

In early October 2009, flash floods hit southern India. The disaster affected nearly two million people and claimed hundreds of lives. Oxfam India responded by providing relief provisions to 13,000 households in two of the worst affected districts, Bagalkot in Karnataka and Kurnool in Andhra Pradesh.



Flood Response in South India

2009

The Flood

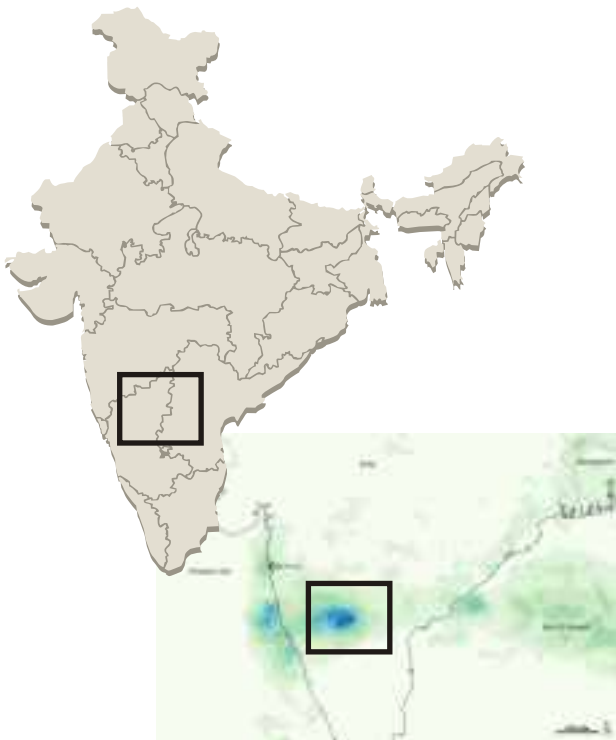


image courtesy earthobservatory.nasa.gov
dark blue indicates rainfall over 525 mm
acquired Sept. 29 - Oct. 5, 2009

On the 30th September and 1st October 2009, flash floods hit Andhra Pradesh and Karnataka in the South of India. Heavy rains left at least 230 people dead and millions homeless as of October 5, reported the BBC. Ironically, just a week before, the same region was suffering from the worst drought in 60 years.

In Andhra Pradesh alone, the disaster affected 5 districts and 1.4 million people, and 15 districts were affected in Karnataka. The two worst hit districts were Bagalkot in Karnataka, and Kurnool in Andhra Pradesh.

Most of the affected districts were drought prone, comparatively poorer, and not regarded as vulnerable to flooding at such an unexpected scale. People were not prepared, and the region had no infrastructure to provide emergency shelter.

In many locations, flood waters continued to inundate villages and towns for weeks. Millions of people had to live in open fields and along village roads in make-shift tents. Search, rescue and relief operations were initiated by the state and district Governments, with help from the Indian Air force and the Army, but these efforts were not nearly adequate to deal with the scale of the disaster.

A number of local and International NGOs – coordinated through the Inter Agency Group (IAG), responded by addressing basic survival needs. These organisations provided temporary shelter, food, water treatment provisions, essential Non Food Items (NFI). Oxfam India was one of them.

Cover one of the many houses destroyed in Nagaladdine village
Below devastated house at Kurnool, Andhra Pradesh.



and After

When Bharathi, 15, came home from her hostel during Eid holidays, she did not imagine that she would not be going back to school. Her home is in Kotapalli Mandal of Kurnool district, Andhra Pradesh, where most of the 180 houses have been destroyed by the floods.

"Whenever someone comes to my village to help flood survivors, I always look forward to them to provide me some support so that I can go back to school. But here everyone is offering food and other things. I am in class 10, and this was a crucial year for me. My father is a daily wage worker. He has to look after a family of five. He cant afford to buy me books and uniform again. We have has lost everything. It had taken a lot of effort from me and my family to send me to school. It seems all our efforts are going to go in vain"



Bharati



Saraswati



Lakshamma

80 year old Lakshamma does not have any family to look after her. The house was all that she had.

