COUNTRY REPORT / BANGLADESH

3 DECEMBER 2020

CHARLOTTE HEWARD
MAHABUBUR RAHMAN

Groupe URD
Urgence . Réhabilitation . Développement

DEC CVA REAL TIME RESPONSE REVIEW

BANGLADESH COUNTRY REPORT

DISASTERS EMERGENCY COMMITTEE

Table of content

LIST OF ACRONYMS

COVID-19	Coronavirus 19,
CHS	Core Humanitarian Standard
CIC	Camp In-Charge
DEC	Disasters Emergency Committee
FDMN	Forcibly Displaced Myanmar National
HQ	Headquarters
IEDCR	Epidemiology Disease Control and Research
IP	Implementing Partner
MEAL	Monitoring, Evaluation, Accountability and Learning
PPE	Personal Protective Equipment
RRRC	Refugee Relief & Repatriation Commission
RTRR	Real Time Response Review
SCUK	Save the Children UK
WHO	World Health Organisation
URD	Urgence Rehabilitation Développement
UK	United Kingdom
WASH	Water Sanitation and Hygiene

SUMMARY OF ANALYSIS & RECOMMANDATIONS

SYNTHESIS OF ANALYSIS BASED ON THE CHS ENGAGEMENTS & CRITERIA

	Commitments	Quality Criterion	Analysis
1	Communities and people affected by crisis receive assistance appropriate and relevant to their needs.	Humanitarian response is appropriate and relevant	With no evidence about how the Covid-19 pandemic would evolve, it was the right decision to opt for a 'no regrets approach' and thus to mitigate possible risks of Covid-19 spreading in a very densely populated refugee setting of nearly 1 million people. In this context, humanitarian support provided by DEC Member Charities is crucial, even though insufficient.
2	Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.	Humanitarian response is effective and timely	DEC funding was released by August 2020, several months after the beginning of the Covid-19 crisis, but more importantly, the implementation of projects was further delayed by the complicated national authorization procedures which are a major constraint for implementing agencies. The pandemic and lockdown measures also aggravated pre-existing needs.
3	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	Humanitarian response strengthens local capacities and avoids negative effects	Duty of care and protection of local staff, partners and beneficiaries was managed properly, with sufficient preparation time. However, in the longer-term, environmental considerations remain of concern as the number of distributed items is significant and waste management systems are insufficient. The risk of further divisions between the refugee population and host communities is also of concern.
4	Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them	Humanitarian response is based on communication, participation and feedback	DEC Member Charities generally work through community approaches, all the more so with the restrictions imposed by the Covid-19 situation. However, in a pandemic, a certain number of top-down measures are necessary. In order to ensure that these are communicated through the proper channels, key members of the community need to be identified who can help to build trust and acceptance, and deconstruct rumours.
5	Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints	Complaints are welcomed and addressed	Various mechanisms are in place. DEC Member Charities have progressively learned which mechanisms are the most appropriate to allow communities to make complaints. However, a certain number of beneficiaries are not aware that these mechanisms exist and have no information about their entitlements.
6	Communities and people affected by crisis receive coordinated, complementary assistance	Humanitarian response is coordinated and complementary	DEC organisations actively participate in all coordination groups at the national, Cox's Bazar and camp levels. However, the responses of different DEC Member Charities could be more complementary, with more information sharing and learning initiatives at the local level.
7	Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection	Humanitarian actors continuously learn and improve	Although the current programme started recently, a commitment to learning was observed. The eight DEC Member Charities currently engaged in the response have been working in the area since the beginning of the current refugee crisis in 2017 and have regularly been involved in evaluations, lesson-sharing workshops, and other learning events.
8	Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers	Staff are supported to do their job effectively, and are treated fairly and equitably	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.	Resources are managed and used responsibly for their intended purpose	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.

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 FUTHER 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.

1. INTRODUCTION

1.1. GENERAL CONTEXT OF THE REVIEW

1.1.1. GLOBAL CONTEXT

In response to the global Covid-19 pandemic, the Disasters Emergency Committee (DEC) launched a coronavirus appeal on 14 July 2020. By the end of August, the campaign had raised over £11.3 million, which was then matched by UK Aid to reach a total of £22.5 million. Unlike previous appeals, the DEC coronavirus appeal was proactive. At the time of the selection, prioritising countries in anticipation of the humanitarian need from the Covid-19 pandemic was challenging. Based on the likely humanitarian impact, a 'no regrets' approach was adopted by DEC and its members[1].

Resources were allocated to 42 projects in 7 priority countries:

- In Asia - Afghanistan and Bangladesh (for the Rohingya crisis)
- In Middle East - Yemen and Syria
- In Africa - DRC, Somalia and South Sudan

Funds were used to adapt on-going health and non-health interventions or support new projects. In July 2020 the DEC allocated £13m for Phase 1 of the response, covering the period from 14 June 2020 to 31 January 2021. A Phase 2 allocation was confirmed in November 2020. The Real-Time Response Review is part of DEC's accountability policy. It contributes to meeting the high demand for accountability from the British population who donated very generously to the DEC Coronavirus 2020 Appeal

1.1.2. 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.

