
HUMANITARIAN QUALITY ASSURANCE: CENTRAL AFRICAN REPUBLIC

Evaluation of the response in Bangui

Effectiveness Review Series 2014/15



Oxfam team connecting pipes to fill bladders with drinkable water for IDP camps in Bangui. Credit: Vincent Tremeau/Oxfam

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CONTENTS

- 1 Background..... 3**
- 1.1 The disaster and response..... 3**
- 1.2 Evaluative methodology..... 4**
- 2 Summary of results..... 5**
- 2.1 Quantitative result by standard..... 5**
- 3 Detailed analysis of results..... 6**
- 3.1 Introduction..... 6**
- 3.2 Analysis using standards and benchmarks..... 6**
- 3.2.1 Quality standard 1: Timeliness..... 6**
- 3.2.2 Quality standard 2: Coverage..... 8**
- 3.2.3 Quality standard 3: Technical aspects of programme measured against Sphere standards.....10**
- 3.2.4 Quality standard 4: MEAL strategy and plan in place and being implemented using appropriate indicators.....13**
- 3.2.5 Quality standard 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.....18**
- 3.2.6 Quality standard 6: Partner relationships defined, capacity assessed and partners fully engaged in all stages of programme cycle.....19**
- 3.2.7 Quality standard 7: Programme is considered a safe programme: action taken to avoid harm and programme considered conflict sensitive.....20**
- 3.2.8. Quality standard 8: Programme (including advocacy) addresses gender equity and specific concerns and needs of women, girls, men and boys.....22**
- 3.2.9 Quality standard 9: Programme (including advocacy) addresses specific concerns and needs of vulnerable groups.....23**
- 3.2.10 Quality standard 10: Evidence that preparedness measures were in place and effectively actioned.....24**
- 3.2.11 Quality standard 11: Programme has an advocacy/campaigns strategy and has incorporated advocacy into programme plans based on evidence from the field.....25**
- 3.2.12 Quality standard 12: Evidence of appropriate staff capacity to ensure quality programming.....26**
- Appendix 1: Sources of data.....28**
- Appendix 2: Humanitarian Indicator Tool for slow-onset disasters: Degree to which humanitarian responses meet recognised quality standards for humanitarian programming.....32**
- Notes.....34**

1 BACKGROUND

1.1 THE DISASTER AND RESPONSE

In December 2013, a long-running internal conflict in Central African Republic (CAR) deteriorated into a major humanitarian emergency. Bands of former rebels, whose predominantly Muslim ‘Seleka’ alliance had seized power in March 2013, went on a violent rampage in various regions of the country, committing executions, massacres and rapes in communities they believed to be supporters of the ousted president.

In response, predominantly Christian ‘Anti-Balaka’ groups that had originally been set up to defend themselves from Seleka rebels, transformed into militias and proceeded to commit massacres and lynchings of their own against populations they regarded as pro-Seleka.

Across the country, villages were threatened and attacked by violent armed groups of one allegiance or another. In fear of their lives, hundreds of thousands of people fled to the capital, Bangui, where they set up makeshift camps in and around religious buildings, at the airport, and in other sites across the city. Meanwhile, fighting spread to Bangui itself, and over a period of a few days in December 2013, over a thousand people were killed.

Already poor prior to this crisis, many IDPs (Internally Displaced People) were thrown into a situation of extreme vulnerability. They lacked the means to feed or protect themselves, and were unable to return to their lands while the violence continued. In the crowded camps there was little or no access to water or sanitation facilities, and outbreaks of diarrhoea rose sharply.

In response to warnings of a potential genocide, the international community began to react. The UN declared the situation a ‘Level 3 emergency’ in December 2013, and humanitarian organisations mounted operations to supply food, water, emergency shelter and other forms of relief to the then 190,000 IDPs in Bangui.

Following its own assessment of the crisis as a ‘Category 2 emergency’, Oxfam’s humanitarian response team arrived in-country in early January 2014 with the objective of ‘filling gaps’ in the collective response in the areas of water, sanitation, hygiene, emergency food security, income-generating opportunities, protection and humanitarian advocacy.

The humanitarian assistance that Oxfam delivered in Bangui from February to October 2014 (the period covered by this evaluation) consisted of:

- Water treatment, supply and distribution; hygiene promotion; provision and maintenance of sanitation facilities for 61,261 beneficiaries (IDPs and host communities) in 23 sites¹
- Food distributions and cash transfers for 8,500 beneficiaries²

From May 2014 Oxfam made plans to set up a programme in Bria, a region where there was a proportion of returnees from the capital. However, following a series of delays and challenges, the Bria programme didn’t become operational until October 2014, and is therefore beyond the scope of this Effectiveness Review.

1.2 EVALUATIVE METHODOLOGY

This evaluation uses a methodology designed to enable Oxfam GB (OGB) to estimate how many disaster-affected men and women globally have received humanitarian aid that meets established standards for excellence from Oxfam GB.

The methodology is based on a Humanitarian Indicator Tool consisting of 13 quality standards and a scoring system (see Appendix 2), which varies slightly for rapid and slow onset emergencies. It requires documented evidence, complemented by verbal evidence where available, to be collected and analysed in relation to each standard. A rating is generated for the programme's results against each standard, and as a cumulative total. In cases where the rating was significantly affected by a lack of documented or verbal evidence, this is noted in the relevant section.

For the evaluation of the CAR response, 12 of the 13 quality standards were used. The 'Resilience' standard was not included as Oxfam GB was in the process of revising its benchmarks.

The emergency in CAR was considered a 'slow onset' emergency, and thus the 'slow onset' version of the standards was used.

A quantitative summary of the results of the evaluation is provided in Section 2. A fuller explanation of the rating for Oxfam's performance against each standard is provided in Section 3.

2 SUMMARY OF RESULTS

2.1 QUANTITATIVE RESULT BY STANDARD

The quantitative rating given for each standard and the cumulative total are provided in Table 2.1.

Table 2.1: Quantitative ratings for the CAR programme, using the Global Humanitarian Indicator Tool

Standard	Level of achievement	Rating
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.	Not met	0/6
2. Coverage uses 10% of affected population as a planned figure with clear justification for final count.	Almost met	4/6
3. Technical aspects of programme measured against Sphere standards.	Almost met	4/6
4. MEAL ³ strategy and plan in place and being implemented using appropriate indicators.	Half met	1.5/3
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.	Partially met	1/3
7. Programme is considered a safe programme: action taken to avoid harm and programme considered conflict sensitive.	Partially met	1/3
8. Programme (including advocacy) addresses gender equity and specific concerns and needs of women, girls, men and boys.	Not met	0/3
9. Programme (including advocacy) addresses specific concerns and needs of vulnerable groups.	Almost met	2/3
10. Evidence that preparedness measures were in place and effectively actioned.	Not met	0/3
11. Programme has an advocacy/campaigns strategy and has incorporated advocacy into programme plans based on evidence from the field.	Fully met	3/3
12. Evidence of appropriate staff capacity to ensure quality programming.	Not met	0/3
Final rating		17.5/45
Equivalent to		39%

3 DETAILED ANALYSIS OF RESULTS

3.1 INTRODUCTION

In this section of the report, the data collected from documented and direct sources are analysed against the requirements for the quality standards, and justification of the rating for Oxfam's performance against each standard is provided. The data sources are provided in footnotes, together with other explanatory information.

