

Oxfam
International
Tsunami
Fund Final
Evaluation:
Public Health
Review
Executive
Summary

An evaluation of Oxfam International's public health response to the 2004 Indian Ocean tsunami

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Oxfam
International

Tsunami Evaluation series

As part of its ongoing aims to learn from experience and to hold itself accountable for its actions, Oxfam has commissioned a wide-ranging evaluation of its response to the Indian Ocean tsunami of 2004. This comprises 14 thematic evaluations, 12 of the 14 studies have been conducted by independent consultants, while the remaining two conducted by members of Oxfam International Tsunami Fund secretariat (*)

Recurring issues and key themes from the 14 individual evaluations are brought together in this evaluation summary report 'In the Wake of the Tsunami'.

The reports available in this series are:

Evaluation summary report: 'In the Wake of the Tsunami'

Thematic evaluations:

1. Livelihoods Review (Rajan Alexander)
2. Public Health Review (Pradeep Bharwad & Wim Klassen)
3. Shelter Review (Sarbjit Singh Sahota & Dave Hodgkins)
4. Gender Review (Annette Salkeld)
5. Downward Accountability Review (Ravinder Kumar & N. Raghunathan, Catalyst Management Services)
6. Corporate Accountability Review (John Chilver*)
7. Advocacy Review (Alasdair Collins)
8. Disaster Risk Reduction Review (Man B. Thapa)
9. Partners and Partnerships Review (Stuart Kenward)
10. Monitoring and Evaluation Programme Review (Catherine Lowery)
11. Communications Review (Alex Wynter)
12. Funding and Finance Review (Clive Surman & John Chilver*)
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14. OITF Architecture and Structure Review (Geoffrey Salkeld)

The evaluation summary report and the executive summaries for the individual reviews can be found on the Oxfam website at www.oxfam.org/emergencies/tsunami. Full versions of the individual reviews are available on request from the Oxfam International Secretariat via www.oxfam.org/contact

Philip Horgan,
Oxfam International Tsunami Fund Monitoring and Evaluation
Coordinator, December 2009

Cover image: Children washing at a tap stand installed with support from Oxfam. Credit: Jim Holmes/Oxfam

Executive summary

1.1 Background

The Tsunami Fund response has been Oxfam's largest single humanitarian response, with programmes in Indonesia, Sri Lanka, India, Burma, Thailand, Somalia, and the Maldives designed and implemented by a number of different Oxfam affiliates and with funding totalling close to US\$300m.

Oxfam International (OI) engaged in relief and subsequent rehabilitation efforts providing water, sanitation, and public health (PH) facilities, livelihood restoration initiatives, and the construction of infrastructure such as permanent shelters for tsunami-affected communities. In all, Oxfam and its partners assisted more than two million people affected by the tsunami in seven countries.

As part of its tsunami response, Oxfam has undertaken a considerable amount of public health intervention and promotion work (PHP) in Indonesia, Sri Lanka, India, and Somalia, and on a smaller scale in Somalia, Myanmar, and Thailand.

With the official closure of the Oxfam International Tsunami Fund (OITF) at the end of 2008, it was decided to reflect upon what has been achieved in Oxfam's response to the tsunami and on what lessons are to be learned from the response that will improve Oxfam's assistance in future emergencies. As part of a Final Evaluation of its Tsunami Response, Oxfam conducted a review of its public health interventions.

The objective of the final evaluation process is two-fold:

1. To enable Oxfam International to reflect on and learn in practice from its response to the tsunami and therefore to improve future OI humanitarian responses, and
2. By sharing these findings, to enable OI to hold itself accountable to funders (predominantly the public), beneficiaries, and other stakeholders.

A large number of reviews, evaluations, and analyses have been conducted by Oxfam affiliates and by the OITF over the past three years. The review of the public health response was therefore designed to add value to, and build upon, the analysis and findings of previous reviews.

