SHO Project Final Evaluation Report

Conducted

By

Centre for Development and Policy Initiatives (CDPI)

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### ACRONYMS

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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AfT</td>
<td>Agenda for Transformation</td>
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<td>CCC</td>
<td>Community Care Centers</td>
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<td>CEOs</td>
<td>County Education Officers</td>
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<td>CFW</td>
<td>Cash for work</td>
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<td>EAs</td>
<td>Enumeration Areas</td>
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<td>EFSVL</td>
<td>Emergency Food Security and Vulnerable Livelihoods</td>
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<td>ESRP</td>
<td>Economic Stabilization and Recovery Plan</td>
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<td>ETF</td>
<td>Ebola Task Force</td>
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<td>EVD</td>
<td>Ebola virus disease</td>
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<td>FAO</td>
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<td>GBP</td>
<td>Great Britain Pounds</td>
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<td>gCHVs</td>
<td>General Community Health Volunteers</td>
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<td>GOL</td>
<td>Government of Liberia</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>IDP</td>
<td>Internally Displaced</td>
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<td>Incident Management System</td>
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<td>KAP</td>
<td>Knowledge Attitude and Practice</td>
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<td>MSF</td>
<td>Médecins Sans Frontières</td>
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<td>NGOs</td>
<td>Non-governmental organizations</td>
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<td>OIC</td>
<td>Officers in Charge</td>
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<td>PHE</td>
<td>Public Health Engineering</td>
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<td>PHUs</td>
<td>Primary Health Units</td>
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<td>SHO</td>
<td>Samenwerkende Hulporganisaties</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNICEF</td>
<td>United Nations International Children Emergency Fund</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene promotion</td>
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<td>World Health Organization</td>
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**EXECUTIVE SUMMARY**

The Ebola virus disease (EVD) outbreak exposed pre-existing weaknesses and failures of Liberia’s healthcare system, causing temporary closure of health facilities through staff shortages and lack of protective equipment. This led to severe disruptions in surveillance for other diseases and provision of other health services across the country. The lack of strategy or emergency intervention framework to combat the spread of the disease from the beginning, led to misguided approaches, quarantine measures and border closures. This spawned mistrust, falsehoods, violence, food shortages and rising food prices all over the country.

After unsuccessful attempts to curb the spread of the disease, the Government of Liberia scaled up Ebola information and prevention campaigns and appealed for international assistance to increase capacity to test for and treat people with Ebola. The international community and the majority of humanitarian aid organizations were slow to realize the potential extent of the crisis and respond appropriately. The lack of experience of an Ebola epidemic of such proportion, and lack of understanding of how to manage risks both for staff and affected populations caused delays in decision-making in many organizations, from deploying expertise, making funding available, to setting up field operations.

Following escalation of the crisis, Oxfam and other humanitarian organizations decided to intervene. Having had a long-standing presence in Liberia, Oxfam was able to rapidly assess the situation and planned response interventions accordingly. The initial response of Oxfam intervention focused on selecting schools and PHUs in Montserrado and Nimba Counties for intervention. Oxfam’s response focused initially on providing hygiene kits, information/education materials and training to health care institutions. Oxfam also built Community Care Centers (CCCs) to complement the County Health Teams’ Primary Health Units (PHUs). Oxfam developed a much-needed community-level case detection and referral service (‘Active Case Finding’) and the rehabilitation/construction of WASH facilities for health centers and schools. Overall, Oxfam’s programme aimed at providing public health promotion services for reducing the spread of the EVD and improving access to, and quality of safe water and sanitation services. Furthermore, in Nimba County Oxfam supported vulnerable, Ebola-affected communities with emergency food security and livelihoods programming, including supply of seed and agricultural tools, cash grants to vulnerable households as well as cash for work for other community members.

Though Oxfam implemented its EVD response under a single umbrella, a total of 9,024,144 Great Britain Pounds (GBP) was made available from several sources and with specific objectives. Within this amount, SHO contributed 1,564,538 Euros, about 14% of the total response budget.

The purpose of this exercise is to evaluate Oxfam’s EVD response, but with specific focus on the ‘Stop de ebola-ramp’ (SHO) project. The evaluation seeks to assess key project deliverables, development outcome, short-term impact at the end of the project and also the sustainability of the project. To achieve this overall objective, the evaluation used both quantitative and qualitative approaches. Triangulation (using multiple data collection methods) allowed for improved validity of results. The assessment elicited information through: document review, survey (structured questionnaires were administered in Nimba and Montserrado), key informant interviews (KIIs), focus group discussion (FGDs), and obtrusive observations & photographs, laying the foundation for findings of the report.
Findings of the evaluation found that the SHO project and all its components remained extremely relevant throughout, as was confirmed by all project beneficiaries that participated in the evaluation exercise. The project’s support to the resumption of agricultural activities among farmers in Nimba County for example, was described as critical to the restart of farming activities. Further, students, health workers and administrators saw the project’s support as extremely contributive to the defeat of the Ebola Virus. It was established that planned project activities were carried out within the project life cycle.

During field work, the evaluation team observed that 90% of the students have access to water at their various schools, most of which are hand dug wells. According to the evaluation findings, about 90% of hand pumps are functional. Over 80% of the students interviewed asserted that Oxfam interventions in their schools were meaningful. It was established that water points were provided to schools mainly for WASH purposes. Evaluation findings show that more than 60% of the students have access to latrine facilities in schools1. Both male and females latrines are joint together under the same structures, but with separate rooms for each sex. Although respondents noted the availability of latrines, they indicated that most of the latrines smell badly, due to poor management.

In addition to constructing/rehabilitating latrines, Oxfam also helped established student health clubs in schools in order to promote safe hygiene practices among students. Almost every school that benefited from Oxfam’s ‘stop de ebola ramp’ project has a functioning student health club, responsible for health and hygiene education among students. Student health club members reached out to several of their peers and parents with different hygiene messages, particularly on the drawbacks of poor hygiene practices. Support to schools in providing access to water and sanitation services were meant to reduce the spread of Ebola in schools.

During the initial outbreak of Ebola, many Liberians did not believe the presence of Ebola in the country, which escalated the spread of the Disease. When the situation became worst, the general perception/common understanding of the virus was that no one contracts the virus and survives. To refute the perceptions, Oxfam carried out community mobilization for Ebola prevention. This helped in identifying suspected and active Ebola cases. The contact tracing process focused on searching communities for sick persons, especially those showing symptoms (severe headache, constant diarrheal, among others) of EVD and assessing their health status for possible treatment or refer to recommended health centers.

Aside from WASH, and contact tracing components of the response (including the SHO project), Oxfam worked in Nimba with vulnerable groups who benefited from the emergency food security and livelihoods support. This was to mitigate the negative impacts of the epidemic on vulnerable people, particularly the food insecure.

During the EVD period, Oxfam worked with public health facilities to put in place proper waste management procedures, and to build the capacity of PHU staff in waste management. Most of the waste management facilities were reported as functional. PHU staff indicated that as a result of

1 It can be said that students’ access to latrine is largely based on current state of latrines. As was observed, most of the schools are not doing very well in maintaining the latrines provided by Oxfam, much to the displeasure of students. They complained that most of the latrines are unclean, poorly managed and lack cleaning materials.
their trainings, waste management procedures were practiced. As part of waste management in PHUs, Oxfam provided placenta pit, septic tanks and incinerators within PHUs. In few cases where incinerators were not functional, for example, medical wastes were burned throughout the EVD outbreak. At some health facilities, this evaluation established that few placenta pits constructed by Oxfam were not functional.

A broad range of stakeholders who participated in this evaluation confirmed their participation in Oxfam’s humanitarian response to Ebola, particularly in the implementation of the SHO project. These levels of multi-stakeholder engagements often require close coordination, and Oxfam played outstanding roles in ensuring its participation in existing structures, and supporting the creation and strengthening of structures where they did not exist. For instance, in Nimba County, Oxfam was instrumental in proving resources and providing leadership on social mobilization and WASH committees. In order strengthen coordination with stakeholders, Oxfam built synergies at both the community and national levels so that short-term project achievements could be maintained, and subsequently transformed into long-term impact. This was ensured through close collaboration with stakeholders during project design and implementation, as well as the handover of project infrastructures and services to beneficiary institutions during project closeout.

Finally, the evaluation report shows that Oxfam managed to achieve almost all of the targets set in the project. Nevertheless, challenges still remain in sustaining the gains made through the project, particularly at the community level. Thus, it is important for Oxfam to work with all relevant government line ministries and agencies at the local level to ensure the long-term sustainability at the community level.
1.0 BACKGROUND OF PROJECT

1.1 BACKGROUND TO OXFAM PROGRAMMES IN LIBERIA

Oxfam has a long standing presence in Liberia. Since 1995, the organization has been working in Liberia, helping the country address structural and fundamental challenges by implementing emergency humanitarian assistance and long-term development projects. As the country moved towards addressing long-term development challenges after the crisis ended in 2003, Oxfam shifted away from emergency humanitarian assistance. In 2006, Oxfam, in partnership with the government of Liberia, other NGOs (both local and international), communities and community-based organizations, shifted its efforts towards long-term development. In doing so, Oxfam focused more broadly on public health, livelihoods, education and gender. Under each of these thematic areas, Oxfam continued to make substantial gains prior to the Ebola Virus Disease (EVD) which struck the country in March of 2014.