3.2 ANALYSIS USING STANDARDS AND BENCHMARKS

3.2.1 Quality Standard 1: Timeliness

	Met	Almost Met	Half Met	Partially Met	Not Met
Timeliness: Rapid appraisal of facts within 24 hours of pre-defined trigger, plans in place and scale-up or start-up commenced within three days					0/6

Requirements to fully meet the standard:

- Initial assessment/rapid analysis of existing information within 24 hours of predefined trigger and scale-up or start-up within three days of assessment/rapid analysis.
- Triggers pre-defined in contingency plan and responded to.
- Monitoring of ongoing situation took place.
- Monitoring data were analysed and reacted upon.
- If monitoring data were not acted upon earlier, reasons are identified and justified.⁴

Prior to this crisis, none of the Oxfam affiliates had a programme, contingency plan or any pre-defined triggers for humanitarian action in Central African Republic, although several were present in the wider region.

In June 2013, as the political situation in CAR deteriorated, Oxfam's Humanitarian Consortium Governance Group (HCGG) recognised the lack of capacity across affiliates to respond immediately and tasked Oxfam GB as regional humanitarian lead to monitor the situation and provide updates to all affiliates.⁵

Following the dissolution of Seleka and a marked increase in the number of refugees crossing the CAR-Chad border from mid-September⁶ 2013, Oxfam GB and Intermón Oxfam decided that the situation warranted closer attention and decided to conduct a joint assessment mission.

The assessment was carried out in the last week of October 2013. In the assessment report,⁷ unmet needs and gaps in coverage and agency competences were clearly noted, together with a suggested categorisation (Category 2) and recommendation for Oxfam to respond. The suggested categorisation was confirmed on 26th October by HCGG before the assessment had even finished, based on the need for immediate action.

Over the course of the following six to seven weeks, vital time was lost while the affiliates pondered over their capacity to lead the proposed response. Oxfam GB hoped that Intermón would take the lead, given its previous interest in developing a presence in CAR,⁸ but Intermón was already responding to the related refugee crisis in neighbouring Chad and considered that it did not have sufficient capacity to respond in both countries.

Given the affiliates' predicament, on 18 December 2013 the HCGG decided that OGB would take the lead and launch a response in CAR and that Intermón would take over once capacity was installed in-country. Terms of reference for the start-up and recruitment processes were produced within 48 hours,⁹ but OGB had difficulty identifying suitable individuals due to the need for highly experienced francophone staff.

The first members of Oxfam's CAR response team arrived in-country on 10 January 2014, three weeks after OGB took the lead. By this time needs had escalated, there were approximately half a million IDPs in Bangui, and scores of other INGOs had already set up programmes. With no permanent office or national staff pool to draw on, and no knowledge of civil society in CAR, the team started from zero. They began by identifying potential partners and IDP camps/sites where a relatively small-scale intervention would not exacerbate tensions.¹⁰

On 12 February 2014, four weeks after arriving in-country, Oxfam made its first delivery of water to IDPs in CAR.¹¹ While this was positively received by the 20,000 IDPs residing in the Eglise Castor camp in Bangui, there is no doubt that such needs had existed for many months. **It is therefore considered that Oxfam did not meet the standard for timeliness (0/6).** If Oxfam had been able to deliver aid 15 weeks sooner, when it first made the decision to intervene, it could have had a much more timely impact on IDPs' health and morale. It may also have opened up time-sensitive opportunities for fundraising and, consequently, for the scale and scope of its response.

3.2.2 Quality Standard 2: Coverage

	Met	Almost Met	Half Met	Partially Met	Not Met
Coverage uses 10% of affected population as a planned figure with clear justification for final count		4/6			

Requirements to fully meet the standard:

- 10% of affected population reached, or
- justification for not reaching 10% of affected population with agreement from region or Oxfam's Humanitarian Department (HD).
- Beneficiary numbers increase according to need – there are no spikes especially in last months of programme.

When Oxfam began to respond to the crisis in January 2014, the UN estimated¹² that over 2.5 million people, over half of CAR's population (4.6 million), were affected by the conflict and food insecurity. Oxfam reported internally that there were an estimated 920,000 IDPs across the country, of whom over 500,000 were located in Bangui, but acknowledged that the rapidly changing context and the lack of access to large areas of the country made it difficult for the humanitarian community to produce reliable figures.

Within this very fluid context, and with no prior knowledge of the country, Oxfam was unsure how many beneficiaries it would be able to reach, and did not apply its usual '10%' benchmark.¹³ It did, however, state clearly in its strategy that, as a latecomer, its objective was **to fill gaps and provide added value** rather than build an extensive programme in terms of beneficiary coverage. Given that Oxfam would be operating with mainly unrestricted funding as the first rounds of funding of most major donors were already allocated,¹⁴ this approach is considered by the evaluator to be realistic and justifiable.

In February 2014 Oxfam began distributing water to around 18,000 IDPs in five sites in Bangui that were not already receiving assistance from other organisations. Its six-month plan was to provide 'a full package in WASH (Water, Sanitation and Hygiene) and EFSVL (Emergency Food Security and Vulnerable Livelihoods) with a strong gender and protection component' to the 18,000, and to extend its water trucking activities to other sites with the aim of providing safe water to around 40,000 IDPs.¹⁵

Oxfam's WASH component grew in accordance with the plan. By the end of March 2014 it included water-trucking, rehabilitation of latrines and showers, de-sludging, installation of hand-washing facilities and public health promotion activities for around 18,000 people across the five sites.¹⁶

Oxfam's EFSVL component also started up in March 2014. It carried out one-off food distributions and cash distributions benefiting approximately 8500 IDPs and host families.¹⁷ Oxfam also took on leadership of the Protection and Cash inter-agency working groups, thereby providing added value to the overall humanitarian response.

By April 2014, the number of displaced in Bangui had decreased significantly as IDPs began to return to their abandoned homes across the country. Access to these areas improved somewhat, facilitating the

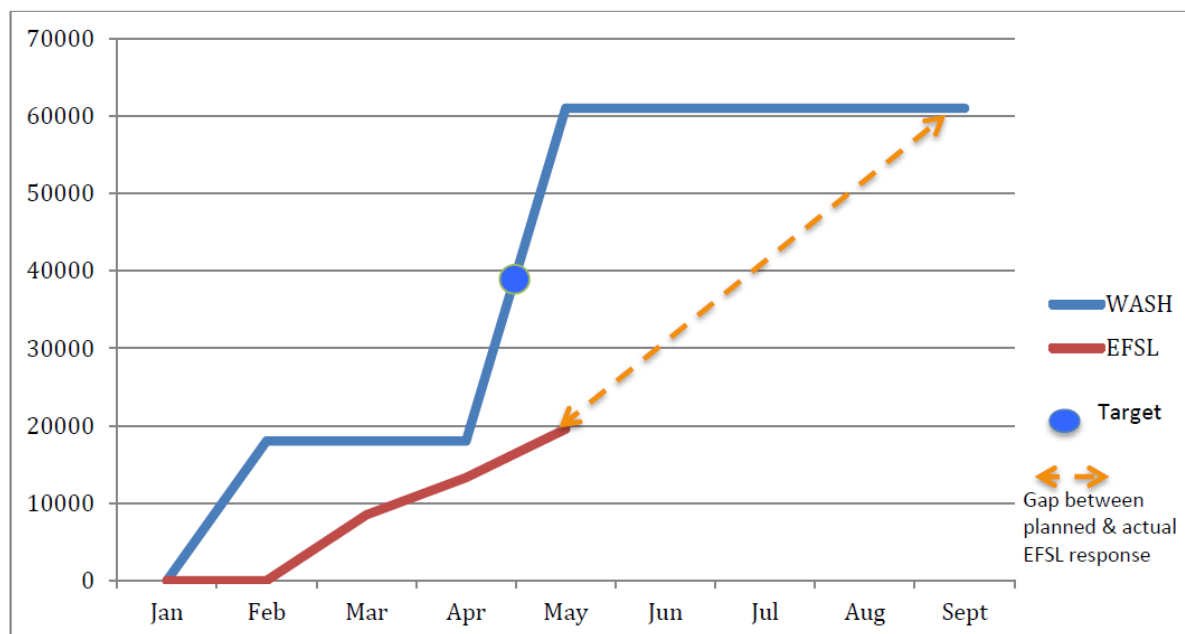
return process and allowing humanitarian agencies to assess and respond to needs elsewhere. Oxfam carried out assessments in Bria and applied for significant new funding from European Commission Humanitarian Office (ECHO) for both WASH and EFSVL work, but decided against making commitments in new areas until this funding was approved.