"My son lives in a far away town and didn't even come to see me after the floods. At this age, I was working every day for Rs 30 to buy food. But now there is no work left. It feels difficult to survive now without a house or work"

Saraswati is a 16 year old girl from Jaduarpalli village. She has been living in a tent with her parents and her 14 year old sister Rajeshwari.

"Living in this tent covered with sarees day after day is becoming very difficult for us. All latrines in the village are choked and there are no bathrooms left. We go near the river as early as 4 am in the morning for latrine. I feel scared all the time, what if someone sees us. There is no place to bathe either. It's such an ungraceful life we are thrown into"

Below hundreds of temporary camps like this were set up by displaced communities. Kurnool, December 2009.



Key Issues

Water Supply

There was a pre-existing shortage of safe water in the affected villages. There were a few working hand-pumps that people depended on for drinking water. For all other purposes people used turbid untreated water from the river. Water supply and infrastructure are also divided along caste lines, with upper caste members enjoying better access.

The piped water supply system from the adjoining rivers was almost completely destroyed by the disaster. Of the few hand pumps that worked, many were soon contaminated as the flood water damaged the aprons and drains. There had been sporadic cases of water borne diseases.



Hygiene

It took several months for communities to clear the debris and restore acceptable hygienic conditions. The floods had inundated the sewage systems and septic tanks, and contaminated the water sources. The general condition was made worse by tons of accumulated silt and decomposed food grain stock. Affected people did not have means to purchase soap, sanitary cloth and other hygiene items. These factors, together with the slush and stagnant water, posed a serious health risk especially for women.

The lack of privacy can also hindered the hygiene practices for women and adolescent girls. Women had to either walk a couple of kilometres to go to the river to bathe or use the hand-pumps in public.

Sanitation

The majority of the population are used to open defecation, in agricultural fields and river beds, which is a public health risk in any case. Although most of the villages in the Kothapalli Mandal were supposed to have 100% toilets coverage, the majority were not actually in use.

The existing latrines were damaged and rendered unusable. There was no provision for any sanitation facility in the relief camps set up by the authorities and other NGOs.

Lighting was another major issue in the villages. Most of the affected villages are not electrified, and the relief camps set near the villages remained dark at night.

Shelter

Most of the houses had collapsed or were washed away by the floods, and the rest were too damaged to be habitable. For weeks after the water receded, villages were covered with a thick layer of mud. People spent months living on roofs of concrete structures, exposed to the sun and rain.

Lack of preparedness meant that the temporary shelters in public buildings were grossly inadequate. They soon became filthy and crowded. Many chose to stay on their own, along roads and higher ground. Families visited their own homes at daytime to clean the debris, and returned to their temporary shelters in the evening. In some of the worst affected villages, people had nothing to return to.

The Response

The Oxfam India response covered 9000 families in Andhra Pradesh and 4000 families in Karnataka. Of 61 villages covered, particular focus was on 12 of the most vulnerable. The programme was implemented over 3 months - October to December 2009.

The purpose was to ensure that affected communities had immediate access to basic needs to safeguard themselves against public health risks, and reduce avoidable mortality. The response was mainly aimed at improving access to safe water and sanitation, and promotion of public health

1 Safe Water

In the first phase of the relief programme the focus was on supply of safe drinking water, household treatment of water, and restoration of damaged facilities.

A total number of 1.2 million *Aquatabs* were distributed, and their use demonstrated. This was done through door-to-door visits as well as through common distribution and demonstration process. Restoration work was conducted in the most vulnerable villages.