Key Lessons Learned and Recommendations are reproduced in brief in the executive summary from the main report document.

1.2 Key lessons learned

1.2.1 Needs Assessment

Co-ordination

It would be desirable to have all Oxfam affiliates in-country come together to carry out a single, multi-sectoral initial rapid assessment. Differing assessments tend to raise expectations in affected populations and it becomes imperative at the very outset to provide clarity on what sectoral needs will be responded to and which will not, across all Oxfam affiliates, programme bases, and field offices. As has been seen in India, shared assessments work better in identifying needs and possible solutions and in devising realistic work plans than is the case where agencies disseminate findings from their own assessments to other agencies.

Assessment team composition and briefing

In a large-scale emergency, needs assessment should be conducted in three stages:

1. Life-saving assistance during the first weeks
2. Medium-term needs assistance
3. Long-term needs assessment.

Information management - gathering, processing, and sharing

Only after the objectives are clear and agreed for each of the three phases mentioned above is it possible to know which information is essential. There should be clear guidelines on the amount and nature of information that should be gathered. The tsunami response showed that there were layers of information-gathering where little of the data collected was analysed or converted into knowledge (especially in Indonesia). Information gathered should be of practical use in the field and not overly academic or gathered purely for theoretical analysis. For such purposes, it would be useful to have a single team compile

field data, and the information could then be fed consistently into all sectors, rather than each sectoral team collecting and interpreting its own data. Tools for multi-sectoral assessments are available, at least within Oxfam GB, and these can be further refined to suit the context of the emergency. Such an approach would necessitate closer co-ordination between technical and social teams across Oxfam affiliates, with a clear mapping of the responsibilities of different groups.

Better information management and dissemination is required to ensure that the findings of assessments are shared amongst all sectors and affiliates. It also emerged that, in an emergency of this scale, it is not always possible to collate a baseline set of data/information, at least until quite some time into the response. There are examples of different affiliates conducting their own needs assessments in the same locations and the information gathered not being shared.

Re-assessments

Re-assessment of needs should be done at suitable time intervals after the disaster, depending on local conditions, context, etc., to verify the accuracy of assumptions made during the initial phase or during rapid assessments. Mid-course corrections will need to be applied to programmes to match the response with emerging needs, as emergencies tend to be dynamic and needs change with time. There is also an emerging need to distinguish between emergency and long-term needs for purposes of priority, as well as ensuring that emergency response programmes feed into longer-term development programmes. For example, what worked well under emergency conditions in Indonesia did not automatically work when conditions returned to normal: people were happy with latrines separate from homes during the emergency response, but rejected them when new houses were constructed with separate latrines.

Inclusion and participation

Inclusion in assessments of key local actors or partners is of the utmost importance, in order to understand the social customs, traditions and, in general, the local context and background of the emergency.

In the tsunami response, other NGOs were able to provide more appropriate services due to a better understanding of the local context, and this resulted in beneficiaries rejecting some of the services that Oxfam provided. In particular, all Oxfam affiliates and partners should ensure that women are consulted and that their needs are clearly articulated. Different physical and social environments pose different challenges; it is necessary to understand these and to provide solutions demanded by the environment, rather than attempting to impose unsuitable solutions or technologies.

1.2.2 Project Planning

Needs-based response planning

Programmes were not designed entirely in consideration of actual or emerging needs, but instead were based to a large extent on the experience of advisors and key staff on the ground. In some instances, this led to a failure to achieve the expected impact.

In some cases, over-commitment led to raised expectations amongst affected people. When their expectations were not met, this reflected badly on Oxfam.

