INTRODUCTION

DEC COVID-19 APPEAL

In the context of the Covid-19 pandemic, the Disasters Emergency Committee (DEC) launched a specific 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 country1.

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-

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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.
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 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

Bangladesh is one of the most populated countries in the world and Cox’s Bazar is one of the poorest and
most vulnerable districts of Bangladesh. Moreover, the exodus of people from Myanmar (Rakhine State) to Bangladesh has heavily impacted both guest and host communities in Cox’s Bazar since the most recent influx in 2017. Their needs and vulnerabilities have been further exacerbated by the Covid-19 crisis.

Using poverty and vulnerability estimates, the District Administration anticipated that over 700,000 people may have become jobless because of Government restrictions related to Covid-19. Loss of livelihoods and decreased access to local markets have disrupted economic activity and increased the need for assistance. This is especially true for the most marginalized and vulnerable people, such as persons living with disabilities (PLWD), households headed by women and the elderly. The breakdown in food production and market systems during the crisis could prompt years of decreased agricultural productivity and worsening food and nutrition indicators. Increased competition over livelihoods may create or exacerbate tensions within and between communities and lead to negative coping mechanisms including child labour, increased child marriage and increased risks of trafficking. The Government of Bangladesh is urgently seeking to protect assets, infrastructure and advances in food and nutrition security made in recent years.

In order to reduce the vulnerabilities of the refugee population and the host communities in Cox’s Bazar district, the DEC covered three sub-districts of Cox’s Bazar (Teknaf, Ukhia and Ramu) via eight Member Charities². Different types of assistance were provided, such as Health, Water Sanitation and Hygiene, Multipurpose Cash Grant (only for host community), and Protection.

DEC MEMBER CHARITIES INVOLVED IN THE ROHINGYA CVA RESPONSE:

<table>
<thead>
<tr>
<th>DEC MEMBER CHARITIES</th>
<th>ASSISTANCE</th>
<th>PROJECT/ACTIVITY</th>
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<tr>
<td>ActionAid</td>
<td>WASH, Protection</td>
<td>Emergency response to minimise the risk of Covid-19 transmission in Rohingya camps in Bangladesh</td>
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<tr>
<td>Age International</td>
<td>WASH, Livelihoods, Protection</td>
<td>Integrated Humanitarian Response to the Needs of the Covid-19 affected Rohingya Older Women and Men</td>
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<tr>
<td>British Red Cross</td>
<td>WASH, Health, Livelihoods</td>
<td>Bangladesh Covid-19 Response in camps and host communities (V2R)</td>
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<tr>
<td>Christian Aid</td>
<td>WASH, Health, AAP</td>
<td>Integrated Covid-19 response programme for the Rohingya and Surrounding Host Communities</td>
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<tr>
<td>Oxfam</td>
<td>Wash, LLH, Food</td>
<td>Emergency Food Security and Vulnerable LLH Covid-19 response for Rohingya refugees and host communities</td>
</tr>
<tr>
<td>Plan</td>
<td>WASH, LLH, Protection, Capacity Building</td>
<td>Reducing the transmission of Covid-19 and supporting those impacted to meet Basic and Psychosocial needs in Afghanistan</td>
</tr>
<tr>
<td>Save the Children</td>
<td>HEALTH, AAP</td>
<td>Provision of Covid-19 treatment services for Rohingya refugees and host communities in Cox’s Bazar</td>
</tr>
<tr>
<td>Tearfund</td>
<td>WASH, LLH, Capacity Building</td>
<td>Emergency response for Covid-19 in Cox’s Bazar</td>
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### CORE HUMANITARIAN STANDARDS COMMITMENTS

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<th>ENGAGEMENTS</th>
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<td><strong>1</strong></td>
<td>Communities and people affected by crisis receive assistance appropriate and relevant to their needs.</td>
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<td><strong>2</strong></td>
<td>Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.</td>
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<td><strong>3</strong></td>
<td>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>
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<td><strong>4</strong></td>
<td>Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.</td>
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<td><strong>5</strong></td>
<td>Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.</td>
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<td><strong>6</strong></td>
<td>Communities and people affected by crisis receive coordinated, complementary assistance.</td>
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<td><strong>7</strong></td>
<td>Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.</td>
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</table>
### ENGAGEMENTS

**8** Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.

### ANALYSIS

Although their staff have been faced with uncertainty, and sometimes fear and stress, DEC Member Charities have made significant efforts to 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 staff to prepare them for work in a pandemic context.

**9** Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically.

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. 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 requirements. This observation includes donor requirements.

### KEY RECOMMENDATIONS

#### REINFORCING COMMUNICATION WITH COMMUNITIES

Building trust and involving the community are necessary in order to prepare for sensitive future phases such as blood testing for seroprevalence studies and vaccination campaigns.

