section on the expected ethical challenges and issues that the evaluation will need to overcome, as well as a description of ethical safeguards for participants. The institution/consultant will also be responsible for getting IRB ethical clearance. IRB ethical clearance is needed before quantitative and qualitative data collection, and the proposal should include a clause on how to deal with interviewing adolescent boys and girls in humanitarian settings as well as how to collect data effectively and safely in the time of COVID-19. The IRB approval letter will need to be attached in the annexure of the final report. The proposal will need to spell out how the [UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis](#) as well as the [UNICEF Procedures for Ethical Research Involving Children](#) will be followed/met, rather than only mentioning that the evaluation will abide by them. In the past, the research design and methodology for the baseline and midline were approved by the IRB.

#### Gender and Human Rights

Evaluation approach and data collection and analysis methods will be human rights based, including child rights based and gender sensitive. All data will be disaggregated by refugee/host community, sex, age, gender and ability level. The agency/institution/consultant is expected to abide by the [UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation](#), and the UN-SWAP Evaluation Performance Indicator.

### **6. Management and Reporting**

The study will be managed by the Research & Evaluation Specialist, SPEAR team in Dhaka. SPEAR Section will provide technical support while UNICEF Cox's Bazar Field Office will provide coordination support, such as engagement with sectors to identify areas of study, coordination with the implementing partners, and updates with field level/camp level to facilitate the evaluation implementation and dissemination of results. A designated focal point from the sectoral DEVCO focal points will be responsible for convening, coordinating and supporting the study.

A Reference Group comprised of key stakeholders from the government and other partners will be set up from the onset of the evaluation to provide quality assurance to the deliverables. The Reference Group will be consulted on each key milestone of the evaluation (i.e., inception report and draft report) and will give feedback on the deliverables of the evaluation. Evaluation results will also be presented and validated by the Reference Group. Chief of SPEAR will have the accountability of accepting each deliverable.

After the submission of the Inception Report, brief written reports should be submitted weekly by email to the Evaluation Manager by the end of each alternate Thursday.

## 7. Evaluation Schedule and Deliverables

### Schedule

A proposed timeframe for the evaluation is provided below. The entire assignment is expected to be completed within six months. This might be subject to change depending on the situation on ground at the time of the evaluation implementation (including disruption by severe weather events), recent pandemic situation and restriction and as per mutual agreement between the evaluation team and managers, however, the technical proposal should reflect this six-month overall implementation period. The bidding team should include a more detailed timeline in the proposal, including review and feedback periods.

**Table 3: Evaluation Schedule**

#### **INCEPTION PHASE:**

<b>Tasks</b>	<b>End Product</b>	<b>Time Frame</b>	<b>Tentative Deadline</b>
<b>Participation in Inception Meetings</b>	Inception meetings with UNICEF and government counterparts on assignment and expected results (including what is expected in the Inception Report)	1 week after signing contract	8 November 2020
<b>Preparation of an Inception Report</b>	Should include: <ul style="list-style-type: none"> <li>• A review of literature and reports and studies;</li> <li>• A methodology including: sampling, key analytical questions, list of data to be collected and their sources (data framework and data list), technical approach, methods of data analysis (and plans), possible data collection challenges and methods of overcoming data challenges, work plan detailing activities and timelines</li> <li>• Revised (final) evaluability assessment matrix</li> </ul>	1 month after signing contract	29 November 2020

#### **EVALUATION IMPLEMENTATION PERIOD:**

<b>Tasks</b>	<b>End Product</b>	<b>Time Frame</b>	<b>Tentative Deadline</b>
<b>Develop Tools for data collection</b>	Development of data collection tools and protocols, testing and revision of the tools, data collection training manuals and pretesting, as required.	1.75 months after signing contract	20 December 2020
<b>Ethical Clearance</b>	Necessary ethical clearance to be obtained prior to initiation of the data collection as well as Refugee Relief & Repatriation Commissioner	2.25 months after signing contract	3 January 2021

	permission to undertake data collection in the camps		
<b>Field teams and training</b>	Selection of teams. Training and orientation of interviewers and supervisors, including on child protection principles and on the prevention of sexual exploitation and abuse.	2 weeks	17 January 2020
<b>Data Collection Field work</b>	Data collection (survey, focus group discussion and key informant interviews) and supervision and submission of brief field work report outlining any changes in methodology and any challenges experienced	5 weeks (no data collection on Friday)	21 February 2021
<b>Data analysis, preliminary results report and first draft</b>	<ul style="list-style-type: none"> <li>• Ongoing data analysis, write up and interpretation of key results and findings.</li> <li>• Submission of preliminary report (including Exe Sum, revised TOC, and draft recommendations).</li> <li>• Prepare and present preliminary findings to UNICEF and other stakeholders and EU</li> <li>• Submit First Draft (adhering to the <a href="#">GEROS reporting standards</a>).</li> </ul>	1 month	21 March 2021
<b>Review of first draft and incorporation of comments</b>	<ul style="list-style-type: none"> <li>• Review of the first draft by UNICEF, including presentation to ERG</li> <li>• Conduct stakeholder consultation/validation workshop</li> <li>• Incorporation of comments and production of the second draft.</li> <li>• Development of related infographics.</li> </ul>	2 weeks	4 April 2021
<b>Review of 2<sup>nd</sup> draft</b>	<ul style="list-style-type: none"> <li>• Review of second draft by UNICEF</li> <li>• Incorporation of comments and production of the Final Report (fully aligned with GEROS reporting standards).</li> </ul>	2 weeks	18 April 2021

