Oxfam GB Sida Humanitarian Partnership Agreement

1st April 2014-31st March 2015

Annual Report

Contents

Section 1 Oxfam report

SHU	Single Humanitarian Unit
CHS	Core Humanitarian Standard on Quality and Accountability
RRM	Rapid Response Mechanism
HPA	Humanitarian Partnership Agreement
MEAL	Monitoring, evaluation, Accountability, Learning
ESFL / ESFVL	Emergency Food Security and (Vulnerable) Livelihoods
KAP	Knowledge, Attitude, Practice
HIT	Humanitarian Indicator Tool
RTE	Real Time Evaluation
GiE	Gender in Emergencies
WROs	Womens' Rights Organisations
VAWG/GBV	Violence against women and girls/Gender based violence
GBV AoR	Gender based violence area of responsibility

Annex 2.1 Pakistan RRM project

TDPs	Temporarily displaced persons
GNI	Gender Network for TDPs
NWA	North Waziristan Agency
CRDO	Community Research Development Organisation
KK	Community Research Development Organisation
PCRWR	Pakistan Council of Research in Water Resources
BoQ	Bid of Quantity
C2C	Child to child
NCSW	National Commission on the status of women
PCSW	Provincial Commission on the status of women
DDMO	District Disaster Management Officer
PDMA	Provincial Disaster Management Authority
FDMA	Fata Disaster management Authority
DCWG	Coordination Working Group
KPCPWC	Khyber Pakhtunkhwa Child Protection and Welfare Commision
NoC	No Objection Certificate

Annex 2.2 Ethiopia RRM Project

ARRA	Administration of Refugees and Returnees Administration
COA	Community Outreach Agents

Annex 2.3 Sierra Leone

UNMEER	UN Mission Emergency Ebola Response
NERC	National Ebola Response Committee
CHC	Community Health Committees
CCC	Community Care Centres
DHMT	District Health Management Team

Annex 2.4 Liberia

gCHV	Community Health Volunteers
ETF	Ebola Task Forces
CHT	Country Health Teams
ACF	Active Case Finding
MCHT	Montserrado County Health Team

Annex 2.5 Iraq

KRI	Kurdistan Region of Iraq
IS	Islamic State
EMMA	Emergency Market Mapping and Analysis
SSRRC	South Sudan Relief and Rehabilitation Commission
DARD	Disabled Association Rehabilitation Development
FFA	Food For Assets

Annex 3.1 , 3.2 Chad

BeG	Bahr El Gazal
HEA	Household economy approach
TBA	Traditional birth attendant
IGR	Income generation

Annex 3.3 DRC

CPC	Community protection committees
FoW	Forum of women
AoC	Community agents of change
GA	General Assemblies
CPS	Community Protection Structures
FARDC	Forces Armées de la République Démocratique du Congo
FDLR	Forces démocratiques de libération du Rwanda
PNC	*Police National Congolaise*
ANR	*Agence National de Reassignment*
NK	North Kivu
SK	South Kivu

Annex 3.4, 3.5 Mauritania Food Security Project

P	Poor
VP	Very poor
ORS	Oral Rehydration Solution
DRAS	Direction Régionale de l'Action Sanitaire, Regional Health Action Office, Mauritania
CRF	French Red Cross
MRO	Ouguiyas - Mauritanian dollars
PHP	Public Health Promotion
MUAC	Mid-Upper Arm Circumference
PDM	Post Distribution Monitoring
FSMS	Food Security Monitoring Survey
HNO	Humanitarian Needs Overview
HEA	Household Economy Approach
ACORD	Local Partner
Mamans Relais	Community Health Liaison Volunteers
SCA	Food Consumption Score
EMEL	Mauritania government emergency response plan program
CaLP	Cash Learning Partnership
AMPF	Local Partner
SOS Desert	NGO working on Waste Management
SI	Solidarity International
JAM	Joint Assessment Mission

Annex 3.6 Niger

HEA	Household Economy Approach
CRF	French Red Cross
FEFA	Pregnant and lactating womenx
DNPGCCA	Dispositif National de Prevention et Gestion des Catastrophes et Crises Alimentaires : National disposal for Disasters and Food crises prevention and Management
CSR/PGCA	Niger regional committees
SCAP-RU	Structure Communautaire d'Alerte Precoce et de Réponses aux Urgences: Community based Early Warning Structure and Response
FCFA	Food and cash for assets
OSV	Observatoire de suivi de la vulnérabilité
CGPE	Water point management committee

Annex 3.7 South Sudan

EP&R	Emergency Preparedness and Response
PDMCs	Payem Disaster Management Committees
SSRRC	South Sudan Relief and Rehabilitation Commission
DARD	Disabled Association Rehabilitation Development
FFA	Food For Assets

4

Sida- Oxfam Humanitarian Partnership agreement Annual Report

1st April 2014- 31st March 2015

Introduction

In June 2014 Oxfam signed a three year framework agreement (1st April 2014-31st March 2017) – the Humanitarian Partnership Agreement (HPA) – with Sida, this brings together all the humanitarian funding that Oxfam receives within one contract and provides the ability to access three years of funding.

The overall goal of Oxfam's HPA is '**fewer women, men, and children will die or suffer illness, insecurity and deprivation by reducing the impact of natural disasters and conflict'**. There are three components to the HPA 1) Rapid Response Mechanism (RRM) which provides surge funding at the start of an emergency scale up for up to 6 months; 2) funding for annual 'Planned Projects' in chronic/ongoing crises; 3) and funding for 'Strategic Investment Projects' to enable the pilot and scale up use of ICT in our humanitarian work and build the capacity of local WASH partners.

This report outlines the activities undertaken under the HPA from 1st April 2014 to the 31st March 2015 (Year 1), with the exception of some no-cost extensions that go to 30th June 2015. The report is divided into four sections, namely, section 1 focusing on general organisational level changes, section 2 focusing on RRM projects, section 3 focusing on the planned projects and finally section 4 focusing on the strategic investment projects. In section 2-4 the report will begin by summarising the output level results for each outcome as is outlined in the overall results matrix.

1. General Organisational Report

1.1. Internal Change Management

During the reporting period, Oxfam have moved forward with its internal change management processes. The Humanitarian department has made great strides in the formation of a Single Humanitarian Unit (SHU) which will culminate in a one Oxfam, multi affiliate, global humanitarian department that will support the response to category 1 and 2 humanitarian crises, be the global lead on humanitarian representation and the maintenance of humanitarian standards as well as coordinate work on capacity development and preparedness. The overall process during this reporting time has included detailed design and testing of the model. Further work will continue through 2015 on the transition process which will include recruitment of One Humanitarian Director with the SHU formally starting in January 2016.

1.2. Security

In this changing and increasingly insecure environment, Oxfam continues to place significant emphasis on security of staff and the people we work with and for. For the reporting period April 2014 to March 2015, Oxfam has increased the capacity of the security management team with the roles of Syria Response Security Adviser and HQ Security Officer being added to the global team. A redesign of the security incident reporting has led to greater capability to analyse trends month on month and an improved reporting culture (in particular Horn, East and Central Africa) is being noticed. Additionally Oxfam GB participates in reporting to external databases such as Aid Worker Security Database and now Insecurity Insight. A global stock take of Security Management Plans took place and highlighted countries that were performing in relation to Duty of Care and others that needed further attention.

1.3 Counter Fraud

Between 01/04/2015 and 31/03/2015 Oxfam recorded 117 suspicions of fraud or corruption across our international programmes. At the time of writing Oxfam have 39 ongoing cases from that period. Oxfam GB has agreed its new Counter-Fraud and Corruption Strategy 2015-2017, a public document which establishes that we do not tolerate fraud or corruption, which we will reduce to an absolute minimum using a holistic approach. The strategy identifies seventeen components across four strands (deter, prevent, detect and respond) and will use regional strategic implementation plans to contextualise the delivery of those components. The aim is for all projects, programmes and business units to embed and support the components. These activities put capacity building, education and preventative activity at their heart, and our priorities for the next two years are the development of culture, risk management, communication, proactive detection and partners.

Specific incidents relating to the HPA grant will be reported directly to Sida as they occur and will not be formally reported in the annual report in order to respect confidentiality.

1.4 Core Humanitarian Standards

The Core Humanitarian Standard on Quality and Accountability (CHS) sets out Nine Commitments that organisations and individuals involved in humanitarian response can use to improve the quality and effectiveness of the assistance they provide. It also facilitates greater accountability to communities and people affected by crisis: knowing what humanitarian organisations have committed to will enable them to hold those organisations to account. During this reporting period, Oxfam has engaged intensively with this process. Oxfam's Deputy Humanitarian Director was a member of the core writing group. Oxfam is also chairing both Working Groups tasked to create supporting materials (Guidance Notes and Monitoring indicators) and is involved in supporting the development of the CHS verification and certification process. Oxfam adopted the CHS immediately at its launch.

Moving forward, Oxfam will integrate the CHS into existing frameworks, such as evaluation frameworks (Humanitarian Indicator Tool (HIT), Real time evaluation (RTE), and Logistics and HR systems. Oxfam will focus on creating a shared responsibility for quality and accountability in all programmes and focus on practical application in the coming year. By engaging and promoting the core humanitarian standards, Oxfam is seeking to promote non- discrimination, transparency, participation and accountability in all its projects and programmes.

1.5 MEAL in emergencies

Oxfam uses the Humanitarian Indicator Tool (HIT) to assess the quality of their responses. This tool is used for three of the large emergency responses every year and the quality is rated against standards that are based on the internationally accepted Core Humanitarian Standard. Within the reporting period, two HITs were carried out in South Sudan (achieving 88% score) and CAR (achieving 37% score). The HITs reflect the following general conclusions- the timeliness in relation to rapid appraisals and initial implementation (within 3 days) is average. The coverage (10% of affected population) was rated as very good as were technical aspects of programmes as measured again sphere standards. Programmes were considered 'safe' and actions were generally taken to avoid harm. All programmes assessed had advocacy/campaigns strategies and had based plans on evidence from the field and this was rated highly. However, there was little evidence that feedback/complaints systems for affected populations were in place and functioning. Evidence of appropriate capacity of staff to ensure quality programming was also rated low.