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

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 Charities[2]. 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:

ActionAid	WASH, Protection	Emergency response to minimise the risk of Covid-19 transmission in Rohingya camps in Bangladesh
Age International	WASH, Livelihoods, Protection	Integrated Humanitarian Response to the Needs of the Covid-19 affected Rohingya Older Women and Men
British Red Cross	WASH, Health, Livelihoods	Bangladesh Covid-19 Response in camps and host communities (V2R)
Christian Aid	WASH, Health, AAP	Integrated Covid-19 response programme for the Rohingya and Surrounding Host Communities
Oxfam	Wash, LLH, Food	Emergency Food Security and Vulnerable LLH Covid-19 response for Rohingya refugees and host communities
Plan	WASH, LLH, Protection, Capacity Building	Reducing the transmission of Covid-19 and supporting those impacted to meet Basic and Psychosocial needs in Afghanistan
Save the Children	HEALTH, AAP	Provision of Covid-19 treatment services for Rohingya refugees and host communities in Cox's Bazar
Tearfund	WASH, LLH, Capacity Building	Emergency response for Covid-19 in Cox's Bazar

1.2. OBJECTIVES AND SCOPE OF THE REVIEW

In line with the DEC's strong commitment to transparency, continuous learning and accountability, and for the first time across the entire funding period, Groupe URD has been selected and granted to provide MEAL services for the humanitarian programmes funded by the DEC Covid-19 Appeal.

1.2.1. OBJECTIVES

As a first step of the multi-year learning process, the Response Review supports real-time collective learning in order to identify lessons and adjustments for the second phase of the response. Based on key documents and interviews with key stakeholders, there are three main objectives:

- **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;

[2] From 2017 to 2019, 13 DEC Member Charities were involved in the response to the Rohingya Refugee Crisis following the violence that led them to flee Myanmar in August 2017. https://www.urd.org/wp-content/uploads/2020/11/DEC_Rohingya-Refugee-Crisis-Response_Metasynthesis_GroupeURD_2020.pdf

- **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 with regard to responding to the coronavirus pandemic. The primary purpose of this exercise is to generate real-time learning in particular for the DEC Member Charities who may benefit from it during Phase 2. The secondary purpose is to share lessons learnt which might be profitable to all DEC Member Charities in similar global pandemic situations.

This approach includes both a strong focus on context and agencies' specificities (similar programmes by different agencies in a given context) and a comparative analysis between the responses in these different situations (how contexts influence responses).

The lessons learned are aimed at four **main groups**:

- The field staff of each DEC Member Charity and their partners who will be preparing for Phase 2
- The community of DEC Member Charities and their partners in Bangladesh
- The global DEC community
- The DEC secretariat preparing decisions for Phase 2

The Response Review also aims to inform the wider humanitarian community and contribute to knowledge about responding to the coronavirus pandemic in humanitarian settings.

1.2.2. SCOPE OF THE REVIEW

The reference framework: the review assessed programmes according to the CHS Quality criteria, with a special focus on the relevance of approaches and processes (in terms of due diligence, safe management of resources, coordination, etc.). Effectiveness was assessed as much as possible given that activities are still on-going.

Geography: the review took place in Cox's Bazar district in Bangladesh, where the DEC CVA is being implemented. The review team visited the Ukhia and Teknaf sub-districts of Cox's Bazar to collect data directly. Close consultation took place between member teams and the Groupe URD team to select programmes and areas to be visited, based on feasibility, taking into account access and time constraints. Some remote interviews were carried out with DEC Member Charity representatives who were unavailable during the field visit by the Groupe URD team.

Time: the review was conducted in October and November 2020 and focused on the present situation and the level of achievement since projects started. In this fast-changing environment, information is scarce. The review seeks to inform future decisions based on the lessons learned from the first phase

1.3. METHODOLOGY AND LIMITATIONS

1.3.1. ANALYSIS FRAMEWORK AND KEY QUESTIONS

Firstly, each context is analysed in terms of politics, conflicts, economic aspects, the capacity of national institutions, the level of decentralisation, etc. This is essential to contextualise programmes, the constraints affecting them and their possible impacts. The analysis then focuses on the programmes and any lessons that can be drawn from them.

The learning process involved a **participatory approach**, with several exchange and feedback sessions and the co-construction of recommendations.

The review adopted a bottom-up approach from field realities to global level, collecting information from a variety of sources. It is based on existing data and **qualitative** information gathered during interviews and focus group discussions that addressed the following three key questions:

- **Key Q 1:** What has been the impact of Covid 19 on DEC Member Charities (as organisations) and their operational environment (context and needs)?
- **Key Q2:** What measures have already been taken or still need to be taken to adapt to the new working environment?
- **Key Q3:** What lessons and innovative ideas in each country can help to prepare Phase 2, and which can be of use to DEC Member Charities more broadly, and to the DEC Secretariat in their efforts towards accountability.

1.3.2. SOURCES AND TOOLS

The team collected information via:

- A desk review of relevant literature, evaluations and data sources provided by the DEC secretariat and gathered at country and global levels;
- Global-level interviews with key stakeholders from DEC Member Charities;
- Country- and field-level interviews with relevant stakeholders including field staff, local partners, government entities, local authorities, and international aid agencies;
- Discussions with affected people; through individual interviews with local Key Informants (village chiefs, local health responders, etc.), and focus group meetings It is very important that the views of the population are taken into account in the Response Review. The means of identifying participants for these groups was jointly decided between Groupe URD and DEC Member Charities and their local partners to ensure that they were representative;
- Direct observation of programme activities;
- A survey of relevant stakeholders at the global / headquarters level.

The information collected and analysed falls into four categories:

- Global issues behind the DEC Covid-19 appeal (timing, discussions with broadcasters, difficulties in front of this specific situation and its uncertainties)
- General information about the Covid-19 pandemic in each of the countries concerned (time of first cases detection, information about virus circulation, measures taken by the national authorities)
- Specific information linked to the different projects (duty of care, health, the adaptation of existing projects, projects addressing new issues) in terms of population targets and accountability mechanisms.
- Key lessons and adaptations that have been recorded by each of the DEC Member Charities in their operations.

