COUNTRY REPORT / Syria

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DEC CVA REAL-TIME RESPONSE REVIEW: SYRIA

COUNTRY REPORT Final

DISASTERS EMERGENCY COMMITTEE

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LIST OF ACRONYMS

Covid-19	Coronavirus 19
CHS	Core Humanitarian Standard
CHW	Community Health Workers
DEC	Disasters Emergency Committee
HQ	Head Quarter
INGO	International Non-Governmental Organisation
IPC	Infection Prevention and Control
MEAL	Monitoring, Evaluation, Accountability and Learning
NES	North Eastern Syria
NWS	North Western Syria
RTRR	Real Time Response Review
PPE	Personal Protective Equipment
SCUK	Save the Children UK
SOP	Standard Operating Procedure
WHO	World Health Organisation
URD	Urgence Rehabilitation Development
UK	United Kingdom
WASH	Water Sanitation and Hygiene

SUMMARY OF ANALYSIS & RECOMMENDATIONS

ANALYSIS

Nbr	Engagements	Quality Criterion	Analysis
1	Communities and people affected by crisis receive assistance appropriate and relevant to their needs.	Humanitarian response is appropriate and relevant	The "no regrets" approach was justified and the assistance provided was both appropriate and relevant overall.
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	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.
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	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.
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 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.
5	Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints	Complaints are welcomed and addressed	Complaints mechanisms were in place and continued operating. However, online systems relied on remote communication and networks that are not fully reliable.
6	Communities and people affected by crisis receive coordinated, complementary assistance	Humanitarian response is coordinated and complementary	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.
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	Individually, DEC Member Charities have internal learning mechanisms in place and, to some extent, benefit from sector working groups, such as clusters.
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	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.
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	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.

KEY RECOMMENDATIONS

FOR PHASE 2 APPEAL

1. A MPCA 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.

MID- TO LONG-TERM RECOMMENDATIONS

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.

1. INTRODUCTION

1.1. CONTEXT OF THE REVIEW

1.1.1. APPEAL CONTEXT

In response to the global Covid-19 pandemic, the Disasters Emergency Committee – DEC - launched a coronavirus appeal on 14th 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. Prioritising countries, based on anticipated humanitarian needs, was challenging, but the DEC and its members adopted a 'no regrets' approach[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 £13 million for Phase 1 of the response, covering the period from 14th June 2020 to 31st January 2021. A second allocation of £6 million was confirmed in November 2020 that can be used indifferently for phase 1 or phase 2 covering the period from 1st February to 31st January 2022. The Real-Time Response Review (RTRR) is part of DEC's accountability policy. It is also motivated by the necessity to respond to the high demand of accountability among the British population who generously responded to DEC Coronavirus 2020 Appeal.

1.1.2. 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 Republic. 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.

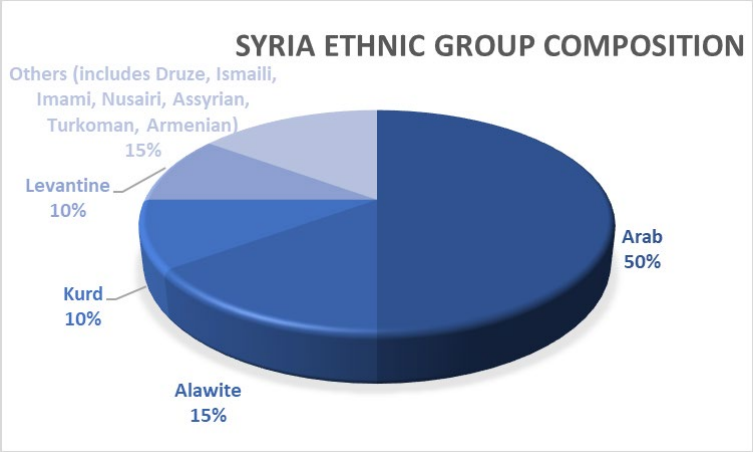
Influenced by the Arab Spring that began in the region, and compounded by additional social and economic factors, anti-government protests broke out first in the southern province of Darah in March 2011 with protesters calling for the repeal of the restrictive Emergency Law allowing arrests without charges, 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.

