



2020 CORONAVIRUS APPEAL SIX-MONTH REPORT



BACKGROUND TO THE PANDEMIC

Since late 2019, coronavirus (Covid-19) has affected the lives of millions of people around the world. Fragile states that have already experienced decades of conflict, violence, drought and flooding have been impacted the worst. In these places, millions of displaced and otherwise vulnerable people already have little access to adequate healthcare, water, food and ways to earn a living. The secondary effects of the pandemic – successive lockdowns and global recession that have crippled economies, inflated food prices and increased unemployment – have pushed vulnerable people closer to the edge. The UN estimates that 235 million people will need humanitarian assistance to survive, a 40% increase in a year, which is almost entirely because of Covid-19.

“ For the first time since the 1990s, extreme poverty will increase. Life expectancy will fall. The annual death toll from HIV, tuberculosis and malaria is set to double. We fear a near doubling in the number of people facing starvation ”

Sir Mark Lowcock, UN Head of Humanitarian Affairs,
December 2020

“ [W]e face the prospect of a return to a world in which famine – something we thought we had consigned to history – is commonplace once more ”

Sir Mark Lowcock,
UN Head of Humanitarian Affairs,
December 2020

Covid-19 cases and deaths are substantially underreported due to lack of data. Anecdotal evidence, such as the number of graves being dug, is often used as a way of indicating mortality. Many people are too scared to go to health centres or hospitals for fear of catching the disease, or fear the stigma of being thought infected. Others are reluctant to attend in case they are caught up in violence on the way. Nonetheless, fragile health services are being disrupted and overwhelmed.

The Disasters Emergency Committee (DEC) launched its Coronavirus Appeal in July 2020 to protect vulnerable people living in six of the world's most

fragile places – Democratic Republic of Congo (DRC), Somalia, South Sudan, Yemen, Syria and Afghanistan – as well as the Rohingya refugee camps in Bangladesh. Spread across Africa, Asia and the Middle East, they share certain characteristics: their experience of prolonged conflict and displacement means their healthcare systems and social structures are already weak and have been further weakened by the pandemic. In these seven locations, more than 24 million people have been forced to leave their homes. Living in cramped conditions that make social distancing almost impossible and with little access to handwashing facilities, they are extremely vulnerable to the virus.



Cover image: Volunteer Mary and her colleague Tondrua Ali visit communities in Juba, South Sudan, to teach about the importance of handwashing in preventing the spread of Covid-19. © Peter Caton/Action Against Hunger

HOW WE HELPED

In the first six months, the DEC's Coronavirus Appeal raised more than **£34 million** from the UK public and other donors: of this **£26.5 million** has been raised by the DEC directly, including £10 million in UK Aid Match, and £7.9 million by member charities. Appeal funds have been allocated to the DEC's 14 member charities, which were already working in these locations.

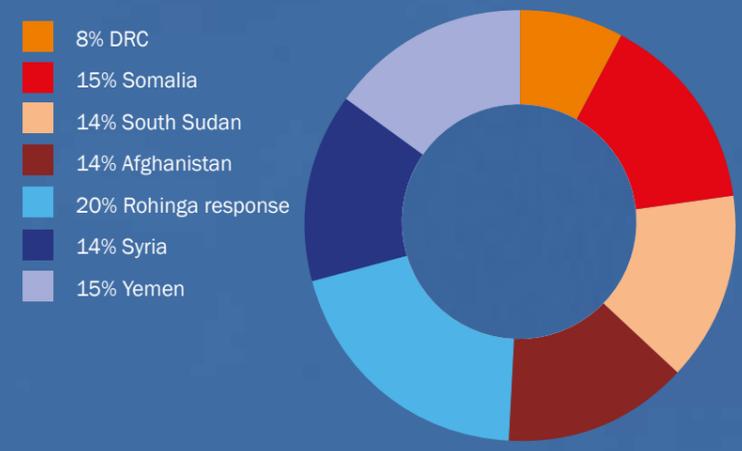
During the first phase of the DEC-funded response (July 2020 to January 2021), DEC member charities and their partners provided assistance to thousands of affected families with £11 million from DEC funds.

- Almost a third of the DEC appeal budget was used to improve water and sanitation infrastructure, so that vulnerable displaced families could protect themselves from the virus with water, soap and handwashing stations, as well as information on how the virus can spread.
- Nearly a quarter of the appeal budget was allocated to health interventions, such as supporting frontline medical and aid workers with personal protective equipment (PPE), medical supplies and training so they could care for the vulnerable and sick.
- Funds were also used to enable affected people to buy food, to ensure that the Covid-19 crisis doesn't result in people going hungry and children becoming malnourished.

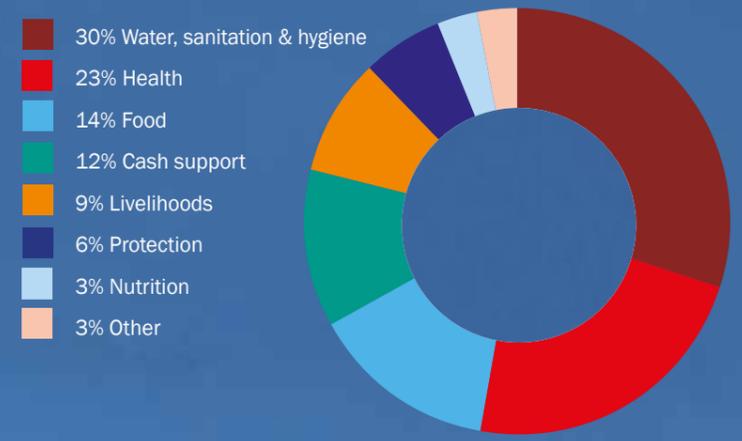
“ In the space of a few months, decades of development have been knocked off course by a virus. Getting things back on track is not impossible. But it is not inevitable either. It will take conscious action and collective effort ”

