

# STRATEGIC OUTCOME REPORT: 'SAVING LIVES, NOW AND IN THE FUTURE'

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# EXECUTIVE SUMMARY

The Oxfam Strategic Plan (OSP) 2013–2019, ‘The Power of People Against Poverty’, guides the confederation’s programme, advocacy and campaign priorities over a six-year period. The priorities are set out in six change goals over this period to reduce poverty and help bring about greater equality. This Strategic Outcome Report focuses on Change Goal 3: ‘Saving lives, now and in the future’.

In order to evaluate progress towards the objectives of the change goals, indicative outcome areas have been established for each goal. In the case of Change Goal 3 the indicative outcome area is ‘the quality of the response judged against sector standards’ – which is also the focus of this report. Oxfam’s Global Humanitarian Indicator Tool (HIT), which incorporates internationally recognized standards such as Sphere and the Core Humanitarian Standard, is utilized as the primary measurement tool to review this outcome area.

This report reviews a sample of nine of Oxfam’s humanitarian crisis responses: the Syrian crisis in Lebanon and Jordan, the South Sudan regional crisis, Typhoon Haiyan in the Philippines, the conflicts in the Central African Republic (CAR) and Chad, the Ebola crisis in Liberia and Sierra Leone and the flooding in the Solomon Islands. Oxfam categorized most of these crises as Category 1 and 2 emergencies, with the exception of the Solomon Islands, which was a Category 3 response. They involve a total of nine response countries across four continents, and despite differences in the nature of the crises – they included rapid-onset natural disasters, assistance to displaced people due to conflict, and food security and health-focused crises – Oxfam’s responses to the needs of affected people were broadly similar, focusing on water, sanitation and hygiene (WASH) or emergency food security and livelihoods, or both. In addition, cross-cutting considerations in the responses typically include coverage; gender; protection; vulnerable groups; monitoring, evaluation, accountability and learning (MEAL); safe programming; partnership; staff capacity; security; staff health; and business support functions.

This report takes a primarily qualitative approach to review the selected outcome areas, mainly using secondary data from evaluation reports or similar materials, supplemented with external materials to provide additional context. The overall report is structured according to Oxfam’s HIT quality standard areas. In addition, a number of interviews (or email correspondence) with Oxfam staff who have specialist knowledge have been included to supplement and triangulate the analysis in areas where further information would be beneficial.

The specific areas of focus in this report are the extent to which Oxfam’s responses have adhered to quality standards, the performance of the responses against each standard and the enabling and blocking factors to a good-quality programme. These factors form the main themes of the report and, where possible, a distinction is made as to whether they are largely within Oxfam’s control or beyond it.

In terms of the overall findings, the analysis demonstrates that Oxfam’s humanitarian responses have provided high-quality, life-saving assistance to millions of people. In addition, the strategy of systematic external evaluations of Oxfam’s humanitarian responses demonstrates its commitment to quality and best practice.

According to the analysis, the HIT quality standards that Oxfam has most closely adhered to in the selected responses are coverage, advocacy and campaigns, safe programming and

coordination. In terms of coverage, a series of factors have enabled a high level of performance, some of which seem particularly important. For example, the timing of Oxfam's categorization of a crisis is significant, as this determines how the response is prioritized and is usually the trigger for scale-up (an exception to this was the Chad response where the categorization did not have the expected impact, as discussed below).

In addition to categorization, enabling factors in achieving coverage targets include the capacity of national partners to facilitate the response and a favourable funding outcome. Although the sample examined in this report cannot necessarily be generalized to all of Oxfam's responses, it does give an indication of the impact that different factors may have. Across the sample, it is seen that the funding environment appears to be much more favourable to Oxfam in rapid-onset crises than in slow-onset ones, with the latter often requiring lengthy negotiations in a complex context. This was the case in the Syrian crisis and in the Ebola crisis in West Africa: the time needed to lobby donors was a key issue in scaling up in both contexts. Having a prior presence in the response country is also strategically important in terms of Oxfam's ability to scale up an existing programme, along with the time saved due to it having experience and knowledge of the context. This is not an insurmountable barrier, but understandably in countries where Oxfam did not already have a presence, such as in Lebanon, Jordan and CAR, it took longer to launch and scale up emergency programmes than in countries where it did, such as the Philippines or the Solomon Islands. The strength of the humanitarian coordination system can also be a factor: for example, in the Solomon Islands a relatively weak system undermined crucial activities that were precursors to scale-up, such as inter-agency assessments.

A further key, though more general, factor to consider in terms of achieving high levels of coverage is the type and depth of the response. For example, focusing on the distribution of items to a total affected population, as opposed to activities targeted towards the most vulnerable people, will naturally directly affect the number of people reached, as well as the ability to successfully meet quality standards such as Sphere and Oxfam internal standards in MEAL, gender and partner relations. The use of coverage targets may be an area for further review.

In terms of advocacy and campaigns, another high-performing area, there were proven positive impacts on the quality of response resulting from advocacy, campaigns and media work. Oxfam has demonstrated an excellent performance in these areas, with the standard being fully met in most of the responses covered in this report. There are clear examples of the significant contribution made by advocacy work to the scale-up and impact of humanitarian responses. Key enabling factors include the production of a timely advocacy strategy that also reflects the country team's inputs and priorities and has programmatic links to high-level lobbying, monitoring of key events, milestones and information channels, and coordination with other agencies to achieve a greater impact and strengthen the voices of the most vulnerable people. Where the standard was not fully met, the common blocking factor was that response teams were not sufficiently resourced with advocacy, media or communications staff. This was also seen with other cross-cutting roles in relation to gender, protection and MEAL.

Regarding safe programming, there is evidence that this was integrated into all of the responses included in this report, although to varying degrees. In addition, protection issues were explicitly addressed in the documentation for nearly all responses. However, at the same time, there was a trend towards the late recruitment of protection specialists in response teams, though this was usually overcome by collaborating with other actors on protection issues. In addition, with Oxfam International's Global Humanitarian Team (GHT) and Humanitarian Support Personnel (HSP) approach, it is now becoming easier to temporarily mobilize protection specialists in humanitarian responses, until response teams can be staffed more permanently.

It is also of note that, throughout the emergency responses, Oxfam proved to be very strong on technical coordination with other humanitarian agencies, and often acted as the lead or co-lead of sector working groups. There have been many observations in evaluation reports by other INGOs, national partners, UN agencies and government departments that Oxfam's efforts

during responses have been appreciated and trusted, and its contribution of knowledge to the cluster system is highly valued.

The areas where Oxfam performed less well were timeliness, partner relations, feedback/complaints systems and staff capacity. In terms of timeliness – perhaps the most complex area, influenced by a raft of interlinking factors – several of the country-level responses either fully met or almost met this standard, and performance has generally improved over time. Exceptions were the Ebola crisis and the CAR response. However, these responses could be considered outliers to the general trend seen in this report. In the Ebola crisis, a particular set of complex circumstances required specialist attention and risk analysis before a response could be launched, and this was compounded by a tough funding environment in which donors were focusing more on direct medical interventions than on Oxfam’s areas of specialism.

For the responses that adhered well to the timeliness quality standard but missed out on the highest score, a common factor was gaps in transitioning from initial rapid assessments and planning to a timely and sustained scale-up proportionate to increasing needs. This was the case in the responses in Lebanon, CAR and Chad and to the Ebola crisis, with most of the identified blocking factors being largely out of Oxfam’s control – for example, an unprecedented crisis combined with other global pressures and priorities in the Syrian region, unfavourable funding environments in Jordan and in West Africa and a high-risk situation requiring in-depth analysis regarding Ebola. In the wake of the Ebola crisis, there are plans to establish a taskforce of people across different departments to identify trends, threats and triggers for future slow-onset health crises.

A factor relating to timeliness that can be either enabling or blocking is whether or not Oxfam has an established presence in a response country. In the Syrian crisis, there were initially challenges due to not having a current programme in-country, but these were mitigated by Oxfam’s relationships with national actors. The Chad response demonstrated that pre-existing programmes can facilitate an emergency response, but some factors should be monitored to mitigate any issues in scaling up. In this case, initial assessments and planning were rapidly facilitated by links with partners and communities, but the response seemed to lose some momentum after the first few weeks. This was partly attributed to challenges for country teams in stepping up the pace of longer-term disaster risk reduction (DRR) and resilience programmes to emergency response mode, linked to staff capacity and communication within the programme. However, Oxfam’s HSP approach should continue to mitigate this problem and should support country programmes with emergency response scale-up (further issues around ensuring the integration of surge capacity with existing country teams are discussed in the integrated approach/staff capacity section of the key findings).

In addition to the factors described above, blocking factors to timeliness that were more within Oxfam’s control were identified across the sample of responses. One of these was the speed of decision making, as noted in the evaluation reports for Lebanon and CAR. However, in reality there is often a series of complex factors present. In Lebanon the scale of the crisis was unprecedented and Oxfam had many other humanitarian commitments at that time, but this seems to have been compounded by a lack of sufficiently specific triggers in the updated contingency plan. In CAR, the issue centred around deciding which of two Oxfam affiliates had the capacity to lead the response, with the Humanitarian Consortium Governance Group (HCGG) making the final decision.

Most of the factors enabling a timely response have been largely within the control of Oxfam, and the trend of performance has generally been good. For example, regional contingency planning workshops overcame barriers to a timely response in CAR and in the Ebola crisis, and also contributed to the success to the programme in South Sudan. Other common enabling factors within Oxfam’s control included ongoing regional-level monitoring, upgrading of the response category, the approval of Oxfam’s own unrestricted Catastrophe Funds for the early phases of response and established relationships with capable national partners.

An underlying reason for Oxfam's relatively low performance in the area of partner relations seems to be linked to the time available to build the capacity of partners and increase their engagement in Oxfam's strategy. It is worth noting the link identified between established relations with capable national partners and the timeliness of responses. One key blocker to undertaking capacity-building assessments and activities appears to be that most time is devoted to response activities. There are examples of success where partners' capacity has been built prior to the crisis – but this is more realistic to achieve in slow-onset situations or where trends of crisis can be predicted. However, there has been a recent shift in Oxfam policy regarding working with national partners, with more focus on building their capacity to work with communities in building resilience and to respond to future crises when they occur.

Feedback/complaints systems were also amongst the lowest-performing areas, and a number of trends were identified here. These included a failure to sustain participation by the affected population throughout the response, despite a good level of participation in initial rapid assessments that fed into programme design. In addition, telephone hotlines, which are set up relatively often, are not being widely used by affected individuals or communities.

However, there are also several examples of successful formal feedback and complaints mechanisms; these often depend more on community mobilization and having a presence within communities than on mechanisms such as telephone hotlines. Overall, the commitment of the management team to feedback systems and capacity building for staff and partners are key to their success. The presence of MEAL staff has also been identified as being important. Although there were challenges in meeting this quality standard, Oxfam is planning to develop a mobile phone app for staff and partners that should facilitate the documentation of feedback received through face-to-face engagement with affected individuals.

The report expands further on these areas, with more specific details of Oxfam's performance. Mid-performing areas such as the use of Sphere standards, integrated response and safe programming are also discussed.

## KEY LEARNING POINTS FOR EACH HIT STANDARD

Below is a summary of the key learning points for the HIT standards, according to the analysis contained in this report.

### **Timeliness**

- It might have been possible to overcome the problem of relatively lengthy donor negotiations in the Syrian crisis and Ebola crisis responses through increased organizational investment or by underwriting programming with internal funds until donor funding became available.
- Humanitarian administration staff should be involved from the beginning of the response.
- The Ebola crisis response demonstrated that time was needed to fully understand the risks to national and international staff. It was later noted at an internal learning event that, as and when a similar crisis occurs where there are staff welfare issues and/or high levels of uncertainty, it will be important to establish a crisis management group. In addition, there are plans to include a roving Welfare Advisor in the HSP.
- Following on from the point above, the Ebola crisis demonstrated that national and international staff may have different welfare needs. For example, national staff may have family members directly affected by the crisis, or be directly affected themselves, while international staff are operating without their usual support networks.

### **Coverage**

- Where large-scale distributions are initially needed (e.g. in the response in Typhoon Haiyan in the Philippines), distribution teams should be recruited earlier, supported by finance and

logistics capacity (and other functions). In the Philippines, sector-specialist staff became engaged with distributions, which was reported to have distracted from planning to diversify the response.

### **Sphere standards**

- Training should be provided to country teams and partners on the Sphere standards (both sector-specific and core standards), which may strengthen their application, monitoring and documentation. A trend indicated in the evaluation reports was that often either sector-specific technical Sphere standards (e.g. WASH, EFSL) or core Sphere standards (e.g. assessments, partner relations and community consultations) were used for planning, but rarely both. (However, one success in terms of sector standards was Oxfam's response to the Syrian crisis in Jordan, which showed flexibility in adapting WASH standards to meet the specific needs of Syrian refugees.)
- The use of Sphere standards was difficult to evaluate in the sample responses, as often they were included in planning documents but there was then insufficient documentation as to whether they were actually met in project documents and MEAL systems. Better documentation of the planning and application of Sphere standards is needed, including of barriers to meeting the standards.
- A stronger voice needs to be given to Oxfam's public health specialists, and other technical specialists, in strategy development. This may have facilitated better planning of the response to the Ebola crisis.

### **Feedback/complaints systems**

- The commitment of response managers was key to achieving this standard across the responses in this report, including systematic consideration of feedback and complaints to make revisions to programme design. Also essential was a commitment to ensuring that the feedback systems in place were based on community consultations about the preferred mechanisms for this, and that staff had the capacity to maintain the systems (in terms of time and knowledge).
- Outside of the emergency context, there is a need to research and document the reasons why telephone hotlines are often not used by affected populations as a feedback/complaints mechanism. The evaluation reports often stated that telephone systems had been set up but were not utilized and that face-to-face methods seemed to be more effective, such as post-distribution monitoring and ad hoc feedback given to staff when out and about in communities (this has been recognized and Oxfam is currently developing a mobile phone app to help collect and collate face-to-face feedback. However, further information about the use of more formal mechanisms such as hotlines, etc. may be useful in guiding the design of feedback/complaints systems.)
- **Solomon Islands response:** It was noted as a point for learning in the Real Time Evaluation (RTE) report for the Solomon Islands that it would be helpful to include information about Oxfam's feedback and complaints procedures in community consultations conducted during registrations and distributions, in order to support the use of these systems (also in general community consultations about feedback/complaints systems). It would also be useful to document any learning about appropriate mechanisms.

### **Partner relations**

- Some responses seem to have been facilitated by working with national partners in the very early stages (Jordan, South Sudan). Overall, the integration of established national partners (e.g. NGOs, CSOs and municipalities) into response strategies, including building their capacity in technical and cross-cutting areas, is linked to the quality of the response in a number of core areas, including preparedness, timeliness, coverage and building resilience/DRR programmes. There is a shift within Oxfam to working more in this way with partners (which is already being seen in Ethiopia), including a move to develop partnerships with INGOs which specialize in health as part of contingency planning.

### **Gender, vulnerable groups and safe programming**

- Protection and gender resources should be prioritized in the first phase of a humanitarian response.

- Gender and protection analysis should inform the contingency plan and response strategy; this provides context that can be easily updated with more information during periods of crisis.
- The capacity and knowledge of partners need to be assessed, along with their ability to integrate gender issues and the needs of vulnerable groups into scale-up. Training should be provided to staff and partners in areas such as gender in emergencies.

### **Preparedness**

- At the onset of a crisis (or in advance e.g. in chronic situations or where there is a predictable trend of disasters), contingency plans should be translated to different scenarios and linked to operational plans and resourcing.
- To save time, programme staff should be briefed on contingency plans (where they exist) during staff inductions or, if possible, prior to arrival in-country.
- Where possible, e.g. in contexts of chronic crisis or where natural disasters might be expected, to save time a general gender analysis should be included in contingency plans, which can then be updated/contextualized with information specific to the crisis.
- Again where possible, to save time an analysis of potential suppliers, vendors and stock storage options should be conducted in advance.

### **Advocacy and campaigns**

- Resources for advocacy-related functions should be included as early as possible in a response to achieve impact, e.g. at the levels of country, regional and global offices.

### **Staff capacity**

- Information about staff capacity was often limited in the evaluation reports. One suggestion to address this is to focus on additional areas, including the impact of staff capacity on the functioning of support teams such as finance, logistics, human resources (HR) (as well as sector-specific and cross-cutting posts), the management structure, the integration of any surge capacity with existing teams, internal coordination between programme and support teams, and internal coordination within programme teams.

### **Integrated approach and building resilience**

- The integration of emergency response staff (surge capacity) and prior country programme teams was noted as an issue in some responses. This is a key area in terms of achieving an integrated approach (linking relief with pre-existing resilience/recovery/livelihoods/DRR programmes). Enabling factors noted in evaluation reports included clear communication on roles and responsibilities, and ensuring connectivity between surge capacity emergency teams and in-country teams. The role of programme management tools is also important, as is emergency response training with country programme teams to support a scale-up from a development/DRR-orientated programme to an emergency response.

### **Resource management**

- Having a risk and compliance focal point for the Ebola response seemed effective in providing oversight of resource management and reducing risk in Sierra Leone (although the response evaluation did not include any more information about the impact of the role). The functions of this focal point included reporting to Internal Audit, supporting the country team to look at compliance issues and developing a risk register to follow up on potential risks.

# ACRONYMS AND ABBREVIATIONS

CAR	Central African Republic
CBHA	Consortium of British Humanitarian Agencies
CBO	Community-based organization
CHS	Core Humanitarian Standard
CHV	Community health volunteer
CHW	Community health worker
CSO	Civil society organization
DEC	Disasters Emergency Committee
DFID	Department for International Development
DRR	Disaster risk reduction
ECHO	European Office for Humanitarian Aid and Civil Protection
EFSL	Emergency food security and livelihoods
EMMA	Emergency Market Monitoring and Analysis
EP&R	Emergency Preparedness and Response
ERT	Emergency Response Team
EVD	Ebola virus disease
FGD	Focus group discussion
GBV	Gender-based violence
GHT	Global Humanitarian Team
HAP	Humanitarian Accountability Partnership
HCGG	Humanitarian Consortium Governance Group
HIT	Humanitarian Indicator Tool
HR	Human resources
HSP	Humanitarian Support Personnel
IDP	Internally displaced person
INGO	International non-governmental organization
JCAS	Joint Country Analysis and Strategy
KAP	Knowledge, Attitudes and Practices
M&E	Monitoring and evaluation
MEAL	Monitoring, evaluation, accountability and learning
MSF	Médecins Sans Frontières
NGO	Non-governmental organization
OGB	Oxfam Great Britain
OI	Oxfam International
OSP	Oxfam Strategic Plan
PDM	Post-distribution monitoring
PHE	Public Health England
PHEIC	Public Health Emergency of International Concern
PSIT	Programme Strategy and Impact Team
RiC	Rights in Crisis
RTE	Real Time Evaluation
Sida	Swedish international Development Cooperation Agency
SMART	Specific, Measurable, Attainable, Realistic, Time-bound
SOP	Standard operating procedure
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization



# 1 INTRODUCTION

The Oxfam Strategic Plan (OSP) 2013–2019, ‘The Power of People Against Poverty’, guides the confederation and establishes priorities over the six-year period of the strategy. The priorities are set out in six change goals<sup>1</sup> guiding Oxfam programmes, advocacy and campaigns to reduce poverty and help bring about greater equality. This Strategic Outcome Report focuses on Change Goal 3: ‘Saving lives, now and in the future’.

## **Change Goal 3 has the following expected impact:**

By reducing the impact of natural disasters and conflict, fewer men, women and children will die or suffer illness, insecurity and deprivation. Those most at risk will have exercised their right to have their needs met for food, clean water and sanitation and other fundamental requirements, to be free from violence and coercion, and to take control of their own lives in dignity.

## **This is supported by the following objectives:**

- **Assistance (reach):** By 2019, supported by the international community and humanitarian organizations, local state institutions and civil society in the most crisis-prone/affected countries are able and willing to deliver high-quality, impartial and independent assistance to those in need.
- **Resilience:** By 2019, resilience to disasters and conflict is strengthened in high-risk countries, through improved disaster preparedness and risk reduction, building the capacity of civil society groups and communities, in particular women, to manage shocks and stresses, and by addressing the root causes of conflict.
- **Rights and fragility:** By 2019, more accountable governments, security forces and regional/international institutions will ensure greater respect for the basic rights of crisis-affected men and women and will have put the most fragile states on the path to development.

## **Purpose of the study**

In order to assess whether Oxfam is making progress towards the external change goals, indicative outcomes areas have been identified under each goal that will be used to demonstrate the organization’s effectiveness in promoting positive change. It is planned to measure the change goals and their indicative outcome areas twice during the lifespan of the OSP, with this first Strategic Outcome Report covering the period from January 2013 to October 2015 and a second report covering the period from November 2015 to December 2018. This first report is designed to be used by Oxfam’s Board, directors, advisers and managers to monitor the organization’s performance in humanitarian response and to contribute to strategy development in relation to Change Goal 3 and its indicative outcome area, **the quality of the response judged against sector standards**. The report captures evidence about outcomes and changes, progress and achievements, and makes recommendations to improve performance in the future.

## **Methodology**

Oxfam defines effectiveness as a positive contribution to change. It is recognized that applying a quality measurement to humanitarian response will not capture all information about the totality of the work being done by Oxfam (under each change goal or elsewhere). However, this report focuses on meaningful areas where Oxfam is able to present a credible summary of its effectiveness in promoting positive change.

A sample of nine recent humanitarian responses by Oxfam, across four continents has been included: the Syrian crisis in Lebanon and Jordan, the South Sudan regional crisis, Typhoon Haiyan in the Philippines, the CAR and Chad conflicts, the Ebola crisis in Liberia and Sierra Leone and the flooding in the Solomon Islands. Oxfam categorized most of these as Category 1 and 2 crises, with the exception of the Solomon Islands, which was a Category 3 response.<sup>2</sup> These have been chosen out of approximately 105 country-level humanitarian responses that Oxfam has undertaken since 2013.<sup>3</sup> The sample has been selected to provide an overview of Oxfam's humanitarian response work, including a variety of lead affiliates, response locations, response categories and slow- versus rapid-onset crises. It is not designed to fully represent all of the work that Oxfam undertakes.

There are three parts to the methodology used in this review to evaluate the quality of the responses judged against sector standards:

1. The primary measurement tool is Oxfam's Global Humanitarian Indicator Tool (HIT), which also incorporates internationally recognized standards – the Sphere standards, the Humanitarian Accountability Partnership (HAP) standards and the Core Humanitarian Standard (CHS). Each HIT standard includes a numeric score<sup>4</sup> as well as a qualitative assessment; both are based on the judgement of the evaluator.
2. Other sources of secondary information, including Real Time Evaluations (RTEs) and final evaluations of each response, are utilized to triangulate findings, as well as other key secondary data sources.
3. Following the secondary data analysis, a series of interviews was conducted with key staff in order, where possible, to provide triangulation of the findings, as well as additional context and supplementary information and to cover any key developments in the period since the evaluation reports were completed.

The findings and themes emerging from the responses are discussed together throughout this report under each of the HIT quality standards. The first 12 HIT standards are considered for all the selected responses, with the final three being included in a small number of responses since 2014. These latter three standards have recently been added to the HIT in order to reflect some additional aspects of the CHS.<sup>5</sup> This is with the exception of the response to the Solomon Islands flooding, which is discussed separately with a smaller number of HIT standards. This is because it was considered that, as a Category 3 response, it was not possible to assess all of the standards in the evaluation and so instead the focus is on a set of priority standards.

This overall approach reflects, to the extent possible, evidence about the quality of Oxfam's humanitarian responses in all regions, led by different Oxfam affiliates. The results are also measured against internationally agreed standards and according to the [Oxfam Policy on Programme Evaluation](#).

## Qualitative approach

This review takes a primarily qualitative approach, using secondary data and information from evaluation reports or similar materials, supplemented by external materials to provide additional context. The overall report is structured according to the HIT quality standards. In addition, information is included from a number of interviews (or email correspondence) with Oxfam staff who have specialist knowledge (such as on partnerships, gender, contingency planning, monitoring, evaluation, accountability and learning (MEAL) or management of a specific response), to supplement and triangulate the analysis in areas where further information would be beneficial. Feedback from the interviews is presented in this report as part of the narrative, with endnotes. To ensure accuracy, as far as possible, each interview transcript was verified immediately afterwards with the interviewee, either verbally or in writing.

The report has two main areas of focus:

4. The extent to which Oxfam's responses have adhered to quality standards, in terms of the performance of the responses against each standard;

5. The enabling and blocking factors to a good-quality programme. These factors form the main themes of the report and, where possible, a distinction is made as to whether they are largely within Oxfam’s control or beyond its control.

## About Oxfam’s Global Humanitarian Indicator Tool (HIT)

The HIT is used to develop response evaluations focusing on a series of quality benchmarks, which incorporate the former Humanitarian Accountability Partnership (HAP) standards (now under the umbrella of the CHS Alliance),<sup>6</sup> Sphere standards<sup>7</sup> and the Core Humanitarian Standard. A template of the HIT standards is given in Annex 1 and the scoring system is summarized in Table 1 below. The final HIT product for a response is an evaluation report that is predominantly a desk study of available evidence.

HIT evaluations are usually carried out in the final stages of an emergency programme or shortly after it has finished. A wide range of sources of information is usually accessed, with information and data analysed against the requirements of the quality standards. The evaluator then makes a justification for the rating of Oxfam’s performance against each standard. Below are examples of information sources typically used for the HIT evaluations (specific examples in brackets):

- Internal reports (situation reports, discussion papers, trip reports, minutes), assessments;
- Strategy documents (water, sanitation and hygiene (WASH) strategy, strategy for mainstreaming protection), MEAL (RTE reports, action plans, frameworks, post-distribution monitoring (PDM) reports);
- Partnership documents (partnership capacity assessments, partner funding agreements), advocacy (external updates, media releases);
- Donor documents (proposals and project progress/final reports);
- External reports (external assessments, UN-led regional strategy process documents);
- HR documents (organograms, capacity planners);
- Supplementary interviews with Oxfam staff.

### Quality checking of the HITs for this report

Each HIT evaluation report included in this report has been reviewed for quality by an adviser. This review includes the methodology of the evaluation and the clarity of explanation of its findings and conclusions. All evaluations are reviewed by MEAL staff for quality, and the HIT reports are considered to be of good quality.

### Use of the HIT scoring system in this report

This report contains a series of figures relating to each HIT quality standard, which illustrate the HIT score by country-level response. The scores are rated on a scale of 0–6 for the first three priority HIT standards, which relate to timeliness, coverage and the use of Sphere standards. For the remaining 12 HITs, a scale of 0–3 is utilized. This is so that the final HIT score for each response is weighted towards the first three HIT standards.