From an external evaluation[1], the two Ebola affected countries where Oxfam is working were not rated as high but there were some interesting attempts to capture beneficiary feedback and to involve affected communities in programming, and in September 2015, Oxfam held an Ebola response learning review in order to see how the learning from this medical emergency can be utilised in the future.

Oxfam has tried this year to have a more systematic approach to monitoring programmes by creating an on-line platform with peer reviewed tools. This is to prevent ad hoc tool development occurring across countries. We are also used more mobile data collection techniques in order to make data collection faster, more accurate and more secure. The Real Time Evaluations (RTEs) continue to be the process that programmes find most useful as it helps teams to learn and to make adjustments to programmes six weeks into the response. The most interesting one to date has been the Yemen RTE where we did a Part A and Part B to cover first the remote programming when international staffs were evacuated and the second part to cover the scale up of the programme when international staff returned (this response not funded by Sida HPA). There is a section in each project report on project level monitoring (attached in Annexes 2.1 to 3.7). A summary of key findings and utilisation of recommendations is in Section 1.16.

1.6 Partnerships

Oxfam's Partnership Principles[2] outline the six core principles that Oxfam's partnerships are based on. Whilst recognizing that these principles are not equally applicable to all types of relationships along the partnership continuum, we nonetheless aspire to follow them in all our working relations with others.

Oxfam continues to work with partners if and when possible in the humanitarian context. Throughout this reporting period, Oxfam has been working on compliance issues with team and partners and there are mandatory requirements with immediate effect that relate to authorisation of working on a project with partners, partner assessments, partner monitoring and reporting. Section 2 (RRM) and Section 3 (planned projects) outline some strengths and challenges of Oxfam's partnerships for this reporting period.

1.7 Organisational contribution to strengthening the principles of non discrimination, transparency, participation and responsibility, and contribution to promoting respect for international humanitarian rights and principles

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[1] The Oxfam response in Liberia and Sierra Leone. An evaluation report for the Disasters Emergency Committee. See also Section 1.16

2 http://www.oxfam.org.uk/what-we-do/about-us/plans-reports-and-policies

6

Oxfam is committed to the humanitarian principles of non-discrimination, transparency, participation and responsibility. These inform our commitments on how we work in partnership with others; Oxfam's rights based and active citizenship approach; accountability to the people we work for and to donors; as well as how we provide information and communicate externally. Oxfam contributes to promoting respect for international rights humanitarian principles through public commitment via Oxfam Contract for Humanitarian Action and by seeking adherence to international humanitarian principles, codes of conduct and quality standards. Our work on the Core Humanitarian Standard (1.4), MEAL in emergencies (1.5) and Partnerships (1.6) discussed above, also demonstrate this commitment.

Some specific examples which demonstrate this in our programming in this reporting period are:
- In DRC (See report Annex 3.3) Community protection committees (CPC), forum of women (FoW) and community agents of change (AoC) were provided with training and awareness raising including international human rights which enabled them to analyse protection threats relevant to their lives and identify appropriate actions to take to mitigate these threats. They then organised 18 sensitisation campaigns on human rights, protection and women's rights at community level, and participated in sensitization activities for local duty-bearers, authorities and leaders of public opinion in each targeted community which helped to find consensus on principles of human rights and protection (promoting respect for international rights, demonstrating participation, transparency, responsibility)
- In Chad (Annex 3.2), the targeted populations, particularly traditional leaders primarily involved in GBV conflicts resolution are more aware of women's rights and are better able to protect these rights as a result of awareness sessions, talks and debates (promoting respect for international rights, transparency)
- In Sierra Leone (Annex 2.3), in seeking to reduce the morbidity and mortality due to EVD, Oxfam's humanitarian efforts were accessible to women, men, boys and girls alike and beneficiaries were targeted in regards to the urgency of their needs rather than any categorisation such as race or political affiliation (Non discrimination):

1.8 Gender

At organisational level, a new global strategy on Gender in Emergencies (GiE) in Humanitarian Programming has been developed for the period 2015 to 2020. The goal that by 2019, the differential impact of conflict and disasters on women, men, girls and boys and their differing needs, are addressed by Oxfam, duty bearers and humanitarian actors where crisis affected women and girls can voice and realise their rights, where zero-tolerance of GBV and where women's transformative leadership is promoted in the emergency and preparedness. The GiE Strategy has been socialised in recent major humanitarian response for example in the Earthquake response in Nepal to translate the 5 objectives into practice.

Part of this strategy is to proactively seek more strategic partnerships with women's organizations to help us have a better understanding of the impact of emergencies on women and girls in different contexts. Oxfam has also made progress in partnership with Womens' Rights Organisations (WROs) who can effectively address VAWG/GBV and build their capacity to deliver high quality, gender-sensitive humanitarian responses, participate in international coordination and planning processes, and influence the humanitarian system to be more inclusive of local civil-society actors. This is demonstrated in the recent major responses such as the Yemen response, Earthquake response in Nepal and the Philippines Typhoon Haiyan response.

In 2014, Oxfam was a member of the GBV AoR Task Team who revised the IASC GBV Guidelines. The Guidelines are now being launched to the global humanitarian practitioners. The Oxfam VAWG/GBV Knowledge Hub, launched in November 2014, is now in full operation focusing its functions on country level assistance. The Hub is partnering with UNFPA to launch an initiative to help improve Oxfam's responses to GBV in humanitarian settings. In a first phase, the Oxfam Knowledge Hub will use the revised IASC GBV Guidelines to assess Oxfam's approaches and responses to GBV in four conflict settings.

At project level gender analysis is incorporated throughout the programme cycle, and all programmes strive to adhere to Oxfam's Gender minimum standards in emergencies. Oxfam's interventions ensure that women, girls, boys and men are able to access the benefits of humanitarian programming in an equal and safe manner, and that there is meaningful participation in humanitarian sectoral programme activities by specific gender groups.

Some specific examples of how the gender equality perspective was integrated into the projects funded under this HPA are:
- In Sierra Leone (Annex 2.3) in total, 51,026 women compared to 37,852 men were reached during this emergency response to the EVD outbreak. Oxfam has sought to target more women within Sierra Leone as they have been disproportionately affected due to their role as caregivers and health sector workers, and are estimated at between 59-75% of all cases. Oxfam has also supported the National Gender Assessment to better under the detrimental impact that the Ebola outbreak has had on women and girls.
- In Mauritania (Annex 3.4) our team noticed an increasing number of women-led households- around 60% of the targeted poor and very poor households. This phenomenon is due to the seasonal migration of men, leaving women

with few resources and leading to a feminization of poverty and to social exclusion. The cash project is offering alternative livelihoods to those vulnerable households and women.

- In the DRC protection programme (Annex 3.3) The participatory mapping of local referral services, alongside information diffusion activities and the promotion of self-referral, ensures that women, men, girls and boys have the information to access appropriate services whether following an act of violence, or use according to more routine needs.
- In Chad (Annex 3.1), working with pastoralists and agro pastoralist communities, the burden of domestic responsibilities which tends to fall to women has been lightened. The use of improved stoves has enabled women to save a significant amount of time in terms of collecting firewood (approx. week per month), which can now be dedicated to other social and economic activities. In addition, beneficiary targeting prioritised female headed households.
- In Ethiopia (Annex 2.2), in Gambella region, extensive consultations and involvement of women in the project implementation enabled the project to address most of the concerns for women, girls and boys including; access to water, latrines and hygiene promotion services. Women and vulnerable persons were consulted when designing sanitation facilities, especially before construction of household latrines in Kule. Women focus group discussions were conducted on the access and risk of sanitation facilities, and action taken.

1.9 Protection

Protection in the form of "safe programming" continues to be an important component of all Oxfam's humanitarian work. Oxfam's 2020 Humanitarian Strategy requires all humanitarian programmes to be 'safe programmes' that avoid inadvertently doing harm, are conflict sensitive and take all necessary measures to prevent and respond to GBV/VAW. Oxfam's 'safe programming' requirement has been implemented in its major humanitarian responses including South Sudan where protection staff have produced a useful report on how they implemented the approach in a very challenging context.

In addition, Oxfam has carried out specific protection projects in a wide range of responses including Haiti, Mali, the Ebola response in West Africa, CAR, Mauritania, DRC, South Sudan, Ethiopia (South Sudanese refugees), Typhoon Haiyan response in the Philippines, Lebanon, Jordan, Yemen and Iraq with the exact projects, scale and scope varying according to the context. Common activities include information dissemination and referral to emergency services (such as medical clinics for torture survivors, or legal advice for Syrian refugees) and support to local protection committees and similar structures. Central to all protection work is the use of advocacy and campaigning to bring about more sustainable improvements in civilian protection. Advocacy is a key element of all Oxfam's protection work and is combined with community-based protection activities which provide a level of understanding that drives advocacy priorities in line with the perceptions and situation of those people most at risk. Oxfam uses field research and assessments to gather information directly from people affected by conflict and disasters and have carried out pilots using digital data gathering, most notably to promote durable solutions for those displaced by Typhoon Haiyan. While Oxfam promotes safe programming in all its humanitarian work, the HPA in year one has specifically funded protection programming in DRC (Annex 3.3) and in Chad (Annex 3.2).

1.10 Aspects of equality (women, men, boys and girls) and/or HIV/AIDS
Oxfam ensures that it takes account the needs of vulnerable groups such as particular ethnic groups, people with disabilities and the elderly throughout the project cycle, including distributions, training and livelihood opportunities.