1.3.3. CHALLENGES AND CONSTRAINTS

Access constraints: For outsiders, gaining access to the different camps in Ukhia and Teknaf in Cox's Bazar district is complicated. This has been made worse by the COVID-19 pandemic. In order to enter the camps, approval is required from the government authorities (RRRC).

Information gaps / problems of data quality / no generation of new data. The Review team collected and compiled relevant available information. Qualitative information was prioritized as it is often best suited to identify difficulties, challenges, solutions and good practices.

Time constraints / no in-depth evaluations: The time available for this Real-time Response Review was limited and all the stakeholders involved were extremely busy. Some organisations were still at the preparatory stage and had not yet started their field activities, and so it was not possible to visit their programmes.

Language barrier: The Rohingya refugees are moderately familiar with the regional language in Cox's Bazar (Chittagonian) but their understanding of standard Bangla and English is very limited. What is more, women refugees do not feel comfortable being interviewed face-to-face by a non-Rohingya male interviewer.

All these challenges were overcome due to the support provided by the DEC Member Charities and their local partners and volunteers.

2. MAIN FINDINGS

2.1. KEY QUESTION 1 / IMPACT

The Rohingya refugees and host communities in the Cox's Bazar area were already in a very fragile situation before the COVID-19 pandemic was declared in March 2020. The pandemic increased pre-existing vulnerabilities and held up the delivery of numerous essential services and activities.

2.1.1. HEALTH IMPACT

In Bangladesh, in October 2020, there were 458 711 confirmed cases of Covid-19, with 6 544 deaths for a total population of more than 164.7 million[3]. In Cox's Bazar District, which is the second poorest district in Bangladesh, there are 861,545 Rohingya refugees[4] (of which 52% women and 52% children) in 34 camps.

The transmission of Covid-19 is currently under control. By the end of October 2020, 366 confirmed cases had been identified in the Rohingya refugee camps, with 9 deaths, according to the Institute of Epidemiology Disease Control and Research (IEDCR). The figures for Bangladeshis in Cox's Bazar District were 4,871 confirmed cases and 71 deaths, according to the same source.

The government's decision to apply strict preventive measures, including several months of lockdown in Cox's Bazar District and restricted access to camps for aid actors, had a number of consequences. The lockdown probably prevented the virus from spreading at a time when Personal Protective Equipment (PPE) was not widely available. Indeed, in March and April, access to protective equipment, even for health workers, was difficult.

Widespread contagion in such a densely populated settlement would have been a disaster, and was very much feared. The rapid roll out of infection prevention and control measures in the camps and across the District helped to slow the transmission of COVID-19 in the camps. The first case among the Rohingya refugees was confirmed on 14 May 2020.

Covid-19 detection issues and trust

During the first months after the virus was declared, most refugees and host community members who had Covid-19 symptoms did not want to get tested due to fears and rumours about the disease: fear of being isolated, stigmatized, deported, etc. In addition, during the first weeks, infected people did not receive proper treatment as some hospitals and health centres were closed; due to fear and the lack of protective equipment, hospital authorities were reluctant to provide standard services.

Covid-19 patients eventually did get proper treatment, in keeping with WHO standards, from NGOs and government-run health centres. WHO Bangladesh had regular follow-up meetings and coordination sessions with the different authorities concerned.

[3] UNFPA, 2020

[4] Joint UNHCR-GoB population factsheet of 30 September 2020

Within the population, the use of protective equipment has increased but most people are still reluctant to be tested, as they are not sure how they will be treated, and they are also reluctant about wearing face masks.

Some political leaders and religious figures played a pro-active role in communicating with communities about how to control the pandemic. Young people in communities also played a major role in the overall Covid-19 situation, in coordination with the different stakeholders involved. These positive drivers for trust building should be identified and shared among DEC Member Charities.

- **Other health-related concerns**

Multiple factors, such as the lockdown, the isolation, the fear about the pandemic and the reduction of protection activities, have caused an increase in mental health related troubles for refugees and host communities.

In addition, there is growing concern that people may be avoiding health centres, leading to other diseases being neglected, a decrease in immunization, a possible deterioration in maternal health and family planning, which might ultimately result in a global deterioration of the health situation in the area.

Some NGOs are planning multiple screening while Covid-19 detecting is done. It might be interesting for DEC Member Charities to implement multiple screening, detecting and referral systems within other planned activities to ensure a certain level of continuity in health care.

2.1.2. OTHER IMPACTS

The consequences of the pandemic and the lockdown have further deteriorated the refugees' and host communities' situation. Before the pandemic, 94% of Rohingya refugees were considered highly or moderately vulnerable and in need of humanitarian assistance to meet basic needs (WFP, April 2020).

The economic impact of the pandemic is being felt both in refugee camps and among host communities. Although the strict lockdown from March to June 2020 may have prevented the virus from spreading rapidly, the restrictions that were imposed on activities in sectors other than Health, Food Security and WASH had a significant impact and have exacerbated pre-existing vulnerabilities.

In Cox's Bazar area, where there is a lot of tourism, the economy was significantly impacted and almost came to a standstill. All hotels were closed, restrictions were imposed on transportation, fishing was prohibited in the Naf River and the Bay of Bengal, rickshaw pulling and driving services were reduced, and small shops were closed, as were other income-generating activities such as tailoring and services. Most vulnerable households in the host communities who rely on daily labour lost their sources of income, thus making their economic situation worse. Although refugees are not officially allowed to work outside the camps, it appears some of them were working on land owned by the host community, but this was not possible during the lockdown period.

In July 2020, activities gradually began to return, but wages dropped significantly, while the cost of goods rose (lower production, scarcity).