[1] As data about the prevalence of Covid-19 at the time of the decision were not available and/or accurate in most of the countries, 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.

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.

Chart 1 – Syria Ethnic Group Composition



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 combats: 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 amid 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.

1.2. OBJECTIVES AND SCOPE OF THE REVIEW

The real time response review exercise is structured around three main tasks:

- An inception phase including a desk review and the design of information collection tools
- A country-level Real-Time Response Review of DEC-funded programmes to draw key lessons that can benefit the programming of phase 2 of the DEC Coronavirus 2020 Appeal;
- An initial findings workshop;

1.2.1. OBJECTIVES

As the first step of a two-year learning process, the country-level Real-Time Response Review supports real-time collective learning to draw key lessons to build on for the second phase of the response.

The three main objectives of the country level RTRR are:

- **Objective 1**: Improve understanding of the **impacts of the Covid-19 pandemic on contexts**, Member Charities, their partners and key stakeholders;
- **Objective 2**: Analyse **adjustments** that have already been made and that are still needed in humanitarian programming in each country and globally;
- **Objective 3**: Facilitate **collective thinking** between DEC Member Charities about lessons and innovative ideas with regard to responding to the Covid-19 pandemic.

The primary purpose of this exercise is to generate real- time learning, in particular for the DEC Member Charities before the start of phase 2. A secondary purpose is to share lessons learnt which may be useful to all DEC Member Charities in similar situations in the future.

1.2.2. SCOPE OF THE REVIEW

The reference framework: the review assessed programmes according to the CHS commitments, with a special focus on the relevance of responses and processes - due diligence, safe management of resources, coordination, the involvement of the population, and accountability.

Geographical coverage: the review covers all the projects implemented by DEC partners. Project sites visit included – all three different zones - NWS, NES and Government controlled areas - covered by DEC Member Charities involved in the Coronavirus 2020 Appeal in Syria.

Map 1 – DEC partners present in Syria – sectors and geographical coverage

Sites were selected on the basis of representativity and feasibility, taking into account access and time constraints. Distance interviews were organised with all DEC Member Charities, including those whose projects were not visited.

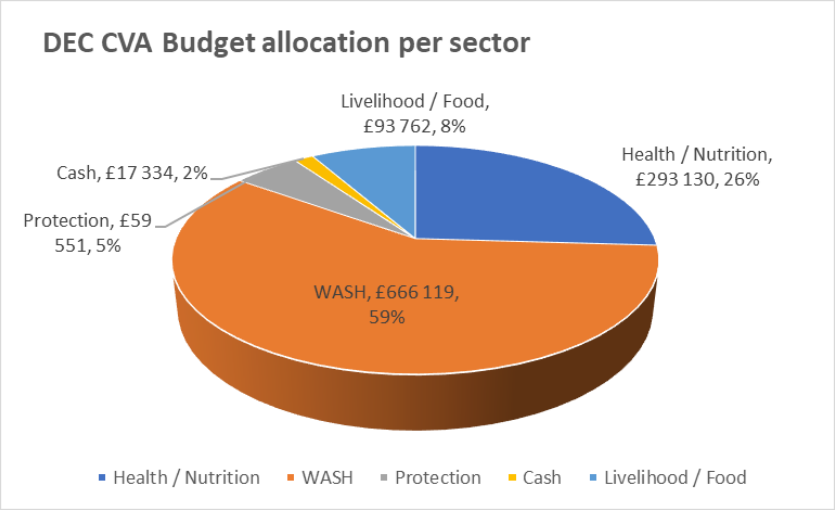
Time: the review focused on the present situation and level of achievement as most projects had just started. The review looked at decision and implementation timeliness and how informed decisions were.

Funded projects and activities: Overall priority sectors funded by the Coronavirus 2020 Appeal are, WASH (33%), Health (22%), Food (12%), Livelihood (11%), Protection (11%) and multipurpose cash assistance (9%). In the case of Syria priority sectors are presented in the table and chart below.

