



REAL TIME RESPONSE REVIEW

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DEC COVID-19 APPEAL REAL TIME RESPONSE REVIEW

GLOBAL SYNTHESIS



CONTENT

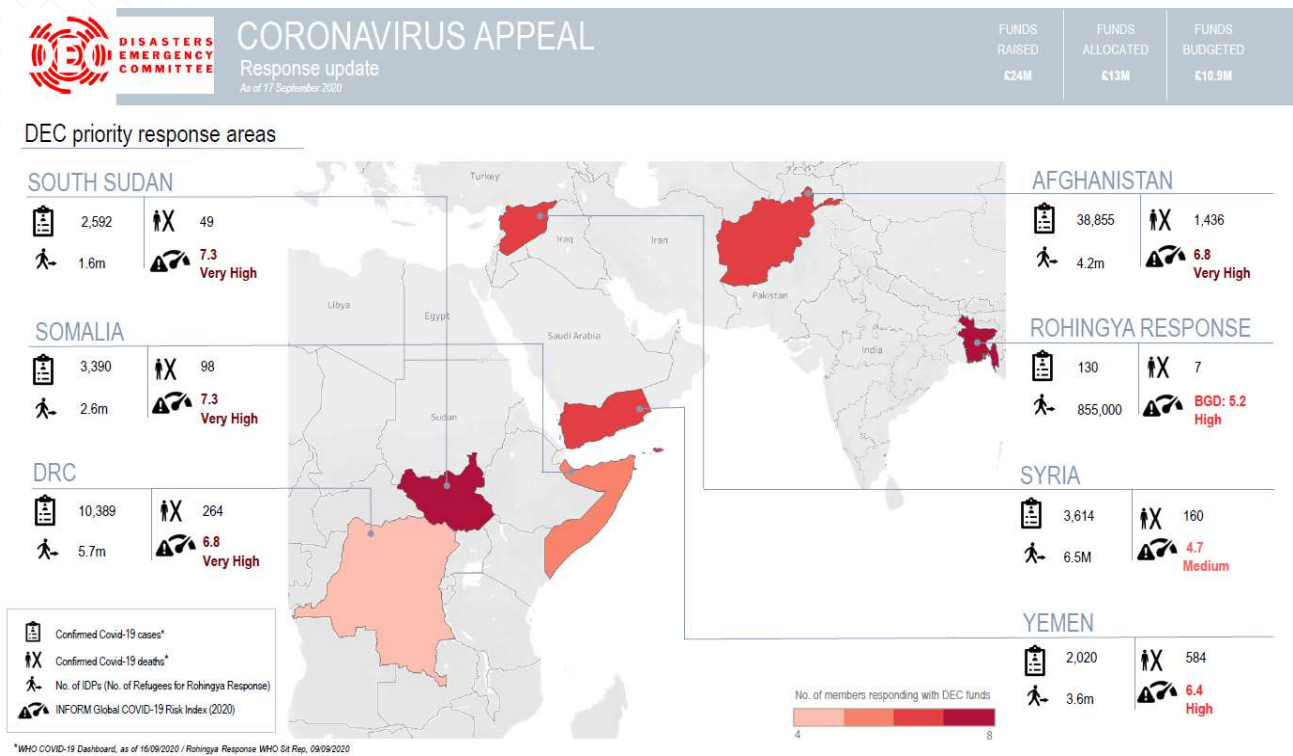


1. INTRODUCTION	3
1.1. DEC COVID-19 APPEAL	3
1.2. THE REAL-TIME RESPONSE REVIEW	4
2. UNDERSTANDING THE IMPACT OF COVID-19	4
2.1. THE HEALTH IMPACT OF THE COVID-19 PANDEMIC	4
2.2. THE NON-HEALTH IMPACT OF THE MEASURES TAKEN TO CONTROL THE PANDEMIC	5
3. KEY LESSONS BASED ON THE CORE HUMANITARIAN STANDARD	6
4. RECOMMENDATIONS	8
4.1. PROGRAMME CONTENT-RELATED RECOMMENDATIONS	8
4.2. PROCESS-RELATED RECOMMENDATIONS	8
5. CONCLUSION	9
ANNEX: COMPILED CHS ANALYSIS PER COUNTRY	10