Some examples of this in projects are:
- In Mbera refugee camp in Mauritania (Annex 3.5) each refugee who is identified as vulnerable or with special needs has access to a fully operational disabled latrine, under the coordination of UNHCR. Ethnic issues have also been considered, to ensure a balance in requests by the Tamasheqs minority for the construction of latrines.
- In Mauritania (Annex 3.4) livelihoods programme, after targeting, the household surveys identified pregnant and lactating mothers, and those with children aged 6 to 23 months, in order that they could be targeted for other food supplements.
- In Liberia (Annex 2.4) all ages were targeted in the response, and children as young as eight have demonstrated basic knowledge of preventative measures in relation to the spread of Ebola as a result of Oxfam's campaigns.
- In Niger (Annex 3.6) a vulnerability survey using the HEA approach with poor and very poor households was carried out, the households surveyed were classified according to their degree of vulnerability, and the most vulnerable targeted for cash support.
- In Iraq (Annex 2.5) vulnerable groups were identified and targeted for support. These included: those with disabilities, the elderly (60+) without family support , households with more than one family, those with no income or only one source of income, one family with no income or support, female-headed households, unaccompanied minors, and those living in unfinished or public buildings.

1.11 Work related to DRR and the link with development; how the organisation benefitted from development work in order to create sustainable solutions for the individuals and societies afflicted.

One aim of Oxfam's 'One Programme' Approach is that longer-term, resilience-focussed programmes will already have contributed to stronger and better adapted coping-strategies in affected communities, and that therefore humanitarian and longer-term programmes are able to "switch" to emergency mode and back into resilience-mode more effectively, thus creating programmatic links between both. Outcome 2 of the Oxfam SIDA HPA is focused on humanitarian programmes in countries suffering from chronic/protracted crises, and aims to strengthen the preparedness and capacity of communities to 'manage and adapt to' small scale 'localised' rapid onset disasters. Some examples of work related to DRR and the link with development in this year of funding are:

- In Chad (3.1), Oxfam worked to promote the resilience of pastoral and agro-pastoral communities in the northern Bahr el Gazal region. From the outset of the intervention, a partnership has been developed with the technical services of the state. These actors were involved in the choice of activities, defining the area of intervention, supervision of projects and training of beneficiaries. This partnership has proven effective and state technical services have contributed towards the quality of activities, which has also been recognised by various stakeholders.
- In Niger (3.6) Community based early warning systems have been established and integrated in the national early warning system, and disaster risks related to floods have been mitigated by establishing water management committees and carrying out community-based rehabilitation projects. SIDA's continued funding over the past 3 years for this, and for social safety nets has enabled communities to develop their resilience and ability to deal with recurring crises that dominate the area.

1.12 The environment and climate
Oxfam takes account of environmental factors in its programme design, both in the programmes impact on the environment, and the impact of the environment on the programme. As well as 1.11 above, some specific examples of this in this year's projects are:
- In Chad (3.1) as a result of climate change discussions, more environmentally friendly practices have been adopted within the targeted communities. This includes the adoption of more effective stoves, with those using them estimating that they have experienced a 30% reduction in their consumption of firewood. Reforestation activities realized through the project, as well as training on the manufacture and use of improved stoves to reduce wood consumption, have had a positive environmental impact upon the regions.
- In Mauritania (Annex 3.5), the project aimed to mitigate the environmental effects of processing waste water, which is complex in a densely populated settlement such as a camp. This project and activity helped to diminish the rise in the number of flies, but also kept odours at bay within households, and thus improved hygiene conditions within the camp.
- In Niger (3.6) the cash-for-work activities related to soil regeneration drew on work and studies on anti-erosion and agro-forestry to ensure that they contributed to environmental preservation and restoration activities, as well as to fodder production and other products. Furthermore, the CfW activities for sanitation centred on the rehabilitation of public sites. Environmental sustainability is directly linked to the DRR strategies included in the project.

1.13 How the operation affected and was affected by violent conflicts
All Oxfam programmes take into account conflict risks, taking measures to limit negative consequences, building partners' capacities to make conflict analyses, integrating peace-building activities, assigning a specific role for women in this process. Conflict is addressed at different levels (local, regional, international). Monitoring and accountability mechanisms will also pay specific attention to conflict-sensitivity. Some specific examples of how conflict affected operations in this project period are:

- In Pakistan, (Annex 2.1) during the response, many families who initially fled to the Khost province in Afghanistan also started arriving back in the Bannu district, again altering the needs of particular areas mid-way through the project. Certain activities, particularly hygiene promotion activities, were complicated by the frequent movement of targeted families or changes in their circumstances. For example: Oxfam conducted an assessment of the schools where some targeted families were residing. However, soon after the assessment, Government decided to vacate most school buildings after summer vacation meaning the assessment had to be conducted again. As a result these activities were not as effective as anticipated.
- In DRC (Annex 3.3), the programme context is characterised by violent conflict. For example, in this project period there were increasing trends of banditism by armed groups in South Kivu; characterised by revenge attacks and stealing cattle from the civilian population. Operations by Forces Armées de la République Démocratique du Congo FARDC) against the Forces démocratiques de libération du Rwanda (FDLR) directly impacted the project target communities in South Kivu in February 2015, when the population in Mulgene were forced to flee the community (and have since returned).
- In Iraq (Annex 2.5) Northern Diyala villages are divided along sectarian, political and tribal lines; the project made sure it coordinated with local authorities and community leaders, who represented various groups. This was done to avoid creating tensions between the diverse and fragmented populations in the area. Assistance was also provided to the host community, so as to avoid creating contention between them and IDPs, and to account for the fact that in the

contested areas local populations have been living in a situation of limited access to resources and infrastructure even prior to the conflict.

1.14 Application of the principles of aid effectiveness

Ownership & alignment: In both our organisational strategy and practice we endeavour to work with governments both on DRR and emergency response. In doing so we make sure the relevant parts of government have a strong sense of ownership of the work we are doing with them. At a minimum we aim to coordinate with the relevant coordinating authority.

Harmonisation: During humanitarian crises we work within the cluster system to ensure resources are applied in the most rational way. See section 1.15 for more information on coordination.

Managing for results: All our humanitarian responses, over a certain size have real time evaluations where we measure ourselves against several benchmarks such as timeliness, scale, and quality. See also section 1.4 on core humanitarian standards, and 1.5 on MEAL in emergencies

Mutual accountability: we have invested improving our accountability mechanisms with a special emphasis on the accountability to beneficiaries using communication and consultation as well as complaints mechanisms.

Specific examples of this in programming are:

- In Sierra Leone (Annex 2.1) an important aspect of harmonising response activities is the sharing of relevant data amongst actors. Oxfam's response programme has conducted a number of information gathering missions and surveys, including SitReps from WASH and also a specific rapid anthropological survey. Oxfam operates transparently and has frequently shared its own data externally in order to improve overall quality and impact of the response. Furthermore, other crucial actors, including the Ministry of Health, UNMEER, NERC, and the local DHMT, have disseminated their own reports with Oxfam (Harmonisation).
- Oxfam has been aware and considerate of Sierra Leone's national Action Plan for the response to Ebola and has sought to align its own response activities with the objectives set out within the plan (Alignment)
- In Ethiopia (Annex 2.2) the programme was implemented through Standard Operations Procedures (SOPs) developed by UNHCR and Administration for Refugee and Returnee Affairs (ARRA) (Alignment).
- Real time evaluations and other evaluations and reviews have been carried out on several programmes, and recommendations implemented to make improvements to programming. Further details are in section 1.16 (Managing for results).
- Mutual Accountability: Accountability mechanisms are implemented in all Oxfam's responses. Some examples of accountability to beneficiary mechanisms are: For example, in Gambella, Ethiopia (Annex 2.2) 'Suggestion Boxes' were distributed around the camps and served as a tool of communication between the refugees and Oxfam. In Niger (3.6) Complaint Committees composed of women and men will be established to address perceived and real inequities. In Iraq (2.5), all beneficiary lists were posted in public places prior to distribution. The hotline number for complaints and feedback were also provided before and during the distributions. A dedicated hotline number for beneficiaries was set up prior to the first distribution and the number was posted in public spaces prior to and during distributions.

1.15 Coordination
As well as coordination at global level via participation in clusters, SCHR, and other alliances such as the Cash Learning Partnership (CaLP), START network, etc, in all of Oxfam's humanitarian responses, we actively participate in relevant cluster and sectoral coordination mechanisms to ensure coordinated, complementary and efficient delivery of humanitarian assistance. Some examples of this in projects are:

- In Mauritania (Annex 3.5) Oxfam and Solidarity International worked in full collaboration, with co-ordinating strategies, to ensure better efficiency, and came to an agreement on the allocation of zones within the camp and the number of beneficiaries. The co-ordination was done in Mbera, Bassiknou, Nouakchott, and at headquarters, to make sure that communication, planning and execution happened in a fluid, effective manner. Oxfam has been an active participant in co-ordination meetings for humanitarian actors in Bassiknou and Nouakchott, thereby maintaining a significant level of exchange and co-ordination with MSF, INTERSOS, Solidarity International, Unicef, the UNHCR and the WFP. Oxfam also actively took part in the protection meetings.
- In Ethiopia (Annex 2.2) Oxfam participated actively in humanitarian coordination forums (in its elected role as Humanitarian INGO representative), including those organised by the UN and federal/regional governments, to share information and dialogue on strategic issues of humanitarian response at a national level. In addition, Oxfam took an active part in the coordination mechanisms regarding the effective refugee response at national, regional and camp level led by ARRA and UNHCR.
- In Iraq Oxfam co-chaired the WASH cluster meetings active member of the NGO Coordination Committee for Iraq (NCCI). During the NCCI extra ordinary General Assembly meeting, held on November 24, 2014, Oxfam was elected to the NCCI board.
- In Liberia (Annex 2.4) co-ordination between organisations was been challenging throughout. Due to the medical nature of the crisis, it was decided early on that the Office for the Coordination of Humanitarian Affairs (OCHA) did not have the capacity to oversee responses. WHO was unable to fulfil the role as in-country lead, and in the absence of a clear leading body the UN Mission for Ebola Emergency Response (UNMEER) was created. Whilst this struggled to get

up and running, needs on the ground were soaring. In effect, UNMEER was absent operationally during this time and Liberia's MoH sought to take on leadership responsibilities. Throughout, Oxfam co-ordinated with a number of organisations at different levels to attempt to improve response mechanisms. At a national level, Oxfam has contributed to the Incident Management System (IMS) and the GoL's Task Force on Ebola. Locally, the organisation has collaborated with IMS platforms in Nimba and Montserrado. It has also had other communication with humanitarian bodies through the WASH cluster and attended meetings chaired by UNICEF.