Meantime, uncertainty about future restricted funding possibilities, combined with low financial management capacity within the CAR team, led Oxfam to put certain components of the fledgling programme in Bangui on hold. After cash distributions in April and early May to an additional 11,000 people,¹⁸ further EFSVL activities were deferred, and the recruitment of EFSVL and Protection Coordinators to replace the start-up staff was postponed. Oxfam focused on maintaining the WASH component, continuing to service the five IDP sites where approximately 12,000 IDPs remained, extending de-sludging services to multiple other sites, and taking over responsibility from Médecins sans Frontières (Doctors without Borders) (MSF) for maintaining the pumping station at Bangui Plage that serviced the operations of five other INGOs. This decision enabled Oxfam to provide water, directly or indirectly, to 61,000 IDPs from July 2014 onwards, as well as sanitation services to a large proportion of IDPs across the city.

Negotiations with ECHO concluded successfully in May and Oxfam was assured that two contracts would soon be signed for its proposed WASH interventions in Bria and Bangui, but that its EFSVL work would not be funded by ECHO. As the contracts were not actually signed by ECHO until August 2014, Oxfam first aid to beneficiaries in Bria did not happen until beyond the timeframe of this evaluation.

Overall, it is considered that Oxfam achieved good coverage in terms of the number of people who have benefited and continue to benefit from its WASH programme. The CAR programme surpassed its target of 40,000 beneficiaries and met its objective to fill gaps in the overall international response. However, as Oxfam was not able to continue the EFSVL work beyond initial cash and food distributions, the programme did not achieve its objective to provide a ‘full package in WASH and EFSVL’. **It is therefore considered that, in the first 10 months of its intervention in CAR, Oxfam almost met the standard for beneficiary coverage (4/6).**

Figure 2.1: Trends in beneficiaries of Oxfam’s programme, January–September 2014



3.2.3 Quality Standard 3: Technical aspects of programme measured against Sphere standards

	Met	Almost Met	Half Met	Partially Met	Not Met
Technical aspects of programme measured against Sphere standards		4/6			

Requirements to fully meet the standard:

- Sphere standards proposed and put in place with adjusted indicators for context.
- Training in standards carried out for staff and partners with direct reference to Sphere.
- Indicators use standards, and monitoring against standards takes place regularly.
- Standards evaluated.

The WASH and EFSVL components of Oxfam’s response in CAR were designed and monitored on the basis of Sphere standards and indicators, as illustrated in the extracts presented in Table 3.1.

Oxfam’s WASH staff were aware that in some cases indicators could not be achieved due to contextual limitations, and had to be adjusted accordingly. For example, after the rapid WASH assessment of several IDP sites in Bangui, Oxfam staff noted:

‘In Bangui there is very insufficient response to the needs. Technical constraints (IDP sites overstretched leaving limited space for more infrastructures, limited capacity from the water plant in Bangui and limited trucks’ availability for water trucking) prevent us from reaching minimal Sphere standards in IDP sites. Even in the main IDP site at the airport (where more than 80,000 IDPs are staying) only 21% of the Sphere standards (sic) are reached for water supply (currently 1.6 l/p/day) and only 16% of Sphere standards¹⁹ are reached for sanitation (320 p/latrines). The impacts of such very low standards are fortunately compensated for by the fact that IDPs can go back to their neighbourhoods/homes during daytime when security allows. This reduces the pressure on water availability and sanitation infrastructures.’

It is not clear if Oxfam’s partners in CAR received any training or information on Sphere standards. At the time of this evaluation the key Oxfam staff from the initial phase were no longer available to comment on this, and there is no documented record of training taking place.

Given the above, it is considered that Oxfam almost met the standard for applying Sphere technical standards to its work in CAR (4/6). To fully meet the standard, Oxfam should have planned, delivered and documented some form of capacity-building on Sphere standards for the staff of its partners, particularly as it had not worked with these organisations prior to the emergency.

Table 3.1: Use of Sphere standards

Sphere standard	Evidence of use
<p>Cash and voucher transfers standard 1: Access to available goods and services.</p> <p>Cash and vouchers are considered as ways to address basic needs and to protect and re-establish livelihoods.</p>	<p>Expected Result 2 (EFSVL – Emergency Food Security and Vulnerable Livelihoods): This result will aim to improve the food security and dignity of targeted households through the provision of cash/vouchers (to be decided according to protection/risk analysis) to partially cover food, cooking, non-food items (NFIs) and cooking fuel needs for one month.</p> <p><i>Source: Proposal by OGB to SIDA Rapid Response Mechanism (February 2014)</i></p>
<p>Food security – Food transfers standard 1: General nutrition requirements</p> <p>Ensure the nutritional needs of the disaster-affected population, including those most at risk, are met.</p>	<p>Cash amounts were the same for every household (30000 CFA) which was intended to cover the costs of one month's food ration on the basis of approximately 8 people per household.</p> <p><i>Source: Correspondence with Juanita Parra Martinez (December 2014)</i></p> <p>According to preliminary results from the Post-Distribution Monitoring (PDM) both dietary diversity and quantity of food improved for at least 80% of beneficiaries consulted. The number one expenditure was on food, followed by livelihoods assets (petty trading). Prior to Oxfam distribution, people ate only manioc with coco leaf. After the distribution they were able to buy and eat more varied vegetables and also meat.</p> <p><i>Source: Final Report to SIDA RRM (June 2014)</i></p>
<p>WASH – Hygiene promotion standard 2: Identification and use of hygiene items</p> <p>The disaster-affected population has access to and is involved in identifying and promoting the use of hygiene items to ensure personal hygiene, health, dignity and well-being.</p> <p>Excreta disposal standard 2: Appropriate and adequate toilet facilities</p> <p>People have adequate, appropriate and acceptable toilet facilities, sufficiently close to their dwellings, to allow rapid, safe and secure access at all times, day and night.</p>	<p>Water: lack of containers; hygiene and sanitation: no toilet paper; no bins but a makeshift tip in situ which is burnt every night.</p> <p><i>Source: Focus Group Discussions, Diagnostique Qualitative February 2014</i></p> <p>96% of beneficiaries (i.e. 69 people) said they are satisfied by the kit's content, while only 5% are not. Some large families (only 4% of the sample) have had issues using the kit, for the simple reason that there are not enough items (such as soap, sleeping mats and buckets) for everyone in their family. The items were primarily used to address the lack of cooking items and to improve the sleeping conditions on the site.</p> <p><i>Source: PDM Results (undated)</i></p> <p>In WASH, Sphere standards are used as the basis of the 3W, compiled by the WASH Cluster, to identify gaps in coverage in the IDP sites. In some of the sites it hasn't been possible to achieve Sphere standards, for example due to lack of space to construct latrines/showers, or refusal of permission from the church authorities for further construction (most of the IDP sites are based in church compounds).</p> <p><i>Source: Email from Laura Hollande, 02.10.14, during HIT Evaluation</i></p>

Water supply standard 1: Access and water quantity

All people have safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Public water points are sufficiently close to households to enable use of the minimum water requirement.