1. INTRODUCTION

1.1. DEC COVID-19 APPEAL

The Disasters Emergency Committee (DEC) launched a Coronavirus appeal on 14 July 2020. By the end of August 2020, the campaign had raised over £11.3 million, which was then matched by UK Aid to reach a total of £22.5 million. At the time of the selection, prioritising countries in anticipation of the humanitarian need from the Covid-19 pandemic was challenging. Based on the likely humanitarian impact, a ‘no regrets’ approach was adopted¹. The funds raised by the Covid-19 Appeal were allocated to the 14 DEC members to support 42 projects. DEC members were already working in the 7 crisis contexts that were selected, in Asia (Afghanistan and Bangladesh for the Rohingya crisis), the Middle East (Yemen and Syria) and Africa (DRC, Somalia and South Sudan). The 7 countries that were selected are in a critical situation that has been exacerbated by the pandemic. The funds were used to adapt on-going projects or to develop new projects to respond to the health and non-health impacts of the pandemic and to cope with the impacts of the measures taken to stop the pandemic. Particular care was taken to implement relevant protection measures for staff and partners.



Type of funded programmes/activities: The priority sectors funded by the Covid-19 Appeal are WASH (33%), Health (22%), Food (12%), Livelihoods (11%), Protection (11%) and multipurpose cash assistance (9%). The Response Review covers this wide range of projects.

¹ As data about the prevalence of Covid-19 at the time of the decision were not available and/or accurate in most of the countries, the DEC secretariat used the INFORM COVID-19 Risk Index and the Global Health Security Index in order to identify which countries were most at risk from the health and humanitarian impacts of Covid-19.

1.2. THE REAL-TIME RESPONSE REVIEW

In line with their strong commitment to transparency, continuous learning and accountability, DEC launched a real-time Response Review (RR) in October 2020. [Groupe URD](#) which specialises in supporting learning processes, and was already [working on Covid-19](#), was selected to carry out the Review.

The terms of reference of the real-time Response Review included three key objectives:

- 1) Improve understanding of the impacts of the Covid-19 pandemic on contexts, Member Charities, their partners and key stakeholders,
- 2) Analyse adjustments that have already been made and that are still needed in humanitarian programming,
- 3) Facilitate collective reflection between DEC Member Charities about lessons and innovative ideas related to the Covid-19 pandemic response.

The learning process, launched in October 2020, included several phases: an inception phase in October 2020; an information and data-collection phase in November 2020; a series of workshops held in the 7 countries involved in the review at the end of November 2020; and the reporting / restitution phase in December 2020.

For each country involved in the review, interviews of key informants were conducted and selected projects were visited by local consultants recruited within Groupe URD's network. Projects were selected on the basis of representativity and field visit feasibility, taking into account access and time constraints. Distance interviews were conducted with DEC members, including those involved in projects that could not be visited, and non-DEC members.

Limited time was available to carry out the Response Review and several other limiting factors had to be taken into account, such as remote management and the delegation of work to national consultants with varying levels of experience, which was time-consuming in terms of communication and coaching. Remote management increased the risk that the review team would not be able to fully grasp what was happening on the ground.

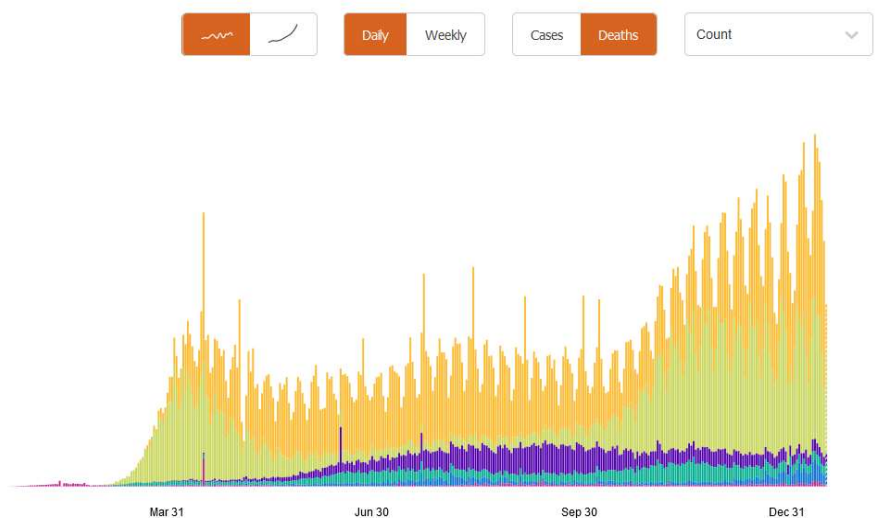
2. UNDERSTANDING THE IMPACT OF COVID-19

2.1. THE HEALTH IMPACT OF THE COVID-19 PANDEMIC

Situation by WHO Region

Americas	963,290 deaths
Europe	674,202 deaths
South-East Asia	192,088 deaths
Eastern Mediterranean	128,644 deaths
Africa	53,870 deaths
Western Pacific	22,420 deaths

Source: World Health Organization
 Data may be incomplete for the current day or week.