1.16 Information on external evaluations or reviews

A list of external evaluations or reviews carried out at project level is available in Sections 2 and 3. Recommendations from these evaluations and reviews are discussed by the Oxfam programme and management team and a response with concrete actions produced which is integrated into the next steps of programming. A summary of the main examples of external reviews, conclusions and utilisation of recommendations are listed below:

Project	Conclusions	Utilisation of recommendations
Liberia Sierra Leone **Programme evaluation carried out of Ebola response in March-April 2015- published in July 2015**[3]	Oxfam delivered significant results though a wide-ranging response and this was recognised positively by key players. Staff on the ground played a vital role in bringing this about. However, both Oxfam's effectiveness and its ability to influence management of the Ebola epidemic as a whole were limited by the lateness of its response and its inability to react quickly to a new and challenging situation. The decision making process was slow and not sufficiently clear, understood or accepted. It would have benefitted from an earlier and more credible analysis of Oxfam's potential role in the response and the added value they could provide. Preceding the outbreak, there was a lack of focus on preparedness and disaster risk reduction (DRR) in both countries. The experience of this crisis highlighted a longstanding tension between quality and scale in Oxfam's humanitarian response that needs to be addressed if the organisation is to respond at scale to major humanitarian crises without sacrificing quality.	As a result of the Ebola response Oxfam has gained valuable technical and other experience on how to respond to epidemics and now has a good understanding of where it fits in to future responses. Oxfam will link contingency planning and changes in potential crisis to ongoing capacity assessment of partners and their ability to upscale in different scenarios Oxfam will integrate core skills into Public health promotion roles for more integrated approach such as community mobilisation, PHE, livelihoods and DRR. Following an internal Learning event in September 2015, a concrete action plan was produced detailing actions for leadership, technical, programme and support teams, with a review mechanism to ensure accountability.
South Sudan Humanitarian Indicator Tool (Score 88%, cut off 60% for acceptable programming)	Understanding of needs, vulnerability & capacity of different groups (disaggregated) was mixed - Some separate focus group discussions for men and women "but in other cases data was not disaggregated Adapting programmes to change (in needs, context) as result of M&E data, feedback from people was strong - Several examples of adaptation using RTE findings, monitoring e.g. Introducing hygiene items, doubling quantitiy of charcoal Using relevant technical standards was strong - Very evident: "Direct application of Sphere standards" for WASH and "implicit" use for EFSVL	This improved over time & post-RTE: more consultation; adapted approaches to meet needs of women in particular (income; workload and protection) and disabled Experienced staff and prior capacity building, due to learning from previous RTE e.g. recruiting a PQ Manager

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[3] The Oxfam response in Liberia and Sierra Leone. An evaluation report for the Disasters Emergency Committee

	Participation and feedback was weak - "data on beneficiaries views is conspicuous by its absence". Some 'isolated examples of good practice" but no functioning feedback system in place	Improved over time with more consultation but still unsystematic. Lack of MEAL capacity is being addressed.
		As above for MEAL post.
	Staff capacity in general was strong - Experienced staff already in place; gaps in cross-cutting posts	
Ethiopia: Mid Term Evaluation Gambella South Sudanese Refugee WASH Response	Oxfam is not a gap filler but a responder. Oxfam needs to base its response criteria not solely on the numbers at the time but on a sound analysis on the most likely scenarios in the near future.	In future Oxfam will aim to respond quickly in a 'small' way so we can better choose our niche. Play to Oxfam's overall strengths: WASH design, innovation, and quality.
	Gambella is part of the South Sudan regional crisis. As all the attention was on South Sudan, Gambella has not received the attention it should from the Region. More effort should have been made to see it as part of the same crisis in terms of overall resourcing and support.	In Oxfam's response in Jewi camp in 2015 the population of the host community around Jewi camp will benefit from the permanent water supply system.
	Oxfam has the added advantage of being a global leader in WASH in emergencies and can do the work to a high quality what makes us a humanitarian responder in this context is our relationship with the refugees. By having good consultation with the refugee community the effectiveness of our programme is increased and being able to bring issues and solutions from the community to the coordination forums, such as protection issues, increases our added value as a humanitarian actor rather than just as a WASH implementing agency. There needs to be more and wider community consultations, analysis and discussion to validate our humanitarian credentials in this response.	Oxfam will use the PHPs to regularly collect and raise refugee concerns in different coordination forums and will focus on gathering better information for the affected populations.

2.   Outcome 1: Rapid Response Mechanism (RRM)

Humanitarian Partnership Agreement Logframe Outcome 1: In the immediate aftermath of rapid onset crises, fewer women, men and children will die or suffer illness, insecurity and deprivation through the immediate delivery of high quality humanitarian assistance.

Outputs	Indicators	Report
1.1 Over half a million vulnerable women, men and children in rapid onset crises receive timely humanitarian WASH and EFSL assistance during a 12 month period [4]	• Numbers of people provided with appropriate humanitarian assistance, disaggregated by sex	• In this project period, 809,207 people (389,891 men, and 419,316 women) were provided with appropriate humanitarian assistance in 5 countries (Pakistan, Ethiopia, Sierra Leone, Liberia and Iraq[5]).
1.2 Humanitarian assistance provided in rapid onset crises by Oxfam and partners using Sida funds meets established standards for excellence	• % of people who received humanitarian support from responses meeting Sphere standards and Oxfam's minimum standards of gender equality and women's rights in emergencies, disaggregated by sex • Positive feedback from Sida on Oxfam GB's administration of the RRM	• All responses strive to meet sphere standards and Oxfam's minimum standards of gender equality and women's rights in emergencies and have systems in place to achieve this. • Oxfam measures compliance with this using the Humanitarian Indicator Tool on 3 large responses per year. In this project period, responses in CAR and South Sudan achieved a rating of 37% and 88% respectively for compliance[6]. • Oxfam appreciates the ongoing dialogue with Sida on the administration of the RRM and is taking feedback onboard for the next period of the HPA.
Activities: 1.1 Provide timely, high quality access to life saving, livelihood rebuilding /protection, and gender-sensitive humanitarian assistance during rapid onset crises in vulnerable disaster-affected communities. 1.2 The Rapid Response Mechanism is administered effectively and efficiently, according to agreed protocols and building on learning from previous years	See summary report below, and individual country level reports (Annex 2.1 to 2.5) for detail of projects.	

1. Introduction

This report outlines the activities undertaken from 1st April 2014 to the 31st March in relation to Outcome 1 of the Sida-Oxfam HPA logframe. Most projects ran over the financial year 1st April 2014 to 31st March 2015, with a NCE granted to Iraq, and Pakistan to enable completion of the project. Details of the projects included in this report are provided below. The financial information for these projects is contained in the attached financial reports.

Country	Title	Start date	End Date	Annex No.
1. Pakistan	Emergency response to temporarily displaced persons from North Waziristan Agency residing in district Bannu, Pakistan.	1st July 2014	15th Jan. 2015	Annex 2.1
2. Ethiopia	WASH assistance to refugees in Gambella Region, Ethiopia.	1st July	31st Dec.	Annex

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4 Projected figure is based on the planned beneficiary numbers for the 9 nine emergency response investments made in 2013/14 using the RRM in Chad, DRC, Jordan, Lebanon, Mali, Mozambique, Philippines, South Sudan and Syria (planned total = 1,094,000) through WASH, EFSL and NFI interventions

5 The RRM projects which continued over the end of the reporting period will be reported in next years annual report.

6 See section 1.4 on Core Humanitarian Standards, 1.5 on MEAL in emergencies, and 1.16 on External evaluations and reviews for further information.

			2014	2014	2.2
3.	Sierra Leone	Emergency response to the Ebola outbreak in Sierra Leone.	1st Sept. 2014	30th Nov. 2014	Annex 2.3
4.	Liberia	Emergency Response to the Ebola Outbreak in 4 slums communities in Liberia.	22nd Sept, 2014	21st Dec. 2014	Annex 2.4
5.	Iraq	Emergency assistance to conflict affected communities in Khanqin, KRI/Iraq.	17th Nov. 2014	17th May 2015	Annex 2.5

2. Overall assessment of the Sida Consolidated Fund- planned projects component

Across the seven projects funded using the Sida consolidated grant over **809,207 people** have directly benefited from the activities undertaken. The fund has provided support to beneficiaries across five countries meeting immediate humanitarian needs and also building peoples resilience to future disasters. Water, sanitation and hygiene materials and infrastructures have been provided to communities along with public health awareness training to decrease people's exposure and risk to water borne diseases. By supporting and building people's livelihoods, people increase their household income and are better able to face future humanitarian situations and other crisis.

Country	Beneficiaries			Sectors	Beneficiaries without double counting
	Total	Male	Female		
1. Pakistan	27,042[7] 837	14,197 605	12,845 232	WASH Protection	27,042
2. Ethiopia	95,427 including 62,794 boys and girls	9720 Estimated 33,216[8] boys	22,913 Estimated 29,678 girls	WASH	95,427
3. Sierra Leone	334,540	157234[9]	177306	WASH	334,540
4. Liberia	346,000	74,598 Estimated 97,84910 boys	77,642 Estimated 95,911 girls	WASH	346,000
5. Iraq	6198	3077	3121	Livelihoods	6198
TOTAL		**389,891**	**419,316**		**809,207**

3. Key achievements per country project

This section summarises the objectives, outcomes, and main activities relating to each planned project. A full report on each project is provided in the relevant Annexes.