Under its public health programmes, Oxfam continued to play pivotal role in the public health sector where it serves as the lead agency of the Water, Sanitation and Hygiene (WASH) Consortium in Liberia. It has developed a strong presence in the WASH sector over the years, implementing an array of WASH programmes in refugee and IDP camps, the urban slums in Monrovia, and rural areas in 10 of Liberia’s 15 counties. Prior to the EVD outbreak, Oxfam had started shifting away from operational activities in the WASH sector, such as building latrines and wells, to focus on enhancing the ability of Liberia’s government to manage its public health systems and promote hygiene awareness at local and national levels. The organization also worked closely with partners to improve the leadership, co-ordination and monitoring of water, sanitation and hygiene promotion activities, and helped improve people’s ability to deal with public health emergencies, particularly cholera and diarrhea. Also, Oxfam helped reduce instances of disease by facilitating poor people’s better access to safe water, sanitation and hygiene services.

With Oxfam’s support, in collaboration with other partners, the Ministry of Health and Social Welfare became more proactive, responsive and effective in its planning, monitoring and delivery of environmental health services just before the EVD outbreak.

Similarly, under its livelihoods programmes, Oxfam worked with partners to distribute seeds, agriculture equipment and planting materials. Through this initiative, Oxfam helped to increase employment opportunities for poor men and women by creating sustainable food production, while also addressing gender equality². For instance, Oxfam supported more than 1,800 poor farmers, ensuring that they have allocated plots of land for rice cultivation. The organization also built rice mill centres and warehouse facilities, constructed concrete dams to facilitate year-round farming; and built bridges for farmers to have access to markets.

Through agriculture and skills development initiatives, Oxfam supported two women cooperatives. More than 50 of these women had access to farmland that Oxfam purchased for them³.

Oxfam education programmes also contributed to significant gains in the country’s education sector as well. Campaigns on the right to free and quality education for all within safe, gender-

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² Oxfam in Liberia, Country Update, 2012
³ Oxfam Country Report, 2012
friendly schools played an essential role in boosting the education sector. The organization campaigned for equitable learning opportunities and for the promotion of HIV and AIDS awareness in schools, which were highly prioritized by Oxfam prior to the EVD outbreak.

Also, gender and protection was also emphasized by Oxfam just before the EVD outbreak. Oxfam’s “Raising Her Voice” projects amplified the voices of poor and marginalized women in governance, and helped in promoting the African Union Protocol on Women’s Rights. The project focused on networking, lobbying and advocating with poor women activists. In achieving the project objectives, Oxfam campaigned and worked with public institutions and decision-making bodies, including traditional structures, to empower civil society organizations to support poor women’s rights.

While Oxfam planned on sustaining all of its long-term gains, and prepared for future intervention in key sectors, the EVD outbreak upset gains and hindered future programmatic planning and interventions, setting the country back into an emergency phase.

1.2 CONTEXT AND OXFAM’S APPROACH FOR EBOLA VIRUS DISEASE RESPONSE

In March of 2014 a rapidly evolving epidemic of the Ebola haemorrhagic fever started in Gueckedou, Guinea. The outbreak subsequently spread massively across Sierra Leone and Liberia and throughout other West African countries. From the first confirmed case in Guinea in December 2013, to March 27th 2016, there have been about 11,322 reported deaths from the disease and over 28,643 infections in West Africa alone. Liberia was most affected, with 4,809 deaths, followed by Sierra Leone with 3,956 deaths, and 2,543 in Guinea4.

Figure 1: Ebola Statistics as of March 27, 2016

![Figure 1: Ebola Statistics as of March 27, 2016](image)

The outbreak was the deadliest of such outbreaks the world has ever witnessed. For Liberia, particularly, the virus exposed pre-existing weaknesses and failures of the healthcare system, causing the temporary closure of health facilities through staff shortages and lack of protective equipment. This led to severe disruptions in surveillance for other diseases and provision of other health services across the country.

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Given that prior to the epidemic, Liberia had never experienced any Ebola outbreak as such; it did not have any strategy or emergency intervention framework in place to combat the spread of the disease. Hence, the first responses of the government to EVD ranged from strict quarantine measures and border closures. Quarantine measures led to violence and border and market closures contributed to food shortages and rising food prices. Misguided public perceptions5 spawned mistrust triggering falsehoods even within government. After this approach proved unproductive, the Government of Liberia scaled up Ebola information and prevention campaigns and appealed for international assistance to increase capacity to test for and treat people with Ebola.

Initially the Government was accused by its own people of scare-mongering, but as the number of deaths grew, so did public awareness of the severity of the outbreak. Nevertheless, fear of losing contact with relatives taken to treatment centres, and of improper burials, prevented affected households from seeking health care or reporting deaths, thus contributing to the continued spread of the disease6.

The international community and the majority of humanitarian aid organizations were slow to realize the potential extent of the crisis and respond appropriately. The lack of experience on an Ebola epidemic of such proportions, and lack of understanding of how to manage risks both for staff and affected populations caused delays in decision-making in many organizations, from deploying expertise, to making funding available, to setting up field operations.

Even with early warnings and calls for action from Médecins Sans Frontières (MSF) in March and June 20147, the world Health Organization (WHO) did not declare a public health emergency until August 2014, by which time there were 1,779 confirmed, probable and suspect cases across Liberia, Guinea, Sierra Leone and Nigeria, and 961 deaths. One month after WHO declared the Ebola crisis to be a public health emergency, UN Security Council decided that it constituted a threat to international peace and security and unanimously passed a resolution urging UN member states to provide more resources to fight the outbreak.8

Despite being present in Liberia and other affected countries of the region, Oxfam did not launch a humanitarian intervention until the WHO declaration was made.

The initial response of Oxfam intervention started in August 2014. Oxfam’s activities and programming were focused on selected communities in Montserrado and Nimba Counties. Oxfam’s response focused initially on providing hygiene kits, information/education materials and training to health care organizations. It also developed proposals to build Community Care Centers to complement the County Health Teams’ Primary Health Units (PHUs). After the need for the latter diminished (as needs were met by medical organizations) Oxfam decided to focus instead on developing a much-needed community-level case detection and referral service that it called ‘Active Case Finding’ and the rehabilitation/construction of WASH facilities for health centers and schools9.

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5 At the beginning of the EVD crisis, there were many perceptions about the outbreak, one of which was that the Government was using the crisis to attract funding from the donor community
6 Turnbull, Marilise, West Africa Ebola Crisis: Liberia; Effectiveness Review Series, 2014/15
9 Sitrep 1
Oxfam prioritised preventing the spread of the EVD, by focusing on community mobilisation to raise awareness on the virus and active case finding to identify and refer possible cases of the EVD. General Community Health Volunteers (gCHVs) worked closely with Community Ebola Task Forces (ETFs) and Oxfam’s team during the response period. In addition, small-scale health support was provided through road rehabilitation to increase access to health facilities in remote areas of Nimba and minor construction works in EVD-related health facilities\(^{10}\).

From April 2015 onwards, Oxfam also incorporated an Emergency Food Security and Vulnerable Livelihoods component into its programme, providing seeds, tools and cash for severely affected households to meet urgent needs and to restart their livelihoods activities. With the re-emergence of the Ebola outbreak on 29 June 2015, Oxfam focused on Margibi County and supported social mobilisation activities through the ‘ring strategy’, whereby community mobilisers worked in the communities surrounding the affected communities to stop the virus from spreading.

1.3 ROLE OF SHO IN THE RESPONSE

In November 2014, the Dutch public appeal mechanism that launches an appeal during major crises, Samenwerkende Hulporganisaties (SHO)\(^{11}\), provided funding to Oxfam to help fight the EVD outbreak. This was the first time the mechanism was opened to victims of a disease outbreak.

The SHO funding offered cross-cutting support to Oxfam’s emergency response and early recovery programming. This included, but was not limited to, activities in health, WASH, livelihoods and household security, protection, disaster management, and programme management support.

Overall, Oxfam’s programme aimed at providing public health promotion services for reducing the spread of the EVD and improving access to, and quality of, safe water and sanitation services. Furthermore, Oxfam supported vulnerable, Ebola affected communities with emergency food security and livelihoods programming, which included cash grants programme and rehabilitation of the low-land rice cultivation areas in Nimba County. All of these programmatic activities were covered using money from SHO.

1.4 FUNDING FOR THE PROJECT

Though Oxfam implemented its EVD response under a single umbrella, funding was made available from several sources and with specific objectives.

Throughout Oxfam’s Ebola intervention phase, the total secured funding for its Ebola Response Programme was 9,024,144 million Great British Pounds (GBP). This funding was generated from several sources. SHO specifically contributed 1,564,538 million EURO, about 14% of the total response budget (See table of Oxfam funding sources).

\(^{10}\) SHO Final Draft Report, Oct., 2015

\(^{11}\) Translated in English as Cooperating Aid Organizations, or Girro 555.
This report focuses particularly on evaluating the component of Oxfam intervention funded by SHO under the ‘Stop de ebola-ramp’ project.

2.0 ABOUT THE EVALUATION

2.1 PURPOSE OF THE EVALUATION

The purpose of this exercise is to evaluate the projects implemented under Oxfam’s EVD programme, looking at the organization’s emergency response on the whole while placing specific emphasis on the support provided by SHO. This evaluation covers the period during which SHO funding was live.

2.2 EVALUATION OBJECTIVES

The objective of the evaluation was to gather information on key project deliverables, development outcomes, and the intermediate impact indicators in order to measure the project’s short-term impact. To achieve this overall objective, the evaluation specifically addressed the following objectives:

1. Evaluate the outcomes and impacts of Oxfam Liberia’s EVD response during emergency and early recovery programme;
2. Measure the relevance of outputs and activities taken up under the programme;
3. Document and share the findings, lessons learnt and provide recommendations to management teams of both SHO and Oxfam Liberia.