Most of the users declared their satisfaction with the sanitation infrastructure. It has also allowed them to improve their hygiene habits according to the PDM. All IDPs on the targeted sites got access to water. No queuing time was registered, though it remains difficult to estimate the litres per person per day due to enormous population fluctuation and movement during the day inside and outside of the sites.

Source: PDM Results, undated

3.2.4 Quality Standard 4: MEAL strategy and plan in place and being implemented using appropriate indicators

	Met	Almost Met	Half Met	Partially Met	Not Met
MEAL strategy and plan in place and being implemented using appropriate indicators			1.5/3		

Requirements to fully meet the standard:

- Monitoring, Evaluation, Accountability and Learning (MEAL) staff in post.
- Budget reflects MEAL activities.
- Evidence of use of Oxfam Minimum MEAL standards.
- Indicators in logframes replicated in MEAL strategy and plan.
- Data collected, analysed and fed back to staff and partners.
- Evidence that data are used to adjust programme activities.
- Indicators reported against in donor reports at activities, outputs and outcomes levels.
- Review or learning days held with technical staff.
- OPAL has MEAL plan in place and is updated regularly.
- Final evaluation planned.

In the period covered by this evaluation, Oxfam distributed the MEAL function between technical leads and partner staff. For this reason, the budget did not include specific lines for MEAL personnel.

In the Assessment and Start Up stages, Oxfam partially complied with its own MEAL standards (OI standards), as shown in Table 3.3. The initial assessment took place later than the standard stipulates, and the first logical framework (with indicators and means of verification) was created in March 2014, two months after the team arrived in Bangui. A framework containing SMART indicators and means of verification was developed, but a corresponding MEAL plan was not, thus making it more difficult for staff and partners to monitor in a systematic, coordinated way.

In the Implementation stage Oxfam also partially met its own standards. With regard to monitoring, several of the planned means of verification in the logical framework were not actually used, as shown in Table 3.2.²⁰ Post-Distribution Monitorings (PDMs) and satisfaction surveys were conducted in each site, but market analyses were not carried out due to low staffing capacity for EFSVL, and no further focus groups were held. It also appears that the monitoring data that were collected were not adequately shared between staff and partners, although some important lessons on processes were shared, such as when beneficiaries should be informed of upcoming distributions to ensure they were present while avoiding creating tensions and insecurity.²¹

Two specific learning processes were carried out for the EFSVL component of the programme. A workshop was held to reflect on the different stages of the EFSVL project and how to improve in future

interventions, and a 'one-pager' on lessons learnt from working with Western Union was produced and presented to the Cash Working Group. The results of these processes also provided Oxfam with valuable inputs for donor reporting. However, at the time of this evaluation, similar WASH learning events had not yet taken place, largely due to pressure on the Oxfam WASH team to set up the new programme in Bria while maintaining operations in Bangui. The WASH team recognised, however, that a learning event would be of value, given the challenging circumstances of this response.

In light of the above, it is considered that Oxfam's programme in CAR half-met the standard for MEAL (1.5/3).

Table 3.2: Use of planned monitoring tools and processes

Monitoring tool/process	When/if applied
1. PDM survey	Yes – Once in most sites, following NFI and cash distributions
2. Satisfaction survey of WASH installations	Yes – Integrated within PDMs
3. Market analysis	No – Not used for monitoring
4. Focus Group Discussions (FDGs)	No – Not used for monitoring
5. Observation	Yes – Continuous, by Oxfam and partner staff
6. Complaints mechanisms	No – Not fully implemented as planned; complaints and feedback were mainly communicated with staff onsite and at distributions. See section 3.2.5 for details.
7. Real Time Evaluation (RTE)	Yes – Carried out August/September 2014

Table 3.3: Number of actual beneficiaries vs. targets by month, from December 2012 to December 2013

Standard	Yes/No
Assessment and Start-up	
For slow onset emergencies this should take place one week after receiving the alarm from early warning systems or from other reliable sources on the situation.	N
The assessment must include: beneficiary consultation, unless security or access prevents this; rapid gender assessment of impact of emergency on men and women.	Y
Disaggregated data (sex and age being the most important) should be obtained as soon as possible (within the first month) – this data should be comparable between affiliates	N
The assessment team should be gender balanced with clear terms of reference.	Y
The results should be shared between Oxfam (all affiliates) and partners. These results will determine geographical working areas and needs priorities.	Y
An in-depth assessment should take place as soon as possible after the rapid assessment to provide more in-depth information and to verify disaggregated data (within the first month). For slow onset emergencies the in-depth assessment will be carried out only if the rapid assessment concludes that the situation deserves a response.	N
The assessment team will consist of different actors depending on the context (Oxfam staff, partners, other INGOs, government representatives). It should be a joint affiliate assessment wherever there is more than one Oxfam present in-country.	N
Participation of representatives of all community groups is essential in order to understand their needs, views and contextually specific issues.	N
Results should be shared across Oxfam teams (through the Country Leadership Team) and with other actors (UN clusters, coordination forums).	Y
A logframe or planning framework with SMART indicators should be agreed upon after the assessment – this is not a tool used by all affiliates and/or partners, but at least some basic indicators should be developed in order to monitor and evaluate.	Y
The assessment should also explore with the affected population how they wish to receive information (and what kind) and how they wish to provide feedback or submit complaints.	N
Baselines should be carried out if a) it is a category 1 or large category 2 response or b) the programme is likely to be of over six months duration or c) quantitative impact measurement is required or d) the budget is over 500,000 US\$	N
Expertise in sampling, quantitative data collection and analysis should be ensured before a baseline is attempted (this expertise can also be via a consultant, although expense versus usefulness must be considered).	-
Baselines should be carried out within the first two months of a response.	N
Both quantitative (using a calculated sample size) and qualitative data should be used and disaggregated by sex and age.	-
The results should be shared among all in-country affiliates and partners in a format that is user-friendly to all.	-

Implementation	
The documentation of activities and number of beneficiaries for each activity is essential. A monitoring framework should be developed within the first month specifying when, how, and who will be collecting data – the amount and frequency will be context specific. Monitoring information should be available for sharing between affiliates and partners, or consolidated if there is an OI MEAL coordinator in post.	N
Monitoring tools should be prepared and disseminated with training as required.	Y
Monitoring should also capture changing situations in order to adjust the programme in a timely manner.	Y
Information will also feed into other networks, such as the clusters, OCHA and other consortia taking in to account security and protection issues.	Y
Accountability mechanisms with the affected population should be established to promote transparency and community involvement. As a minimum a complaints/feedback (from the affected population) system should be set up as well as a system for providing information on selection criteria and expected activities.	N
A feedback system for partners to Oxfam should also be established.	N
Training on accountability should be required for all programme staff and partners where appropriate.	N
Regular community meetings (for example monthly) need to be held for information exchange and for community feedback on programming. The frequency will depend on access, security and, of course, the priorities of the affected community.	-
All rapid onset emergencies (category 1 and 2) should carry out an RTE at around the six to eight weeks mark after the onset of the disaster. Large slow-onset emergencies (category 1 and 2) should carry out an RTE at around the 10 to 12 weeks mark after the beginning of the response.	N
The RTE TOR should be signed off by the Humanitarian Lead after review by the Country Leadership Team after a maximum consultation period (10 days).	Y
Team members should be considered from all or selected affiliates (depending on number in country) with active programming, although evaluator expertise and competence should take precedence over affiliate representation. (See RTE guidelines for selection of teams). The maximum number of team members should be four.	Y
The commissioning manager should be from the Humanitarian Lead agency	Y
Unless security does not allow, there must be consultation with the affected population.	Y
A management plan written with names against activities and a CLT mechanism to ensure that this happens should be the outcome of the Day of Reflection.	N
All RTE reports should be posted on Sumus within six weeks of completion and sign-off.	N
At least once during the first year, the indicators should be reviewed and adjusted.	Y
A learning event, such as a monitoring review or a review day, should be held to assess progress and to discuss changes. Community members should be included, but this will depend on the context and issues to be discussed. If not included, community feedback should form part of the discussion in order to feed into planning. If this is conducted per affiliate, the results should be shared.	Y
Final Evaluation	
If there are no donor requirements, then programmes under a year should carry out a self-evaluated after-action review (either joint or per affiliate). This should be in the last two months of the programme.	Not yet