In the camps, food distribution was maintained, mainly through WFP, though it was reorganized in order to comply with protective measures. In host communities, however, the food security situation deteriorated significantly. Safety net programmes became insufficient to meet the increased needs created by the pandemic.

There has been increasing tension between host communities and refugees, with some violent clashes. It seems that the host communities living closest to the camps are the most vulnerable; some host communities do not receive government support, nor do they benefit from aid programmes implemented in the camps.

- **Increased GBV and other violence**

As observed in other parts of the world during the pandemic, gender-based violence has increased, as has targeted violence against vulnerable groups such as transgender persons and sex workers. Women and girls have had to deal with an increase in unpaid care work, greater protection risks in and out of their homes, and mental health issues, while simultaneously being less able to access lifesaving services and support. As stated in the 2020 mid-term review of the JRP[5]: "*COVID-19 containment measures, the closure of community facilities, learning centres and other safe spaces, and the limited access to livelihoods and vocational skills training opportunities has led to increased violence in the home for women and children*".

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 to help address these crucial matters that remain insufficiently outspoken as they're not considered as essential by national authorities.

- **Education remains a concern**

Education has always been a concern as the government discourages schooling for refugees. Since the lockdown in March 2020, learning centres have interrupted their education services for children and young people, following government instructions.

However, some NGOs have distributed learning materials via door-to-door visits. 52% of the Rohingya refugees are children, and there is an urgent need to provide them with an education. It would be useful for DEC Member Charities to discuss what innovative strategies are effective and could be proposed to help children continue learning although schools aren't active.

- **Infrastructure and waste management[6]**

WASH activities were allowed during lockdown, but mainly focused on COVID-19 awareness and hygiene promotion. Infrastructure maintenance and improvements were put on hold. As a result, damaged fences, doors, lighting and locks in bathing areas have not been replaced or repaired, which is mainly a concern for women, who do not feel safe using these.

Regarding sanitation, due to the lack of regular maintenance, refugees have to use damaged or unhealthy latrines or latrines that are far away from their houses, which increases insecurity for children, adolescents and women. People with disabilities and the elderly face similar problems. What is more, many of the water points in the camps cannot be used because of limited maintenance.

2.1.3. LOCAL PARTNERS AND VOLUNTEERS

Local partners who were on the frontline were crucial in helping to control the pandemic; their knowledge and familiarity with the local context proved extremely useful. Aid organisations relied significantly on

[5] *https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2020_jrp_mtr_final.pdf*

[6] Waste management is not covered by DEC funding, but some of the Member Charities implement waste management programmes with funding from other donors. It was not possible to assess the overall waste management situation of all 34 camps during the Response Review, but field visits led to finding out waste management and desludging in camp-15 is not satisfying.

frontline staff, partners and local volunteers, with regular online communication to share information with senior level staff.

Like all other actors, local partners adopted safety measures for their staff and volunteers. However, the cost of including these measures was not always covered by INGO/donor agency supported programmes and was a significant investment for them.

INGOs provided capacity building support online. They also collected information on a daily basis from community volunteers and local frontline staff about the number of COVID-19 cases. They communicated regularly with government and non-government authorities, they implemented Health, WASH and food distribution programmes during lockdown and as such, were directly exposed to risks.

2.1.4. COORDINATION / COMPLEMENTARITY

Since the beginning of the Rohingya Refugee crisis in 2017, huge improvements have been made in establishing effective coordination mechanisms. Although the current pandemic has brought new challenges, there has been a high level of cooperation between different government agencies and departments, UN agencies, INGOs and their national partners, with limited disruption only during the early days of the pandemic.

Guidelines from the Government of Bangladesh and WHO were made available and followed by the humanitarian sector as a whole. Meetings and communication took place online during the first months, but face-to-face meetings are beginning to be held again, with all the necessary safety measures.

The cooperation between the government, WHO, other UN agencies, and the humanitarian community as a whole has been quite remarkable in this crisis. There is continuous dialogue, needs are communicated, and there is a high level of transparency, with all Covid-19 information and data made public and available online.

Regarding host communities, there is pressure from local and central government to increase coverage within host communities. They have suggested that 6 new sub-districts, (upazilas) should be covered. Aid agencies have started conducting WASH and markets assessments to design appropriate interventions and verify the level of needs.

2.2. KEY QUESTION 2 / ADAPTATION

Aid agencies, including DEC Member Charities, had to adapt to the constraints caused by the pandemic and the related government restrictions; protective measures and processes were put in place and new ways of working were adopted, where productivity and efficiency are evolving.

2.2.1. DUTY OF CARE

DEC Member Charities put in place strong guidelines, protective measures for work both inside and outside offices, related to Covid-19 prevention. They also put remote management systems in place and worked together across sectors to streamline activities when possible and plan less frequent distributions with increased quantities to minimize exposure. They provided extensive training for health workers and refugee volunteers, and rapidly expanded hygiene promotion and sanitation activities. Guidelines on COVID-19 measures were developed by the Health cluster, with WHO guidance, and provided to all I/NGOs.

Mental health support, often through online services, was also put in place by most agencies in order to help their staff cope with stress, fear and isolation from their families, as well as stigmatization due to rumours that they were responsible for spreading the virus.

2.2.2. ON-GOING ACTIVITIES

ActionAid intends to disseminate health awareness and behaviour change messages, and provide targeted WASH and protection assistance in camps 11, 12, 26 and 27 and the adjacent communities of Teknaf and Ukhia. However, at the time of the Review, their activities were still awaiting approval, despite having prepared the necessary guidelines, tools, templates, and training of trainers for the activities to be rolled out as soon as possible.