3.0 EVALUATION METHODOLOGY

To achieve the evaluation objectives, both quantitative and qualitative data were collected and analyzed. Triangulation using different data collection methods allowed for improved validity of results. The evaluation team began its work by reviewing relevant documents provided by Oxfam-Liberia. These documents included, but were not limited to: SHO “Stop de ebola-ramp” final narrative, SHO monthly project reports, Oxfam Ebola intervention concept note, knowledge attitude and practice (KAP) endline report, rapid emergency food security and vulnerable
livelihoods (EFSVL) assessment report, etc. The sub-sections below detail how sampling, data collection and analysis were done.

3.1 SAMPLING AND SAMPLE SIZE

Selecting a truly representative sample for analysis is the backbone of every survey. The study made use of a cluster sampling, with respondents stratified into homogenous groups. Additionally, convenience and purposive sampling were used to select respondents, particularly for the Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs).

Each cluster unit was stratified into homogeneous group of community and school. Two sets of structured questionnaires were developed and administered in both communities and schools. Within each district, two FGDs along with KIIIs were conducted in both the project affected communities, schools and PHUs. A total of 352 respondents were reached during the evaluation, comprising of 141 students (through a survey). Through FGDs and KIIIs, additional 85 students, 95 community members, and 31 stakeholders (staffs of Oxfam, schools and PHUs) were reached.

3.2 TRAINING OF ENUMERATORS

In addition to the key consultants, eight enumerators were recruited for data collection. The enumerators were trained in a two-day training session before the evaluation started, for further exposure to the evaluation methodology and tools, as a process of ensuring standardized interpretation of both indicators and processes.

A pre-testing of the evaluation tool was carried out in Slipway community, a slum community similar to the ones selected for the study, particularly in Montserrado County. The pre-testing was done to fine-tune the tools and for enumerators to familiarize themselves with the tools before the start of data collection.

3.3 DATA COLLECTION

To meet the objectives of the evaluation, the consultants employed mix methodologies to collect data, analyze and present the findings. The assessment elicited information through document review, survey, key informant interviews (KIIIs), focus group discussion (FGDs), obtrusive observations & photographs.

3.3.1 Field Visits

To facilitate quick and timely data collection in a coherent manner, two teams (of four enumerators and one consultant) covered the two counties simultaneously. The M&E results framework was taken into consideration while selecting the activities to be assessed under each of the program components.

3.4 DATA ENTRY, CLEANING AND ANALYSIS

To reduce errors, questionnaires were edited while still in the field to enable the enumerators to make a follow-up in case of any mistakes. A coding manual was developed; questionnaires were coded, and then entered using Excel and exported to SPSS software for cleaning and analysis. Frequencies, descriptive and summary statistics were then generated and used in this evaluation.
Information from FGDs and KIIs were transcribed and thematically analysed. Qualitative data were also used to triangulate and explain the quantitative results.

3.5 ETHICAL CONSIDERATIONS

In any research, it is imperative to pay close attention to the potential to do harm through asking questions or eliciting conversation. The data collection teams were made acutely aware of the need to obtain vocal informed consent from every participant in the study; each participant was told that his/her name would not be used in the evaluation report without their explicit permission.

Participants were clearly informed that they were not compelled to participate in the evaluation. If, at any point in a conversation (whether during KIIs, FGDs, or surveys) it appeared that the participant no longer wanted to speak or be present, then it was imperative that the enumerator a) identifies this easily and b.) stop the research immediately. It was a protocol that participants should never be coerced to take part in the first place or to ‘keep answering’ when they didn’t feel the need to.

The evaluation team understood that certain questions might deal with sensitive topics; therefore it was important that the enumerator, while obtaining informed consent, explained the types of questions that were asked on the survey or during the conversation, and assured the participant that a) his/her answers will remain totally anonymous and b) that he/she can choose to not answer a question if he/she chooses; c) he/she can stop the interview at any point without question.

3.6 LIMITATIONS

This evaluation has been conducted under a number of constraints. The following are the main limitations that the evaluation team faced the course of the study:

1. In Montserrado, locating students from schools where Oxfam had implemented its program was difficult because the survey was conducted during school closure period. Also, arranging meetings with schools principals for key informant interviews were sparingly possible. Most of the schools were preparing for resumption and principals were found to be very busy with administrative work. They usually requested that interviews be rescheduled, extending the length of time the team took for KIIs.

2. Bad weather (considering that the survey was conducted during the rainy period) in Montserrado made it difficult for enumerators to have access to respondents, particularly in West Point and New Kru Town. Most pathways became impassible due to floods, stalling enumerators and ultimately making it impossible for them to meet their daily targets.

3. A number of key informants who were expected to be interviewed particularly in Nimba County were not available, especially County Education Officers (CEOs) and District Education Officers (DEOs). They were all in Monrovia and couldn’t be reached by telephone.
4.0 FINDINGS

4.1 APPROPRIATENESS

4.1.1 Relevance for Target Beneficiaries

The SHO project and all its components remained extremely relevant throughout, as was confirmed by all target groups that participated in the evaluation exercise. Students, parents, local educational authorities, all found the WASH component of the project to be relevant, as was expressed in KIIs and FGDs conducted by the evaluation team. The project’s support to the resumption of agricultural activities among farmers in Nimba County was described as critical to the restart of farming activities. Further, community members as well as health workers and administrators deemed the project’s support as extremely contributive to the defeat of the Ebola Virus.

Within schools, it was indicated by students and school authorities that the project was highly timely in supporting the reopening of schools within target communities. This accorded schools to resume classes and allow students to access learning. By providing water in the schools of intervention, hand-washing facilities, latrines, and influencing hygiene practices, the project was critical to supporting safe hygiene practices in schools.

The project’s approach to livelihood, including the provision of agricultural seeds and tools, unconditional cash transfer to vulnerable households, cash for work on communal farms, were jointly hailed by target groups. These supports, they noted, contributed to their resumption of food production and increased their abilities to meet basic needs after being cash-striped as a result of the seizure of economic activities during the Ebola crisis.

Communities in Liberia have been particularly credited for their resilience, and contribution to defeating Ebola. Considering that the Virus would hardly be contained through clinical means, breaking its transmission was cardinal to eradicating it from Liberia. This, however, depended on changes in traditional practices that needed to be changed in reducing the spread of the Virus. Changing these societal practices strongly needed communities to change their behavioral practices related to hand washing, burial practices, eating of bush meat, care for the sick, etc. With existing knowledge gaps in the face of Liberia experiencing Ebola for the first time, social mobilization was key to gearing communities for action in the fight against Ebola. Oxfam approach to social mobilization, through the involvement of community structures (such as youth groups, women groups, religious entities, etc.) was seen by target groups to be essential in ensuring full community participation in addressing the health emergency that faced Liberia.

The involvement of community structures and members in contact tracing of suspected Ebola patients was particularly pointed out by project beneficiaries to have been helpful in keeping them safe from contacting the Virus. “While we helped the Oxfam people in identifying people who may have had Ebola, we interacted carefully with such people in order to avoid contracting the Virus”, a female FGD noted. In relation to support to PHUs, it was indicated by health administrators that Oxfam’s support helped nurses regain confidence in being protected within health units, and by extension, helped build communities’ confidence in seeking treatment at PHUs. In addition to responding to the needs of project beneficiaries, the project was justifiable by its alignment with national priorities in Liberia.
4.1.2 Alignment of Project with National Priorities

The WASH in schools component of the SHO project was in response to the reopening needs of schools in Liberia in the wake of the Ebola crisis, and was guided by the Ministry of Education (MOE)’s Protocol on Safe School Environments. As the fight against Ebola was gradually won, there were calls for the reopening of schools in order for students to make up for lost time. Although there was overwhelming support for reopening the doors of schools, this was constrained by the lack of sanitary conditions in schools, among other constraints. Therefore, there was a need for measures to be put in place for ensuring that students and staffs at schools were following safe sanitation and hygiene practices that would prevent them from contacting the Virus.

Within the context of ensuring safe environments in schools, the MOE, on 11 January 2015, published Protocols for Safe School Environments in Liberia. Section 2.2 of the Protocol clearly laid out mechanisms and facilities that needed to be in place prior to reopening of schools. These included hand-washing facilities, a referrer system with a nearby clinic, a space for temporary isolation, as well as an established School Ebola Safety Committee.

The WASH in schools component of the SHO project, within the context of Oxfam humanitarian response, was specifically designed to meet the school-reopening requirements set in the Protocol. The component was designed on the standard components of a WASH intervention, notably water, sanitation and hygiene and institutional establishment and strengthening at the local level. The WASH intervention was done in compliance with the WASH Standards of the Ministry of Public Works in Liberia. Outside the emergency response framework, the intervention sought to achieve long-term development goals in Liberia.

In 2012, Liberia developed its medium-term development strategy – the Agenda for Transformation (AfT) – to guide initial steps toward achieving Vision 2030. The AfT is Liberia’s broad development framework that outlines specific entry points for addressing challenges across sectors. As part of the Government’s human development approach under the AfT, it considers the provision of environmentally-friendly water and sanitation services as a cardinal approach to improving the quality of lives of Liberians. The AfT’s goal for water and sanitation is to ensure that there is increased access to water and sanitation, coupled with improvements in hygiene practices. By trying to provide water in schools in the target counties, and improving sanitation and hygiene practices, the SHO project aligns with the AfT.