A verbal evaluation – ‘fully met’, ‘almost met’, ‘partially met’ or ‘not met’ – accompanies each score. In addition, the scores from each response have been converted to percentages for the figures in this report to ensure comparability. This is summarized in Table 1:

**Table 1: The HIT evaluation scoring system and conversion to percentages for this report**

HIT numeric score for responses	Associated verbal rating	Percentage conversion for the figures in this report
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<i>First three HIT standards (timeliness, coverage and Sphere standards)</i>		
6/6	Fully met	100%
4/6	Almost met	66%
2/6	Partially met	33%
0/6	Not met	0%
Remaining HIT standards		
3/3	Fully met	100%
2/3	Almost met	66%
1/3	Partially met	33%
0/3	Not met	0%

### **About Oxfam's Real Time Evaluations**

Real Time Evaluation (RTE) reports from each response are also used to triangulate findings from the HIT. An RTE is an internal rapid review carried out early in the response, usually six weeks to two months after the onset of the emergency, in order to evaluate the effectiveness of the intervention and to adjust or correct the manner in which it is being carried out. An RTE gives a snapshot in time, as well as providing an opportunity for teams to step back and reflect on the programme. It is closer in nature to monitoring than to evaluation, capturing quick feedback on operational performance and identifying systemic issues and problems. It is participatory, empowering and qualitative in nature.

### **Limitations of the study**

This review includes eight Category 1 and 2 country-level humanitarian responses and one Category 3 response. The sample was selected to provide an overview of Oxfam's humanitarian response work, including a variety of lead affiliates, response locations, response categories and slow- versus rapid-onset crises. It is not designed to provide an exhaustive analysis of all the work that Oxfam undertakes.

The HIT evaluation reports are desk studies and are therefore limited in scope to the documentation provided for each HIT report. Each HIT standard includes a numeric score<sup>8</sup> as well as qualitative assessment; both are based on the judgement of the HIT evaluator, albeit using a wide range of information sources. In this review, HIT findings are triangulated with other secondary sources of information where they are available.

The interviews (or correspondence) conducted with key Oxfam staff for this report to supplement and triangulate findings are considered to be accurate and specialist sources of information. However, they are limited to one specialist staff member per subject area and are not designed to be fully representative of all the potential evidence available.

### **Summary of sources of information**

For this Strategic Outcome Report, country-level HIT evaluation reports are included as follows: the Syrian crisis in Lebanon and Jordan, the South Sudan regional crisis, Typhoon Haiyan in the Philippines, the CAR and Chad conflicts, the Ebola crisis in Liberia and Sierra Leone and the flooding in the Solomon Islands. Oxfam categorized most of these as Category

1 or 2 crises, with the exception of the Solomon Islands, which was a Category 3 response. They include a total of nine response countries across four continents.

Additional secondary information includes RTE reports from these programmes, final evaluations, Oxfam Australia's *Outcomes Report 2014–15* and a qualitative meta-analysis of Oxfam's RTEs and HITs for the period 2010–15.<sup>9</sup> In addition, external materials and a series of key informant interviews (or email correspondence) with key staff from Oxfam's Global Humanitarian Team, Oxfam Australia and Oxfam GB (OGB) supplement the analysis by providing additional information in specific areas where further insight was considered to be beneficial.



## Background to each humanitarian crisis included in the review

### The Syrian crisis response (2013)<sup>10</sup>

Unrest in the Syrian Arab Republic began mounting from March 2011. By June 2012, more than 78,000 people were estimated to have fled to Jordan, Lebanon, Turkey and Iraq, putting an increasing strain on the governments of these countries and host communities. Many refugees arrived with limited means to cover basic needs, and even those who could at first rely on savings or support from host families became increasingly in need of assistance. In Lebanon, many refugees continue to be in a precarious situation, with few or no financial resources.<sup>11</sup> The number of Syrian refugees displaced in the region was estimated in mid-May 2016 to be 4,843,126.<sup>12</sup>



Sally El-Mouallem (Oxfam) leads children in a hygiene promotion game in Al Za'atari Refugee Camp in Jordan. Photo: Sam Tar-

### Typhoon Haiyan in the Philippines (2013)

Super Typhoon Yolanda, known internationally as Typhoon Haiyan, made landfall over Guiuan in Eastern Samar in the Philippines in the early morning of 8 November 2013 and exited the Philippine area of responsibility on the afternoon of 9 November. Haiyan was the most powerful storm ever recorded and resulted in rain falling at rates of up to 30mm per hour, winds reaching

upwards of 315km/h and massive storm surges of up to 5–6 metres high, hitting Leyte and Samar islands. The Government of the Philippines estimated that the typhoon affected 14.1 million people, with 4.1 million displaced and an estimated 1.1 million houses damaged. In total, 6,201 people were reported dead, 28,626 injured and 1,785 missing.<sup>13</sup>

### South Sudan regional crisis (2014)

On 15 December 2013 fighting erupted in Juba and spread to six of the ten states in South Sudan. Unity, Jonglei and Upper Nile states were affected particularly badly, with civilian displacement to Lakes and Warrap states, among others. In early February 2014, an estimated 716,100 people were internally displaced within South Sudan, with 156,800 moving to the neighbouring countries of Uganda, Kenya and Ethiopia.<sup>14</sup> Access to the affected populations, despite an agreed ceasefire, was extremely difficult. This was compounded by uncertainties about ceasefires and reported fighting in areas where Oxfam staff were working, and a lack of humanitarian access.<sup>15</sup>



Oxfam distributed WFP food at Mingkaman, where 58,000 people forced from their homes arrived in search of food, water and safety from violence. *Photo: Pablo Tosco*

### Central African Republic and Chad conflict (2015)

Following a poor harvest and low levels of rainfall in 2011, populations in the Sahel belt of Chad



Oxfam food distribution, Mandjoura, Chad. MEAL monitoring survey. *Photo: Oxfam*

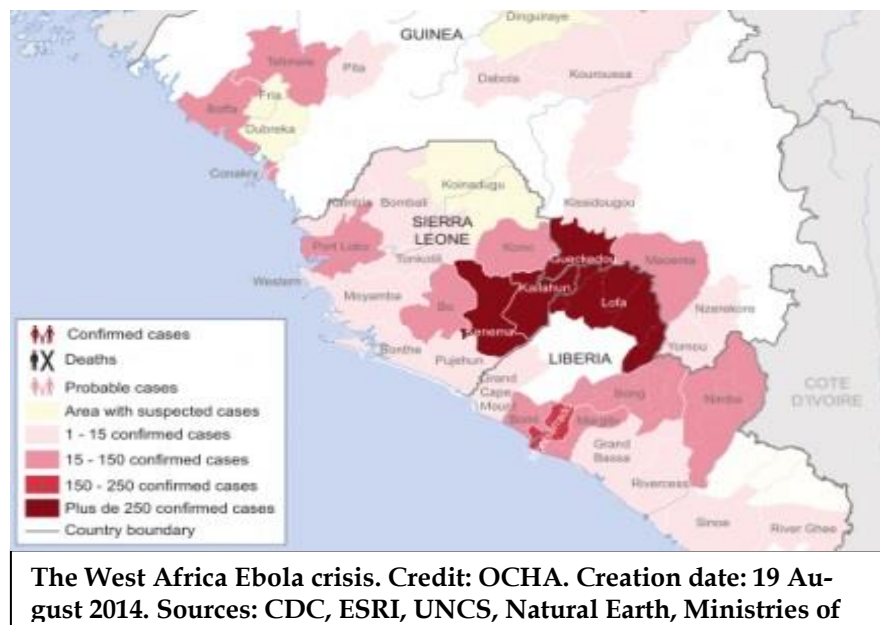
– already struggling to recover from food crises in 2009/10  
– once again faced a food shortage in 2012. Having experienced internal conflict prior to 2009,

Chad was slowly regaining political stability and returning to a fragile peace, combined with increasing revenues from oil production. A significant number of people were displaced internally as a result of the conflict, but wanted to return to their places of origin. However, they faced significant challenges in doing so, including lack of funds. The humanitarian situation was compounded by the presence of refugees from Sudan.

The situation of millions of people living in chronic poverty was exacerbated by waves of drought, poor harvests, dwindling groundwater resources, periodic flooding and cholera outbreaks. These factors reduced people's ability to recover from crises before the next one hit, especially the most vulnerable families. The likelihood of serious food shortages in the Sahel belt in 2012, combined with a high rate of malnutrition, was the trigger for Oxfam's Category 2 declaration in 2012. An estimated 3.6 million people (32 percent of the population) were considered to be at risk of food insecurity.<sup>16</sup>

## Central African Republic

In December 2013, a long-running internal conflict in the Central African Republic (CAR) deteriorated into a major humanitarian emergency. Bands of former rebels, whose predominantly Muslim Séléka alliance had seized power in March 2013, went on a violent rampage in various regions of the country in communities they believed to be supporters of the ousted President. In response, predominantly Christian 'Anti-Balaka' groups, which had originally been set up to defend their communities against Séléka rebels, transformed themselves into militias and proceeded to commit massacres and lynchings of their own against populations they regarded as pro-Séléka. In fear for their lives, hundreds of thousands of people fled to the capital, Bangui, where they set up makeshift camps. Meanwhile, fighting spread to Bangui itself, and over a period of a few days in December 2013 more than 1,000 people were killed. Already poor before this crisis, many internally displaced persons (IDPs) lacked the means to feed or protect themselves and were unable to return to their lands. In the crowded camps there was little or no access to water or sanitation facilities. In response to warnings of a potential genocide, the international community began to react. With 190,000 IDPs in Bangui, the UN declared the situation a 'Level 3' emergency in December 2013, and humanitarian organizations mounted operations to supply food, water, emergency shelter and other forms of relief.<sup>17</sup>



## West Africa Ebola crisis (2015)

In March 2014 cases of Ebola virus disease (EVD) were reported in Guinea and the disease subsequently spread through West Africa, affecting Sierra Leone, Liberia, Nigeria, Senegal and Mali and reaching epidemic proportions. There were also a few reported cases beyond the region. The first cases of EVD in Liberia were declared on 31 March 2014,<sup>18</sup> with the first case in Sierra Leone declared on 24 May.<sup>19</sup> It was the most severe outbreak of Ebola since 1976, and on 8 August 2014 the World Health Organization (WHO) declared it a Public Health Emergency of International Concern (PHEIC). Liberia was the worst-affected country with 4,608 deaths, followed by Sierra Leone with 3,917 deaths and Guinea with 2,440.<sup>20</sup>

The context of the Ebola epidemic presented extreme challenges for Oxfam, as it did for many other organizations. At the onset of the crisis, there was a general lack of understanding across the international community about how to respond effectively and safely. A pervasive and persistent climate of fear, coupled with changing predictions about the likely evolution of the

epidemic, influenced analysis and response at all levels. There was strong pressure to treat the epidemic as a medical emergency that required a medical response organized through top-down processes, rather than standard humanitarian coordination. At the time of the Oxfam response evaluation in 2015, it was still considered a PHEIC, despite an increasing focus on early recovery.<sup>21</sup>

### The Solomon Islands flash flood response (2015)



OCHA Flash Update 1: Solomon Islands Flash Floods, 4 April 2014

Heavy rain from a tropical depression, which later became Tropical Cyclone Ita, caused severe flooding in the Solomon Islands at the beginning of April 2014, killing 22 people and affecting an estimated 52,000. The worst-affected area was the capital Honiara, on

the main island of Guadalcanal, after the Mataniko River burst its

banks on 3 April 2014. Houses were washed away and infrastructure was damaged, with an estimated 12,000 people affected. At the peak of the crisis, around 10,000 people were displaced in nearly 30 evacuation centres in Honiara. By 12 May, ten evacuation centres still housed 4,477 people. Over 9,000 households in Honiara and in Guadalcanal and Isabel provinces lost 75–100 percent of their food gardens. Drinking water remained a concern for an estimated 50 per cent of all those affected.<sup>22</sup>

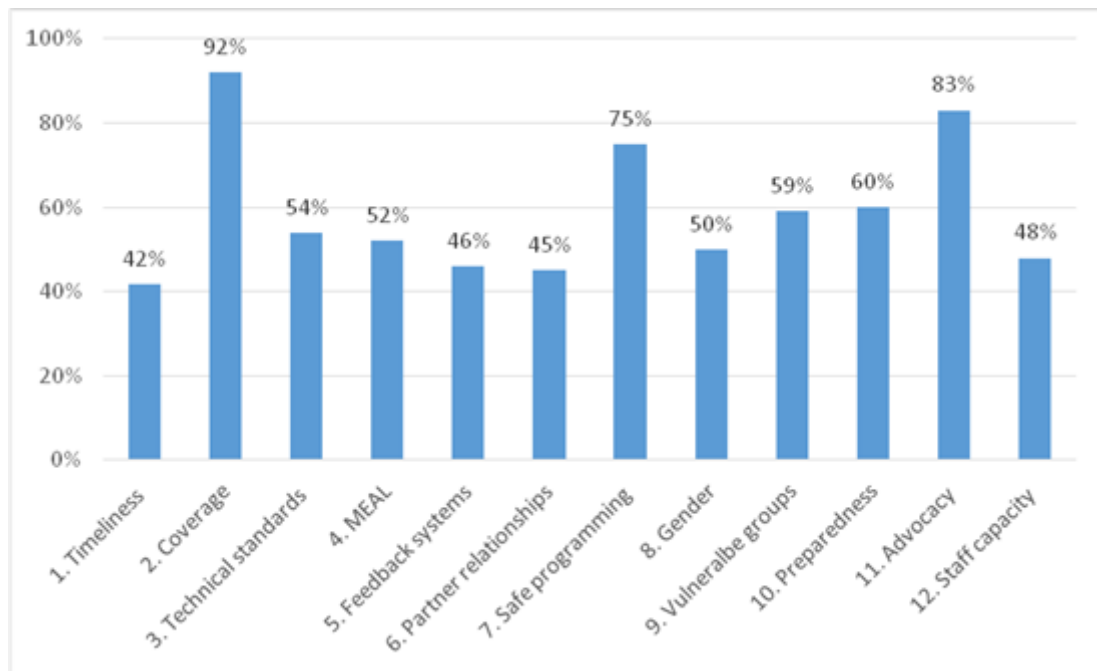
Twenty-two deaths were officially confirmed as a result of the initial flooding, although the real number is believed to be much higher, as many families were burying their dead around their homes. Across Guadalcanal province, where Oxfam completed assessments (in peri-urban areas of Honiara), 52,000 people were estimated to be affected, representing 56 percent of the island's population. Around half of all those affected were children. In Honiara, the National Disaster Management Office (NDMO) estimated that up to 12,000 people had been affected, with approximately 9,000 displaced to 27 'collective centres'.<sup>23</sup>

## Key findings for each Humanitarian Indicator Tool (HIT) standard

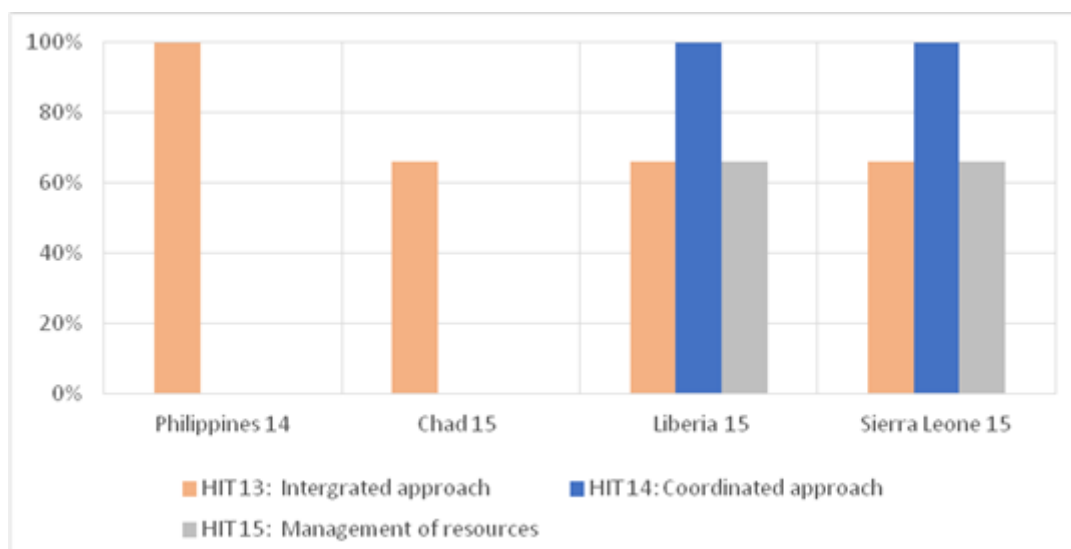
Figure 1 shows the average HIT standard scores for HITs 1–12 for the eight country-level Category 1 and 2 responses included in this review. Each HIT standard is discussed in the sections that follow in terms of the extent to which responses adhered to them, as well as trends of enabling and blocking factors to a quality humanitarian response.

**Figure 1: Average HIT evaluation scores by response country, HITs 1–12<sup>24</sup>**

**Figure 2: Evaluation scores for HITs 13, 14 and 15 (integrated approach, coordinated approach and management of resources by response country)**



**Figure 2: Evaluation scores for HITs 13, 14 and 15 (integrated approach, coordinated approach and management of resources by response country)**





## 1. Timeliness

This quality standard focuses on a rapid appraisal of the facts within 24 hours of a pre-defined trigger, whether plans are in place, and whether scale-up or start-up is commenced within three days for slow- and rapid-onset crises.

To fully meet the standard, there are additional requirements relating to monitoring: ongoing monitoring of the situation and the monitoring data being analysed and reacted to (and if not, reasons are identified and justified).

**Figure 3: HIT evaluation scores for timeliness by response country**

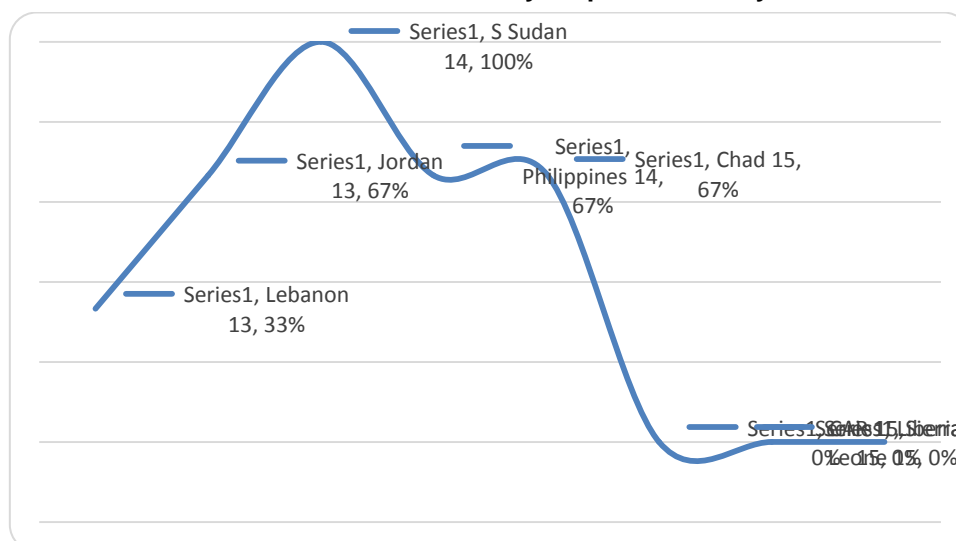


Figure 3 shows that, of the responses included in this report, the Syrian crisis, South Sudan, the Philippines and Chad generally improved over time, with a relatively high performance in relation to the timeliness of the response, with common enabling factors (discussed below). The responses in CAR and to the Ebola crisis did not meet the standard for timeliness. However, these programmes faced particularly challenging circumstances that were largely overcome during the responses, and could be considered as outliers to the trend of good performance.

The following sections discuss the overall trends of performance under this benchmark by reviewing the responses and themes of enabling and blocking factors to a timely response. Where possible, it is highlighted whether the factors were within the control of Oxfam or out of its control, to assist with future planning. This section is a particularly long one due to the many interlinking factors that relate to the timeliness of a response.

### Syrian crisis in Lebanon and Jordan

The Syrian crisis was considered to be a slow-onset crisis, and one that still continues today as the humanitarian situation within Syria and the surrounding countries continues to decline.<sup>25</sup> Oxfam's response in Lebanon partially met the timeliness standard and it almost met the standard in Jordan. In Lebanon, Oxfam's first reactions were rapid and appropriate, but the transition from early warning and situation monitoring to proportionate response was slow, even considering that response strategies for slow-onset crises tend to take longer to formulate than for rapid-onset crises, in order to tailor them to different geographical zones, population groups and livelihood profiles.

There were a number of contributing factors to the performance on timeliness in Lebanon in terms of launching and scaling up a response. A former partner organization alerted Oxfam GB to the first reported arrival of refugees in March 2012,<sup>26</sup> three years after its programme in the country had closed. In the following six months, the reported number of refugees in Lebanon increased from 30,000 to 75,000.<sup>27</sup> In this six-month period, UNHCR (and some other actors) began initial operations in Lebanon, launched an inter-agency response plan and presented the first Regional Response Plan (RRP1). UNHCR requested that WASH partners attend its presentation but Oxfam GB did not participate, possibly due to a lack of experience on the part of staff in-country, and consequently was not fully engaged in the overall response scale-up. In the latter part of the six-month period, UNHCR warned that the number of Syrian refugees in the region could exceed 700,000 and also issued a revised appeal.

During this same six-month period, Oxfam conducted a number of activities in Lebanon, including giving a grant to the former national partner to assist around 4,000 refugees (more than 10 percent of the total at this early stage, although no further refugees were reached in 2012). Oxfam was one of the first actors to conduct any kind of distribution.<sup>28</sup> A humanitarian manager was deployed to review in-country contingency planning with a number of Oxfam affiliates and to train partners (facilitated by OGB's internal Catastrophe Funds).<sup>29</sup> Oxfam also continued to monitor the evolving crisis. Towards the end of this period, Oxfam deployed some Humanitarian Support Personnel (HSP) and presented proposals to key donors such as ECHO and DFID; however, these either involved very lengthy negotiations or were not approved.<sup>30</sup> Donor decisions may have been affected by Oxfam not having a current and established programme in Lebanon.<sup>31</sup>

Overall, Oxfam's first actions in reacting to the situation in Lebanon were rapid, as were its measures to further develop links with national partners and to monitor early warning systems. However, this initial momentum was lost in subsequent actions. Following the six-month period after the arrival of refugees in Lebanon, there was a period of approximately two months during which a further assessment was conducted by an experienced team. The assessment resulted in an internal recommendation for immediate action. However, although the response was declared Category 3, neither the regional team nor Oxfam GB's Humanitarian Department was able to act, as Oxfam was already committed to resourcing around 14 other priority crises globally. Some other Oxfam affiliates were able to approve modest grants to enable further distributions.

Several weeks later, a visit from Oxfam GB Humanitarian Department staff to Lebanon, which included meetings with UNHCR and other key actors, resulted in Oxfam reprioritizing the Syrian response to Category 2 and the immediate approval of unrestricted funding for projects implemented totally or partly through partners. A team was deployed, who identified further partners for additional distribution activities. However, an RTE conducted in April 2013 stated: 'Based on discussions with key actors, Oxfam seems to have arrived late, to the extent that both in Jordan and Lebanon many agencies and donors were asking where Oxfam was. Oxfam was present in-country for the large influx of refugees that started to arrive in December 2012, with numbers reaching 790,000

in March 2013. The concern of the RTE team is that Oxfam does not have its programmes at full scale for the refugee influx. There are two issues leading to the present situation: firstly, the drawn-out decision making process leading to the declaration of the Cat. 2 and secondly, the slow scale-up of the response.'

In South Sudan, where the standard for timeliness was fully met, support from a strong national partner and the regional office provided the capacity for the first assessments. In addition, and of note, a contingency workshop was carried out a few months before the initial alert of a crisis with a wide range of staff, as part of the Key Country process. This resulted in discussion about Oxfam GB's decision to change the programme to an Emergency Preparedness and Response (EP&R) structure, so there was already buy-in to this philosophy. Enabling factors also included Oxfam's established programme in South Sudan and its prior knowledge and experience of crises in the region.

This was followed by the successful confirmation of key external funding and the upgrading of the crisis to Category 1, and the response was significantly scaled up in April 2013. Throughout 2013, Oxfam exceeded the coverage target of 10 percent of the affected population (see section below on coverage).<sup>32</sup>

The main blocking factors to a timely response in Lebanon, as described above, seem to have been largely beyond Oxfam's control. A major factor was the lack of an established programme in the country. In addition, Oxfam was unable to act on recommendations made in assessments due to ongoing commitments worldwide.<sup>33</sup> The lack of triggers and indicators built into the contingency planning process was also highlighted as an issue, and this was more within Oxfam's control.<sup>34</sup> Another factor, arguably within Oxfam's control, was that staff and partners initially underestimated the scale of the emerging crisis. Reasons for this may have been that the flow of refugees into countries in the region was unprecedented. The issue raised in the RTE of drawn-out decision-making may be linked to this. Initially the situation seemed to be following the same trend seen in other middle-income countries in the region, where the Arab Spring uprisings had taken place and opposition groups had overthrown existing governments without any associated humanitarian crisis, for example in Egypt and Tunisia.<sup>35</sup> There was an expectation that the pattern would be the same for Syria,<sup>36</sup> where protests over the arrest and torture of a group of teenagers triggered nationwide protests and the eventual taking up of arms by different groups, which led to the subsequent humanitarian crisis.<sup>37</sup>

Of note, enabling factors to the launch of the response that were within Oxfam's control included its ongoing monitoring of the situation through its various initial activities, the re-prioritization of the crisis to a Category 2 and the approval of unrestricted Catastrophe Funds. The eventual confirmation of funds from Sida ensured that the scale-up could go ahead.<sup>38</sup>

In Jordan, the timeliness standard was almost met. This was largely facilitated by a previous relationship with a national partner that was able to implement needs assessments and initial distribution activities. Some blocking factors emerged which were largely out of Oxfam's control; for example, there were difficulties in securing funding to enable a WASH response in the main refugee camp to meet increasing needs, and there were complex negotiations with UNICEF about implementing a programme. However, Oxfam overcame this challenge by mobilizing internal funding sources and by quickly deploying WASH engineers to Jordan, which resulted in successful funding and contract discussions with UNICEF.<sup>39</sup> The regional office also facilitated scale-up by providing resources to the programme.