If there are no donor requirements, then programmes over a year should carry out an outcome/impact evaluation (preferably as a joint exercise or per affiliate) that is more in-depth than the after action review. In these longer-term programmes (especially if two years or over) a mid-term evaluation at the end of the first year should be followed by a final evaluation during the last two months before the programme ends in order to utilise the learning.	Not yet
All Oxfam evaluation reports in full or edited form are expected to be posted on Sumus.	Not yet
The opinions of the affected population and partners must be included in all reviews and evaluations, preferably using participatory methods for data collection.	Y

3.2.5 Quality Standard 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.

	Met	Almost Met	Half Met	Partially Met	Not Met
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				1/3	

Requirements to fully meet the standard:

- Evidence of consultation with community on programme areas, such as targeting, preferences for cash/food, siting and design of latrines, distribution of non food items, information channels, etc.
- Evidence of sufficient information provided to communities.
- Feedback shows that information received is sufficient.
- Evidence of complaints being addressed and reported on to complainant.
- Evidence of feedback incorporated into planning – changes made to programmes after consultation.
- Examples of good practice captured and shared.
- Feedback from communities around needs and concerns is positive.
- Evaluation reports state that programme is relevant to needs and context.

In the sites in Bangui where its programme would be delivered, Oxfam’s assessment team held focus group discussions to consult IDPs on key issues for both its WASH and EFSVL components. The results of these discussions enabled Oxfam to identify the most appropriate locations for sanitation facilities,²² define the contents of the Non-food item (NFI) kit,²³ and decide between distributing cash or food parcels, depending on the preferences of the majority of the beneficiaries.

Following programme start-up, a post-distribution monitoring survey was used to collect feedback from a sample of 200 people in five different IDP sites. The results indicated a high level of satisfaction with water availability and short waiting times, but also served to identify problems, such as poor drainage around showers, unhygienic toilets and a lack of lighting in and around sanitation facilities. It is not clear if all of these issues were adequately addressed as, with the exception of the decision to recruit a permanent team to maintain the toilet blocks, the follow-up processes were not documented.

Unfortunately the programme fell short of acceptable standards with respect to managing complaints. Although plans²⁴ were communicated in March to ‘set up 15 complaints committees to guarantee monitoring and a do no harm approach’, these were not followed through. Two complaints about incomplete NFI kits were recorded by partner staff at a distribution,²⁵ but it is not clear how these were resolved. After the third cash distribution it was decided to display two mobile phone numbers for any complaints received during and after the distribution, but 81% of respondents to the PDM said that they were not aware of any mechanism for voicing complaints. It is not clear if the lines were ever used by beneficiaries, or how Oxfam intended to deal with any complaints received in this way.

Given these mixed results, it is considered that Oxfam **only partially met the standard for accountability (1/3)**.

3.2.6 Quality Standard 6: Partner relationships defined, capacity assessed and partners fully engaged in all stages of programme cycle

	Met	Almost Met	Half Met	Partially Met	Not Met
Partner relationships defined, capacity assessed and partners fully engaged in all stages of programme cycle				1/3	

Requirements to fully meet the standard:

- Partner capacity assessment carried out.
- Capacity building plan in place (if needed).
- Documented evidence of Oxfam support to partner on capacity building (training or staff secondment for example).
- Partner agreement clearly states expectations and outcomes for both parties.
- Partner actively involved in planning, monitoring and evaluation.
- Partner feedback is positive.

Oxfam’s initial assessment indicated that it would be difficult to find capable, non-partisan local partners.²⁶ However, following a mapping process of local organisations, the Oxfam start-up team identified Association des Femmes pour la Promotion de l’Entrepreneuriat (AFPE) and Rebâtitseurs de la muraille des œuvres de Dieu (REMOD) as feasible local partners that would enable Oxfam’s programme to gain fast entry into communities.²⁷

Oxfam signed contracts with both organisations in February 2014, for de-sludging latrines and carrying out hygiene promotion. Capacity assessments were not carried out for either organisation, but Oxfam committed in its contracts to providing capacity building in protection, logistics, finance and security.

A workshop on protection issues was indeed held in February, in which the staff of both partners participated. Following that, however, capacity building was largely carried out through on-the-job instruction and accompaniment. Despite the fact that neither organisation had ever been engaged in a large humanitarian response, no formal training was provided by Oxfam on humanitarian principles, Sphere standards, HAP standards or other issues of sectoral importance.

Initially, Oxfam ‘embedded’ partner staff into its team to ensure a close working relationship, but later it chose to contract staff directly. This was not viewed positively by other staff of the partner organisations, who felt that their capacity had been weakened, although Oxfam maintained that it did so to provide the previously ‘embedded’ staff with better employment conditions, and that a separate agreement was established to continue capacity building of the organisation as a whole.

Oxfam agreed with both REMOD and AFPE to holding monthly meetings to review progress reports, monitor the programme and discuss priorities. It is not clear, however, whether such meetings were carried out, nor to what extent partners felt their capacity was in fact strengthened through the relationship with Oxfam.

A partnership was agreed with a third organisation, IRAD, in August 2014. This time a full capacity assessment was carried out, the conclusion of which was that it lacked financial capacity and required specific support on compliance from Oxfam. Oxfam decided to form a partnership despite the results of the assessment. However, as no documentation of capacity-building was provided for this evaluation, it is not known whether this was in fact carried out.

Given these mixed results and the unavailability of documentation for further verification, it is considered that Oxfam only partially met the standard for partnership (1/3).

3.2.7 Quality Standard 7: Programme is considered a safe programme: action taken to avoid harm and programme considered conflict sensitive

	Met	Almost Met	Half Met	Partially Met	Not Met
Programme is considered a safe programme: action taken to avoid harm and programme considered conflict sensitive				1/3	

Requirements to fully meet the standard:

- Assessments look at safe access to services and other protection issues.
- Documented evidence that programmes respond to identified protection issues.
- Protection issues identified by other actors acted upon.
- Protection expertise called in when programme requires it.
- Technical teams do safe programming.

- Advocacy strategy includes protection and action is taken.

During its preliminary assessment in Bangui, Oxfam identified protection issues ranging from cases of rape and arbitrary executions, to extremely restricted movement in the city and the country as a whole, and non-functioning essential services, such as health centres and schools.²⁸

In this highly insecure context, in which Oxfam did not have a historical presence or knowledge, the Oxfam team decided on the following strategies to address protection needs:²⁹

- To adopt a targeting approach using ‘Do no harm’ as an overarching principle.
- To train 100% of its staff and partners on the integration of protection, ‘Do no harm’, international humanitarian law, international human rights law, gender-based violence (GBV), risk analysis and data management.
- To work with the relevant sectoral fora (protection cluster, child protection sub-cluster and GBV sub-cluster).
- To use its daily presence in sites across Bangui to inform advocacy for better security and protection (Results are given in the Advocacy section).
- To identify and respond to the specific needs for each gender throughout the WASH and EFSVL activities.