Inclusive strategy development

Not all programme strategies reflected all the recommendations that came out of assessments. In some programmes, the programme strategy was developed following an in-depth needs assessment carried out in consultation with local groups, volunteers, and NGO staff, and this worked well. In other examples, working closely with government and with other Oxfam affiliates also proved successful. The emphasis should always be on using local knowledge more, throughout project planning. Too high a level of participation, however, with different interests at stake, can make agreements on realistic and achievable targets, as well as prioritising, difficult. It takes a considerable amount of time to obtain all the relevant design information from communities to develop an all-inclusive strategy, and time constraints may be the biggest challenge here. On the other hand, it was observed that simply holding meetings or signing documents did not ensure effective participation by different stakeholders, at least not to a desirable level.

Co-ordination and integration

Engagement and/or integration between various Oxfam affiliates is of the utmost priority and importance, because it is only after some time that other stakeholders begin to recognise the different affiliates as separate. Before initiating interventions there should be joint planning between affiliates at the management level. Co-ordination between sectors, field offices, and regional management centres (RMCs), should follow in a consistent manner. In the current tsunami response in Indonesia, the budget plan was not shared among all staff, which led to some confusion in project planning. However, good practice has been observed in Sri Lanka. Where Oxfam GB and Oxfam Australia worked in PH (in Batticaloa), there was excellent collaboration and the two agencies have since decided to work together in the Vaharai area.

Planning process and teams

Senior-level managers need to be able to come up with relevant strategies after building, from the very outset, a common understanding among existing staff who have a development background and emergency experts who would normally come from outside. A major impediment observed to achieving this is the high turnover of managerial staff in almost all country programmes. Indonesia experienced a lack of co-ordination in systematic planning at the management level for a year after the tsunami response programme began. It is also advisable to deploy staff with emergency experience appropriate to the local context, with good induction and clear TORs. There were limited numbers of experienced Oxfam staff across all country programmes, although this should probably be seen in the light of the huge scaling-up that was needed (most strikingly in Indonesia) and the total number of staff involved, most of whom were new to Oxfam. Numbers of staff were adequate but the different roles of technical advisors, programme teams, and co-ordinators were not clear, leading to Oxfam's expertise being utilised to less than the optimal degree.

1.2.3 Design of monitoring procedure

Inclusive monitoring format design

Across most country programmes, Oxfam affiliates failed to provide direction for monitoring for the first year of the response, because the focus was on the academic framework rather than on developing practical monitoring tools. Some programme monitoring formats developed by Oxfam were not clear. In Indonesia, Oxfam developed a community-based monitoring tool which was field-tested and re-assessed with the community, partners, core committees, and watsan committees. It was observed that there were limits to what beneficiaries themselves could monitor and adequately communicate to all stakeholders.

Joint monitoring

Joint monitoring by Oxfam and partner representatives worked very well in India and has scope for replication. Joint monitoring among Oxfam affiliates was attempted in Indonesia and was considered a good idea, but it lacked commitment from management. Tools for joint monitoring were developed together with other INGOs in one district; however, this not implemented because of the low priority given by Oxfam to taking this effort further.

Management support

Management support for the design of monitoring procedures should be ensured for implementing teams, including both input and feedback. Compared with efforts in monitoring, there was very limited use of evaluation findings and lessons learned from ongoing monitoring in the implementation of the programme. This was largely due to lower levels of commitment from both management and implementing teams. Implementing teams found it desirable that managers spend more time in the field for monitoring, while on the management side there was more emphasis on numbers of project units completed. There was an observed lack of feedback on reports.

Standards and monitoring formats

A key lesson learned is the need to fully consider the context of physical and social environments before designing monitoring tools. It is also observed that monitoring needs should be kept as simple as possible, though at the same time they should be adequate to capture the actual situation. For example, in Banda Aceh the general monitoring systems did not include engineering works: in large construction projects Oxfam needs to enforce much stricter and more specific construction monitoring processes. The Banda office co-ordinated the different inputs, and one lesson could be to have a common format for all projects. Details pertaining to specific contexts could be appended.

Another lesson learned is the need to integrate Sphere standards into monitoring tools and formats. However, the Sphere indicators would have to be modified to suit the local context.