Hygiene Kit

two 18L lidded buckets; two 1.5 L mugs; four pouches of ORS; four bars of bathing and detergent soaps



Temporary Shelter Kit

one tarpaulin sheet - 170 gsm, 12'x18' HDPE with nylon cord reinforced edges, eyelets; one ground sheet - 125 gsm, 12'x9'; MS wire and Rope; one fleece blanket

2 Public Health

The second phase focussed on protecting environmental sanitation and hygiene, providing safe living conditions that would prevent the spread of disease. At this stage Hygiene kits were distributed. Village cleaning drives were supported with wage incentive. A total of 155 temporary latrines and 60 bathing cubicles were constructed.

Awareness campaigns included wall writings, wall paintings, street plays, rallies on issues such as village cleaning, construction of soak pits, solid waste management pits, installation of dustbins and ongoing residual chlorine check.

3 Temporary Shelters

Affected households salvaged material to erect their own structures. To the most needy, 1400 temporary shelter kits were provided.

Oxfam engineers helped construct 10 prototypes for the affected community to replicate from. The prototypes were allocated to women headed households.

In this page at a distribution camp, beneficiaries raise documents that indicate that they have been registered to receive NFI kits. Facing page snapshots of the aftermath; flooded households, communities surrounded with filth and debris, children at shelter camps, long queue for drinking water.

Overview of Activities



Coverage

- 9000 households from 35 villages in Kurnool District, Andhra Pradesh
- 4000 households from 26 villages in the Hungud block of Karnataka

Water

- *Aquatab*, water purification tablets distributed. 60 tablets per month to each of 13,000 households.
- 164 water-samples analysed and tested for quality.
- 17 handpump aprons constructed.

Sanitation

- 155 latrines constructed.
- 15 Village cleaning campaigns conducted.

Hygiene Promotion

- Volunteers identified and trained, and Hygiene - Sanitation campaigns organised across all operational villages.
- Awareness raised through Focus Group Discussions (FGDs), covering 10,800 households.
- Essential NFIs – Hygiene kits distributed to 100% households.
- Solid waste management in some of the worst affected villages, where sludge and debris prevented families from returning home.
- Affected families were engaged in cleaning work, supported with wage incentive, which went into procurement of essential items such as food.
- Public Health Promotion (PHP) messages displayed in disaster affected villages.

Temporary Shelter

- Temporary shelter items distributed to 1400 worst affected households, where houses had collapsed and families had no shelter whatsoever.
- 13,000 fleece blankets distributed as part of NFI support to the affected households.
- 10 Prototypes Shelters constructed for replication in the affected villages.

In this page a temporary pit latrine for a family, distribution camp at Bagalkot, recipients of Hygiene and Temporary Shelter Kits, a village being cleaned by members of the community.

Timeline



October 2009

- 1 Disaster strikes as flash floods and water logging
- 4 Decision to Respond. Field assessments
- 5 Pledge of funding from Oxfam affiliates
- 6-7 Deployments in Karnataka and Andhra Pradesh
- 8 Detailed WASH assessment begins
- 12 Response team in place
- 14 Aquatabs distribution starts
- 15 Hygiene kit procurement
- 18-19 Management note approved
Response team expands for distributions and surge
- 24 Partners meet to plan and finalise distribution strategy
- 27 **Distribution day I**



November

- 10 Distribution completed
- 12 Shelter procurement begins
- 13 PHP work begins
- 15 Post relief WASH assessment begins
- 16 PH Engineering design, work and estimates start
- 20 Shelter material arrives
- 22 Shelter prototypes made
- 24 Shelter distribution starts
- 26 Latrine construction outsourced
- 30 Shelter distribution completed



December

- 1 PHP & Environmental Sanitation start (Village cleaning)
- 9 Latrine and bathroom cubicles work begin
- 16 Real Time Evaluation (RTE) begins
- 31 Programme ends



In this page construction of a soak pit for a latrine, Oxfam staff tests water quality, a choked hand pump being repaired, PHP volunteers explain the correct way of hand washing, and use of ORS to each hygiene kit recipient.