Table 1 – Detailed project list

Nbr	Organisation	Local partner(s)	Project type	Type of intervent.	Dates / duration	Sector	Title	Location	Budget in GBP	Health / Nutrition	WASH	Protection	Cash	Livelihood / Food
1	Age Int.	Int + Nat. partners	Continuation of an existing project	Indirect access	6 months	Wash, Protection, Cash & food	Enhanced community engagement to prevent and respond to the COVID-19 pandemic in northwest Syria, with a specific focus on older people including those with chronic illnesses, underlying health conditions and disabilities.	Gaziantep, Idlib and Aleppo (NWS)	130 000		26 931	13 840	17 334	23 112
2	BRC	ICRC	Continuation of an existing project	Indirect access	6 months	Health & WASH	Support to ICRCs Health and WASH COVID-19 response in Syria	Damascus & NWS	214 000	16 729	159 311			
3	CAFOD	DARNA	Continuation of an existing project	Indirect access	6 months	WASH	COVID-19 prevention in unregistered camps in north-west Syria	NWS - 22 informal settls.	207 287		152 363			
4	CARE Int.	PCSC	Continuation of an existing project	Direct + local P.	6 months	WASH & Protection	Winter COVID-19 Response: Increased access to protection services, WASH and COVID-19 specific NFIs for IDPs and Host communities in North East Syria	NES	309 803		121 547	45 711		
5	Oxfam	N/A	Continuation of an existing project	Direct	6 months	WASH & Food	Preventing transmission of COVID-19 through improved access to water for handwashing in Aleppo.	Gov controlled, Aleppo	281 955		133 000			70 650
6	World Vision	SEMA	Continuation of an existing project	Direct & Indirect	6 months	Health & WASH	DEC - RAISING PREPAREDNESS FOR THE COVID-19 EPIDEMIC IN IDLEB, NORTH WEST SYRIA	NWS, Idlib	512 752	276 401	72 967			
Total									**£1 655 797**	**£293 130**	**£666 119**	**£59 551**	**£17 334**	**£93 762**

Chart 2 – DEC CVA Budget allocation per sector in Syria



2. METHODOLOGY AND LIMITATIONS

2.1 ANALYSIS FRAMEWORK AND KEY QUESTIONS

After analysing the context - political, conflict, economic, institutional capacity, humanitarian needs - to better understand the country, its challenges and opportunities, the review focused on projects with the aim of drawing lessons from the experience of the past months.
The purpose of the review is to answer three key questions linked to the three identified objectives presented in the previous section of this report.

2 retrospective 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?

And 1 prospective question:

- **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.

For each key question, specific lines of enquiry were selected in order to focus on the relevant information to be collected. For each line of enquiry, detailed questions were formulated. Key questions, lines of enquiry and sources of information constitute the analytical framework of the review, which was used to draw up specific questionnaires. The analytical framework is presented in Annex 2.

2.2 SOURCES AND TOOLS

2.2.1 INFORMATION SOURCES:

- Desk reviews of relevant literature, evaluations and data sources provided by the DEC secretariat and gathered at country level[2] or from open sources;
- Interviews with DEC Member Charities at HQ level[3];
- In country / field-level interviews[4] with key stakeholders including field staff, local partners, government entities, local authorities, and international aid agencies;
- Discussions[5] with affected populations through focus group discussions. For cultural reasons focus group meetings were organised based on gender. The means of selecting participants was jointly decided between Group URD and DEC Member Charities and their local partners to ensure that they were representative.
- Direct observation of programme activities.
- An online initial findings workshop was held on 1 December 2020 – see participants list in annexe 4 – the results of the review were presented to the participants who were then able to make comments and add new elements[6].

2.2.2 TYPE OF INFORMATION COLLECTED:

- General information about the Covid-19 pandemic - time of first detection, information about virus circulation, measures taken by the national authorities.
- Specific information linked to the different projects - duty of care, health specific measures, adaptation of existing projects, new Covid-focused projects, population targeting, accountability mechanisms.
- Key lessons learnt.

The general questionnaire based on which KII specific questionnaires were developed is presented in annex 3.