1.2.4 Implementation and learning

Co-ordination

Different approaches by different Oxfam affiliates created some tensions at the outset but led to a programme that captured both local knowledge/participation and international expertise.

If it is not already happening, co-ordination with other NGOs and with government should be initiated early on by Oxfam during responses. A clear mapping of roles needs to be negotiated at an early stage to arrive at a uniform response strategy for implementation. Oxfam, with its expertise in public health promotion and response in humanitarian programmes, can play a more proactive role in influencing the overall response. In India, co-ordination with affiliates and partners at all levels was attempted by Oxfam but was not sustained, owing largely to a lack of interest from partners.

Cost-effectiveness

Some areas of the response in India, Indonesia, and Sri Lanka were not perceived by the workshop participants to be cost-effective. In their email feedback, public health advisors at Oxfam GB clearly expressed the opinion that only good-quality work

should be expected from Oxfam in emergencies, a feeling that was echoed in the workshop, in the context of huge sums of money being spent without achieving matching quality in outputs. Experimenting with new technologies should be done only on a small scale, since in some programmes this has proved to be a huge drain on time and money.

More local staff

Efforts should also be made to put in place a mechanism for finding experienced local PH workers with future emergencies in mind, since the costs associated with deploying local staff are much lower and this can be done much faster. This would also work well as an area of preparedness for future emergencies.

Quality

It was found difficult to integrate quality initiatives within many operational programmes as uniform quality parameters, either technical or social, were not discussed or factored into the agreed plans and thus were not tracked.

Community consultation

Inadequate consultation with communities in the initial stages of the response on the location of watsan units led to inappropriate locations being chosen (for example, no water supply, inaccessible for women and children) across India, Indonesia, and Sri Lanka. There are also examples of poor design and poor-quality construction. Oxfam staff attribute this largely to playing the donor-driven 'numbers game'. After the sudden deluge of funds, staff were instructed to take on as much work as possible, and this created a tendency for them to take shortcuts on processes. Partners outsourced the construction of watsan units to contractors and it was observed that in some cases quality suffered. This resulted in structures not being used, for a variety of reasons – not factoring in privacy needs for women, for instance. In areas where strong community structures/groups/committees had been formed to maintain watsan and public health promotion activities, programmes met with success. However, in other cases the participation of opinion leaders at the village level was not facilitated, resulting in limited success.

Limited understanding of who at the village/community level could play an influential role in taking forward PHP activities in a sustained manner played a major role here. However, it also needs to be appreciated that there were significant changes in context over the four years, with affected communities moving from emergency shelters to camps, transitional camps, and then permanent villages.

1.2.5 Evaluation

Timelines

Quite a number of reports were written late in the implementation process, and hence were less effective. Secondly, monitoring reports need to be short and to the point to avoid burdening programme management with too much reading and to improve the quality of operational references for managers and co-ordinators.

Evaluation planning

It is clearly observed that staff feel that evaluations should be planned with partners and other implementing agencies to factor in different perspectives and viewpoints. There is also an emerging need to improve existing evaluation methodology, especially in terms of frequency, sample size, and inclusion of all levels of stakeholder. It becomes important here to stress that evaluation should only be at the objectives level and not, as has erroneously been the case, at the activity level. Activities are monitored and, if this is done well, most often the objectives will also be reached. This distinction helps staff to understand the difference between evaluation and monitoring and also at the same time to understand where they are complementary.

Process

Evaluation teams need to consist of PH experts to ensure the proper gathering of public health-related information. Evaluations in general are not based on ground data but rather on opinions. Secondly, the information should be validated before reporting. Field offices should have enough space and time periodically to reflect on and integrate their internal review processes.

Feedback and follow-up

In Sri Lanka and Indonesia, evaluation findings were followed up, and mid-course corrections applied. In other countries, concerns were expressed that response was often based on the perceptions of implementing staff, partners, and other stakeholders, rather than on assessment findings, and that in some cases few efforts were made in country programmes to go back regularly to re-evaluate the objectives and check if activities were actually meeting those objectives. Relevant evaluation findings should have a clear follow-up plan at both Oxfam and partner levels and should lead to enhanced quality.