### **Central African Republic (CAR) and Chad conflicts**

Chad was a slow-onset crisis, where it was considered that the standard was almost met. Initial activities, such as assessments, beneficiary targeting and response plans, were launched quickly by December 2011, with Oxfam GB and Oxfam Intermón developing response and advocacy plans and securing funding from donors by mid-January. In addition, urgent assistance for emergency food security and livelihoods (EFSL) and WASH was provided in two regions, facilitated by existing programmes there (and supported by temporary Catastrophe Funds). This rapid reaction of launching assessments, planning and initial scale-up was the key justification for a rating of 'almost met' for timeliness. A rating of 'fully met' was not given because of issues in transitioning to a scale-up response proportionate to the increasing needs.<sup>40</sup>

One underlying reason for this was the relatively long time it took to make a category declaration, which was made in February 2012. This was reported to be due to the need for agreement by all the Oxfam offices in Sahel countries, with different country teams moving at different paces.<sup>41</sup> However, the RTE for Chad subsequently noted that the Category 2 declaration had little impact on the rate of scale-up.<sup>42</sup> The first reason for this, which was within Oxfam's control, was that neither the Joint Country Analysis and Strategy (JCAS) nor the updated contingency plan contained pre-defined triggers or scenarios for a food crisis.

Secondly, a blocking factor more out of Oxfam's control, as indicated in the HIT evaluation, was that the rhythms of a longer-term development programme were not conducive to a rapid switching of gears to crisis mode.<sup>43</sup> The RTE for West Africa also mentioned that Oxfam affiliates questioned how they could be expected to scale up development (preventive/mitigating) programmes targeting 3,000 households to an emergency response targeting 300,000 households in the space of a month. At the same time, it was noted in the RTE for Chad that there had been no internal communication at the national level to declare a change from normal programming to an emergency situation, which led to different teams working to different rhythms.<sup>44</sup> Lastly, Oxfam Intermón delivered assistance in some areas several months after the main response. This was partly due to challenges encountered in identifying the most vulnerable groups for targeted assistance, although the evaluation stated that large amounts of data were available.

Overall in Chad initial planning was timely, meeting several of the indicators for this standard, but the main delivery of aid was delayed in some areas, potentially leading to adverse nutritional outcomes for affected people.<sup>45</sup>

In CAR, which was also a slow-onset crisis, the standard for timeliness was not met. Initially, there were several blocking factors present at the time of the crisis, which were largely beyond the control of Oxfam, but there were also challenges that could have been overcome sooner. At the onset of the crisis, with the dissolution of the Séléka armed group and the marked increase in refugees crossing the Chad/CAR border from mid-September 2013, none of the Oxfam affiliates had a programme, partners or a country-specific contingency plan. However, Oxfam GB and Oxfam Intermón quickly followed up in October with a joint assessment that clearly noted unmet needs, gaps in coverage, agency competencies and a recommendation to declare a Category 2 emergency. This categorization was swiftly confirmed by Oxfam's Humanitarian Consortium Governance Group (HCGG).<sup>46</sup>

However, this was followed by a delay of around 6–7 weeks while the Oxfam affiliates decided whether they had the capacity to lead the proposed response and who the lead affiliate should be. This was rooted in Oxfam GB hoping that Oxfam Intermón would lead the response, due to its previous interest in CAR; however, Oxfam Intermón was already responding in Chad and did not feel that it had sufficient capacity for CAR as well. Eventually the HCGG decided that Oxfam GB would take the lead, with Oxfam Intermón planned to take over later once capacity was scaled up. However, this strategy was further hindered by e.g. difficulties in recruiting suitable highly experienced and French-speaking individuals.

By the time the teams arrived the following month, needs had increased significantly and many other INGOs had already set up programmes. This, compounded by the lack of any previous programme in CAR, which hindered scale-up, meant that the response missed opportunities to meet people's needs months earlier, as well as missing time-sensitive opportunities for fundraising, scale-up and more fully diversifying the scope of the response.<sup>47</sup> Overall in CAR the blocking factors were mainly external, but internal decision making as to who would lead the response was also a key factor.

### **Ebola crisis in Sierra Leone and Liberia**

The response to the Ebola crisis did not meet the standard for timeliness, which Oxfam has openly acknowledged. Although many of the blocking factors to a timely response were largely out of Oxfam's control, there were some that were more within its control. Oxfam is already taking clear steps to address these factors, as described below.

From April 2014 onwards, as the epidemic developed, significant effort was put in at all levels of the organization to understand the situation and to define what role that Oxfam should play. This involved considerable discussion that became more intense as the situation worsened around August, by which time country programmes had been on hold for several weeks. Oxfam was anxious to respond and to add value to international efforts, but internal discussions were

protracted, leading to missed opportunities to initiate discussions with medical or other organizations or to respond to potential partnership requests.<sup>48</sup> However, once Oxfam's programmes in Liberia and Sierra Leone were up and running, there were some distinctive, appropriate and effective interventions.<sup>49</sup>

Initial blocking factors beyond Oxfam's control were that the scale of the Ebola crisis was unprecedented and that it was widely considered by the international community to be a medical emergency, and not a humanitarian crisis. In addition, the funding environment was not favourable during the planning stage; this was cited in the HIT evaluation report as one of the most critical issues in the early stages of the response. However, Oxfam worked to overcome this problem by doing a significant amount of work to lobby donors and others to recognize the value of social mobilization and public health promotion.<sup>50</sup>

As humanitarian organizations began to respond to Ebola, there was a clear need to understand the risks to Oxfam teams and potential ways to mitigate them, as well as a need for contingency planning. An enormous amount of information was needed in order to move ahead with the response. The strong focus on mitigating the risk for staff was central to decision making and it was considered to some degree internally that the extent of focus on this issue outweighed planning for the response itself.<sup>51</sup> However, many staff had concerns, for example, that the usual airline evaluation processes were not functioning, which was a serious issue. It was also crucial that staff understood the risks, how Oxfam was mitigating the risks, and standard operating procedures.<sup>52</sup> This was complicated at the time by the risks not widely being understood or communicated well to the wider international community.<sup>53</sup> However, to help address this, Oxfam is now considering setting up a crisis management group system for crisis situations where there are significant staff welfare issues and high levels of uncertainty or risk.<sup>54</sup> In addition, to meet the welfare needs of staff implementing responses in-country in high-risk contexts, there are plans to include a roving Welfare Adviser as part of the Humanitarian Support Personnel (HSP), who can be deployed as required for up to three months at a time.<sup>55</sup>

In terms of programming, Oxfam's response to the Ebola crisis demonstrated a clear development in its progress towards launching an effective response.<sup>56</sup> Programming-related barriers included the fact that possible interventions to apply Oxfam's renowned competence in public health were not being fully explored initially, in part due to the complexity of the crisis.<sup>57</sup> A key factor to overcoming this was a regional contingency planning workshop that was held in the initial stages of the response, and was key to enabling progress.<sup>58</sup>

## **Conclusion to the timeliness standard**

The majority of the responses examined in this review almost met or fully met Oxfam's standard for timeliness, with the exception of CAR and the Ebola crisis. These responses could be considered outliers to the trend of relatively good levels of timeliness for the sample. However, a brief review of another sample of 15 HIT evaluation reports from between 2013 and 2015 (including CAR but not the Ebola crisis response)<sup>59</sup> gave an average score for timeliness of 45 percent (equivalent to a verbal HIT rating between 'partially met' and 'almost met'). Although there was again a trend of improvement over time in these 15 responses, albeit with some fluctuations of low performance, there may be blocking factors present that have the potential to hinder the timeliness of future humanitarian responses.

Many of the responses included in this report almost met the quality standard for timeliness, and had some underlying reasons in common for not fully meeting it, especially in terms of transitioning from the early phases of assessment and planning a scale-up proportionate to increasing needs. Most of the blocking factors identified were largely beyond the control of Oxfam – for example, an unprecedented crisis combined with other global pressures and priorities in the Syrian region; a high-risk situation requiring in-depth analysis in the Ebola crisis; the absence of an established presence in-country in Lebanon and CAR; unfavourable funding

environments in Jordan and in the Ebola crisis; and issues relating to staff capacity (e.g. the transition from development to emergency programmes or recruitment challenges) in Chad and CAR. The cost involved in operating in difficult environments was not expanded on in the evaluations, but this was also likely to be a factor hindering scale-up.

However, other blocking factors were potentially more within Oxfam's control. These related mainly to protracted decision making, as noted in the evaluation reports for Lebanon, CAR and Chad. In Lebanon, this seems to have been underpinned by the unprecedented nature of the crisis, a lack of specific triggers in contingency plans and competition from many other global priorities. In Chad, again the lack of specific triggers in contingency plans was cited in relation to decision making, although the programme almost met the standard for timeliness. In CAR, the main issue was deciding which affiliate had the capacity to lead the response, with the HCGG making the final decision.

Clearer, faster analysis and decision making at all levels would have enabled a more timely response to the Ebola crisis. However, there were also significant challenges here that were beyond the control of Oxfam, such as a funding environment that was not aligned with its own areas of specialism.<sup>60</sup> Nevertheless, during the response a significant amount was achieved and significant contributions were made to understanding the needs of vulnerable groups and to sharing knowledge with key actors. In addition, Oxfam currently has plans to establish a taskforce of personnel across different departments to identify trends and threats and to advise on triggers for response in slow-onset, protracted and health crises,<sup>61</sup> and a crisis management group for crises that involve staff welfare issues and/or high levels of uncertainty or risk.<sup>62</sup>

Most of the factors that enabled a timely response were within Oxfam's control. Despite a raft of varied and interlinking factors, regional contingency planning workshops helped to overcome barriers in CAR and in the Ebola crisis, and also demonstrated their value in South Sudan, where the timeliness standard was fully met. Additional enabling factors included ongoing regional-level monitoring, upgrading of the response category, the approval of unrestricted Catastrophe Funds for the early phases of response, and established relationships with capable national partners.

Lastly, the blocking factor of an unfavourable funding environment was eventually overcome in Jordan and in the Ebola crisis response by harnessing technical expertise to lobby and negotiate with donors.

### **Key learning points for timeliness**

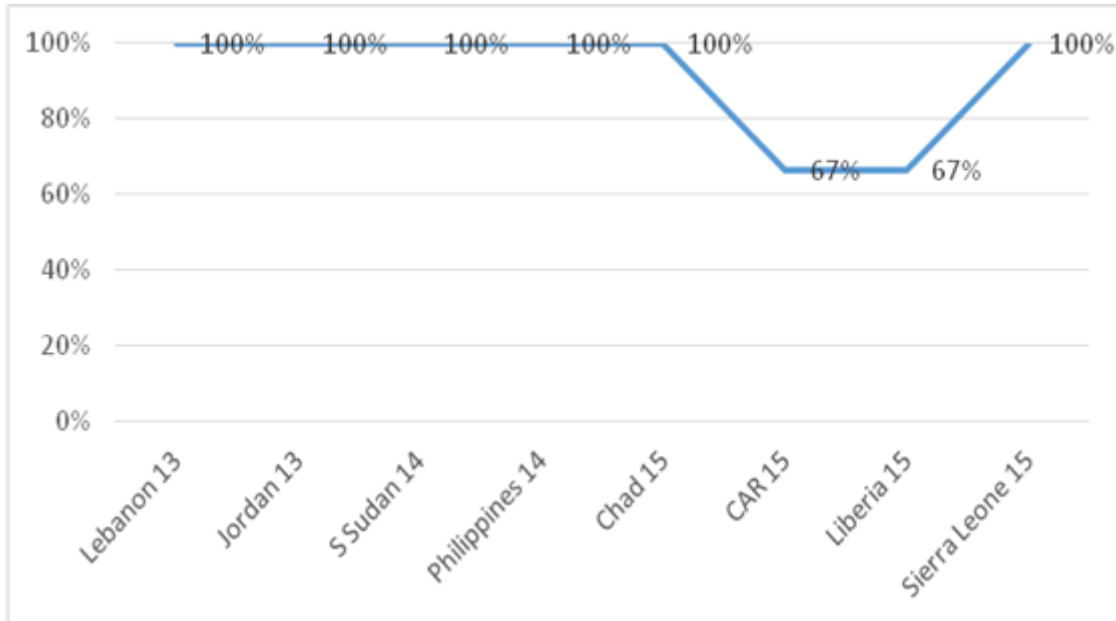
- It may have been possible to overcome the problem of relatively lengthy donor negotiations in the Syrian crisis and the Ebola crisis responses through increased organizational investment or by underwriting programming with internal funds until donor funding became available.<sup>63</sup>
- Humanitarian administration staff should be involved from the beginning of the response.<sup>64</sup>
- The context of the Ebola crisis response demonstrated that time was needed to understand the risks to national and international staff. However, it was noted at an internal learning event that a crisis management group should be set up as and when a similar crisis occurs involving staff welfare issues and high levels of uncertainty. In addition, there are plans to include a roving Welfare Adviser in the HSP.<sup>65</sup>
- Following on from this point, the Ebola crisis demonstrated that national and international staff may have different welfare needs.<sup>66</sup> For example, national staff may have family members directly affected by the crisis, or be directly affected themselves, while international staff are operating without their usual support networks.

## 2. Coverage

In a slow-onset crisis, 10 percent of the affected population should be used as a planned figure (the response should reflect the scale of the disaster), with a clear justification for the final count.

In a rapid-onset crisis, the coverage standard is 25 percent of the affected population.<sup>67</sup>

Figure 4: HIT evaluation scores for coverage by response country



### Typhoon Haiyan in the Philippines

Among the responses examined in this report, the greatest level of adherence was to the coverage standard; this was due to a number of common enabling factors. In the response to Typhoon Haiyan, coverage targets (which were adapted to the context) were fully met. A major factor was that financing of the response was very successful, with levels of funding reaching 93 percent (secured and likely) of the initial target figure of \$49m within less than a month. This was connected to advocacy activities that were rolled out through many of the affiliates, as well as to Oxfam securing bilateral funding and public donations.

However, an issue of note was that, although coverage targets were met, the nature of the response was considered to be quite narrow, focusing mainly on distributions of essential items. More in-depth potential response areas – such as public health engineering and targeted livelihoods interventions – were not fully integrated on a significant scale.<sup>68</sup> The RTE for this response noted: 'It is important not to use beneficiary numbers as the sole criterion. The target has been achieved by appropriate and necessary distributions and cash for work but quite limited interventions. The programme might be described as quite narrow in focus with quick, simple interventions. Very little public health engineering has been done so far or targeting livelihood interventions on a significant scale.'<sup>69</sup> A contributing factor was considered to be that the drive to achieve the distributions meant that the technical teams were primarily engaged in these activities, which were especially challenging due to the massive logistical challenges in the Philippines island archipelago.<sup>70</sup> The RTE recommended consideration of the opportunity cost of focusing on massive distributions and the considerable logistical challenges involved,

with the cost being the limited time initially of the technical teams to plan and diversify the response (later, the programme was noted to have moved on to more livelihoods-based activities and household WASH activities).

However, the shelter strategy for the Philippines, which included distributions of materials for temporary shelters, was seen as appropriate. Shelter was an immediate and urgent initial need in the crisis, and many other agencies that specialize in this area were implementing permanent shelter solutions. Oxfam was well placed to focus on needs for temporary shelter as part of an emergency and transitional shelter approach,<sup>71</sup> which was also supported by a Shelter Coordinator in-country. In addition, regarding livelihoods and WASH, it was noted that as time progressed the programme moved on to undertake more livelihoods-based activities and provide more support for the rehabilitation of household latrines. The response also had a strong commitment to gender.<sup>72</sup>

### **Syrian crisis in Lebanon and Jordan**

In both Jordan and Lebanon, once the issues to timelines had been overcome and funding was secured, coverage targets were quickly met in the early stages of the crisis, due to Oxfam working in partnership with and supporting a previously established national partner, who carried out initial distributions.<sup>73 74</sup>

### **CAR and Chad conflicts**

In Chad, where the coverage standard was fully met through a multi-sector programme, the positive influence of collaboration with a variety of actors was highlighted in a number of ways. For example, Oxfam's prior presence in-country and continuing beneficiary consultations enabled the teams to establish that the number of people in need was greater than initially thought, and the response was adapted accordingly.

However, also in Chad, there were challenges to rapid scale-up in the initial phases of the response. A partnership with the World Food Programme (WFP) demonstrated the potential implications of relying on the resourcing and timeframes of an external partner. While the partnership meant that assistance could be more easily mobilized, it was also a constraining factor on Oxfam's ability to achieve greater food coverage in the early stages of the response, due to dependence on WFP and its timeframe.

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*In CAR, a slow-onset crisis involving displaced populations due to conflict, Oxfam's standard for coverage was almost met. Oxfam did not have a programme in place in CAR at the onset of the crisis and time to secure funding was initially lost while two different affiliates considered their capacities to lead the proposed response. The Humanitarian Consortium Governance Group provided the trigger to move ahead with planning and intervention. Overall, it was considered that Oxfam achieved good coverage in terms of the number of people reached, especially by the WASH programme. The CAR programme eventually exceeded its target coverage.*

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### **Ebola crisis in Liberia and Sierra Leone**

Oxfam's response to the Ebola crisis was fully met in Sierra Leone<sup>75</sup> and almost met in Liberia. There were initially challenges to coverage in both contexts, but ultimately significant results were achieved through a wide-ranging, evidence-based response that was received positively by key actors. Oxfam staff on the ground played a vital role in bringing this about, with a significant enabling factor being the adaptation of existing competencies in public health engineering and public health promotion, as well as the development of innovative interventions.

However, in the early phases of the crisis in Sierra Leone, Oxfam's effectiveness and ability to influence the response were limited due to delays in planning and scale-up, and also because initially it did not react quickly enough to the changing situation. Prior to the onset of the epidemic Oxfam had reduced the number of staff in both countries, which meant that when the

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*In the Ebola crisis, a combination of interventions was employed, some of which built on Oxfam's experience in public health and community mobilization while others were beyond its usual scope. Oxfam saw the critical contribution that a WASH-focused response could make to stopping the transmission of the Ebola virus, as well as strengthening epidemic preparedness and response measures. EFSL interventions were necessary to minimize the impact on communities. An advocacy component focused on ensuring a resourced response with effective coordination systems and ensuring that the root causes of the crisis were addressed. Finally, Oxfam undertook the rehabilitation of bridges to improve humanitarian access to communities.*

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crisis was fully recognized by the international community, the risk of overstretching staff and partner capacity was a major consideration. This was compounded by the meticulous approach that was required for interventions and the potential risks to staff. The overall delay by the international community in recognizing and responding to the epidemic could also be considered an underpinning issue. In addition, there were funding constraints associated with starting a programme relatively late. However, the coverage targets that Oxfam did set were realistic, and it scaled up rapidly and smoothly once the response was under way. The catalysts for the scale-up included ongoing regional monitoring, needs assessments in-country, previous relationships with national partners and the categorization of the response.<sup>76</sup>

### **Conclusion to the coverage standard**

The responses analysed in this strategic outcome report demonstrate high levels of coverage according to Oxfam's standard, with most of the responses meeting the standard. In addition, Oxfam's presence and capacity in-country, as well as the levels of experience of its partners in humanitarian emergency response and in relevant programmatic themes, influenced its ability to target as many beneficiaries as possible. There were several examples of needs-based and flexible approaches according to gaps identified, as well as examples of blanket coverage approaches to mitigate tensions or to provide distributions of essential items. The presence and actions of other responding actors and Oxfam's level of cooperation with them also affected the number of people that its responses targeted. In addition, the level of risk to staff in relation to security and health was also a factor that could influence the scope and coverage of responses, for example during the Ebola crisis.

However, a key factor to consider in a response is the ability to achieve high levels of coverage coupled with the necessary depth. For example, focusing on the distribution of items to a total affected population, as opposed to targeting activities towards the most vulnerable, will naturally have a direct effect on the number of people reached and the level of assistance provided, as well as Oxfam's ability to successfully meet standards such as Sphere and internal Oxfam standards on MEAL, gender and partner relations. Of course life-saving distributions of essential items may be needed initially, but an approach focused on coverage targets may distract from the full integration of some other quality benchmarks. However, a review of the approach to targeting within the coverage standard is currently being undertaken by the MEAL team within the Global Humanitarian Team.<sup>77</sup>

Lastly, regarding future planning in terms of partner relations, the current shift to increasing capacity building for partners and their engagement in response strategies, as well as linkages of partners to resilience building, has the potential to widen coverage as well as improve its quality.

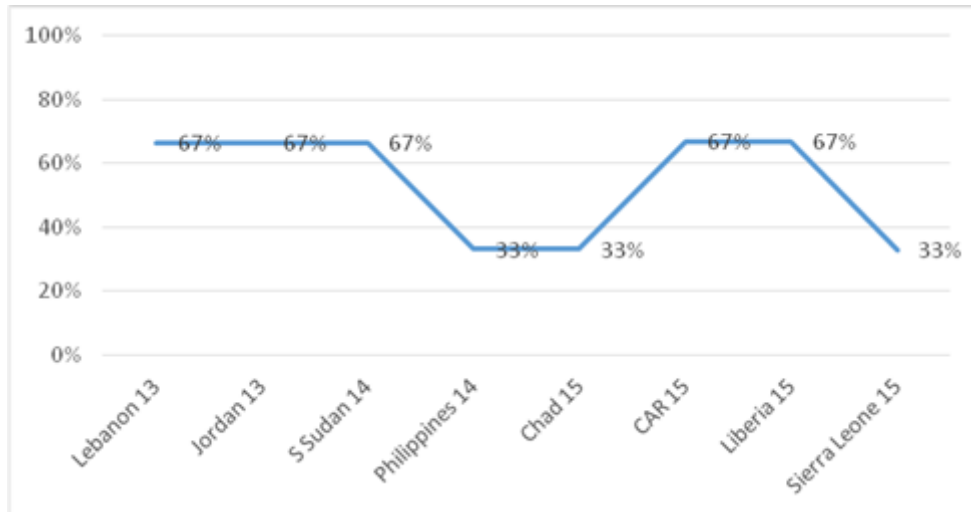
**Key learning point for coverage**

- Where large-scale distributions are initially needed (e.g. in the response in Typhoon Haiyan in the Philippines), distribution teams should be recruited earlier, supported by finance and logistics capacity (and other functions). In the Philippines, sector-specialist staff became engaged with distributions, which was reported to have distracted from planning to diversify the response.<sup>78</sup>

### 3. Technical standards

Technical aspects of the programme are measured against Sphere standards. The standards should be referred to in proposals and logframes and used in monitoring against indicators.

**Figure 5: HIT evaluation scores for use of Sphere standards by response country**



The Sphere Project is a voluntary initiative that aims to improve the quality of humanitarian assistance and the accountability of humanitarian actors to their constituents – i.e. affected populations and donors. *The Sphere Handbook* sets out internationally recognized common principles and universal minimum standards in life-saving areas of humanitarian response. Standards relate to the key sectors of protection, WASH, shelter, food security, nutrition and health, as well as core operational standards such as assessments, people-centred response, accountability, aid worker performance and coordination.<sup>79</sup>

#### Syrian crisis in Jordan

In Jordan, Oxfam almost met the standard for using the Sphere standards, especially in WASH, but just fell short of fully meeting it, as it needed more explicit use of Sphere in strategies and MEAL and did not provide training to staff and partners. However, the response in Jordan faced a specific set of circumstances, and Oxfam adapted it to meet the needs of refugees from Syria. According to Oxfam's Programme Manager in Al Za'atari Refugee Camp, Jordan: 'Syrians enjoyed a relatively high standard of services, including WASH, before displacement.' On this basis, Oxfam discussed with refugees how to contextualize the standards to make them more appropriate. In the host community context where the majority of refugees in Jordan were based, monitoring and evaluation (M&E) focused more on questions about the satisfaction of the affected population with the assistance received than on Sphere indicators.<sup>80</sup>

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*During the response to displaced people in South Sudan, Oxfam's WASH team demonstrated direct application of the Sphere standards. Early achievements were noted by Oxfam's Acting Country Director in an internal situation report two weeks after the start of the response: 'OCHA cites that the water provision is exceeding the minimum standards. Oxfam is leading on clean water delivery and we should definitely recognize our contribution.'*

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#### South Sudan regional crisis

In South Sudan, the standard was almost met. The main reason for not fully meeting it was that although Sphere WASH standards were successfully applied, Sphere standards were not used in other areas, a trend also seen in the Syrian crisis. The team in South Sudan also experienced factors that were beyond their control, such as sudden significant increases in the population of the UN House IDP camp at Juba and a lack of land for the construction of latrines.<sup>81</sup>

In Chad, core Sphere standards were applied in some cross-cutting ways, which reflected an overall high level of quality in the response. Oxfam just missed fully meeting the standard, due to not applying Sphere in specific response activities and not systematically reflecting the standards in key project documents. However, many of the core Sphere standards (non-sector-specific) were met, such as conducting baseline surveys to collect evidence on which to base the intervention.

## Conclusion

Overall, there is evidence that Sphere standards have been incorporated into almost every Oxfam response, although most responses either demonstrate some aspects of non-compliance with the standards or do not document whether or not the standards were met.<sup>82</sup> In some responses the sector-specific standards were used, especially for WASH, but not the core standards, such as conducting needs assessments, community consultations and partner training. In other responses the reverse was true.<sup>83</sup> However, a lack of documentation in programmes may be a factor making activity monitoring and subsequent evaluation difficult. There may have been a much better performance in some responses than is actually documented.

Assessing the training needs of staff and partners on the relevant standards at an early stage of the response, and then providing the necessary training, would greatly enhance the application of the Sphere standards. However, at the same time Oxfam has demonstrated flexibility, contextualizing the standards to specific circumstances when needed.

Several of Oxfam's RTE reports stated that there could sometimes be too much of a focus on coverage numbers following the categorization of a response, which is understandable given the ultimate aim of saving lives. However, in cases where responses involve multiple challenges to scale-up, there is a risk of compromising on technical standards.<sup>84</sup> Some staff interviewed for the RTE for Chad, for instance, felt that affiliates were too focused on attaining the coverage target, and were paying less attention to quality.<sup>85</sup> As mentioned in the section above on coverage, a review of the approach to coverage targets is currently being undertaken.<sup>86</sup>

### Key learning points for Sphere standards

Training should be provided to country teams and partners regarding the application of Sphere standards (both sector-specific and core standards); this will strengthen the application, monitoring and documentation of Sphere. A trend indicated in the evaluation reports was that often either sector-specific technical Sphere standards (e.g. WASH, EFSL) or core Sphere standards (e.g. assessments, partner relations and community consultations) were used for planning – but rarely both. (However, one success story in terms of sector standards was Oxfam's response to the Syrian crisis in Jordan, where the programme demonstrated flexibility in adapting WASH standards to meet the specific needs of Syrian refugees.)