Partners

In Karnataka, Oxfam India implemented the response programme with one of its previous partners, **Bijapur Integrated Rural Development Society (BIRDS)**

Oxfam had a water & sanitation technician, a programme coordinator and logistician deployed to Hungund to support the BIRDS team. In Andhra Pradesh, a Kurnool based Oxfam team managed 3 local partners:

- **Society for National Integration and Rural Development (SNIRD)**
- **Vikasa Mahila Mandali (VMM)**
- **Center for World Solidarity (CWS)**, an organisation with a strong local network, who engaged two of their own partners for implementation work:
- **Pragna Rural Development Society (PRDS)**
- **Bharati Women Rural Development Society (BWRDS)**

Below BWRDS was awarded for their wonderful flood response work in Kurnool district of Andhra Pradesh. The event was organised by NTR Trust, and the award was presented by Governor of Andhra Pradesh on 10th February 2010 at Hyderabad. The event was covered by all regional news channels of Andhra Pradesh.



The South India flood response programme was *Semi-Operational*, which is defined by Oxfam to mean that it was relatively more hands-on, with partners supported in specific areas of work; for example – in community mobilisation, volunteer management, distribution responsibility, but having minimal logistics responsibility etc.



Why Partners?

Oxfam International recognizes that - wherever possible - it should work with partners. This mandate applies to all kind of programs, including humanitarian ones.

Partners in the OI context means likeminded autonomous organizations that share core values with OI, that co-work in common areas of interest and that have a contract with Oxfam affiliates that ties accountability and performance to the existing relationship.

There are a wide range of areas where partners are proving their capacity to work well in humanitarian crisis despite lack of 'technical' expertise. Oxfam believes that a first step to empowering partners is to better recognise the skills and assets they already bring and build on these more effectively.

Working with partners to build local capacity is also aligned with OI vision for a world in which humanitarian and emergency response is partially decentralised, from international humanitarian agencies to local capacities.

Benchmarks and Outcomes

1 **Objective** To contribute to the improvement of shelter and prevention of Water Sanitation Related Diseases arising from the Floods in two affected Districts of Andhra Pradesh.

- There was no outbreak of diarrhea or related diseases within the project area. On the wider scale, no outbreak was recorded in the State of Andhra Pradesh



"We always used those cheap plastic pitchers that are not very easy to use. These lidded buckets would be durable and hygienic as well for storing water. I have two small kids and the material distributed would help keep my family healthy and safe from diseases"

Farida, 30

"I have never used buckets in whole of my life. They look good. Soaps and blanket is also very useful"

Rangamma, 50



2 **Objective** Targeted population - 13,000 households, equivalent to 78,000 people, have increased access to, and make optimal use of water sanitation facilities and take actions to protect themselves through use of NFI- by 31st Dec 2009.

- 100% families were supplied with the *Aquatabs* for household level water treatment for three months
- 81.85% of targeted households were found to be treating water at home
- 100% households received NFI kits, out of which 88.25% were observed to be using them

- 100% of targeted households have used the shelter kits, mainly for roofing
- 100% of latrines were used mainly by women and children
- 100% of bathing cubicles were used mainly by women
- Such type of response work was the first time experience of most of the NGO partners, which hampered the pace of work at the initial stage.

3 Objective All targeted beneficiaries have access to a sufficient quantity and quality of safe drinking water.

- All the targeted households were ensured access to potable drinking water, 88.25% households used containers provided for storage of water.
- Aprons with drains and soak pits were constructed for 17 tubewells.
- The main challenge in improving water quality was in controlling secondary contamination at the storage level. *Aquatabs* were short-term measure; sustainable practice in water handling should be promoted.
- Some community members preferred the pitcher to the buckets that were provided.