1.3 Recommendations

A general recommendation to address most of the strategic planning and implementation issues is as follows:

1. The management tool to be used should be the Demin cycle 'PDCA' (see the section on Project Planning in the main report for details). Across the programme at management level, PDCA should be adopted as the management approach and implemented as indicated below.

1.3.1 Needs Assessment

1. Where more than one affiliate is working in the same location, before setting out to conduct needs assessment the assessment teams need to be briefed on the mandate and on the projects that will be undertaken by all Oxfam affiliates, and more clearly on what will not be done by any or all affiliates. A common approach of this nature will necessitate closer co-ordination between technical and social teams across Oxfam affiliates, with a clear mapping of the responsibilities of different groups. Common co-ordinated, multi-sectoral, inter-affiliate assessment teams should carry out assessments at various stages of the emergency, covering immediate life-saving and medium-term and long-term needs. Given the prominence of the cluster approach in emergencies, the priority for Oxfam is to co-ordinate with the main actors sectorally and multi-sectorally, and it will certainly help in this regard if Oxfam is speaking with one voice.

2. Objectives for interventions are to be pre-agreed and made very specific so that the teams know what information is required and what is not. Only as much data as can be processed and analysed and will inform programme strategy should be gathered. This is also the idea behind OI Contingency Planning.
3. Broad formats for information collection (as used by Oxfam GB) should be made available for consultation to all affiliates before embarking on needs assessments. It should be agreed how to modify these to suit the context of the emergency and a decision should be made on the nature and depth of information to be collected. Such formats are now available from the WASH Cluster.
4. It is understood that it is acceptable that the initial needs assessment may be standardised/generalised in order to enable a quick initial response. When the PDCA type of management procedure is applied, the explicit procedure of how to transform, for instance, the standardised needs assessment into a profound assessment is part of the management process. This approach provides for a quick response that will save lives in the initial stage. It also provides for flexibility in the programme in all of its phases. Oxfam GB's assessment methodology, as laid out in the OGB Humanitarian Handbook, is on similar lines.
5. Mobilising existing local capacity to conduct rapid needs assessments should be considered, since it has been observed that existing programmes and relationships make it possible for Oxfam to respond quickly. Assessment teams should make all efforts to ensure the inclusion of key local actors or partners in assessments in order to understand the social customs, traditions and, in general, the local context and background of the emergency. A further step would be capacity building among local partners.
6. While inter-affiliate co-ordination is of the utmost importance, co-ordination with government should be made a priority task during needs assessments. Ideally there should be a single representation for all Oxfam affiliates with the country government and/or with the co-ordinating body/agency.

7. Co-ordinated re-assessments should be carried out after appropriate time intervals. These should be decided after considering the context, conditions, and stage of the emergency response.

1.3.2 Project Planning

1. Programme strategies should be devised to match solutions to real and actual needs. It is imperative that actions focus on meeting actual needs and are not based solely on the opinions or experience of advisors and key staff on the ground. Programme strategies should be developed after an in-depth needs assessment is carried out in consultation with local groups, volunteers, and NGO staff. While the development of any strategy depends on the local context, the core principles should be designed by Oxfam International and adapted by the users and applied after it has been agreed what is appropriate. The emphasis, however, is always more on using local knowledge throughout project planning. Oxfam staff should strive to achieve the right degree of local participation, considering the various interests involved, to arrive at realistic/achievable targets and to set priorities. Developing an all-inclusive strategy, and time constraints, may be the biggest challenges here. Working closely with government and with other Oxfam affiliates should also be advocated as good practice in this regard.
2. Oxfam should avoid over-commitment as this leads to raised expectations amongst affected people. The solution to this would be experienced managers. However, it also depends on whether there is ever again an emergency with quite so much money donated – perhaps this is not a common problem.
3. Understanding and managing the transition between emergency and long-term phases of the programme is of the utmost importance, especially for managers in-country. In terms of public health, it is best to go with what people are most comfortable using: for example, a lack of consultation with people before deciding on watsan options carries a high risk of watsan structures not being used, despite subsequent awareness programmes being conducted. This was observed in both Sri Lanka and Indonesia.