Oxfam implemented the first component of the strategy (‘Do no harm’) by including host communities and IDPs in sites where both were living. This served to mitigate possible tension and resentment between the two groups, as well as making sense from a public health perspective. Oxfam also selected a combination of pro-Muslim and pro-Christian IDP sites/neighbourhoods, to avoid supporting, or even appearing to support, one side in the conflict.

Oxfam followed through with plans to train staff appropriately, carrying out a protection workshop in February 2014 for its WASH and EFSVL teams in Bangui (eight people) and the staff of its two partners.³⁰

With respect to working in coordination with other protection actors, Oxfam shared the initial protection analysis carried out in some of its programme sites and regularly attended Protection cluster meetings. However, a significant delay in recruiting a long-term Protection Advisor³¹ meant that Oxfam was unable to continue to share expertise on this issue in the way that it and other agencies expected. It did, however, take on a leadership role in advocacy on issues relating to protection of civilians, as mentioned in Section 3.2.11.

The absence of a Protection Advisor, combined with absence of a Gender Advisor and the lack of funding for continuing EFSVL work beyond April, also affected Oxfam’s plan to respond to gender-specific protection needs. No further protection analyses were undertaken after those of the initial assessment, and gender-specific protection EFSVL needs were not identified. Oxfam did, however, mainstream protection in early EFSVL programming through considerations of different assistance modalities, and in WASH programming by ensuring that facilities were in relatively safe locations and were well-lit.³²

In light of the above, it is considered that Oxfam partially met the standard for safe programming (1/3).

3.2.8. Quality Standard 8: Programme (including advocacy) addresses gender equity and specific concerns and needs of women, girls, men and boys

	Met	Almost Met	Half Met	Partially Met	Not Met
Programme (including advocacy) addresses gender equity and specific concerns and needs of women, girls, men and boys					0/3

Requirements to fully meet the standard:

- Gender analysis carried out, well documented and strategy written.
- Evidence that this is used to guide design and delivery.
- Sex disaggregated data collected, reviewed and used to make appropriate adjustments.
- Programme and advocacy planning addresses needs, roles and power relations of men and women.
- Evidence that programme contributes to gender equity (services provide for men/women needs as appropriate).
- Gender minimum standards used and adhered to.
- Programme partners with capacity and support to mainstream gender throughout the programme cycle.

Oxfam's team in CAR consulted men and women in separate focus groups during the assessment, and included equal numbers of men and women in PDM surveys. However, they did not carry out a specific gender analysis of either the assessment or monitoring results, nor did they produce a gender strategy to guide the programme. Furthermore, there is no evidence of training on gender for Oxfam's new partners, beyond the mainstreaming of gender in the protection training modules.

It is therefore considered that Oxfam's response in CAR did not meet the standard for gender equity and gender-sensitive programming (0/3).

3.2.9 Quality Standard 9: Programme (including advocacy) addresses specific concerns and needs of vulnerable groups

	Met	Almost Met	Half Met	Partially Met	Not Met
Programme (including advocacy) addresses gender equity and specific concerns and needs of vulnerable groups ³³		2/3			

Requirements to fully meet the standard:

- Differentiated vulnerability analysis/assessment data identify especially vulnerable groups, and are used to inform design and appropriate actions to meet their specific needs (link also to standard 7 and safe programming).
- Evidence of balanced representation of vulnerable people in managing assistance provided and ongoing feedback/consultation.
- Evidence that intervention design and delivery ensures vulnerable groups have full access to assistance and protection services.

Oxfam's intervention in CAR was, by design, intended to address the needs of vulnerable groups in sites that were not already receiving assistance from other NGOs or UN agencies. As stated in the assessment report, 'In Bangui, there are 49 IDPs sites and 19 actors are implementing WASH activities in 41 IDP sites. Therefore there are still IDP sites and host communities without assistance.'³⁴

In the sites where Oxfam decided to work, it adopted a 'whole *quartier*/whole site' approach, in which all people living there received assistance. This approach was chosen deliberately as a way to avoid creating further tensions in an already fragile and violent context. It can be further justified by the generalised situation of extreme vulnerability throughout the country, as summarised by OCHA at the launch of the Regional Response Plan³⁵ in July 2014:

'These serious protection concerns come against a backdrop of extreme vulnerability among the Central African population. Even before the crisis almost half of the population was food insecure; today, 2.5 million people – half of the population – need humanitarian aid to meet their basic needs. Some 1.6 million people are in need of food and agricultural support, almost 700,000 people require nutritional support and two thirds of the population do not have access to sufficient health care.'

That said, Oxfam's own minimum standards for WASH programming, as well as Sphere standards, require that WASH facilities are accessible to all members of the intended beneficiary population, in particular those with disabilities and limited mobility. It appears that Oxfam's team may not have been fully aware of the specific needs of such groups, as no evidence has been found of adaptations being made to facilities, or indeed of processes to seek input into the design stage, and/or feedback during implementation.

It is therefore concluded that Oxfam almost met the standard for addressing the needs of vulnerable groups (2/3).

3.2.10 Quality Standard 10: Evidence that preparedness measures were in place and effectively actioned

	Met	Almost Met	Half Met	Partially Met	Not Met
Evidence that preparedness measures were in place and effectively actioned					0/3

Requirements to fully meet the standard:

- Contingency plan in place, updated regularly and used.
- Evidence of monitoring of chronic situation and triggers in place for action.
- Evidence of links to existing preparedness programmes where relevant.
- Evidence of surge capacity.
- Evidence of success of preparedness programmes on current response.

As stated in Section 3.2.1, Oxfam did not have a contingency plan or any pre-defined triggers for humanitarian action in Central African Republic prior the start of this crisis. Regional staff did, however, monitor the evolving situation and treated the dissolution of Seleka³⁶ and the marked increase in the number of refugees crossing the CAR-Chad border from mid-September³⁷ 2013 as triggers to carry out an assessment.

In the weeks that followed the assessment and its recommendation for an immediate response, clear gaps were revealed in Oxfam International's preparedness. As noted in Section 3.2.1, a shared reluctance to take on the leadership role led to significant delays in launching a response, which had repercussions in terms of programme quality throughout the first six months of the programme.

It is considered, therefore, that Oxfam did not meet the standard for preparedness (0/3).

3.2.11 Quality Standard 11: Programme has an advocacy/campaigns strategy and has incorporated advocacy into programme plans based on evidence from the field

	Met	Almost Met	Half Met	Partially Met	Not Met
Programme has an advocacy/campaigns strategy and has incorporated advocacy into programme plans based on evidence from the field	3/3				

Requirements to fully meet the standard:

- Advocacy strategy in place and evidence that it was written with input from programmes and field data.
- Strategy endorsed by Oxfam Rights in Crisis (RiC) Campaign Management Team with SMART objectives for change.
- Campaigns/policy and media staff in place.
- Budget sufficient for strategy implementation.
- MEAL plan in place including evaluations.
- Proactive and reactive media work including press conferences, blogs and journalist trips.
- Evidence of lobbying at national and/or global level.
- Evidence of outcomes from advocacy messages – not necessarily Oxfam alone.
- Global – involvement of global RiC Campaign network, including teleconferencing, lobbying in capitals, sharing of product.

Oxfam's competence in advocacy was one of the justifications behind the decision to intervene in a country where it did not have a programme or presence. The initial assessment report noted, 'High-level advocacy is needed especially in the areas of humanitarian space and increasing the visibility of the CAR crisis.'³⁸

Once Oxfam's HCGG decided to proceed with humanitarian response, the CAR crisis was incorporated into the RiC campaign,³⁹ an advocacy expert was deployed to CAR, and human resources were made available for CAR-specific advocacy in the Regional Office (Dakar, New York, France and Oxford).⁴⁰

An advocacy strategy was developed very rapidly,⁴¹ the first objective of which was to contribute to an improvement in the security of the affected populations and humanitarian agencies through a UN mission with the appropriate means, structure and mandate and a distinction between humanitarian and peacekeeping or political action. It also clearly stated that Oxfam would use its daily presence in IDP sites in Bangui to inform the further development and implementation of the strategy, thereby establishing a strong link between Oxfam's programme and advocacy efforts.

