INTRODUCTION

DEC COVID-19 APPEAL

Coronavirus Appeal on 14 July 2020. By the end of August 2020, the collective fundraising campaign had raised over £22.5 million, including UK Aid Match.

For this specific Appeal, and contrary to other DEC Appeals in response to emergencies already unfolding, the approach was proactive, based on the idea that responding as early as possible with preventative measures was the most effective way of stopping the pandemic. Prioritising countries in anticipation of humanitarian needs from the Covid-19 epidemic was challenging and decisions had to be made with a ‘no regrets’ approach based on the likely humanitarian impact of an outbreak in each country.1

The resources mobilized via the Coronavirus 2020 Appeal were allocated to the 14 DEC Member Charities already working in 7 fragile states in Asia (Afghanistan and Bangladesh for the Rohingya crisis), the Middle East (Yemen and Syria) and Africa (DRC, Somalia and South Sudan). These 7 countries were therefore selected as priority countries facing a critical situation exacerbated by the Covid-19 crisis. The funds were used either to adapt on-going projects, or to develop new projects to respond to anticipated health-related and other impacts of the pandemic, or to cope with the impacts of the measures taken to stop it. Special attention was given to specific

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

A first allocation of £13m was made in July 2020, of which DEC Member Charities budgeted £10.9m for Phase 1 programmes (14 June 20 - 31 January 21). A second allocation was disbursed in November 2020. Phase 2 programmes will run from 1 February 2021 - 31 January 2022.

**OBJECTIVES AND SCOPE OF THE REVIEW**

This Real-Time Response Review (RTRR) conducted in November 2020 aimed to contribute to real-time collective learning and identify lessons and adjustments for the second phase of the response. The three specific objectives of the RTRR were:

- **Objective 1:** Better understand the impacts of the Covid-19 pandemic on contexts (evolving and diversified needs, access constraints, etc.), and on Member Charities, their partners and key stakeholders.

- **Objective 2:** Analyse adjustments that have already been made and those that are still needed in humanitarian programming in each country and at the global level.

- **Objective 3:** Facilitate discussion between Member Charities about lessons and innovative ideas related to the Covid-19 response.

**COUNTRY CONTEXT**

*Among the lowest living standards in the world*

Despite improvements in life expectancy, incomes, and literacy since 2001, Afghanistan is extremely poor, landlocked, and highly dependent on foreign aid. Much of the population continues to suffer from shortages of housing, clean water, electricity, medical care, and jobs. Corruption, insecurity, weak governance, lack of infrastructure, and the Afghan Government’s difficulty in extending the rule...
of law to all parts of the country represent challenges for future economic growth. Afghanistan’s living standards are among the lowest in the world. Since 2014, the economy has slowed, in large part because of the withdrawal of nearly 100,000 foreign troops who had artificially inflated the country’s economic growth. 

36% of the population facing acute food insecurity

Decades of instability have made Afghanistan fragile, with struggling public services, a faltering economy and a vulnerable population relying on external assistance. The escalating conflict, combined with the recent pandemic, has exacerbated existing vulnerabilities – most notably for the 3 million displaced people and host communities living in poor sanitary conditions and densely populated areas. According to the initial HRP 2018-2021, an estimated 9.4 million people were in need of humanitarian assistance before the pandemic. The number of people in need was revised to 14 million people in need of support out of a total population of 35 million. According to the last IPC, released in November 2020, 36% of the population is facing acute food insecurity. According to the same report, 42% of the total population is likely to experience acute food insecurity in the next 6 months. 3.5 million under five-year-old children – half of all under 5s - is severely malnourished according to UNICEF. The World Bank estimates that the Afghan economy has lost 5% of its value due to Covid-19. This recession is the result of a national lockdown and other accompanying public health measures which have severely disrupted trade and commerce and dangerously reduced daily wages. The loss of livelihoods, and subsequent widespread food insecurity, has further eroded people’s resilience. The most vulnerable families are adopting disruptive coping mechanisms such as debts, cutting meals, and reducing medical expenses.

Poor development prospects despite continuous international support

The international community remains committed to Afghanistan's development, having pledged over $US 83 billion at ten donors’ conferences between 2003 and 2016. In October 2016, at the Brussels conference, donors pledged an additional $3.8 billion in development aid annually from 2017 to 2020. Even with this help, and despite the current administration’s dedication to instituting economic reforms, improving revenue collection and fighting corruption, the country still faces a number of challenges, including low revenue collection, anaemic job creation, high levels of corruption, weak government capacity, and poor public infrastructure.

