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 country. 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 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**

**Historical background**

Following World War I, France acquired a mandate over the northern portion of the former Ottoman Empire province of Syria. The French administered the area as “Syria” until granting it independence in 1946. The new country lacked political stability and experienced a series of military coups. Syria united with Egypt in February 1958 to form the United Arab
In September 1961, the two entities separated, and the Syrian Arab Republic was re-established. In the 1967 Arab-Israeli War, Syria lost the Golan Heights region to Israel. During the 1990s, Syria and Israel held occasional, albeit unsuccessful, peace talks over its return. In November 1970, Hafiz al-ASSAD, a member of the socialist Ba’ath Party and the minority Alawi sect, seized power and brought political stability to the country. Following the death of President Hafiz al-ASSAD, his son, Bashar al-ASSAD, was approved as president by popular referendum in July 2000. In May 2007, Bashar al-ASSAD’s second term as president was approved by popular referendum.

Influenced by the Arab Spring that began in the region, and compounded by additional social and economic factors, anti-government protests broke out first in the southern province of Darah in March 2011 with protesters calling for the repeal of the restrictive Emergency Law allowing arrests without charges, the legalisation of political parties, and the removal of corrupt local officials. Demonstrations and violent unrest spread across Syria. The government responded to unrest with a mix of concessions - including the repeal of the Emergency Law, new laws permitting new political parties. The government’s efforts to control unrest and armed opposition groups led to extended clashes and eventually a civil war.

International pressure on the ASSAD regime intensified after late 2011, as the Arab League, the EU, Turkey, and the US expanded economic sanctions against the regime and entities that support it. In December 2012, the Syrian National Coalition was recognized by more than 130 countries as the sole legitimate representative of the Syrian people. In September 2015, Russia launched a military intervention on behalf of the ASSAD regime, and domestic and foreign government-aligned forces recaptured parts of the territory from opposition forces, and eventually the country’s second largest city, Aleppo, in December 2016, shifting the conflict in the regime’s favour. The regime also recaptured opposition strongholds in the Damascus suburbs and the southern province of Darah in 2018. The government lacks territorial control over much of the North-eastern (NES) part of the country, which is dominated by the predominantly Kurdish Syrian Democratic Forces (SDF). The SDF has expanded its territorial presence over much of the northeast since 2014 as it has captured territory from the Islamic State of Iraq and Syria (ISIS).

Since 2016, Turkey has also conducted three large-scale military operations into Syria, capturing territory along Syria’s northern border in the provinces of Aleppo, Ar Raqqah, and Al Hasakah. Political negotiations between the government and opposition delegations at UN-sponsored Geneva conferences since 2014 have failed to produce a resolution of the conflict. Since early 2017, Iran, Russia, and Turkey have held separate political negotiations outside of UN auspices to attempt to reduce violence in Syria. According to an April 2016 UN estimate, the death toll among Syrian Government forces, opposition forces, and civilians was over 400,000. Other estimates placed the number well over 500,000. As of December 2019, out of a total population of 19.4 million, approximately 6.1 million Syrians were internally displaced. 11 to 13 million people were in need of humanitarian assistance across the country, and an additional 5.7 million Syrians were registered refugees in Turkey, Jordan, Iraq, Egypt, and North Africa. The conflict in Syria remains one of the largest humanitarian crises worldwide.

A country divided into 3 areas

Syria is divided into 3 distinct zones: the main zone is the government-controlled area; the second zone is North West Syria (NWS) where Turkey backed rebel forces are present; and the third zone, North Eastern Syria (NES), is controlled by Kurdish forces, the Peshmergas. Communities continue to be affected by hostilities in numerous parts of Syria. Military campaigns and regular clashes between the multiple forces, largely concentrated in the region of Idlib (NWS), maintain constant pressure on the population. Multiple parties are involved in conflicts: 1. Iran and Russian-backed government forces against Turkish-backed rebels; 2. Kurdish forces against Turkish supported Syrian rebels. And recently, ISIS has regained some territory.

Increasing poverty and vulnerability

Syria’s economy has plummeted amidst the ongoing conflict that began in 2011, declining by more than 70% from 2010 to 2017. The government has
struggled to address the effects of international sanctions, widespread infrastructure damage, diminished domestic consumption and production, reduced subsidies, and high inflation. The value of the Syrian pound has dropped, impacting household purchasing power. Furthermore, the fall in value of the Syrian pound on the foreign exchange market has resulted in a decline in business activity. The closure of borders during the pandemic has further reduced trade and financial transactions. The economic deceleration is expected to threaten more than half a million jobs in the industrial and construction sectors. 650,000 jobs in hotels and restaurants are also threatened. In addition, around 1.1 million self-employed individuals are facing a significant loss of income. Moreover, governmental revenue is falling significantly due to economic stagnation, with a sharp drop in financial support from Iran and Russia, both subject to international economic sanctions, and affected by the coronavirus pandemic.

In 2019, the ongoing conflict and continued unrest and economic decline worsened the humanitarian crisis, necessitating high levels of international assistance, with between 11 and 13 million people in need inside Syria, and the number of registered Syrian refugees having increased from 4.8 million in 2016 to more than 5.7 million.

The majority of the Syrian population experience daily hardships – access to basic services, health, education, water, food, fuel, jobs, income, and protection. People’s livelihoods are threatened. According to the Syrian Center for Policy Research, 88% of the population is poor – less than US$1.9 per day per person. Millions of people face regular episodes of food insecurity. Densely populated areas, such as Damascus, rural Damascus, Aleppo, Homs and informal settlements in the North East and West of Syria are the most exposed to a pandemic risk.

