INTRODUCTION

DEC COVID-19 APPEAL

In the context of the Covid-19 pandemic, the Disasters Emergency Committee (DEC) launched a specific COVID Appeal on 14 July 2020. By the end of August 2020, the campaign had raised over £22.5 million, including UK Aid Match.

Contrary to other DEC appeals in response to emergencies already unfolding, this appeal adopted a proactive approach, based on the idea that responding as early as possible with preventive measures was the most effective way of stopping the pandemic. Selecting countries based on forecasts of the humanitarian needs that would be created by the Covid-19 epidemic was challenging and decisions had to be made with a ‘no regrets’ approach.

In the end, the funds raised by the Coronavirus 2020 Appeal were allocated to 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 were selected as priority countries facing a critical situation exacerbated by the Covid-19 crisis. The funds were used to adapt on-going projects and to develop new projects to respond to the anticipated health and non-health impacts of the pandemic, as well

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1 - Commitment from the UK government to contribute £1 of UK aid for every £1 donated to a UK Aid Match charity appeal by an individual living in the UK, up to £2 million.

2 - As data about the prevalence of Covid-19 were not available and/or accurate in most of the countries when the decision was made, the DEC secretariat used the INFORM COVID-19 Risk Index and the Global Health Security Index in order to identify the countries most at risk from the health and humanitarian impacts of Covid-19.
as 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 2020 - 31 January 2021). A second allocation was made in November and can be used for either Phase 1 or Phase 2, or both. Phase 2 programmes will run from 1 February 2021 to 31 January 2022. The DEC insists that the operations that it funds should be accountable to the British public, who donated generously to the Appeal, and should contribute to learning and the continuous improvement of humanitarian practices.

OBJECTIVES AND SCOPE OF THE REVIEW

The RTR aims at supporting real-time collective learning in order to identify lessons and adjustments for the second phase of the response. The three specific objectives of the RTR are:

- **Objective 1:** Improve understanding of 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 or that are still needed in humanitarian programming in each country and globally;

- **Objective 3:** Facilitate collective thinking between Member Charities about lessons and innovative ideas that have emerged from the response to the Covid-19 pandemic.

COUNTRY CONTEXT

Three decades of civil war and instability have weakened Somalia's health system and contributed to it having some of the lowest health indicators in the world. The situation varies from region to region but between 26-70% of Somalia's 15 million people live in poverty and an estimated 2.6 million people have been internally displaced, many of them living in overcrowded IDP settlements where hygiene and health conditions are below basic standards. In addition, an ongoing extremely damaging locust invasion and significant floods during the Gu season made the situation very precarious for many people. Though efforts are being made to rebuild the extremely weak Public Health system, healthcare throughout the Somali region is increasingly being privatised. In May 2014, the Somali Federal Government launched the Essential Package of Health Services (EPHS) initiative with the goal of establishing standards for national health services vis-a-vis governmental and private healthcare providers, as well as for international partners. Cholera, malaria, water-borne diseases and other communicable diseases as well as malnutrition are key targets of EPHS; with the objective of improving health and nutritional control and surveillance. Over the years, efforts to ensure that health facilities are better equipped and staffed, and have more resources, have gone hand in hand with providing support to build institutional capacity. It is important to recall that Somalia is a country of hard-working staff, who are used to operating in difficult conditions in degraded mode, with significant experience in cholera management, especially in the health structures in Mogadishu. But the fact is that at the start of 2020, with low levels of access to healthcare, limited government capacity, and healthcare services that were either unaffordable, unavailable, or not trusted, the health system was not ready to deal with the pandemic.

The Covid-19 pandemic was confirmed to have reached Somalia on 16 March 2020 when the first case, a Somali citizen returning home from China, was confirmed in Mogadishu. A few weeks later there were signs that the virus was spreading in the country, but it did not have a single laboratory capable of diagnosing it. Tests therefore had to be transported to Kenya, with long waiting times before obtaining the results. This immediately raised a lot of concerns: with limited capacity to cope with serious Covid-19 cases, fears grew that the pandemic would have a huge impact on the country. Immediately, the government set aside financial resources (five million dollars) to deal with the disease and formed a Covid-19 task force, mainly for updating the public about how the pandemic was evolving. However, hospitals did not have the capacity to deal with high numbers of serious cases. Emergency care unit beds, isolation facilities and respiratory equipment were all limited. The living conditions in overcrowded IDP settlements in Mogadishu and other cities triggered another level of fear that there would be uncontrollable Covid-19 outbreaks.

In addition to the health impact, there were also concerns that
the economic and social impacts of the pandemic could be huge. Indeed, as large segments of the Somali population rely heavily on remittances from the Diaspora, the economic impact of the lockdown and the slow pace of the international economy, particularly in countries with a significant Somali population, significantly reduced the flow of resources to Somalia.

### CORE HUMANITARIAN STANDARDS COMMITMENTS

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<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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<td><strong>8</strong></td>
<td>Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.</td>
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<td><strong>9</strong></td>
<td>Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically.</td>
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KEY RECOMMENDATIONS

RECOMMENDATION N°1
Actively pursue efforts to understand the evolution of the pandemic in order to remain relevant in all activities and in order to remain alert and able to react in the event of a new wave. In addition to regular sources of information (e.g., the WHO web site, special sites such as https://ourworldindata.org/coronavirus-data?fbclid=IwAR3J4TLjPrCHWoYOM3jUvCQ3v3WJaRLoCBirUPFV449ADhLMCCxHibc, etc.), it may be useful to also use a series of other less common sources of information in contexts where there is a lack of data, the main one being information from cemeteries. In Islamic countries, any wave of extra mortality is immediately perceived as it leads to an increase in burials.

RECOMMENDATION N°2
As most health measures and hygiene messages are valid for many different contagious risks, ensure that they are fully incorporated into routine protocols (in health structures and schools, for instance) and in the creation of rapid response deployment in case there is a resurgence of Covid-19 or for any other epidemic outbreak. The most relevant measures concern personal hygiene and the establishment of hand washing stations as soon as there is a public health alert. All measures designed to protect health workers will remain important in other health crises as they are both critical actors of the response and are frequently agents of contamination.

RECOMMENDATION N°3
For the population, the dedication of DEC Member Charities and their local partners created a sense of “togetherness”, despite the lockdown and limitations to mobility in the field. The trust that has been established during the Covid-19 response should be exploited to prepare the ground for the vaccination phase. This means engaging early with health structures, local leaders and opinion makers (including religious leaders). With the discussions at WHO, the Access to COVID-19 Tools (ACT) Accelerator and the international decision to make resources available for worldwide access to vaccines, there is hope that vaccines will soon be available to the Somali Ministry of Health.

RECOMMENDATION N°4
Pursue efforts to support food security through CVA and the injection of cash into the economic system (cash for work, etc.) with a specific focus on the elderly.

RECOMMENDATION N°5
Reinforce monitoring systems on protection issues and develop response capacities. Efforts to improve feedback and complaints mechanisms are necessary. However, there is a need to improve understanding of what ‘feedback’ is and what a ‘complaint’ is. In both cases, however, local social scientists could help to understand and deal with issues.

RECOMMENDATION N°6
Explore opportunities to provide assistance in the Education sector either through support to teachers, the development of remote teaching systems or by supporting children who are at risk since the school closures.

A member of the medical staff takes the temperature of a beneficiary in a health clinic in Mogadishu - IRW