Number of deaths per region in 2020, WHO, December 2020

In terms of number of deaths, it is important to acknowledge that the impact of the pandemic is biggest in developed countries, and predominantly affects the elderly and people with comorbidities. The graph above clearly shows that the majority of deaths are taking place in the Americas and Europe. However, this may not be wholly accurate. In many places, the data are not accurate. The virus is having a silent impact and is not being reported in countries such as Afghanistan, Syria and Yemen, where discussions with aid workers and communities indicate that there has been a significant increase in the number of deaths. A study in Aden, Yemen, using a geospatial analysis technique on cemeteries, shows an increase in burials of 230%, compared to previous years. The situation seems to be different in Africa where, as yet, there have not been any studies showing a significant increase in the number of deaths. For reasons that are still unclear to date, whether to do with demographics, preparedness, or lack of adequate measurement, Africa's Covid-19 fatality rates are low. When the DEC appeal was launched, no information was available, and, in the end, the impact of the pandemic was quite different from the potential scenarios that were considered. Though the 'no regrets' approach was relevant initially, it may need to be revised moving forward.

Nevertheless, the impact of the pandemic on medical staff has been huge in many countries, both in terms of casualties and work pressure. There has also been a major impact on health systems, which has resulted in a reduction in medical follow-up for other diseases. This was particularly serious in places where health systems were already unable to address existing health needs. Governments were not always sufficiently clear in explaining the pandemic and the measures taken, and this, in addition to the invasive presence of rumours and conspiracy theories, had a significant impact on people's level of trust in their governments and health systems. The closure of health facilities and family planning centres has affected a wide range of medical activities, such as immunisation campaigns and early pregnancies.

2.2. THE NON-HEALTH IMPACT OF THE MEASURES TAKEN TO CONTROL THE PANDEMIC

The impact of Covid-19 on humanitarian contexts and needs has been significant and has taken multiple forms, aggravating pre-existing vulnerabilities. Essential goods and services were not available, leading to the loss of livelihoods and negative economic impacts, which are likely to have long-term effects. In most of the visited countries, containment measures, social isolation, economic difficulties and growing fear of what the future may bring appear to be having a significant impact on mental health. This may become a priority in some places if the situation does not improve rapidly. Certain groups seem to be disproportionately impacted in terms of protection. School closures, lockdown measures, lack of privacy, poverty and stress have led to more violence against women and children. They have also made it more difficult for IDPs and refugees to access protection services, etc. However, most worrying are the likely impacts on economic and food security.

Due to a wide range of measures, such as the closure of frontiers, the disruption of global trade and supply chains, the loss of jobs and the decrease in remittances from the diaspora, food security levels have deteriorated significantly in many countries (at the end of 2020 (as per IPC reports): 36% of the analysed population are facing acute food insecurity in Afghanistan, around 33% of the analysed population are acutely food insecure in DRC, 45% of the analysed population are facing acute food insecurity in Yemen, etc.).

3. KEY LESSONS BASED ON THE CORE HUMANITARIAN STANDARD

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. All DEC members make a commitment to apply the CHS and to provide external assurance of measurable progress in its implementation through the CHS Verification Scheme.

The CHS encompass the DAC/OECD criteria and can be used as a framework for MEAL activities, as proposed by Groupe URD in the [Quality and Accountability COMPASS](#). Therefore, the key lessons from the Real Time Review are presented on the basis of the 9 commitments of the Core Humanitarian Standard (CHS).



1. Humanitarian response is appropriate and relevant: In the context of the Covid-19 pandemic, with all its unknown epidemiological factors, its uncertainty and its multiple cascading effects, appropriateness and relevance were regularly challenged by the evolution of the pandemic and the impact of the measures taken to control it. The ‘no regrets’ approach adopted by the DEC and its members was probably the most sensible. In addition, two critical components of the Covid-19 appeal helped it to remain relevant: the presence of strong monitoring systems in the field and a high level of flexibility from the DEC funding system, based on dialogue and trust.