Country and project objective	Outcomes-main achievements	Main Activities
Pakistan **Purpose: To play a lead role in delivering timely, adequate and principled WASH services to internally displaced women, men and**	• 27,042 individuals (3,092 households/ 103% of those targeted) have access to safe clean water. • 20,922 individual (2,392 households), were provided with safe clean water. • 86% of the households are using the latrines constructed or installed during this	• WASH needs assessment • 3,000 culturally appropriate and gender sensitive hygiene kits were distributed. • 1,126 various hygiene promotion sessions were conducted, engaging 17,636 individuals • 55 pressure pumps and 60 water supply

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[7] Gender disaggregated beneficiary numbers for each activity could not be added as there could be double counting, therefore to calculate the gender split, the ratio of 1.05 male to female for population aged 15-64 in Pakistan was used.
[8] Based on UNHCR gender ratios for children in camps in South Sudan.
9 Calculated using demographics of Sierra Leone sex ratio 15-64, 0.94 Male: female
10 Based on 1.01:1 Male:Female sex ratio Liberia population statistics 2011

children residing in the displaced locations.	project. The usage of these latrines not only reduced the potential spread of disease, but also improved the privacy and protection of women using such facilities. • The Gender Network for TDPs (GNI) was officially endorsed by the government through consistent efforts by influencing the authorities to recognise the need for mainstreaming gender and protection in the humanitarian assistance by all the agencies. • A policy dialogue was convened with all relevant stakeholders including government authorities, Protection and Gender Based Violence (GBV) cluster leads, policy makers, , representatives of National Humanitarian Network (NHN) and INGO's/NNGOs in order to raise vital issues with the relevant stakeholders and jointly identify the way forward to address the issues faced by TDPs	schemes were rehabilitated 110 latrines were installed and 190 latrines rehabilitated, and water trucking was provided to to 14,765 individuals • Formation and training of WASH committees • 837 cases were registered with women complaints desks, and resolved accordingly • Oxfam and partner organisations initiated The Gender Network for TDPs (GNI) was established with collaboration of District Government. The humanitarian agencies operating in District Bannu were engaged in the development of its ToRs (terms of reference).
Ethiopia **Purpose: To contribute to the reduction of vulnerabilities and suffering of refugees in the Gambella region through basic WASH needs and essential services.**	• Over 100,000 people (men, women, boys and girls) had access to potable water on a daily basis. • 0 reported outbreaks of WASH related diseases during the project lifespan. • Reduced vulnerability incidences related to access to WASH facilities (gender segregated latrines). • Over 15,000 people made aware of public health risk behaviours, especially safe disposal of excreta and hand washing after latrine use. 100% latrine users washed hands after latrine use. • Continuation of water trucking during period of acute fuel shortage.	• Contracted fleet of 13 trucks (capacity ranging from 15,000 to 19,000) to transport water from Itang Water treatment centre to Kule refugee camp. To meet demand of 15 litres per day, each vehicle makes 3 trips a day. • Operation and maintenance of Itang treatment centre producing 200,000l of water over the project period; training of 14 Water and Sanitation operators • Operation and maintenance of Pagak reception Centre water and sanitation facilities. • Maintenance of 42 stances of gender-segregated latrines. • Training of Community Outreach Agents (COA) and public health awareness using key messages
Sierre Leone **Collaborate with the Government of Sierra Leone (GoSL) and other key stakeholders in reducing the morbidity and mortality due to Ebola Virus Disease (EVD), in the areas of Freetown, Koinadugu and Pujehun in partnership with Ministry of Water Resources and Ministry of Health (MoH) and Sanitation who will be directly implementing the interventions.**	• 334,540 men, women girls and boys in Freetown and Koinadugu were reached through radio jingles, Ebola songs and discussions on messaging around Ebola prevention and treatment. • Three health facilities in Freetown were supported through construction/rehabilitation of water and sanitation infrastructure, and provision of hygiene and personal protective materials including the set up of 1 treatment centre dedicated to the care of confirmed cases of Ebola, and 2 PHU's in the event suspected cases of Ebola presented themselves at the PHU. • 385 Community Health Workers were provided refresher training on Ebola messaging in order to carry out community sensitisation through door to door and promotion at handwashing dispensers in Freetown. • Oxfam has participated in coordination	• Supported the construction of all the sanitation facilities in the targeted isolation and treatment centres. • 2000 IEC materials (including posters, stickers, t-shirts and caps) which contained key EVD prevention messages were produced. • Water and sanitation facilities were constructed in the Lakka holding centre and rehabilitated in Calaba Town and Alkatab health facilities, including the installation of reserve tanks to provide additional supply of clean water to the facilities. • Oxfam collaborated with the Artists Union on 15 songs related to Ebola, and reproduced the songs on a CD. The CD was then distributed and played in public places, including public transport and radio.

	mechanisms to shape and influence decision making, including the national and district level coordination mechanisms as well as fed into the regional INGO group, reviewing the UN response to date and advocating for improvements in coordination.	
Liberia **Purpose: To contribute in the containment and reduction of Ebola Virus Disease (EVD) transmission and its related deaths in the affected counties by supporting the partner County Health Team and County level leaders to scale up effective evidenced based outbreak control measures.**	• People's access to WASH facilities were significantly improved through the rehabilitation of targeted health facilities and communal water systems. In Dolo Town, a key EVD hotspot, 3000 community members had access to such systems. • Active Case Finding (ACF) was a new activity to Oxfam and was the product of consultation activities and careful analysis of the situation. It contributed towards the reduction of transmission and is also likely to have increased the survival rate of EVD sufferers. Furthermore, as well as addressing Ebola cases, many other illnesses which are prevalent in the community have been referred for appropriate treatment, improving the health seeking behaviour and status of at-risk communities. • Based on interviews and feedback from community members, beneficiaries appreciated the presence of volunteers who were sharing information with them regarding EVD prevention and protocols. • Intensive EVD prevention and control education actions undertaken in 4 townships covering at least 346,000 individuals contributed to the reduction and spread of Ebola. More than 346,000 community residents in West Point, Clara Town, Logan Town and New Kru Town accessed Ebola prevention and control messages through gCHVs, radio and home visits and presentation of visual aids on EVD control measures.	• 8,000 hygiene kits were distributed to 8,000 households across the slum areas. These contained: 80,000 pieces of multipurpose soap, 16, 000 20l buckets and 16,000 leaflets on Ebola prevention. • 456 general Community Health Volunteers (gCHVs) were recruited, trained and deployed by Oxfam during the project in relation to Ebola awareness activities and behaviour change communication. • Oxfam actively participated in multiple meetings through the WASH, Education and Health Clusters and advanced suggestions for the management of EVD – e.g. the piloting of Active Case Finding in three slum communities (West Point, Clara & New Kru Towns). • Disinfection kits were provided to the Montserrado County Health Team (MCHT) to enable it to provide services at the holding centres and through burial teams. • A multi-media hygiene promotion campaign was implemented that delivered EVD awareness messages to large audiences. • Local Ebola Task Forces (ETF) were supported by Oxfam through coaching and resource provision. This helped ETFs to consolidate their response activities and was appreciated within communities.
Iraq **Purpose: To contribute to the reduction of vulnerabilities and suffering of internally displaced persons (IDPs) and hosts in Qara Tapa and nearby areas through provision of in kind, cash and voucher winterisation assistance.**	• A total number of 1,145 households benefited from the project, receiving winterisation and hygiene kits and cash grants. • The project reached 6,198 household members with women and men almost evenly represented: 3,121 (50.4%) women and 3,077 men (49.6%). • During post distribution monitoring, 98% of respondents reported being satisfied with the provision of the mattresses, blankets, heaters and fuel. Many of them reported that this timely assistance improved their standard of living. • Receiving unconditional cash grants was very beneficial since it enabled targeted households to attend to other needs. 31% of the respondents said that they	• A rapid market assessment in order to reinforce Oxfam's initial assessment on the source and availability of key winterisation kit items. • Sourcing and house to house distribution of in-kind assistance in line with the UN's winterisation kit provision. • Distribution of fuel in-kind instead of establishing a voucher system (due to lack of supply in villages) • Provision of USD$200 cash contribution per family so they are able to address pressing needs such as warm winter clothing. • Establishment of a comments/complaints mechanism for beneficiaries and their wider

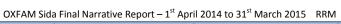|		used the money to purchase food while another 21% reported having used the money to access medical services.	communities.	

4. **Partnership analysis**

An analysis of Oxfam's partnerships to deliver humanitarian programmes is below:

Partner	Grant amount	Activities carried out by partners	Added value of partner	Difficulties/challenges with partners
Annex 2.1 Pakistan RRM **Community Research and Development Organisation (CRDO)**	$154,978	CRDO implemented the project- installation of tanks, repair and maintenance, construction of pit latrines, formation of WASH committees etc. Oxfam provided quality assurance technical assistance, monitoring and procurement support to project. Oxfam also coordinated the project at national and provincial level, especially with WASH cluster. While partners coordinated the project with relevant stakeholders at field/district level in Bannu.	The partner staff were local staff, cultural sensitivity, local language, and had good relations with local authorities Oxfam was able to engage the partners quickly as they are present in the region and had worked with Oxfam earlier also.	Partners were very receptive and cooperative and participated in all discussions and reviews on project Oxfam presence in Bannu was curtailed and limited to only monitoring visits; the partners were able to complete the project in time and as per objectives.
Khwendor Kor	$21,581	Establishment of 3 Women Facilitation Desks Referrals of women IDPs to concerned departments Case management of identified cases	Partner able to establish gender network quickly due to close co-ordination with all stakeholders KK staff's commitment and networking was the key to successful intervention. Women issues are always neglected but KK being the women rights organization ensured that women issues are highlighted.	Delays in provision of NOC by the Government. Team capacity building issues
Annex 2.3 Sierra Leone **Wash Net**	None	Media engagement around mobilising support for a National Ebola Campaign with local partner WASHNET	The added Value of WASHNET was their media reach/coverage in almost all parts of the country. They had/have a strong presence in the media and WASH advocacy and this was a key resource in reaching out to the key	Oxfam retained a supervisory role with partners and no challenges or difficulties were experienced.

| | | stakeholders with key messages during the Ebola crisis

Additionally, WASHNET as a member of the WASH consortium which Oxfam leads had clear knowledge of Oxfam values and ways of work and was easy to adapt to the standards expected in Media engagement.