Sir Mark Lowcock, UN Head of Humanitarian Affairs, December 2020

Phase 1 final expenditure by country



Phase 1 final expenditure by sector

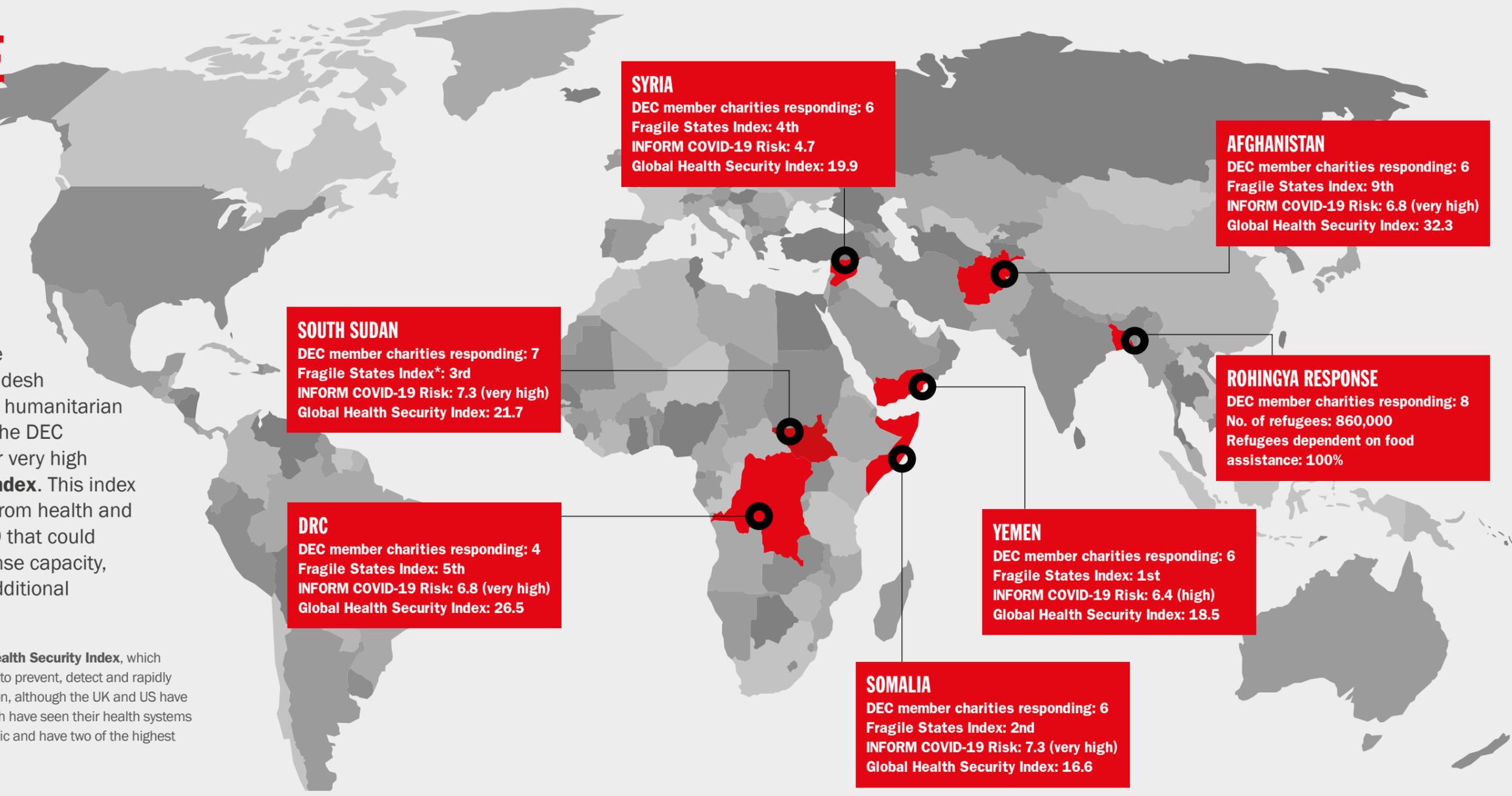


WHERE WE ARE RESPONDING

7 FRAGILE PLACES
43 ACTIVE PROJECTS
14 DEC MEMBER CHARITIES
27 LOCAL PARTNERS

With the exception of Syria and the Rohingya refugee camps in Bangladesh (which had pre-existing large-scale humanitarian needs), the countries targeted by the DEC Coronavirus Appeal rank as high or very high on the **INFORM COVID-19 Risk Index**. This index aims to identify “countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm current national response capacity, and therefore lead to a need for additional international assistance”.

These places also have low scores on the **Global Health Security Index**, which categorises countries according to their capabilities to prevent, detect and rapidly respond to public health emergencies. In comparison, although the UK and US have high scores on the Global Health Security Index, both have seen their health systems come under severe strain as a result of the pandemic and have two of the highest mortality numbers in the world.



KEY ACHIEVEMENTS Phase 1

1.3 million

people reached with information on how to maintain **good hygiene**



10,000

frontline workers **equipped with PPE**, such as masks, gloves, aprons, visors and gowns, to protect against Covid-19



800

people **trained in supporting the local Covid-19 response**, such as mask production and constructing handwashing stations



110,700

people taught about the **nutritional requirements** of under 5s and pregnant and breastfeeding women



165,000

households provided with items such as **soap and jerry cans for storing water**



97

health facilities supported through training, equipment, consumables and running costs



26,000

households provided with **food assistance** (e.g. sugar, flour, rice, oil, tinned tuna) or vouchers for food



866,800

people taught about **gender-based violence**



1,500

handwashing stations constructed



12,700

households benefited from **cash assistance**



980

people received treatment for **severe or moderate acute malnutrition**



13,500

people received **mental health and psychosocial support**



*The Fragile States Index is an annual assessment of 178 countries based on a measurement of the social, economic, and political pressures that face each country.

A note on figures: Each sector of activity presented in this report includes net figures for the number of people reached with DEC funds. Double-counting in the net number of people reached per sector has been eliminated, however some double-counting may persist across sectors; also, when two or more charities reach the same people with different types of assistance. All figures reported have been rounded down.

AT A GLANCE

- Fifth most fragile state in the world
- Score of 6.8 (very high) on the INFORM Covid-19 Risk Index – joint fifth highest in the world with Afghanistan
- Global Health Security Index score 26.5
- Population 103.2 million
- 19.6 million people acutely food insecure
- 5.2 million internally displaced people

COVID-19

- 28,714 confirmed cases (15 April 2021)
- 745 confirmed deaths



Number of DEC member charities using DEC funds in each location

DEMOCRATIC REPUBLIC OF CONGO

In DRC, a combination of conflict, disease, under-development and natural disasters has produced one of the world’s most complex humanitarian situations, according to the UN. More than two decades of conflict has forced 5.2 million people from their homes and into overcrowded camps, where health services are extremely limited and virus prevention measures are challenging.

DRC is experiencing the largest hunger crisis in the world, with more than 19 million people short of food. 80% of the population lives in extreme poverty, mostly in slums.

Covid-19 is the latest health challenge for an already weak and pressured health system. As well as an ongoing measles epidemic that has killed over 6,000 people since the start of 2019, new cases of Ebola have emerged since April 2020. The pandemic has made a precarious economic situation even worse, deeply impacting growth, disrupting the livelihoods of the most vulnerable households and increasing food insecurity in towns and cities. Staple foods are increasingly difficult to find and prices have risen alarmingly. Women have suffered disproportionately. Many work in the informal economy, which has been badly affected by market closures and restrictions on movement. There are increased incidences of sexual and gender-based violence, and school closures and increased poverty have pushed girls into transactional sexual relationships.

“ We’re seeing people who’ve lost their income, who are going out every day and struggling even to find enough food to feed their children for that day. People are scared ”

Hebdavi Muhindo, DRC Country Director, Tearfund

HOW WE HELPED: LIVELIHOODS

Beni in northeastern DRC has suffered extreme violence in recent years. Amnesty International reports that more than 680 civilians have been killed in the region, some attacked with machetes or burned alive. Families depend on agriculture for a living, but many have almost no access to their fields, as they are located in the dangerous so-called “red zone”.

With DEC funds, 101 people in Beni, including 68 women, were trained to produce reusable face masks, which provided an alternative source of income. The first 30,000 were distributed free to local families as part of the project, while the mask-makers sold subsequent batches for \$0.2. This has provided participants with much-needed additional cash, as well as helping them to improve their skills and gain experience of a business enterprise.

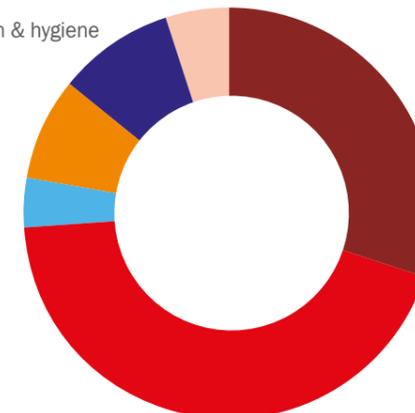
“I found my smile again. . . Before the project, I was in crisis without money,” says Kahindo Mathe, aged 47, whose husband was killed by an armed group. “I didn’t know how to feed my children. This project has greatly assisted me. . . In two weeks I sewed 300 masks and I earned \$60 .”

Working with three local technical schools and 10 teachers, the project also trained 62 students to manufacture low contamination handwashing stations, which were placed in public areas around the project sites. With the skills they have gained, these young people will then produce additional handwashing stations to sell to schools, churches and other local organisations. Money earned will be used to purchase more tools, invest in the supervision of young people in the workshop, and make more handwashing stations.

Phase 1 budget	6-month expenditure
£938,780	£922,303

Phase 1 expenditure by sector

- 30% Water, sanitation & hygiene
- 44% Health
- 4% Food
- 8% Livelihoods
- 9% Protection
- 5% Other



919,000 people reached with information on maintaining good hygiene

18,200 households provided with items such as soap, jerry cans and sanitiser

54 health facilities supported through provision of equipment, supplies, and training

170 people trained in supporting the local Covid-19 response, such as mask production and constructing handwashing stations

80,300 people taught about gender-based violence

1,500 households provided with food assistance (e.g. sugar, flour, rice, oil, tinned tuna)



AT A GLANCE

- Second most fragile state in the world
- Score of 7.3 (very high) on the INFORM Covid-19 Risk Index – joint second highest in the world with South Sudan
- Global Health Security Index score 16.6 – second lowest in the world
- Population 12.3 million
- 2.7 million people acutely food insecure
- 2.6 million internally displaced people

COVID-19

- 12,837 confirmed cases (15 April 2021)
- 656 confirmed deaths



Number of DEC member charities using DEC funds in each location

SOMALIA

Somalia has a long history of civil war, insecurity, poverty and natural disasters. Before the pandemic began, 2.6 million people had been driven from their homes by conflict, most of whom settled in over 2,000 overcrowded internal displacement sites with basic services in or next to crowded towns and cities across the country.