2. Humanitarian response is effective and timely: It is important to recall that the DEC Appeal was not launched at the beginning of the crisis, but during the summer of 2020. It provided ‘top-up’ funding for many activities that had already been launched under other funding streams, but needing to be consolidated. What contributed to the effectiveness of the activities supported by the DEC Appeal was the fact that most DEC members used the additional resources in areas where they were already well rooted, with good connections, and good knowledge of local actors and the local security conditions. This helped to shorten implementation delays to a minimum. However, in some instances, timeliness was affected by logistical and administrative constraints, security issues and specific modus operandi linked to Covid-19.

3. Humanitarian response strengthens local capacities and avoids negative effects: In all the countries concerned by this appeal, there is significant experience in working through local partners with remote management systems. This was made even more necessary in the Covid-19 situation. For DEC members, the usual ‘capacity building’ they engage in with their local partners was made even more important by the duty of care required by the DEC Appeal.

4. Humanitarian response is based on communication, participation and feedback The Covid-19 crisis has confirmed that communities have a key role to play in the response to epidemics and this is optimised by the mobilisation of social science and communication specialists. DEC Members undoubtedly allocate time and

resources to communication and participation. However, the pandemic and its associated measures had negative impacts in many contexts. The level of information and participation was lower than usual, despite efforts to adapt, such as the use of alternative means to provide information and raise awareness among beneficiaries (social media, radio, text messages, etc.)

5. Complaints are welcomed and addressed: For the last decade, the aid community has taken steps to be more accountable to people affected by crises. As most of DEC members have years of experience in establishing remotely-managed complaints and feedback mechanisms, and of the difficulties and challenges involved, the monitoring of Covid-19-related complaints was integrated into existing systems. However, the context made these familiar difficulties worse. For example, the normal procedure of verifying complaints through field visits was made more difficult by the travel restrictions. Alternative systems had to be found, such as using local radios or mobile communication tools.

6. Humanitarian response is coordinated and complementary: Coordination is of key importance in the response to a crisis, and all the more so for a health crisis, as has been shown in the past in relation to Ebola. All DEC members were deeply involved in coordination systems prior to the pandemic and continued to be very active during the Covid-19 crisis. However, many of the existing coordination mechanisms were partly disorganised by Covid-19, as regular face-to-face contact was very difficult, and video-conferencing reduced opportunities to have informal exchanges. Some alternative systems were established, such as WhatsApp groups for more casual exchanges. Nevertheless, there was little sharing of experiences between DEC members. While this is understandable, in view of the increased number of video conferences, it should be seen as a missed opportunity.

7. Humanitarian actors continuously learn and improve. Individually, DEC members have internal learning mechanisms in place and their engagement is proof that they are willing to learn and improve. The DEC members' engagement with the real-time Response Review is proof of their willingness to learn and to use recommendations to improve programming. It also shows the usefulness of real-time learning. Learning and sharing lessons with their local partners at the country level is essential to further support the localisation of aid.

8. Staff are supported to do their job effectively, and are treated fairly and equitably: In these dangerous operations, all staff are essential, and duty of care was a key element of the response at all levels. It will be important to find ways to institutionalise this. In addition, it will be important to follow up the psychosocial and socio-economic impact of the crisis on staff in the longer term as many people have been affected by the crisis (the loss of friends or relatives) and measures to contain the virus, such as lockdowns. As in other countries, working from home and using new distance-learning or distance-supporting approaches has introduced new ways of working that are likely to last beyond the Covid-19 pandemic.

9. Resources are managed and used responsibly for their intended purpose: DEC members have up to standard resource management systems in place and well disseminated codes of conduct, principles and standards. However, bureaucracy remains cumbersome and adaptive measures are required to respond faster and to avoid overburdening staff with administrative requirements. This observation includes donor requirements.

4. RECOMMENDATIONS

These recommendations have been extracted from the 7 country reports and are organised around a series of priority areas of enquiry. They are split into two categories: 1) programme content and 2) processes and structures.

4.1. PROGRAMME CONTENT-RELATED RECOMMENDATIONS

Recommendation n°1: More effort is required for awareness and prevention advocacy. Among the issues to do with content that have emerged from the RR is the importance of prevention awareness (11 recommendations / 5 countries), which has been made extremely visible by the pandemic. Efforts should be pursued to improve prevention and public health messaging. It is also seen as critical to address the problem of misinformation. The involvement of social science and communication experts should help in this respect.