50/50 Added value was in the distribution of Ebola care kits. They had experience in needs assessment and for example helped Oxfam to design/have a care kit that had appropriate contents for each segment of the population especially for the dignity kits for women. | |
|---|---|---|---|
| 50/50 | | Supported the CSO, 50/50, to hold to account duty bearers on their response to the Ebola response | |
| **Liberia**

The Monserrado Country Health Team (MHCT) | In kind assistance provided | The Montserrado County Health Team (MCHT) was not directly financially supported by Oxfam. Oxfam provided in kind assistance including chlorine, soap, hand washing kits and disinfection kits to MCHT for use by communities and by MCHT. Oxfam also engaged with community-based health volunteers working with the MCHT and provided training, financial and material incentives to the volunteers. Furthermore, MCHT has been an important partner to coordinate and consult with. | Presence in the communities, including during Oxfam's hibernation

Trust by communities – especially important when requesting behavioural change

Sustainability of activities as the MCHT will ensure continuity beyond the project period

Ensures coordination of activities with other actors | Limited capacity to effectively implement activities to accepted standards and to ensure effective coordination due to:
- Scale of the emergency
- Unwillingness or inability of others to coordinate and work with MCHT
- Shortcomings in management capacity
- Lack of means for MCHT to implement own policies and procedures
- Unrealistic expectations of MCHT staff, especially around financial incentives and benefits that Oxfam could offer
- Politisation of some posts within MCHT, with individuals trying to use assistance as a means of ensuring popularity or personal interests |
| **Annex 2.5 Iraq**

Asuada

Biladi | Biladi had service agreement with Oxfam to the sum of 19,000 | Agreement was suspended with Asuda

Biladi carried out assessment and verification exercises and carried out some distributions | | Agreement with Asuda suspended as previously communicated with Sida.
A full-scale partnership assessment of Bilady was conducted. Once finalized, the full-scale assessment has revealed that Bilady's capacities are not in line with Oxfam's requirements. The |

USD			beneficiary assessment and verification exercise further highlighted major weaknesses in this organization's operational capacity. Oxfam finally made an operational decision to carry out the end of the given project without bringing on board a local partner.

5. Further information

Full information regarding performance against the results framework, cross cutting questions (gender, conflict analysis, DRR and early recovery), risk analysis, and information about coordination are within each country report in the Annexes. A synthesis covering these issues, drawing from information in the country reports is within Section 1- General operations.

6. Project monitoring documents, evaluations available

Project	Document
1. **Pakistan**	Monitoring reports Final evaluation
2. **Ethiopia**	Mid term evaluation
3. **Sierra Leone**	Programme review, September 2014, DEC External evaluation July 2015
4. **Liberia**	Programme review, September 2014, DEC External evaluation July 2015
5. **Iraq**	Post distribution monitoring report

3.   Outcome 2: Planned projects

Humanitarian Partnership Agreement Logframe Outcome 2: In selected protracted crises, fewer women, men and children will die or suffer illness, insecurity and deprivation through the delivery of high quality humanitarian assistance and appropriate support to strengthen their resilience against the worst impact of future shocks

Outputs	Indicators	Report
2.1 A planned 302,919 vulnerable women, men and children[11] in protracted crises receive timely, high quality humanitarian EFSL and WASH assistance that strengthens resilience against the worst impact of future shocks during a 12 month period.	• Numbers of people provided with appropriate humanitarian assistance, disaggregated by sex • Numbers of people supported to understand current and future hazards, reduce risk, and/or adapt to climatic changes and uncertainty, disaggregated by sex • % of targeted households, communities and partners indicating positive ability to minimise risk from shocks and adapt to emerging trends and uncertainty	• A total of 368,275 people (151,543 men and 209,956 women[12]) have been provided with appropriate humanitarian assistance in this project period • A total of 165,746 people (76,164 men and 86,582 women, including 4236 people in Chad (approx 2,118 male, 2,118 female); 17,906 in Niger (8774 male, 9,132 female) and 143,604 in South Sudan (68,272 male and 75332 female) were targeted in climate change and resilience, and disaster management projects • In Chad, 88.11% of households did not resort to harmful coping strategies during the project period, and Community systems for protection and resource management of 2784 pastoralists and agro-pastoralists households were enhanced. • In Niger, 18 Community based early warning systemsm and in South Sudan, 38 community based disaster management committees have been established and integrated in the national early warning system, increasing prediction and management of crises that can affect all or a large proportion of households.
2.2 Humanitarian assistance provided in protracted crises by Oxfam and partners using Sida funds meets established standards for excellence	• % of people who received humanitarian support from responses meeting Sphere standards and Oxfam's minimum standards of gender equality and women's rights in emergencies, disaggregated by sex	• All responses strive to meet sphere standards and Oxfam's minimum standards of gender equality and women's rights in emergencies and have systems in place to achieve this. • Oxfam measures compliance with this using the Humanitarian Indicator Tool on 3 large responses per year. In this project period, responses in CAR and South Sudan achieved a rating of 37% and 88% respectively for compliance[13].
Activities 2.1 Provide timely, high quality access to life saving, livelihood rebuilding /protection, and gender-sensitive humanitarian assistance which strengthens resilience during protracted crises in selected countries (Year 1: Chad, DRC, Mauritania, Niger and South Sudan).		See summary report below, and individual country level reports (Annex 3.1 to 3.7) for detail of projects.

1. Introduction

This report outlines the activities undertaken from 1st April 2014 to the 31st March 2015, with some projects granted no cost extensions until 30th June 2015 in relation to Outcome 2 of the Sida- Oxfam HPA logframe.   Details of the projects included in this report are provided below. The financial information for these projects is contained in the attached financial reports (Annex 1.1-1.4).

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[11] Figure is based on planned figures in individual country proposals presented to Sida for 2014/5

12 See footnote 6

13 See section 1.4 on Core Humanitarian Standards, 1.5 on MEAL in emergencies, and 1.16 on External evaluations and reviews for further information.

Country	Title	Start date	End Date	Annex No.
Chad	**Reinforcing Resilience of Pastoralists and Agro Pastoralists communities in Northern Bahr El Gazal region in Chad**	1st April 2014	30th June 2015	Annex 3.1
Chad	**Reducing violence against women and girls in Bahr El Gazal/Chad**	1st April 2014	30th June 2015	Annex 3.2
Democratic Republic of Congo (DRC)	**Strengthening protection of civilians in South Kivu (Uvira Territory) and North Kivu (Beni Territory), Phase II**	1st June 2014	31st March 2015	Annex 3.3
Mauritania	**Prevent the deterioration of the nutritional status of vulnerable populations, by improving their access to food, and by protecting their livelihoods during the 2014 hunger season**	1st May 2014	30th Sept 2014	Annex 3.4
Mauritania	**Humanitarian response in Water, Sanitation and Hygiene (WASH) for Malian refugees in *Mbera Camp* - Mauritania**	1st May 2014	31st July 2014	Annex 3.5
Niger	**Providing humanitarian assistance and building the resilience of pastoralist and agro pastoralist communities in Niger**	1st April 2014	31st March 2015	Annex 3.6
South Sudan	**Enhancing humanitarian institutional and community capacity in Lakes State, South Sudan**	1st April 2014	30th June 2015	Annex 3.7

2. Overall assessment of the Sida Consolidated Fund- planned projects component

Across the seven projects funded using the Sida consolidated grant over **368,275 people** have benefited from the activities undertaken. The fund has provided support to beneficiaries across five countries meeting immediate humanitarian needs and also building peoples resilience to future disasters. Water, sanitation and hygiene materials and infrastructures have been provided to communities along with public health awareness training to decrease people's exposure and risk to water borne diseases. By supporting and building people's livelihoods, people increase their household income and are better able to face future humanitarian situations and other crisis.

Country	Beneficiaries			Beneficiaries without double counting	Sectors
	Total	**Male**	**Female**		
Chad	19, 488 19, 488	9,354	10,134	19, 488	Water and sanitation Livelihoods and resilience
Chad	111, 000	33 300	77 700	111,000	Protection
DRC	5,877 36,123	3,809 17,881[14]	2,068 18242	36,123	Protection
Mauritania	11,154	5,612	5,542	11,154	Livelihoods
Mauritania	30,000	8,650	14,574	30,000[15]	Water and sanitation
Niger	17,906 5,842	8,774 5,022	9,132 820	17,906	Livelihoods and resilience Water and sanitation[16]
South Sudan	143,604	68,272	75,332	143,604	Disaster management and resilience
TOTAL		**151,543**	**209,956**	**368,275**[17]	

3. Key achievements per country project

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14 Male/female split in DRC based on population census of ratio 0.99 male to female
15 Includes children, for whom gender disaggregated data not available.
16 Numbers are for hygiene promotion activities.
17 Total is more than sum of male + female due to explanation in footnote 3 above.

This section summarises the objectives, outcomes, and main activities relating to each planned project. A full report on each project is provided in the relevant Annexes.