Some 2.7 million people were already severely short of food, with that number expected to rise as the country experienced its worst upsurge of desert locusts in 25 years, damaging tens of thousands of hectares of crops and pasture. Disease outbreaks such as cholera were straining the country's largely inadequate health system. As Covid-19 reached Somalia, the country had no ventilators and only two healthcare workers per 100,000 people. Responding to the pandemic has been prioritised so that other basic health services have been neglected, especially maternal and child health services.

Somalia's informal economy, based on remittances from relatives abroad, imports and agriculture, has been severely impacted. Women-owned businesses have been especially hard-hit, with 98% reporting reduced revenue. Imports have also been affected, leading to a scarcity of food which has meant that some families are only able to eat once a day. This is likely to lead to a deterioration in their health and an increase in cases of malnutrition.



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HOW WE HELPED: FOOD

Given the food crisis in the country, providing food assistance was prioritised and accounted for more than a fifth of DEC expenditure in Somalia.

Ubah Ahmed Yusuf, 35, lives in Buturji, Somaliland, with her husband and their three small children. The family has a small farm and Ubah's husband also worked as a daily labourer on a construction site in nearby Gabiley city to supplement the family income. Although he didn't earn much, the family could afford to eat three meals a day. After the government imposed restrictions to contain the spread of Covid-19, he could no longer work, and at the same time their farm was devastated by the worst plague of locusts in decades. Money became extremely tight and the family tried to economise by cutting down on food.

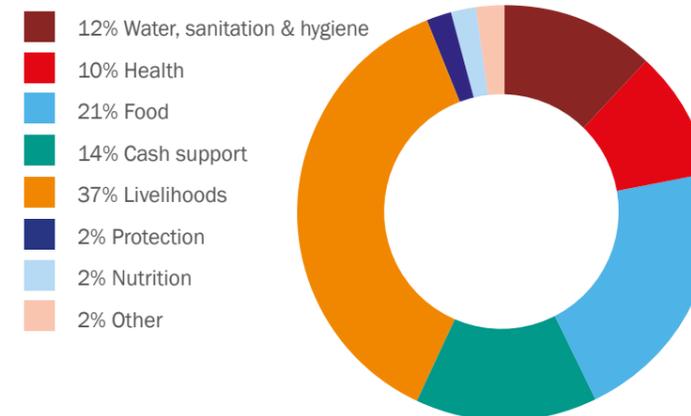
"I worried a lot about my young children being hungry," says Ubah. "We used to eat two times a day, but it was not a balanced diet for young children to grow and develop."

Ubah and her family is one of 1,080 vulnerable households targeted with vital food assistance by a DEC-funded project. "I've received 25kg of rice, 25kg of sugar, 25kg of flour, five litres of sunflower oil and six tins of tuna fish – yes, it will be enough for a month and more for us, and from now on, we will eat three meals a day," says Ubah.

Another DEC-funded project provided cash grants for vulnerable families in Somaliland and Puntland. Surveys showed that around 65% of the grants were spent on food. Across Somalia, more than 1,000 families received food assistance with DEC funds.

Phase 1 budget	6-month expenditure
£1,655,922	£1,655,814

Phase 1 expenditure by sector



28,100 people reached with information on maintaining good hygiene

165 health workers equipped with PPE, such as masks, gloves, aprons, visors and gowns, to protect against Covid-19

21 health facilities supported with supplies such as face masks, infrared thermometers, gloves and gowns

750,400 people taught about gender-based violence

1,000 households provided with food assistance (e.g. sugar, flour, rice, oil, tinned tuna)

2,700 households benefited from cash assistance



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“ Somalia's long-standing crises are compounded now by the ‘triple threat’ of the COVID-19 pandemic, desert locust infestations and climatic shocks ”

Adam Abdelmoula, UN Humanitarian Coordinator for Somalia, February 2021

AT A GLANCE

- Third most fragile state in the world
- Score of 7.3 (very high) on the INFORM Covid-19 Risk Index – joint second highest in the world with Somalia
- Global Health Security Index score 21.7
- Population 12.1 million
- 7.2 million people acutely food insecure
- 1.6 million internally displaced people

COVID-19

- 10,403 confirmed cases (15 April 2021)
- 114 confirmed deaths



Number of DEC member charities using DEC funds in each location

SOUTH SUDAN

More than five years of civil war in South Sudan have led to widespread human rights violations, food scarcity and large-scale movements of people as families have been forced to leave their homes. Before the pandemic, more than 60% of the population – 7.2 million people – were in acute food crisis, with six counties on the brink of famine.

There are estimated to be 1.6 million internally displaced people in South Sudan, many of whom are dependent on food aid to survive. The country is also impacted by contagious diseases such as smallpox, Ebola and Marburg viruses, as well as malaria and typhoid.

The South Sudan pound has devalued significantly, resulting in higher prices and unpredictability in the markets. Restrictions on gatherings have led to the closure of tea shops, restaurants, barbers and bicycle taxi businesses, affecting casual labour income in these sectors. The cost of a food basket in the capital, Juba, is reported to have increased by 42% between August and September 2020. Hunger and malnutrition are major concerns and will exacerbate the transmission of the virus due to reduced immunity. The closure of schools because of lockdowns, which previously provided children with at least one meal a day, has only made the situation worse.

“ [This] is a perfect storm that may lead to potentially terrible consequences for millions of people living in already precarious situations ”

Raouf Mazou, UNHCR Assistant High Commissioner for Operations, April 2020

HOW WE HELPED: EDUCATION

Education is crucial escape route from the cycle of poverty, equipping children with skills to build a more prosperous future for themselves and their communities. In South Sudan, girls are less likely to attend school than boys because of traditional views and harmful practices such as child marriage. Since the onset of the pandemic, around 2 million children have been affected by school closures.

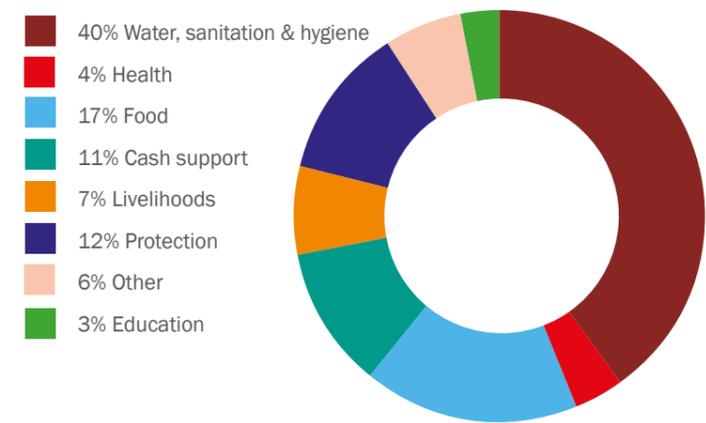
In Kapoeta South, Eastern Equatoria, DEC funds were used to bring schooling into the homes of vulnerable children through an alternative home-based learning programme. The project targeted children aged 5 to 17, including those living with disabilities and pregnant girls. Parent-teacher associations ran mass mobilisation campaigns to recruit out-of-school children to the programme and some were given transport subsidies so they could reach children in remote pastoralist communities.

More than 600 students received recording devices with lessons preloaded onto memory cards, as well as pens, pencils and exercise books to use during lessons. Volunteer teachers, who were trained and paid a monthly stipend, supported small groups of learners, drawing up lesson timetables, checking that students understood their audio lessons and marking their work. Test scores for students assessed at the beginning of the programme showed an 85% improvement after only four months.

Support with education was a small but vital part of DEC-funded interventions in South Sudan, making up 3% of expenditure and benefiting 906 children and young people.

