

1. General Findings

In general the programme direction was good, whilst the supporting systems behind the programmatic response were weaker. Management did face difficulties - communication and overturn being two of these. The learning from this is that programmes can function at speed with weak/er systems, but the effort of systems staff to catch up to programme staff can be difficult and makes reporting and accountability that much more difficult. As accountability, up and down, to all is paramount, response strategies must follow best practice and established policies and procedures.

The understanding within Oxfam of 'lessons learned' needs to be shifted to 'lessons identified' and accountability mechanisms must be put in place to insure that lessons are indeed learned and built into programme designs, assessments, and importantly staff inductions.

Targeting of the intervention made perfect sense at the outset (in particular, identifying public health risks), but never did reach out to the broader affected community in the area, particularly to people not in the evacuation centres (people hosted and communities and those that remained in situ). While there are reasons this never happened programmatically (e.g. public health risks were in evacuation centres and not in the communities), there should have been a system for continuing the situation assessment as more and more families returned home (e.g. travelling to the affected communities to assess overall damage and/or assist those families that remained).

Integrated assessments are certainly best practice, both programmatically and in terms of maximising resources. However, fully integrated programmes should not always be the default position, as the public health target communities will not always be the target community of the EFS&L response. This caused some problems in the distribution of hygiene kits (NFIs) by the EFS&L Team rather than the PH Team, for instance.

Partnerships are the backbone to successful interventions and clarity with agreed MOUs, both between Oxfam management and partner management, but also, importantly, between Oxfam and partner field staff is critical.

The programme met its initial objectives and delivered what is said it would do. While the RTE does raise many inhibiting factors, this is aimed at learning and not meant to degrade either the impact of the intervention or the strategy behind it.

The second phase of the programme is not yet clearly defined, which is very normal in such situations. All too often we make commitments to undertake longer-term work prior to defining the short to medium term objectives of the emergency response. This puts Oxfam, and particularly fixed term staff, in a difficult position. It also raises expectations of Oxfam International affiliates (who are working with back donors) and donors, at a time when the context is changing and devising reconstruction plans in any detail is nearly impossible.

After drafting this RTE document, staff at all levels contributed further feedback and reactions, and this is summarised in annex 3.

2. Status of Programme at Week 7

Typhoon Durian came ashore on November 30th and 31st 2007. The Red Cross damage assessment for the typhoon (note: multiple provinces) is:

Number of affected people:	1,992,387
Missing/Killed:	944
Partially damaged homes	124,354
Totally damaged homes	217,546

Oxfam's response focused on three highly affected municipalities in Albay Province, targeting 5,000 families (25,000) people. Internally, Oxfam classified this as a Category 2 response ('down graded' to Category 3 on January 5th with line management to revert back to the country after the