The inception report and draft evaluation report will be shared with the Evaluation Reference Group (ERG) for feedback. The draft evaluation report will also be presented to relevant stakeholders at a consultation/validation workshop for feedback. The UNICEF Regional Office will provide quality assurance across the entirety of the evaluation milestones. All draft and final reports submitted need to show a clear flow from objectives and purpose of the evaluation, evaluation questions, methods and tools used to collect and gather information, analytical approach, findings, conclusions and recommendations. The reports should aim for conciseness, readability, and visual appeal. Additionally, all data files, data completed tools must be submitted to UNICEF at the end of the evaluation.

UNICEF Bangladesh reserves the right to ensure the quality of products submitted by the external evaluation agency and will request revisions until the product meets the quality standards as expressed by the ERG.

#### Evaluation Dissemination Plan/Communication Plan

The final report will be followed by a participatory dissemination workshop, where the key stakeholders will take part in finalizing the recommendations of the report. This presentation will include maximum 10 slides in the key findings, followed by the initial recommendations that will be presented for discussion.

A reader-friendly evaluation brief that summarizes the key findings, conclusions and recommendations of the evaluation needs to be produced. The agency can choose the format, but it is expected that innovative formats will be used for enhanced readability. UNICEF withholds the right to alter this evaluation brief upon dissemination.

### **8. Payment Schedule**

Payment to the evaluation team will be as follows, unless stipulated differently by the bidding team and agreed by UNICEF:

- 20% of total fee upon approval of the inception report;
- 20% of total fee upon completion of all data collection and approval of field work report;
- 30% of total fee on submission and approval of first draft report;
- 30% of total fee on submission and approval of final report, brief, and final short presentation for official dissemination, and all raw data.

### **9. Qualifications or Specialized Knowledge/Experience for the Evaluation**

Given the complexity of the assignment, the reputable agency conducting this evaluation should have:

- No less than 10 years of experience in programme evaluation in complex refugee context, with an in-depth understanding of education, child protection, nutrition and WASH.
- No less than 10 years of experience in designing, planning, organizing, managing and conducting large scale and complex evaluations
- Demonstrated expertise in large-scale research design, methodologies, data validation and data quality assurance
- Technical expertise and experience in gender equality and human rights, including child rights programming, monitoring and evaluation.
- A technical team strong in quantitative and qualitative design, analysis, and synthesis, led by a social scientist / expert having at least 10 years of relevant working experience
- Previous experience with UN agencies, large NGOs and Government
- Field level data collection resource pool who have at least 5 years of experience
- Very strong communication and presentation skills of team members with government and community members
- Demonstrated experience of collecting data in the field on tablets using online platforms, telephonically, and other non-face-to-face modalities
- Ability to work/operate in Bangladesh legally (legal documentation must be submitted)
- Fluency in written and spoken English is required and Bangla is highly desirable

- Experience working in emergency setting, preferably previous working experience in Rohingya camps
- Demonstrable knowledge and understanding of relevant policies and action plans of the Government of Bangladesh is an asset

The agency should appoint an English-speaking team leader with at least 10 years of proven work experience in leading similar projects and evaluations that deal with sensitive and confidential information, especially those associated with vulnerable individuals. This team leader managing a diverse team in an emergency, high-stress setting. In addition, the project leader should:

- Be able to communicate about data collection and data analyses in clear and simple terms
- Able to write clear, brief, analytical reports;
- Boost a track record of undertaking such surveys with reputed organizations, governments, or similar.
- Submit details of projects undertaken and completed, name of the organizations with their contact numbers, year of undertaking and completion, coverage of survey work, etc.

## 10. Proposal Process and Scoring Method

Each proposal submitted will be scoring in a systematic way, in accordance to the criteria outlined in Table 4.