Phase 1 budget	6-month expenditure
£1,604,844	£1,577,686

Phase 1 expenditure by sector



290 handwashing stations constructed

3 health facilities supported with PPE kits for 4 months

2,200 households benefited from cash assistance

8,200 people received mental health and psychosocial support

1,800 households provided with food assistance (e.g. sugar, flour, rice, oil, tinned tuna) or vouchers for food

900 children supported with home learning



Names, images and other details have been removed from this section due to safety and security concerns

AT A GLANCE

- Ninth most fragile state in the world
- Score of 6.8 (very high) on the INFORM Covid-19 Risk Index – joint fifth highest in the world with DRC
- Global Health Security Index score 32.3
- Population 40.4 million
- 16.9 million people acutely food insecure
- 4.8 million internally displaced people

COVID-19

- 57,534 confirmed cases
- 2,533 confirmed deaths



Afghanistan provinces

AFGHANISTAN

After decades of continuous violence, Afghanistan remains one of the most dangerous places in the world. Frequent air strikes and bombings, coupled with earthquakes, flooding and drought, have destroyed the economy and left more than 90% of the population surviving on only \$2 a day.

Poverty and hunger, as well as overcrowded living conditions, poor water and sanitation, poor infrastructure and conflict-damaged health facilities, have made the people of Afghanistan extremely vulnerable to Covid-19.

According to the UN, the pandemic has had catastrophic consequences for people's health, incomes and levels of debt. Hospitals have been overwhelmed by an increased demand for beds, technical skills, equipment and management capacity. Many people in remote rural areas must walk at least two hours to reach the nearest health facility. Hunger and malnutrition have spiked, with 35 million people in need of emergency assistance. Almost one in two young children in the country is now malnourished. Worsening poverty has also put children at risk of early marriage and child labour, and economic stress and depression are expected to lead to an increase in violence against women.

“ ‘Washing hands frequently’ is a simple daily routine of many but it is a privilege and luxury for those who do not have adequate water and sanitation services ”

Pedro Arrojo-Agudo, Special Rapporteur on the human rights to safe drinking water and sanitation, November 2020

HOW WE HELPED: WATER, SANITATION AND HYGIENE

Clean water, sanitation and adequate hygiene practices are essential for good health and to prevent the spread of the virus. Before the pandemic, some 4.9 million people in Afghanistan did not have adequate access to these facilities, but according to the UN, this number has now risen to 7.2 million. Needs are particularly pronounced among families who have been forced from their homes by continued conflict, of whom 68% do not have enough access to water, and around two-thirds cannot afford basic items such as soap. Providing access to vital water, sanitation and hygiene supplies made up almost a fifth of DEC expenditure in Afghanistan.

In Eastern Afghanistan, a DEC-funded project targeted the most vulnerable communities living in slums, camps for displaced people and informal settlements who had little access to water.

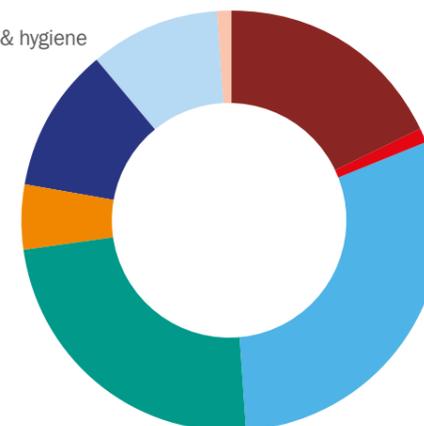
Twenty handwashing stations made by local manufacturers and supplied with liquid soap were set up in high-density public locations, such as schools, bus terminals, bazaars and a mosque. Around 22,000 people are estimated to have benefited from them. When the project comes to an end, committees at these locations will take over their upkeep.

Across the country, more than 6,800 families were provided with essential items to protect themselves against Covid-19, such as masks, jerry cans and soap. Women-headed households and families including those with disabilities were prioritised. Messages on the importance of good hygiene were communicated to more than 36,000 people through various channels, ranging from TV and radio programmes to billboards, posters, door-to-door campaigns and sermons preached in mosques.

Phase 1 budget	6-month expenditure
£1,575,064	£1,518,219

Phase 1 expenditure by sector

- 18% Water, sanitation & hygiene
- 1% Health
- 30% Food
- 24% Cash support
- 5% Livelihoods
- 11% Protection
- 10% Nutrition
- 1% Other



240
handwashing stations constructed



320
health workers equipped with PPE, such as masks, gloves, aprons, visors and gowns, to protect against Covid-19



24,100
people taught about gender-based violence



20,300
households provided with food assistance (e.g. sugar, flour, rice, oil, tinned tuna) or vouchers for food



101,100
people taught about the nutritional requirements of under 5s and pregnant and breastfeeding women



1,500
households benefited from cash assistance



AT A GLANCE

- 860,000 refugees in Cox's Bazar, Bangladesh
- 100% of refugees completely reliant on food assistance

COVID-19

- 438 confirmed cases (2 April 2021)
- 10 confirmed deaths



Number of DEC member charities using DEC funds in each location

ROHINGYA REFUGEE CAMPS

At the beginning of the pandemic, 860,000 Rohingya refugees had been living in Cox's Bazar for over two years. Having fled violence in Rakhine State, Myanmar, they settled in 34 extremely congested camps known as Kutupalong, the world's biggest refugee camp, where average population density is 1.5 times higher than that of New York City. Social distancing is almost impossible, and wash areas and public toilets are often crowded.

While containing the spread of the virus, swift and strict suppression measures implemented by the authorities have also dramatically reduced the amount of essential aid being delivered, on which the vast majority of refugees rely. There is growing concern about the marked decrease in attendance at health centres for other illnesses and conditions, as people avoid such facilities for fear of contracting the virus. Levels of violence and abuse in the camps have risen, especially against women, young girls and older people, and there has been an increase in instances of child labour, early marriage and trafficking.

“The Rohingya people have faced statelessness, systematic discrimination and targeted violence in Myanmar's Rakhine State for decades: this is a protection crisis”

2020 Joint Response Plan, Rohingya Humanitarian Crisis



A worker from a DEC-supported age-friendly space visits Ayesha at home to provide a health check

© Fabeha Monir/Age International

HOW WE HELPED: PROTECTION

Given their specific vulnerabilities, supporting women, children and older people with protection interventions was a key part of the DEC-funded response. DEC funds were used to equip and adapt safe spaces for these groups, providing a protected place where children could play, and adults could relax with friends in quiet surroundings and access services. Staff and volunteers received training, for example on counselling and sexual and reproductive health rights. Child-friendly spaces were stocked with games and activities, such as footballs, cricket sets, frisbees, skipping ropes, pencils, coloured paper and scissors.

Ayesha, aged 83, is a member of an age-friendly space set up with DEC funds in one of the Rohingya refugee camps, which provides health checks and physiotherapy, as well as information on the transmission of Covid-19. Staff from the age-friendly space also make personal visits for people like Ayesha, who are unwell or have mobility issues. “I miss going to the age-friendly space,” says Ayesha. “It’s been a few days that I am not feeling okay. Staff from the age-friendly space visited me at home. I feel happy when I see them coming to meet me. It’s like I have people who care for me.”

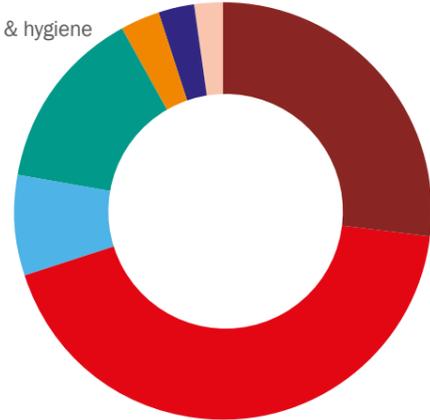
Ayesha lives in a one-room tent with her husband, children and grandchildren. “When I think about the old days, I feel sad. We had land, chickens, cows, now we’ve become beggars. But with this help from the age-friendly space, I feel happy. All of the elderly people are worried about their future. I am worried too. But no one knows about the future, we can only pray to survive.”

DEC funds also provided mental health and psychosocial support programmes, reaching 2,500 people.