The strategy was crafted in a logical framework format with mainly SMART indicators. The progress reports produced for coordination meetings and incorporated into situation reports indicate that Oxfam was a very active member, and oftentimes leader, of multi-agency advocacy urging for peacekeeping troops and international support from the US, UK, European Union and African Union. For example, Oxfam led on the production of briefings for NGO allies such as CAFOD, Muslim Aid and Save the Children to lobby the US envoy to CAR, the DFID Minister in the UK and EU officials,⁴² as well as on aspects related to protection of civilians in letters to the UN General Assembly.

Oxfam constantly sought to raise the media profile of the CAR crisis through press releases and articles on various angles of the crisis, such as food insecurity⁴³ and protection needs.⁴⁴ Its communications staff undertook a visit in July 2013 to obtain photographic and other material to support their efforts to maintain the crisis in the UK and global media.

At the time of this evaluation, a specific review or evaluation of the advocacy component has not been produced. However, the Real Time Evaluation (RTE), which covers the first six months of the response, concluded that the advocacy work done in CAR was very well received by other humanitarian actors intervening there, and that a clear joint-agency plan was in place for the months ahead. **Given the level of effort invested, the clear outputs and the satisfaction of other stakeholders, it is considered that Oxfam met the standard for advocacy (3/3).**

3.2.12 Quality Standard 12: Evidence of appropriate staff capacity to ensure quality programming

	Met	Almost Met	Half Met	Partially Met	Not Met
Evidence of appropriate staff capacity to ensure quality programming					0/3

Requirements to fully meet the standard:

- Job profiles match competency frameworks.
- Interviews were conducted using frameworks.
- Inductions were systematically carried out.
- Majority of end of deployment appraisals are positive.
- Development programme staff have scale-up in their job descriptions.
- Staff stay for duration of contract.

Throughout the first six months of the CAR response, issues of insufficient staff capacity were repeatedly mentioned in situation reports and minutes of coordination meetings. For example:

- The initial deployment by Oxfam GB of a start-up team took longer than expected due to difficulties identifying francophone staff with sufficient experience to work in a highly insecure context.
- Despite clear needs for programming in these areas, recruitments for the posts of Protection/Gender Advisor and EFSVL Coordinator were put on hold from February to around August 2014, due to funding uncertainties.

- A logistician did not arrive in-country until two months after the programme start-up.⁴⁵
- The Logistics and Security Management functions were combined in one post for the first six months of the response, causing delays and irregularities in procurement as well as increased stress for the entire team.
- Emergency support was needed to cover the Finance Manager position following the premature termination of the post-holder's contract. During the period of emergency support, a fraud incident was dealt with and a number of other irregularities and gaps in financial management were identified.⁴⁶

The Human Resources (HR) function was held by the Programme Manager for the first six months of the response, on top of this person's general management responsibilities. This resulted in a lack of attention to compliance with many standard HR procedures, such as:

- Insufficient documentation of interviews and selection procedures.
- Inadequate inductions, without due planning, documentation and follow up.
- Staff working for several months without documented objectives.
- Lack of end-of-deployment appraisals.

In light of the above, and in the absence of sufficient documentation to conclude otherwise, **it is considered that Oxfam did not meet the standard for appropriate staff capacity (0/3).**

APPENDIX 1: SOURCES OF DATA

Internal Reports

1. Situation reports 1–4
2. Ad-hoc HCGG teleconference on Central African Republic (23.12.13)
3. Oxfam Face to face meeting on CAR in Dakar (Friday 2 May 2014)
4. CAR Emergency Response Overview (January 2014)
5. Oxfam's Response to the Crisis in the Central African Republic (January 2014)
6. Central African Republic (CAR) Briefing Note (10.01.14)
7. CAR Coordination Call (11.04.14)
8. CAR Coordination Call (28.03.14)
9. Minutes Coordination Meeting – Bangui (23.08.14)
10. Oxfam CAR: Minutes Coordination Meeting (08.08.14)
11. Regional EFSVL advisor visit to CAR, 25 February to 9 March 2014
12. Claire Berry *End of Mission Report* (16.09.14)
13. Handover Admin (n.d.)

Assessments

14. Central African Republic: Preliminary Analysis for the WAPGG, by West Africa Regional Humanitarian Working Group, led by Philippe Conraud (23.09.13)
15. Assessment of 3rd and 5th Arrondissements
16. Note on Food Security in Bangui, CAR (25.01.14)
17. Conraud, P. *ToR for start-up a response in CAR January 2014* (20.12.13)
18. Conraud, P. and Glass, A. *Bangui Mission 28–31 October* (31.10.14)
19. Diagnostic Oxfam (Groupes Des Filles Et Des Femmes)
20. Synthèse Du Site De Sainte Trinité (19.02.14)
21. Diagnostique Qualitatif FGD Masculins (n.d.)
22. Diagnostique Quantitatif WASH Sites (n.d.)

Programme Strategy and Design

23. CAR Initial Response Plan 11.02.14
24. Final Minutes of Dakar Meeting on CAR (n.d.)
25. Joint Oxfam Response Strategy (n.d.)
26. Central African Republic Emergency: Support to People affected by the CAR Crisis (24.07.14)

Monitoring, Accountability, Evaluation and Learning

27. Logframe Phase 1, January to June 2014 (n.d.)
28. Analyse de données PDM (06.06.14)
29. Real Time Evaluation CAR (24.07.14)
30. WASH Statistiques détaillées CMP (August and September 2014)
31. WASH Activités Site Aeroport (05.02.14)
32. Fiche de Suivi: Distribution D'eau (n.d.)
33. Fiche de Suivi: Sensibilisation à L'Hygiene (n.d.)
34. KAP Survey Results (n.d.)

Partnership

35. Contrat De Partenariat Entre Oxfam GB et L'Association AFPE Concernant La Mise En Œuvre D'un Projet Emergency Response In Bangui, CAR (14.03.14)
36. Contrat De Partenariat Entre Oxfam GB et L'Association REMOD Concernant La Mise En Œuvre D'un Projet Emergency Response In Bangui, CAR (14.03.14)
37. Rapport Hebdomadaire Activités Wash Oxfam/REMOD Période Du 14 Au 18 Avril 2014
38. Rapport Hebdomadaire Activités Wash Oxfam/REMOD Période Du 21 Au 25 Avril 2014
39. IRAD Evaluation, George Kambale, Logistics Manager Claire Berry, Financial Manager (14.08.14)

Protection

40. Formation Protection 01.03.14, Carre Gourmand, Bangui
41. Plaidoyer du Cluster Protection en RCA (n.d.)
42. Central African Republic Protection Cluster Crisis Report # 3 06.01.14)
43. Central African Republic Protection Cluster Crisis Report # 2 (31.12.12)
44. Cluster Protection, RDC: Manuel de bonnes pratiques pour la protection humanitaire et le Cluster Protection en RDC (n.d.)