“People of the village are satisfied with the material distributed. Villagers received enough food items but Oxfam looked into the aspect of hygiene and sanitation. The focus on public health promotion, and distribution strategy were unique approaches. These things are going to stay with the villagers for long time”

G Nagendrappa,
Sarpanch, Nagaladinne

“Generally big and powerful people get things, not the needy. The distribution by Oxfam was very organised and that's the reason all needy persons got the material”

Gajalamma, 80



4 Objective Most vulnerable of the displaced families that are not targeted by the Government Total Sanitation program have access to safe sanitation facilities and are using them appropriately.

- Design and location of latrine were finalized in consultation with the community members, especially women from the targeted households
- 125 latrines constructed in Battuwaripalli, Juduwaripalli and Nadi Khairawadi villages in Kurnool district of Andhra Pradesh
- 30 common latrines constructed in three villages in Bagalkot district of Karnataka
- 100% latrines were used mainly by women and children
- 86.65% of households demonstrated knowledge on safe disposal of fecal matter
- The practice of open defecation being common, promoting use of toilets was a major challenge for the partners and volunteers.
- Increased demand for latrines could not be met by Oxfam India because of the lack of space for construction.



Benchmarks and Outcomes



Above handpump repaired, cleaned and freshly lined with bleaching powder.

5 Objective At least 50,000 of targeted beneficiaries have the skills, and means that will enable them to practice appropriate and safe hygiene behaviors in a dignified and culturally appropriate manner by 31st Dec 2009.

- 100% of targeted families received Hygiene Kits. There was no evidence of discrimination on the basis of caste or religion in the distribution of NFIs.
- All distributed Temporary Shelter Kits were used. Tarpaulin sheets and blankets were the items most valued by the beneficiaries .
- 12,472 sanitary napkin pads were distributed among adolescent girls and women. Exclusive

6 Objective 8,400 targeted beneficiaries have improved temporary shelter by 31st Dec 2009

- 1400 households received and used the shelter materials. 41% households identified shelter material as the most useful item.
- While most of the shelter materials were used to create a separate tent, a few households used it as to cover the temporary and partially damaged households.
- The targeted households whose houses were very badly damaged could manage to construct temporary shelter, or improve existing shelter by using distributed shelter items.
- With limited units of shelter material available for distribution, it was difficult to decide on the target. Village level meetings were organized by the partners to select the final list of beneficiaries.

6 month pregnant, Nagashhari had lost all her belongings in the floods and had taken refuge at her relatives home. The only thing she could recover was the blue painted door of her house.

"The Hygiene kit from Oxfam has been a great help for me, especially at this stage of my pregnancy. It helped me to ensure that both I and my unborn child stay healthy and safe"



Nagashhari, 19

meetings with women and adolescent girls were organized, and proper demonstration on usage of these napkins was done by PHP volunteers.

- The post-distribution monitoring process covering a sample of 2000 households indicated increased awareness and behavior change of targeted population in terms of hand washing, handling of drinking water, use of toilets, dustbins etc.
- The consistency of the use of *Aquatabs* was a challenge. Some households did not use *Aquatabs*, objecting to its smell and taste.
- Women were sometimes too shy to discuss sanitary napkins. This was a major challenge for volunteers and project staff.

Evaluation

A two-member team from Red R visited Kurnool and Bagalkot between 15 and 22 December 2009, to evaluate Oxfam India's response in the affected areas.

They conducted this evaluation through existing documentation, field visits to the affected villages, FGDs, observations and interviews with several key stakeholders within Oxfam and partner agencies.

The evaluation report is summarised here:



- *Oxfam's experience of working in floods in India came in handy in designing the response.*
- *Oxfam conducted quick assessments and people were on the ground within first 4 days.*
- *Identification of partners and supporting them well helped in speeding up access, designing and launching of the program.*
- *Technically the response package was a standard one for Oxfam with a lot of emphasis on distributions and hygiene promotion. The PHP formed the core of the program. The Engineering interventions were low capital intensive and appropriate.*
- *Although over a limited geographical area, Oxfam responded well by working with people in the worst affected blocks.*
- *The targeting was logical and transparent. The strategy adopted was to cover entire localities affected by the flood. During targeting it was ensured that community members of different castes and religion benefited, special focus was maintained on women and children.*
- *The high percentage of women volunteers helped in targeting women and children in the PHP programs, which was instrumental in giving better results of promotion activities.*
- *The beneficiaries expressed utmost satisfaction with the quality and type of response undertaken by Oxfam. They were particularly pleased with the nature of beneficiary identification, nature of distribution and post distribution support and monitoring. The village cleaning exercise along with the cash-for-work programme was most effective and useful for them and they appreciated the support provided by the PHP volunteers in visiting households and providing an ear for their problems and concerns while recovering*
- *Oxfam operated and handled the entire response by itself independently using largely internal HR.*
- *The media strategy was quite effective in generating funds but could do with a better structure and plan for application to such situations particularly when the disaster is not a major media issue.*
- *Oxfam made a concerted effort to raise funds, which helped it to stretch some of the operations and seek to make a substantial and persistent impact. However, they were still short of funds which led to the curtailing of the coverage and impeded conducting a substantial multi sector response.*



In this page members of the evaluation team engaged in FGDs with community groups.

Lessons Learnt

In the last week of December 2009, the Oxfam team along with the partners, met to review the outcomes of the response. One of the objectives of the meeting was to identify gaps and discuss ways to address them in future response programs.

Learning generated at such sessions feed into Oxfam country documents, which are shared for the benefit of other regional offices and partner organisations.

The Lessons learnt report is summarised here:



Above Debriefing meeting with Oxfam staff and partners at Secunderabad, December 2009.

- *The secondary emphasis given to Shelter in the response, and the belated action puts forth questions about programme planning, and Oxfam India's capacity to diversify responses to meet critical needs while still balancing the core WASH mandate in emergency response.*
- *There was no significant state level coordination with the government systems in this response. Even at the local level there wasn't much evidence of this, though some discussions were held at the initial stages. A greater engagement with external stakeholders to the response could have been undertaken for wider dissemination and resource coordination at a peripheral level. This would have also helped engage the regional office more. This is an area that Oxfam India could look to invest in as the Government in India tends to be the biggest responder. Coordination with them could help make more targeted sector responses.*
- *A specific guideline or advisory relating to ways of working could be evolved on the issue of blanket versus targeted coverage in the most affected regions.*
- *Immediate deployment of staff for logistics, finance along with PH advisors could greatly enhance Oxfam India response efficacy and planning. Staff backup and backfilling needs to be improved critically and substantially.*
- *This programme gives a strong platform to further work on Environmental Health – there is a need to improve the indicators related to EH, particularly for sanitation. ECOSAN pilot initiatives could be thought of.*
- *Oxfam India can build a livelihood regeneration programme in the affected communities and seek support from corporate donors for the same.*
- *An advocacy role on some key issues could be taken up by Oxfam India and in particular on flood / flow management at dam sites.*

- *The regional office could be more engaged in the identification and support of partners. A strategy, and potentially a management document should be envisaged to address this need.*
- *There is a need to design more evidence based responses with regard to technical interventions. The focus should be on evolving a strategy, building capacity on hardware / engineering, programme management and design of the response.*
- *The lack of contingency stocks and planning in the region and the prolonged procurement led to a substantial time lag between assessments and provision of aid.*

Abbreviations used

DRR	Disaster Risk Reduction
EH	Environmental Health
FGD	Focus Group Discussions
HAP	Humanitarian Accountability Partnership
IAG	Inter Agency Group
NFI	Non Food Items
PH	Public Health
PHE	Public Health Engineering
PHP	Public Health Promotion
RTE	Real Time Evaluation
WASH	Water Sanitation Hygiene

✦ mark on some photographs indicates photo-credits belong to **Oxfam India / Sam Spickett**. Other photographs by Oxfam staff and partners.