Phase 1 budget	6-month expenditure
£2,128,973	£2,144,166*

Phase 1 expenditure by sector

- 27% Water, sanitation & hygiene
- 43% Health
- 8% Food
- 14% Cash support
- 3% Livelihoods
- 3% Protection
- 2% Other



*DEC member charities brought forward funds allocated to Phase 2 of the response to provide additional support during the first phase

395 handwashing stations constructed

121,800 people reached with information on maintaining good hygiene

170 community health workers trained in Covid-19 infection prevention and control

560 people trained in supporting the local Covid-19 response, such as mask-making and constructing handwashing stations

440 people received treatment for severe or moderate acute malnutrition

4,600 households benefited from cash assistance



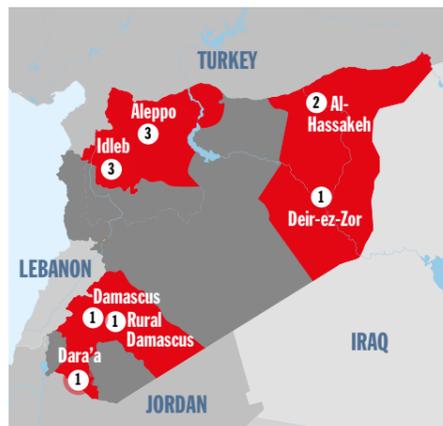
© Fabeha Monir/Age International

AT A GLANCE

- Fourth most fragile state in the world
- Score of 4.7 on the INFORM Covid-19 Risk Index
- Global Health Security Index score of 19.9
- Population 20.7 million
- 12.4 million people food insecure
- 6.7 million internally displaced people

COVID-19

- 20,555 confirmed cases (15 April 2021)
- 1,402 confirmed deaths



Number of DEC member charities using DEC funds in each location

SYRIA

Syria is in its tenth year of a civil war which has killed at least 224,000 civilians, 29,000 of them children. Millions have been uprooted from their homes, businesses and incomes, with many still living in tents in overcrowded camps. An estimated 11.1 million people need humanitarian assistance.

The pandemic struck as Syria was already suffering a major economic crisis. The unemployment rate is over 50%. Inflation has soared and by October 2020, the price of food had increased by a dramatic 247% compared to the previous year. The World Food Programme has warned of the risk of mass starvation partly as a result of the Covid-19 crisis. Lockdowns to contain the spread of the virus have affected the livelihoods of day labourers, domestic workers, transport workers, street vendors and construction workers. Across communities where incomes were reported as low, the majority of households rely on borrowing money and sending children out to beg. Just over half of Syria's public hospitals are fully functioning, and there is a severe shortage of trained staff, as up to 70% of health workers have already left the country.

“We’ve got people on the brink of starvation now, and they can’t wait. People will die, and people are dying as we speak”

David Beasley, Executive Director of the World Food Programme



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HOW WE HELPED: HEALTH

In Syria, 40% of DEC expenditure supported health interventions. In the northwest of the country, where more than 1.5 million displaced people are living in overcrowded sites, hospitals are reported to be overwhelmed, with few ventilation facilities, oxygen supplies and antibiotics. In Jisr Al-Shughour, one DEC member charity has been supporting a dedicated hospital for Covid-19 cases, the only such facility in the western region of Idleb. “The centre operates with a capacity of up to 30 beds. It also contains intensive care with a capacity of up to two beds and is currently expanding to five beds with ventilators and an increase in the nursing staff,” explains Dr. Zahir Muhammad Hanak, Director of the hospital’s isolation centre.

DEC funds supported 43 health workers with stipends as well as training on infection prevention and control, Covid-19 case management and preventing sexual exploitation and abuse. DEC funds also covered all running costs, from lab consumables, medical equipment, disinfection materials, medicine and PPE to fuel, food and stationery. So far, 378 patients have been treated. “Thanks to God, the cure rate was high, and the death rate – compared to the number of patients – was low,” says Dr. Hanak.

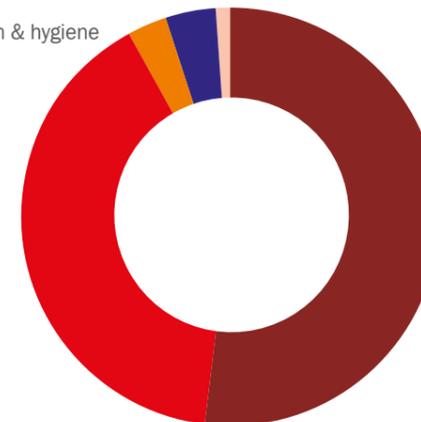
DEC member charities are looking into the possibility of transitioning this specialist facility into a general hospital once the risk of Covid-19 subsides, or of allocating some of the staff and resources to provide medical consultations for patients in the wider community.

Across Syria, DEC member charities also provided more than 10,000 health and frontline workers with PPE, and trained community health workers, including those working in displacement camps, in Covid-19 prevention and control.

Phase 1 budget	6-month expenditure
£1,654,632	£1,562,972

Phase 1 expenditure by sector

- 52% Water, sanitation & hygiene
- 40% Health
- 3% Livelihoods
- 4% Protection
- 1% Other



- 218 handwashing stations constructed
- 45,700 households provided with items such as soap, jerry cans and sanitiser
- 9,800 frontline workers and 180 health workers equipped with PPE, such as masks, gloves, aprons, visors and gowns, to protect against Covid-19
- 1,100 people received mental health and psychosocial support
- 150 households benefited from cash assistance



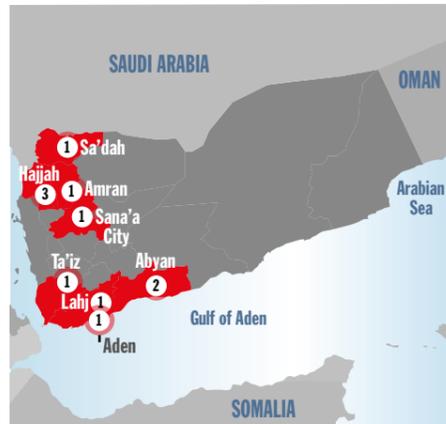
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AT A GLANCE

- Most fragile state in the world
- Score of 6.4 (high) on the INFORM Covid-19 Risk Index – ninth highest in the world
- Global Health Security Index score of 18.5 – sixth lowest in the world
- Population 30.8 million
- 16.1 million people facing acute food insecurity
- 4 million internally displaced people

COVID-19

- 5,586 confirmed cases (15 April 2021)
- 1,084 confirmed deaths



Number of DEC member charities using DEC funds in each location

YEMEN

When the pandemic hit Yemen, the country was already experiencing the largest humanitarian crisis in the world, with 80% of the population requiring humanitarian assistance. Some 16 million people struggled to access enough food every day, while two million children required treatment for acute malnutrition. Only half of the country's health centres were fully operational.

As a result of the additional pressures brought by Covid-19, the health system is now thought to have effectively collapsed. Chronic illnesses that have heavily impacted the population, such as cholera, diphtheria and dengue, have weakened immune systems and made people much more likely to contract Covid-19 and die from complications. Around 4 million people have been forced to leave their homes, of whom roughly a third live in camps that are overcrowded and lack proper access to sanitation, making it extremely difficult to implement protection measures such as social distancing and handwashing.

The impact of the pandemic on the global economy has seen remittances from Yemenis working abroad drop by 50–70%. Basic goods are now beyond the reach of many ordinary people and it is difficult for families to feed themselves. This also means that children are more at risk of child labour and early marriage.

“I have worked on Yemen for many years and have seen many bad moments. This is the darkest moment I have ever seen”

Sir Mark Lowcock, UN Head of Humanitarian Affairs, June 2020

HOW WE HELPED: NUTRITION

Malnutrition is a serious condition, particularly among children, making them more susceptible to diseases such as cholera and typhoid, as well as Covid-19, and at risk of life-long stunting and cognitive impairment. Interventions to tackle malnutrition in children as well as adults accounted for 8% of DEC expenditure in Yemen.

Wardah*, 12, and her family live in Khanfar District, Abyan Governorate, where many people live in extreme poverty and malnutrition is widespread. Wardah's father and brothers work as labourers on nearby farms, but like many in the district, they still can't afford to buy enough food to keep the family healthy. With no clinics nearby, families used to struggle to access the treatment and advice they needed.

