EFFECTIVENESS REVIEW SERIES

'enhancing effectiveness through evidence-based learning'

Sierra Leone | Humanitarian | 2015/16

West Africa Ebola Crisis

In March 2014 the Ebola haemorrhagic fever outbreak started in Guinea and subsequently spread through West Africa affecting Sierra Leone, Liberia, Nigeria, Senegal and Mali, reaching epidemic proportions. In August 2014 the World Health Organization declared the West Africa outbreak as a Public Health Emergency of International Concern. The first case in Sierra Leone was declared on 24 May 2014 and by the end of July 2014 the government of Sierra Leone had declared a State of Emergency. Oxfam declared a Category 2 response in August 2014 and this evaluation covers the period from that date until the end of April 2015. Initially the West Africa Ebola crisis was viewed as a health emergency requiring responses from health specialist agencies; there was uncertainty whether Oxfam had the ability to respond to the nature of the emergency as a health crisis. Once this was resolved, Oxfam began activities in September 2014 with distributions of consumable materials, Water, Sanitation and Health (WASH) activities in treatment centres and awareness-raising campaigns. The programme scaled up with the Community Health Workers from the end of October 2014. There were no Emergency Food Security and Vulnerable Livelihoods (EFSVL) activities delivered to beneficiaries during the period of this evaluation other than a small cash transfer to quarantined communities. The evaluation therefore mostly covers the Public Health Engineering (PHE) and Public Health Promotion (PHP) interventions, and awareness-raising activities conducted.

Evaluation design

The programme was evaluated using the Humanitarian Indicator Tool (HIT), a methodology designed to estimate the degree to which the programme meets recognised quality standards. The tool has 15 quality standards each with defined benchmarks, which allow evaluators to assess and score whether the standard was 'met', "almost met", 'partially met' or 'not met'. The score is weighted and scored with a rating out of 6 for the first three standards due to their relative importance. The other standards are given a rating out of 3. The HIT is carried out as a desk study by an external evaluator using documented evidence that then generates a score against each standard and a cumulative total. For details on evaluation design, see the 'How are effectiveness reviews carried out?' document, and the full report for how these designs were tailored by individual reviews.

Response date: August 2014–April 2015 | Evaluation: May 2015 | Publication: February 2017

Results

Quality standard evaluated	Level of achievement	Rating 1 2 3 4 5 6
1. Timeliness: Rapid appraisal of facts within 24 hours, plans and scale-up or start-up commenced within three days	Not met	0
2. Coverage uses 10% of affected population as a planned figure	Fully met	6
3. Technical aspects of programme measured against Sphere standards	Partially met	2
		1 2 3
4. MEAL strategy and plan in place and being implemented using appropriate indicators	Almost met	2
5. Feedback/complaints system in place and functioning and documented evidence of consultation and participation leading to a programme relevant to context and needs	Partially met	1
6. Partner relationships defined, capacity assessed and partners fully engaged in all stages of programme cycle	Almost met	2
7. Programme is considered a safe programme	Almost met	2
8. Programme (including advocacy) addresses gender equity and specific concerns and needs of women, girls, men and boys	Fully met	3
9. Programme (including advocacy) addresses specific concerns and needs of vulnerable groups	Partially met	1
10. Evidence that preparedness measures were in place and effectively actioned	Almost met	2
11. Programme has an advocacy/campaigns strategy based on evidence from the field	Almost met	2
12. Resilience	Almost met	2
13. Evidence of appropriate staff capacity to ensure quality programming	Almost met	2
14. Programme is coordinated with and complementary to the response of other humanitarian actors	Fully met	3
15. Resources are managed and used responsibly for their intended purpose	Almost met	2
Final Rating **Percentage Equivalent**		**32 / 54** **59%**

The first three standards are weighted and scored out of 6 due to their relative importance. The other standards are scored out of 3.

Going forward

Sierra Leone declared the country Ebola free in November 2015 and since then Oxfam has moved into transitional programming with a goal towards longer-term recovery. The country team held a learning review with an aim to improve areas of weakness such as partnership modalities, preparedness planning and MEAL. The learning from this event as well as the effectiveness review was used to develop the Oxfam Country Strategy (OCS) for Sierra Leone. It was recognised that a capacity assessment of staff was necessary in order to build their capacity to respond to a future emergency. To prepare for the eventuality of a future medical emergency, Oxfam has strengthened partnerships with international medical organisations and has plans for having contingency stocks in the country. Gender and protection aspects will also be strengthened.

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