Country and project objective	Outcomes-main achievements	Main Activities
1. Chad **Purpose: Support food and livelihood security of 2500 most vulnerable households and strengthen the resilience of pastoral and agro-pastoral communities in Bahr El Gazal Region to recover from recurrent economic and environmental shocks.**	• Improved access to drinking: 2784 households have been provided with enhanced access to water for both people and animals. Pastoralists in some areas water have decreased the time they spend upon water collection by approx. 30 – 40% which provides them with more time to focus on economic and social activities. • 706 households have been sensitised in regards to climate change and its local effects resulting in of the climate change discussions, more environmentally friendly practices have been adopted within the targeted communities. This includes the adoption of more effective stoves, with those using them estimating that they have experienced a 30% reduction in their consumption of firewood. • Due to a vaccination campaign, and stocking of veterinary pharmacy, targeted beneficiaries have been experienced around a 71% reduction in the loss of their livestock (11,10 cattle were vaccinated during this activity) • Increased yields: the distribution of seeds and agricultural equipment has enabled access to seed for 800 beneficiaries and sowing of 800 hectares of farmland. An average yield of 550 kg / ha was recorded for around 440 tonnes produced on this land. This production has provided a significant average cover of 4.5 months' worth of food for households.	• Construction of 13 pastoral wells and 5 hand pumps benefitting 3000 people • Training of water mechanics and establishment of 13 WASH committees • 1000 mosquito nets distributed, awareness campaign carried out. • 1 Veterinary pharmacy constructed and equipped • Vaccination awareness campaign, and 11,110 heads of cattle were vaccinated and treated by CAHWs trained by Oxfam reaching 308 poor and very poor households • 4236 beneficiaries participated in sessions that discussed climate changes issues and ways to limit their effects • Rehabilitation of seed nurseries and subsequent distribution of 5000 seeds for reforestation • 245 women (163% in terms of objective) were trained on the construction and use of improved mud stoves; • Livelihoods of 500 (including 270 female-headed) agro pastoralist households were supported through agriculture production, equipments and technical training
2. Chad GBV **Goal: Contribute to the reduction of the prevalence of GBV in Barh El Gazal region through prevention mechanisms based on assistance to victims, information collection and sharing, sensitization and education of traditional leaders and population.**	• Over 41% of religious and traditional leaders and youth women's organizations are aware of harmful traditional practices and use the knowledge in awareness raising sessions • 88% of midwives and judicial officers have improved knowledge on GBV issues and are able to use this knowledge. • An executive order, which was signed by the Governor has established the Consultation Framework between the regional administration, national & international NGO partners, with GBV being part of this consultation. • A system of monitoring of cases of violence against women has been put in place • A government order / decree prohibiting child marriage was effected on March 14, 2015 • Some traditional and religious leaders have issued and continue to issue	• 49 women were trained and listening, support counselling and psychological support and 160 vulnerable women received economic, listening, counselling • 49 midwives, 120 Police & Gendarmerie officers, 15 journalists, 53 religious leaders & Muslim intellectuals were trained on GBV issues, listening to victims, confidentiality of victims and legal instruments to protect women and children. • 42 sessions of awareness and mass information were realised through the association of Imams, women's associations and theatre groups, • 8 debates in 4 languages broadcast on radio • Advocacy strategy including meetings with members of the parliament and the President of the General Assembly.

22

	certificates following judgments favourable to women on cases of violence (this is not recognised nationally)	
3. DRC Protection Purpose: 42,000 members of Communities from whom 60% are women and girls, are better able to react, address and enhance their protection from violence and abuse.	• a)Knowledge of rights and local referral services: • The percentage of the target population able to identify three or more local legal, psychosocial and medical referral services increased from 79% to 89% in North Kivu, and from 49% to 70% in South Kivu (67% of women). Sixty four % of respondents in the end-line survey stated that they found out this information from Community Protection Structures. • The percentage of the target population able to name 2 key protection messages and laws increased from 13% to 66% in South Kivu (66% of women) • In South Kivu progress has been seen in shifting attitudes concerning women's role in public decision making and early marriage. Although early and forced marriage still takes place increasingly community members have been challenging the practice. • b) Engagement with local authorities: • The percentage of the target population stating that they have good relations with the local authorities and would go to them at any time in case of need increased from 7% to 34% in North Kivu. • The percentage of authorities in South Kivu who were able to identify key rights of civilians and cite their source increased from 0% to 28%. • The Community Protection Structures in both provinces were successful in a number of individual cases of advocacy, ranging from negotiation over illegal road barriers and fines, to cases where individuals had been illegally arrested ('arbitrary arrests').	• Two General Assemblies (GAs) were organised in each community in North and South Kivu with active participation from community members and local authorities • Across North and South Kivu a total of 82 capacity building & training workshops were held with active participation of Community protection Committees, (CPC), forum of women (FoW) and community agents of change (AoC). • Community protection plans were established, monitored and reviewed. • Support to operational expenses of community structures (CPC, FoW and AoC) for activities • Support to the establishment of community alert systems, in which elected focal points receive phone credit • Updated mapping of referral services in areas of intervention of the project, provision of information on the provided services as well as the conditions to access the services • Organisation of community awareness-raising campaigns on human rights, national legislation or other protection-related issues of pertinence in the communities by group sessions, leaflets and translated IEC, posters, t-shirts, and a radio awareness campaign. • 20 training sessions were held for local authorities on the legal framework surrounding protection, procedures and 67 working sessions were held between members of local authorities and Community Protection Structures
4. Mauritania Livelihoods: **Purpose: Poor (P) and very poor (VP) households have access to basic food commodities during the 2014 hunger period, and their nutritional status is improved.**	• Cash distribution was provided to 1509 households, providing a total of 22,000 MRO per household for two months, to every household (100 percent). • The Post Distribution Monitoring (PDM) indicated that 90 percent of households had a food consumption score greater than or equal to 35[18]. Food was available in the local market, and households were able to procure essential commodities using the cash provided. • 98.5 percent of beneficiaries said that they were satisfied with the cash distribution. Recipients stated that the cash transfer greatly improved their standard of living and prevented them	• Update the beneficiary households targeting, based on the 2013 project data. • Distribute unconditional cash to 1,509 poor and very poor households for 2 months • Promote the adoption of good food practices, hygiene practices and other essential familial practices by beneficiaries, including pregnant women and women with children under 5. • Monitoring and evaluation.

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[18] The Food Consumption Score (FCS) is a composite score based on dietary diversity, food frequency, and the relative nutritional importance of different food groups.

		from selling their assets to cover the costs of the needs of the family.	
5.	**Mauritania WASH Goal: Contribute to preventing the risk of the spread of water-related diseases, and poor hygiene and sanitation practices, maintaining standards of gender equality, dignity and safety for 30,000 Malian women, men and children in Mbera refugee camp, Mauritania.**	• 30,000 refugees have access to the necessary facilities for water and sanitation, with a ratio of 15 people per latrine in the area. • Eighty per cent of the targeted refugees have been reached by the hygiene campaign, which also targeted schools, and have increased awareness of good hygiene, and improved hygiene habits-for example, almost a complete end to open defecation in the camp (98.6 percent latrine use). • Community health committees have been reorganised, standardised and trained, in full collaboration with the various camp WASH partners and camp leaders • 97% of beneficiaries use the sanitation kits and soap appropriately	• Construction and restoration of soak pits for 400 showers. • Restoration of 300 latrines, construction of 50 latrines, disinfection of 1,507 semi-permanent latrines. • Distribution of 42 sanitation kits and 21 waste collection trolleys to 21 WASH committees for latrine cleaning and maintenance. • Public sessions, community meetings and *Child-to-Child* hygiene awareness-raising in schools. • Organization of regular training meetings for the 21 WASH committees, including topics such as safe programming, complaints and system management. • Distribution of 90,000 bars of soap and a PDM survey carried out. • Video of Oxfam intervention in Mbera camp
6.	**Niger Purpose: To provide support to rehabilitate and strengthen resilience of the most vulnerable communities, especially women and children, affected by food crises and recurrent floods**	• Social safety nets were established for the most vulnerable pastoral and agro-pastoral households • 98% of beneficiary households increased their economic power as a result of cash transfers • Women's livelihoods have improved: Through grants women have been able to purchase raw materials and mats to sell at market. Income earned has helped women to replenish food stocks • 86% of targeted households report having access to at least 7.5 litres of water per person per day for domestic use. • Community based early warning systems (18 committees) have been established and integrated in the national early warning system • Where community projects implemented, 75% of surveyed households reported having improved their income by 10% • Where these included cereal and fodder banks, 67% of households confirmed that have an improved access to cereals and fodder with affordable prices • 4,709 children aged 6-59 months and 1,501 pregnant women and lactating babies aged below 6 months have been regularly monitored in regards to being malnourished and referred for direct treatment if required	• 810 heads of chronically vulnerable households have been assisted through monthly cash transfers. • Five water points (125% in terms of project objective) have been rehabilitated and five committees have been developed to oversee their management, • Community Agents (relays) were trained in regards to hygiene, sanitation and malnutrition, and delivered sensitization training on prevention of malnutrition and the promotion of hygiene have reached 5842 people • Through cooking demonstrations 2000 women have improved their understanding of how to create nutritious meals for their children from locally sourced products • Community based early warning systems (committees) have been created or revitalised; indicators and early warning system monitoring devised and implemented. • 10 community projects implemented (5 cereal banks, 1 Agricultural inputs Shop, 2 women shops and 2 livestock food banks shops).
7.	**South Sudan**	• Improved coordination between line ministries (Ministry of Agriculture, Education and physical infrastructure) and legislative assembly with South Sudan State Relief Rehabilitation Commission (SSRRC). • The SSRRC has a five year strategic plan in	• Baseline and end line capacity assessment of SSRRC and DARD conducted. • Guidance and training to SSRRC DARD in all aspects of emergency preparedness and response provided • State Contingency plan development

active use and the commission has started recruitment for vacant positions. • The SSRRC now addresses disaster related issues through public awareness campaigns using mass media (radio Jingles, posters/flyers) rather than waiting for disasters to strike and respond afterwards. • Disabled Association Rehabilitation Development (DARD) staff previously engaged in relief distribution, have improved their knowledge on disaster management. Staff knowledge on disaster management, community awareness, training and response skills, has been enhanced through repeated exposure to community assessments and interventions.	supported • Host regular SSRRC and partner meetings and workshops at county level with county commissioners, chiefs, women's groups, youth, and SSRRC county level staff. • Development of IEC materials (on peace messaging) by women to address root causes of displacement supported.