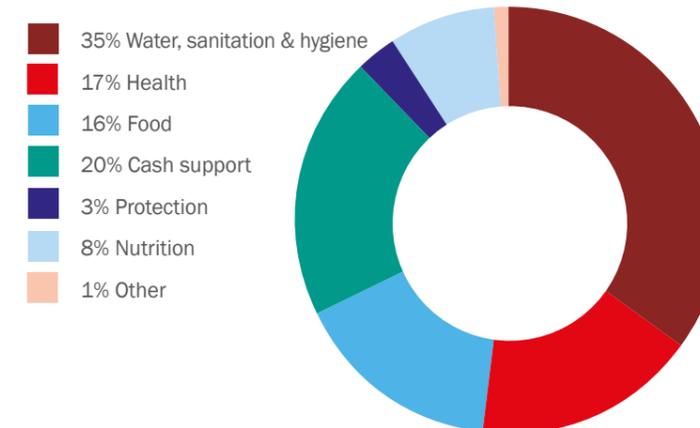
Thanks to DEC funds, Wardah and her family now benefit from a mobile clinic which visits villages in Khanfar District, providing screening and treatment for severe acute malnutrition as well as counselling for mothers on optimal infant and young child feeding practices, such as the importance of breastfeeding. Trained nutrition volunteers help to identify cases of malnutrition and teach the community how to prevent malnutrition and disease. The mobile clinic's seven-strong team also provides vaccinations and reproductive health services.

As well as the mobile clinic, DEC funds were used to support five health facilities in Khanfar District, and two health facilities in Qufi Shamer District, reaching 9,836 people with nutrition interventions. In Hajjah and Lahj governorates, a DEC-funded project trained community health volunteers who travelled door-to-door, sharing information with more than 19,000 people on the nutritional requirements of young children and pregnant and breastfeeding women.

* Name changed to protect identity.

Phase 1 budget	6-month expenditure
£1,544,922	£1,685,804*

Phase 1 expenditure by sector



*DEC member charities brought forward funds allocated to Phase 2 of the response to provide additional support during the first phase



With DEC funds, Wardah* has access to a mobile clinic

36,000 people reached with information on the importance of good hygiene

330 health workers equipped with PPE, such as masks, gloves, aprons, visors and gowns, to protect against Covid-19

15 health facilities supported through rehabilitation and improvement of water and sanitation facilities

1,200 households provided with food assistance (e.g. sugar, flour, rice, oil, tinned tuna)

9,600 people taught about the nutritional requirements of under 5s and pregnant and breastfeeding women

1,400 households benefited from cash assistance

HIGHLIGHTS FROM ACROSS THE DEC-FUNDED RESPONSE

HEALTH

There are few suitable facilities to treat and isolate confirmed or suspected cases of Covid-19 in Cox's Bazar, Bangladesh, posing a serious risk to Rohingya refugees living in the camps as well as to host communities. To address this issue, DEC funds were used to convert part of a field hospital into an integrated isolation and treatment centre, upgrading existing tents into a more semi-permanent structure. The design took into account the appropriate disposal of medical equipment and waste to minimise damage to the environment, with designated bins for hazardous waste which is then incinerated nearby. In October 2020, 278 patients with Covid-19 symptoms were treated at the centre and 70 samples were collected from patients with suspected Covid-19. It will continue to support communities in the future, as it can be used for other much-needed services if it is no longer required as an isolation unit.

CASH

Cash programming enables affected people to decide for themselves how best to meet their own needs using available local resources. Where local markets were functioning, DEC funds were used to provide grants to vulnerable families, who used the cash to buy essential items such as food and clothes. In Somalia, agro-grants enabled farmers to buy seeds and fertiliser, and to pay for ploughing services or water for irrigation, helping to boost food production. Cash programming also played a key role in revitalising local markets and helped to cushion the knock-on effects of the economic crisis. In Akobo in South Sudan, cash grants were provided to market traders, along with training on business management, stock-keeping and other business skills, to ensure local markets retained sufficient stock and people were able to purchase essential commodities. Vulnerable families were provided with vouchers that they could use with these vendors. Also in South Sudan, where schools have been closed for months, local teachers received cash incentives to support pastoralist children in an alternative learning programme.



COMMUNICATION

The need for social distancing combined with restricted access in conflict-affected countries saw DEC member charities using different forms of communication, both with staff and partners and with targeted communities. Extensive use was made of social media to support staff and volunteers but also to reach young people in the community, particularly in areas where there is widespread mobile phone coverage. In Afghanistan, a DEC-funded review found that Facebook, Twitter, WHO websites and health actors campaigning via radio and phone networks, emphasising the importance of wearing a mask and observing basic hygiene, played an important role in preventing the spread of Covid-19. Much use was made of radio to convey key messages. In South Sudan, for example, daily broadcasts on two local FM radio stations were complemented by live radio shows which hosted experts from the Ministry of Health and the Covid-19 taskforce to provide accurate, up-to-date information on transmission and prevention in the area.

DEC member charities adapted their communications to reach all parts of local communities. In South Sudan, for example, sign language interpreters who were oriented on the basics of Covid-19 prevention accompanied community outreach volunteers on home visits to those who are hard of hearing or deaf.

MONITORING

Restricted access to the field meant DEC member charities made greater use of remote monitoring. In DRC, data collection in health facilities was undertaken through Kobo Collect, an online health information system and 3G technology to replace old manual paper-based data collection. This user-friendly online system was developed internally by a DEC member charity to manage data entry, analyse health data and create reports utilising a wide range of datasets.

THE DEC'S ADDED VALUE

Several existing DEC-funded programmes were adapted to respond to Covid-19. In Indonesia, where DEC funds were used to set up projects in the aftermath of the 2018 tsunami, £1.3 million was repurposed, with DEC member charities among the first to support the response to the pandemic. More than 65,000 people were reached with information on maintaining good hygiene, 1,109 handwashing stations were installed, 7,800 health workers provided with PPE, such as masks, gowns, gloves and aprons, and 1,000 families received food assistance.

In Southern Africa, £1.2 million of the total amount raised to respond to Cyclone Idai was repurposed to respond to the pandemic, reaching more than 75,000 people with some form of assistance.

“The efforts on Covid-19 adaptations have created much awareness [in] communities to adapt and observe preventive measures that they could not have known without such interventions and it is saving their lives”

AG, local partner of Tearfund receiving DEC funds to respond to Cyclone Idai

DEC member charities have used income received directly from the public to respond to the pandemic in the following locations: Nepal, Ethiopia, Burkina Faso, Zimbabwe, Gaza, Nigeria, Haiti, Kenya, Myanmar, Malawi, Burundi, Uganda, Pakistan, Lebanon, Venezuela, Iraq and the Central African Republic.

IMPROVING HUMANITARIAN PROGRAMME DELIVERY

INCLUDING PEOPLE WITH SPECIFIC NEEDS

DEC funds were used to target the most vulnerable groups, including women, young children, older people and people with disabilities. As these groups often have the least say in how humanitarian interventions are carried out within their communities, member charities also actively sought their input. In Somalia, for example, where women are often routinely excluded from decision-making, DEC member charities explained that women's leadership in the response was non-negotiable. After initial reservations, particularly from village leaders and elderly men, this approach received positive feedback as women took the lead during food distributions.

Interventions were adapted to accommodate the needs of people with disabilities. For example, ramps, walkways and specially adapted toilets were installed in a DEC-funded isolation and treatment centre in a hospital in the Rohingya refugee camps to ensure it was fully accessible. Member charities used a range of communication channels to convey information about projects, such as face-to-face, digital and large print publications, ensuring that people who were hard of hearing or visually impaired could access information.

SUPPORTING A LOCALLY LED RESPONSE

Many DEC member charities already had strong, long-term partnerships with local organisations, who were familiar with the context and therefore well-placed to respond quickly. In DRC, for example, a local partner was able to utilise its experience of disease prevention and control gained through its work on the Ebola outbreak in 2018. Trained volunteers were responsible for implementing many DEC-funded interventions, and with their roots in the local area, it was easier for them to gain the trust of communities. Community health volunteers proved very effective in countering myths that were circulating about Covid-19 through door-to-door campaigns.