HelpAge is working with two national partners, Resource Integration Centre and Youth Power in Social Action, in camps 14 and 19 and the adjacent host communities in Ramu. Their programmes address the critical needs of men and women over 50 within the refugee population and over 60 in host communities in terms of WASH, Livelihoods and Protection, through age-appropriate and disability-inclusive service delivery. This includes establishing service delivery points that provide specialized healthcare, age- and disability-inclusive WASH and nutrition services as well as sharing information about other accessible humanitarian services. HelpAge and their partners have also shared methods and tools for the delivery of age-appropriate and disability-inclusive humanitarian services, which are of the utmost importance given that the elderly are particularly affected by the pandemic. HelpAge also works on Economic Self-reliance support to Older People and in host communities, this project includes an Ethnic Minority group (Rakhine) in Ramu.

The British Red Cross is working with the Bangladesh Red Crescent Society and the International Federation of the Red Cross and Red Crescent Societies in camp 7 and among the host community in Teknaf. The main achievement during the initial months of the intervention was the rehabilitation and improvement of the Red Cross field hospital, which now has an Isolation and Treatment Centre. This can treat people from the camp and the host community and helps to cover the gap in essential services

caused by the pandemic and lockdown. BRC is also implementing a Vulnerability to Resilience (V2R) programme for the host community which includes financial support, income-generating activities, WASH promotion and epidemic surveillance, and control.

Christian Aid is implementing its Health and WASH activities via two national partners: Dushtha Shasthya Kendra (DSK) and Dhaka Ahsania Mission (DAM). There were delays as the FD7 approval came late, mostly regarding the Home-Based Care component, which is a large part of their programme. However, other preparatory activities, such as the training of healthcare staff, volunteers, Mahjis and host community representatives took place. Another important component of the ongoing programme involves awareness messaging, with support from religious leaders to enhance the acceptability of prevention measures.

Oxfam is directly implementing activities in Teknaf and Ukhia, targeting both refugees and the host community, and is also implementing activities for the host community in Sadar. Their programme is an Emergency Food Security and Vulnerable Livelihood COVID-19 response, mainstreaming Gender, Protection and WASH aspects, including the production of cloth masks and reusable sanitary napkins. During the Review, Oxfam had not yet been able to roll-out the planned activities. However, the guidelines, tools, templates and training of trainers are ready, and beneficiaries have been selected.

Plan International Bangladesh is working in Ukhia with refugees and the host communities, especially targeting children's protection and wellbeing. Project activities are ongoing, materials have been purchased (age-appropriate hygiene kits, disinfection kits, and Psycho-Social Support and Psychological First Aid kits). 424 vulnerable households in host communities have already received cash through mobile banking. Awareness-raising sessions have also been organised.

Save the Children's DEC-funded project supports the Severe Acute Respiratory Infection Isolation and Treatment Centre, located in Camp 21 in Teknaf, which was opened in July 2020. This SARI ITC supports both the host and the refugee communities, and has created respective liaison committees in order to address rumours and relay positive and consistent COVID-19 messaging to the community. SCUK deployed an Emergency Health Unit team that provided training and capacity building for the national staffs and volunteers working in the SARI ITC. Mentoring and capacity building is still being carried out remotely, to support with the evolving changes of the COVID-19 Epi Curve.

Tearfund works with the Christian Commission for Development in Bangladesh (CCDB) and World Concern Bangladesh (WCB) with the objective of preventing the spread of COVID-19 within the Rohingya camps and host communities. They help the most vulnerable households meet their basic daily needs through WASH and Multi-Purpose Cash Grant interventions. Their projects are on track, although more activities will be implemented in host community areas as needs have evolved since the planning phase. For example, other NGOS have been installing handwashing stations in the camps. The need for additional hygiene kits in key places such as mosques and prayer rooms where large number of people gather has also been noted and will be addressed.

2.2.3. ADAPTATION

Due to the COVID-19 pandemic, DEC Member Charities have had to revise their priorities, sometimes interrupt or modify projects, and develop new ones. This has created additional administrative work and pressure for staff. This also included submitting Foreign Donation forms to the Refugee Relief & Repatriation Commission in order to obtain approval for the planned activities.

External constraints led to some delays, such as the FD7 process and security controls imposed by the government. For example, RRRC permission is needed for any vehicle to enter the camps. Staff movements were therefore reduced to essential movement only. Mobility was severely restricted, particularly during lockdown, which had an impact on the whole supply chain and logistics, and resulted in further delays.

Information, sensitization and supplying basic hygiene kits were priorities, as well as continuing to respond to prior needs related to Food Assistance, WASH, Health and Livelihoods. It was noted that host communities did not receive sufficient PPE supplies, which should be checked.

A reinforced Health Response Capacity

By mid-2020, the humanitarian response in the area had led to a significant increase in healthcare capacities with the opening of 12 Severe Acute Respiratory Infection Isolation and Treatment Centres for the refugee and host communities. These make it possible to meet the clinical needs of those with the most severe symptoms. They can also be used for other severe diseases and the oxygen that has been brought to the camps can be repurposed for other emergencies.

Apart from the specific sensitization and communication related to COVID-19 prevention and risks, this Appeal led to few new projects. Instead, DEC Member Charities mostly modified existing projects and adapted their intervention modes to the new constraints brought by the COVID-19 situation. They kept working with the same communities, in the same areas, developing prevention and risk reduction around COVID-19, through hygiene promotion, sanitation and community engagement.

DEC Member Charities also began to address the consequences of the pandemic on the livelihoods of refugees and host communities. However, needs appear to be greater than expected, especially in host communities. Government restrictions related to IGAs for refugees are still of concern.