7. Partnership analysis

In most of the country projects, Oxfam implemented activities through partners. An analysis of these partnerships is below:

Partner	Grant amount	Activities carried out by partners	Added value of partner	Difficulties/challenges with partners
3.1, 3.2 Chad country project Aider EFSVL AFJT- GBV	None	No activity carried out by partners for this project	Strategic partners	N/A
3.3 DRC country project Cedier- South Kivu CEPROSSAN - North Kivu	$83,946 $91,785	Partners facilitated establishment and re-election of community protection structures. Facilitate these structures to develop community development plans. Support the identification and undertake appropriate action to mitigate threats	Both organisations have long term experience in the sphere of Protection	The level of understanding of basic humanitarian principles remains limited. The local partner NGO requires a strong capacity building in terms of human rights and national laws.
3.4 Mauritania country project AMAD ACORD	No direct grants received by partners in this project	Participation in the targeting of beneficiaries Establishment of targeting committees Implementation of awareness about good hygiene and feeding practices	The added value of these NGOs is linked to their proximity to communities and also to their interventions. In particular their interventions in food security and livelihood resilience are complementary with actions funded by SIDA within the framework of this project	Limited human resources to cover all the villages in the intervention area of the project
3.6 Niger country project Adkoul Oxfam Novib	$253,895	Cash-for-Work for natural resource planning and management (i.e. planning water retention sites) Community-based rehabilitation projects (i.e. wells, food and	This local partner NGO has specialized skills and significant experience implementing humanitarian projects and projects focused on DRR. Oxfam Novib has experience in building local capacity in pastoralist areas	The relationship between Oxfam and its local partner (Adkoul) started in 2011 with an organisational diagnostic. The diagnostic raised a certain number of strengths and weaknesses. Diagnostic results were used as a basis of partner capacity building plan

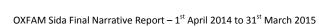|				
		fodder banks) Social safety nets for most vulnerable pastoral and agro-pastoral households. Sensitization training on prevention of malnutrition and the promotion of hygiene Rehabilitating water points and establishing/ training water management committees Development and support to Community-based EWS		elaboration to improve its humanitarian and DRR implementation capacities. Current challenges with Adkoul are about internal control and procedures compliance. During Sida 2014 project implementation, issues related to internal control and compliance with procedures were noted and an action plan elaborated by Oxfam and Adkoul to mitigate issues. Action plan implementation monitoring showed real improvements achieved by partner.
South Sudan country project **DARD**	$58,584	Development of state level emergency preparedness and response plan. Registration and distribution of NFI items Development of IEC materials on floods and revenge killing mitigation	Partner was able to recruit staff who worked in close collaboration with South Sudan Relief and Rehabilitation Commission (SSRRC) and Oxfam. Training on MEAL as part of partner capacity building was valuable. New tools on undertaking joint context analysis were introduced and used by the partner. A much stronger relationship was created between SSRRC and partner	The implementation of the project was delayed, with fund transfers to partner also delayed. The partner could not retain staff recruited under the project after the project closure. Insecurity affected the implementation of the project and accessing certain project locations was difficult.

8.   Further information

Full information regarding performance against the results framework, cross cutting questions (gender, conflict analysis, DRR and early recovery), risk analysis, and information about coordination are within each country report in the Annexes. A synthesis covering these issues, drawing from information in the country reports is within Section 1- General operations.

9.   Project monitoring documents, evaluations available

Project	Document
3.1 Chad	Etude de cas sur un auxiliaire veterinaire forme dans le cadre du projet sida resilience 2014 Rapport de capitalisation sur la pharmacie veterinaire de mandjoura realisee dans le cadre du projet sida resilience 2014 Evaluation finale externe du projet sida resilience 2014
3.2 Chad GBV	Final evaluation
3.3 DRC	Baseline and endline surveys
3.4 Mauritania	Post distribution monitoring survey Food Consumption Score (SCA) survey
3.5 Mauritania WASH	Documentary about Oxfam's Humanitarian Response programme in Bassiknou (30 minutes) Soap distribution report and PDM report CAP survey Final evaluation
3.6 Niger	Baseline monitoring report End line survey report Post cash distribution monitoring report

	Final evaluation (carried out under OFDA funding for wider programme)
3.7 South Sudan	Baseline survey Monitoring report

4. Outcome 3: Strategic Investments

Humanitarian Partnership Agreement Logframe Outcome 3: Organisations and communities are better able to respond to humanitarian emergencies through strategic investments in WASH and ICT

Introduction

The Strategic Investment component is the third strand of the Humanitarian Partnership Agreement. The initial submission for this component consisted of three topics, namely Capacity building with partners in WASH, ICT in Humanitarian programming and Advocacy. Following discussions between Sida and Oxfam, the advocacy component was dropped and the funding was reallocated to the WASH component. Following these discussions an amendment was signed between both parties in November 2014. While some initial work had started at country level for these projects, the projects did not start in earnest until December 2014. The reporting period for this report is from 1st April 2014-31st March 2015, so therefore the following reports for ICT and Capacity building of WASH are reporting for a four month period and focusing on the project start ups which will contribute to the outputs. Progress reports for these projects are in Annex 4.1 (WASH) and 4.2 (ICT). A summary of the financial information for these projects is contained in the attached financial reports (Annex 1).

Outputs	Indicators	Progress report
WASH **3.1.1 Selected national partners have sufficient technical capacity to deliver good-quality humanitarian WASH responses in small-scale emergencies**	• Selected partners are able to deliver WASH responses to Sphere standards or superior national standards	The partners selection process occurred based on their location, programmatic focus and vision around WASH community support mostly. Following the needs assessment a detailed capacity building plan will ensure to strengthen these aspects of standardised WASH programming and sustainable support departments in their organisation.
3.1.2 Selected national partners have sufficient organisational capacity to deliver good quality humanitarian WASH responses in small-scale emergencies	• Key business functions of selected partners are sufficiently resourced and well managed	
3.1.3 Selected national partners have increased access to sustainable WASH learning and development opportunities	A WASH learning platform is recognised as a hub for sharing learning in the WASH sector	The pilot phase of the e-learning platform started in March with a four weeks course on WASH accountability, an evaluation will take place afterward to integrate lessons learnt and participant's feedback from an evaluation to design the tender for future platform.
ICT **3.2.1 Needs assessments are more timely, accurate and efficiently administered through mobile data collection tools**	• Greater time efficiency in the longer term to complete, input and analyse data in assessments, registration and monitoring	So far we can report on progress at outcome levels for Ethiopia, which is the first of the three focal countries for this component of the HPA. • All staff and partners who have been trained in LMMS digital registration and distribution tool and subsequently used it during distribution, confirmed LMMS process to be faster, safer and more user friendly than corresponding paper process.
3.2.2 Beneficiaries are more effectively registered and delivered essential services through mobile technologies	• Increased quality of data collection/analysis (disaggregation, greater accuracy etc) in assessments, registration and monitoring	
3.2.3 Monitoring of humanitarian activities is more effective, efficient and transparent through use of mobile		

data collection, promoting greater accountability		
3.2.4 Beneficiary accountability mechanisms are more effective and efficient through the use of Information Communications Technologies (ICTs)	• Improved access to information by, and feedback on Oxfam/partners work from, beneficiaries (where implemented)	Where sensitization activities took place with communities and beneficiaries prior to the use of the tool, beneficiaries feedback how LMMS-generated ID cards give them confidence that no one else could claim their aid entitlements.
3.2.5 Increased awareness by peer agencies in the humanitarian sector of successful approaches to increase quality and effectiveness through mobile data collection and ICTs.	• Oxfam's shared learning on mobile data collection is recognised as a valuable contribution to improving the use of ICTs in humanitarian assistance by peer agencies	• Oxfam shared its learning on mobile data collection at the presentation at a Disasters Emergency Committee (DEC) event held on Digital Data Gathering Technologies for M&E. The event was attended by 28 representatives from member organisations in July 2015. Oxfam was one of the profiled case studies at this event and was highly influential in the development of a report launched on this topic. • The project coordinator co-ran a session with Internews at the Humanitarian Innovation Conference held in Oxford in July 2015 on the topic of Responsible Data. This is linked to a collaboration to develop a joint product on socialising guidelines on responsible data and data ethics, drawing in part from learning in SHINE focal countries. • Oxfam has also played a key role in research on interoperability of digital tools used by different agencies in the space of digital beneficiary registration and distribution programming; our learning drawn in part from SHINE focal countries has enabled Oxfam to begin a dialogue around complex issues such as biometric data gathering and sharing among peer agencies, at an event on the 8th of October, titled "Beneficiary Information Management: For more effective and safe data management for Cash Transfer Programming"

List of Annexes

Annex No	Description
1.1	HPA financial contract summary
1.2	Consolidated RRM financial report
1.3	Consolidated planned projects financial report
1.4	Interest Income report
1.5	Auditors Report
1.6	Management responses to audit report
2.1	Emergency response to temporarily displaced persons from North Waziristan Agency residing in district Bannu, Pakistan.
2.2	WASH assistance to refugees in Gambella Region, Ethiopia.
2.3	Emergency response to the Ebola outbreak in Sierra Leone.
2.4	Emergency Response to the Ebola Outbreak in 4 slums communities in Liberia.
2.5	Emergency assistance to conflict affected communities in Khanqin, KRI/Iraq.
3.1	Reinforcing Resilience of Pastoralists and Agro Pastoralists communities in Northern Bahr El Gazal region in Chad
3.2	Reducing violence against women and girls in Bahr El Gazal/Chad
3.3	Strengthening protection of civilians in South Kivu (Uvira Territory) and North Kivu (Beni Territory), Phase II
3.4	Prevent the deterioration of the nutritional status of vulnerable populations, by improving their access to food, and by protecting their livelihoods during the 2014 hunger season
3.5	Humanitarian response in Water, Sanitation and Hygiene (WASH) for Malian refugees in *Mbera Camp* - Mauritania
3.6	Providing humanitarian assistance and building the resilience of pastoralist and agro pastoralist communities in Niger
3.7	Enhancing humanitarian institutional and community capacity in Lakes State, South Sudan