2.3 CHALLENGES AND OPPORTUNITIES

Access: Access to the field and to the population was complicated by the combination of conflict and the pandemic. Field visits and interactions with communities were therefore somewhat limited, though possible.
Remote management: Modern technology was used to reduce the consequences of remotely managing the field work and the data collection phase. National counterpart consultants were technically competent and dedicated. However, organising this kind of work appears to be more time-consuming when it is done remotely. It also limits the capacity to provide optimal support and guidance when required, which in return may have an impact on the quality of the information collected.
Limited feedback from affected people: Feedback from the local population was limited mainly due to the fact that activities are just starting and the population does not have much information to share.
Time constraints: Time dedicated to the Real-Time Response Review was limited. However, despite a few setbacks the team did the best it could to collect data within the given timeframe.
Communication: Communication was sometimes delayed due to bad connections.

[2] The DEC team already gave access to the review team (international consultants) to COVID 19 appeal background information and projects documentation via a tailored access to Box.
3 Refer to annexe 1 for list of KII and FGD
[4] 4 Refer to annexe 1 for list of KII and FGD
[5] 5 Refer to annexe 1 for list of KII and FGD
[6] Link to the workshop recording - https://drive.google.com/file/d/1REvinb_tHvDU9gaOd1FCEaDO51ZvviBG/view?usp=sharing

3. MAIN FINDINGS

2.4 KEY QUESTION 1 / IMPACT

To answer the first key question - *What has been the impact of Covid-19 on DEC Member Charities and their operational environment (context and needs)?* – The Real-Time Response Review focused on four key aspects: the health impact, the non-health impact, the impact on local partners and their role and finally the impact on coordination and humanitarian programming.

After 9 years of war, massive destruction of infrastructure, economic sanctions, governance issues and a major financial crisis, the people of Syria were already confronted with multiple challenges before the Covid-19 pandemic.

The interdependency of Syria's economy is such that any decline in one of the major sources of foreign currency – such as humanitarian aid, budget support from foreign nations, remittances – has a direct negative impact on basic service delivery, market supply, purchasing power, livelihoods and food security. The state's institutional capacity to meet its obligations towards its citizens has, to a large extent, been destroyed. The pandemic struck when the country already faced multiple critical challenges.

Photo: People queuing at a bakery in Damascus, Oct. 2020

The impact of Covid-19 is not significantly different between government-controlled areas or areas controlled by other groups. According to the World Health Organization and OCHA, aid delivery was put on hold after the pandemic was declared in March 2020 and restrictive measures put in place. Humanitarian activities were temporarily suspended across the country until aid agencies could adapt and resume their interventions in some areas, such as NWS, faster than others.

2.4.1 HEALTH IMPACT

Whether in government-controlled areas or elsewhere, there are no reliable Covid-19 monitoring and reporting mechanisms in place in Syria. As illustrated below in Chart 3, WHO figures show that only 7,973 confirmed cases of Covid-19 have been reported since the beginning of the pandemic. 422 people have died according to the same source[7]. The real morbidity and lethality rates of the pandemic are unknown. The aid community is of the opinion that actual figures significantly exceed the official statistics and that large numbers of asymptomatic and mild cases are going undetected. Recently, on 30 October, a 10-day partial curfew came into effect across North East Syria (NES) due to the high levels of confirmed cases reported in Al-Hassaka and Qamishli districts. A similar sharp increase was reported in Ar-Raqqa District, and Ain Al Arab district. According to a national non-governmental health organisation operating in NWS, healthcare facilities are unable to absorb all the suspected cases. Confirmed cases increased six-fold over the month of September 2020. Confirmed cases also increased in IDP camps according to the same source. Healthcare workers are increasingly worried about their own health status.