**Table 4: Proposal Scoring Criteria for Technical Proposals**

CATEGORY	POINTS
<b>OVERALL RESPONSE</b> * Understanding of, and responsiveness to, evaluation requirements; * Understanding of scope, objectives and completeness of response; * Overall concord between UNICEF requirements and the proposal.	<b>5</b>
<b>METHODOLOGY AND DETAILED TIMELINE</b> * Quality of the proposed approach and methodology, including a sound sampling strategy for each method; * Suitability of the approach: To what extent the methodology is designed in response to the needs of the TOR and considers innovative/flexible approaches for conducting the evaluation during COVID-19; * Quality of proposed implementation plan; * Risk assessment - recognition of the risks/peripheral problems and methods to prevent and manage risks/peripheral problems. * Timelines proposed must be detailed and realistic.	<b>(35)</b> 10 10 5 5 5
<b>ORGANISATIONAL CAPACITY and PROPOSED TEAM</b> * Professional expertise of the firm/company/organization, knowledge and experience with similar projects, contracts, clients and consulting assignments * Team leader: Relevant experience, qualifications, and position with firm; * Team members - Relevant experience, skills & competencies; * Organization of the team and roles & responsibilities; * Quality of example(s) of previous, similar work.	<b>(30)</b> 10 5 5 5 5
<b>TOTAL MARKS</b>	<b>70</b>

For this RFP, the **Technical Proposal** has a total score of 70 points. Bidders must score minimum of 49 points to be considered technically compliant and in order, for the Financial Proposals to be opened. Financial proposal has a total score of 30 points. The lowest acceptable bidding team will receive 30 points. All remaining offers will receive a proportional grading as per financial bid presented. This will yield a maximum score of 100. The final selection of the bidding team will be based on a quality and cost review by a multi-disciplinary team, in accordance with the criteria above.

## 11. Routing for Approval of the TOR

Routing for approvals	Name	Signature & Date
Prepared by Technical Supervisor of the assignment	Andee Cooper Parks, Research & Evaluation Specialist, UNICEF Bangladesh	<i>Andee C. Parks</i> 8 Sept 2020
Reviewed & endorsed for approval by Chief of SPEAR	Mekonnen Woldegorgis, Chief, SPEAR, UNICEF Bangladesh	
Procurement Review by Chief of S&P/Procurement Manager	Srikanth Srinivasan, Chief of Supply and Procurement, UNICEF Bangladesh	
Reviewed & endorsed for approval by Chief of Requesting Section/Field Office	Ezatullah Majeed, Chief Field Office, UNICEF Bangladesh, Cox's Bazar	
Approved by Deputy Representative or Representative for programme	Veera Mendonca, Deputy Representative, UNICEF Bangladesh	

## ANNEXES

**Annex A: Programme Logframe**

**Annex B: Evaluability Assessment Matrix**

Annex A: Logframe – Building Rohingya refugee and host community resilience in Cox’s Bazar – April 2019

	Results chain	Indicators	Baselines	Targets (by EOP unless otherwise noted)	Sources and means of verification
Overall objective: Impact	Contribute to strengthening the resilience of Rohingya refugees and their host communities in an integrated manner in Cox’s Bazar District	Participation rate of children and adolescents in formal and non-formal education in the previous 12 months, compared to district and the national average	HC: Primary: <sup>i</sup> 79.2 NER M: 79.1 NER F: 79.3 NER  HC: Secondary: <sup>ii</sup> 43.5 NER M: 40.1 NER F: 46.7 NER  Camp: <sup>iii</sup> 04 to 14 years: 88.2% NER M: 89.7% NER F: 89.2% NER  Adolescents in camps are not	HC: 2% increase at each level  Camp: 10% increase for children aged 4-14  Adolescents in camps not targeted in this action	HC: Education Management Information System (EMIS)  Camps: Sector data/UNHCR
		Proportion of target population using safely managed drinking water services, compared to the district and national average	Teknaf: 9% safely managed out of 81% functional water options. Pekua: 5% safely managed out of 86% functional water options. Camp: 79% <sup>iv</sup>	HC: 2% increase  Camp: 10% increase	HC: Rapid Assessment  Camp: Annual KABP Survey*
		Proportion of target population using safely managed sanitation services, compared to the district and national average	Teknaf HC – 18% safely managed out of 82% functional latrines. Pekua HC – 10% safely managed out of 86% functional latrines. Camp: 98.5% <sup>v</sup>	HC: 4% increase  Camp: 1% increase	HC: Rapid Assessment  Camp: Annual KABP Survey*
		Proportion of target population who avoid getting married or involved in labour before the legal age <sup>vi</sup>	HC <sup>vii</sup> : Early Marriage: 48.2% <sup>viii</sup> (F) Child Labour: 95%(M) <sup>ix</sup> Camp: Early marriage: 47.9% (F) Child Labour: 97.4%(M)	HC: Early Marriage-1% increase overall and child labour 1% increase of the current proportion  Camp: Early marriage-1% and child labour-1% increase overall	HC: Bangladesh Bureau of Statistics  Camp: Annual KABP Survey*
		Improvement in food security status of ultra-poor households in Teknaf and Pekua	HC: 12.5% <sup>x</sup>  Camp: NA	HC: 17.5%  Camp: NA	HC: REVA and SMART surveys <sup>^</sup> Camps: NA