DEC-funded projects were implemented where possible through existing local structures, helping to ensure that results are sustainable and that local people are better equipped to deal with future crisis situations themselves.

BEING ACCOUNTABLE

DEC member charities are committed to involving communities in project decisions that affect their lives. Information was shared at project inception meetings, and updates were provided through further meetings as well as via billboards and banners in public places. Committees were set up, which included women, young people and people with disabilities, to help plan and monitor project implementation. In Rohingya refugee camps in Cox's Bazar, older people on management committees for age-friendly spaces played a pivotal role in designing, implementing and evaluating projects that were targeted at this age group.

Feedback from targeted communities helped to shape project interventions. During individual visits at a camp for displaced people in Mangateen, South Sudan, for example, older people and people with disabilities raised serious concerns about nearby toilets which had not been emptied and could not be used, leading to an increase in open defecation. As a result, a DEC member charity revised its budget to include desludging of the toilets.

SAFEGUARDING

DEC member charities have robust safeguarding policies, procedures and mechanisms in place to protect the people with whom they work. These outline unacceptable behaviour, including sexual exploitation and abuse, and the actions that will be taken to investigate allegations, support victims and discipline perpetrators, including referring them to the relevant authorities. Member charities also have Codes of Conduct signed by staff, volunteers, trustees and consultants, which are often shared with local communities in community meetings and in a clear and sometimes visual form so that people know what behaviours to expect from project staff. Training was also provided to volunteers as well as staff, on safeguarding issues such as conducting child safeguarding risk assessments.

“DEC Member Charities have progressively learned which mechanisms are the most appropriate for communities to make complaints”

DEC Covid-19 Appeal Real Time Response Review, 2021

DUTY OF CARE

Regular training was provided to DEC member charities' staff, partners and volunteers on the transmission and prevention of Covid-19, sometimes delivered via mobile phone and WhatsApp groups where access to the field was not possible or advisable. WHO guidelines on Covid-19 prevention were also translated into several languages. Field staff received PPE, including masks and hand sanitisers, which are used at all times. Measures to address staff well-being included individual risk assessments, virtual social contact and buddy systems.

“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”

DEC Covid-19 Appeal Real Time Response Review, 2021

COORDINATION

DEC member charities and their partners worked closely with national and local governments and authorities. In Somalia, for example, DEC members' partners joined the Somaliland/Puntland Covid-19 task force and response committees led by the respective Ministries of Health to help coordinate health interventions. DEC member charities and their partners took part in cluster meetings for sectors including Livelihoods and Child Protection alongside colleagues from other humanitarian organisations. At the international level, DEC member charities engaged with UN agencies such as the Food and Agriculture Organization and the Office for the Coordination of Humanitarian Affairs to complement and connect existing programmes.

In countries such as Afghanistan, South Sudan and DRC, DEC member charities shared implementation plans, successes and challenges with each other at regular coordination meetings or through WhatsApp groups and Skype. This enabled them to benefit from each other's expertise in particular areas and to avoid duplication on the ground. In South Sudan, teams also worked on standardising tools and approaches and provided peer support.



ADAPTIVE PROGRAMMING

The DEC provided a flexible source of funds that allowed its member charities to adapt their responses quickly when circumstances required, addressing the needs that communities said were most relevant. Part-way through the response, DEC member charities discovered that a damaged septic tank at a rural hospital in Yemen was likely to cause disease transmission to nearby communities, so DEC funds were redirected to rehabilitate it. Similarly, when it was reported that a motor pump and solar panels that help supply water to 950 communities were broken, DEC funds were diverted so that they could be repaired. Several member charities reported cost savings, for example because procurement of items such as hygiene kits was lower than originally budgeted. In Syria, such savings were used to buy additional hygiene kits and also allocated to health programming for awareness-raising billboards and psychosocial support.

PROTECTING THE ENVIRONMENT

To minimise waste, reusable PPE such as gloves was distributed to hospital staff and reusable masks made by local women's groups were distributed widely, as well as washing powder. In Syria, community health workers who distributed hygiene kits also provided information on the safe disposal of any waste generated and later collected the packaging that had been used for the kits. Some DEC member charities undertook risk assessments before implementing interventions so as to avoid environmental damage.

In Somalia, a DEC partner provided specialised pest management training to farming communities using tools and strategies from the International Center of Insect Physiology and Ecology that are environmentally safe, affordable and accessible. Any farming inputs provided through the programme were obtained locally, to reduce the risk of environmental contamination or introducing pests from different areas.

IMPROVING DELIVERY



LEARNING AND IMPROVING

A real-time review was commissioned in October 2020 to take stock of the achievements of DEC member charities and their local partners and to identify learning points and recommendations to inform the second phase of the DEC-funded response. The real-time review also serves as an accountability function, both to communities and people affected by crisis, as well as to the UK public and other key supporters of the DEC appeal.

Towards the end of programmes, nine members will commission independent evaluations of their DEC-funded work, ensuring full coverage of all locations. In addition, once all programmes have come to a close, a desk review of learning across all members and all locations will be undertaken and the findings will be shared widely.



FUNDRAISING FOR THE CORONAVIRUS APPEAL

The DEC is once again thankful for the incredible generosity of the UK public and its corporate partners towards the Coronavirus Appeal. At a time when Covid-19 has also been causing a domestic crisis, the DEC's supporters have remembered and been generous towards communities in some of the world's most vulnerable places. In the first six months, the appeal raised **£34,564,121**, of which **£26,588,763** was raised directly by DEC Secretariat national advertising, while a further **£7,975,358** was raised by DEC member charities appealing directly to their existing supporters. These figures have continued to rise since the six-month point of the appeal and will be reported in both the DEC annual accounts and in future appeal reports. The Foreign, Commonwealth and Development Office provided **£10 million of UK Aid Match funding**, matching the first £10 million of eligible income given by the UK public towards the appeal.

The DEC Secretariat's national fundraising and marketing campaign ran across TV, radio, national press, outdoor and digital advertising for a 14-day period from the launch of the appeal. The Secretariat also engaged with supporters of previous DEC appeals and gained the generous pro bono support of corporate and media partners within its Rapid Response Network. The DEC is particularly grateful to the BBC, ITV, Channel 4, Channel 5, Sky, Radio Centre and PayPal for their significant and generous support of the Coronavirus Appeal.

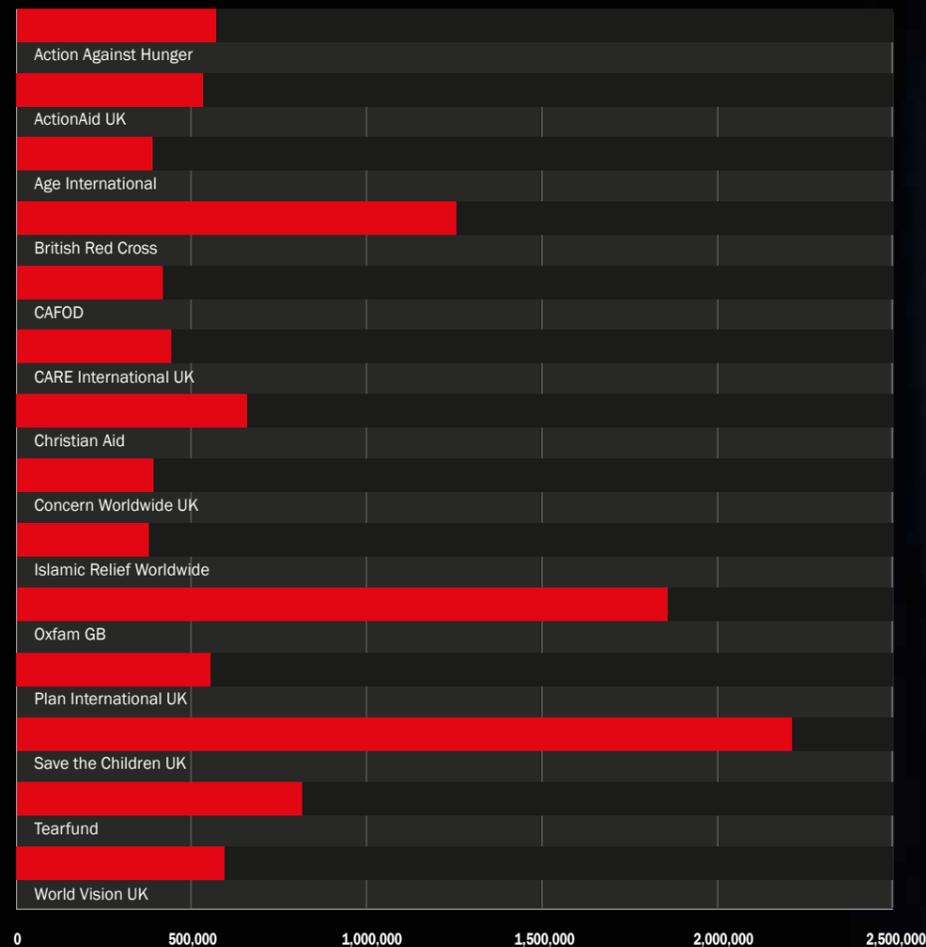
Secretariat against both direct appeal costs and indirect overhead recovery (13.9%). As the DEC's marketing activity predominantly takes place at the start of a DEC appeal, the percentage of income retained for direct and indirect overhead recovery will fall as the appeal continues.