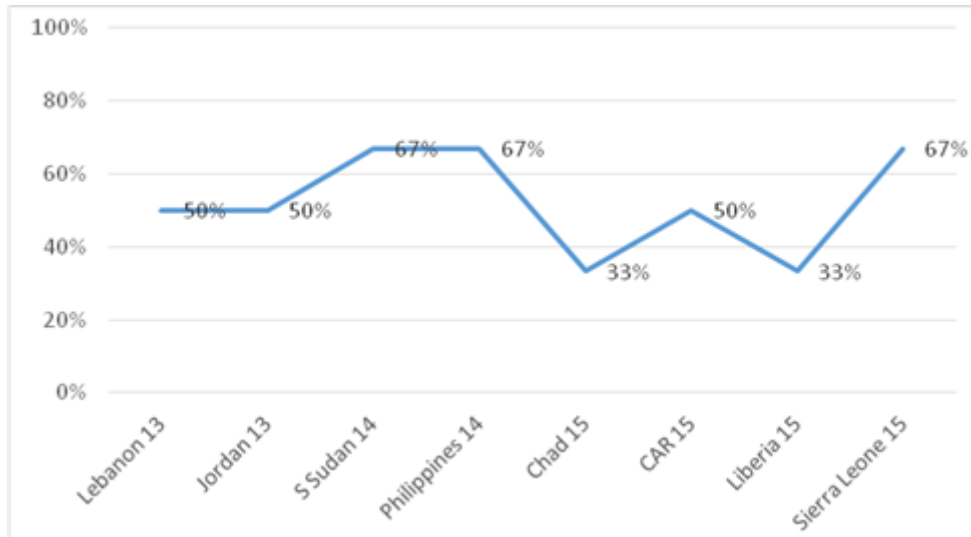
The use of Sphere standards was difficult to evaluate in the sample responses: often the Sphere standards were included in planning documents but then there was insufficient documentation in project documents and MEAL systems as to whether they were actually met. More documentation on the planning and application of Sphere is needed, including barriers to meeting the standards.

Oxfam should give a stronger voice in strategy development to its public health and other technical specialists. This may have facilitated better planning of the response to the Ebola crisis.

#### 4. MEAL

A MEAL strategy and plan are in place and are being implemented using appropriate indicators.

**Figure 6: HIT evaluation scores for use of a MEAL strategy and plan by response country**



Oxfam's performance for developing and maintaining a MEAL strategy and plans followed a fairly even trajectory, although the average score was 52 percent. The responses tended to focus on the development of strategies and plans, but there were challenges to the implementation of these and their integration with the overall response. A key factor was timing in scaling up MEAL functions and resources, and a key area of success was Oxfam's emphasis on a participatory approach that engaged with affected communities and the positive impact that this had on MEAL activities and on programme quality.

#### **Syrian crisis in Jordan**

During the response to the Syrian crisis in Jordan, the implementation of a MEAL strategy and plan met with mixed success. It was initially strong, with a baseline survey being carried out and ongoing dialogue with the community through programme activities, but key systematic MEAL activities were not sustained. A significant blocking factor was the late deployment of MEAL programme staff to the country.<sup>87</sup>

#### **South Sudan regional crisis**

In Oxfam's response in South Sudan, where the standard for MEAL was almost met, there were several examples of it adapting the response according to the findings of the RTE and monitoring data. These included introducing hygiene items and doubling the quantity of charcoal provided to households, although again MEAL staff were recruited late.<sup>88</sup>

#### **Typhoon Haiyan in the Philippines**

In the Philippines there was a strong focus on MEAL, with attention given to assessments, planning, accountability to communities and training, especially after MEAL staff were recruited for the response. However, a high level of staff turnover and a subsequent shortage of time

meant that there were issues with the standardization of MEAL recording documents across the different intervention sectors, which resulted in further pressures on the team.<sup>89</sup> However, this issue is being overcome with the development of a common platform for MEAL tools.<sup>90</sup>

### **CAR and Chad conflicts**

In Chad, Oxfam put considerable work into setting up MEAL systems, but their implementation was not sustained. Blocking factors that were within Oxfam's control included the lack of an initial rapid assessment and other in-depth assessments that would have provided disaggregated data (some assessments were carried out that focused on market systems and infrastructure). Again, an underpinning issue was insufficient MEAL capacity. On a visit to the response, the Regional MEAL Coordinator noted that thorough work had been done to set up systems, but there was a need to better integrate the activities of MEAL staff and project staff and to integrate learning to improve programme quality.<sup>91</sup> In CAR, the MEAL function was distributed between technical leads and partners, as no specific MEAL staff were planned for in the programme budget.<sup>92</sup>

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*Across Oxfam's response evaluations, the emphasis placed on a participatory approach that engages with communities – and the value of this to MEAL – can be seen. Oxfam's participation and consultation activities with communities have greatly enhanced M&E activities, including satisfaction surveys, household visits and learning events. The evaluations analysed typically involved community consultations, group discussions and individual interviews with beneficiaries and stakeholders. Notably, the presence of MEAL staff and MEAL capacity-building staff in a response programme appears to be a common factor behind high levels of community consultation and participation. Oxfam's partners have also been crucial for consultations in responses (Oxfam Australia (2015) Strategic Plan Outcomes Report).*

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### **Ebola crisis in Liberia and Sierra Leone**

During the Ebola crisis, a MEAL strategy and a monitoring plan were developed, but were not fully integrated with the response – although improvements were made following the deployment of a regional adviser. The same blocking factor was seen in this response, with the late deployment of MEAL staff.<sup>93</sup>

### **Conclusion**

Oxfam has demonstrated its commitment to a participatory approach and to engaging with communities during humanitarian responses. This approach provides the basis for a dialogue with people affected by the crisis not only on what is needed but also on how it might best be provided,<sup>94</sup> which can help to improve the appropriateness of the response. The presence of MEAL staff, MEAL capacity-building staff and partners appears to be a common factor behind high levels of community consultation and participation.<sup>95</sup>

In some of Oxfam's responses, MEAL strategies and systems were developed but their implementation was hindered because the MEAL function was not fully integrated with the main response; this left it at risk of becoming something of an annex and not fully supporting programme quality.<sup>96</sup> In some responses the initial needs assessments were not implemented. A key underlying factor was insufficient prioritization of MEAL staff capacity in the first wave of humanitarian response.

However, steps have been taken to address these trends. A key factor in overcoming staff capacity issues has been the support of MEAL coordinators and advisers from regional and head offices.<sup>97</sup> With Oxfam International's GHT and HSP approach, there will be more MEAL personnel on the ground sooner. In addition to the existing MEAL minimum standards,

guidelines are being produced to support programme and project managers on the roles and responsibilities of staff in MEAL from the first stages of a response, which will also highlight the value it can add.<sup>98</sup> Overall, these managers will be responsible for ensuring programme quality, but technical staff also have a key role to play and they should be involved in monitoring, as well as with cross-cutting issues such as gender and accountability.<sup>99</sup> In addition, the GHT team has developed a common platform for MEAL tools that have been peer-reviewed and selected as the tool of choice.<sup>100</sup>

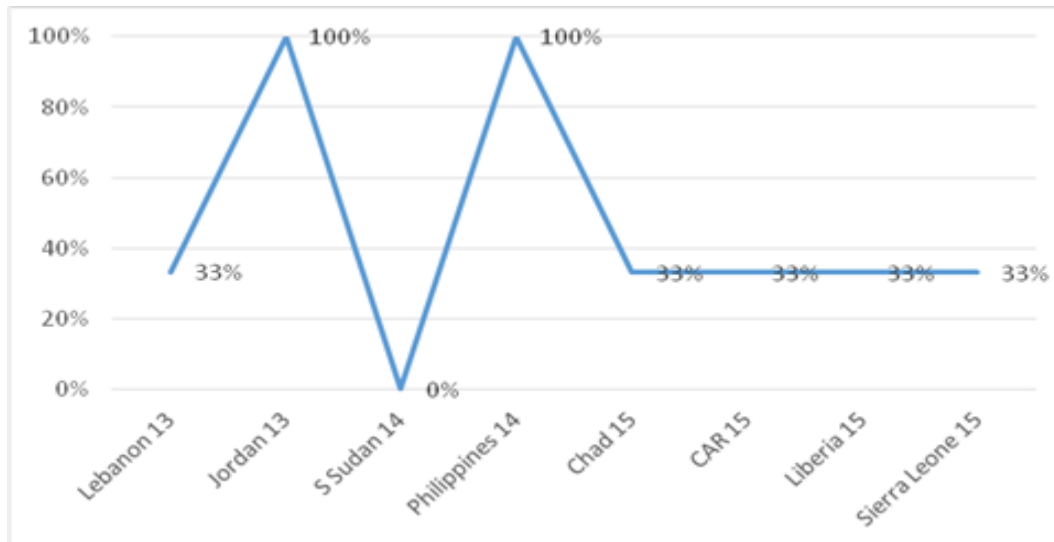
In terms of the needs assessment process, a rapid assessment tool has recently been digitized, meaning that data collection can take place on smartphones or tablet devices.<sup>101</sup> One impact of this will be that time-consuming data entry can be reduced and staff can move quickly to the data analysis stage.

These issues faced by Oxfam in integrating MEAL systems into response activities, often when considerable efforts have been made to develop plans, are not unusual. According to the Consortium of British Humanitarian Agencies: 'There is always a trade-off in MEAL in humanitarian action, between the need for timely and accurate information and the time and effort needed to collect and analyse the data.'<sup>102</sup> However, Oxfam is implementing some initiatives to overcome blocking factors to MEAL, such as the common platform of peer-reviewed MEAL programme tools mentioned above,<sup>103</sup> and more training of MEAL staff is being planned to further mainstream MEAL standards into humanitarian programmes, as well as capacity building of partner staff, so that the MEAL tools are widely used and approaches are more consistent.<sup>104</sup>

## 5. Feedback/complaints systems

Feedback/complaints systems for the affected population are in place and functioning. There is documented evidence of information sharing, consultation and participation, leading to a programme relevant to context and needs.

**Figure 7: HIT evaluation scores for use of a feedback/complaints system by response country**



Oxfam's performance on feedback/complaints systems was varied, but on average it was one of the lower-performing areas covered in this report. The main thematic area enabling or blocking the achievement of this standard was community engagement and participation, which is a key step in developing appropriate mechanisms.

### Syrian crisis in Lebanon and Jordan

In Lebanon, the standard for implementing a feedback and complaints system with the affected population was partially met. There was a good level of participation of the affected population in initial assessments, which fed directly into programme design, but feedback and complaints systems were not fully developed.

Partner organizations did set up complaints mechanisms, but it was not clearly defined how these systems were working or contributing to improving the programme,<sup>105</sup> and there was evidence to suggest that partners were not prioritizing accountability.<sup>106</sup>

In Jordan, the changes made to the programme in response to feedback were significant. Modifications were made to the WASH blocks in Al Za'atari Refugee Camp in the north of the country, such as improved lighting and access for disabled people, different models of latrines were trialed and soap distributions were increased. The engagement of affected people in this way not only

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*In Jordan, staff in Al Za'atari Refugee Camp frequently received feedback from Syrian refugees during ad hoc face-to-face meetings. The staff recorded any feedback or complaints in notebooks and fed this information back to the programme office. Their continuous presence within the communities in the camp proved to be an important information channel.*

*Oxfam has now invested in documenting this model of social mobilization and accountability as a learning resource for future Oxfam teams and other organizations working in insecure contexts.*

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allows the response to be tailored according to needs, but also takes into account the dignity of people affected by crisis.

In addition, a telephone hotline was set up, but it was not used by refugees.<sup>107</sup> The reasons for this were not reported on in the evaluation report, but they could have been related to access issues. This would be a key area for community consultation and follow-up; it was also noted in several other evaluation reports.<sup>108</sup>

### **Typhoon Haiyan/Ebola crisis**

In the Philippines, the standard was fully met. Enabling factors included the support of managers in taking summarized feedback into account. The hotline was also well advertised. In the Ebola crisis, Oxfam partially met the standard. A feedback system operating through community health workers (CHWs) and community health volunteers (CHVs) showed particular success. However, opportunities were missed to include CHWs and CHVs in the strategic development of the programme.

### **Conclusion**

The responses provided several examples of successful feedback and complaints mechanisms, often relying more on community mobilization and having a presence within communities than on mechanisms such as telephone hotlines. Common factors for success included accountability of the management team for the system and capacity building of staff, partners and volunteers. In addition, several common reasons were identified as blockers to this standard. For example, in some cases there was a good level of participation by the affected population in initial rapid assessments, which fed into programme design, but participation was not sustained or developed into feedback/complaints mechanisms or systematic consultations.<sup>109</sup> The role of partner organizations in feedback/complaints systems is also important but in some cases this was not clearly defined, nor how partner systems were contributing to improving the programme.<sup>110</sup>

In terms of the success of specific mechanisms, telephone hotlines tended not to be well utilized, while face-to-face methods were more likely to be successful – although it is important to ensure that any feedback mechanisms fall within recognized standards, such as those of HAP/the CHS Alliance.<sup>111</sup> It has also been identified within Oxfam that there is a need to facilitate the capture and collation of informal feedback and to simplify its documentation. In addition, it should be ensured that feedback via volunteers and partners reaches Oxfam to feed into the design of the response.<sup>112</sup> To address this, a mobile phone app for staff and partners to use is currently being developed, which should meet this need.<sup>113</sup>

### **Key learning points for feedback/complaints systems**

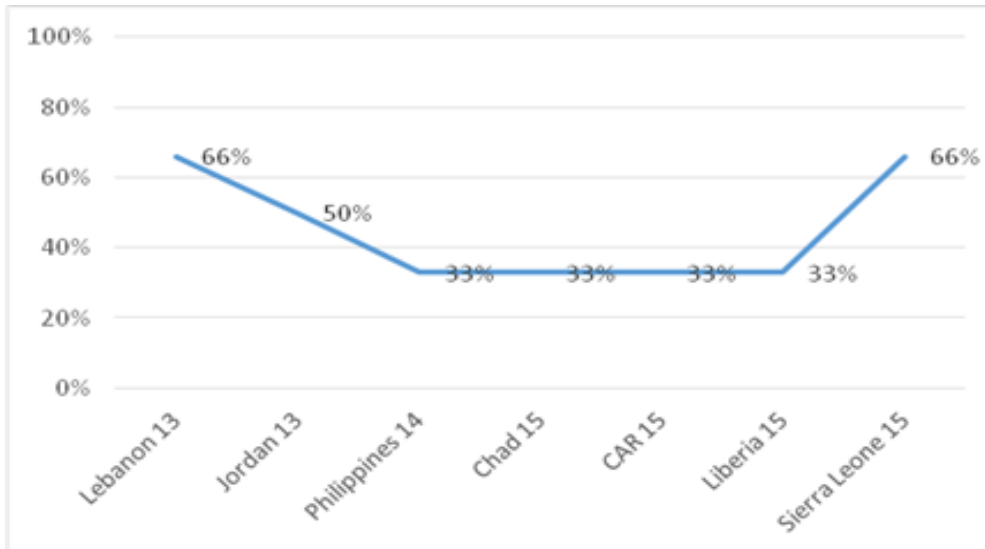
- The commitment of programme managers was key in achieving this standard across the responses covered in this report, including systematic consideration of findings from feedback and complaints to inform revisions to programme design. Also key was a commitment to ensuring that systems in place were based on community consultations about the preferred mechanisms to provide feedback, and that staff had the capacity to maintain the systems (in terms of time and knowledge).
- The reasons why telephone hotlines are often not used by affected populations as a feedback/complaints mechanism should be researched and documented, outside of an emergency response context. The evaluation reports often stated that telephone systems were set up but not utilized, and that face-to-face methods appeared to be more effective, such as post-distribution monitoring and ad hoc feedback given to staff when out and about in communities (this has been recognized and a mobile phone app is currently being developed by Oxfam to help collect and collate face-to-face feedback. However, further information about the use of more formal mechanisms such as hotlines etc. may be useful in guiding the design of feedback/complaints systems).
- **Solomon Islands response:** It was noted as a point for learning in the RTE report for the Solomon Islands that, during community consultations when registration and distributions

are taking place, it would be helpful to include information about Oxfam's feedback and complaints procedures to support the use of these systems (also during general community consultations about feedback/complaints systems). Any learning about appropriate mechanisms should be documented.<sup>114</sup>

## 6. Partner relationships

Partner relationships are defined, their capacity is assessed and partners are fully engaged in all stages of the programme cycle.

Figure 8: HIT evaluation scores for partner relationships by response country<sup>115</sup>



This standard focuses on relationships with partner organizations and their role in Oxfam's response. The term 'partner' refers to national or local partners, and in order to fully meet the standard a number of criteria need to be fulfilled. These include undertaking capacity assessments of the partner, documenting evidence of plans to support partners (e.g. training or staff secondment), having a capacity building plan in place, having a partner agreement in place, and the partner(s) being actively involved in planning and MEAL, as well as there being positive feedback from partners about Oxfam. Figure 8 shows that Oxfam did not fully meet this standard in any of the responses analysed, but there were many examples of achievement and of the value of partnerships in quality humanitarian responses.

### Syrian crisis in Lebanon and Jordan

In Lebanon, the response was implemented almost entirely by partners, and activities to support them became a main focus for Oxfam. Oxfam assessed the capacity of its partners at the start of the crisis and provided training on the Sphere standards and rapid needs assessments. In addition, it provided on-the-job capacity building in support function areas such as logistics and finance to improve operational capacity.

However, there were some challenges. For example, despite training and capacity building, there were still gaps in knowledge regarding the integration of MEAL and feedback/complaints systems, as well as in participation in the

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*It is of note that in Jordan Oxfam is seen as a strong ally by partners, who have a high level of goodwill towards it. This was crucial for the approach taken in the Syrian response, where partners in Jordan actively supported the set-up of the response by providing office space, recruiting national staff and utilizing relations with the government. This was relatively new for Oxfam but it was of great value, meaning that it could launch a response to the crisis much more quickly.*

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development of Oxfam's strategy in Lebanon.<sup>116</sup> However, considering that Oxfam had no humanitarian presence in this country prior to the crisis, the achievements were significant.

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*In Lebanon, a historic partnership with a national partner played an important role in Oxfam's response. The development programme in the country had been closed before the onset of the crisis, but Oxfam was approached by a former partner seeking funding to address the needs of refugees arriving in Lebanon. While this was not a pre-defined trigger, it contributed to the speed of the response in terms of preparedness activities.*

In Oxfam's response in Jordan, the standard for partner relationships was half met. Although there were many achievements that contributed to the success of the response, such as planning and monitoring exercises being carried out in close coordination and capacity building of the main partner, Oxfam did not sufficiently document these activities, which led to it falling short of fully meeting the standard.

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### **Typhoon Haiyan in the Philippines**

In Oxfam's response to Typhoon Haiyan, the standard for partner relationships was only partially met. This was because most of the response was implemented by the Oxfam team, with only limited involvement by partners in specific geographical areas. Although some community-based organizations (CBOs) and partners were included in various elements of the response, they were mainly seen as sub-contractors rather than being integrated into the response and adopting Oxfam's quality standards and systems.

Currently, due to a more strategic shift towards longer-term programming such as EFSL and a revised country programme strategy, there is a move towards establishing strong and more equal partner arrangements<sup>117</sup> where partners are involved in the rehabilitation phase of the programme.<sup>118</sup>

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*The response in Chad was initially implemented without any collaboration with partners, as direct implementation had been the main modality in previous humanitarian responses. However, there has been growing recognition of the value of partners whose knowledge of the context can be harnessed in emergencies. Oxfam GB has revised this strategy and since 2013 has been building the capacity of partners in Chad, as well as working with civil society organizations (CSOs). This is especially relevant in Chad, where slow-onset crises may be a continuing trend.*

*This was also seen in Oxfam's recent humanitarian response in Ethiopia, where capacity building with partners was an active part of the strategy, with additional resources to oversee partner relations and programme quality. In some areas, Oxfam plans to implement projects with partners and in other areas it will implement them directly. (Ulrich Wagner, Senior Humanitarian Coordinator, GHT)*

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### **Ebola crisis in Liberia and Sierra Leone**

In the response in Liberia the standard was partially met, and there was a better performance in Sierra Leone, where the standard was almost met. In Sierra Leone, partner assessments were undertaken, clear outcomes for Oxfam and partners were set and partners submitted their own proposals to Oxfam, enhancing their ownership over activities. Feedback demonstrated the trust and confidence that partners had in Oxfam. However, Oxfam did not fully meet the standard because the partners were mainly INGOs and not national partners or CBOs, and as a result there was no scope for capacity building with such organizations. In Liberia, Oxfam worked in partnership with several organizations, including the Ministry of Health, national Country Health Teams and radio stations. Many of these organizations had been partners prior to the crisis, and no new capacity-building assessments or plans were carried out in the extremely challenging circumstances – meaning that the standard was not fully met.<sup>119 120</sup>

## Conclusion

Generally, partners seem to be well integrated and part of Oxfam's humanitarian responses, although there is a tendency not to focus as much as might be desired on capacity building, and often partners can become more like implementing partners. A key blocking factor that potentially could be mitigated is a lack of capacity-building assessments, with a key underlying factor for this being the lack of time due to the pressures of the response. There were examples of success stories where the capacity of partners was built prior to the crisis, such as in the responses to the Syrian crisis and the Ebola crisis. This approach has been proved to enhance the timeliness of response and scale-up, especially in overcoming barriers such as obtaining government approvals, recruiting national staff and gaining the acceptance of communities. However, such an approach is more realistic either in slow-onset crisis situations or where Oxfam has previously had a longer-term programme.<sup>121</sup>

There is also evidence that Oxfam's partners in responses influence other quality standards, such as the level of community consultation. This is especially the case where partners place importance on participatory, consultative approaches, and it can depend greatly on the extent to which they have established relationships within affected communities.<sup>122</sup>

In terms of strategy, there has been a recent shift in Oxfam policy regarding working with national partners, with an increased focus on building their capacity, both to work with communities in building resilience to future crises and to respond to crises when they occur.<sup>123</sup>

<sup>124</sup> In addition, although partners are responsible for managing their own security, if necessary Oxfam may assist them to build their local capacity so that they can exercise this responsibility.<sup>125 126</sup>

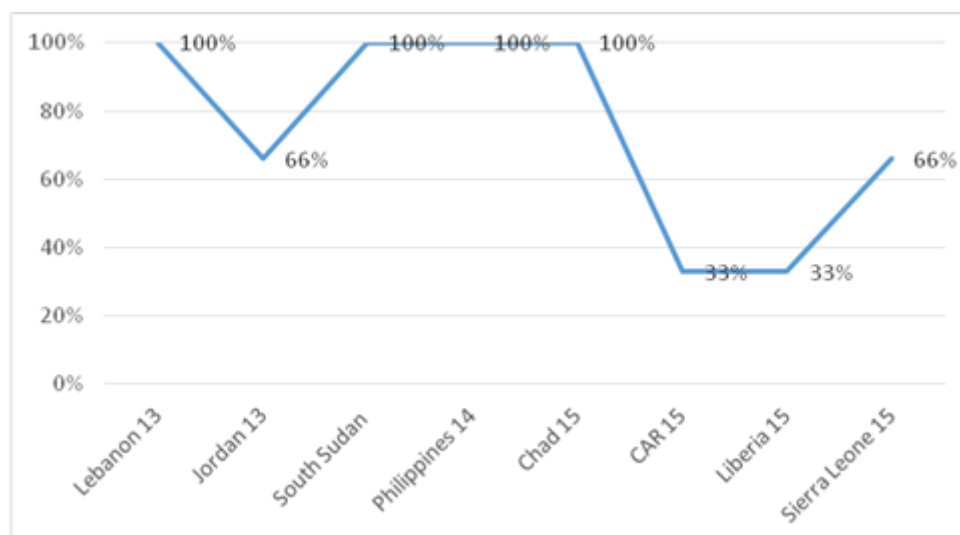
### Key learning point for partner relations

Some responses seem to have been facilitated by working with national partners in the very early stages of the response (Jordan, South Sudan). Overall, the integration of established national partners in response strategies, including capacity building of partners (e.g. NGOs, CSOs and municipalities) in technical and cross-cutting areas, is linked to the quality of responses in a number of core ways, such as preparedness, timeliness, coverage and building resilience/disaster risk reduction (DRR) programmes. However, there is a shift within Oxfam to working in this way more with partners,<sup>127</sup> which is already being seen in Ethiopia,<sup>128</sup> including a move to develop partnerships with INGOs specializing in health as part of contingency planning.<sup>129</sup>

## 7. Safe programming

The programme is considered a safe programme: action is taken to avoid harm and the programme is considered conflict-sensitive.

Figure 9: HIT evaluation scores for safe programming by response country



There was an excellent level of safe programming within Oxfam's responses, which was due to its practice of integrating protection programming throughout its humanitarian responses. Where the standard was partially met, as in CAR and Liberia, there were factors that created a particularly challenging environment (these are described below). To meet the safe programming standard, teams should carry out assessments to analyse different factors (such as people's safety when accessing assistance) and, in implementing safe programming, there should be evidence of them responding to protection issues (including issues identified by other actors), as well as being ready to call in protection expertise when needed.

### Syrian crisis in Lebanon and Jordan

Oxfam's response to the Syrian crisis in Lebanon is an excellent example of a protection component being integrated throughout the response. Due to the response team's identification of protection issues at an early stage, Oxfam deployed a protection specialist for the initial needs assessments, the results of which fed into a risk analysis and protection strategy. This strategy reflected Sphere standards and elements included training for Oxfam and partner staff, identification and referral of vulnerable people to other actors such as MSF and UNCHR, and information sessions for refugees about the services available and awareness of risk factors such as gender-based violence (GBV).