Similarly, Education, Protection, Mental Health and Psycho Social Support are needed, but are difficult to implement in a straightforward manner. These are integrated into other activities, notably through the re-opening of Child-Friendly Spaces, Women-Friendly Spaces and Elderly-Friendly Spaces, which are very effective and useful.

Regarding distributions, other urgent needs were mentioned, such as winter clothes, blankets and mosquito nets, which are not available in sufficient quantities. It is noted that previous distributions under different programmes and funds already included these items but they were sold in order to generate income as cash transfers and livelihood activities are limited by the government restrictions.

Finally, awareness activities need to continue and perhaps be taken into consideration by additional DEC Member Charities in their programming as some people are still reluctant about safety measures (such as

physical distancing and wearing masks). Religious leaders, people of influence, journalists, and community workers can play an essential role in building awareness and trust as people tend to accept their messages.

Environmental considerations should also be kept in mind, despite pressing pandemic related needs. Waste management must remain an integrated component of all distribution activities, such as non-recyclable face masks. This is the case in most situations, especially in health centres where strict quality processes and waste management processes (notably for dangerous waste) are in place.

2.2.4. PARTNERSHIPS

Before the DEC funding, during the critical period of the pandemic, when restrictions were the most severe, agencies who had partnerships with national NGOs were in a better position as partners and volunteers had easier access to beneficiaries and played an important role in programme implementation and in keeping in touch with affected populations.

Regarding specific DEC coordination, Member Charities mentioned that there is a coordination mechanism at the headquarters level, but that this is lacking at the national level. Although technical and sector working groups allow for general communication and coordination, there is no specific way of improving complementarity among the DEC Member Charities working in Bangladesh which could prove useful in order to mutually reinforce and support their different activities.

The difficulty of gaining authorization from RRRC remains a constant problem. Some DEC Member Charities still had not been able to roll out their activities by the end of November 2020, although they had submitted their plans in August or September. Other DEC Member Charities received the authorizations earlier but still had to adapt and revise their plans as needs had evolved during the administrative process was ongoing.

The question of authorizations for activities implemented with foreign funds remains a constant constraint for international agencies, DEC Member Charities included. These issues could be discussed within DEC partners to 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.

2.2.5. ACCOUNTABILITY & COMMUNICATION

The participation of local people in all stages of the project cycle is still somewhat limited because of the social distancing constraints and other safety measures, but their participation is gradually increasing.

Still, DEC Member Charities have been working in the area for a long time and know the communities they are working with. Due to strong links with key community members and religious leaders, and access to information about the context, they are able to tailor their response to needs.

During lockdown and the restriction measures that were implemented, Member Charities collected feedback and suggestions via their frontline staff, their partners and community volunteers. This feedback was reported in a timely manner.

All the DEC Member Charities have complaints and feedback mechanisms of various kinds, including suggestion boxes, direct collection of feedback using checklists/forms, and toll-free hotlines. In addition, Rohingya refugees can give feedback to the CIC and the Site Management Authority and host communities can complain to local government authorities.

However, it is important to mention that the people who participated in the Focus Group Discussions during the Response Review field visits weren't aware these mechanisms exist and don't have access to information about their entitlements.

3. 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.

MONITORING THE EVOLUTION OF THE PANDEMIC SCALABLE PROGRAMMES

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 FUTHER 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 REFUGEES' 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.

4. ANNEXES

ANNEX 1 – KEY INFORMANT INTERVIEWS

Name of organisation	Type
Christian Aid	DEC member
ActionAid	DEC member
HelpAge International	DEC member
YPSA (partner NGO)	DEC member partner
Oxfam	DEC member
Plan International	DEC member
Tearfund	DEC member
Save the Children	DEC member
British Red Crescent	DEC member
DSK (partner NGO)	DEC member partner
CIC Office, Camp-15	Local authorities
Site Management Office-Camp-15	Local authorities
Majhi (Camp Leader)-Block-7, Camp-15	Local population
UP Chairman, Ratnapalong UP, Ukhia	Local population
6 Focus Group Discussions, with youth, women & men from camp and host	Local population
WHO Bangladesh	UN agency
RRRC Office	Local authorities
WASH Working Group	Coordination groups
Protection Working Group	Coordination groups