Widespread corruption and instability fed by the world's largest opium production

Afghanistan is the world's largest opium producer. Poppy cultivation has almost doubled since the Taliban era. The 2017 crop yielded an estimated 9,000 MT of raw opium. The Taliban and other anti-government groups participate in and profit from the opiate trade, which is a key source of revenue for the Taliban inside Afghanistan. The drug trade also promotes widespread corruption and instability, undermining Government authority and actions.

A capable and confident insurgent fighting force

The Taliban remains a serious challenge for the Afghan Government and the aid community in almost every province. The Taliban still considers itself the rightful government of Afghanistan, and it remains a capable and confident insurgent force fighting for the withdrawal of foreign military forces from the country, the establishment of sharia law, and the rewriting of the Afghan constitution. Building on momentum that began in late 2018, negotiations between the US and the Taliban reached its peak in Doha in 2019. Underlying the negotiations is the unsettled state of Afghan politics and prospects for a sustainable political settlement.

The deadliest conflict in the world for civilians

In terms of security the Covid-19 pandemic may have had some positive outcomes; since the beginning of the pandemic, the number of attacks and military operations has fallen. According to UNAMA’s latest reports, the number of civilian casualties is the lowest since 2012. Nevertheless, “the conflict in Afghanistan remains one of the deadliest in the world for civilians” according to the

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2 - According to the last IDMC figures.
3 - Following the Covid-19 pandemic the HRP 2018-2021 was revised recently to update needs and figures. Doc. still not available on Relief Web.
4 - October 2020.
United Nations Human Right Commission. Since peace negotiations resumed in September 2020, the level of insecurity and civilian casualties has increased again. UNAMA reported 12 targeted health facilities between March and May 2020, and 3 impacted as collateral damage.

**People’s trust in their Health system impacted by the pandemic**

The first confirmed case of Covid-19 was identified in Herat in March 2020. The government reacted quickly and movement restriction measures were in place by the third week of the month. Though most actors suspect that the figures do not entirely reflect the real situation, the Covid-19 pandemic has not had the expected medical impact. In May 2020 the Economic Times reported that 80 per cent of the country’s total population of 36 million could be infected and that Afghanistan could be one of the most affected country in the World. According to the latest figures from WHO, 43,630 people out of a total population of 36 million have been infected, of which 1,638 have died. Urban centres, such as Kabul and Herat, are the most affected clusters. Rural areas seem less affected, even though there is no clear information about the real situation. 20% of infected people are health workers. More than the people, the health system itself seems to be the main victim of the Covid-19 crisis. The pandemic has had negative consequences in terms of the functioning of medical facilities due to numerous health workers being absent from work. The fear of contamination among the public has impacted the image of health facilities. Misconceptions and rumours have damaged the reputation of the health sector and resulted in a loss of trust. There have been rumours that only non-believers are at risk and that Muslims do not get infected. According to WHO, the number of daily visits to health facilities has fallen. The number of under-5s who are being vaccinated has also fallen.

It is therefore in an extremely complex and challenging environment that DEC Member Charities have responded to the Covid-19 pandemic.
## CORE HUMANITARIAN STANDARDS COMMITMENTS