In general, across the country:

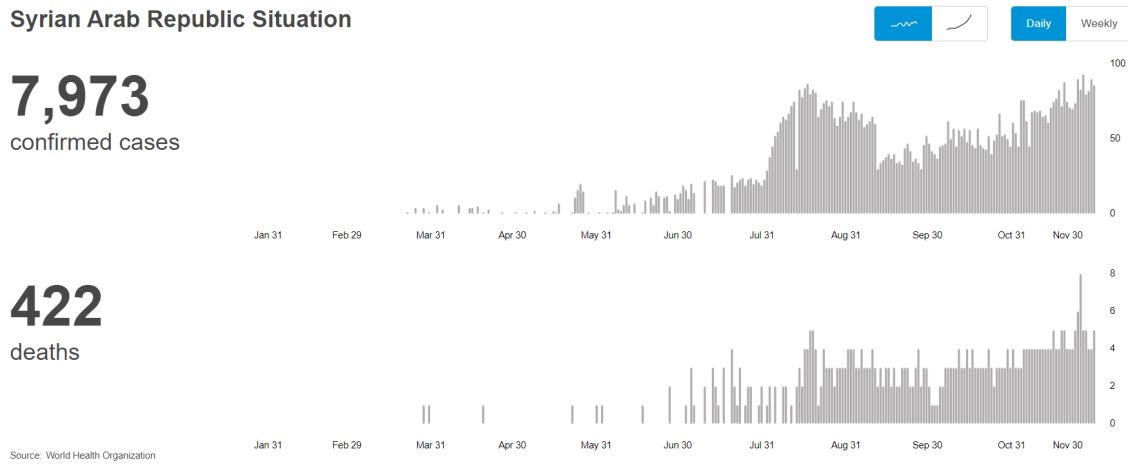
7 See chart 3 page 11

- ***The most densely-populated areas – urban centres in and around Damascus, Aleppo and Homs, and crowded displacement camps, informal settlements and collective shelters in the north-west and north-east of Syria are the most affected***.
- In April 2020, non-critical healthcare services were suspended in all areas as a preventive measure. However, vaccination services continued and telemedicine support was put in place rapidly. As a precautionary measure patients receiving medication for chronic diseases received two-month supplies per visit, instead of the regular one-month supply.
- In war-torn areas, such as Dara'a and Eastern Ghouta in the southern areas of Syria, where 70 percent of health and medical services are provided by UN-led programmes, mobile clinics and aid groups, movement restrictions had a serious impact in terms of medical supplies. Cross-border supplies were disrupted, making it impossible to meet needs.
- Syrian IDP camps were excluded from routine vaccination campaigns.
- Due to movement restrictions, all health organizations postponed their polio vaccination campaigns.
- Most mobile clinics and community-health centres providing SRH services closed or reduced their activities.
- Due to the fear of being stigmatised, part of the population is reluctant to be tested in a medical facility.

More specifically, in government-controlled areas:

- After ten years of war, the country's health system is crumbling in government-controlled areas. More than 50% of its medical facilities is dysfunctional. The Covid-19 pandemic has overstretched the limited capacity.
- Restrictive measures applied in government-held areas have impacted medical supplies and further weakened the health system.
- In recent weeks, numbers of cases have slowed down in government-controlled areas.
- Although the government measures require the population to wear masks, no enforcement mechanism has been put in place.

Chart 3 – Covid-19 reported cases - official figures Syria – Source: WHO



In non-government-controlled areas:

- With shortages of personal protective equipment (PPE) in NES and NWS, the pandemic's impact is important. Medical staff are overly solicited and permanently exposed to high medical risks. Epidemiologists have warned the political authorities of a potential *humanitarian disaster*.
- IDPs in NWS and NES are living in densely-populated camps with poor hygiene and sanitation conditions. Conditions are conducive to the spread of the virus. Social distancing is impossible.
- In addition, poor health conditions due to malnutrition, poor sanitation, lack of access to clean water, and basic medical care mean displaced populations are highly exposed.
- In the NWS and NES, health support and services from the international community are limited.

- Health facilities lack qualified personnel, adequate infrastructure and essential equipment;
- Despite the lack of reliable data aid actors fear that the impact of Covid-19 is even worse in these areas than in government-controlled areas.

The Covid-19 pandemic and protective measures put in place by authorities have caused psychological distress, fear and anxiety among the population. They are anxious about their economic situation and ability to meet their basic needs.