Recommendation n°2: Further strengthen efforts on protection and mental health. The pandemic and associated control measures have had a significant impact on protection and mental health (7 recommendations / 6 countries). The capacity to address protection and mental health needs should be increased as the GBV and domestic violence caseload has increased since the beginning of the crisis.

Recommendation n°3: Pursue efforts to address the food security and economic impact of the Covid-19 crisis. The impact of the measures to control the pandemic on the economy and on food security is immense (6 recommendations, 6 countries). Existing vulnerabilities have been exacerbated, and poverty and food insecurity have increased. Many DEC members have and should continue to develop livelihoods and cash transfer programmes as a priority.

Recommendation n°4: Pursue efforts to address access to basic services (WASH, Health, Education). The pandemic affected access to basic services, such as WASH, Health and Education (8 recommendations, 5 countries). Continued support will be required for the health system to deal with patients of Covid-19 and other diseases. Hygiene messages valid for multiple contamination risks, and the supply of basic equipment, will remain relevant as Covid-19 has destabilised most health systems. In many areas, schools closed for an extended period of time, which has had a major impact on children. Innovative teaching methods and tools are needed to ensure access to education still prevails.

4.2. PROCESS-RELATED RECOMMENDATIONS

Recommendation n°5: Improve and fine tune targeting in order to address the needs of the most vulnerable. This crisis affected a wide range of population groups and individuals, making good targeting essential (6 recommendations, 3 countries). Particular care should be taken to address the needs of IDPs, young girls and the elderly who have been identified as the most at risk due to overcrowding, social neglect, lack of access to medical services, limited financial resources, etc. In order to avoid negative effects, it remains important to monitor the needs of the host communities.

Recommendation n°6: Continue to empower local actors, while maintaining coordination with the relevant local authorities. Strengthening local partners and increasing their participation in planning and decision making facilitates the empowerment of local communities, and helps to build trust (8 recommendations, 6 countries). However, this should be done in a way that does not undermine local authorities who play an essential role in managing the pandemic.

Recommendation n°7: Monitor a wide range of issues to improve understanding of the impacts of the pandemic and the associated measures. In a fast-changing context, where there is uncertainty about how the situation will evolve, it is good practice to continuously monitor the pandemic, its impact on health, the economic and protection, and evolving needs (4 recommendations, 4 countries).

Recommendation n°8: Continue to advocate for more flexibility. A series of points focused on donor processes (4 recommendations, 4 countries), in particular the importance of continuing to advocate for more flexibility, simplified funding mechanisms and lighter reporting procedures, in line with the Grand Bargain.

Recommendation n°9: Continue to engage in multidimensional coordination at all levels. Coordination is crucial in a complex, large-scale, multidimensional crisis (5 recommendations, 3 countries). DEC members should advocate for better participation/representation of local NGOs in different coordination forums. At the same time, most coordination has taken the form of video conferencing, thus reducing the social interactions and interpersonal relations that are so important to good coordination. User-friendly remote / online coordination mechanisms should be supported.

5. CONCLUSION

Early in 2021, it is still very uncertain how this health crisis is going to evolve. With new variants of the virus spreading, the pandemic may continue, and could get worse, particularly in African countries that have been less affected so far. Aid actors need to remain vigilant and monitor WHO indicators as well as other indicators in the field, such as the rate of attendance at health centres, the detection of virus traces in waste water or activity in cemeteries. In addition, the seriousness of the world economic crisis could lead to a decrease in humanitarian funding, which would be disastrous for the most vulnerable people. In certain countries, it could have serious consequences for the economic state of health sectors and for food security. Combined with other factors, including conflicts, this could lead to the collapse of countries like Yemen and Syria. In such a context, aid actors need to take action for the future, by supporting local staff and partners, reinforcing their response capacities, and helping to increase their direct share of funding, so that they have a broader scope for action.