Budget

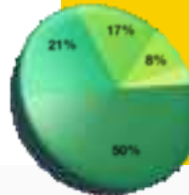
Donors

INR

Oxfam GB	77,84,400	54%
Oxfam Australia	20,95,500	15%
Microsoft	19,09,963	13%
Oxfam America	13,02,883	9%
Oxfam India	12,26,582	9%
Total	1,43,19,328	100%

Budget

● WASH NFI	71,45,978	50%
● Emergency Shelter	30,28,088	21%
● Administration	24,11,187	17%
● Human Resources	11,90,400	8%
● Monitoring & Evaluation	5,43,675	4%

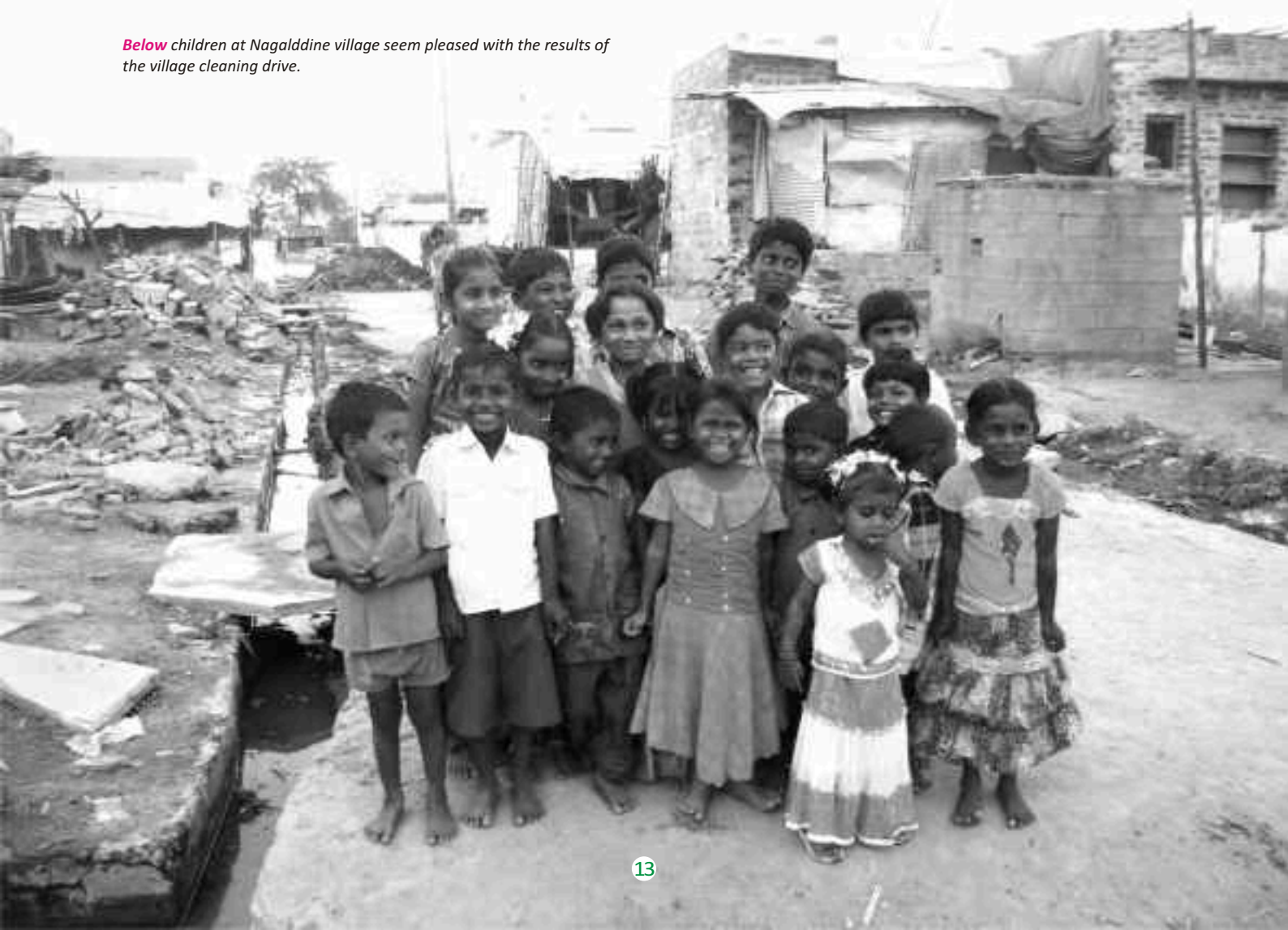


Thank You!

Oxfam India, on behalf of partners and the people of Bagalkot and Kurnool districts, would like to thank the Individual Indian donors and Corporates.

Without their valued contributions, it would not have been possible to reach the target of providing relief and recovery services to 13,000 households; about 60,000 men, women and children.

Below children at Nagaldine village seem pleased with the results of the village cleaning drive.



Oxfam's Humanitarian Work

Oxfam is a key player in the global humanitarian system, working alongside other international agencies as well as with local organizations and affected communities. As a major non-governmental organization, Oxfam:

- responds to relieve human suffering in emergency situations created by war, drought, floods, earthquakes and famine.
- delivers vital assistance in the form of safe water, sanitation, food aid, and shelter to reduce the incidence of death and disease.
- follows internationally-recognized principles and standards for emergencies, including the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, the Humanitarian Charter and Minimum Standards in Disaster Response and the HAP Principles of Accountability.
- helps to prevent loss of life in future emergencies through reducing risk and increasing preparedness for disasters as part of its development work.

Oxfam is widely recognised as the expert in 'public health' in emergency situations. This includes water and sanitation, health promotion, food security and nutrition in emergency situations.

Though we usually concentrate our efforts on these areas of specialisation, we may occasionally offer support in other areas (e.g. emergency shelter), if critical needs are not being met and we believe that we are best placed to help meet them.