Advocacy

45. INGOs in CAR call for enhanced security (19.02.14)
46. Food Crisis in Central African Republic (18.02.14)
47. Joint NGO note on CAR (n.d.)
48. INGO priority actions for CAR (20.02.14)
49. Central African Republic Questions and Answers (23.02.14)
50. Central Africa Republic Media and Communication Strategy (n.d.)
51. February–June 2014 Interim Strategy Draft 1 (n.d.)
52. Oxfam draft Advocacy Strategy – Central African Republic crisis (23.02.14)
53. Rights in Crisis Campaign Strategy for Central African Republic January 2014–June 2014 (08.03.14)
54. CAR Media Strategy February to June 2014
55. Inter-agency letter to William Hague (14.03.14)

- 56. Inter-agency letter to Justine Greening (14.03.14)
- 57. INGOs in CAR: What's Needed Now? (24.04.14)
- 58. Rights In Crisis Update: 16–30 July 2014 Central African Republic (30.07.14)
- 59. Oxfam Media Songsheet June 2014

Donor Proposals, Reports and Media Coverage

- 60. Oxfam-Sida Rapid Response Mechanism 2013: Project proposal and project budget (n.d.)
- 61. Email regarding CatFund grant £250K (03.01.14)
- 62. Email regarding CatFund grant (10.01.14)
- 63. CatFund LOAN request for CAR – £300k – quick start up of 2 ECHO proposals (15/07/14)
- 64. CAR Funding (12.03.14)
- 65. CAR Global Concept Note, April 2014
- 66. Central African republic (CAR) Crisis: July 2014 – Six Month Report. Prepared for the States of Jersey Overseas Aid Commission
- 67. ECHO Proposal (27.03.14)
- 68. ECHO Bria Submission (n.d.)
- 69. ECHO WASH Bangui Submission (24.06.14)
- 70. Sida Narrative Report (24.07.14)
- 71. CAR Funding Grid (27.02.14)
- 72. CAR Funding Grid (04.08.14)
- 73. Proposition de projet – pour le Comité Interministériel d'Aide Alimentaire (CIAA) (n.d.)

Reports from External Sources

- 74. Humanitarian Snapshot OCHA, 13 December 2013
- 75. Integrated WASH and EFSVL assistance for violence and conflict affected people (n.d.)
- 76. Central African Republic Regional Response Plan, January to December 2014
- 77. Central African Republic Regional Response Plan, July to December 2014
- 78. Vircoulin, T. et al., *Central African Republic – Making the Mission Work* (25.02.14)
- 79. Map: Central African Republic New Internally Displaced People after 5 December clashes, European Union (13.12.13)
- 80. Displacement Tracking Matrix Report, IOM August 2014
- 81. 100 Day Plan For Priority Humanitarian Action In The Central African Republic, OCHA, 24 December 2013–2 April 2014
- 82. They Must All Leave or Die (FIDH, June 2014)
- 83. CAR Humanitarian Needs Overview (05.11.13)
- 84. 2014 Strategic Response Plan, OCHA (January 2014)

Human Resources

- 85. Bangui Org Chart (08.04.14)

- 86. Orientation de nouveaux employés II (August 2014)
- 87. Introduction à la Gestion de Performance (No date)
- 88. CAR Capacity: Updated (15.07.14)

Interviews and Correspondence

- 89. Funding Coordinator (14.01.14 and 26.01.14)
- 90. Resilience & Response Team - Water & Sanitation Engineer (03.10.13)
- 91. Country Director (28.09.14) and (03.10.14)

APPENDIX 2: HUMANITARIAN INDICATOR TOOL FOR SLOW-ONSET DISASTERS

Degree to which humanitarian responses meet recognised quality standards for humanitarian programming

No.	Quality standard	Fully met (score 6)	Almost met (score 4)	Half-met (score 3)	Partially met (score 2)	Not met (score 0)
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					
2	Coverage uses 10% of affected population as a planned figure with clear justification for final count					
3	Technical aspects of programme measured against Sphere standards					
No.	Quality standard	Fully met (score 3)	Almost met (score 2)	Half-met (score 1.5)	Partially met (score 1)	Not met (score 0)
4	MEAL strategy and plan in place and being implemented using appropriate indicators					
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					
6	Partner relationships defined, capacity assessed and partners fully engaged in all stages of programme cycle					
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					
9	Programme (including advocacy) addresses specific concerns and needs of vulnerable groups					
10	Evidence that preparedness measures were in place and effectively actioned					
11	Programme has an advocacy/campaigns strategy and has incorporated advocacy into programme plans based on evidence from the field					

12	Evidence of appropriate staff capacity to ensure quality programming					
13	Country programme has an integrated approach including reducing and managing risk through existing longer-term development programmes and building resilience for the future					

NOTES

- 1 Sitrep 6, September 2014
- 2 Email from Country Director, 28.09.14
- 3 Monitoring, Evaluation, Accountability and Learning
- 4 Reason may include donor reluctance, lack of media interest or others.
- 5 HCGG Meeting Minutes (23.97.13)
https://sumus.oxfam.org/sites/all/files/group_documents/2013/08/05/humanitarian-consortium-governance-group-hcgg/20130723hcggteleconferencenotesfinal.docx
- 6 Sitrep 1 (25.10.13)
- 7 Glass, A., Conraud, P. *Bangui Assessment Report* (31.10.13)
- 8 Minutes, Ad-hoc HCGG teleconference on Central African Republic (18.12.13)
- 9 Conraud, P. *Terms of Reference* (20.12.13)
- 10 Sitrep 1b, January 2014
- 11 Sitrep 2, February 2014
- 12 Sitrep 3, 31 March 2014
- 13 Sitrep 1, 25 October 2013; Central Africa Republic: Preliminary Analysis for the WAF PGG, Sept 23, 2013 (P. Conraud)
- 14 CAR Call Minutes, 28 March 2014
- 15 Sitrep 2, February 2014
- 16 Sitreps 2–5, 2014
- 17 Email from Country Director, 28 September 2014
- 18 Email from Country Director, 28 September 2014
- 19 This refers to indicators for Sphere standards for water supply and sanitation
- 20 Final Report to SIDA RRM (June 2014)
- 21 Rapport Hebdomadaire Activités Wash Oxfam/REMODO Période Du 14 Au 18 Avril 2014; Rapport Hebdomadaire Activités Wash Oxfam/REMODO Période Du 21 Au 25 Avril 2014
- 22 Emails from Funding Coordinator (14.01.14 and 26.01.14)
- 23 Sida Narrative Report (24.07.14)
- 24 PGB Global Concept Note March 2014
- 25 OXFAM/REMODO/AFPE Rapport 11 Mars 2014
- 26 Conraud, P. and Glass, A. *Bangui Mission report* (31.10.14)
- 27 21 Sida RRM March 31
- 28 Conraud, P. and Glass, A. *Bangui Mission report* (31.10.14)
- 29 Sida RRM Proposal
- 30 Formation Protection 01.03.14, Carre Gourmand, Bangui
- 31 Sitreps 2-4
- 32 Sitrep 4
- 33 Elderly, disabled, HIV positive, single women, and female-headed households are examples.
- 34 Philippe Conraud and Amy Glass, Assessment Report
- 35 Central African Republic Regional Response Plan July to December 2014
- 36 September 9, 2013
- 37 Sitrep 1, Chad, 25 October 2013
- 38 Conraud, P. and Glass, A. *Bangui Mission 28–31 October* (31.10.14)
- 39 Rights in Crisis Campaign Strategy for Central African Republic January 2014–June 2014 (08.03.14)
- 40 Real Time Evaluation Report (September 2014)
- 41 Draft Advocacy Strategy (23.02.14)
- 42 Inter-agency letter to William Hague (14.03.14); Inter-agency letter to Justine Greening (14.03.14)
- 43 Food Crisis in Central African Republic (18.02.14)
- 44 INGOs in CAR: What's Needed Now? (24.04.14)
- 45 Real Time Evaluation Report, September 2014
- 46 Real Time Evaluation Report, September 2014

Oxfam Effectiveness Reviews

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