In addition to the project’s alignment with the AfT, it also aligns with the GOL’s post-Ebola Economic Stabilization and Recovery Plan (ESRP). Within the context of the ESRP, the Government duly recognizes water and sanitation as a strategic focus for strengthening resilience and reducing vulnerability following the Ebola scourge.

4.2 EFFICIENCY

12 Vision 2030 envisages Liberia becoming a middle-income country by 2030
13 The Economic Stabilization and Recovery Plan was developed in 2015 in order to guide Liberia recovery from the impact of the EVD.
4.2.1 Timeliness in Delivery

Delivering emergency response services are particularly complex. In situations like the Ebola crisis that engulfed Liberia, balancing staff safety against saving lives is always challenging. Within the course of implementation of the SHO project, it was established that planned project activities were carried out within the project cycle. The only activity deferred to be funded by other complimentary funding was grant provision to women’s saving groups in Nimba, considering that would-be women beneficiaries were benefiting from the UCT and CFW activities.

During field work, the evaluation team observed completed infrastructures (including hand pumps, incinerators, hand-washing facilities, latrines) that were completed under the project. The successful completion of water points, in part, is credited to the start of the project, which coincided with the beginning of Liberia’s dry season (October to March).

Local government authorities form the MOE, MOH, as well as township commissioners who participated in the project evaluation confirmed that infrastructures constructed under the project were completed and turned over to beneficiary institutions prior to the closure of the project.

Other activities under the project such as social mobilization and contact tracing were indicated to have been carried out when they were most needed to break the transmission of Ebola within communities. Similarly, the provision of agricultural seeds, tools, UCTs to vulnerable households and CFW payments were all completed with the project duration. This was also the case with trainings provided to heath staff at PHUs.

4.2.2 Project Management

The SHO project was managed as part of Oxfam’s emergency response portfolio in Liberia. At the time of implementation, Oxfam operated a dual management system, with the Country Management Team on the one hand and the Emergency Response Team on the other. With the declaration of the Country’s emergency to Category 1 in 2014, Oxfam responded by deploying international experts with experience in crisis management to work along with the Country Team that was more focused on long-term development work prior to the Ebola crisis. KIIIs within Oxfam confirmed that both teams worked together smoothly, but an evaluation conducted on the Emergency Response in March 2015 states otherwise. According to the report, “… the response team operated more separately under an agreed split of some functions such as logistics and human resources (HR). Although not the original intention, the response team had to spill over into separate accommodation in January 2015.”

Even with the blending of teams, project management was said to have proceeded well. There were regular planning and review of project activities that were done internally, as well as externally with external stakeholders. According to the final project report, which was also confirmed through KII within Oxfam, coordination meetings were held with WASH partners, the MOE, MPW, and MOH at both national and local levels during the course of project implementation.

Procurement of goods and services under the project were guided by Oxfam’s Procurement and Logistic Policies. In the emergency period, procurement guidelines and policies regarding set emergency thresholds were followed. Due to the fact that responses are due much quicker during emergencies, procurement thresholds during emergencies for direct purchases, single quotes, three

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quotations, and a tendering process were said to be much lower as compared to the long-term development state.

Financial and accounting process were said to be in compliance with Oxfam’s Financial Management systems and policies. Fund management was shared between Oxfam’s Global Office in London and the Office in Liberia. Funds from donors, including the SHO funding, was kept at the Global Office and sent to Liberia on activity-by-activity basis in line with budgets submitted by the Office in Liberia. This fund management approach is common with many development agencies working in developing countries.

4.2.3 Cost Effectiveness
Based on a review of an Audit Report of the SHO project, the evaluation finds that the project was cost effective. According to the Audit Report, direct project cost constituted 91% of overall project cost, while project management accounted for 9% of project cost.

Unlike other emergency WASH projects implemented by other NGOs, constructing mechanical drilled wells, which were extremely expensive, Oxfam’s construction of hand dug wells is seen to be highly cost effective. In addition to its cost effectiveness, this approach provided temporary job opportunities at the community levels. It included communities in the construction of water points, and enhanced community ownership of these water points.

In order to avoid the insecurities associated with the distribution of cash in rural areas directly by Oxfam, it contracted the services of a Bank – Liberia Bank for Development and Reconstruction – to undertake the transfer of cash under the livelihood component of the project. The evaluation finds this approach as safe-guarding and effective.

4.2.4 Monitoring and Evaluation Accountability and Learning (MEAL)
MEAL plays an essential role in program management in ensuring that results are achieved, and that program efficiency and effectiveness are assured. MEAL, however, played a limited role in Oxfam’s response at the early part of its response to the Ebola crisis in Liberia. This point was highlighted in the March 2015 evaluation of Oxfam’s Ebola Response in Liberia and Sierra Leone. The evaluation report notes that ‘the MEAL aspect of the response program in Liberia was largely neglected until late in the response.’ The system for MEAL had improved by the time of implementing the SHO project. Considering that the SHO project started in late 2014, and ended in October, 2015, MEAL staff, both international and national had been hired to ensure that project activities are monitored on a regular basis.

The main planning tool used by the project was the logical framework. It provided clear intervention logic of the project and showed the interconnectedness of activities, results and how these results would be verified, if the project’s assumptions were held true. The project’s logical framework provided a list of indicators against results of the project in order to facilitate the tracking of results. All of the indicators used in the project’s logical framework are input and output indicators, which are found to be appropriate.

15 Other development agencies adopted the approach of providing access to water through the drilling of mechanical drilled wells within the emergency period. This proved to be highly costly, and ineffective considering bad road conditions that couldn’t allow the transportation of equipment to villages.
The MEAL team worked along with the PHE and the PHP team to track project activities based on established indicators within the project’s log frame. Additionally, the MEAL team conducted studies that contributed to learning about peoples’ Knowledge, Attitudes and Practices related to Ebola. These studies were helpful in designing project activities that were responsive to gaps identified in the studies. Rapid assessments prior to the design of activities were extremely useful within Oxfam’s response. This was unlike other agencies that design interventions without the analysis of situations on the ground through assessments.

Project activities were monitored on a regular basis, and performance data was tracked and shared with stakeholders in coordination meetings in order to facilitate decision making on wider sectoral approaches to the Ebola Crisis.

4.3 EFFECTIVENESS

Effectiveness of SHO is gauged against its expected result from WASH in schools and PHUs and livelihood interventions in communities. This section presents the achievements of the project in line with its stated objectives. Overall, the analysis of field data, both quantitative and qualitative found that the project achieved almost all of its expected results.

4.3.1 Provision of access to water in Schools
During Oxfam Ebola response intervention, WASH remained the main component. Water and sanitation services were provided for students in schools as part of the SHO project. In schools, it was observed that Oxfam constructed and rehabilitated water points under the project. A majority of students confirmed having access to water at their various schools, most of which are water points provided by Oxfam. According to respondents, and as confirmed by evaluators during field work, about 90% of hand pumps provided by Oxfam are functional. Over 80% of students interviewed asserted that Oxfam’s interventions in their schools were meaningful; and most students reported improved water facilities in their schools.

“Through Oxfam, we have water on our campus. We don’t suffer for water like before. Water business used to be very hard on our campus but now it is okay”...reported by one student in Clara Town Elementary and Junior High School.
The quality of water provided by Oxfam in schools was found to be good. According to school administrators, Oxfam disinfected the wells before handing them over for use by the schools. More than 60% of the students reported having colorless water at schools; just 33% of the respondents reported the color of the water in their schools as brown, suggesting that the water is not good for drinking. In terms of the water quality, 90% of students reported accessing odorless water from Oxfam constructed and/or rehabilitated water points. Also, 82% were recorded as having access to tasteless water. The provision of these water points helped students easily access water for hand washing after using the toilet and before eating. Students reported that increased access to water helped improved safe hygiene practices in schools.

Table 1: Uses of water in schools

<table>
<thead>
<tr>
<th>Use of water</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>39</td>
<td>70</td>
</tr>
<tr>
<td>Total</td>
<td>26.5%</td>
<td>47.6%</td>
</tr>
<tr>
<td></td>
<td>33.3%</td>
<td>52.4%</td>
</tr>
<tr>
<td></td>
<td>59.9%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

As shown in Table 2 above, water sourced from Oxfam-provided water points were used mainly for drinking and hand washing. Interviews with projects staffs indicated that these water points were provided to schools mainly for hygiene purposes, although they were also used for drinking. In terms of protecting water points, the evaluation found that most of the water points are protected with fence around them. Over 85% of students reported having protected hand pumps. In some schools, however, the hand pumps are not fenced, but are normally locked.
One key informant in Nimba County mentioned that even with the locks, protecting the pumps from kids playing in the evening hours is difficult. He explained:

“The plan I have now is to keep on looking after the hand pump before the kids and other people spoil it. We need fence around the facility in order to protect it from the reach of children, especially in the evening hours”.

Most of the Oxfam constructed and rehabilitated water points are in good condition and functioning very well. However, some of the wells were found not protected, particularly in Montserrado County (see below).
4.3.2 Rehabilitation/construction of hand washing and toilet facilities

In addition to providing water in schools, Oxfam constructed/rehabilitated latrines in schools as well. Evaluation findings show that 62.5% of the students confirmed having access to latrines in their schools. Most of the latrines constructed/rehabilitated by Oxfam are simple pit. Ninety five percent of the students reported that their latrines were constructed by Oxfam under the “stop de ebola-ramp project”; and 46% reported that their latrines were rehabilitated by Oxfam. According to some of the beneficiaries in several interviews, the use of latrine in schools is common as a result of the availability of latrines in their schools.

