### Oxfam GB Project Effectiveness Review

#### Management Response

**Regional Director:** Aboubacry Tall  
**Country Director:** Grace Ommer

**Name of Response reviewed:** 2012 Sierra Leone Cholera Response  
**Date:** 20 September 2012  
**Participants in the Management Response:** N/A

#### Summary of Results

<table>
<thead>
<tr>
<th>Standard</th>
<th>Level of achievement</th>
<th>Rating</th>
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<tbody>
<tr>
<td>1. Rapid appraisal of facts within 24 hours of pre-defined trigger, plans in place and scale-up or start-up commenced within three days(^1)</td>
<td>Almost met</td>
<td>4/6</td>
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<tr>
<td>2. Coverage uses 10% of affected population as a planned figure with clear justification for final count</td>
<td>Met</td>
<td>6/6</td>
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<td>3. Technical aspects of programme measured against Sphere standards</td>
<td>Met</td>
<td>6/6</td>
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<tr>
<td>4. MEAL strategy and plan in place and being implemented using appropriate indicators</td>
<td>Almost met</td>
<td>2/3</td>
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<tr>
<td>5. Feedback/complaints system for affected population in place and functioning and documented evidence of information sharing, consultation and participation leading to a programme relevant to context and needs</td>
<td>Met</td>
<td>3/3</td>
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<tr>
<td>6. Partner relationships defined, capacity assessed and partners fully engaged in all stages of programme cycle</td>
<td>-</td>
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\(^1\) The timeliness standard for slow onset disasters was used because of the gradual evolution of the outbreak from January to June 2012.
7. Programme is considered a safe programme: action taken to avoid harm and programme considered conflict sensitive

8. Programme (including advocacy) addresses gender equity and specific concerns and needs of women, girls, men and boys and vulnerable groups

9. Evidence that preparedness measures were in place and effectively actioned

10. Programme has an advocacy/campaigns strategy and has incorporated advocacy into programme plans based on evidence from the field

11. Country programme has an integrated approach including reducing and managing risk through existing longer-term development programmes and building resilience for the future

12. Evidence of appropriate staff capacity to ensure quality programming

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<td>7. Programme is considered a safe programme: action taken to avoid harm and programme considered conflict sensitive</td>
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<td>8. Programme (including advocacy) addresses gender equity and specific concerns and needs of women, girls, men and boys and vulnerable groups</td>
<td>Partially met 1/3</td>
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<td>9. Evidence that preparedness measures were in place and effectively actioned</td>
<td>Almost met 2/3</td>
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<td>10. Programme has an advocacy/campaigns strategy and has incorporated advocacy into programme plans based on evidence from the field</td>
<td>Met 3/3</td>
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<td>11. Country programme has an integrated approach including reducing and managing risk through existing longer-term development programmes and building resilience for the future</td>
<td>Met 3/3</td>
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<td>12. Evidence of appropriate staff capacity to ensure quality programming</td>
<td>Met 3/3</td>
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<tr>
<td><strong>Final rating</strong>&lt;br&gt;<strong>Equivalent to 85%</strong></td>
<td>33/39</td>
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1. Did the HIT identify areas that were particularly strong overall in the Region or in a particular country? (i.e. standards fully met)?

If so, please comment briefly on why you think this was so.

The majority of the areas of the HIT were fully met and this reflected the experience in the country programme. There are still arguments to say that the score should have been higher. An example being HIT standard number 8 where in fact we did target the needs of vulnerable groups and the needs of women, girls, men and boys. At national level there was no disaggregated data however we have lobbied for this to be changed. We also undertook a study into Gender and Vulnerability in Cholera as we recognised that we did not have the analysis at the start of the response.

The reasons why the HIT identified areas that were strong were:

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2 Elderly, disabled, HIV positive, single women, female-headed households are examples
This was an efficient and effective response due to strong leadership with a team that were behind the fulfilment of it. From the start there was a robust strategy in place that gave direction and a plan which steered the way.

Expertise in both hard and soft components were brought in to strengthen the team to ensure that the response was as effective as it could be.

There was strong communication throughout with both internal and external stakeholders which led to confidence being given to the country programme to manage a CAT2.

Comprehensive documentation of the response process including learning was crucial as this would inform future responses.

**RD comments**
This response was a very strong example of what can be achieved when we have strong capable country level leadership working in tandem with a fully supportive and engaged HD on an issue which is familiar to the team. The initial planning was exceptionally strong and the delivery of the programme was well managed and influential across the entire sector.

**2. Did the HIT identify areas that were weak or very weak in the Region or a particular country (e.g. standards partly or not met)?**

If so, please comment briefly on why you think this was so.

As in comment number 1 the main standard that looked weak is number 8 however the HIT was not the vehicle that identified this as being weak. It was actually identified by the country team who looked at ways they could ensure that the response could be looked at through a gender lens therefore commissioning work on an analysis to be used to supplement the response. As gender is a main component of the programme in Sierra Leone we wanted to make sure that this was also integrated into our response.

**RD comments**
The issue of gender targeting was as challenging as it always is given our regional (and perhaps even organisational) lack of a clear vision on what a “gendered” response would look like. The issue was probed at several points in the coordination calls and in the end I am happy that the team did what it could to ensure that there was a degree of targeting of gender in our response.
### 3. What actions are being planned in response to the unmet or partially met benchmarks identified?

Standard 1. Since the cholera response of 2012 there has been a contingency plan developed which is much more user friendly and has defined ways of working. A cholera preparedness strategy has been prepared and is being auctioned. Details such as the HR register, contingency stock and suppliers are updated and the country team are well placed for another response.

Standard 4. MEAL strategy is part of the preparedness plan and the strategy

Standard 8. Learnings from the Gender & Vulnerability analysis are incorporated into the plans. Any strategies and plans must have gender and vulnerability built in.

Standard 9. Preparedness measures such as plans and stocks are in place and are being actioned currently.

**RD comments**

The follow up feels appropriate and responsible on the part of the country team. At a regional level it has also served to put cholera more firmly on the regional radar and we are grateful to the team for doing this.

### 4. Are there HIT findings that you would recommend for action by the Humanitarian Department? And how can HD support the Region’s response to the HITs?

None

**RD comments**

The value of appropriately staffing a response – especially in sending our sectoral experts in early enough that they can shape the response The lack of clear examples of what gender can mean in a situation such as this.