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<th>ENGAGEMENTS</th>
<th>ANALYSIS</th>
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<td><strong>1</strong> Communities and people affected by crisis receive assistance appropriate and relevant to their needs.</td>
<td>The “no regrets” approach was justified and provided assistance was overall both appropriate and relevant.</td>
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<td><strong>2</strong> Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.</td>
<td>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.</td>
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<td><strong>3</strong> Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.</td>
<td>The presence of capable local partners was of strategic advantage to adapt and respond. Empowered local communities and well-established working relationships provided a strategic advantage to DEC Member Charities to identify needs, respond and monitor the response.</td>
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<td><strong>4</strong> Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.</td>
<td>DEC partners undoubtedly allocate time and resources to communication and participation. However, the pandemic had a negative impact. The level of information and participation was lower than usual despite genuine efforts to cope/adapt.</td>
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<td><strong>5</strong> Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.</td>
<td>Overall, complaints mechanisms were in place. However, online systems relied on remote communication and networks which are not always reliable. Feedback from local communities regarding the functioning of these mechanisms was nuanced.</td>
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<td><strong>6</strong> Communities and people affected by crisis receive coordinated, complementary assistance.</td>
<td>Coordination was disrupted as a direct consequence of the pandemic and subsequent restrictive measures. However, DEC Member Charities did maintain good information exchange mechanism in place in the context of Afghanistan to prevent duplication and share lessons.</td>
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<td><strong>7</strong> Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.</td>
<td>DEC Member Charities had a joint mechanism in place to share lessons learnt. Individually all agencies have an internal learning mechanism in place. Some of DEC Member Charities are already collecting and analysing data to learn from the pandemic and adapt their response.</td>
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<td><strong>8</strong> Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.</td>
<td>The RTRR did not take staff competency into consideration. However, the staff at country and HQ level worked together to adapt and respond to the best of their abilities.</td>
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<td><strong>9</strong> Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically.</td>
<td>DEC Member Charities have up to standard resource management systems in place and well disseminated codes of conduct, principles and standards. However, bureaucracy is too heavy and more adaptive measures are required to respond faster and prevent overburdening staff with administrative requirements. This observation includes donor requirements.</td>
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KEY RECOMMENDATIONS

FOR PHASE 2 APPEAL

1 AN MPCA FOCUSED RESPONSE

Based on the review’s main findings, and depending on local context and market dynamics, Multi-purpose Cash Assistance should be considered as a priority for DEC Coronavirus Appeal phase 2.

2 DUE ATTENTION TO PROTECTION AND PSYCHOSOCIAL CARE

The pandemic has resulted in increased protection needs. The loss of income, economic difficulties, coupled with lack of prospects and personal space have resulted in increased levels of domestic violence, affecting particularly women and girls, and therefore an increase in the need for action to sensitise the population, prevent acts of violence and provide appropriate support to the victims.

3 SUSTAINED AWARENESS RAISING AND PROVISION OF BASIC HYGIENE EQUIPMENTS

Provision of adequate PPE, adapted hygiene kits, training of health staff in prevention measures and awareness raising campaigns were justified during phase 1 and remain relevant for phase 2. The use of social media, health actors campaigning via radio and phone networks, must be continued as long as the contamination risk exists and the vaccination campaign has not covered the most at-risk people.

4 PREVENT MISCONCEPTION AND PROMOTE BEHAVIOUR CHANGE

Misconceptions and rumours should receive full attention during phase 2. DEC partners should closely monitor the situation in their intervention areas and support appropriate actions to prevent / reduce the effects of misconceptions on people’s behaviour and health.

MO D- TO LONG-TERM RECOMMENDATIONS

5 REDUCED BUREAUCRACY AND MORE FLEXIBLE PROCEDURES

Procedures should be simplified during emergencies and decision makers trusted more at the operational level. A change of paradigm is required – field staff judgement, capacity and honesty should be trusted more. During an emergency, field managers should enjoy more flexibility to decide and allocate resources and the administrative workload should be considerably reduced. Such a paradigm shift does not exclude solid post-intervention control mechanisms.

6 MORE INCLUSIVE COORDINATION MECHANISMS

There is a deficit of trust between international aid agencies and local actors. Regardless of the reasons why, the coronavirus pandemic highlights the strategic importance of local actors’ inclusion in coordination mechanisms. In the case of Covid-19, it took several months for mixed committees composed of national authorities and aid agencies to be operational. The lack of participation or representation of national authorities and line ministries in humanitarian coordination forums resulted in miscommunication, confusion and delayed response.

7 OPTIMISED EXISTING COMMUNITY FORUMS

Community forums offer multiple strategic opportunities such as a community-embedded response capacity. Building on this existing network to respond to emergencies, such as the primary needs caused by a pandemic, provide a strategic advantage to understand and respond. With adequate equipment, training and support, local communities can be a direct responder to their own needs.

8 A DEC MEMBERS JOINT, GEOGRAPHICALLY-FOCUSED, MULTI-SECTOR APPROACH

DEC Member Charities have set up a good information-sharing mechanism to build on each other’s technical skills. Considering the pandemic’s multi-faceted impact, DEC Member Charities should consider a joint geographically-focused multi-sector integrated response. A concerted effort covering several key sectors would help communities to recover more rapidly. Such concerted effort would more efficiently address the “symptoms” of the pandemic and provide an opportunity to address some of the root causes of poverty and thus would stand a better chance of building resilience.