Table 2: Latrines constructed/rehabilitated in schools

<table>
<thead>
<tr>
<th>Male</th>
<th>Count</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>63</td>
<td>0</td>
<td>29</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>44.7%</td>
<td>0.0%</td>
<td>20.9%</td>
<td>21.6%</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Count</td>
<td>71</td>
<td>3</td>
<td>35</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>50.4%</td>
<td>2.1%</td>
<td>25.2%</td>
<td>28.1%</td>
<td></td>
</tr>
<tr>
<td>Count</td>
<td>134</td>
<td>3</td>
<td>64</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>95.0%</td>
<td>2.1%</td>
<td>46.0%</td>
<td>49.6%</td>
<td></td>
</tr>
</tbody>
</table>
According to the students, both male and females latrines are joint together, with separate rooms for both sexes (see below).

Figure 6: Separated latrines in Mehnpa Public School, Saclepea Mah, Nimba County. Credit: CDPI/A. Kamara

Even though there are latrines in the schools, it was indicated by students that most of the latrines smell badly. This could be as a result of poor management of the facilities after the project implementation and handover by Oxfam. Interviews with key stakeholders identified no link between the project management team and the project beneficiaries after the project closeout. This, stakeholders believed is responsible for the poor management of these facilities. However, interviews with Oxfam staffs established that the project was officially closed and resources useful to beneficiary institutions were handed over. According to students interviewed, there were cleaning materials available in their schools during project implementation, but were no longer available after Oxfam pulled out of their schools. In order to improve the condition of latrines, school administrations should put in place measures to improve the management of these facilities. Even though latrine maintenance remains a challenge; one aspect of the project that remains active is the existence of student health clubs in schools.

Almost every school that benefited from the SHO project has a functioning student health club. According to students, Oxfam established student health clubs that are responsible for hygiene promotion activities in schools. It was indicated that student health club members benefited from hygiene promotion trainings on hygiene practices. School administrations were fully involved with student selections and how they carried out their functions in the schools.
Table 3: Student health clubs in school

<table>
<thead>
<tr>
<th></th>
<th>Student health club in your school</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Male</td>
<td>Count</td>
<td></td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>29.9%</td>
<td>17.9%</td>
</tr>
<tr>
<td>Female</td>
<td>Count</td>
<td></td>
</tr>
<tr>
<td></td>
<td>46</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>34.3%</td>
<td>17.9%</td>
</tr>
<tr>
<td></td>
<td>Count</td>
<td></td>
</tr>
<tr>
<td></td>
<td>86</td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td>64.2%</td>
<td>35.8%</td>
</tr>
</tbody>
</table>

In addition to the peer-to-peer education provided by student health clubs, teachers trained by Oxfam on hygiene practices had special instructional periods set aside to educate the students on good hygiene practices. They were as well charged with the responsibility to monitor the activities of the student health clubs. Most of the student health clubs established under this project are still functional, and used mostly for peer-to-peer education on good hygiene practices.

In furtherance to educating their peers in the same schools, members of the health clubs reached out to several of their parents and peers in different schools to inform them on the drawbacks of poor hygiene practices. Therefore, non-project participants were reached by student health club members in spreading messages on good hygiene practices. In continuation of their activities as hygiene promoters, student health clubs stressed the need for continuous support in the form of trainings and supply of materials like T-shirts and stationery to carry on more awareness.

In order to increase hand washing practices among students, Oxfam provided facilities for hand washing within schools. In almost every school visited, there were hand washing facilities provided by Oxfam under the SHO project; however, some of the handwashing facilities are no longer functional (see below).

Figure 7: Non-Functional hand washing structure in Fiaplay Public School, Zoe Geh, Nimba County. Credit: CDPI/A. Kamara
Changing handwashing practices were dependent mostly on changes in knowledge and attitude regarding safe hygiene practices. As for attitudinal changes, the study found that Oxfam’s WASH awareness did help in enhancing students’ knowledge and attitudes regarding safe hygiene practices. In schools studied, it was observed that students wash their hands after using the latrines, before eating and after shaking hands, and before performing house chores, as shown in Figure 8.

**Figure 8: Critical times for washing hands**

![Critical times for washing hands](image)

In schools, administrators explained through KIIIs that students, washing hands after using the toilet has now become a common practice. It was also mentioned during FGDs that washing hands before eating and after shaking hands with people has started changing.

### 4.3.3 Social mobilization and contact tracing

Before the Ebola Virus Disease (EVD) outbreak became deadly in Liberia, most Liberians did not believe it as a killer disease. When the situation became worst, another challenge evolved; the general perception/common understanding of the virus at that time was that no one who contracts the virus survives. As the result of this, people took their infected brothers, sisters, parents and other loved ones to traditional and religious centers for healing. Accordingly, this increased the death rate for Liberia and made the country the most affected by the EVD.

Going forward, the mindset of Liberians needed to change. Convincing Liberians to change their perception of the virus required serious commitments from humanitarian organizations. Oxfam for example carried out community mobilization for Ebola prevention. This was a programmatic strategy to raise awareness around the effect of Ebola and what people needed to do in order to keep safe for contracting the disease. Oxfam also established community care centers (CCC) that served as the first point of contact for Ebola patients with care takers. Oxfam’s social mobilization in Liberia helped in identifying suspected and active Ebola cases. Focus was on searching communities for sick people, especially those showing symptoms (severe headache, constant diarrheal, among others) of EVD and assessing their health status for possible treatment at recommended health centers and hospitals. Community members were as well encouraged to identify sick people in the community and call Oxfam staff for action. This is because most people who showed EVD symptoms did not want to go the health centers. Ebola patients brought to the community care centers were taken to nearby health centers and hospitals for proper Ebola
treatments. During this period, Oxfam was engaged in finding and referring Ebola patients to community care centers.

Oxfam created awareness among community members on reporting Ebola cases. In several interactive discussions, town hall meetings were reported as the most common and effective tool used to share messages on reporting Ebola cases and avoiding stigmatization of people suspected and survivals of Ebola. No one was willing to report cases of Ebola due to the negative perceptions on the infectious disease. Ebola suspected patients and family members feared losing precious lives and stigmatization that followed. Suspected Ebola patients along with their associates were isolated from communities in which they live. Even parents could not interact with their children when suspected of having EVD. However, success stories couple with Ebola’s prevention messages provided by Oxfam is believed to have encouraged community dwellers to report Ebola cases when suspected.

This helped in reducing the rapid spread of the virus. According to the evaluation findings, community members were sensitized on the negative effects of the stigmatization of Ebola survivals. Ninety two percent (27% males and 65% females) of respondents confirmed Oxfam’s interventions in creating awareness among communities members. In group discussions, some community members confirmed living with Ebola survivals. Some participants reported having no problem associating with Ebola survivals. Most of the people reported living with Ebola survival normally.

“We all know now that we can’t get Ebola by associating with survivals. There is no different between us now. We play and eat together”. Explained on elder during a FGD in Nimba County.

Table 4: Ebola survival faced with stigmatization

<table>
<thead>
<tr>
<th></th>
<th>They are faced with form of stigmatization</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Male</td>
<td>Count</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>2.8%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Female</td>
<td>Count</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>5.6%</td>
<td>38.9%</td>
</tr>
<tr>
<td>Count</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>8.3%</td>
<td>47.2%</td>
</tr>
</tbody>
</table>

Upon release from hospitals and health centers, Ebola survivals were re-integrated into society. Though they were declared free of the EVD by health centers, people at first had some level of fear when relating to them. Since the end of Ebola, no one now thinks negative about Ebola patients. They no longer face issues of stigmatization or exclusion from community activities or functions. One female participant explained in a one-on-one discussion that:

“We live in good harmony. They are our family members and friends”...
4.3.4 EFSVL for vulnerable persons and women

In Nimba, it was established that vulnerable groups benefitted from the emergency food security and vulnerable livelihoods (EFSVL) support. This was one of the approaches used by Oxfam to mitigate the negative impacts of the epidemic on vulnerable people, particularly food insecurity and malnutrition among children. During the Ebola outbreak, communities were quarantined and movement controls stalled production. At some point, flights to Liberia were stopped. The largest drop in production was experienced in a very short period of time. Outputs were estimated to have declined due to labor and input shortages as a consequence of the spread of Ebola. Production prospects were also tentatively negative. Liberia as a net import country suffered food shortage and many other negative effects. Disruptions to agricultural activities caused by the Ebola outbreak affected disabled groups, women and children most.

This concerned many international non-governmental organizations including Oxfam for intervention. The evaluation findings showed most of the vulnerable groups, especially women, children and old folks as beneficiaries of the Oxfam’s interventions. As a humanitarian organization, Oxfam intervened through the supply of agricultural tools, seedlings and cash grant to increase purchasing powers of vulnerable people and groups. This helped to reduce the high rate of stagnation in the beneficiary communities. It was asserted by 70% of the respondents that Oxfam provided farming seedlings, while more than 60% reported to have received agricultural tools. The current production level of these farmers has increased and farmers have expanded the size of their farms.

Table 5: Households beneficiaries of Oxfam’s $75 per month cash grant

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>22</td>
<td>51.2</td>
</tr>
<tr>
<td>No</td>
<td>21</td>
<td>48.8</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Most participants of the study, particularly residents of Oxfam’s project areas in Nimba confirmed participation in the $75 per month cash transfer to vulnerable households. Accordingly, this support helped them to improve purchasing power and enhance movement (“transportation of Ebola patients from homes to health centers”) of beneficiaries. The majority of the community people lost hope during the Ebola outbreak. Again, with panic, importers stopped bringing in goods, particularly rice and gasoline, which further worsened the situation. Oxfam’s cash grant campaign helped community people get money to buy food for their families, pay for health care and transportation to get to the clinic or health facilities. The cash grant served as a hope for many people, especially the vulnerable that got no hope at the time.