ANNEX 2 – ANALYSIS FRAMEWORK

Objective 1 /	**Better understand the impacts of Covid 19 pandemic on contexts and needs (+global level on organisations- no flight, HR problems, etc.)**									
Objective 2 /	**Analyse adaptations already done and still needed in humanitarian programming in each country (and at HQ level?)**									
RTE key questions	**Lines of enquiry / Sub-questions**			**Related CHS criterion**	**indicators/info to collect**	**Desk R.**	**Ext. S.**	**KII**	**Field obs.**	**FGD**
Key Q 1 / What has been the impact of covid 19 on DEC members (as an organisation) and their operational environment (context and needs)?	**Context & needs**	**L1**	Main measurable / commonly agreed consequences of the pandemic on each context (health - e.g. situation of the health system, caseload - and non-health related - e.g.specific focus on food security, livelihood, domestic violence, etc. impact on air traffic, on mobility, on supply chain, logistics). More broadly - political / economical consequences of the pandemic / how it has influenced key stakeholders and perhaps influenced power dynamics.	C1	nb of covid cases (country/camp levels) + mortality and morbidity rate if available	X	x			
					Impact on the country health system and staff	X	X			
					economic indicator at HH level		X			
					dynamics in food markets		X	X	x	
					dynamics in access to labor		X	X	x	
					level of domestic violence	X	X	X		
					Evolution of level of poverty / food insecurity / malnutrition?	x	x	x		
					other health related indicator ???		x			
					monitoring system in place	x		x		
		L2	Monitoring mechanisms in place to follow the sanitary situation. Who with what system in place. Data accessibility and reliability - to what extent is the information trusted by key stakeholders? Level of visibility of aid agencies.	C1	Official and non-official Information sources		x	x		x
					Covid related data collected (at macro and micro levels)		x	x		x
					Reporting frequency and reliability					
					Existing covid specific info sharing coordination forums					
		L3	Measures taken by local authorities and their impact on aid actors and their ability to deliver. What coping mechanisms developped by aid agencies? What consequences on their programme? For the pop.?	C1, C2, C3 & C6	Official communication from health authorities, or else providing detailed information - reports related to impact of covid 19 and protective measures on aid activities (if available) - interview with local actors on mitigating measures taken to reduce the impact of such measures. Interview with local actors (aid workers and beneficiaries) on measurable / perceived consequences.		x	x		
	Coordination	**L4**	Impact of the covid 19 crisis on coordination (3 levels to look at - a. with national authorities; b. with the wider aid community; c. among DEC members) - What level of integration with gov. response? How has it influenced humanitarian programming at country level.	C6	Presence of covid specific coordination mechanisms regrouping all key stakeholders (Nat. authorities, Aid community, DEC members) / Minutes of coordination meetings - joint analysis and response - integrated vision and action plan - Joint M&E			X	X	
	Inclusiveness & Accountability toward local pop.	**L5**	impact on access to the field and level of participation of local populations in the design, the decision process the follow up. Adaptation of accountability mechanisms toward the local pop. Communication mechanism to support feedback and regular exchanges between aid agencies and local communities / is it stronger? Weaker? What lessons learnt?	C4 & C5	Level of interaction with local actors / involvement in the primary assessment / needs analysis and response design; Communication means employed between communities and aid agencies / frequency and nature of exchanges; result of this interraction.			X	X	X
Key Q2 / What are the measures already taken or still needed to adapt to the new working environment?	**Duty of care**	**L6**	Measures taken to protect aid workers (int. & nat.). Home based work - temporary contract suspension - training, equipment, etc.	C3 & C8	Internal guidance / manual for staff	x		x		
					specific measures for international & national staff (work location, workload, work suspension, specific training, equipments, etc.)	x		x		
					observed changes in behaviour				x	
					Observed changes in the relationship with communities (access, monitoring, project design, etc.)			x	x	x
			Due diligence measures applied fort local implementing partner. Evolution of the role played by local actors / has it increased? In what ways? Do they play a bigger role? Assume more responsibilities? How is this impacting on their exposure to risks? How is this handled?	C8	Specific information, addendum to contractual agreement, training, specific monitoring, communication support, equipment provided, etc.	X		X		
			Specific measures taken to protect the local population / beneficiaries.	C4	Specific guidance	X				
					Remote management	X		X	X	
					Communication support and initiatives	X		X	X	x
					Specific equipment			X		
	General Adaptation	**L7**	What are the changes brought (or yet to be brought) to existing humanitarian programmes in relation to the covid 19 pandemic? What has changed the most in the way humanitarian actors work? What impact on the localisation agenda if any?	C1	changes in caseload (new refugees? Increased nb of vulnerable p.?)	x	x			x
			What are the changes on more developmental programmes?	C2	changes in intervention logic (Obj., Timeline, Activities, …)	x		x		
				C4 & C5	changes in accountability mechanisms	x		x		x
				C3 & C6	changes in roles and responsibilities for local staff/partner, if any (localisation)	x		x		
	Impact on health response	**L8**	Specific changes brought to health interventions in connection with covid 19. Main challenges and opportunities faced. Consequences of these changes (in terms of relevance, efficiency, effectiveness of the projects).	C1	Targeted needs of covid-specific programmes	x		x		
					Response timeliness					
				C2	Logistic & financial implications			x	x	x
					Risk identification and management					
					HR implications					
	Impact on non health response	**L9**	Specific changes brought to non-health interventions in connection with the covid 19. Main challenges and opportunities. Main consequences of these changes (in terms of relevance, efficiency, effectiveness of humanitairan interventions).	C1	Targeted needs of covid-specific programmes	x		x		
					Response timeliness					
				C2	Logistic & financial implications			x	x	x
					Risk identification and management					
					HR implications					
	MEAL	**L10**	Covid specific M&E related challenges faced by DEC members and their local partners. How did they address those challenges? Innovative solutions found.	C7	Adapted solution to limited access and remote management approach. Role played by local partners. Collected data reliability. Ability of the M&E system in place to fulfil its function and be trusted enough to be used as decision tool.	X	X	X		X
	Risk management	**L11**	Covid 19 related risk identification and mitigation measures adoption. Was it accurate? Was it adapted? Any lessons learnt on risk management?	C1 & C2	Comparative analysis with other sources of information / risks matrix provided by the UN, donor agencies, official sources; Relevance of identified mitigation measures. Identified short comings.	X	X	X		
	Cross-cutting issues	**L12**	Covid specific measures taken regarding gender and environmental issues. Any lessons learnt that can benefit the group?	C1 & C3	Environment and Gender policy in place. Level of awareness of local teams and local population. Level of implementation / integration in the project.	X		X	X	X
Objective 3 /	**Facilitate collective thinking about lessons and innovative ideas between members in each country + at global level**									
Key Q3 / What are the lessons learnt and innovative ideas in each country that can benefit the group?	This part of the RTE is more prospective than retrospective - the response to the two first key questions (1 & 2) should provide the elements that will then feed the collective learning process. The country exercises (Restitution / consolidation workshop and reporting) should be primarily operation focused - The consolidation and co-construction part, involving the tactical level, should however be more strategic focused to meet expectations. While looking at lessons learnt the RTE will answer the following questions too. • What differences has it made to members to access the DEC funding (and ultimately to people)? What difference has it made / financial / programmatic? • Was DEC proactive enough or reactive enough? Was it a struggle for partners to access DEC funding or respond to this appeal? DEC funding mechanism is flexible – but do members realise that? Do they know how to optimise this flexibility? • How ready were DEC and its members as a collective to respond? • Any multiplying factor(s) that might have been generated/initiated (any leverage effect) by DEC appeal? • What consequences the delay to respond (from March to July) might have had? Was it a bad or a good thing?									