ANNEX: COMPILED CHS ANALYSIS PER COUNTRY

CHS Commitments & Criteria	Bangladesh	Afghanistan	Syria	Yemen	Democratic Republic of Congo	Somalia	South Sudan
1. Communities and people affected by crisis receive assistance appropriate and relevant to their needs. Humanitarian response is appropriate and relevant	With no evidence about how the Covid-19 pandemic would evolve, it was the right decision to opt for a 'no regrets approach' and thus to mitigate possible risks of Covid-19 spreading in a very densely populated refugee setting of nearly 1 million people. In this context, humanitarian support provided by DEC members is crucial, even if insufficient.	The "no regret" approach was justified and provided assistance was overall both appropriate and relevant.	The "no regrets" approach was justified and the assistance provided was both appropriate and relevant overall.	Although information about humanitarian needs in Yemen is incomplete, it is widely recognised that they are huge and diverse, related to the war situation, to direct impacts of Covid-19 on public health and to the indirect impact of Covid-19 on the economy and food security. In this context, humanitarian support provided by DEC members is crucial, even though insufficient.	Although the virus did not spread as it had been feared it might early in the year, the decision to allocate resources for Health and WASH activities made full sense as part of a "no regrets" approach in the context of DRC. The question now is whether to continue to disseminate broad prevention messaging about Covid-19 or whether to adopt a more specific approach, taking into account the impacts of the pandemic in the country.	As there was great uncertainty about how the pandemic would evolve, DEC Member Charities were right to adopt a 'no regrets' approach	As the evolution of the pandemic was much uncertain, DEC Charity members applied rightly ad "no regret approach"
2. Communities and people affected by crisis have access to the humanitarian assistance they need at the right time. Humanitarian response is effective and timely	DEC funding was released by August 2020, several months after the beginning of the Covid-19 crisis, but more importantly, the projects' implementation was further delayed by the heavy national authorisations' procedures which represent a major constraint for implementing agencies. The pandemic and lockdown measures also aggravated pre-existing needs.	The 5 to 6 months delay between the beginning of the crisis and the response was used to adjust the response to new risks and needs. The pandemic however delayed the response to pre-crisis needs.	The 5 to 6 month delay between the beginning of the crisis and the response was used to adjust the response to new risks and needs. However, the pandemic delayed the response to pre-existing identified needs.	One of the main issues in Yemen is the effectiveness of aid, linked to the capacity of humanitarian actors to overcome the multiple administrative, logistic and security constraints. In the north, some programmes have not been able to start and many are facing delays. In the south, and despite all the constraints, all projects are on course to achieve the targets specified in the program proposals. Working with a local partner facilitates access and helps to overcome some of the difficulties international actors face.	Timeliness of aid in the context of uncertainty and global disruption of the supply chain was an issue and DEC members did what they could to overcome the various constraints. If changes are to be made to programmes for phase 2, flexibility is key to ensure timeliness.	DEC support came in addition to other support and complemented it significantly, although t was not as fast as expected	DEC support came along side with other support and complemented it significantly, although t was not as fast as it could have been
3. Communities and people affected by crisis are not	Duty of care and protection of local staff, partners and	The presence of capable local partners was of strategic	The presence of capable local partners was of	No negative impact of aid has been recorded during the Response Review but	The community-based approach to prevention and surveillance supported by the	Instructions to local staff and local partners on how to	Instructions to local staff and local partners on