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*The response in Lebanon demonstrated a strong understanding of vulnerability within the general context of the refugee crisis. For example, Palestinian refugees from Syria were identified as a highly vulnerable group due to historic discrimination and because they required costly monthly visas to remain in Lebanon. Due to this, Oxfam's response initially focused on assistance to vulnerable Palestinian Syrians arriving at the Palestinian camps in Lebanon, to enable them to survive the winter.*

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In Jordan, the standard for safe programming was almost met. Although the initial stages of the response were relatively protracted, with delays in

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*In Chad the standard for safe programming was fully met. A key enabling factor was Oxfam's long-term development activities in a country where awareness of contextual realities was crucial. In addition to protection issues, Oxfam took into account the principle of 'do no harm' when designing its programme. In-depth assessments, including Emergency Market Monitoring and Analysis (EMMA), revealed that cash distributions for the food-insecure population would not have been appropriate in certain areas due to serious food shortages in the markets, meaning that there was a real risk of price rises due to additional demand. Oxfam collaborated with WFP to undertake food distributions in these areas in order to safeguard households from price rises that could have severely constrained their coping strategies.*

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scale-up and funding, once the scale-up began a Gender and Protection Adviser was deployed to the overall Syrian response, who supported assessments in Jordan. A number of protection issues were identified from the assessments, as well as growing tensions between refugees and host community populations. Oxfam implemented a programme in refugee camps and host communities that incorporated activities to address protection issues, as well as interventions to improve community cohesion. Evaluations of Oxfam's work on protection in Jordan continued during the response, with recommendations to continue building on it through measures such as working more with partners to build local capacity, ensuring that advocacy

on protection issues was driven by refugees and preparing responsible exit strategies. Although a great deal was achieved in Jordan, the standard was not fully met because documentation about the progress of these later recommendations was not available for evaluation.<sup>130</sup>

### **South Sudan regional crisis**

Oxfam's response in South Sudan fully met the standard for safe programming. Initially, there was no specialist protection expertise within the country team, but Oxfam accessed information about protection needs by collaborating with other actors in the protection cluster. Engagement in the cluster in order to inform programming was a recommendation from the RTE (conducted in the first few weeks of the response) that the team acted upon.<sup>131</sup> Oxfam's subsequent programme in South Sudan directly addressed some of the issues identified: for example, an issue regarding physical protection of civilians from the effects of armed conflict was addressed through the provision of water, sanitation, food security and fuel in the UN House camp. This contributed to people being able to remain within the camp in relative safety, and the majority of feedback from the affected population in focus group discussions (FGDs) indicated that they felt safer due to Oxfam's intervention.<sup>132</sup>

### **Typhoon Haiyan in the Philippines**

The response to Typhoon Haiyan was also an example of a strong commitment to protection. There were initially delays in incorporating protection fully into the response due to various blocking factors, some within Oxfam's control and others beyond it. For example, there was a delay in recruiting a protection specialist for the team, an issue that was addressed after the initial evaluation of the response.<sup>133</sup>

In CAR, where Oxfam partially met the protection standard, a range of protection issues were initially identified. A number of activities were put in place to incorporate protection into the programme, including the adoption of a 'do no harm' approach for beneficiary targeting, training, and working with the protection cluster. The standard was only partially met because there was a significant delay in recruiting a protection adviser, which meant that Oxfam was unable to share its expertise in coordination forums in a way that other agencies expected.<sup>134</sup>

## **Ebola crisis in Liberia and Sierra Leone**

During Oxfam's response in Liberia the standard was partially met, and in Sierra Leone it was almost met. The key protection issues were fear and stigma and the almost impossible task of keeping case identification confidential. The standard was only partially met because of a lack of documented evidence about protection activities. According to the HIT evaluation: 'This area of work might have been very successful, but without documentation, it is not possible to consider anything beyond partial achievement.'<sup>135</sup>

## **Conclusion**

Oxfam's Global Protection Strategy and standard practice is that all Category 2 disasters must have a protection analysis; this is a task normally expected of the response team, but additional support can be brought in. There is evidence in all of the cases included in this report that safe programming and protection issues were taken into account and integrated into the response, although to varying degrees. In addition, protection issues were explicitly addressed in the documentation for nearly all the responses.<sup>136</sup> Although Oxfam has minimum standards for protection in its programmes (outlined in the Global Protection Strategy), but a key trend was the late recruitment of protection specialists in response teams. However, this was usually overcome eventually by collaborating with other actors on protection issues, and safe programming was usually still successfully integrated into the response. In addition, Oxfam International's GHT and HSP approach means that protection specialists will now be easier to mobilize temporarily in humanitarian responses, until teams can be more permanently staffed.

Overall, it was demonstrated throughout the responses that this is an area of specialist knowledge for Oxfam, which links with other areas of specialism and experience such as advocacy work and gender. Protection specialists are needed to ensure the inclusion of safe programming and protection in assessments and strategies to support the most vulnerable people.<sup>137</sup>

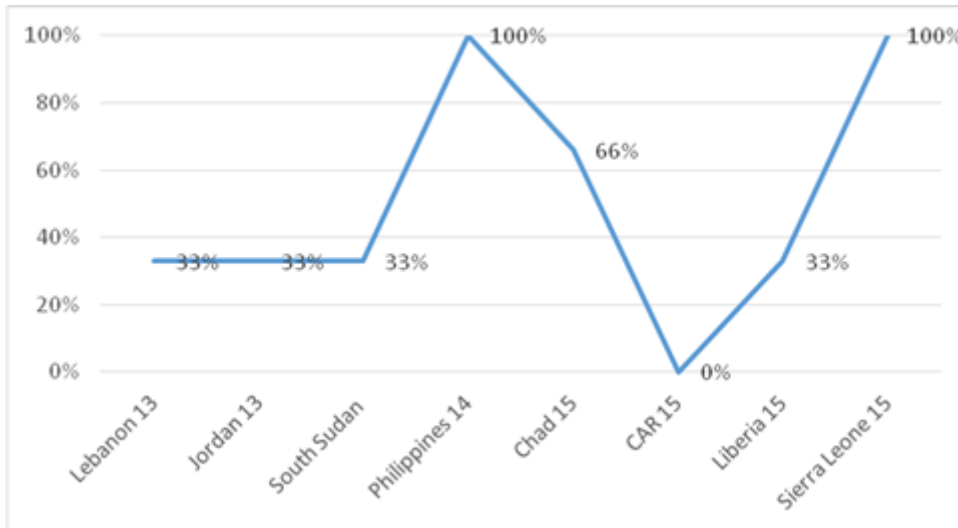
## **Key learning points for safe programming**

- The deployment of protection staff should be prioritized in the first phase of a humanitarian response; this is already being addressed through the HSP approach.
- Partners' capacity and knowledge should be assessed, along with their ability to integrate safe programming approaches into scale-up.<sup>138</sup>

## 8. Gender

The programme (including advocacy) addresses gender equity and the specific concerns and needs of women, girls, men and boys and the needs of vulnerable groups.<sup>139</sup>

Figure 10: HIT evaluation scores for gender by response country



The HIT standard for gender relates to Oxfam's Minimum Standards for Gender in Emergencies, which should be built in from the start of the response.<sup>140</sup> Gender analysis should be integrated into the initial needs assessment, with the results feeding into programme design. Examples of gender-related issues to consider include the impact of the crisis on gender roles, risks to men and women as a result of the crisis and potential opportunities to develop resilience and the capacity of men and women to cope with the current crisis and future ones. Programme and advocacy planning should address the needs and roles of men and women, with evidence of its contribution to gender equity and the capacity building of partners.

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*During the response to the Syrian crisis in Jordan, Oxfam worked with and funded a national partner called ARDD which implemented the VOICE project, a particularly successful initiative. The design of the project was based on a thorough assessment of the impacts of the crisis on gender roles and relations, as well as on protection concerns. VOICE has clear objectives, including a focus on women's leadership skills and gender equity, and has demonstrated solid results in these areas.*

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The average HIT score for the eight responses analysed was 50 percent. Oxfam's humanitarian responses were quite varied with regard to this standard, with some key enabling and blocking factors, which are discussed below.

### Syrian crisis in Lebanon and Jordan

In terms of gender, Oxfam commenced its response to the Syrian crisis in Lebanon with an evidence-based approach by conducting a detailed assessment, facilitated by unrestricted funding; this fed into the design of the overall programme and of gender/protection activities. The assessment also built on an earlier detailed survey conducted by a national partner. However, during programme implementation, there was no ongoing monitoring or analysis of gender, including protection issues such as potentially dangerous coping strategies adopted by

women. The underlying reason for this was largely the lack of an in-country gender specialist, and the subsequent lack of a gender strategy for the response.<sup>141</sup>

Similarly In Jordan the standard was only partially met, although there were significant improvements during the programme, including by key national partners. There were considerations of gender initially; for example, the Oxfam team initiated a Knowledge, Attitudes and Practices (KAP) survey in Al Za'atari Refugee Camp that resulted in improvements to the design and safety of the camp's WASH blocks. However, these activities tended to be ad hoc and were not guided by a gender strategy. This also seemed to be largely due to the initial lack of a gender specialist in the country team.<sup>142</sup> Later in the response, however, there were clear improvements. These seemed to be attributable partly to the commitment of the Response Manager, who requested a gender assessment of the programme. This was conducted by the Oxfam GHT Gender Team Leader and led to the identification of strengths, gaps and recommendations, as well as training for staff in gender and emergencies.<sup>143</sup>

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*The response in the Philippines fully met the HIT standard for gender, due to the clear actions of senior management from the onset of the crisis in bringing in resources and focusing on this issue. There was also clear documentation of the strategy, action plans and use of learning. It is also of note that any gaps in the implementation of the gender strategy were addressed and improved upon – as was also the case in Oxfam's programme in Jordan.*

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Also in Jordan, the inclusion of gender-sensitive activities improved during the response. For example, key achievements included the establishment of peer support groups, which brought together Jordanian and Syrian men and women to collaboratively discuss water management, protection issues and service entitlements, as well as being a mechanism to collect feedback and complaints.<sup>144</sup>

Community consultations via committees can be an effective way of understanding the needs of communities and the most vulnerable people. However, there may be contexts where women are under-represented in consultations: Oxfam's

RTE evaluations from 2013–15 indicated that this was in Mali and Sudan).<sup>145</sup> However, as Oxfam's relief and assistance work is normally targeted at households, women would be included in the response. In general, this does not appear to be a significant issue, but it may be worth considering to ensure that the needs of both women and men are represented in consultations.

### **South Sudan regional crisis**

In South Sudan, the standard was partially met, as gender analysis was not incorporated into all assessment, monitoring and learning processes from the start of the response. For example, monitoring and data collection were not designed to elicit the views of men and women separately.<sup>146</sup> The underlying reason for this was again the lack of a gender strategy due to the absence of a country-level gender specialist at the start of the response. However, as was the case with the Syrian crisis, there were notable achievements in later phases due to additional support, which included input from the Gender Regional Adviser and the deployment of a national Gender Adviser. Further to this, Oxfam responded rapidly to gender needs identified in a report by Amnesty International.<sup>147</sup>

### **CAR and Chad conflicts**

During Oxfam's response in CAR, the standard for gender was not met. However, gender was incorporated into the initial needs assessment, with the team consulting men and women separately in FGDs. When working with partners, gender was mainstreamed into protection training modules but there was no specific gender programming. Underlying reasons included uncertainty around funding, which delayed the recruitment of technical personnel (Oxfam did not have a presence in CAR prior to the crisis, a blocking factor that was out of its control), and

the challenge of recruiting Francophone staff with sufficient experience, which further delayed the response.

### **Ebola crisis in Liberia and Sierra Leone**

In Liberia, the gender dimension became more apparent during the course of the response to Ebola, including through UN-led in-depth assessments of gender gaps and the negative impacts of the crisis on women's livelihoods and access to maternal healthcare. Oxfam was already contributing to addressing issues of women's health through the construction of health facilities, and the programme went on to develop a livelihoods component supporting both men and women that included assistance to farmers, support for women's savings groups and cash-for-work schemes.<sup>148</sup> Oxfam's programme is continuing to support devastated communities to recover.<sup>149</sup>

In Sierra Leone, where the standard was fully met, programme and advocacy strategy documents were in place that incorporated gender into all activities, as opposed to having a separate gender strategy. Two supporting factors were the focus of the country leadership team on gender and the presence of gender-focused staff based in the field offices.

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*In Sierra Leone, Oxfam made an impact in the humanitarian community in terms of leadership and its contribution to gender-sensitive programming. Oxfam made significant contributions to a 'Multi-Sector Gender Dimensions Impact Assessment of the EVD' (December 2014), in collaboration with the Ministry of Social Welfare, UN Women and Statistics Sierra Leone. This generated comprehensive national-level data on the impact of Ebola from a gender perspective (revealing that women faced a higher risk of infection than men, as they looked after sick patients and washed the bodies of the dead) and helped to guide a gender-sensitive response. Oxfam highlighted the need for the study, designed study tools and delivered training, followed by analysis and production of the report.*

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### **Conclusion**

An evidence-based and integrated gender strategy, complemented by a participatory approach with affected communities and monitoring and evaluation of the strategy, has the potential to make a longer-term contribution to gender equity within affected populations. There were a number of examples of Oxfam's leadership and commitment to gender-sensitive programming, which helped to tailor the response to meet the specific needs of affected people.

Factors that can block the integration of a gender strategy – both within Oxfam's control and beyond it – include the limited use of disaggregated data in assessments, which affects analysis of gender roles, and insufficient links to MEAL plans. In terms of capacity, a lack of gender-focused technical staff and competing priorities for senior managers are blocking factors; two key factors in overcoming these are the timing of recruitment of specialist gender staff and the systematic inclusion of such roles in budgets, as well as in sector-specific areas.<sup>150</sup> Throughout Oxfam's humanitarian programmes there was an improvement in terms of gender resourcing and mainstreaming, especially (more widely) in Nepal, Vanuatu, the Philippines, Yemen and Ethiopia.<sup>151</sup> In addition, with Oxfam's HSP approach, it will be easier in future to mobilize gender specialists temporarily for humanitarian responses.

Resourcing and recruiting technical capacity on gender from the first phase of a response and collaborating with humanitarian and civil actors were both factors supporting a successful gender-focused response. The commitment of senior managers to integrating gender into an overall programme strategy and budgeting for staff resources were common factors in the three responses that met or almost met the standard (the Philippines, Chad and Sierra Leone).

### **Key learning points for gender**

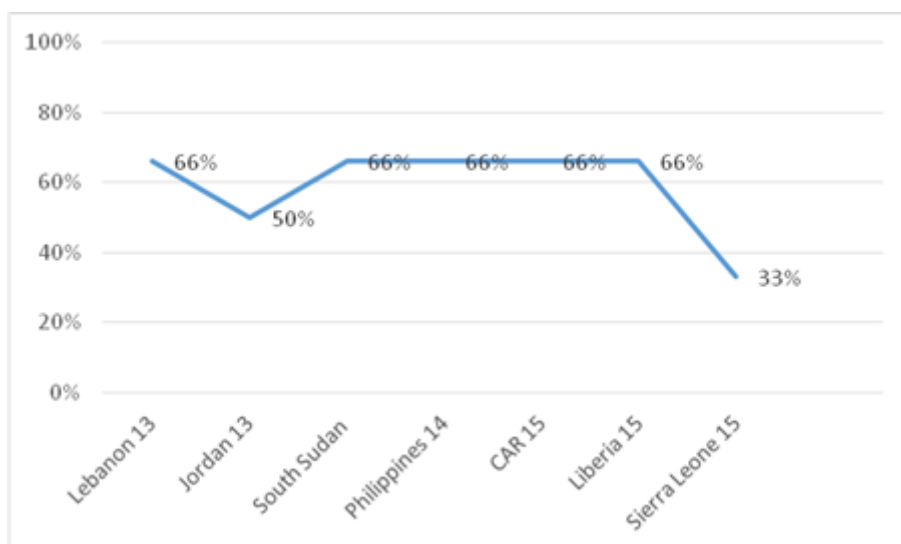
- Gender analysis should inform contingency plans and the response strategy, providing context that can be updated easily during periods of crisis with more specific information.<sup>152</sup>

- The capacity and knowledge of partners should be assessed, along with their ability to integrate gender within the scale-up.<sup>153</sup> Training should be provided to staff and partners in areas such as Gender in Emergencies.<sup>154</sup>

## 9. Vulnerable groups

The programme (including advocacy) addresses the specific concerns and needs of vulnerable groups.

Figure 11: HIT evaluation scores for vulnerable groups by country<sup>155</sup>



The HIT standard on vulnerable groups requires humanitarian programmes to ensure that assessments provide data for an analysis of vulnerability that can be used to inform programme design and appropriate actions to meet specific needs (also linked to HIT 7, safe programming). There should be evidence of a balanced representation of vulnerable people with ongoing consultation and feedback, and the design and delivery of the intervention should ensure that vulnerable groups have full access to assistance.

Most of the sample of Oxfam responses almost met the standard regarding vulnerable groups. There were a few key, common reasons for them not fully meeting the standard, largely concerning the depth of analysis of the needs of affected people.

### Syrian crisis in Lebanon

From the first phase of the response, Oxfam demonstrated a strong understanding of vulnerability within the overall context – for example, by first assisting Palestinian Syrian refugees, who were a highly vulnerable group. However, although there were many achievements in this area, the standard was not fully met as Oxfam did not undertake an analysis of other potentially vulnerable groups, such as elderly people and female-headed households, or of informal tented settlements.<sup>156</sup>

### Typhoon Haiyan in the Philippines

In Oxfam's response to Typhoon Haiyan, the standard was again almost met. The main reason for not fully meeting it was again because analysis was not carried out within communities at a deeper level.<sup>157</sup> An identified blocking factor was delays in the recruitment of specialist protection staff.

## Ebola crisis in Sierra Leone

In Sierra Leone, levels of vulnerability were high.<sup>158</sup> A joint agency assessment with technical facilitation by Oxfam made significant contributions to an understanding of the most vulnerable groups, and also highlighted the importance of community mobilization work. For example, the assessment contributed to the understanding of fear and stigma as significant factors preventing individuals from seeking treatment. Oxfam had also trained CHWs and CHVs prior to the crisis, and continued to work through these individuals. The value of working through CHWs and CHVs was also noted in coordination systems. The standard was not fully met because there was no documentation of how feedback fed into the strategy.<sup>159</sup>

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*In the Disasters Emergency Committee (DEC) Phase II narrative regarding EFSL interventions in Sierra Leone, it was noted that Oxfam was the first agency to identify Ebola survivors as a key vulnerable group. A joint agency assessment with UN Women of the gender dimensions of the response, in which Oxfam had a pivotal role in design and implementation, also made key contributions to understanding who were the most vulnerable groups and to the DEC appeal.*

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## Conclusion

Throughout the responses, there were clear achievements relating to the standard for vulnerable groups, such as community mobilization activities, accountability to affected populations, broad identification of vulnerable groups and in places vulnerability-based programming. Where performance was strong, it was usually supported by strong community mobilization activities or by a strong initial rapid assessment. The latter point was reflected in Oxfam's pivotal work in Sierra Leone in identifying the most vulnerable groups.

Where this standard was not fully met, it was usually because either the data used to inform the design of the response were not disaggregated to the identified vulnerable groups and their needs.<sup>160</sup> In these cases, analysis of vulnerable groups was not carried out at a deeper level within communities. An example of good practice, however, was provided by the Ebola response in Liberia, where sector-specific assessments led to a focus on vulnerable households in EFSL programming.

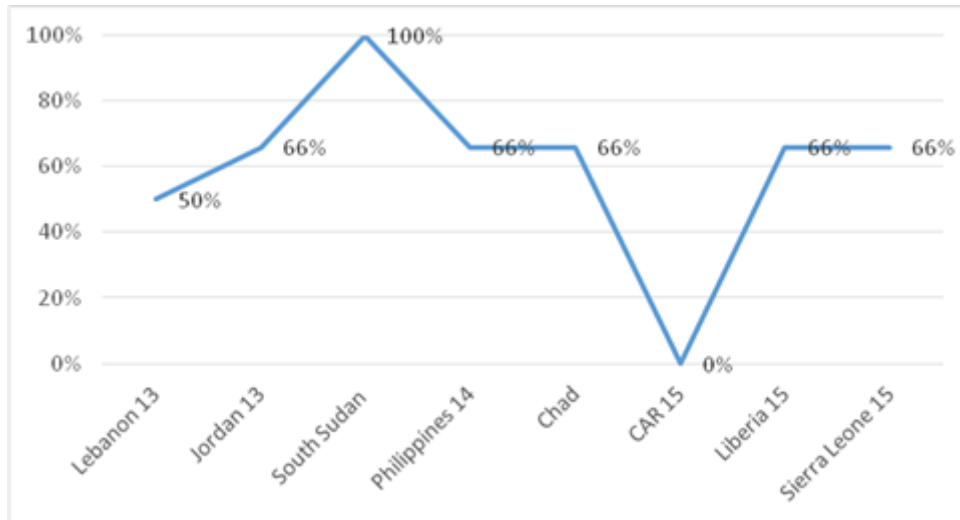
## Key learning points for vulnerable groups

- Partners' capacity should be assessed, along with their ability to integrate analysis concerning vulnerable groups.<sup>161</sup>
- Protection resources should be prioritized in the first phase of a humanitarian response.

## 10. Preparedness

Evidence that preparedness measures are in place and are effectively actioned.

Figure 12: HIT evaluation scores for preparedness by country



To fully meet the standard for preparedness, responses must have a contingency plan in place, which is updated regularly with triggers for response, as well as operational plans such as surge capacity. In addition, there should be evidence that the situation is being monitored, links to existing preparedness programmes where relevant and evidence of the successful contribution of preparedness to the current response. As Figure 12 shows, most of the responses reviewed demonstrated a good level of preparedness.

### South Sudan regional crisis

As can be seen in Figure 12, Oxfam's response in South Sudan fully met the standard for preparedness. The foundation for this was the holding of a contingency planning workshop around six months prior to the response. This was part of the Key Country process and involved the whole country team. The workshop also resulted in a decision to change to an Emergency Preparedness and Response (EP&R) structure, with the objective of freeing up capacity to allow a quick response to emergencies. In addition, advocacy staff had highlighted that it would be a volatile period politically in South Sudan and those political indicators should be included in contingency planning.<sup>162</sup>

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*In Jordan there was no development programme in place at the onset of the Syrian crisis and therefore no associated preparedness plan. However, Oxfam overcame this limitation to launch a timely response. One key factor was its longstanding relationship with a partner organization, ARRD, which had a great deal of value. ARRD initially approached Oxfam with a request for support to provide humanitarian assistance for refugees arriving from Syria, which provided the initial trigger for Oxfam to respond. In addition, ARRD provided office space and logistics capacity. As Oxfam was able to launch assistance through ARRD, delays to the response due to lengthy formal registration processes were reduced.*

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### Ebola crisis in Liberia

In the response to the Ebola crisis in Liberia, the standard was almost met. There was a contingency plan in place that included the scenario of a communicable disease outbreak;

although this scenario related to cholera, there were still relevant points that were actioned, such as building on existing relationships with the Ministry of Health and starting up a WASH consortium with other WASH actors. In terms of funding, the unprecedented nature of the crisis meant that contingency plans were not in place to meet the scale-up required; however, Oxfam obtained permission to use contingency funds from existing donors, which enabled activities to begin before any new donors approved proposals.<sup>163</sup>

### **Typhoon Haiyan in the Philippines**

Oxfam's performance against the preparedness standard in the Philippines related to advocacy activities. The Rights in Crisis (RiC) campaign strategy for the Philippines had a specific objective to advocate for greater government investment in DRR and to improve preparedness.

### **CAR and Chad conflicts**

The response in Chad almost met this standard, although the contingency plan itself was updated a few months after the onset of the crisis.<sup>164</sup> Key reasons for not fully meeting the standard included the relatively complex nature of this slow-onset food crisis, which made it challenging for the country teams to identify the most vulnerable communities, and the time it took to decide which Oxfam affiliate would lead the response. However, once plans had been finalized, response start-up in locations where Oxfam already had programmes in place was rapid, largely due to prior knowledge of these areas.<sup>165</sup> In addition, the Chad response strategy included links to preparedness programmes already running.<sup>166</sup>

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*In South Sudan, not only was the Oxfam team prepared for a timely response to the conflict, but had prepared for a potential cholera outbreak after carrying out a situation analysis. To mitigate a potential outbreak, Oxfam coordinated with partners and the WASH cluster to review stock and response capacity and to develop situation-specific contingency plans and activities. It is likely that Oxfam's preparedness activities made a significant contribution to preventing the spread of cholera in the UN House camp.*

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During Oxfam's response in CAR the standard for preparedness was not met, mainly because there were no contingency plans or pre-defined triggers in place, as there was no pre-existing programme in CAR.<sup>167</sup>

### **Conclusion**

Most of the responses examined showed some degree of preparedness, and in the majority of cases the standard was almost met. The analysis shows that a range of factors have the potential to contribute to preparedness for response, such as relationships with established partner organizations and flexible surge capacity. The response to the Syrian crisis in Lebanon and Jordan was greatly facilitated by established relationships with partners, and in the response to Typhoon Haiyan the ability to rapidly second staff from other affiliates and programmes in the region contributed to scaling up. Oxfam GB has also set up an Emergency Response Team (ERT) that can be rapidly drawn on.<sup>168</sup>

In addition, skills training in emergency response for Oxfam programme staff and partners operating in contexts where a slow-onset crisis is likely can add significant value. According to Ulrich Wagner, Senior Humanitarian Coordinator with the Global Humanitarian Team, prior to the current Oxfam response in Ethiopia a WASH humanitarian team from Oxfam GB carried out training with programme staff in-country on WASH needs assessments. The staff in Ethiopia subsequently needed to carry out an assessment in a camp on the Ethiopia/South Sudan border, which directly fed into the design of the humanitarian response.<sup>169</sup> This is especially relevant for another issue identified, the challenge of integrating an emergency response and associated surge capacity into an existing development programme.

Contingency planning processes and documents containing scenarios, indicators, and operational plans demonstrated their clear value, for example in South Sudan and Liberia. In South Sudan, a workshop held six months before the onset of the crisis included a wide range of staff and teams and greatly facilitated the speed of the response. In addition in South Sudan, it is very likely that Oxfam's preparedness activities contributed to the prevention of a cholera outbreak. However, there were cases where detailed contingency planning was not possible in advance, as in CAR where Oxfam had no prior foothold.

Where contingency plans were in place but were not fully utilized, such as in slow-onset or chronic situations where there are 'spikes' in emergencies, it was often because plans did not contain up-to-date information or actionable details. One explanation provided for this is a tendency to focus on broad contextual analysis, with less focus on specific scenarios, objectives, resource needs, partner details and essential items needed for start-up.<sup>170</sup>

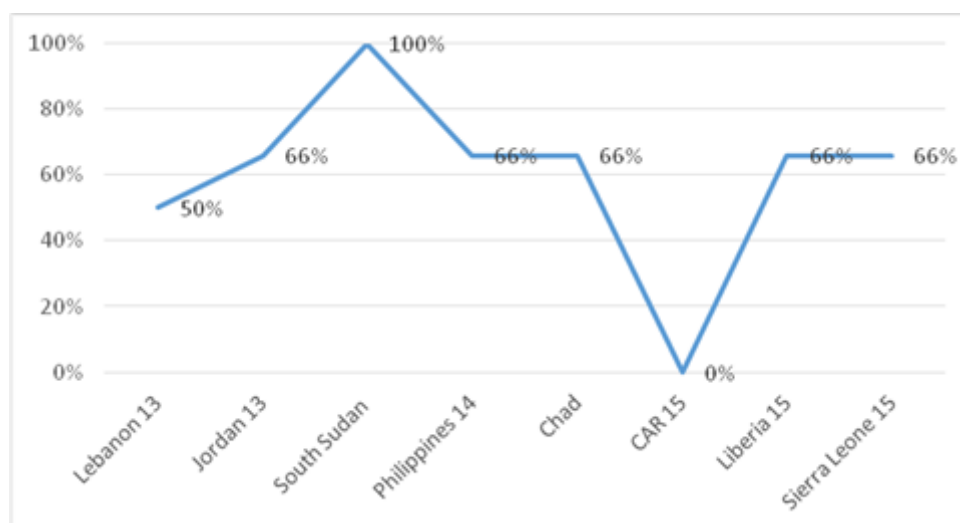
Further opportunities to contribute to national-level preparedness were demonstrated during Oxfam's advocacy activities. The response to Typhoon Haiyan showed that the Rights in Crisis campaign strategy can provide an opportunity to advocate to government to increase investment in preparedness measures.