**Widespread human trafficking**

As conditions continue to deteriorate due to Syria’s civil war, human trafficking has increased. Syrians remaining in the country and those that are refugees abroad are vulnerable to trafficking. Syria is a source and destination country for men, women and children subjected to forced labour and sex trafficking. Syrian children continue to be forcibly recruited by government forces, pro-regime militias, armed opposition groups, and terrorist organizations to serve as soldiers, human shields, and executioners. ISIL forces Syrian women and girls and Yazidi women and girls taken from Iraq to marry its fighters. Syrian refugee women and girls are forced into exploitive marriages or prostitution in neighbouring countries, while displaced children are forced into street begging domestically and abroad.

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>Communities and people affected by crisis receive assistance appropriate and relevant to their needs.</td>
<td>The “no regrets” approach was justified and the assistance provided was both appropriate and relevant overall.</td>
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<td>Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.</td>
<td>The 5-to-6-month delay between the beginning of the crisis and the response was used to adjust the response to new risks and needs. However, the pandemic delayed the response to pre-existing identified needs.</td>
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<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>
<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 identify needs, respond and monitor the response.</td>
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<td>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 communicate with and consult the local population. However, the pandemic had a negative impact. The overall level of participation was lower than usual.</td>
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<td>Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.</td>
<td>Complaints mechanisms were in place and continued operating. However, online systems relied on remote communication and networks that are not fully reliable.</td>
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<td>Communities and people affected by crisis receive coordinated, complementary assistance.</td>
<td>Coordination was disrupted but resumed relatively rapidly. However, DEC Member Charities have no satisfactory information exchange mechanism in place to prevent duplication and share lessons learnt.</td>
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<td>Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.</td>
<td>Individually, DEC Member Charities have internal learning mechanisms in place and, to some extent, benefit from sector working groups, such as clusters.</td>
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<td>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 competencies into consideration. However, the staff at country and HQ levels worked together to adapt and respond the best they could. Country staff did receive support.</td>
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<td>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. However, it is clearly felt at HQ and field levels that bureaucracy is too heavy and that more adaptive measures are required to respond faster and prevent work overloads.</td>
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KEY RECOMMENDATIONS

FOR PHASE 2 APPEAL

1 A MPC A FOCUSED DEC PHASE 2 APPEAL

Given the current economic crisis, lack of income and food insecurity are the primary concerns of the Syrian population. Multi-Purpose Cash Assistance (MPCA) should be considered the priority during phase 2 of the DEC Appeal.

2 SUSTAINED AWARENESS AND BASIC HYGIENE EQUIPMENT INITIATIVES

Awareness-raising campaigns and support for behaviour change remains essential during phase 2, especially with the increasing number of reported cases over the last weeks of 2020.

3 DUE ATTENTION TO PROTECTION AND PSYCHOSOCIAL CARE

The pandemic has contributed to an increase in GBV and domestic violence. It is therefore recommended that DEC Member Charities continue to support protection activities, with a special focus on GBV and domestic violence.

4 SUPPORTING STRATEGIC LOCAL ACTORS

It is recommended that during phase 2 DEC Member Charities give priority to training strategic local resource persons - where and when relevant - such as camp managers - on Covid-19 awareness and prevention measures.

5 INTEGRATE END OF RESOLUTION 2533 ON CROSS-BORDER AID TO SYRIA IN JULY 2021

DEC Member Charities have to take into account that Resolution 2533 on Syria Cross-Border Humanitarian Aid Deliveries will end in July 2021.

6 IN NWS - IMPROVE COORDINATION AND SUPPORT OF FIELD WORKERS

Field Workers constitute the link between aid actors and local communities. As such, they play a strategic role in supporting humanitarian assistance in NWS. These actors tend to be overly solicited by aid agencies, including DEC Member Charities. Better coordination between DEC Member Charities could therefore help to avoid overburdening field workers.

7 MORE ADAPTIVE PROCEDURES AND PROCESSES AND REDUCED BUREAUCRACY

SOPs, guidelines, and procedures to meet donors’ and/or HQ requirements tend to overburden field staff and delay aid delivery. The need for simplified, adaptive processes is felt at the field level. The judgement and capacity of field staff to make sound decisions should be trusted more. Such an approach does not exclude solid post-intervention control mechanisms.

8 CONTINUOUS ENGAGEMENT WITH LOCAL COMMUNITIES

Engagement with local communities is a fundamental step and one of the CHS commitments. DEC Member Charities should continuously seek input from the community, despite multiple challenges. The response to the pandemic, which requires strong community involvement, offers a good opportunity to develop a closer relationship.

9 IN NES AND GOVERNMENT-CONTROLLED AREAS - MORE FOCUS ON INCLUSIVE COORDINATION MECHANISMS AND CAPACITY BUILDING OF LOCAL ACTORS

Local actors are under-represented in coordination fora in NES and GoS-controlled areas, which hinders the aid community’s capacity to adapt and respond rapidly. It is recommended that DEC Member Charities help to build the capacity of local actors and advocate for their involvement in coordination forums.

10 MORE ADAPTIVE COORDINATION

Any coordination forum should establish an online mechanism as a back-up plan from the moment it is created. This recommendation is based on one of the lessons learnt during the pandemic.