4. Engagement and/or integration as well as 'single' external representation among different Oxfam affiliates should be ensured. Before initiating interventions, there should be joint planning at the management level of all affiliates present in-country. Co-ordination between sectors, field offices, and regional management centres should follow in a consistent manner. Staff from all implementing affiliates should be inducted on means of response that are efficient and coherent. However, the bottom line remains that speed of response assumes priority over co-ordination.
5. Senior-level managers across affiliates should devise relevant strategies after building, from the very outset, a common understanding among existing staff with a development background and emergency experts who would normally come from outside. To smooth this process, Oxfam affiliates should strive to deploy and retain staff with emergency experience appropriate to the local context. As well as providing inductions and clear TORs, substantial efforts should be made to clarify the different roles of technical advisors, programme teams, and co-ordinators to best utilise Oxfam's expertise. An alternative to engaging external technical staff would be to look at contingency plans to ensure capacity building within the country, so that programmes are prepared for emergency response in the future.
6. Programme expansion (e.g. due to a sudden influx of funds) should be carried out in a planned, systematic, manageable, and sustainable manner. There should be a judicious allocation of funds across sectors, and affiliates too if possible. A flexible human resource management pool (something like Humanitarian Support Personnel (HSPs) deployed by Oxfam GB and Oxfam Solidarity, but more local), following, for example, the use of roving teams during the initial response stage, would meet this condition. There should be more emphasis in learning outcomes on the need to utilise local staff wherever possible, e.g. looking at what available technical expertise exists in the country, not just in the local area.

1.3.3 Design of monitoring procedures

1. From the first phase of the response, Oxfam affiliates should work towards providing direction for monitoring, aiming to develop practical monitoring tools rather than simply relying on an academic framework – for example, developing community-based monitoring tools which can be field-tested and assessed with the community, partners, core committees, and watsan committees. It is also important to acknowledge and appreciate the limits of what beneficiaries themselves can monitor and adequately communicate to all stakeholders. This could be implemented through joint monitoring by Oxfam and partner representatives, but it would be successful only if there was a strong commitment to it. Again, training and capacity building are recommended.
2. Adherence to uniformly agreed and accepted standards (such as the Sphere standards) could ensure a benchmark level of monitoring. A step towards this would be to fully consider the context of physical and social environments before designing monitoring tools. The challenge lies in designing monitoring tools so that they are as simple as possible, but at the same time are adequate to capture the actual situation. The use of PHAST (Participation, Hygiene, and Sanitation Transformation) guidelines is relevant throughout the programme. There is a need to reflect continuously on where interventions are with regard to the Sphere standards, Red Cross Code of Conduct, and HAP principles in all programme monitoring and evaluation activities. In particular, Oxfam needs to enforce much stricter and more specific construction monitoring processes. This is important especially from the point of view of partners, where awareness and knowledge of Sphere might be limited.
3. Management support for the design of monitoring procedures should be ensured for implementing teams, including both input and feedback. There should be similar efforts, if not greater, to ensure the use of evaluation findings and lessons learned from ongoing monitoring in the implementation of the programme. This can happen only if there is strong

commitment from both management and implementing teams. Problems can be avoided if the PDCA approach is well applied.

4. Staff should be made aware of monitoring methods and tools, and preferably trained in monitoring. One way to help achieve this would be for managers to spend more time in the field.

