

**Oxfam GB Effectiveness Review
Management Response**

Regional Director: Abou Tall

Country Director: Thynn Thynn Hlaing

Name of Project reviewed: Ebola Emergency Response in Sierra Leone

Date: 9 December 2015

Participants in the Management Response: Members of the Senior Management Team and MEAL Coordinator

Performance of Oxfam Sierra Leone’s response against the Global Humanitarian Indicator Tool

| Standard | Level of achievement | Rating |
|---|----------------------|--------|
| 1. Timeliness - rapid appraisal / assessment enough to make decisions within 24-hours and initial implementation within three days. (the nature of the emergency) | Not met | 0/6 |
| 2. Coverage – uses 25% of affected population as a planned figure (response should reflect the scale of the disaster) with clear justification for final count | Fully met | 6/6 |
| 3. Technical aspects of programme measured against Sphere standards. | Partially met | 2/6 |
| 4. MEAL strategy and plan in place, and being implemented using appropriate indicators | Almost met | 2/3 |
| 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. | Partially met | 1/3 |
| 6. Partner relationships defined, capacity assessed and partners fully engaged in all stages of programme cycle. | Almost met | 2/3 |
| 7. Programme is considered a safe programme: action taken to avoid harm and programme considered conflict sensitive. (the staff were all safe although many worked closer to red zones and hot spots) | Almost met | 2/3 |
| 8. Programme (including advocacy) addresses gender equity and specific concerns and needs of women, girls, men and boys. | Fully met | 3/3 |
| 9. Programme (including advocacy) addresses specific concerns and needs of vulnerable groups. | Partially met | 1/3 |

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| 10. Evidence that preparedness measures were in place and effectively actioned. | Almost met | 2/3 |
| 11. Programme has an advocacy/campaigns strategy and has incorporated advocacy into programme plans based on evidence from the field. | Almost met | 2/3 |
| 12. Country programme has an integrated approach including reducing and managing risk through existing longer-term development programmes and building resilience for the future. (hostilitic programme) | Almost met | 2/3 |
| 13. Evidence of appropriate staff capacity to ensure quality programming. (we had extra activities, that staff engage in during the crisis) | Almost met | 2/3 |
| 14. Programme is coordinated with and complementary to the response of other humanitarian actors | Fully met | 3/3 |
| 15. Resources are managed and used responsibly for their intended purpose | Almost met | 2/3 |
| Final rating | | 32/54 |
| Equivalent to | | 59 % |

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| <p>1. What follow-up to the review have you undertaken or planned (if any) e.g. discussion, analysis, workshop?</p> <p>Although there has been turn over in some of the key positions that led the response, the current staffs are leading the programme in its transitional period with several activities planned and being implemented. There has been both global and regional Ebola learning reviews, but the Sierra Leone programme has planned to conduct and Country level Ebola learning review to document, reflect, and take actions that will ensure that the country programme improve the weakness we agree to within the Effectiveness Review. We have already mentioned in the transitional strategy areas we will improve based on our own acknowledgement of gaps we had. For example, strengthening the Feedback mechanism and having a more systematic monitoring in place. More specifically, we will do a capacity assessment for staff and build staff capacities to be able to response to CAT 3 emergencies. We will develop a country level register for key staffs who worked with Oxfam during the emergency. We are reviewing our partnership criteria to in order to form and build strategic as well as local level partnerships to help us deliver our programme.</p> |
| <p>2. Overall, do the findings concur with your own expectations or assessment of the project/programme's effectiveness?</p> <p>The expectations are not met entirely with reference to the following areas:</p> <ol style="list-style-type: none"> Standard 6: we expected 2/3 given the consultations we had with communities in establishing feedback systems that was tailored to their needs. For example, in Koinadugu, there were both feedback boxes and listening group, in Freetown and Bombali, there were feedback boxes while in Port Loko, there was a hotline number set up. Feedback from communities were analysed and communicated with programme staff for decision making. For example, the need to increase the number of soap in hygiene kits, inclusion of condoms specifically for male and female, menstrual pad for only younger women and not older women, etc. Communities were involve in this process and management responded to these complaints in the form of |

improving services and advocacy at the national level.