Main lessons learnt

1. After 10 years of war, the pandemic has overstretched the already limited capacity of a crumbling medical system.
2. Due to lack of medical supplies, health staff are increasingly exposed to contamination risks.
3. Urban centers and IDP camps are the most affected areas.
4. Social distancing is impossible for IDPs and their living conditions mean that they are the most at-risk in Syria

Main interrogation

5. Have protective measures caused more harm than good?

2.4.2 NON-HEALTH

Humanitarian funding was already insufficient to meet pre-Covid-19 needs. Despite additional funds in response to the pandemic[8], an important gap remains between the basic needs of the population and resources. The aggravating effect of the pandemic has resulted in increased vulnerability and growing humanitarian needs. The UN and local NGOs are warning that food shortages will rise sharply in parts of Syria along with food insecurity and malnutrition.

Across the country:

- Slower aid and service delivery and temporary suspension of activities pushed by the necessity to adapt the response to the evolving context and evolving needs.
- People in need did not receive crucial assistance due to the suspension of humanitarian activities[9].
- Restrictive/preventive measures had a negative economic impact. Most businesses reduced or suspended their activities, which had an impact on small jobs and daily wages according to interviewees.
- A sharp increase in food price commodities – a 250% increase compared to a year ago. In addition, other factors such as shortages of staple foods, have led to widespread food insecurity across Syria.
- According to UNWFP, multiple indicators show that malnutrition is increasing – lack of food availability, high prices, massive inflation, massive unemployment, loss of income, loss of assets, negative coping mechanisms – a reduction in the variety and quantity of food intake – for the most vulnerable households.
- Increasing number of families relying on WFP food assistance.
- Compared to the pre-Covid-19 period, the national average reference food basket price increased by 110% according to WFP. The reference food basket is more expensive than the highest government monthly salary.
- According to UNICEF, regarding education programs and community-based services, including protection and psychosocial support (PSS), some programmes were suspended in line with the authorities' directives. Most protection initiatives and psychosocial support was put on hold.
- Around 450 community centres, child-friendly spaces and Women and Girls Safe Spaces (WGSS) providing specialized protection activities to 1.2 million people have been closed according to UNICEF.

8 Refer to chart 4 page 16 of this report

9 The Shelter sector estimated that 290,000 people were affected by the operations slowdown between March and May. The NFI sector estimated that over 200,000 people were affected by not receiving NFI distributions between March and April. Multiple WASH interventions have been suspended or slowed down due to movement restrictions, affecting an estimated 2,650,000 people.

- As the economic situation has worsened, some humanitarian actors reported that inflation has forced the temporary suspension of local procurement and the revision of budgets, which will further delay programme delivery.

In non-government-controlled areas:

- The use of the Turkish Lira (TRY) continues to spread in NWS, as people have lost their trust in the Syrian Pound (SYP) due to its rapid devaluation between June and mid-August 2020.
- Nearly 1.5 million people live in more than 1,100 camps and informal sites across NWS, most of which lack crucial infrastructure. With the economic crisis making it more difficult for people to independently access vital supplies, such as fuel for heating, IDPs are faced with a lack of cash to cover their basic needs.
- The lockdown in Turkey, and the subsequent closure of the border, has had negative consequences for Syrians living in NWS. They have effectively been denied vital supplies of food and non-food items.

Main lessons learnt

1. The pandemic and subsequent protective measures have had a disastrous economic impact resulting in widespread food insecurity.
2. The combination of widespread food insecurity and resource scarcity is likely to create a major humanitarian crisis, especially among the most vulnerable people.
3. People living in IDP camps, particularly the elderly, pregnant and lactating women, and people with disabilities, are the most at risk.
4. The protracted nature of the Syrian crisis, combined with growing donor fatigue, decreasing general public interest and the ongoing global pandemic, is likely to result in an unnoticed humanitarian disaster.

2.4.3 LOCAL PARTNERS

Syria is divided into three different zones: the government-controlled zone, North Eastern Syria (NES) and North Western Syria (NWS). The important role played by local partners must be differentiated from zone to zone. The impact of the pandemic on local partnerships between DEC Member Charities and their local partners was different from one zone to the other. In NWS the pandemic had limited to no impact on the role played by local partners. The pandemic neither contributed to "promoting" the role of local actors, as they were already at the forefront of humanitarian assistance delivery prior to the pandemic, nor did it undermine it. The situation is different in NES where INGOs have direct access and a stronger presence. Partnerships with local actors are less developed. Therefore, the capacity of local actors to play a leading role and compensate for the temporarily reduced response capacity of INGOs is limited. The pandemic highlighted the lack of capacity of local actors in NES and the need for INGOs to work more closely with local actors and develop their capacity.