1.3.4 Implementation and learning

1. Many new skills have been transferred to local PH staff. Efforts should also be made to put in place a mechanism for deploying these experienced local PH workers with future emergencies in mind. Where local skills exist, they should be utilised. At the field level, different Oxfam affiliates need to have a co-ordinated approach to responses to ensure a good balance between local knowledge/participation and international expertise. Expatriate technical experts also need to be sensitive to local culture, knowledge, and practices.
2. Involvement of all relevant actors in the formulation of strategy is a must to arrive at smooth and clear exit strategies.
3. Oxfam should initiate co-ordination with other NGOs and with government at the outset of a response. A clear mapping of roles needs to be negotiated early on to arrive at a uniform response strategy for implementation. Oxfam, with its expertise in public health promotion and response in humanitarian programmes, can play a more proactive role in influencing the overall response. Before that, Oxfam should ensure that there is good working co-ordination within affiliate/partner organisations and that this is sustained.
4. It is vital that during the implementation process both quality and quantity standards are defined from the outset, and that indicators are decided by actors as close as possible to the beneficiaries, if not by the beneficiaries themselves. Secondly, it is important that both output and process indicators are used together. Thirdly, to make monitoring and quality assurance reports effective, they should be drafted during – not after – implementation. Monitoring information has to be linked to management/co-ordination levels, otherwise it cannot be effective.

5. The integration of public health engineering and public health promotion into a single public health response would be a good step forward in terms of bringing both engineers and PHP workers onto a single common platform and ensuring a co-ordinated response.
6. Experimenting with new technologies should be reconsidered and piloted on a small scale only, since in certain cases in the current response it has proved to be a huge drain on time and money.
7. An accountability framework should be developed in PH programmes. Programme quality standards developed by Oxfam should translate into accountability-related deliverables with partners. Management could ensure that uniform quality parameters – technical and social – are factored into the agreed plans and are then tracked. Good examples of this include displaying details of projects in camps, complaints boxes, and displaying lists of beneficiaries. Mechanisms should be in place to ensure that feedback received by accountability officers is quickly addressed by programme teams. Accountability officers should understand clearly that they too are part of the Oxfam team and are not merely a ‘complaints book’ for beneficiaries.
8. Adequate consultation should be carried out with communities to ensure that public health infrastructure built by Oxfam is well used and maintained. This needs to be backed up with appropriate facilitation by staff to ensure that the interests of vulnerable people in the community are not sidelined. It is difficult to maintain watsan structures such as bathrooms and toilets for the whole community, as just a few people end up taking all the responsibility. It is perhaps better to have units for each family or group of families, as decided by the communities themselves.
9. Strong community structures/groups/committees should be encouraged to maintain watsan and public health promotion activities. The participation of opinion leaders at the village level should be ensured, as this is a major factor for success. It is imperative to have an in-depth understanding of who at

the village/community level could play an influential role in taking forward PHP activities in a sustained manner, and this should be aimed for. For example, women and children tend to use watsan structures such as toilets and bathrooms more than men, so it would be good to discuss whether there is a need to build more units separately for them. The Sphere indicators should be considered and modified to suit the context.

1.3.5 Evaluation

1. The evaluation process should be planned, allowing sufficient time for all relevant stakeholders to reflect on it, and the evaluation recommendations should be presented in a simpler form for better understanding.
2. Post-evaluation, the evaluation team should hold a half-day workshop to debrief the implementing teams on their findings and recommendations. Evaluation findings with recommendations for improvement that are not shared with field teams defeat the purpose of evaluation.
3. Evaluations should be shared widely within Oxfam affiliate and partner teams for increased transparency. Findings should also be shared with former staff who were part of the response.

There is also a need to highlight some reflections that were not specifically captured within the programme cycle framework used for the review e.g. learning around the importance of preparedness, contingency planning, and capacity building at country and district levels in core areas (such as undertaking needs assessments, specific PHP training for emergencies, etc.), so that communities themselves are in a better position to respond.

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