- Maintain the current level of engagement in activities with the population through community work and via different media to build / maintain trust and counter rumours about COVID-19 prevention, detection and treatments.

- Organise a learning workshop at the Cox’s Bazar level between DEC Member Charities in order to share findings about successful activities and identify positive drivers for building trust and reducing rumours.

#### MAINSTREAMING COVID-19 PROTECTION MEASURES

During Phase 1, Covid-19 specific measures were necessary, but Phase 2 should now focus on looking back and responding to pre-existing issues and needs that were amplified by the pandemic and the lockdown consequences, while mainstreaming Covid-19 protection measures, which are likely to remain necessary in the future.

- The already limited income-generating activities available before the pandemic have been disrupted by movement restrictions, market closures, and a reduced humanitarian-led economy during lockdown. **Cash Transfers and Income-Generating Activities** - or Livelihoods activities with incentives, given existing restrictions in camps - **should resume or be reinforced.**

- In order to address the increasing needs in **Protection and Mental Health support**, while considering the existing restrictions regarding these activities, it is necessary to find innovative strategies to design integrated Covid-19 prevention activities allowing detection and referral systems in order to improve general protection.

- **Reconsider the priority given to installing handwashing stations** as numerous actors have designed similar facilities and these might become redundant, whereas sanitation was de-prioritized during the early months of the pandemic, despite the fact that waste management and faecal desludging systems in the camps were never sufficient. (A joint needs assessment of WASH facilities, including Covid-19 prevention, inclusiveness and safety aspects (lights, locks) might be necessary).
Alternative strategies that can help children continue learning should be discussed and shared. Education in camps is a major concern as children represent 52% of the camp population and the government has restricted educational activities, which were further disrupted during lockdown.

**SCALABLE PROGRAMMES – MONITORING THE EVOLUTION OF THE PANDEMIC**

The upcoming Covid-19 seroprevalence study will be useful to find out how much the virus has spread among the refugee and host populations, in order to be able to design and plan future activities.

- Meanwhile, it is necessary to continue monitoring how the context and needs are evolving, and to plan for adaptable / scalable programmes.
- Programming should consequently be designed to be scaled-up or down so that it can be adapted to the evolution of the pandemic and regular monitoring of specific indicators.
- The DEC should ensure Member Charities are able to modify their activities without a complicated and time-consuming administrative workload.

**INCREASE RELEVANCE AND INCLUSION**

In the same way that Covid-19 has made pre-existing structural vulnerabilities and inequalities worse, it has also aggravated vulnerabilities at the individual and household levels.

- There is concern that the impact of Covid-19 on people with underlying health conditions will bring new public health challenges. The screening and referral of other diseases and conditions should therefore be reinforced during Covid-19 testing.
- A specific focus on the elderly in all areas and sectors is appropriate as they are particularly vulnerable to the Covid-19 virus and need specific and adapted care.

**REINFORCE DEC MEMBER CHARITIES’ INFLUENCE**

- Consider setting up a coordination mechanism for DEC Member Charities at the national level which could help to make the response more robust and complementary. Member Charities would be able not only to share information and select working areas, but also identify and signal specific needs and areas of concern, thus allowing them to build on each other’s skills and knowledge.
- Agree on joint efforts and messaging to influence the national authorities, notably about the complicated administrative process for foreign donation forms and the negative impact that this has on programme planning and delivery, but also about the definition of essential needs and authorised activities.
- Ways forward and solutions to mitigate the risks for persons exposed to GBV and other protection issues in the Covid-19 context might be an interesting research topic for DEC Member Charities to help address these crucial matters that remain insufficiently outspoken as they’re not considered as essential by national authorities.

**ANTICIPATE A POSSIBLE FURTHER DIVIDE BETWEEN REFUGEES AND HOST COMMUNITY**

- Reassess the host community’s needs. The Covid-19 pandemic, the lockdown and its economic consequences have created a further divide and imbalance between the people living in different settlements and have severely deteriorated the host communities’ livelihoods situation. This might cause further tension and clashes between communities. It has already led to the interruption of humanitarian services in camps for a week. It might also lead to more severe political decisions by the Government of Bangladesh about the future of the Rohingya refugees in the country.

**CONTRIBUTE TO ENSURING REFUGEE PROTECTION AND RIGHTS**

- Although DEC funding does not include advocacy, it is crucial to keep in mind that the Rohingya refugees’ current situation in Bangladesh is not acceptable, nor is the prospect of the forced relocation to Bhasan Char Island, which has begun. It is suggested that DEC Member Charities should adopt a strong position in support of those who refuse to be displaced as no guarantees have been given about the conditions in which they will be living on this isolated and disaster-prone island in the Bay of Bengal.