	Results chain	Indicators	Baselines	Targets	Year 1	Year 2	Year 3	Sources and means of verification
Specific objective(s): Outcome(s)	Improved access to effective basic services for Rohingya refugees and host communities	% of target population with access to formal and non-formal education	HC: 29% <sup>xi</sup> Camp: 70% <sup>xii</sup>	Host: 34% (same for both male & female)  Camps: 80% (same for both male & female)	HC: 1% increase Camps: 4% increase	HC: 2% increase Camps: 4% increase	HC: 2% increase Camps: 2% increase	HC: EMIS Camp: Partner reports
		% of target population with access to protection services (psychosocial support, life skills and/or case management) <sup>xiii</sup>	HC: 6% Camps: 21%	HC: 21% (15% under this action) Camp: 82% (61% under this action)	HC: 5% increase Camps: 17% increase	HC: 6% increase Camps: 25% increase	HC: 4% increase Camps: 19% increase	HC: Bangladesh Bureau of Statistics District Profile 2015 Camp: Partner reports and UNHCR data
		% of target population with access to a piped water source within a 100m distance	Teknaf: 23% Pekua: 1% Camp: 20%	HC: 25% in Teknaf and 3% in Pekua Camp: 90%	HC: 1.25% increase Camps: 45% increase	HC: 0.75% increase Camps: 25% increase	<i>To be completed in Years 1 and 2</i>	HC: Rapid Assessment Camp: UNICEF-REACH Bi-annual WASH Coverage Survey#
		% of target population with access to safe, functional and improved sanitation facilities <sup>xiv</sup>	Teknaf: 30% safely managed out of 82% functional latrines. Pekua: 14% safely managed out of 86% functional latrines. Camps: 97.5% <sup>xv</sup>	HC: 34% in Teknaf and 18% in Pekua Camps: 100%	HC: 2.25% increase Camps: 1.5% increase	HC: 1.75% increase Camps: 1% increase	<i>To be completed in Years 1 and 2</i>	HC: Rapid Assessment Camps: UNICEF-REACH Bi-annual WASH Coverage Survey#, November 2018
		% of target population with enhanced knowledge on key lifesaving behaviors.	HC: 8% Camps: 74%	HC: 50% Camps: 90%	HC: 18% increase Camps: 7% increase	HC: 15% increase Camps: 5% increase	HC: 9% increase Camps: 4% increase	HC: KABP, IFC Data@, IP reports Camp: KABP, IFC Data@, IP reports
		% of caregivers in target population who have improved IYCF practices (based on Minimum Acceptable	HC: 14% Camps: 7.3%	HC: 17% Camps: 10.3%	HC: 1% increase Camps: 1% increase	HC: 1% increase Camps: 1% increase	HC: 1% increase Camps: 1% increase	HC: SMART Survey^ Camps: SMART Survey^

Outputs	<b>Result 1:</b> Improved access to education services and learning opportunities - pre-school, primary education and non- formal technical education – in a protective environment for Rohingya refugees and host communities.	Number of teachers and education officials trained by the Action (Act 1.2.1)	HC: 100 Camps: 388 <sup>xvii</sup>	HC: 300 teachers (200 under this action) and 100 officials Camps: 588 teachers (200 teacher under this action)	HC: 50 teachers and 25 officials Camps: 100 teachers	HC: 100 teachers and 50 officials Camps: 50 teachers	HC: 50 teachers and 25 officials Camps: 50 teachers	HC: DPEO Camps: Partner reports
		Number of learning centres rehabilitated, enhanced or constructed (Act 1.1.1)	HC: NA Camp: 194 <sup>xviii</sup>	HC: NA Camps: 294 learning centres (50 rehabilitated & 50 constructed under this action)	HC: NA Camps: 50 rehabilitated & 50 constructed	<i>To be completed in Year 1</i>	<i>To be completed in Year 1</i>	HC: NA Camp: Partner reports
		Number of children receiving improved quality of learning in learning centres and schools that receive teaching and learning materials (Act 1.1.2)	HC: 5,940 Camps: 20,768	HC: 11,000 (annual target) Camps: 24,768 (14,000 under this action) (annual target)	HC: 11,000 Camps: 14,000	HC: 11,000 Camps: 14,000	HC: 11,000 Camps: 14,000	HC: DPEO Camps: Partner reports
		Number of social workers and child protection actors recruited/ trained (Act 1.4.2)	HC: 2 Camps: 5 <sup>xix</sup>	HC: 22 (20 under this action) Camps: 45 (40 under this action)	HC: 15 Camps: 30	HC: 5 Camps: 10	<i>To be completed in Years 1 and 2</i>	HC: DSS Report**, IPs report Camps: DSS & Partner reports**
		Number of Multipurpose Centres (MPCs) and Adolescent Clubs (ACs) established or reinforced (Act. 1.4.1 & 1.5.1)	HC: 0 MPCs and 25 ACs Camps: 0 MPCs and 13 ACs <sup>xx</sup>	HC: 3 MPCs and 33 ACs (3 MPCs and 8 ACs under this action) Camps: 7 MPCs and 30 ACs (7 MPC and 17 ACs under this action)	HC: 3 MPCs and 8 ACs Camps: 7 MPCs 17 ACs	<i>To be completed in Year 1</i>	<i>To be completed in Year 1</i>	HC: DSS and Partner Reports** Camps: Partner reports
		Number of Community-Based Child Protection Committees established (Act-1.6.1)	HC: 12 Camps: 27 <sup>xxi</sup>	HC: 27 (15 under this action) Camps: 57 (30 under this action)	HC: 15 Camp: 30	<i>To be completed in Year 1</i>	<i>To be completed in Year 1</i>	HC: DSS Report** Camps: Partner reports
		Number of adolescents who received life and occupational skill training (Act 1.1.5)	HC: 1,000 Camps: NA	HC: 2,500 (1,500 under this action) Camps: NA	HC: 1,500	<i>To be completed in Year 1</i>	<i>To be completed in Year 1</i>	HC: Partner reports
		% of feedback received which is acted upon through Information and Feedback Centres (IFCs)	HC: 20% <sup>xxii</sup> Camps: 80%	HC: 80% (60% under this action) Camps: 85% (5% under this action)	HC: 20% increase Camps: 2% increase	HC: 20% increase Camps: 2% increase	HC: 20% increase Camps: 1% increase	HC and Camps: Logbooks and Registration Books IFCs; online dashboard