DEC Covid-19 Appeal Response Review

<p>negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action Humanitarian response strengthens local capacities and avoids negative effects</p>	<p>beneficiaries was managed properly, with sufficient preparation time. However, on a longer-term perspective, environmental considerations remain of concern as the number of distributed items is important and waste management systems are insufficient. The risk of further divide between refugees and host communities is also of concern.</p>	<p>advantage to adapt and respond. Empowered local communities and well-established working relationship provided a strategic advantage to DEC members to identify needs, respond and monitor the response.</p>	<p>strategic advantage to adapt and respond. Empowered local communities and well-established working relationships provided a strategic advantage to identify needs, respond and monitor the response.</p>	<p>longer-term impacts of aid in terms of community resilience are difficult to achieve given that the country is near collapse. Preparedness efforts could be strengthened if funds were available/adapted, e.g. for pre-positioning stocks.</p>	<p>DEC members contributes to better preparedness and strengthens local capacities. However, Covid-19 is seen as the latest “business” for local authorities and internationals, highlighting the importance of previous experiences in the acceptance of present and future responses.</p>	<p>deal with Covid-19 were clear, and often predated the arrival of DEC Covid-19 funding, which is evidence of a very responsible attitude on the part of the DEC Member Charities</p>	<p>how to deal with COVID 19 was clear, although often predating DEC COVID 19 support, demonstrating the high level of responsibility of the DEC charity members</p>
<p>4. Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them Humanitarian response is based on communication, participation and feedback</p>	<p>DEC member charities generally work through community approaches, all the more so with the restrictions imposed by the Covid-19 situation. However, in a pandemic a certain number of top-down measures are necessary while also ensuring that these are communicated through the proper channels, it is necessary to identify key members of the community who help to build trust and acceptance, and deconstruct rumours.</p>	<p>DEC partners undoubtedly allocate time and resources to communication and participation. However, the pandemic had a negative impact. The level of information, participation, was lesser than usual despite genuine efforts to cope/adapt.</p>	<p>DEC partners undoubtedly allocate time and resources to communicate and consult the local population. However, the pandemic had a negative impact. The overall level of participation was lower than usual.</p>	<p>Most of the DEC partners rely heavily on community approaches for their programmes, and even more so given travel restrictions. Nearly all distribution activities have applied a community-based targeting and delivery approach. DEC members have used alternative means to deliver information and awareness messages to beneficiaries using social media, radio, text messages, etc.</p>	<p>Communicating with communities in order to raise awareness and deal with rumours is a key aspect of the response in DRC. DEC members are actively working on these issues through a wide range of approaches and media (social media, churches, community workers, etc.).</p>	<p>During a pandemic, a certain number of top-down measures are necessary. Communication through local leaders and community members was key.</p>	<p>While in pandemic management you have to implement a certain number of top-down measures, communication through local leaders and community members was key</p>
<p>5. Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints Complaints are welcomed and addressed</p>	<p>Various mechanisms are in place. DEC Member Charities have progressively learned which mechanisms are the most appropriate to allow communities to make complaints. However, a certain</p>	<p>Overall complaint mechanisms were in place. However, online systems relied on distant communication and network which are not always reliable. A nuanced feedback</p>	<p>Complaints mechanisms were in place and continued operating. However, online systems relied on distant communication</p>	<p>The mechanisms for receiving complaints from beneficiaries have been affected during the Covid-19 crisis as direct communication lines have stopped, leaving only the hotline and WhatsApp messages, which has led to</p>	<p>Teams pay for past mistakes when they arrive in areas where previous responses have gone badly, as is the case in some places in DRC. This highlights the importance of putting in place safeguarding and accountability measures in</p>	<p>Mechanisms were in place. However, their effectiveness was far from obvious, despite the efforts made.</p>	<p>Mechanisms were in place. Yet, their effectiveness is far from obvious, despite efforts made</p>

DEC Covid-19 Appeal Response Review

	number of beneficiaries are not aware that these mechanisms exist and have no information about their entitlements.	from local communities regarding the functioning of these mechanisms	and networks that are not fully reliable.	a decrease in the number of complaints received from beneficiaries.	order to avoid any misconduct.		
6. Communities and people affected by crisis receive coordinated, complementary assistance Humanitarian response is coordinated and complementary	DEC organisations actively participate in all coordination groups at the national, Cox's Bazar and camp levels. However, the responses of different DEC members could be more complementary with more information sharing and learning initiatives at local level.	Coordination was disrupted as a direct consequence of the pandemic and subsequent restrictive measures. However, DEC members did maintain good information exchange mechanism in place in the context of Afghanistan to prevent duplication and share lessons.	Coordination was disrupted but resumed relatively rapidly. However, DEC members have no satisfactory information exchange mechanism in place to prevent duplication and share lessons learnt.	Coordination with the local authorities both in the north and the south is a prerequisite in Yemen. Coordination with the wider aid community is functional and DEC partners are active players in the cluster system, but there is very little coordination among DEC members working in Yemen, leading to missed opportunities for better complementarity and mutual support.	DEC Charity members are involved in various coordination systems at national and regional levels with aid actors as well as with national and local authorities. This coordination is effective despite the fact that meetings are organised at a distance.	All the DEC Member Charities were fully involved in different coordination systems in Nairobi and in the field	All DEC Charity members were deeply involved in a number of coordination systems at Nairobi and field levels
7. Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection Humanitarian actors continuously learn and improve	Although the current programme started recently, a commitment to learning was observed. The eight DEC members currently engaged in the response have been working in the area since the beginning of the current refugee crisis in 2017 and have regularly been involved in evaluations, lesson-sharing workshops, and other learning events.	DEC members had a joint mechanism in place to share lessons learnt. Individually all agencies have an internal learning mechanism in place. Some of DEC members are already collecting and analysing data to learn from the pandemic and adapt their response.	Individually, DEC members have internal learning mechanisms in place and, to some extent, benefit from sector working groups, such as clusters.	DEC members' engagement with the DEC RTRR underlines their willingness to learn and improve. Changes already introduced for phase 2 prove their ability to do so.	The engagement of DEC members with the DEC RTRR underlines their willingness to learn and improve. Changes already introduced for phase 2 show that they are capable of doing so.	The timeframe of this programme is not long enough to see whether DEC Member Charities are learning. However, their eagerness and engagement with the DEC RTRR underlines a strong desire to learn and improve	The timeframe of this programme is not long enough to see how DEC Charity members are learning. Yet, their eagerness and engagement with the DEC RTRR underlines a strong desire to learn and improve
8. Communities and people affected by crisis receive the assistance they require from competent and well-	Although their staffs were faced with uncertainty, and sometimes fear and stress, DEC member charities have made significant efforts to	The RTRR did not take into consideration staff competency. However, the staff at country and HQ level joint strengths to adapt and respond to	The RTRR did not take staff competencies into consideration. However, the staff at country and HQ levels worked	Duty of care, as implemented by DEC members in this response, has been central in order to minimise the risk of Covid-19 transmission amongst staff and partner	Duty of care, as implemented by DEC members in this response, has been central in order to minimise the risk of Covid-19 transmission amongst staff and partner organisations. Working from	There was clear evidence of this. However, the unknown nature of the threat and how it will evolve has created some	Efforts were clear on that direction. Yet, the unknown nature of the threat and its uncertain evolution created