While the DEC is deeply concerned for vulnerable people and frontline workers in the UK, it is unable to fund domestic emergency responses because its mandate is focused on delivering humanitarian assistance in the world's poorest countries, as is most of the work of its member charities. However, some of the DEC's member charities are also responding to coronavirus in the UK, and the National Emergencies Trust, set up last year to distribute donations in a similar way to the DEC but in times of national crisis, has also launched an appeal with advisory support from the DEC Secretariat.

Of the £26,588,763 raised directly through DEC Secretariat fundraising activity, an initial £19 million was allocated to DEC member charities for their emergency response to coronavirus (71.5%). A further £3,902,562 was held for future allocations to members as the international coronavirus crisis continued to evolve, totalling £22,902,562 allocated to members (86.1%). The remaining £3,686,201 was retained by the DEC

Total expenditure of DEC funds in the first six months (£)

Fourteen DEC member charities responded with DEC funds



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THE TASK AHEAD

Covid-19 continues to be a public health emergency of international concern. Incidence of the virus has risen around the world, with successive peaks affecting many countries. Although detection of cases has improved in many areas, numbers are still thought to be substantially underestimated, particularly in fragile states such as the ones targeted by the DEC Coronavirus Appeal. The arrival of the flu season in countries such as Afghanistan and Syria in the coming autumn will place an additional burden on already overstretched health systems. The UN predicts that the outlook for people in refugee and settlement camps – where social distancing is difficult and water, sanitation and health facilities are scarce – is particularly bleak.

Unemployment is projected to rise in the coming months as a result of the global recession. This will be felt most keenly by the millions of people employed in the informal economy, in countries such as Somalia, Afghanistan and DRC. In these circumstances, families are forced to choose harmful coping mechanisms such as early marriage and child labour. Even before the pandemic, large numbers of people in the places targeted by the DEC Coronavirus Appeal were already short of food, as a result of conflict and the effects of climate change. In Somalia, the UN predicts that food insecurity will nearly triple compared to pre-pandemic estimates, and between March and July 2021, 7.2 million people are expected to face acute food insecurity in South Sudan. In Afghanistan, food prices have increased by 10–20%.

Lockdowns and other restrictions, coupled with the stress of economic pressures, have contributed to a rise in gender-based violence, particularly in areas most badly affected by Covid-19, such as displacement and resettlement camps. In Somalia, there has been

a rise in reports of female genital mutilation perpetrated against girls. However, survivors are often unable to access healthcare as these services are not seen as essential. The virus has also exacerbated existing mental health issues. Even before the pandemic, South Sudan struggled to support more than a million children who were experiencing severe conflict-induced distress, as according to the UN, there are only three practising psychiatrists and 29 psychologists in the country.

DEC member charities are continuing to support vulnerable people in DRC, Somalia, South Sudan, Yemen, Syria, Afghanistan and the Rohingya refugee camps during the second phase of the DEC response. The provision of clean water, sanitation and hygiene activities will continue to be prioritised, accounting for a quarter of the DEC budget. Other important interventions include assistance with healthcare, protection, food and restarting disrupted livelihoods.



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The following sources were used in this report: OCHA, 'Humanitarian Overview 2021', December 2020; 'Rohingya Humanitarian Crisis Covid-19 Response Plan', April–December 2020: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/covid-19_addendum_rohingya_refugee_response_020720_1.pdf; WHO Coronavirus Dashboard, as at 15 April 2021: <https://covid19.who.int/table>; UNHCR, 'UNHCR warns of looming humanitarian crisis in South Sudan', 30 April 2020: <https://www.unhcr.org/uk/news/press/2020/4/5eaa991c4/unhcr-warns-looming-humanitarian-crisis-south-sudan-amidst-ongoing-fighting.html>; OHCHR, 'Joint statement by UN Special Procedures mandate-holders on World Toilet Day (19 November 2020)': <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26510&LangID=E>; WHO, 'Rohingya Crisis sit rep, 02/04/21': <https://reliefweb.int/sites/reliefweb.int/files/resources/who-cox-s-bazar-situation-report-6.pdf>; 'Joint Response Plan for the Rohingya Humanitarian Crisis', January – December 2020: https://reliefweb.int/sites/reliefweb.int/files/resources/jrp_2020_final_in-design_280220.2mb_0.pdf; BBC, 'Syria faces mass starvation or mass exodus without more aid, WFP says', 29 June 2020: <https://www.bbc.co.uk/news/world-middle-east-53218788>; Sky News, 'This is the darkest moment I have ever seen': UN official describes crisis in Yemen', June 2020: <https://news.sky.com/story/this-is-the-darkest-moment-i-have-ever-seen-un-official-describes-crisis-in-yemen-12015828>; 'Aperçu des Besoins Humanitaires: République Démocratique du Congo', 2021: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hno_2021_drc_finalv2.pdf; FOA, 'Hunger Hotspots', 2021: https://docs.wfp.org/api/documents/WFP-0000125170/download/?_ga=2.111702477.815813488.1620985005-382016002.1598263057; OCHA, 'Humanitarian Response Plan: Somalia', 2021: https://reliefweb.int/sites/reliefweb.int/files/resources/HRP_2021-Somalia.pdf; OCHA, 'Humanitarian Response Plan: South Sudan', 2021: https://reliefweb.int/sites/reliefweb.int/files/resources/south_sudan_2021_humanitarian_response_plan_online_light.pdf; OCHA, 'Humanitarian Response Plan: Afghanistan', 2021: https://reliefweb.int/sites/reliefweb.int/files/resources/afg_humanitarian_response_plan_2018_2021_jan_2021.pdf; OCHA, 'Humanitarian Needs Overview', 2021: https://reliefweb.int/sites/reliefweb.int/files/resources/syria_2021_humanitarian_needs_overview.pdf; 'Syrian Arab Republic: 2021 Need and Response Summary', 2021: https://reliefweb.int/sites/reliefweb.int/files/resources/som_summary_2021.pdf; OCHA, 'Humanitarian Needs Overview: Yemen', 2021: https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_HNO_2021_Final.pdf

HOW THE DEC WORKS

The DEC brings together 14 of the UK's leading aid charities to raise funds at times of significant humanitarian need overseas. It allocates appeal funds to its members and ensures that the generous donations of the UK public are spent where the need is greatest. This means providing immediate emergency aid for communities devastated by humanitarian crises as well as providing long-term support to help these communities rebuild their lives and strengthen their resilience.

Donating through the DEC is simple and effective. It removes unnecessary competition for funding between aid charities, reduces administration costs and improves coordination, collaboration and efficiency. Over the past five years, the DEC has provided support to

affected communities in Afghanistan, Bangladesh, DRC, Ethiopia, Indonesia, Kenya, Malawi, Mozambique, Nepal, the Philippines, Somalia, South Sudan, Syria, Yemen and Zimbabwe.



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