Back Cover volunteers at a distribution camp hard at work to sort out blankets, buckets, bars of soap, and other components that make up the NFI kits.

Over the last fifty two years, Oxfam has responded to all major humanitarian crises in India. In the past decade, Oxfam has responded to almost all the major catastrophes in the operational States of West Bengal, Orissa, Bihar, Kashmir, Gujarat, Tamil Nadu, Andaman and Nicobar Islands and Assam.

Current Disaster Risk Reduction (DRR) Programmes are implemented in 8 states – Assam, West Bengal, Orissa, Bihar, Andhra Pradesh, Uttar Pradesh, Rajasthan and Gujarat.

2009 Cyclone Aila, West Bengal: 60,000 men women and children received 10,000 each of shelter kits, hygiene kits, impregnated mosquito nets, 22,00,000 *Aquatabs*, in addition to sanitation support.

2008 Kosi Floods, Bihar: 192,000 people received temporary shelter support, food aid, water and sanitation provisions including of 20,000 hygiene kits, and construction of 750 latrines and 198 handpumps.

2007 South Asia floods, Bihar, Assam, Bangladesh, Nepal: Oxfam delivered to 420,000 people with food aid, shelter kits and public health promotion initiatives. Oxfam was on the ground in 48 hours providing relief to the affected people.

2007 South Asia floods, Orissa, Assam, Bihar: 120,000 people with shelter and hygiene kits.

2005 Earthquake, Kashmir: Oxfam helped provide and build intermediate shelter package and build 2500 homes in Uri and Tangdhar in Jammu & Kashmir.

2004 Tsunami, India, Sri Lanka, Indonesia: Oxfam launched one of its largest response programmes ever and responded to the needs of 500,000 men women and children in the 3 countries.

Oxfam is a world leader in disaster response, known for providing clean water and sanitation to save lives and prevent further losses by stopping the outbreak of deadly diseases. Every year, Oxfam responds to emergencies in over 30 countries around the world.



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