<b>Result 2:</b> Enhanced food and nutrition security for Rohingya refugees and host communities.	Number of health workers and community volunteers trained and retrained on Nutrition service (Act 2.1.2)	HC: 0 Camps: 0	HC: 500 Camps: 100	HC: 500 Camps: 100	<i>To be completed in Year 1</i>	<i>To be completed in Year 1</i>	HC and Camps: Partner reports
	Number of pregnant and lactating women reached with nutrition awareness through increasing use of health services in the camp and host community (Act 2.1.5)	HC: 4,824 Camps: 2,912	HC: 33,799 (28,975 under this action, annual target) Camps: 7,683 (4,771 under this action, annual target)	HC: 28,975 Camps: 4,771	HC: 28,975 Camps: 4,771	HC: 28,975 Camps: 4,771	HC and Camps: DHIS2 Ministry of Women and Children Affairs (MOWCA)
	Number of adolescents reached with nutrition awareness and counselling through increasing use of health services in the camp and host community (Act 2.1.5)	HC: 0 Camp: 2,904	HC: 53,000 Camps: 7,000 (4,096 under this action)	<i>To start in Year 2</i>	HC: 28,000 Camps: 2,000	HC: 25,000 Camps: 2,096	HC and Camps: DHIS2, MOWCA
	Number of children age 6-59 months reached with Vitamin A supplementation in host communities and camps (Act 2.1.6 and 2.1.7)	HC: 84,492 Camps: 144,383	HC: 84,492 (annual target) Camps: 144,383 (annual target)	HC: 84,492 Camps: 144,383	HC: 84,492 Camps: 144,383	HC: 84,492 Camps: 144,383	HC and Camps: SMART survey^, Nutrition Action Week /National Vitamin A Campaign administrative report^^
	Number of children aged 6-59 reached with Micro Nutrients Powders in host communities and camps (Act 2.1.6)	HC: 0 Camps: 0	HC: 41,889 (annual target) Camps: 7,000 (annual target)	HC: 41,889 Camps: 7,000	HC: 41,889 Camps: 7,000	HC: 41,889 Camps: 7,000	HC and Camps: Partner reports
	Number of children aged 6-59 reached with Iron Folic Acid tablets in host communities and camps (Act 2.1.6)	HC: 0 Camps: 0	HC: 28,975 (annual target) Camps: 4,771 (annual target)	HC: 28,975 Camps: 4,771	HC: 28,975 Camps: 4,771	HC: 28,975 Camps: 4,771	HC and Camps: Partner reports
	Number of ultra-poor households in host communities reached with agriculture support to enhance food and nutrition security (Act 2.2.2)	HC: 0 Camps: NA	HC: 120 ultra-poor households Camp: NA	HC: 60	HC: 60	<i>To be completed in Years 1 and 2</i>	HC: Ministry of Agriculture (MOA)
	Numbers of vulnerable and ultra-poor households trained on food production, prevention of post-harvest losses and dietary diversity in the host communities (Act 2.2.3)	HC: 0 Camps: NA	HC: 10,000 Camps: NA	<i>To start in Year 2</i>	HC: 10,000	<i>To be completed in Year 2</i>	HC: MOA/MOCWA

