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

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.
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 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**

At the time of the country prioritization for this appeal, Yemen was ranked 9 out of 189 countries in the INFORM Covid-19 Risk Index\(^3\) as the risks of an outbreak were considered very high due to a series of vulnerabilities.

The internal conflict between Houthi / Ansar Allah forces and forces loyal to the government of Abdrabbuh Mansour Hadi has led to a critical situation for the Yemeni population. For many humanitarian actors, the population is suffering more now than at any time in recent history, with over 24 million Yemenis, 80 per cent of the entire population, in need of humanitarian assistance and protection to cope in their day-to-day lives.

The country’s health system has been weakened and has very limited capacity to cover basic health needs. Only half of Yemen's pre-war health facilities are functional, and there is a widespread shortage of essential medical equipment. Over 3 million individuals are displaced, including 1.3 million living in IDP camps. More than half the Yemeni population, 17.5 million people, are in need of enhanced access to water, sanitation and hygiene (WASH) services. 54 districts have acute WASH deficits; and 46 districts are at high risk of cholera.

The first Covid-19 case was detected in Yemen on 10 April 2020, and between April and July, when decisions were being made about programmes, there were 484 deaths and 1,695 confirmed cases (WHO, 28 July). In November 2020, at the time of the Review, the total number of deaths is 605 for 2,077 confirmed cases (WHO, 26 November).

Covid-19 mitigation measures have included movement restrictions between governorates and along the borders with neighbouring countries (Saudi Arabia and Oman), closed seaports and airports, as well as partial lockdowns and curfews in Sana’a, Aden and other affected governorates.

The economic downturn following the conflict has resulted in the destruction of social protection networks and basic services. This situation, combined with the misuse of many key agricultural and household resources for khat production and consumption is contributing to critical conditions of food security and nutrition, which have been worsened by the Covid-19 mitigation measures.

Despite this critical humanitarian situation, delivering aid in Yemen is extremely challenging. Numerous constraints already existed before the Covid-19 pandemic, ranging from insecurity to administrative restrictions and logistics problems. Humanitarian workers have been denied travel permits to different cities and the parties to the conflict impose arbitrary and excessive restrictions. The UN Panel of Experts on Yemen has criticised all parties to the conflict for increasing the suffering of civilians by impeding the delivery of humanitarian assistance. The question of access to communities has become even more complex in the current Covid-19 situation.

**CORE HUMANITARIAN STANDARDS COMMITMENTS**

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<th>ENGAGEMENTS</th>
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<td>1</td>
<td>Communities and people affected by crisis receive assistance appropriate and relevant to their needs.</td>
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<td>2</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>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>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>5</td>
<td>Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.</td>
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<td>6</td>
<td>Communities and people affected by crisis receive coordinated, complementary assistance.</td>
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<td>7</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>8</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>9</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

STRENGTHENING COMMUNICATION WITH COMMUNITIES

- Strengthening the capacities of local community organizations, community committees and volunteers and increasing their participation in the planning and implementation of humanitarian projects is key to ensuring that humanitarian aid is delivered quickly, efficiently and on time.

- Strengthen awareness-raising and communication within communities about safe access to available services and about containing, preventing and responding to Covid-19, as well as positive coping mechanisms. This should be coordinated between Clusters and partners to ensure timely and safe information sharing. Alternative methods of delivering humanitarian assistance should be considered for all activities to avoid social gatherings, such as using phones for outreach and using megaphones and community focal points to disseminate messages.

- Ensure different forms of media are used to promote awareness about hygiene and health services, such as radio announcements, TV announcements, text messaging, social media, and mass awareness campaigns via megaphones, posters and leaflets in public places.

- Increase community outreach to disseminate key health and Covid-19 messages on symptoms, prevention and transmission methods. Key messages should be established by means of a needs assessment to determine the knowledge gaps and rumours among the affected population.

- Establish mechanisms with teachers, parents and youth leaders to communicate Covid-19 risk, prevention and mitigation messaging, in language tailored to different age groups and literacy levels. This includes supporting mobilized youth to play a positive role in this regard.

- Continue to strengthen and improve new monitoring approaches with communities in the context of Covid-19 and restricted social interaction.

ADVOCATING FOR HUMANITARIAN ACCESS & FUNDING

- In order to work in Yemen, it is necessary to negotiate access at local and national levels. It is also necessary to have support from donors, states and the international community. Many NGOs, including DEC Member Charities, advocate permanently in order to be able to implement their programmes in such a complex context, even though DEC funding does not include so-called advocacy activities.

- To ensure that the humanitarian response is successful, humanitarian partners must advocate and convince local authorities of the importance of awareness-raising activities and transferring vital information to affected people to help them cope and protect themselves from the spread of Covid-19.

- Advocate vis-à-vis the relevant authorities and stakeholders for supply chain lines to remain open and uninterrupted, to ensure that key commodities remain available in local markets. Advocacy can also be taken to a higher level regionally with concerned parties to ensure that barriers to the supply chain are minimized and/or eliminated.

- Special attention should be given to the situation in the north. As Covid-19 is no longer recognized by the authorities, it has become much more challenging to negotiate agreements with the SCMCHA to implement Covid-19-related programmes. DEC Member Charities could use their leverage through the Foreign, Commonwealth and Development Office (FCDO) to raise this concern globally and at the national level with the OCHA Humanitarian Coordinator as well as with the SCMCHA.

STRENGTHENING SUPPORT TO IDPS

- Coordinate with other sectors to provide holistic and comprehensive services to displaced communities who are the worst affected by Covid-19. In particular, advocate for health agencies to increase their presence and operations especially within IDP sites. Support isolation/quarantine centres and promote equal access for all groups and health cases without discrimination in all health facilities.

- Support vulnerable IDPs in camps, quarantine centres and other locations without any water source with either in-kind water trucking or cash/vouchers. These
activities should take place in addition to the rehabilitation of existing water schemes to facilitate access to safe and adequate water sufficient for personal and domestic purposes, and incorporate Covid-19 precautionary measures.

- Lobby health partners to extend health services to all IDP sites and enhance the capacity of health facilities across the country.

**CONTINUING TO MONITOR AND ADAPT TO THE EVOLVING SITUATION**

- Continuously monitor key economic indicators, such as the depreciation of the Yemeni riyal against the US dollar, replenishment rates, foreign reserves, importers’ access to letters of credit, trends in remittances and prices of key food commodities, to ensure humanitarian interventions are relevant and linked to the overall economic context, and engage in contingency planning in case the situation deteriorates further, making it difficult to operate.

- Increase funding and resources for livelihoods recovery to address the secondary impacts of Covid-19 on jobs and incomes and promote alternative income-earning opportunities that can be sustained even during the Covid-19 pandemic. Such actions should be simple, appropriate and should support local markets.

- Authority approvals/permissions are becoming increasingly difficult and very lengthy processes in Yemen which, on reflection, has meant that the fact that Phase 1 is a fixed 6-month period is quite challenging for implementation in Yemen.

- Ensure contingency planning and flexible funding (e.g., crisis modifier) help to adapt and respond in a timely manner to evolving needs and unpredictable situations. This is particularly important in the context of Yemen and is encouraged by the DEC secretariat.

- CARE is implementing food distribution in Ibb of Yemen.