DEC Covid-19 Appeal Response Review

<p>managed staff and volunteers Staff are supported to do their job effectively, and are treated fairly and equitably</p>	<p>provide the necessary protective equipment and give access to mental health support services. They have also reinforced processes and SOPs, and engaged in capacity building for staffs to prepare them for work in a pandemic context.</p>	<p>the best of their abilities.</p>	<p>together to adapt and respond the best they could. Country staff did receive support.</p>	<p>organisations. As in other countries, working from home and using new distance-learning or distance-supporting approaches has introduced new ways of working that will certainly last much beyond the Covid-19 pandemic.</p>	<p>home and using new distance-learning or distance-supporting approaches has introduced new ways of working that will certainly last beyond the Covid-19 pandemic.</p>	<p>stress. Further engagement will be required on the part of management to deal with this.</p>	<p>some stress and efforts to deal with it will require further engagement of management</p>
<p>9. Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically. Resources are managed and used responsibly for their intended purpose</p>	<p>Efficiency has changed in this Covid-19 crisis, as a new way of working is emerging. Digitalisation, prevention measures and capacity building have necessitated time and means, but organisations have adapted quickly and responsibly to the numerous constraints.</p>	<p>DEC members have up to standards resources management systems in place and well disseminated code of conducts, principles and standards. However, bureaucracy is too heavy and more adaptive measures are required to respond faster and prevent overburdening the staff with administrative requirements. This observation includes donor requirements.</p>	<p>DEC members have up to standard resource management systems in place and well disseminated codes of conduct. However, it is clearly felt at HQ and field levels that bureaucracy is too heavy and that more adaptive measures are required to respond faster and prevent work overloads.</p>	<p>The RTRR did not collect any information about misuse of resources. However, in this case, where the Covid-19 pandemic has coincided with the decline in global support for the humanitarian response in Yemen, it is imperative for humanitarian partners in Yemen to intensify their coordination and cooperation to exploit resources economically for the benefit of the largest possible number of affected people.</p>	<p>No specific information was collected related to this issue.</p>	<p>Efforts were made to complement existing programmes and create new ones where needed based on a rigorous approach that DEC Member Charities already apply with many other donors.</p>	<p>Efforts to complement existing programmes and create new ones where needs have been identified were made with the appropriate rigorous approach as DEC Charity members have already well developed procedures with many difficult donors</p>



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Founded in 1993, Groupe URD is an independent think tank that specialises in analysing practices and developing policies for the humanitarian sector. Our multi-disciplinary expertise, based on continual field visits to crisis and post-crisis contexts, provides us with insight into the functioning of the sector as a whole. We believe in sharing knowledge and collective learning, and we help aid actors to improve the quality of their programmes.

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