Numbers of youths provided with skills training on IGA (Act 2.3.1)	HC: 0 Camps: NA	HC: 100 Camps: NA	<i>To start in Year 2</i>	HC: 100	-	HC: Partner reports
Number of entrepreneurship training and grants to ultra-poor, landless and female headed households (Act. 2.3.2)	HC: 0 Camps: NA	HC: 1,000 Camps: NA	<i>To start in Year 2</i>	HC: 660	HC: 340	HC: Partner reports
Coverage of treatment of children with acute malnutrition improved by linking with social insurance scheme (2.4.3)	HC: 0 Camps: NA	HC: 19,400 Camps: NA	HC: 4,000	HC: 8,932	HC: 6,468	HC: DHIS2 and Partner reports
Numbers of ultra-poor households supplied with Improved Cooking Stoves (ICS) in host communities (Act 2.5.1)	HC: 0 Camps: NA	HC: 3,000 Camps: NA	<i>To start in Year 2</i>	HC: 3,000	<i>To be completed in Year 2</i>	HC: Partner reports
Number of Biogas plants installed (Act 2.5.3)	HC: 0 Camps: NA	HC: 1,000 Camps: NA	<i>To start in Year 2</i>	HC: 1,000	<i>To be completed in Year 2</i>	HC: Partner reports
Number of adolescents reached with awareness rising activities on Climate change, use of alternative fuels and stoves (Act 2.5.4)	HC: 0 Camps: NA	HC: 6,000 Camps: NA	HC: 1,000	HC: 3,000	HC: 2,000	HC: Partner reports

<b>Result 3:</b> Improved access to water and overall hygiene and sanitation conditions for Rohingya refugees and host communities.	Number of government counterparts, NGO staff, private contractors and masons trained <sup>xxiii</sup> (Act.3.4.1, 3.4.2, 3.4.3)	HC: 0 Camps: 56	HC: 400 Camps: 156 (100 under this action)	HC: 125 Camps: 35	HC: 185 Camps: 45	HC: 90 Camps: 20	HC: Department of Public Health Engineering (DPHE) Camps: Partner reports
	Number of community water supply schemes constructed (Act. 3.1.5)	HC: 50 Camps: 5	HC: 55 (5 under this action) Camps: 20 (15 under this action)	HC: 2 Camps: 9	HC: 3 Camps: 6	<i>To be completed in Years 1 and 2</i>	HC: DPHE Camps: Third Party Monitors
	Number of appropriate accessible latrines constructed (Act. 3.2.1)	HC: 584 Camps: 3,526	HC: 734 (150 under this action) Camp: 3,576 (50 under this action)	HC: 81 Camps: 30	HC: 69 Camps: 20	<i>To be completed in Years 1 and 2</i>	HC: DPHE Camps: Third Party Monitors
	Number of fecal sludge management sites constructed (Act. 3.2.2)	HC: 0 Camps: 26	HC: 1 Camps: 41 (15 under this action)	HC: 1 Camps: 6	- Camps: 7	- Camps: 2	HC: DPHE Camps: Third Party Monitors
	Number of persons receiving hygiene messages <sup>xxiv</sup> (Act. 3.3.2, 3.3.3, 3.3.4)	HC: 0 Camps: 30,649	HC: 90,000 Camps: 85,000 (54,351 under this action)	HC: 45,000 Camps: 27,300	HC: 45,000 Camps: 27,051	<i>To be completed in Years 1 and 2</i>	HC: Partner reports Camps: Partner reports

\* 2019 data is available, not 2020.

^ 2019 data is available, not 2020. No SMART Survey planned for 2020 due to COVID, as per global nutrition cluster guidance.

# 2019 data is available, not 2020.

@ This routine data collection, so 2020 data is available.

\*\* This routine data collection, so 2020 data is available.

^^ This was completed in July 2020.

**Annex B: Evaluability Assessment Matrix**

<b>Eval Obj.</b>	<b>Evaluation Criteria</b>	<b>Evaluation Question</b>	<b>Source(s) of Data</b>	<b>Methodology</b>	<b>Evaluability Assessment (Low-Med-High)</b>
1	<i>Relevance</i>	1. Were the planned activities informed by need assessments or analyses (including a gender analysis) as well as logical, relevant and strategically optimal for the various stakeholders' needs (including Rohingya and host community population sub-groups – marginalized and in hard-to-reach areas) ? Has the programme meaningfully involved relevant stakeholders during the preparation phase through consultations or information sharing (specifically the target populations and women and girls)?	DEVCO-1 proposal, MSNA, Adolescent assessment, ICDDRB DPHE WASH survey, Nutrition SMART Survey, Action point Joint monitoring visits, PMC/PIC meeting minutes, Reprogramming request, Inception Report, NGO and government partners, community members	Desk review, KIIs, IDIs/FGDs	High
		2. Have the programme's results remained valid and relevant regarding beneficiary needs and government/partner priorities (pre- and post-COVID-19 and natural disasters)? How well has the programme adapted to the COVID-19 situation and cyclones, including help to reduce the impact of these on beneficiaries and shifts to climate-resilient services?	Annual report, COVID-19 SitRep, Monitoring visits reports, PIC/PMC minutes, NGO and government partners, community members, observation	Desk review, IDIs/FGDs, KIIs, field visit (if possible)	High
	<i>Coherence</i>	3. Do the main activities/ components of the programme contribute to the main objectives of the programme and logically interlink and align with the Theory of Change and logframe?	DEVCO-1 proposal, Logframe, Programme documents, Progress report, Donor report	Desk review	High
	<i>Coherence</i>	4. Is the programme in line with the current objective of Joint Response Plan (JRP)? How is the programme aligned with JRP and other national plans (such as NSSS, NPAN2, etc.) and sub-national plans like District Implementation Plan, Five Year Plan, UN Planning and Results Framework (UNDAF, CPD) at country level? How consistent is the programme with the revised CCC normative framework? What changes	JRP, NSSS, NPAN2, DIP, UNDAF, CPD, Inception Report, Programme documents, Annual report, staff from UNICEF, UN agencies and NGO and government partners	Desk review, KIIs	High