### **Key learning points for preparedness**

- At the onset of a crisis (or in advance e.g. in chronic situations or where are predictable trends of disasters), contingency plans should be translated to different scenarios and linked to operational plans and resourcing.<sup>171</sup>
- Staff should be briefed on contingency plans (where they exist) during staff inductions or, if possible, prior to arrival in-country to mitigate time constraints.<sup>172</sup>
- Where possible, e.g. in contexts of chronic crisis or where natural disasters can potentially be expected, in order to save time a general gender analysis should be included in contingency plans which can then be updated/contextualized with information specific to the crisis.<sup>173</sup>
- Where possible, e.g. in contexts of chronic crisis or where natural disasters may be expected, in order to save time an analysis of potential suppliers, vendors and stock storage options should be conducted in advance.

## 11. Advocacy and campaigns

Figure 13: HIT evaluation scores for advocacy by country



In order to meet the standard for advocacy, an evidence-based advocacy/campaigns strategy should be incorporated into humanitarian programme plans. The evidence should include input from programmes and field strategy, and the advocacy strategy should be endorsed by the OI Rights in Crisis Campaign Management Team, with SMART objectives for change. In addition, campaigns/policy and media staff should be part of the response team, with a budget sufficient for implementation of the strategy. A MEAL strategy must be linked to advocacy work, with advocacy activities including proactive and reactive media and lobbying work and evidence of outcomes from advocacy messages (not necessarily from Oxfam alone).

In relation to advocacy, within Oxfam globally the RiC campaign strategy is understood to cover advocacy efforts supporting the rights of people affected by humanitarian crises, and hence is led by the Media, Advocacy and Communications team. The term 'Rights in Crisis' can also cover all elements of the humanitarian response: for example, in the Philippines the RIC team included staff working on WASH and EFSL.<sup>174</sup>

There was generally a good performance in advocacy in the eight country-level responses examined. This included demonstrating leadership amongst peer NGOs, with facilitating factors including strong technical capacity and knowledge of different sectors and strong connections to Oxfam's global campaigns.

### Syrian crisis in Lebanon and Jordan

The standard for advocacy was half met in Oxfam's response to the Syrian crisis in Lebanon, and almost met in Jordan. Oxfam rapidly engaged with major media outlets, including the BBC World Service, Sky News and CNN, and further outlets such as Al Jazeera picked up Oxfam's press release about the crisis and its impact on ordinary people and backed the appeal. When donor pledges were slow to materialize, Oxfam reacted by revising its strategy under the banner of 'One Million Refugees', with positive results. For example, this campaign contributed to generating assistance for displaced people inside Syria, and an internal review identified evidence that it contributed to an increase in funding from the UK and Germany. Parts of the campaign were also aligned with the wider RiC campaign targeting the arms trade. The reason the advocacy standard was not fully met was that some objectives could not be realized due to the challenges of recruiting a full team of experienced staff to deliver the strategy.<sup>175</sup>

## **CAR and Chad conflicts**

In CAR and Chad, the standard for advocacy was fully met. In CAR, Oxfam's competence in advocacy was one of the justifications behind the decision to intervene in a country where it did not already have a programme or presence. Once the HCGG had decided to proceed with a humanitarian response, the CAR crisis was incorporated into the RiC campaign, an advocacy expert was deployed to the country and human resources were made available for CAR-specific advocacy in the Regional Office.

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*The advocacy work in CAR made an impact at a range of levels and had clear links to the programme. The strategy clearly stated that Oxfam would use its daily presence at IDP sites to inform the further development and implementation of the strategy. Further to this, Oxfam was a very active member, and often a leader, of multi-agency advocacy calling for peacekeeping troops and international support, which was very well received by other humanitarian actors. 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, as well as on aspects related to the protection of civilians in letters to the UN General Assembly.*

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## **Ebola crisis in Liberia and Sierra Leone**

In Oxfam's response to the Ebola crisis, the standard for advocacy was fully met in Liberia and almost met in Sierra Leone. In Sierra Leone, there was a good level of cooperation between affiliates and other agencies, and the advocacy strategy also contained a focus on gender and on links to the programme. There were clear achievements, including RiC lobbying in strategic capital cities with high-profile decision makers and donors and lobbying other implementing agencies to improve the engagement of communities in the response, as well as the development of materials around key milestones.<sup>176</sup>

However, the standard was not fully met because programmatic links were not as strong as had been planned, for example when developing key messages for media work. In addition, more systematic documentation would have strengthened performance against this standard. A significant amount of work was done to lobby donors and others, but there was no documentation to provide evidence of the impact of Oxfam's advocacy work. Blocking factors seemed to be rooted in staff resources, with challenges in securing international and national advocacy, media or communications staff in the early stages. Connected to this, there was no link to a MEAL plan to monitor and evaluate implementation of the strategy.<sup>177</sup>

## **National, regional and global collaboration**

The humanitarian responses in both South Sudan and the Philippines fully met the standard for advocacy, due to their timeliness in producing a strategy that also reflected the inputs and priorities of the country teams. In South Sudan the strategy's focus was on protection, humanitarian access and political processes. In addition, resources were made available in global advocacy offices. This meant that engagement in advocacy and media work could continue and the strategy was regularly updated with key stakeholders.<sup>178</sup> In the Philippines, there was a high level of commitment to advocacy, with efforts at the programme level to share information. The strategy was well supported by Oxfam affiliates, which led to significant success in fundraising.<sup>179</sup>

## **Conclusion**

Oxfam has shown an excellent performance in advocacy work, with the standard fully met in most of the responses included in this report. There are clear examples of the contribution of advocacy work, including affiliate and bilateral fundraising, leading on the development of joint agency positions and connecting the needs of the most vulnerable people to the global level.

Where the standard was not fully met, the common factor was that response teams were not sufficiently resourced with advocacy, media or communications staff. There can be unavoidable challenges in recruiting experienced staff; however, with the deployment of the HSP team this issue should be mitigated. It is also implied that in the Ebola crisis a lack of links to a MEAL plan meant that the impact of advocacy work was not sufficiently evaluated, which affected the assessment of this standard.

Key enabling factors included the production of a timely advocacy strategy that reflected the country teams' inputs and priorities and had programmatic links to high-level lobbying. In addition, monitoring of key events, milestones and information channels was important. Lastly, the value of coordinating with other agencies was seen in South Sudan and Sierra Leone; this can enable a greater impact and strengthen the voice of the most vulnerable.

#### **Key learning point for advocacy and campaigns**

- Resources for advocacy-related functions should be included as early as possible in a response to achieve impact, for example at the levels of country, regional and global offices.

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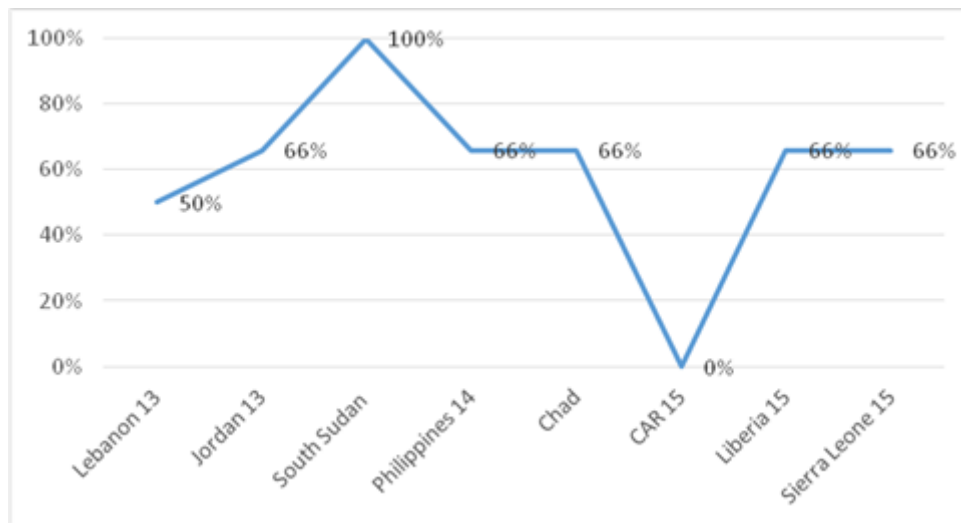
*The advocacy campaign in South Sudan was an example of a coordinated campaign rooted in issues directly affecting civilians. Key early successes of the strategy included meetings with UN Emergency Relief Coordinator Valerie Amos in the country in preparation for her address to the UN Security Council, the convening of a civil society forum of CSOs and the development of a joint agency position with 22 organizations, and significant media coverage of visits by the CEOs of Oxfam GB and Oxfam Novib to the UN House displacement camp in Juba.*

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## 12. Staff capacity

There is evidence of appropriate staff capacity to ensure quality programming.

**Figure 14: HIT evaluation scores for staff capacity by country**



To fully meet the standard for staff capacity, a number of criteria must be met. For example, job profiles should match Oxfam's competency frameworks and interviews should be conducted using these frameworks; inductions should be systematically carried out; the majority of end-of-deployment appraisals should be positive; development programme staff should have scale-up included in their job descriptions; and staff should stay for the duration of their contracts. There was a varied performance on this standard, with many of the blocking factors largely out of Oxfam's control; however, steps are being taken to address some of these factors.

### Syrian crisis in Lebanon and Jordan

In Lebanon, when Oxfam was alerted to the arrival of increasing numbers of refugees, there was sufficient staff capacity to undertake a capacity assessment of partners and to move into a state of increased preparedness. Staff capacity was subsequently reported to be falling short of increasing needs<sup>180</sup> but this was rectified as a result of the Category 2 declaration, with the deployment of HSP staff enabling initial scale-up.<sup>181</sup> In Jordan, staffing was initially based largely on the resources provided by the main partner organization, especially during the needs assessment and during the period when it was uncertain what course the crisis would take, in the context of a tough funding environment.<sup>182</sup>

### South Sudan regional crisis

In South Sudan, staff capacity to implement the response appeared positive at the outset. The speed of Oxfam's response and its early achievements in coverage were due largely to the presence of a humanitarian team in the country prior to the outbreak of conflict: following recruitment processes to hire experienced staff for the ECHO-funded EP&R programme, technical teams with knowledge of Oxfam's practices were already in place. However, due to the speed and size of the scale-up, combined with security constraints, normal HR processes for the teams, such as inductions, objective setting and appraisals, were not followed in the early

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*In South Sudan, a key factor in overcoming staff capacity issues was the temporary deployment of technical staff from the Humanitarian Department in Oxford and the regional centre in Nairobi. Overall, the quality of the response was compromised in the areas of gender and accountability (feedback/complaints), as these had gaps in the initial stages of the response. However, it was demonstrated in later humanitarian responses that this was being overcome due to additional HSP support and a greater focus on capacity building with staff in these areas.*

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stages. Nevertheless, there were improvements during the response, including on staff welfare, triggered by recommendations made in the RTE in the first weeks of the response.

### **CAR conflict**

In the response in CAR the standard for staff capacity was not met, due to a series of blocking factors that were largely out of Oxfam's control. The initial deployment of a start-up team in the first six months took longer than expected, due to difficulties in identifying Francophone staff with sufficient experience to work in a highly insecure environment. In addition, due to uncertainties around funding, recruitment for the posts of Protection/Gender Adviser and EFSL Coordinator were put on hold. Some key support roles were combined, which caused further delays in recruitment and an absence of standard HR functions. The situation might have been improved with additional internal funding for the first phase of the programme.

### **Ebola crisis in Liberia and Sierra Leone**

For the response to the Ebola crisis recruitment was slow, as specific competencies were sought and the pool of available candidates was small. Also, a relatively high number of candidates turned down job offers due to family fears for their health, and in some cases their countries would not allow them to return until they had spent an interim period in a non-Ebola-affected country. The same challenges were experienced by many other humanitarian agencies. Nevertheless, in the key phase of the response, Oxfam managed to keep over 85 percent of positions filled with suitable candidates through continued recruitment efforts and short-term deployments to cover unfilled posts. In addition to this, in terms of staff welfare, standard operating procedures (SOPs) were continuously reviewed and updated to facilitate a safe and responsible response, and an experienced Staff Health Adviser was deployed to support implementation and to carry out intensive pre-deployment briefings.<sup>183</sup>

### **Conclusion**

The HIT evaluation scores show that the standard for staff capacity was almost met in half of the responses analysed in this report. The main blocking factors to achieving the standard were largely out of Oxfam's control, such as challenges in recruiting individuals with the skill-sets needed and tough funding environments. This was also a factor that contributed to a trend of relatively late deployment of staff in cross-cutting roles such as MEAL, gender and protection. However, this is already being overcome via the GHT and the HSP approach.

The documented evidence on staff capacity tended to focus on technical, sector-specific or cross-cutting staff and did not usually specifically mention business support functions, such as finance and HR. It would be helpful to have more information on this area at the programme level.

The continued commitment of Oxfam's recruitment staff to find and deploy staff was also a key factor in overcoming some of the challenges – for example, in the response to the Ebola crisis where a high level of staffing was maintained during the crucial months of the response.

The challenges involved in integrating surge capacity with existing country programmes, where they are in place, is understandable in complex operating environments, though this is still crucial for linking emergency responses with DRR and resilience building. Differences in approach may be seen between humanitarian teams and development-focused teams;<sup>184</sup> humanitarian surge capacity staff will have crucial specialist experience in emergency responses, but longer-term programme staff already in place will have established links to communities and detailed knowledge of the country context.<sup>185 186</sup>

The value of technical training on emergency response was recently seen in the response in Ethiopia, where existing country teams were trained in needs assessments by the humanitarian

WASH team, and subsequently implemented assessments themselves in a camp for displaced people.<sup>187</sup> In general, continued HSP support, as well as initiatives such as emergency response training for country teams,<sup>188</sup> may help to facilitate integration.

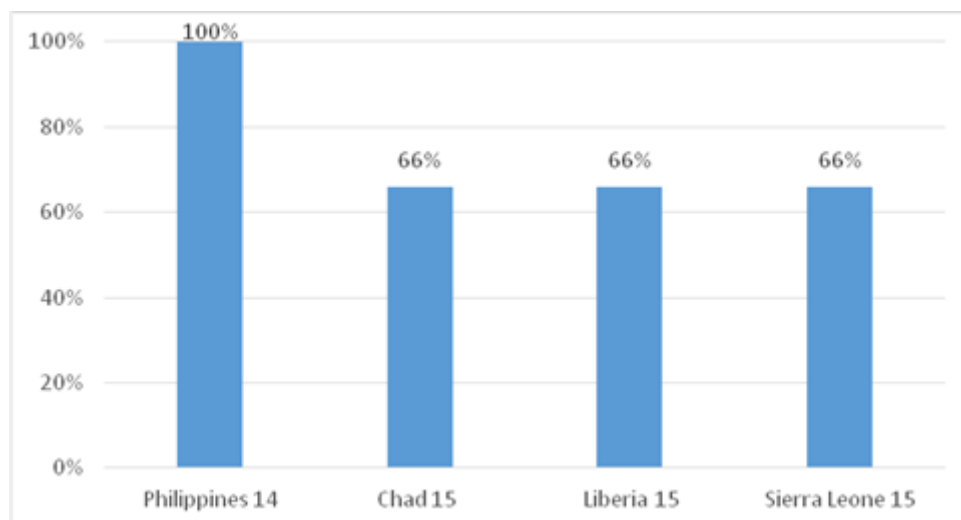
**Key learning point for staff capacity**

- The evaluation reports often contained limited information about staff capacity. One suggestion to address this is to focus on additional areas, including the impact of staff capacity on the functioning of support teams such as finance, logistics and HR (as well as sector-specific and cross-cutting posts); the management structure; the integration of any surge capacity with existing teams; internal coordination between programme and support teams; and internal coordination within programme teams.

### 13. Integrated approach and resilience

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

Figure 15: HIT evaluation scores for integrated approach and resilience by country



The HIT standard for integrated approach and resilience was developed in 2014 in recognition of the value of this area. Responses from before this period are not included in this section. This standard focuses on the integration of emergency responses into longer-term work such as DRR and building resilience to future disasters, or a 'One Programme' approach. Overall, there was a high level of performance in this area.

#### Typhoon Haiyan in the Philippines

In the response to Typhoon Haiyan, the standard was fully met, and this was due to several factors. During the initial response there were clearly defined stages, moving from life-saving mode to longer-term development; this was facilitated by multi-sector assessments within the first two months of the crisis, which considered immediate needs and how potentially to move into longer-term development. A further enabling factor was advisory visits, partly focused on livelihood recovery, by the Humanitarian Team and the Programme Strategy and Impact Team (PSIT) from Oxford, as well as the regional team. Further facilitating the integration of livelihood recovery into the response was close collaboration between the EFSL and WASH teams in-country, which included internal learning events.<sup>189</sup>

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*The emergency response in the Philippines was noted as an example of best practice in contributing to an integrated approach in a number of ways, and in terms of saving lives now and in the future. Firstly, the RiC strategy, which included the national government in its audience, had strong elements of DRR and emergency preparedness and response. Secondly, the Joint Country Analysis and Strategy (JCAS) emphasized increasing partner-led response capacity with a focus on DRR in vulnerable areas. Because of this, the Oxfam Country Strategy 2014–20 includes objectives relating to climate resilience, economic development, sustainable livelihoods and resilience to disasters.*

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Other factors that were noted in the advisory visits as facilitating an integrated approach included ensuring a mixture of staff with both development and emergency expertise, and monitoring potential gaps between country programme staff and emergency response staff (also noted in the previous section on staff

capacity). Particular attention should also be given to the links between support functions such as HR and finance and the response teams, as well as the links between sector-specific teams (e.g. livelihoods) and cross-cutting staff in areas such as gender, protection and MEAL.<sup>190</sup>

### **Ebola crisis in Liberia and Sierra Leone**

The humanitarian interventions in Liberia and Sierra Leone almost met the standard for an integrated approach. Across the responses, Oxfam demonstrated that it was highly aware of the need to link emergency response strategies with development programmes, and it was a strong advocate of this approach. However, there has been a recent shift in policy regarding working with national partners, and there will be now be an increased focus on building their capacity, both to work with communities in building resilience to future crises and to respond to crises when they occur.<sup>191 192</sup>

Also in Liberia and Sierra Leone, Oxfam's response and recovery programming clearly contributed to building resilience, and it was able to transition effectively from active case finding to recovery in challenging circumstances. The main reason for the standard not being fully met was that the recovery strategy could have been more fully based on contextual knowledge and analysis. Increasing training and capacity in risk reduction approaches, including considering the role of programme management cycle tools, may help to overcome this in other responses.<sup>193</sup>

### **Chad conflict**

In Chad, similarly to the response to the Syrian crisis, there was evidence of linkages between relief and longer-term programmes in key project documents, including connecting recovery programmes with the most vulnerable communities, researching locally used DRR techniques and capacity building with national lobby groups. An advocacy evaluation of the Chad programme also stated: 'Oxfam is perceived as an innovative actor and a pioneer regarding resilience and links between emergency and development'.<sup>194</sup> The standard was not fully met in Chad due to challenges in executing the strategy, and it was recognized that partner organizations could have played a greater role in its implementation. The role of advocacy was identified in achieving a 'One Programme' approach, as was the need to brief technical and support staff on the advocacy strategy and the role of each person in fulfilling the strategy, such as within country-level coordination forums.<sup>195</sup>

### **Conclusion**

Overall, there was a high level of performance in the area of integrated approach and building resilience. Key enabling factors included evidence-based strategies backed by assessments and analysis, ensuring linkages between emergency response and development programmes in project documents, and practical considerations such as the skill-sets of staff and training. Capacity building and engagement of partner organizations was also highlighted as being important, especially in ensuring the sustainability of strategies.

The presence of a pre-existing country programme was also a key enabling factor, not only due to ongoing resilience building or DRR programming, but also because of already established links to communities and knowledge of the context. However, facilitating an integrated approach between the country programme and emergency response teams was noted as being key, especially as it is important to have a mixture of staff with both development and emergency expertise. Particular attention should also be given to the connections between support functions such as HR and finance with the response team, as well as the links between emergency response and cross-cutting functions such as MEAL, gender and protection – although the deployment of HSP staff should help to mitigate this.

There is also evidence from the programme in Chad that Oxfam is highly regarded in this area, based on a number of factors, including its commitment to advocacy work.<sup>196</sup> A further factor is that Oxfam is very strong on technical coordination with other humanitarian agencies: for

example, it was often the lead or co-lead of the WASH sector working group or of other sector clusters such as Food Security and Livelihoods.<sup>197</sup>

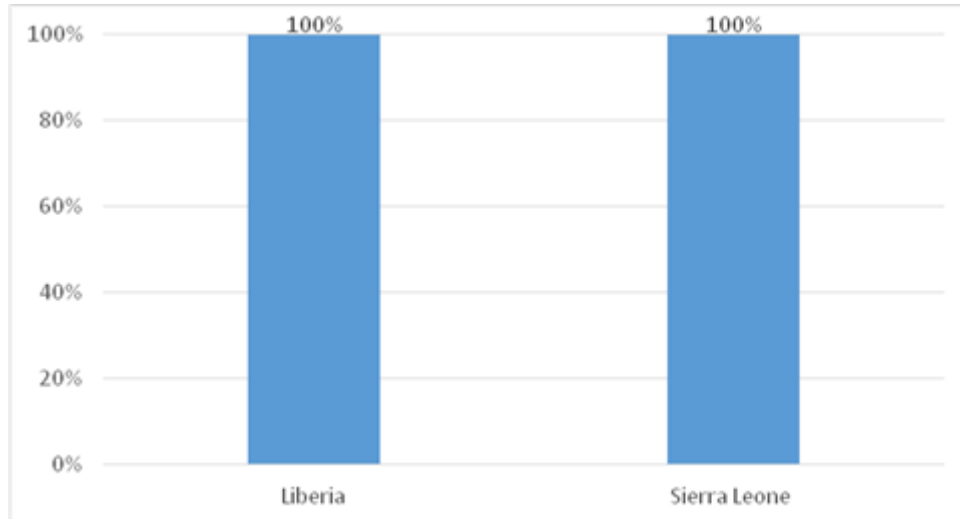
**Key learning point for integrated approach and building resilience**

- The integration of emergency response staff (surge capacity) and existing country programme teams was an issue noted in some responses. This is a key area in terms of achieving an integrated approach (linking relief with pre-existing resilience/recovery/livelihoods/DRR programmes). Enabling factors noted in evaluation reports included clear communication about roles and responsibilities and ensuring connectivity between surge capacity emergency teams and in-country teams. The role of programme management tools is also important, as is emergency response training with country programme teams to support the scale-up from development/DRR-oriented programmes to an emergency response.<sup>198</sup>

#### 14. Coordination

Programme is coordinated with and complementary to the response of other humanitarian actors

**Figure 16: HIT evaluation scores for coordination, by country**



To meet the HIT standard for coordination, a number of elements need to be present, including a stakeholder analysis to identify the roles, responsibilities and capacities of national authorities, humanitarian organizations and other relevant stakeholders. In addition, there should be evidence that the programme design complements the response of other humanitarian actors, evidence of participation in relevant coordination bodies and active collaboration with others, including evidence of the regular provision of relevant programme information.

This standard has been developed relatively recently and has been included in HIT evaluations since 2015, such as in the Ebola crisis response, where it was fully met. In addition, a recent review of RTEs of Oxfam's responses showed that the organization is very strong on coordination with other humanitarian agencies, and is often the lead agency in WASH sector working groups and occasionally in other sectors such as EFSL and cash programming. There are many examples of Oxfam working successfully with partners, UN agencies and government departments throughout responses, as well as strong examples of it building the capacity of other actors. For example, in India Oxfam trained other humanitarian actors in needs assessments using the 48-hour tool, which contributed to the overall preparedness of the response. Across the evaluations, actors frequently said that Oxfam's efforts in the response were appreciated and trusted.<sup>199</sup>

#### **Ebola crisis in Liberia**

During the response to the Ebola crisis in Liberia, there were two context-specific triggers to Oxfam's collaboration with other stakeholders. First, Oxfam identified the need for a coordination-based model to achieve impact and in order to overcome some of the barriers to people seeking treatment. This model involved collaborating with community-based Ebola Task Forces and referring potential cases to the Ministry of Health and Social Welfare, which then arranged transport to an Ebola Treatment Unit. Oxfam also followed up with the individuals with whom an infected person had come into contact and, if necessary, repeated the coordination steps.

Second, also in Liberia, Oxfam's Global Gender Adviser and Oxfam Liberia initiated an assessment in collaboration with UN Women, the Ministry of Gender and other humanitarian actors to develop a comprehensive national database on the comparable impacts of Ebola on women and men, which made a significant impact on awareness of the impact of the crisis.

## Conclusion

Across its responses since 2010, Oxfam has proved to be very strong on technical coordination with other humanitarian agencies, often acting as the lead or co-lead of the WASH sector working group, as well as sometimes the EFSL and cash programming groups. Evaluations note that frequently other INGOs, UN agencies and government departments have stated that Oxfam's efforts throughout the response have been appreciated and trusted, and its contribution of knowledge to the cluster system has been highly valued.<sup>200</sup> There are also examples of valuable collaborations on assessments and other initiatives that have made significant contributions to knowledge and understanding of the crisis. There is no doubt that Oxfam's approach has resulted in donor support and partnerships with UN agencies and government ministries that have contributed to it being a leading actor in humanitarian responses around the world.

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*During the response in South Sudan, Oxfam fully met the standard for timeliness – and although the standard for coordination was not formally evaluated, coordination with other actors was a significant factor contributing to the quality of the response. Oxfam is very well connected with other international agencies, donors and CSOs in South Sudan and the wider region. Three relationships greatly facilitated its early response: with UNOCHA, which enabled Oxfam to be among the first agencies to conduct an assessment in the UN House displacement camp in Juba; with Solidarités International, which provided staff and equipment to Oxfam when circumstances led to the evacuation of its international team at the start of the crisis; and ECHO, with which Oxfam was already implementing a contract for disaster preparedness, and through which personnel were trained, equipment was pre-positioned and €2.5m in funding was made available, thus giving Oxfam surge capacity to respond to new crises.*

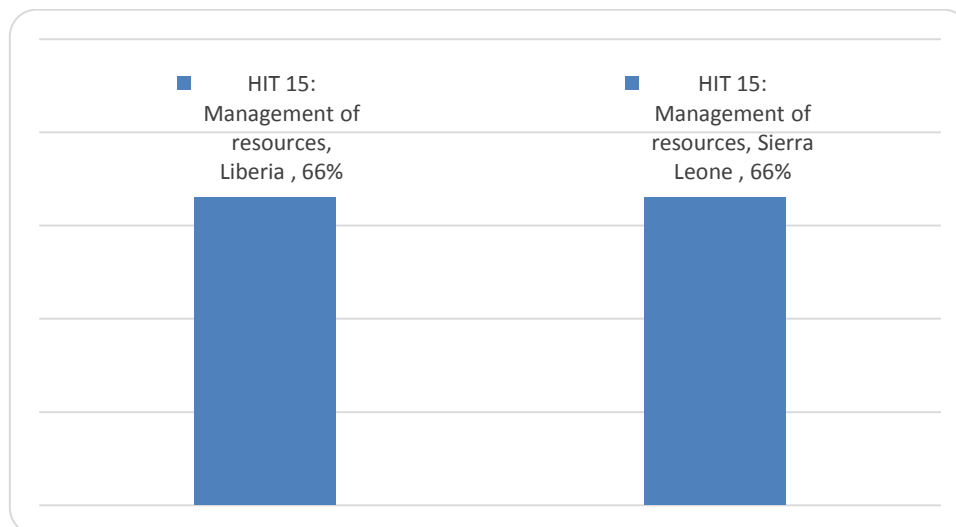
*Oxfam's preparedness certainly contributed to the timeliness of the response in South Sudan, as well as to the use of Sphere standards and possibly also in other aspects of its programme, such as the capacity to prepare for a potential cholera outbreak by coordinating with the WASH cluster (South Sudan HIT evaluation, 2014).*

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## 15. Resource management

Resources are managed and used responsibly for their intended purpose.