Almost all of those who benefited from the CFW campaign practiced saving. Most of them reported saving their money in “Susu clubs”. After deducting money for domestic use, farmers saved a portion of their income. Through these savings, non-target group community members benefited from the cash grant. Besides individuals participants, saving groups also benefited from CFW initiative and they used it to establish agricultural farms that yielded greater rewards.

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16 The $75 was a two months cash transfer to vulnerable households for consumption smoothening.
4.3.5 Support to PHUs

Evaluation findings observed that the public health engineering (PHE) interventions to support isolation and treatment of Ebola patients carried out by Oxfam during the EVD outbreak helped to reduce EVD infection. Since EVD is contagious, isolation of Ebola patients was one of the good strategies that helped to stop the spread of Ebola. During this period, Oxfam worked with public health facilities to put in place proper waste management procedures.

In collaboration with management of the health facilities, Oxfam coordinated the setting up of a waste management team at every health facility that was covered by the “stop de ebola ramp” project. Most of the waste management teams are functional. Waste management teams did hard works to ensure proper waste management at the health facilities at all times. As mentioned by one health worker at a PHU in a KII, he explained that:

“We had staffs to clean the non-infectious wastes and take them to the burning pit and the sharps were taken to the incinerators for burning. Infectious wastes were also taken to the burning pit”.

It is reported that the rate of EVD infection reduced because of proper waste management procedures installed at PHUs. In addition to ensuring proper waste management, Oxfam provided latrines, solar panels, placenta pits, hand washing facilities, like water tanks, buckets and wheel barrows, water towers, and many other materials and protective gears for the fight against Ebola. Oxfam was reported to have rehabilitated several hand pumps and push flush at health centers in order to provide access to water at the health centers. As part of the strategy, water buckets were placed at every entrance of health facilities. These services are still visible in health centers visited.

The activities empowered health facilities and assured health workers of protection when getting involved in the fight against the deadly disease. Before then, most of the health workers had left the health facilities for personal safety, especially when most of their colleagues who came in contact with Ebola patients died. Most of these deaths were attributed to lack of knowledge of the EVD and protective gears. Several interviewees indicated that the pit provided by Oxfam for burning wastes helped to stop the spread of Ebola. It was established that the placental pits provided by Oxfam are still functional at various health facilities. Because of the portable placenta pits built by Oxfam, beneficiary health facilities now fully manage their waste.

In instances where incinerators were not working, medical wastes were burned throughout the EVD outbreak. Some of the medical wastes burned were shaft, bottles, tubes, blood bed, disable aprons, solid materials, bandages, placental, gloves, and PPEs materials. Most of the above mentioned materials were used more than once before the EVD outbreak. But due the contagious nature of the virus, everything needed to be used only once, thereafter be burned. Before burning the waste, collection must be done from various points. Most of the staffs of the health facilities covered during the study established that Oxfam trained them on how to collect wastes. Accessories such as gloves should be worn at all times of waste collection. Since the EVD outbreak, every waste collected is burned. One OIC at a PHU in Monrovia commented that:

“The team usually burns all waste materials from their operation in the hospitals and health centers. The buckets were placed at the hospital entrance to collect waste and properly maintain the facilities. The waste management team collects wastes from every bucket set at the entrance and put them in the incinerator for burning”.

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At some health facilities, this evaluation established that the placental constructed by Oxfam were not functional, as a result of breakdowns. These conditions exit at some facilities in spite of the fact that health facilities reported having staff trained in waste management.

4.4 COORDINATION

4.3.1 Clarity in management and coordination roles at project design

Oxfam has been working in Liberia for years, and is fully acquainted with national and sub-national governance structures in the country. Based on this knowledge, coordination mechanisms are clearly laid out at the design of Oxfam’s interventions, with SHO being no exception.

SHO was a part of Oxfam’s overall humanitarian response that was guided by the Global Concept Note developed in November, 2014. The Note clearly spelt out key partners that Oxfam would work with in rolling out activities under its response. At the national and sub-national levels, Oxfam indicated that it would coordinate with “humanitarian actors, international partners, local authorities (County Health Teams) and Ministries (MOHSW & MPW).” It was also noted that ‘Oxfam would actively contribute to the strategy of the Incident Management System (IMS)\textsuperscript{17}, the Case Management subcommittee, the WASH Cluster, Community Care Centre taskforce, and the Social mobilization subcommittee.’

It was also expressed that Oxfam would attend meetings chaired by UNICEF, Public Works Ministry and Ministry of Internal Affairs. With regards to partner Non-Governmental Organizations (NGOs), Oxfam would continue to work within the WASH Cluster and coordinate with other NGOs including Plan International, Save the Children, Mercy Corps and UNICEF.

4.3.2 Implementation of coordination function

The broad range of stakeholders who participated in this evaluation confirmed their participation in Oxfam’s humanitarian response to Ebola, as well as their participation in the implementation of the SHO project.

At the national level, interagency structures that would effectively coordinate the national response were largely non-existent. As the crisis evolved, the GOL established the Ebola Taskforce, whose enormous size and organizational challenges hampered its effectiveness in leading the response. With support and advice from international partners, the MOH adopted an Incident Management System, with technical working groups on case management, contact tracing, safe burials, surveillance, laboratory and social mobilization. In terms of participation and coordination, Oxfam was involved in working groups on contact tracing, surveillance and social mobilization. Like the national level, Oxfam also coordinated its approach with structures at the county, district and community levels.

Within the education sector, school administrators in Nimba and Montserrado indicated that they well fully involved in the selection of beneficiary schools for the WASH component of the project. At the county and district levels, Oxfam worked with County and District Education Officers to carry out assessment of schools in need of WASH services; after which, beneficiary schools were selected for intervention.

\textsuperscript{17} The IMS was the Government of Liberia’s central coordination body and task force on Ebola
In Nimba County, KIs mentioned that Oxfam played a leading role in coordinating the response. It was mentioned by OICs that Oxfam provided resources, and provided leadership on social mobilization and WASH.

At the community levels, project beneficiaries expressed that Oxfam involved them in project implementation. Oxfam worked with communities in developing Action Plans that spelt out community strategies for surveillance and response to Ebola outbreaks within communities.

Among development agencies, Oxfam continued to work within the WASH Consortium, and coordinated its approach with other NGOs. This broad-based coordination approach was useful in avoiding duplications and taking advantage of synergies. For instance, within the WASH Consortium, which includes Concern Worldwide, Logan Town – a slum community in Monrovia – is assigned to Concern WorldWide. As a result of this arrangement, Oxfam did not intervene in Logan Town. In Nimba County, Oxfam collaborated with UNICEF to avoid duplication of social mobilization activities. In communities where UNICEF had presence, working on social mobilization, Oxfam only constructed WASH hardware and left social mobilization to UNICEF and its partners.

These levels of multi-stakeholder engagements often require close coordination, and Oxfam played outstanding roles in ensuring its participation in existing structures, and supporting the creation and strengthening of structures where they did not exist.

4.5 CONNECTEDNESS

For the sake of this evaluation, Oxfam had referred to connectedness as the extent to which the SHO response laid the foundation for addressing more long-term, interconnected, and structural problems. Considering this, the evaluators had to assess the level of sustainability of the SHO response. Sustainability in this context was concerned with examining whether the benefits of a project activity are likely to continue in the absence of Oxfam funding. It also takes a look at whether project beneficiaries can manage project infrastructures and put to practice gained knowledge for social change.

The SHO “Stop de ebola-ramp” intervention was an emergency intervention with targeted objectives to be achieved in a short-term. Nevertheless, components of Oxfam broader Ebola interventions were intended to be self-reliant at project closure. Oxfam did put in place plans to build synergies at both the community and national levels so that short-term project achievements could be maintained, and subsequently transformed into long-term impact. Sustainability of project activities is more dependent on project beneficiaries considering that Oxfam handed over project infrastructures and services to beneficiary institutions at the close of the project. At both national and community levels, Ebola-induced structures have been created to ensure the sustainability of interventions under the SHO project, in addition to existing governance structures before the epidemic.

4.5.1 Sustainability at the National level
Sustainability of the gains made during the fight against Ebola continues to be maintained at the national level. During the EVD outbreak, the Government of Liberia, through the MoH setup an Ebola Task Force (ETF) to coordinate efforts in stopping the spread of the virus. As indicated
earlier, the ETF was later dissolved due to ineffectiveness in management\textsuperscript{18}. After dissolving the ETF, the Incident Management System (IMS) was adopted, devoted exclusively to fighting Ebola. The IMS provided oversight and ensured that all donor efforts were coordinated throughout the fight against EVD. The IMS has been integrated in the MoH and ensures that the maintenance of infrastructures is sustained over time.

Also, the MoH continues to focus on the decentralization of the health sector by prioritizing community health initiatives through gCHVs.

As mentioned in 4.5, Oxfam assured that sustainability would continue by handing over infrastructures to national institutions and communities, putting national bodies in charge of sustainability. KIIIs with officers in charge (OIC) of PHUs in Nimba and Montserrado show that infrastructures put in place at the PHUs are still functional and in good conditions. Particularly in Montserrado, incinerators, placenta pits, septic tanks and latrines constructed/rehabilitated by Oxfam are still in functioning conditions.