However, in NES, a DEC partner reported that – "*Through a local NGO and the support of a local council, with funds from DEC Member Charities, the ability to work with well-established partners and trained staff has allowed programming to happen more swiftly, in hard-to-reach areas such as Rural Idleb. The dedicated local NGO hospital for Covid-19 treatment in south-west of Idleb is a good example. This response was a lifeline and able to provide funds to a pre-existing hospital for local humanitarian partners for which the DEC member covers running costs, equipment, and staff incentives as well as training for staff on IPC guidelines, IPC stock management and Covid-19 full case management; in addition to PSEA and protection mainstreaming*".

- Since the beginning of the war, local aid agencies have considerably improved their capacity. In NWS in particular, local aid agencies already played a major role before the pandemic.
- In NWS, local actors are the first responder. They are more present in the field than INGOs and UN agencies who operate under more restrictive procedures.
- Local NGOs have been proactive in pursuing their own structural changes, making improvements and innovating. They have been instrumental in the response to the Covid-19 crisis.

- Partnerships between DEC Member Charities and local actors existed long before the beginning of the pandemic. For example, one DEC member works with the Local Water Establishment and the General Sewage Company in Aleppo.
- In NWS, DEC Member Charities were already well-established in terms of their partnerships with Syrian civil society actors. They approached their partners to carry out emergency activities.
- Community-based interventions, capacity building of local NGOs, and empowering local staff are common practices in the aid sector in Syria.
- In this regard, local aid agencies are more advanced and capable in NWS than in NES where INGOs are more present and active. The situation is more nuanced in government-controlled areas.

Main lessons learnt

1. Flexibility and the ability to adapt and respond to the pandemic was greater in areas where local actors have a strong presence and are highly capable.
2. The pandemic highlights the necessity for INGOs to work more closely with local actors and develop their capacity in NES, where the adaptation took longer than in NWS
3. The pandemic highlights the importance of supporting the localization agenda regardless of the "access" factor.

2.4.4 COORDINATION / HUMANITARIAN PROGRAMMING

Despite the complexity of the situation, and a certain level of disruption, the UN Cluster system, the thematic working groups, and NGO forums remained in place. The pandemic had limited negative impact. Most aid agencies and coordination forums had already adopted modern communication technology to exchange information and operate remotely. Coordination meetings took place. In NES, coordination mechanisms shifted rapidly from *in personae* meetings to *online* meetings. In NWS, national agencies were able to maintain good information exchange due to their pre-existing network and information exchange mechanisms. In government-controlled areas coordination was an issue. It took several weeks, according to UNOCHA, for the aid community to adjust[10]. However, despite existing coordination efforts, certain areas received more attention than others. The risk of existing gaps and the duplication of efforts was mentioned on several occasions during the RTRR. According to information shared, there is a need for better rationalisation of aid across the country, in both government-controlled and non-government-controlled areas.

BRC / ICRC - Red Cross / Red Crescent movement - have their own coordination structure in place involving the national society (SARC). ICRC also attends other *classic* coordination forums such as cluster meetings and coordination meetings led by or involving local authorities.

Unlike in other countries[11], DEC Member Charities do not have a specific coordination / information-sharing mechanism in place. Some DEC Member Charities do share information via their common local partners. Apart from this, there is no specific forum or none that Member Charities mentioned during the Review.

Main lesson learnt

1. When supported by an online alternative – like in NES – coordination forums shift more easily from one mode to the other – from in personae to distant coordination mode.