Figure 15: HIT evaluation scores for resource management by country



The standard regarding resource management requires evidence of the following:

- Regular monitoring of programme expenditure against the budget;
- Active measures to prevent and/or act upon corruption, fraud, conflicts of interest and misuse of resources;
- Appropriate, systematic measures to minimize waste and maximize value for money, assessed in the context of timeliness and quality;
- Programme actions to minimize environmental damage caused by the response.

Like the HIT standard for coordination, this standard has been utilized since 2015 and was included in the evaluations of the Ebola crisis in Liberia and Sierra Leone, where it was almost met.

In the Ebola response, there were complexities in securing funding for Oxfam's specialist areas of work, such as public health, social mobilization and WASH, as these were outside of initial donor priorities. Although this was frustrating in terms of the response, it did give time to establish robust systems and processes regarding HR, finance and resource management. In Liberia, an experienced logistician was deployed and set up national and international procurement and distribution systems, and financial risks and mitigating measures were included in regular situation reports. Training was also carried out on awareness of fraud in relation to a cash transfer programme, and no incidents were reported during the period up until the time of the evaluation.

In the programme in Sierra Leone, considerable work was done on dividing the global budget into accurate sub-office budgets and systems to manage and report on finance. This was evidenced by regular budget revisions and an absence of unexpected over- or underspends. The programme also demonstrated flexibility in reference to DFID's 'Value for Money' approach, for example with adjustments to the composition of teams as activities evolved. Some small-scale issues of fraud were reported, but this could also be considered evidence of good financial oversight. In addition, a post was created for an Ebola Risk and Compliance Manager, who carried out functions including reporting to Internal Audit, supporting the country team to look at compliance issues as they came up and developing a risk register and following up on issues that might present risks.<sup>201</sup>

## Conclusion

In the Ebola crisis response, the standard for resource management was almost met in both Liberia and Sierra Leone, as clear systems were established to help safeguard resources and finances. There was time at the onset of the crisis to set up these systems, due to complex negotiations and lobbying with donors, but Oxfam has several accessible business management tools to facilitate the rapid scale-up of systems, such as OPAL, PeopleSoft and Helios.

The standard was not considered to be fully met in either response. Although many measures were taken to manage resources efficiently and effectively and value for money was taken into account, there were further areas that were not evaluated – for example, evidence of different Oxfam teams sharing resources for activities such as transport, or evidence of measures to mitigate any environmental damage caused by the response.

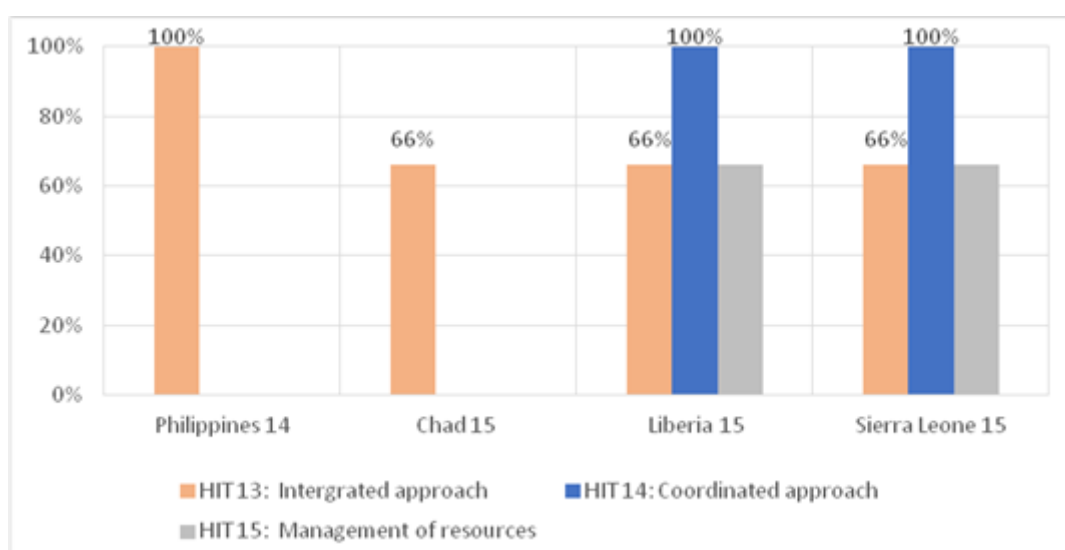
**Key learning point for resource management**

- Having an Ebola Risk and Compliance Manager appeared to be effective in providing oversight of resource management and reducing risk in Sierra Leone (although the evaluation did not elaborate on the impact of the role). The tasks of this focal point included reporting to Internal Audit, supporting the country team to look at compliance issues as they came and developing a risk register to follow up on potential risks.<sup>202</sup>

## Category 3 response: Solomon Islands flooding

A tropical low located near the Solomon Islands on 3–6 April 2014 caused continuous heavy rainfall that resulted in flash flooding and rivers bursting their banks. Twenty-two deaths were officially confirmed as a result of the initial flooding, although the real number is believed to be much higher as many families were burying their dead around their homes. Across the main island of Guadalcanal 52,000 people were estimated to have been affected, representing 56 percent of its population. Around half of all those affected were children. The crisis was classified as a Category 3 response and both RTE and HIT evaluations took place. In the HIT evaluation, five standards were selected in order to tailor the evaluation to the specific response and categorization level. The standards chosen related to timeliness, technical standards, feedback/complaints, appropriateness of the response, and gender, protection and vulnerability.

Figure 16: HIT evaluation scores for the Solomon Islands response



### 1. Timeliness

Initial assessments are conducted on the first day after a disaster occurs and assistance is started within three to five days.

Oxfam's response in the Solomon Islands almost met the standard for timeliness. Notably, Oxfam convened a multi-agency coordination committee on the first day of the crisis and by the end of the first week had participated in joint distributions to the most severely affected communities,<sup>203</sup> with further assistance quickly reaching other affected communities. Overall the speed of the response was considered to be good, both in relation to other actors and to other responses in the region. A significant enabling factor, along with key international deployments, was the whole-of-agency approach taken, with a degree of preparedness that enabled Oxfam Solomon Islands staff to set aside their normal roles and focus on the emergency. A high level of preparedness also quickly facilitated funding contracts from major donors, and funding contracts across the confederation were mobilized to allow for scale-up if needed.<sup>204</sup>

In contrast to these enabling factors, which were largely due to effective contingency planning, a number of external factors had a negative

*Oxfam's response in the Solomon Islands provided several examples of best practice in preparedness, especially in relation to timeliness. Pre-positioned contingency stocks greatly contributed to the speed of the joint distributions. Further to this, pre-established relationships with other actors as part of the multi-agency coordination committee in the country were a significant factor. There was evidence of learning from the Temotu earthquake and tsunami response in 2013, which contributed to improving staff skill-sets. The rapid response to the crisis also helped to secure key funding contracts, further enabling scale-up.*

impact on the speed of the response. For example, there were structural deficiencies within the humanitarian coordination system that led to confusing cluster arrangements; a similar problem was evident in relation to national and local government departments and offices. This had an impact on coordinated needs assessments, delaying the overall process and response. Lastly, at the time of the crisis, the country contingency planning document was going through its annual update and, although this was not a requirement for a Category 3 response, it may have improved internal coordination and understanding of roles and responsibilities. At the same time, there were clear examples of preparedness in the Solomon Islands and of the positive impact this had on the emergency response.<sup>205</sup> The contingency plan was updated again through a collaborative process in 2015, and in 2016 it will be updated once more and tested through a simulation exercise.<sup>206</sup>

## **2. Technical aspects**

Technical aspects of the programme are measured against Sphere/Oxfam minimum standards.

The response in the Solomon Islands fully met Oxfam's criteria for technical standards. For example, in terms of the core Sphere standards, gender was considered throughout the response, largely due to training that was provided to protection teams. Oxfam ensured a gender balance in assessment and distribution teams, and in coordination meetings advocated for equitable access and distribution processes.<sup>207</sup> In addition, accountability mechanisms were established for the affected population. Another enabling factor was that regional specialists in the relevant sector areas were available to support the response.<sup>208</sup> The upholding of technical standards was further evidenced by Oxfam staff advocating for minimum standards for transitional accommodation for affected communities. Sector-specific Sphere standards were not a focus for the WASH aspect of the response as Oxfam's main assistance in this area involved distributions of hygiene kits; other agencies were much better placed to respond to WASH infrastructure needs.

## **3. Feedback/complaints**

Systems are in place and functioning and there is documented evidence of consultation and participation.

The response in the Solomon Islands almost met the standard for feedback/complaints systems. Systems were established in consultation with communities, and excellent feedback was received during the RTE on their participation in the response.<sup>209</sup> Participation and consultation were most evident in the form of M&E activities, including monitoring after distribution of supplies, satisfaction surveys, household visits and learning events. Notably, throughout Oxfam's responses, the presence of MEAL staff (including capacity-building initiatives) appeared to be a common characteristic behind high levels of community consultation and participation.<sup>210</sup> There was also evidence that Oxfam's partners in responses influenced the level of community consultation achieved, especially in terms of the importance they placed on participatory, consultative approaches.<sup>211 212</sup>

## **4. Gender**

The programme has taken gender equity, protection and other vulnerability issues into account.

The standard relating to gender, protection and other vulnerability issues was fully met in the Solomon Islands response. A key enabling factor was that humanitarian training had been carried out for staff and partners several months before the response; this included gender in emergencies, disability inclusion and protection (including child protection).

A significant factor was that the response drew on analysis from an existing programme in the country and data were gender-disaggregated. The response also had a strong focus on protection, with the needs of vulnerable groups detailed in project documents.<sup>213</sup>

## **5. Appropriate programming**

The programme is appropriate to needs, Oxfam's remit, scale and context.

Oxfam fully met this standard in the Solomon Islands response. The focus on EFSL and protection was appropriate and evidence-based, following a needs assessment and analysis; in addition, these are specialist areas for Oxfam. There was also a good rationale for not focusing on WASH, although hygiene kits were distributed (this highlighted a gap in Oxfam's WASH technical capacity in the country).<sup>214</sup> The programme also included camp management, which led to Oxfam responding to identified protection needs.

As well as the response being relevant to the context, its coverage far exceeded expectations, reaching 45 percent of those affected. Key enabling factors were Oxfam's presence and capacity in-country, as well as partners' experience in emergency humanitarian response.<sup>215</sup>

This response also provided an excellent example of child protection and disability inclusion principles being incorporated into Oxfam's programmes. It included capacity building for managers of evacuation centres in establishing feedback/complaint mechanisms for key protection issues (including child protection) and support to manage issues through referral systems. In addition, Oxfam's protection team provided technical input into needs assessments and training on child protection for key actors. Capacity-building activities were undertaken on disability inclusion, including training staff before distribution activities, and relevant disaggregated data were used throughout the response.<sup>216</sup>

## **Conclusion**

The response to the humanitarian crisis in the Solomon Islands showed a good performance across the standards evaluated, especially in the areas of technical standards, appropriateness of the response and consideration of gender, protection and vulnerable groups. Key enabling factors to achieving these five standards included humanitarian training of country programme staff, support from regional specialists, integration of response teams, M&E capacity, gender capacity and use of gender analysis from existing programmes, and learning from other responses in the Pacific region.

Of note, in terms of the timeliness standard, the response provided several examples of preparedness activities that contributed to a rapid response and securing of funding within one week of the disaster.

Blocking factors that affected general coordination between agencies included structural deficiencies within the humanitarian coordination system and between government departments, although these factors were largely beyond the control of Oxfam.

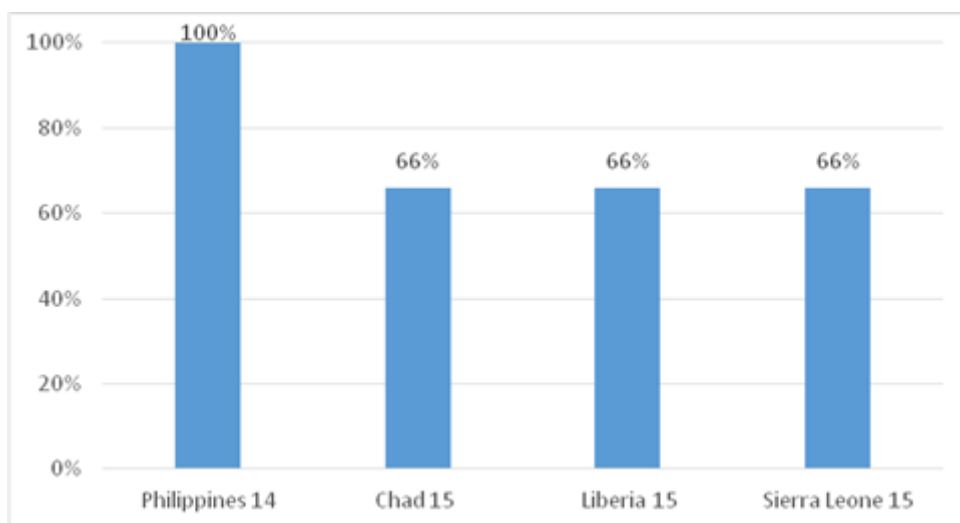
## **Key learning points for the Solomon Islands response**

- In community consultations during registrations and distributions, information should be included about Oxfam's feedback and complaints procedures, and any learning from the response relating to appropriate mechanisms should be documented.<sup>217</sup>
- As part of contingency planning, in addition to pre-positioning stock, suppliers for future key livelihoods inputs should be assessed for quality and ease of access to stock.<sup>218</sup>

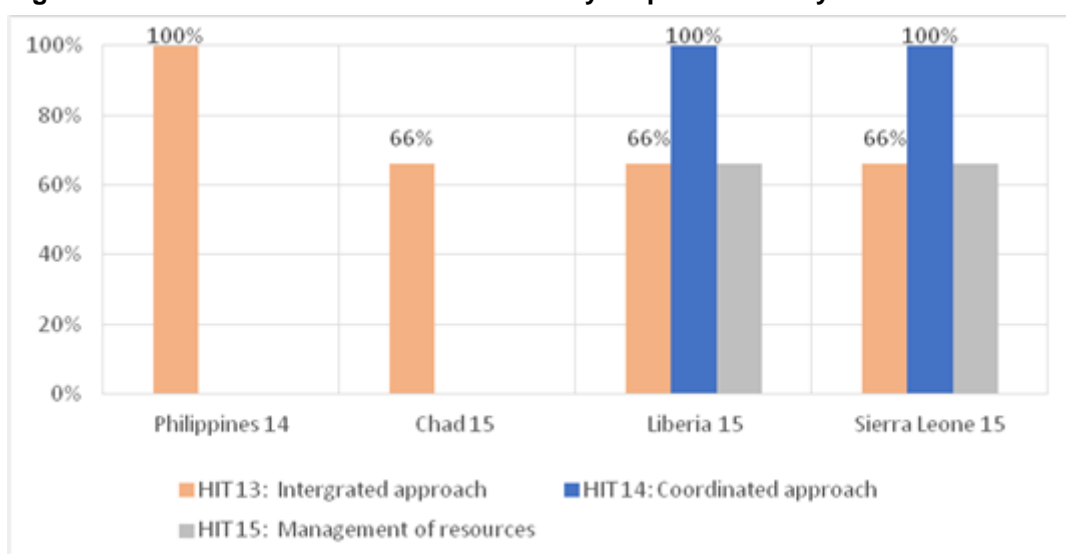
## Main conclusion

The analysis in this report shows that the areas of best performance in Oxfam's responses were coverage, advocacy and safe programming (protection), and coordination, while the worst performances were in the areas of timeliness, partner relationships, feedback/complaints systems and staff capacity. Figure 17 gives the average findings from the HIT evaluations for the nine response countries included in this report for HIT standards 1–12. Figure 18 gives the scores for HIT standards 13–15 by response country; these are shown in a separate figure as they were added only recently to the HIT standards to align with the Core Humanitarian Standard, and so were evaluated in only a small number of responses. The figures are followed by an analysis of the main enabling and blocking factors to a quality response, with other themes of note described at the end of the report.

**Figure 17: Average HIT evaluation scores for all response countries (HITs 1–12)**



**Figure 18: Evaluation scores for HITs 13–15 by response country**



## Areas showing the highest levels of performance

### Response coverage

The responses analysed in this Strategic Outcome Report demonstrate high levels of coverage of the affected populations, and in most cases the coverage standard was met. The evidence presented indicates that this was influenced by a number of enabling factors. Factors more within Oxfam's control included the way the organization categorizes, and therefore prioritizes, each crisis, while the level of experience of national partners in humanitarian emergency response and in relevant programmatic themes influenced its ability to target as many beneficiaries as possible. Regarding future planning, the current shift to increasing capacity building for partners and their engagement in response strategies has the potential to further improve coverage and the quality of the response.

A key enabling factor that was not within Oxfam's control was a favourable funding environment. In the Philippines, a high level of coverage was achieved despite logistical challenges, due to a highly successful funding campaign in response to the rapid-onset crisis. However, in other crises funding difficulties emerged that affected Oxfam's ability to achieve a high level of coverage quickly, especially in more complex, slow-onset emergencies such as the Syrian crisis and the Ebola crisis in West Africa. In these latter responses, Oxfam overcame funding issues through continued lobbying and negotiations with key donors.

Other enabling factors out of Oxfam's control included the role of national governments in the crisis, which has been shown to affect coordination with key civil actors, and whether or not Oxfam had an established presence and capacity in-country. Pre-existing development programmes have the potential to be scaled up using a combination of existing staff and surge capacity provided by partners and Humanitarian Support Personnel, integrating emergency response with resilience building and DRR projects. In the case of Ebola, some donors granted permission to divert funding from existing programmes to the crisis response.

The challenges identified to a good level of coverage included the presence and actions of other responding actors and Oxfam's level of cooperation with them; this affected the number of people that Oxfam targeted, with both positive and negative implications for planning. For example, in Chad a partnership with WFP meant that potentially food coverage was greater, as relatively large amounts of food assistance could be accessed. However, in the early stages of the response the partnership with WFP was also reported as a constraining factor on Oxfam's ability to achieve greater food coverage, as it meant reliance on an external partner that was facing its own set of challenges to rapid mobilization, and at the same time dependence on this partner for food inputs. In addition, the response in the Solomon Islands highlighted that if the cluster system is not functioning well, the potential for collaborating on crucial activities such as needs assessments is compromised. Finally, the levels of risk to staff in terms of security and health also affect scope and coverage, as seen for example in the Ebola crisis.

A further key factor to consider with coverage is the type and depth of the response. For example, focusing on the distribution of items to a total affected population, as opposed to targeting activities towards the most vulnerable groups, will naturally directly affect the number of people reached, as well as the ability to successfully meet quality standards such as Sphere and Oxfam HIT standards on MEAL, gender and partner relations. Of course life-saving distributions of essential items may be needed initially, but over-focusing on coverage targets may distract staff from fully integrating other quality benchmarks into programmes.<sup>219</sup> The HIT standards that showed a relatively low level of performance in this review included the use of Sphere standards, partner relations and the integration of MEAL, gender and vulnerable groups. Although there were other blocking factors present, the use of coverage targets may be an area for further review.<sup>220</sup>

### Advocacy and campaigns

There were proven positive impacts on the quality of responses resulting from advocacy, campaigns and media work. Oxfam showed an excellent level of performance in these areas, with the standard fully met in most of the responses covered in this report. There were clear examples of the significant contribution made by advocacy work to the scale-up and impact of humanitarian responses. Key enabling factors included:

- Producing a timely advocacy strategy, which also reflects the country team's inputs and priorities and has programmatic links to high-level lobbying;
- Monitoring of key events, milestones and information channels – this is important as it can provide an opportunity to communicate key messages about the crisis;
- Coordinating with other agencies, which have value in facilitating a greater impact and strengthening the voices of the most vulnerable.

Where the standard was not fully met, the common factor was that response teams were not sufficiently resourced with advocacy, media or communications staff.

### **Safe programming and protection**

There is evidence in all of the responses included in this report that safe programming and protection issues were taken into account and integrated into the response, albeit to varying degrees. In addition, protection issues were explicitly addressed in the documentation for nearly all the responses, and minimum standards for protection are built into Oxfam's programmes. There was a trend of late recruitment of protection specialists in response teams, but this was usually overcome by collaborating with other actors on protection issues, meaning that safe programming was usually still successfully integrated into the response. In addition, with Oxfam International's GHT and HSP approach, protection specialists will in future be easier to mobilize temporarily in humanitarian responses, until teams can be more permanently staffed.

Overall, it was demonstrated throughout the responses that safe programming and protection are an area of specialist knowledge for Oxfam, and link with other areas of specialism and experience such as advocacy work and gender.

### **Coordination and collaboration**

Throughout the emergency responses, Oxfam proved to be very strong on technical coordination with other humanitarian agencies, and often acted as the lead or co-lead of sector working groups (such as WASH). In the two responses where this standard was evaluated (Liberia and Sierra Leone), it was fully met. Many national partners, UN agencies, other INGOs and government departments have stated in evaluation reports that Oxfam's efforts throughout responses were appreciated and trusted, and its contribution of knowledge to the cluster system was highly valued.

The identified enabling factors for coordination were:

- Harnessing Oxfam's technical knowledge, which can strengthen its contribution and leadership role in coordination systems and clusters;
- Building trust, e.g. through building the capacity of other actors in areas such as needs assessments;
- Utilizing a coordination-based model for the response;
- Building relationships with partners as part of contingency planning.

There is no doubt that Oxfam's approach has resulted in donor support and partnerships with UN agencies and government ministries that have contributed to it being a leading actor in humanitarian responses around the world.

## **Areas showing the lowest levels of performance**

### **Timeliness**

Though timeliness was the area where Oxfam performed least well overall, several of the country-level responses analysed in this report either fully met or almost met this standard, and performance on timeliness has generally improved over time.<sup>221</sup> Exceptions to this overall level of good performance were the responses to the Ebola crisis and the conflict in CAR. However, these could be considered outliers to the general trend seen in this report. In the Ebola crisis a unique and complex set of circumstances required specialist attention and risk analysis before a response could be launched, and this was compounded by a tough funding environment in which many donors were focusing more on direct medical interventions than on Oxfam's specialist areas. Considering the challenges, a significant amount was achieved during the response. For example, through joint agency assessments Oxfam made a significant contribution to identifying the most vulnerable groups affected by the crisis, and it shared this knowledge with key actors in the humanitarian community.

However, even if the Ebola crisis and CAR evaluations are considered as outliers, it is of note that a synthesis of HIT evaluations for 15 of Oxfam's responses between 2011 and 2015 gave an average score for the timeliness standard of 45 percent (equivalent to a verbal rating between 'partially met' and 'almost met'). Although this sample is partly outside the present review period, and four of the 15 responses are also considered in this review, this indicates the potential existence of blocking trends to a timely response.<sup>222</sup>

Most of the Oxfam responses evaluated in this report either 'partially met' or 'almost met' the timeliness standard. A common explanation for not fully meeting it relates to gaps in transitioning from initial rapid assessments and planning to a timely scale-up proportionate to increasing needs. This was the case in the responses in Lebanon, CAR and Chad, with most of the identified blocking factors being largely beyond Oxfam's control – for example, an unprecedented crisis combined with other global pressures and priorities in the Syrian region, a high-risk situation requiring in-depth analysis in the Ebola crisis, unfavourable funding environments in Jordan and in the Ebola crisis, and issues relating to staff capacity (e.g. transitioning from development to emergency programming or recruitment challenges) in Chad and CAR. The expense of operating in challenging environments was not expanded on in the evaluations, but this was also likely to be a factor hindering scale-up. In the wake of the Ebola crisis, there are plans to establish a taskforce of people across different departments to identify trends and threats in future crises and to advise on triggers for response in slow-onset health emergencies,<sup>223</sup> along with a crisis management group for staff welfare issues.<sup>224</sup>

One factor that can be either enabling or blocking is whether or not Oxfam has an established presence in a response country. In Chad, where the timeliness standard was almost met, the development programme already in place meant that Oxfam had knowledge, connections and engagement with communities that helped to mitigate the challenges involved in rapidly conducting assessments and developing a response strategy in a complex, slow-onset crisis.<sup>225</sup> In the Syrian crisis, the lack of a current programme in-country initially posed challenges, but these were mitigated by relationships with national actors. The Chad response demonstrated aspects of scaling up a pre-existing development programme. The response seemed to lose some momentum, however, and this was partly attributable to the challenges involved in stepping up the pace of longer-term DRR and resilience programmes to emergency response mode.

Most of these blocking factors to timeliness were beyond Oxfam's control, but there were others across the sample over which it potentially had more influence. These related mainly to protracted decision making, as noted in the evaluation reports for Lebanon, CAR and Chad. In Lebanon this seemed to be underpinned by the unprecedented scale of the crisis, a lack of specific triggers in the contingency plan and competition from many other global priorities. In Chad, again the lack of specific triggers in the contingency plan was cited in relation to decision making, although the programme almost met the standard for timeliness. In CAR, the issue hinged on deciding which of two affiliates had the capacity to lead the response, with the HCGG making the final decision.

The factors enabling a timely response were mainly within the control of Oxfam. Despite the complexity of the situation, regional contingency planning workshops overcame barriers to a timely response in CAR and in the Ebola crisis, and also contributed to the success of the programme in South Sudan. Other enabling factors included ongoing monitoring at the regional level and the approval of unrestricted Catastrophe Funds for the early phases of response. In addition, RTEs and HIT evaluations of the response to the Syrian crisis in Jordan, where there was no prior programme in place when the crisis began, demonstrated the importance of having connections with capable partners in order to be able to recruit staff and implement activities quickly, as well as the importance of Oxfam's regional office mobilizing resources.<sup>226</sup> In South Sudan, support from a strong national partner and from the Oxfam regional office again provided additional capacity for the initial assessments and response.<sup>227</sup>

### **Partner relationships**

An underlying reason for the relatively low performance in partner relationships appears to relate to the time available to build the capacity of partners and to increase their engagement in Oxfam's strategies. It is worth noting the connection identified in the section above between established relations with capable national partners and the timeliness of a response.