During an interview with one OIC at a PHU, he explained that:

“\textit{Before Oxfam intervention, our medical waste disposal was very poor and I was particularly worried because medical wastes are very dangerous. But since we had limited financing from government it was just too difficult to address the problem. Thankfully, with the incinerator provided by Oxfam, we now have a very good way to dispose our waste and are doing everything possible to maintain it. ...we have two waste disposal personnel responsible to ensure that our medical wastes are now properly disposed and we are grateful to Oxfam.}”

4.5.2 Sustainability at community level

SHO final report provides that the end of program was not abrupt and that communities were fully informed of the intentions of Oxfam in sustaining the project gains. It shows that Oxfam organized and held several community meetings prior to the end of planned activities, allowing for joint discussion and informal evaluation of completed activities. Similar meetings were thought to be held with local leadership and handover of program outputs was done with respective government departments.

Further, the report shows that WASH infrastructure was handed over to health facility staff and communities, and that women’s savings groups were linked to the National Apex of Village Savings and Loan Associations, (a government recognised agency) to assist savings groups by offering loans and financial expertise.

Through KIIIs with Oxfam staff, it was also established that Oxfam had setup water management bodies in communities and student hygiene committees in schools to maintain WASH infrastructures and continue hygiene promotion in schools, respectively.

During FGDs and informal, one-on-one discussions with project beneficiaries, they esteemed Oxfam for their interventions and believed that project gains can be sustained once they continue to have access to funding from Oxfam. As it appears, the communities are hardly prepared to sustain any intervention. For example, women who got grants from women savings groups explained that without Oxfam support, it will be very hard to identify and secured source (s) of

\textsuperscript{18} CDC Issue paper; “Ebola and Its Control in Liberia” February, 2016
funding to sustain their businesses. This was made clear during the FGDs and through several one-on-one discussions with project beneficiaries, particularly women who benefited from Oxfam cash grant programs.

Oxfam had provided grants to over 50 women saving groups in districts of Nimba County to help them become entrepreneurs in order to cushion livelihoods and boost incomes. While changes in individual capacity and income improved for the time, these changes have not been sustained. In fact, FGDs with women saving groups revealed that most women, particularly newly recruited women, have fallen back into past state, without businesses and definite sources of income. Even though as part of Oxfam’s exit strategy, it mentioned linking women saving groups to the National Apex of Village Savings and Loan Associations, a good majority of the women indicated that they have gotten no help, whatsoever from such group, providing that no sustainability has been ensured.

For WASH-type sustainability in schools, KIIIs with school principals revealed that the student health clubs have remained in place and the dissemination of hygiene messages continues in schools. In fact, most school principals even explained that they have designated janitors and security guards to clean and monitor school toilets and hand washing facilities, providing that hygiene and sanitation remains sustainable in schools.

While these practices remain in place however, one school principle provides a contrasting view. He explained that:

"...Even though we are very optimistic that hygiene and sanitation practices are sustained, challenges still remain. Attitudinal changes are very hard to come by; it takes time and our children are very used to their old ways. So even if we train them to good hygiene and sanitation practices, once they get home, they are likely to indulge in old, unhygienic (not watching hands before eating, or after using the toilet) and unsanitary (defecating in the bush and peeing anywhere) behaviours."

5.0 LESSONS LEARNT

Development partners of Liberia who participated in the fight against Ebola all learned specific lessons from their approaches in the fight against the scourge. Based on Oxfam’s non-medical approached to the Virus, key lessons can be pointed out, as indicated below:

- Non-clinical approaches were important in defeating Ebola: As a disease that had no clinical cure, preventing the spread was extremely important in saving lives in Liberia. Oxfam’s approach to the disease through social mobilization was key in breaking the transmission of the virus within communities.
- Broad-based community involvement: Liberia’s healthcare delivery system had largely remained mechanical, with health care units focused on treatment of illnesses. There had been limited focus on community involvement in the delivery of health services. The broad-based involvement of communities in the fight against Ebola needs to be built on in improving community participation in health service delivery in Liberia.
Building confidence among health workers and communities: As Ebola raged and consumed health workers, the fear of losing their lives made health workers to desert health units. Also, communities largely lost confidence in health units, as they were often regarded as not safe. Oxfam’s approach of supporting PHUs through the provision of PPEs, IPC trainings, community care centers, and waste management initiatives, helped build confidence among health workers, and their engagements with communities helped people regain confidence in the health system.

Rapid assessments including KAP surveys were relevant in helping Oxfam better understand the needs of beneficiaries and design better project activities in meeting the needs of target groups. Most project activities including selection of schools for WASH interventions, and selection of ESFVL beneficiaries were preceded by assessments that gave Oxfam a better understanding of the intervention context.

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

In 2013, Liberia celebrated 10 years of peace, since the signing of its Comprehensive Peace Accord in Accra, Ghana. The Accord eventually ended the 14 years of civil unrest. Although Liberia had been challenged with rebuilding and recovering from the impacts of the civil war, it made strides in laying the foundation for long-term development. The postwar drive to recovery was seriously hampered by the 2014 EVD epidemic. The EVD shutdown the economy, broke down Liberia’s struggling health system, shut down schools, suspended agricultural activities across Liberia, and, above all, worsened peoples’ welfare.

The scale of the epidemic, labelled by the WHO as the deadliest Ebola crisis in the World, was above Liberia’s capacity to manage. Liberia lacked both the technical capacity and resources to contain the Virus and address the impact of the epidemic on its citizens. This necessitated the involvement of the international community in defeating the Disease and helping the people of Liberia resume normal life. A host of Liberia’s development partners played roles in the fight against the Virus, with Oxfam being no exception.

As a non-medical NGO, Oxfam’s approach to the epidemic initially focused on raising awareness on the Disease, in order to help break its transmission. It also provided support through the distribution of IPC materials to PHUs, and engaged in the provision of WASH services in PHUs, communities and schools. As the Disease was gradually defeated, Oxfam focused more on minimizing its negative impacts on people, especially in Nimba County through support to the resumption of livelihood activities. One project that encapsulated these integrated approaches was the SHO project, for which this evaluation was conducted.

The evaluation finds the SHO project relevant – both in terms of its appropriateness for target groups, as well as its alignment and support to achieving national policies. The project was found to be both efficient in the delivery of its outputs, and effective in achieving its results. The intervention was implemented through the participation and involvement of a broad range of stakeholders, which laid the foundation for sustainability. The formation of institutions at the local level for managing WASH infrastructures, the training of PHU staffs in waste management, as well as the handover of all infrastructures and services to local administrative structured units were laudable steps towards sustaining investments made under the SHO project.
Oxfam response to EVD directly helped the government of Liberia in its fight against Ebola. The project was found to have been aligned with the government of Liberia’s vision of ensuring that people everywhere have access to potable water, improved sanitation and sustained livelihoods.

In the wake of existing structures at the national level for addressing and dealing with public health emergencies, it can be said that Liberia has gained knowledge on how to deal with emergencies like the Ebola outbreak. The longer-term effects of the Disease, however, remain to be addressed in the years to come.

Finally, the evaluation report shows that Oxfam managed to achieve almost all of the targets set in the project. Nevertheless, challenges still remain in sustaining the gains made through the project, particularly at the community level.

6.2 RECOMMENDATIONS

Overall, Oxfam Ebola response was impressive and well organized in terms of planning, implementation and exit. Through awareness, increasing people’s access to water, sanitation and hygiene and also providing vulnerable people and women saving groups livelihood assistance, Oxfam Ebola response projects were markedly impressive. However, the emergency nature of Oxfam’s SHO-funded project leaves room for recommendations that could be considered to increase future project quality, appropriateness, effectiveness, efficiency, connectedness and coordination.

Below are a set of recommendations to be considered.

1. Work with all relevant government line ministries and agencies at the local level to insure full participation and inclusion to avoid losing any project gain that could otherwise benefit beneficiaries.
2. Apart from gender sensitivity in latrines construction and/or rehabilitation, pursue efforts to construct or rehabilitate latrines that are disable-friendly, particularly in urban areas.
3. Work with communities to develop innovative ways to raise funds for water pumps and well maintenance over time as a sustainable strategy.
4. Through the local community leadership structures, train selected community artisans to manage and maintain water pumps.
5. Encourage parents to consistently teach children to use community and/or household latrines to discourage open defecation.
6. Provide follow-ups on water points and hand-washing points that are currently not functional, and investigate why that are currently not functional.
7. Encourage communities to contribute financially to maintain water pumps and hand-wash facilities as a sustainability approach.
8. Provide technical assistance and business mentoring to women saving groups as a way to sustain micro-finance grants given as part of local enterprise development.
External Evaluation of Samenwerkende Hulporganisaties-funded

“Stop de Ebola-ramp”

1 CONTEXT

Liberia is a fragile state with a weak health system, and has witnessed various epidemics and disasters; such as the most recent one of the Ebola Virus Disease (EVD). The recent EVD outbreak, which struck in December 2013 in the forest region of Guinea, bordering Liberia and Sierra Leone, led to widespread infection and deaths. Liberia was one of the worst EVD affected country in West Africa; even though it was the first to be declared ‘Ebola-free’ by the World Health Organisation, it had the highest case fatality rate of the three main countries affected by the epidemic. This overwhelmed the national health system, negatively affected the economy, increased food insecurity, and severely limited the livelihoods of Liberians across the country.