		are recommended for the programme to be in alignment with these national and international initiatives and frameworks?			
	<i>Coverage</i>	5. What is the reach of the key achievements (including sub-outcomes)? Consider differences among vulnerable groups and varying demographics (gender, age, ethnicity, ability, etc.).	Partners report, progress report, joint monitoring trip, Donor reports, Programmatic visit report, DHIS2	Desk review	High
2	<i>Efficiency</i>	6. Was there clear distribution of roles and responsibilities of key actors involved, including programme governance mechanisms, staff, implementing partners toward the achievement of objectives?	PMC & PIC meeting minutes, interviews with PMC/PIC members, staff, NGO and government partners, Programme documents, TORs of key staff	Desk review, KIIs	High
	<i>Effectiveness</i>	7. How effectively have the results been achieved, and to what level of quality (analysed by expected results, outputs)?	Annual report, Survey findings, beneficiaries, NGO and government partners	Survey, IDIs/FGDs, KIIs	Medium
		7a. What are the government's and beneficiaries' views on services provided? What are their views on improving services (if need to improve)? Is the programme implemented in a way to regularly collect these views and adapt the programme to meet them?	Beneficiaries	Survey, IDIs/FGDs	Medium
		8a. How has the integrated nature of the model impacted fidelity, quality, and effectiveness of implementation and realization of current results? Consider differences among vulnerable groups and varying demographics (gender, age, ethnicity, ability, etc.).	Annual report, NGO and government partners	KIIs, Desk review	Medium
3	<i>Effectiveness</i>	8. Was the integration of interventions effectively done?	Annual report, NGO and government partners	KIIs, Desk review	Medium
		7b. Were there any obstacles/bottlenecks/issues on the UNICEF/Government/Programme partner side that limited the successful implementation and results achievement of the programme?	Staff, NGO and government partners	KIIs	Medium
		9. Are the implementation strategies for education, child protection, nutrition, livelihoods, health, and water, sanitation, and hygiene (WASH) appropriate, on track, and effective to achieve the planned objectives and impact? What, if any, alternative strategies would have been more effective in achieving its objectives?	Partners report, Annual Report, joint monitoring trip, Programmatic visit report, DHIS2, staff, NGO and government partners	Desk (Lit review), IDIs/FGDs, KIIs	High
	<i>Efficiency</i>	10. Have the resources been requested, allocated, and utilized adequately to implement the planned activities?	Staff, NGO and government partners, donor reports, financial	IDIs/FGDs, KIIs, Desk review	Medium

			statements, grant utilization reports, workplan		
		10a. To what extent have UNICEF and Implementing Partners made good use of the human, financial and technical resources, and have made appropriate use of tools (programme and financial management) and approaches to pursue the achievement of programme results in a cost-effective way?	Staff, NGO and government partners, Programme documents, spot checks of IPs, donor reports, financial statements, grant utilization reports	IDIs/FGDs, KIIs	Medium
4	<i>Impact</i>	11. Is the programme likely to contribute long term to refugee and host community resilience for vulnerable families and children in the areas of education, child protection, nutrition, livelihoods, health, and WASH?	Staff, NGO and government partners, beneficiaries	IDIs/FGDs, KIIs	Medium
		11a. What evidence shows indications towards achievement of other sub-outcome or long-term impacts?? Consider direct and indirect contributions and positive and negative intended and unintended outcomes.	Partners report, progress report, joint monitoring trip, Donor reports, Programmatic visit report, DHIS2	Desk review	High
	<i>Gender &amp; Human Rights</i>	12. How well has the programme integrated gender and a human rights lens into the design and implementation? What has been the current effects of that integration?	Inception report, Annual report	Desk review	High
	<i>Human Rights</i>	13. Have current achievements or progress been equitably achieved (according to geographical area/camp, vulnerability, gender, ability status, age, time entry into the camps, refugees vs. host communities, etc.)?	Partners report, progress report, joint monitoring trip, Donor reports, Programmatic visit report, DHIS2	Desk review	Medium
	<i>Impact &amp; Connectedness</i>	14. Is the programme (UNICEF and Implementing Partners) linked well and in line with broader development efforts to address systemic changes required not only to lessen the need for humanitarian aid in Cox's Bazar District, but also to complement and strengthen existing local development efforts?	NGO and government partners, UN agencies, UNDAF, DIP, National plan	IDIs/FGDs, KIIs, Desk review	Medium
	<i>Impact</i>	15. Are there any external factors (including institutional obstacles) to the programme that have affected successful implementation and results achievement, and prospect for policy impact and replication?	NGO and government partners, UN agencies, Annual Report, MSNA report, ISCG SitRep, UNHCR-WFP Joint Assessment Mission (JAM) Report, REVA	IDIs/FGDs, KIIs, Desk review	Low
		15a. How has COVID-19 impacted progress towards achieving desired results and what are the recommendations for interventions in the midst of and post-COVID restrictions?	PMC/PIC reports, joint monitoring reports, NGO and government partners, WHO SitRep, ISCG SitRep,	IDIs/FGDs, KIIs, Desk review	Low