The responses reviewed in this report, and those included in the meta-analysis of Oxfam's RTEs from 2010 to 2015, generally show that national partners are well utilized as part of the response. At the same time, however, Oxfam has not always focused on capacity building as much as it could, and partners often become more like implementing partners. A key blocker here is lack of time due to the demands of the response. There are examples of success where the capacity of partners has been built prior to a crisis, but this is more realistic in slow-onset situations.

However, there has been a recent shift in Oxfam's policy on working with national partners and there will be now be an increased focus on building partners' capacity, both to work with communities in building resilience to future crises and to respond to crises when they occur.<sup>228</sup> This has already been seen in the recent humanitarian programme in Ethiopia, where Oxfam aimed to increase capacity building and the engagement of partners in its response strategy and provided specific staff to oversee partner relations.<sup>230 231</sup>

### **Feedback/complaints systems**

This was another relatively low-performing area, and this report has identified a number of common reasons for responses not meeting this standard:

- There may initially be a good level of participation by the affected population in rapid assessments that feed into programme design, but participation is not sustained and is not developed into feedback/complaints mechanisms or systematic consultations.
- The role of partner organizations in feedback/complaints systems, or how those systems should contribute to improving the programme, is not clearly defined. The importance that partners place on a participatory approach may also be a factor.
- Telephone hotlines, which are set up relatively often, are not widely used by affected populations.

At the same time, there are several examples of successful formal feedback and complaints mechanisms. These tend to rely more on community mobilization and a presence within communities than on mechanisms such as telephone hotlines. The evaluations provide some indications as to why this might be, but community consultations on mechanisms, including research into the barriers discouraging the use of telephone hotlines, would be useful in improving understanding. Some of the evaluation reports suggest that reasons may include a lack of information about hotline services or, occasionally, that community leaders may prefer to channel feedback and complaints themselves (and the transmission of feedback is then dependent on them doing so). Of the communication channels employed by Oxfam, face-to-

face contact – such as community consultations, ad hoc feedback to staff present in affected communities and PDM surveys – seemed to be the most preferred, though data on likely usage were not available.

Where there was a good performance on the feedback/complaints standard, a number of factors were found in common across responses:

- Commitment of the management team to the system and to capacity building of staff and partners, and commitment to considering feedback for programme improvements;
- The presence of MEAL staff in the response;
- In terms of specific mechanisms, face-to-face contact appeared to be the preferred mode of communication – although any feedback mechanisms should meet the MEAL minimum standards in terms of confidentiality and documenting and responding to feedback.

A need was identified to simplify the documentation of informal feedback from affected populations, and plans are currently in place within Oxfam to develop a mobile phone app for staff and partners that should facilitate the documentation of feedback received through face-to-face engagement with affected individuals.<sup>232</sup>

### **Staff capacity**

The constraining factors to meeting this standard, which were mainly out of Oxfam's control, and the reasons for its relatively low performance included:

- Challenges in recruiting individuals with the needed skill-sets, especially in Francophone contexts;
- Tough funding environments affecting the ability to scale up;
- A trend of relatively late deployment of staff in cross-cutting roles such as MEAL, gender and protection.

The latter factor is already being overcome through OI's GHT and the HSP approach.<sup>233</sup> Oxfam's continued commitment to recruit and deploy suitable staff has also been a key factor in overcoming some of the challenges – for example, in the response to the Ebola crisis, where a high level of staffing was maintained during the crucial months of the response.<sup>234</sup>

There is a further trend of note, in that integrating surge capacity staff into pre-existing country programmes when scaling up for responses can be challenging (if understandably so). It is crucial, however, to enable integration between resilience/DRR programme staff and emergency relief teams, even though cultural differences may exist between humanitarian teams and development-focused teams.<sup>235</sup> Continued HSP support, as well as initiatives such as emergency response training for country teams,<sup>236</sup> may help to facilitate integration.

## **Additional blocking factors**

### **Resourcing cross-cutting areas**

Oxfam has a great deal of expertise in cross-cutting areas such as gender, protection and MEAL. However, these areas are often undermined in relief efforts by the relatively late deployment of staff specializing in these areas (e.g. after the first wave of responders). This has sometimes resulted in these areas not being integrated into the response strategy and becoming more of an annex, which hinders the quality of the response. Responses that were successful in these cross-cutting areas involved commitment by senior managers to ensure that the necessary resources were available and to integrate them into the overall response strategy and planning. This issue should now be more easily addressed through the GHT and expanding use of HSP.

### **Context of Pacific region responses**

Another trend to emerge is the particular context of Pacific region countries that are vulnerable to natural disasters and the specific challenges involved in launching relief efforts. In contexts such as the Solomon Islands and the Philippines, there were significant logistical challenges in working in island archipelagos where affected populations are very spread out and hard to reach, infrastructure is poor and natural disasters are often severe.<sup>237</sup> With island populations, disasters often have significant impacts on a relatively high percentage of the population.<sup>238</sup>

## **Additional enabling factors**

### **Integrated approach and building resilience**

Performance in this area was relatively good, with a major enabling factor being the existence of a longer-term development or DRR programme in the country affected. The successful integration of emergency response teams and existing country programme teams was also a key factor. Factors identified as being key to facilitating integration included clear communication concerning roles and responsibilities, connectivity between surge capacity emergency staff and in-country support teams, and emergency response capacity building with country teams.

### **Evidence-based responses**

Although this is not a formal HIT standard, there were many cases where Oxfam clearly demonstrated a commitment to evidence-based approaches to humanitarian response through needs assessments, in-depth joint agency assessments, analysis and capacity building, as well as through leadership and the contribution of technical and contextual knowledge to humanitarian cluster systems.



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# NOTES

- <sup>1</sup> The six change goals are: Goal 1: Right to be heard, people claiming their right to a better life; Goal 2: Advancing gender justice; Goal 3: Saving lives, now and in the future; Goal 4: Sustainable food; Goal 5: Fair sharing of natural resources; and Goal 6: Financing for development and universal essential services.
- <sup>2</sup> For Oxfam, a Category 1 emergency is the most severe, involving a high degree of human suffering and the greatest level of complexity, and requiring the highest level and urgency of response. As well as the Syria crisis, Category 1 disasters have included the Indian Ocean tsunami of 2004 and the East Africa food crisis of 2011–12.
- <sup>3</sup> Oxfam Global Humanitarian Team (2016) *Emergency Responses 2013–2016* (list).
- <sup>4</sup> For the HIT scores, the first three HITs have a potential full score of 6, with the remaining HITs having a full score of 3. For comparability in this report, the HIT scores have been converted to percentages.
- <sup>5</sup> Core Humanitarian Standard. <http://www.corehumanitarianstandard.org/the-standard> (accessed 10 February 2016)
- <sup>6</sup> HAP/CHS Alliance. <http://www.chsalliance.org/> (accessed 10 February 2016)
- <sup>7</sup> The Sphere Project. <http://www.sphereproject.org/> (accessed 10 February 2016)
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- <sup>9</sup> Wood, E. (2015) *Qualitative Meta-Analysis of Oxfam's Humanitarian Programme Real Time Evaluations*. October.
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- <sup>24</sup> For the HIT scores, the first three HITs have a potential full score of 6, with the remaining HITs having a full score of 3. For comparability purposes in this report, the HIT scores have been converted to percentages.
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- <sup>33</sup> Ibid.
- <sup>34</sup> Ibid.
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- <sup>45</sup> Ibid.
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- <sup>65</sup> Interview with Fiona Crisp, Staff Health Adviser, Oxfam GB (28 January 2016).
- <sup>66</sup> Ibid.

- <sup>67</sup> The responses included in this report use the standard percentages but may use different population groups depending on the context – for example, total affected population, total displaced population or the most severely affected population. However, in each response the coverage targets are justified according to specific factors (such as severe challenges to humanitarian access) and agreed with the HCGG or senior management.
- <sup>68</sup> House, S. (2014) *Evaluation of Oxfam's Humanitarian Response to Typhoon Haiyan (Yolanda) in the Philippines*. OGB Global Humanitarian Indicator Tool. September.
- <sup>69</sup> Chamberlain, P., Farr, E., Lamb, J., Podlesak, J. (2014) *Real Time Evaluation of the Typhoon Haiyan Response, The Philippines*. January.
- <sup>70</sup> Ibid.
- <sup>71</sup> Correspondence with Andy Bastable, Head of Water and Sanitation, Oxfam GHT (21 January 2016).
- <sup>72</sup> Ibid.
- <sup>73</sup> Turnbull, M. (2013) *Evaluation of the Syria Crisis Response in Jordan Using Oxfam's Global Humanitarian Indicator Tool*. April.
- <sup>74</sup> Turnbull, M. (2013) *Evaluation of Syria Crisis Response in Lebanon*. February.
- <sup>75</sup> In the response to the Ebola crisis in Sierra Leone, Oxfam's standard for coverage in a slow-onset crisis was officially fully met if both direct and indirect beneficiaries are considered (with the standard being almost met if only direct beneficiaries are considered).
- <sup>76</sup> Adams, J., Lloyd, A., Miller, C. (2015) *Oxfam Ebola Response in Liberia and Sierra Leone. An evaluation report for the Disasters Emergency Committee*. April.
- <sup>77</sup> Ibid.
- <sup>78</sup> Chamberlain, P., Farr, E., Lamb, J., Podlesak, J. (2014) *Real Time Evaluation of the Typhoon Haiyan Response, The Philippines*. January.
- <sup>79</sup> The Sphere Project, *The Sphere Handbook*. <http://www.sphereproject.org/handbook/> (accessed 8 January 2015)
- <sup>80</sup> Turnbull, M. (2013) *Evaluation of the Syria Crisis Response in Jordan Using Oxfam's Global Humanitarian Indicator Tool*. April.
- <sup>81</sup> Turnbull, M. (2015) *Humanitarian Quality Assurance: South Sudan. Evaluation of the response at UN House IDP camp, Juba*. April.
- <sup>82</sup> Oxfam Australia (2015) *Oxfam Australia Strategic Plan Outcomes Report*.
- <sup>83</sup> Wood, E. (2015) *Qualitative Meta-Analysis of Oxfam's Humanitarian Programme Real Time Evaluations*. October.
- <sup>84</sup> Ibid.
- <sup>85</sup> Davies, A. (2013) *Evaluation of Oxfam's Humanitarian Response in Chad*. OGB Global Humanitarian Indicator Tool. March.
- <sup>86</sup> Ibid.
- <sup>87</sup> Turnbull, M. (2013) *Evaluation of the Syria Crisis Response in Jordan Using Oxfam's Global Humanitarian Indicator Tool*. April.
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- <sup>89</sup> House, S. (2014) *Evaluation of Oxfam's Humanitarian Response to Typhoon Haiyan (Yolanda) in the Philippines*. OGB Global Humanitarian Indicator Tool. September.
- <sup>90</sup> Interview with Dr. Vivien Walden, MEAL Team Leader, Oxfam GHT (15 January 2016).
- <sup>91</sup> Davies, A. (2013) *Evaluation of Oxfam's Humanitarian Response in Chad*. OGB Humanitarian Indicator Tool. March.
- <sup>92</sup> Turnbull, M. (2015) *Evaluation of Oxfam's Humanitarian Response in Central African Republic (CAR) using Oxfam's Global Humanitarian Indicator Tool (HIT)*. January.
- <sup>93</sup> Adams, J., Lloyd, A., Miller, C. (2015) *Oxfam Ebola Response in Liberia and Sierra Leone. An evaluation report for the Disasters Emergency Committee*. April.
- <sup>94</sup> Group URD (Urgence, Réhabilitation, Développement). *Developing a participatory approach to involve crisis-affected people in a humanitarian response*. <http://www.urd.org/?lang=en> (accessed 8 January 2016)
- <sup>95</sup> Oxfam Australia (2015) *Oxfam Australia Strategic Plan Outcomes Report*.
- <sup>96</sup> Wood, E. (2015) *Qualitative Meta-Analysis of Oxfam's Humanitarian Programme Real Time Evaluations*. October.
- <sup>97</sup> Multiple Oxfam HIT and RTE evaluation reports from 2010 to 2015.
- <sup>98</sup> Interview with Dr. Vivien Walden, MEAL Team Leader, Oxfam GHT (15 January 2016).
- <sup>99</sup> Ibid.
- <sup>100</sup> Ibid.

- <sup>101</sup> Ibid.
- <sup>102</sup> Consortium of British Humanitarian Agencies (CBHA) (2013) *On the Right Track? A Brief Review of Monitoring and Evaluation in the Humanitarian Sector*. February.
- <sup>103</sup> Interview with Dr. Vivien Walden, MEAL Team Leader, Oxfam GHT (15 January 2016).
- <sup>104</sup> Ibid.
- <sup>105</sup> Sahar, A., Sansone, R. (in Lebanon only), Wise, T., Yiannopoulos, A. (2013) *Real Time Evaluation of the Syria Crisis Response in Lebanon and Jordan*. April.
- <sup>106</sup> Turnbull, M. (2013) *Evaluation of Syria Crisis Response in Lebanon*. February.
- <sup>107</sup> Ibid.
- <sup>108</sup> Wood, E. (2015) *Qualitative Meta-Analysis of Oxfam's Humanitarian Programme Real Time Evaluations*. October.
- <sup>109</sup> Ibid.
- <sup>110</sup> Turnbull, M. (2013) *Evaluation of Syria Crisis Response in Lebanon*. February.
- <sup>111</sup> Among examples of HAP guidelines regarding complaints systems, an organization should handle complaints in line with its procedures and should act upon complaints, and it should also ensure that the people it aims to assist, staff and other stakeholders understand the complaints procedure. Humanitarian Accountability Partnership/CHS Alliance. <http://www.chsalliance.org/>
- <sup>112</sup> Wood, E. (2015) *Qualitative Meta-Analysis of Oxfam's Humanitarian Programme Real Time Evaluations*. October.
- <sup>113</sup> Interview with Dr. Vivien Walden, MEAL Team Leader, Oxfam GHT (15 January 2016).
- <sup>114</sup> Mooney, L. (lead), Lyngdoh Reye, R. (2014) *Real Time Evaluation of Oxfam's Response to the Solomon Islands Flash Floods*.
- <sup>115</sup> The response in South Sudan is not included in Figure 8 as it was not implemented through partners.
- <sup>116</sup> Turnbull, M. (2013) *Evaluation of Syria Crisis Response in Lebanon*. February.
- <sup>117</sup> House, S. (2014) *Evaluation of Oxfam's Humanitarian Response to Typhoon Haiyan (Yolanda) in the Philippines. OGB Global Humanitarian Indicator Tool*. September.
- <sup>118</sup> Chamberlain, P., Farr, E., Lamb, J., Podlesak, J. (2014) *Real Time Evaluation of the Typhoon Haiyan Response. The Philippines*. January.
- <sup>119</sup> Fearon, C. (2015) *Humanitarian Quality Assurance: Sierra Leone. Evaluation of Oxfam's humanitarian response to the West Africa Ebola Crisis*. Effectiveness Review Series 2015/16. May.
- <sup>120</sup> Turnbull, M. (2015) *Humanitarian Quality Assurance: West Africa Ebola Crisis: Liberia*. October.
- <sup>121</sup> Wood, E. (2015) *Qualitative Meta-Analysis of Oxfam's Humanitarian Programme Real Time Evaluations*. October.
- <sup>122</sup> Oxfam Australia (2015) *Oxfam Australia Strategic Plan Outcomes Report*.
- <sup>123</sup> Davies, A. (2013) *Evaluation of Oxfam's Humanitarian Response in Chad. OGB Global Humanitarian Indicator Tool*. March.
- <sup>124</sup> Interviews with Dr. Vivien Walden (15 January 2016) and Ulrich Wagner (22 January 2016), Oxfam GHT.
- <sup>125</sup> Correspondence with Peter Wood, Oxfam GB Security Officer (15 January 2016).
- <sup>126</sup> Oxfam GB's Security Policy states that assistance to national partners regarding their security management may include training, information sharing, mentoring, provision of security management resources, or a combination of these. Partners are encouraged to report incidents to Oxfam. Oxfam will not expect implementing partners to work in locations that it considers too insecure or unsafe to work in itself, unless the transfer of risk is clearly demonstrated as being acceptable to both parties.
- <sup>127</sup> Interview with Dr. Vivien Walden, MEAL Team Leader, Oxfam Global Humanitarian Team (15 January 2016).
- <sup>128</sup> Interview with Ulrich Wagner, Senior Humanitarian Coordinator, Oxfam Global Humanitarian Team (28 January 2016)
- <sup>129</sup> Oxfam internal learning event regarding the Ebola crisis response (28 September 2015).
- <sup>130</sup> Turnbull, M. (2013) *Evaluation of the Syria Crisis Response in Jordan Using Oxfam's Global Humanitarian Indicator Tool*. April.
- <sup>131</sup> Montgomery, L., Nunn, R., Chow, J. (2014) *South Sudan Regional Crisis Real Time Evaluation*. February.
- <sup>132</sup> Turnbull, M. (2015) *Humanitarian Quality Assurance: South Sudan. Evaluation of the response at UN House IDP camp, Juba*. April.
- <sup>133</sup> House, S. (2014) *Evaluation of Oxfam's Humanitarian Response to Typhoon Haiyan (Yolanda) in the Philippines. OGB Global Humanitarian Indicator Tool*. September.

- <sup>134</sup> Turnbull, M. (2015) *Evaluation of Oxfam's Humanitarian Response in Central African Republic (CAR) using Oxfam's Global Humanitarian Indicator Tool (HIT)*. January.
- <sup>135</sup> Turnbull, M. (2015) *Humanitarian Quality Assurance: West Africa Ebola Crisis: Liberia*. October.
- <sup>136</sup> Oxfam Australia (2015) *Oxfam Australia Strategic Plan Outcomes Report*.
- <sup>137</sup> Ibid.
- <sup>138</sup> Ali, S., Sansone, R. (Lebanon only), Wise, T., Yiannopoulos, A. (2013) *Real Time Evaluation of the Syrian Crisis Response in Lebanon and Jordan*. April.
- <sup>139</sup> Examples of vulnerable groups include people who are elderly, disabled or HIV-positive, single women and female-headed households.
- <sup>140</sup> Oxfam (2013) *Oxfam Minimum Standards for Gender in Emergencies*.  
[https://www.oxfam.org/sites/www.oxfam.org/files/file\\_attachments/ml-oxfam-gender-emergencies-minimum-standards-291113-en\\_0\\_0.pdf](https://www.oxfam.org/sites/www.oxfam.org/files/file_attachments/ml-oxfam-gender-emergencies-minimum-standards-291113-en_0_0.pdf)
- <sup>141</sup> Turnbull, M. (2013) *Evaluation of Syria Crisis Response in Lebanon, using Oxfam's Global Humanitarian Indicator Tool*. February.
- <sup>142</sup> Sahar, A., Sansone, R. (in Lebanon only), Wise, T., Yiannopoulos, A. (2013) *Real Time Evaluation of the Syria Crisis Response in Lebanon and Jordan*. April.
- <sup>143</sup> Interview with Tess Dico-Young, Gender Team Leader, Oxfam GHT (22 January 2016).
- <sup>144</sup> Turnbull, M. (2013) *Evaluation of the Syria Crisis Response in Jordan, using Oxfam's Global Humanitarian Indicator Tool*. April.
- <sup>145</sup> Wood, E. (2015) *Qualitative Meta-Analysis of Oxfam's Humanitarian Programme Real Time Evaluations*. October.
- <sup>146</sup> Turnbull, M. (2015) *Humanitarian Quality Assurance: South Sudan. Evaluation of the response at UN House IDP camp, Juba*. April.
- <sup>147</sup> Ibid.
- <sup>148</sup> Turnbull, M. (2015) *Humanitarian Quality Assurance: West Africa Ebola Crisis: Liberia*. October.
- <sup>149</sup> Oxfam, *What we do: Ebola crisis*. <http://www.oxfam.org.uk/what-we-do/emergency-response/ebola-crisis> (accessed 20 January 2016)
- <sup>150</sup> Interview with Tess Dico-Young, Gender Team Leader, Oxfam GHT (22 January 2016).
- <sup>151</sup> Ibid.
- <sup>152</sup> Interview with Ulrich Wagner, Senior Humanitarian Coordinator, Oxfam GHT (28 January 2016).
- <sup>153</sup> Ali, S., Sansone, R. (Lebanon only), Wise T., Yiannopoulos A. (2013) *Real Time Evaluation of the Syrian Crisis Response in Lebanon and Jordan*. April.
- <sup>154</sup> Interview with Tess Dico-Young, Gender Team Leader, Oxfam Global Humanitarian Team (22 January 2016).
- <sup>155</sup> Chad is not included in Figure 11 as in this case an evaluation of performance on vulnerable groups is included in the HIT standard for gender. However, while Oxfam's response in Chad included consideration of the needs of women, there were few activities aimed at other vulnerable groups such as elderly, disabled or indigenous people. The main reason for this seems to be a lack of capacity within the country team.
- <sup>156</sup> Turnbull, M. (2013) *Evaluation of Syria Crisis Response in Lebanon, using Oxfam's Global Humanitarian Indicator Tool*. February.
- <sup>157</sup> House, S. (2014) *Evaluation of Oxfam's Humanitarian Response to Typhoon Haiyan (Yolanda) in the Philippines. OGB Global Humanitarian Indicator Tool*. September.
- <sup>158</sup> Fearon, C. (2015) *Humanitarian Quality Assurance: Sierra Leone. Evaluation of Oxfam's humanitarian response to the West Africa Ebola Crisis*. Effectiveness Review Series 2015/16. May.
- <sup>159</sup> Ibid.
- <sup>160</sup> Wood, E. (2015) *Qualitative Meta-Analysis of Oxfam's Humanitarian Programme Real Time Evaluations*. October.
- <sup>161</sup> Ali, S., Sansone, R. (Lebanon only), Wise T., Yiannopoulos A. (2013) *Real Time Evaluation of the Syrian Crisis Response in Lebanon and Jordan*. April.
- <sup>162</sup> Montgomery, L., Nunn, R., Chow, J. (2014) *South Sudan Regional Crisis Real Time Evaluation*. February.
- <sup>163</sup> Turnbull, M. (2015) *Humanitarian Quality Assurance: West Africa Ebola Crisis: Liberia*. October.
- <sup>164</sup> Davies, A. (2013) *Evaluation of Oxfam's Humanitarian Response in Chad. OGB Global Humanitarian Indicator Tool*. March.
- <sup>165</sup> Ibid.
- <sup>166</sup> Ibid.
- <sup>167</sup> Turnbull, M. (2015) *Evaluation of Oxfam's Humanitarian Response in Central African Republic (CAR) using Oxfam's Global Humanitarian Indicator Tool (HIT)*. January.
- <sup>168</sup> House, S. (2014) *Evaluation of Oxfam's Humanitarian Response to Typhoon Haiyan (Yolanda) in the Philippines. OGB Global Humanitarian Indicator Tool*. September.

- <sup>169</sup> Interview with Ulrich Wagner, Senior Humanitarian Coordinator, Oxfam GHT (22 January 2016).
- <sup>170</sup> Ibid.
- <sup>171</sup> Davies, A. (2013) *Evaluation of Oxfam's Humanitarian Response in Chad*. OGB Global Humanitarian Indicator Tool. March.
- <sup>172</sup> Montgomery, L., Nunn, R., Chow, J. (2014) *South Sudan Regional Crisis Real Time Evaluation*. February.
- <sup>173</sup> Interview with Tess Dico-Young, Gender Team Leader, Oxfam GHT (22 January 2016).
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- <sup>182</sup> Turnbull, M. (2013) *Evaluation of the Syria Crisis Response in Jordan, using Oxfam's Global Humanitarian Indicator Tool*. April.
- <sup>183</sup> Turnbull, M. (2015) *Humanitarian Quality Assurance: West Africa Ebola Crisis: Liberia*. October.
- <sup>184</sup> House, S. (2014) *Evaluation of Oxfam's Humanitarian Response to Typhoon Haiyan (Yolanda) in the Philippines*. OGB Global Humanitarian Indicator Tool. September.
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- <sup>186</sup> Interview with Ulrich Wagner, Senior Humanitarian Coordinator, Oxfam GHT (28 January 2016).
- <sup>187</sup> Ibid.
- <sup>188</sup> Oxfam internal learning event regarding the Ebola crisis response (28 September 2015).
- <sup>189</sup> House, S. (2014) *Evaluation of Oxfam's Humanitarian Response to Typhoon Haiyan (Yolanda) in the Philippines*. OGB Global Humanitarian Indicator Tool. September.
- <sup>190</sup> Ibid.
- <sup>191</sup> Ibid.
- <sup>192</sup> Interviews with Dr. Vivien Walden (15 January 2016) and Ulrich Wagner (22 January 2016), Oxfam GHT.
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- <sup>195</sup> Ibid.
- <sup>196</sup> Davies, A. (2013) *Evaluation of Oxfam's Humanitarian Response in Chad*. OGB Global Humanitarian Indicator Tool. March.
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- <sup>198</sup> Interview with Ulrich Wagner, Senior Humanitarian Coordinator, Oxfam Global Humanitarian Team (22 January 2016).
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- <sup>200</sup> Ibid.
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- <sup>202</sup> Ibid.
- <sup>203</sup> Oxfam Australia (2014) *Mini-HIT for the Solomon Islands Flood Response*. August.
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- <sup>205</sup> Ibid.
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- <sup>207</sup> Mooney, L. (lead), Lyngdoh Reye, R. (2014) *Real Time Evaluation of Oxfam's Response to the Solomon Islands Flash Floods*. July.
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- <sup>217</sup> Mooney, L. (lead), Lyngdoh Reye, R. (2014) *Real Time Evaluation of Oxfam's Response to the Solomon Islands Flash Floods*. July.
- <sup>218</sup> Ibid.
- <sup>219</sup> The MEAL Team Leader of Oxfam's Global Humanitarian Team is already addressing this issue.
- <sup>220</sup> Ibid.
- <sup>221</sup> Wood, E. (2015) *Qualitative Meta-Analysis of Oxfam's Humanitarian Programme Real Time Evaluations*. October.
- <sup>222</sup> Ibid.
- <sup>223</sup> Oxfam internal learning event regarding the Ebola crisis response (28 September 2015).
- <sup>224</sup> Ibid.
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- <sup>231</sup> Interview with Dr. Vivien Walden, MEAL Team Leader, Oxfam Global Humanitarian Team (15 January 2016).
- <sup>232</sup> Ibid.
- <sup>233</sup> Ibid.
- <sup>234</sup> Adams, J., Lloyd, A., Miller, C. (2015) *Oxfam Ebola Response in Liberia and Sierra Leone. An evaluation report for the Disasters Emergency Committee*. April.
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- <sup>237</sup> Ibid.
- <sup>238</sup> Interview with Louise Mooney, PMEAL Advisor, Oxfam Global Humanitarian Team (5 February 2016).

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