ANNEX 3 – GENERAL QUESTIONNAIRE

RTE key questions	DEC Sec	DEC members - strategic level	DEC members - country level	DEC members local partners	Local actors (authorities and pop.)	Other IA organisation	General questionnaire
Key Q 1 / What has been the impact of covid 19 on DEC members and their operational environment (context and needs)?			X	X		X	1.1 What are the main consequences of the pandemic in your country/region (Political, economical, in terms of power dynamics?) What are the main consequences in terms of health and non-health related - e.g. food security, livelihood, domestic violence, etc.? What was the impact in terms of mobility, on human resources, on supply chain & logistics? On Security?
			X		X	X	1.2 How is the sanitary situation being monitored - who with what system in place and what resources - how accessible and reliable the information is at country level?
			X		X	X	1.3 What are the measures taken by the Authorities and their impact on aid actors and their ability to deliver? How did aid agencies cope with the safety measures and movement restrictions? What consequences on their programme / for the pop.?
			X	X		X	1.4What was the impact of the covid crisis on humanitarian programming and coordination (3 levels to look at - a. with national authorities; b. with the wider aid community; c. among DEC members) - What leassons learnt?
			X	X	X	X	1.5 What is covid 19 impact on participation of local population to the project cycle? What is covid 19 impact or influence over accountability mechanisms? Over access to information / communication with aid actors?
Key Q2 / What are the measures already taken or stiil needed to adapt to the new work environment?		X	X				2.1 What are the measures in place for the safety of aid workers (int. & nat. staff)?
			X	X			2.2 What are the measures in place for the safety of local implementing partners? Has the role of local partners evolved during the pandemic? If yes to what extent? What has changed?
			X		X		2.3 What are the measures in place for the safety of the local populations / beneficiaries?
		X	X	X		X	2.4 What are the main changes brought or still required to existing humanitarian programming as a consequence of the covid 19 pandemic? What has changed the most in the way humanitarian actors work? Has the pandemic contributed to encourage or reinforce the localisation process for example?
			X	X		X	2.5 What are the most important changes to health interventions in connection with covid 19? What are the main challenges and/or opportunities due to these changes? What impact in terms of relevance, efficiency, effectiveness of humanitarian interventions?
			X	X		X	2.6 What are the specific changes brought to non-health interventions in connection with the covid 19? What are the main challenges and/or opportunities due to these changes? What impact in terms of relevance, efficiency, effectiveness of humanitarian interventions?
			X	X			2.7 What are the main M&E challenges faced by DEC members as a consequence of the pandemic? Was a solution found? Did it provide deliver according to expectation? What lessons learnt if any?
			X	X		X	2.8 Were covid 19 related risks well identified and were mitigation measures adpated / efficient? What are the key lessons learnt during this pandemic situation from an operational point of view? If any.
				X	X		2.9 What does exist in terms of complaints and feed back mechanisms
			X	X			2.10 What were the main specific measures taken regarding gender and environmental issues in relation to the covid crisis? Any lessons learnt worth sharing?
Key Q3 / What are the lessons learnt and innovative ideas in each country that can benefit the group?		X	X				3.1 What differences has it made to members to access the DEC funding (and ultimately to people)? What difference has it made / financial / programmatic?
		X	X				3.2 Was DEC proactive enough or reactive enough? Was it a struggle for partners to access DEC funding or respond to this appeal? DEC funding mechanism is flexible – but do members realise that? Do they know how to optimise this flexibility?
		X	X				3.3 How ready were DEC and its members as a collective to respond?
		X	X				3.4 Any multiplying factor(s) that might have been generated/initiated (any leverage effect) by DEC appeal?
		X	X				3.5 What consequences the delay to respond (from March to July) might have had? Was it a bad or a good thing?

ANNEX 4 – RESTITUTION WORKSHOP REGISTERED PARTICIPANTS

Abdul Alim	abdul.alim@actionaid.org	Action Aid
Magda Rios Mendez	MRiosMendez@redcross.org.uk	British Red Cross
M. Shamsuzzaman	MShamsuzzaman@christian-aid.org	Christian Aid
Deepak Malik	deepak@helpageasia.org	Helpage
Khodeza Rume	Khodeza.Rume@oxfam.org	Oxfam
Shah Alam	Shah.Alam@plan-international.org	Plan
Mohammed Riyas	Mohammed.Riyas@plan-international.org	Plan
Jayne Crow	Jayne.Crow@plan-uk.org	Plan
Stefania Battistelli	S.Battistelli@savethechildren.org.uk	Save the Children
Abdullahal Noman	abdullahal.noman@savethechildren.org	Save the Children
Rachel Fletcher	r.fletcher@savethechildren.org.uk	Save the Children
Nicholas Biswas	nicholas.biswas@tearfund.org	Tearfund

Siège du Groupe URD
La Fontaine des Marins
26170 Plaisians – France
Tel : +33 (0)4 75 28 29 35

urd@urd.org

www.urd.org

SUIVEZ-NOUS SUR