			UNHCR-WFP Joint Assessment Mission (JAM) Report		
	<i>Sustainability &amp; Connectedness</i>	16. To what degree, if any, are there indications of sustainability, systemic change, or more resilience among the refugee and host communities in the areas of education, child protection, nutrition, livelihoods, health, and WASH?	Partners report, progress report, joint monitoring trip, Donor reports, Programmatic visit report, DHIS2	KIIs, Desk review	Low
5	<i>Effectiveness</i>	9a. What are findings and lessons from this programme that should influence ongoing and future interventions for UNICEF and its partners, regarding effectively building resilience among refugee populations and surrounding host communities (in Cox's Bazar and in other similar contexts)?	Staff, NGO and government partners	KIIs, Desk review	Medium
	<i>Effectiveness &amp; Efficiency</i>	9b. What lessons from the programme management, institutional and implementation arrangements should be considered for the next phase and future interventions?	Staff, NGO and government partners, PMC & PIC meeting minutes	IDIs/FGDs, KIIs, Desk review	High
		9c. How could the identified positive or negative external factors be mitigated or exploited further for the next programme phase?	Staff, NGO and government partners, Annual report	IDIs/FGDs, KIIs, Desk review	Low
	<i>Sustainability</i>	17. What are the possible sustainability mechanisms (financial and programmatic) for each of the programme result areas/ components (including maintaining the quality of service provision)? Given the goal of replication for this integrated model of programming, have any programmatic approaches or results emerged that indicate promising signs for replication and scale up by national partners or other actors? Analyse and comment on any emerging vision, strategy and measures proposed (and being implemented) for the planned next phase of programming.	Partners report, progress report, joint monitoring trip, Donor reports, Programmatic visit report, DHIS2, NGO and government staff	Desk review, KII	Medium

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<sup>i</sup> District level data, Upazila level data is not available

<sup>ii</sup> Data from Pekua and Teknaf only

<sup>iii</sup> Based on Sector data for Camps 7 and 15

<sup>iv</sup> Impact level Water & Sanitation data from KABP survey report, October 2018

<sup>v</sup> Water & Sanitation data from WASH KABP survey report, October 2018

<sup>vi</sup> Note: A change has been requested in this indicator as the indicator in the original logframe was found not to be measurable with any level of reliability. Moving forward this indicator will be tracked through annual KABP surveys.

<sup>vii</sup> District-level data

<sup>viii</sup> District Profile of Cox's Bazar-2015 by UNICEF based on Bangladesh Population and Housing Census, 2011; SVRS 2013,

<sup>ix</sup> Cox's Bazar level data is not available, national data used in lieu

<sup>x</sup> REVA Survey, December 2017 for Cox's Bazar District

<sup>xi</sup> Based on Teknaf only

<sup>xii</sup> UNICEF coverage

<sup>xiii</sup> Note: Requested change in indicator to improve the logical flow of the Child Protection interventions from output to impact level.

<sup>xiv</sup> Latrines must be fully covered (i.e. a latrine with four walls, a roof and a lockable door) and not full.

<sup>xv</sup> % of shelters with at least one functional and safe latrine block within 50m (REACH Survey, Oct 2018)

<sup>xvi</sup> This is a measure of minimum dietary diversity (at least four food groups) and minimum meal frequency (at least three meals a day)

<sup>xvii</sup> Baseline from Camps 7 and 15, the intended geographic target of the action

<sup>xviii</sup> Baseline from Camps 7 and 15, the intended geographic target of the action

<sup>xix</sup> Baseline from Camps 7 and 15, the intended geographic target of the action

<sup>xx</sup> Baseline from Camps 7 and 15, the intended geographic target of the action

<sup>xxi</sup> Baseline from Camps 7 and 15, the intended geographic target of the action

<sup>xxii</sup> Baseline to be confirmed by mid-year (based on six months of implementation of the IFCs in host communities)

<sup>xxiii</sup> Training to be inclusive of hygiene promotion, gender and inclusion in WASH, occupational health and safety and maintenance of WASH infrastructure

<sup>xxiv</sup> Messages to be inclusive of handwashing, menstrual hygiene management, use of safe water and latrines and the disposal of feces of children under 5