2. Standard 9: We expect the rating to be 2/3 if not 3/3. The reasons are as follows:

- The geographic location of Oxfam's interventions coincided neatly with areas identified to have been affected more by Ebola. These included Freetown, Port Loko, Bombali and Koinadugu.
- The specific work in Freetown was also designed to coincide with the most affected slum in areas like Waterloo. The most affected people later on became the quarantined homes. And much this could not have been predicted earlier, one can not dispute the extent of need for support to those who found themselves in quarantines.
- In recognition of the vulnerability of women, care was taken to ensure that more women were recruited compared to men. In Bombali Oxfam worked with women groups deliberately in the understanding that they were organizations of vulnerable people. The care packages were specifically designed for addressing the specific needs of women, girls, men and boys. For example, for they included sanitary towels, deodorants, exercise books for record keeping. Survivors were later identified for vulnerability and solidarity kits given that responded to their needs.
- Two studies were done to understand the specific needs of women, one done with UN women and another one internally. The EFSVL programme mainly targeted women in Port Loko and Koinadugu. Provision water in quarantines was a response to the possible and actual abuse of women while fetching water outside the quarantines.

3. Did the final results of the Effectiveness Review identify areas that were particularly strong in the project (ie large impact)?

Yes. The report did mention Oxfam quality WASH programme when we started responding to the CAT 1 emergency. It mentioned Oxfam strong approach to social mobilisation using community participation and forming new medical partnerships to respond to the crisis. The program gender component was strong as highlighted, and the awareness campaigns and advocacy contributed to knowing the scale of the crisis.

4. Did the final results of the Effectiveness Review identify areas that were weak or very weak (ie no or very little impact)?

Yes, although we do not agree with all of points highlighted. Areas of weakness acknowledged are preparedness, some aspect of MEAL and safe programming especially considering the aspect of protection of vulnerable people and groups. We acknowledge that we did not have a protection officer or staff and did not do specific trainings to staff on protection. However, knowing the nature of the Ebola Crisis, Oxfam programme did extremely well to ensure staff safety. There was no single case of any staff coming down with Ebola. Security measures were in place and the team did practically well to ensure their own safety. Although there are areas that need improvement in our partnership, we think Oxfam did extremely well to manage medical partnerships with International NGOs. The context was extremely challenging, but Oxfam had form these partnerships, consistently reviewed them and ensure that they were on track. We think that this was outstanding. Two staff came after one and another, to ensure that our medical partnership was grounded on the right principles and ethics.

5. a) Is the reviewed project continuing? If yes, what actions are being taken in response to the weak areas identified in question 4?

The programme is in the transitional stage of the implementation. Areas of weaknesses acknowledged are being improved through the current implementation. We are reviewing our partnership modalities, preparedness planning, MEAL – providing the CAMSA standard, Gender and Advocacy programming are all being improved.

b) What actions are you planning in response to the Programme Learning Considerations?

As mentioned earlier, the country programme will have a learning review. The learning from this effectiveness review couple with learning from within the country will be used to develop the Oxfam Country Strategy (OCS) for Sierra Leone. Learning will draw on the need to do capacity assessment of staff and build their capacity to respond to CAT 3 emergency. This will be preceded by a preparedness plan. Our in Country HR team will do a roster of staff we've work with to ensure we are able to respond on time to such emergency. Learning on the focus on women and vulnerable groups have begun in our EFSVL programme and will continue in all of our subsequent projects and programme.

6. If the project/humanitarian response is ending or has already ended, what learning from the review will you apply to relevant new projects in the future? How can the Regional Centre and Oxford support these plans?

The programme has already started applying the learning during the transitional stage and will continue to the development of the new OCS and subsequent programme implementation. Key areas are:

1. The team is strengthening its position into building strong partnerships at the international level with medical organisation. We have continued to work with MDM to help us further understand the modalities of working with such partners.
2. As part of our transitional strategy, we have pillar three which focuses on humanitarian preparedness. We will develop a preparedness plan and ensure that it is reviewed and updated on a regular basis. The preparedness plan will guild the team in setting up contingency stock relevant to the anticipated emergency that may occur in Sierra Leone. This will include the considering of epidemic emergency as well as nature disaster.
3. The programme has a Gender Advisor; however, she may be working on strategic level gender programming. The country will need either regional support or from Oxford in funding a protection officer to ensure protection is mainstream in our programme. This will help to ensure integration of protection in our projects.
4. A long term MEAL position will be fill in to ensure that our programme meet the programme quality standards, documentation, feedback systems and analysis of information that can feed into management decision making.