The main negative impacts of the EVD outbreak can be grouped into health, social, and economic impacts. A total of 10,673 cases in Liberia with EVD deaths of 4,809 were reported. In addition, 180 healthcare workers died due to EVD and patients feared using health services. The experience of the EVD outbreak and response restricted human rights as freedom of movement and access to education and health. It also caused fear and stigmatization against several categories of people such as health workers, people working in Ebola Treatment Units, burials team, people that have been quarantined, relatives of EVD patients, people who recovered from EVD. Liberia was first declared Ebola free in May 2015; however, two other outbreaks were reported in the last year since the first declaration and Liberia is still exposed to the risk of sporadic cases.

1.1 BACKGROUND OF THE PROJECT

Oxfam has developed a strong presence in the water, sanitation, and hygiene (WASH) sector. Over the years, it has implemented an array of WASH programmes in the densely populated areas of urban Monrovia, and in rural areas in 10 of Liberia’s 15 counties. Its long-standing presence in Liberia positioned Oxfam to fill a unique niche in the EVD Emergency Response.

By considering the health impacts of WASH programming, Oxfam offered its expertise to improve WASH infrastructure in health facilities and schools while reaching out to communities to encourage improved hygiene practices and health seeking behaviour. In order to leverage the overlap between its strengths and the specific needs arising from the EVD emergency, Oxfam delivered a WASH response focused on preventing the spread of
the disease. Oxfam’s appeal was to generate the required funding to contain the spread of the disease, reduce the number of cases per day, decrease the transmission rate of the disease and support households whose livelihoods had grossly suffered as result of economic downturn caused by the outbreak. This was done by improving existing WASH infrastructure and through community engagement, community-based action and increasing the number of community health workers whilst challenging misconceptions of the disease, addressing community WASH needs, issues around stigmatisation and infection fears. As a result, communities were supported in taking up disease prevention measures and resuming day-to-day activities as the EVD caseload reduced. The country’s early defeat of the virus was in great part due to community mobilisation and participation. Now that the emergency has subsided and Liberia is resuming the pursuit of a development agenda, stakeholders are looking towards sustainability and how to effectively increase resilience against future shocks.

2 SCOPE OF EVALUATION

The purpose of this exercise is to evaluate the projects implemented under Oxfam’s EVD programme, looking at the organisation’s emergency response on the whole while placing specific emphasis on the support provided by Samenwerkende Hulporganisaties (SHO). The consultant will conduct an end of year evaluation covering the period during which SHO funding was live.

SHO funding offered cross-cutting support to Oxfam’s emergency response and early recovery programming. This included, but was not limited to, activities in health, WASH, livelihoods and household security, protection, disaster management, and programme management support. Overall, Oxfam’s programme aimed at providing public health promotion services for reducing the spread of the EVD and improving access to, and quality of, safe water and sanitation services. Furthermore, Oxfam supported vulnerable, Ebola- affected communities with emergency food security and livelihoods programming, which included Cash Grants programme and rehabilitation of the low-land rice cultivation areas in Nimba County.

2.1 Project Area

The evaluation will be conducted through Monrovia office of Oxfam Liberia. The exercise will cover WASH and EFSVL activities implemented during the EVD Response in two (2) out of the four (4) counties.

The field exercise will cover the following project locations:

1. Montserrado County; Clara Town, Logan Town, West Point, and New Kru Town in Monrovia, and
2. Nimba County; Saclepea Mah, Tappita, Zoe Geh, and Gbehlay Geh districts.
2.2 EVALUATION OBJECTIVES:
The individual consultant/ firm will conduct evaluation of Oxfam’s EVD response with the given objectives;

1. Evaluate the outcomes and impacts of Oxfam Liberia EVD response during emergency and early recovery programme;
2. Measure the relevance of outputs and activities taken up under the programme;
3. Document and share the findings, lessons learnt and provide recommendations to management teams of both SHO and Oxfam Liberia.

Specifically, the exercise will be to evaluate the project-level outcomes for ‘Emergency Response to Ebola Virus Disease in Montserrado and Nimba counties of Liberia’, which were;

i. Communities have the knowledge and material they require to halt the onward spread of the disease;
ii. Public infrastructure in WASH is improved and capacity to fight Ebola at both the community and government healthcare levels is enhanced;
iii. Access to, and quality of, safe water and sanitation services of vulnerable Ebola-affected communities is improved;
iv. Support the vulnerable livelihood groups / communities as a means of restoring their sources of income and resilience.

2.3 EVALUATION STRATEGY AND DELIVERABLE
Through the process of evaluating programs, the consultant will ascertain the achievements against overall objective of the programme. It is important for both SHO and Oxfam Liberia, to know and measure if the core organizational values, principles, and procedures were incorporated in the programme design and projects implementation.

The evaluator shall adopt the given strategy and deliver findings as per the evaluation principles outlined below;

1) Quality – To check the timeliness and adherence to humanitarian standards;
2) Appropriateness – To measure beneficiary involvement and adaptation, as well as the appropriateness of the response to changing local needs and priorities, especially the needs of women and vulnerable groups;
3) Effectiveness – To measure whether planned outputs were attained and to what extent the SHO activities contributed to the results of the overall goal and to the strategic objectives;
4) Efficiency – To check the approaches, structures and systems, and application of value for money. To this end, the evaluator will investigate how inputs were converted into outputs taking into account existing regulations and policies and the urgency of the
response;
5) Connectedness – To report the extent to which the SHO response laid the foundation for addressing more long-term, interconnected, and structural problems;
6) Coordination – To see the complementarity to the work of other stakeholders, identify any duplication, and contribute to the larger response activities in country;
7) Lessons learnt and recommendations – To provide feedback for Liberia country programme and SHO on key takeaways related to best practices in emergency and recovery programming, giving particular emphasis to the unique nature of the EVD context; and
8) Analysis and reporting – To submit the analysis and final report.

2.3.1 Evaluation Approach and Methodology
The Consultant will carry out the evaluation in accordance with the scope of work described above. The technical proposal detailing the evaluation process must provide both qualitative and quantitative methods that shall include, but not limited to; reviewing policy framework for WASH in Liberia under the context of EVD, review project documents and primary data, holding meetings with stakeholders, including: Ministry of Health, Ministry of Agriculture, Public Works department, Monrovia City Corporation, Town Commissioners, Humanitarian partners/organizations, Local WASH committees, Village leaders and farmer groups and the local communities.

For initial desk review the consultant will be provided with relevant project documents and information about the project implementation and intervention areas. The field visit will be facilitated by Oxfam and essential arrangements will be made to conduct meaningful field work.

2.3.2 Information Available and to be Shared with Evaluator/Team;
i. Situation Reports from 5 November 2014 – 31 October 2015
ii. Project documents relevant to Stop de Ebola-ramp and
iii. Oxfam Ebola response strategy and programme documents,
iv. Monthly Progress Reports from the start of Oxfam EVD response through March 2016
v. Joint monitoring reports, Case studies / success stories
vi. Baseline information, KAP survey reports
vii. Final reports submitted to SHO

2.3.3 Selection Process and required competencies for Evaluation Consultant
The consultant’s selection will be analyzed under the following criteria;
i. Educational qualification, skills and competencies,
ii. Experience in fields of WASH and EFSVL,

iii. Technical proposal including design of study, methodology, allocation of days and mentioning tools,

iv. Budget/Financial part, including; Professional fee and break up by number of days,

v. Providing References.

The consultant should have: an advanced degree (Master or PhD) in Public Health and/or Social Sciences with a specific focus on WASH and Food Security and Livelihood. The consultant needs to have the following experience and skill set:

i. A minimum of 8-10 years professional experience specifically related WASH and Emergency Food Security and Vulnerable Livelihoods (EFSVL);

ii. Substantive knowledge and experience of conducting programme level analysis;

iii. Proven ability to conduct empirical research and prepare reports of a similar nature;

iv. Extensive experience in conducting emergency response projects in humanitarian settings;

v. Excellent research skills both for qualitative and quantitative research methods;

vi. Proven ability to write and present complex WASH- and EFSVL-related issues for both technical and non-technical audiences;

vii. Ability to conduct the evaluation while being consistent with guiding principles and ethical standards; and

viii. Excellent English speaking and writing skills.

2.3.4 Time Duration

Stage 1 - Evaluation mid-June – mid-August 2016

Review of available preliminary information and secondary data. Consultations with project staff, stakeholders and Govt. Agencies, Field visits in Montserrado and Nimba counties,

Second level of consultation with Oxfam’s programme staff and management,

Presenting first draft findings to Oxfam team, Draft Report submission for comments (by end of July 2016),

Final submission of evaluation report (by mid-August 2016).

2.3.5 Challenges

A major challenge is the absence of programme and project staff who were involved in the implementation of these projects. Similarly, logistics support for movement and identification
of project sites would be difficult as most of the project staff’s contracts have ended and field offices have been closed since as far back as October 2015.

2.3.6 Oxfam Facilitators

The exercise will be led by Oxfam Liberia MEAL Coordinator and facilitated by:

i. Head of Programmes
ii. Donor Accountant
iii. Funding Coordinator

2.3.7 Final Deliverables

1. Evaluation Report, comprising of;
   i. Preface,
   ii. Executive Summary
   iii. Evaluation Approach and Methodology
   iv. Background to Oxfam Programmes in Liberia just before EVD crisis,
   v. Role of SHO in the Response
   vi. Findings; WASH and EFSVL project interventions,
   vii. Lessons learned and Recommendations
   viii. Annexes; Evaluation tools, Listing of meetings, Transcripts of key interviews and group discussions held with Govt. Officials and Oxfam project staff, Field trip details,

2. A power point presentation with;
   i. Evaluation approach and tools,
   ii. Findings on programme approach,
   iii. Major evaluation findings,
   iv. Lessons learnt and recommendations.