2.4.5 CONCLUSION

The country's situation was already critical before March 2020. The pandemic is concomitant to a major economic crisis. It has therefore contributed to further deteriorating the situation. Vulnerability levels have

10 Based on feedback from KII, coordination remains a constant challenge in government-controlled areas for multiple reasons related to the particularity of the situation.
11 In Afghanistan, DEC Member Charities have established a good information exchange platform used to prevent duplication, share lessons learnt and share sector-specific information to harmonise the different interventions

increased, and so, subsequently, have the number of people in need of assistance. The country could be on the brink of a major humanitarian crisis. The aid community in Syria is used to operating remotely in harsh conditions. It had already adopted technological tools and methods to mitigate the lack of access and other operational challenges. In NWS, for example, there is an extensive network of highly capable local NGOs who managed to adapt and avoid a major gap by responding to pre-Covid-19 needs. The pandemic had a limited impact on coordination and humanitarian programming. The significant gap between resources and needs is the main challenge the aid community is currently facing. The level of funding was already low before the crisis. Despite Syria being the second recipient of Covid-19 specific humanitarian funds, the pandemic has resulted in massive food insecurity, a large number of people in need of urgent support, and a deepening humanitarian crisis.

2.5 KEY QUESTION 2 / ADAPTATION

The pandemic has had a negative impact on the economy and on basic service availability and access. It has contributed to further deteriorating an already dire humanitarian crisis.
To answer the second key question of the Real-Time Response Review (RTRR) - *What are the measures already taken or still needed to adapt to the new working environment?* – the RTRR focused on 5 key aspects: duty of care; ongoing activities, new activities, partnership and coordination, and accountability and communication.

2.5.1 DUTY OF CARE

Duty of care was handled with professionalism. In response to the pandemic, all DEC Member Charities and their local partners developed SOPs and supporting tools. Specific guidance notes and training materials were circulated among staff to reduce the risk of exposure to infectious diseases, including health and safety advice based on WHO guidance.

In addition to multiple other threats aid workers face, in particular those working in *insecure areas,* Covid-19 is a new threat for humanitarian workers in Syria. The use of technological tools, social media and smartphones allows DEC Member Charities to better protect their staff, access those most in need, report incidents and cases and, ultimately, ensure the continuity of their programming. This observation is particularly true in NWS camps and areas with outbreaks where IT solutions were used before the pandemic.

In relation to duty of care the review shows that:

- A specific budget was allocated and relevant equipment was distributed to staff - including national partners' staff – with explanatory notes on use of PPE equipment, how to deal with medical repatriation, and transportation of people and goods.
- The guidance notes focused on the initial phases of the response - contingency planning, adapting current activities and strengthening and establishing new activities and partnerships - to address the pandemic from a humanitarian perspective.
- The application of the "do no harm" principle and avoiding unnecessary exposure of the local population is included in the guidance notes.
- WHO guidelines and protective distancing are applied.
- Active measures have been taken, such as contact tracing when a case of Covid-19 is confirmed among staff, and dedicated hotlines, managed by trained medical staff and Human Resources teams, for all staff with health and employment concerns.
- ICRC, implementing partner of BRC in Syria, has also developed passive measures such as a dedicated information portal on their intranet. An interesting and innovative measure.
- Financial support – "*as appropriate and proportional to the gravity of the harm and the circumstances of each case, resulting from injury or harm in the delivery of humanitarian aid*" - to implementing partners and/or staff has also been considered by some of the DEC Member Charities[12].

12 2 DEC Member Charities set up such system in Syria

- In most cases, non-essential travel has been limited or banned. In some cases, staff members are asked to sign and explicitly adhere to the SOPs[13].

Humanitarian and social health workers are striving to maintain the provision of essential services, raise awareness and disseminate key messages in camps to populations at risk. They collect feedback about access to health facilities and PSS and use of Covid-19 related information by means of feedback boxes, hotlines, and direct phone calls.

Main lessons learnt

1. Passive measures such as a portal with Covid-19 related information freely accessible to all staff members at all times was an effective and appreciated initiative.
2. Requesting all staff members to sign Covid-19 SOPs, as part of a contractual agreement, was an interesting approach to raise awareness among staff members and get their active support
3. Providing specific SOPs to field staff is not enough. For optimal application of the SOPs, guidance/training on SOP implementation is also required, as well as regular follow ups.
4. Unless provided with the necessary resources to do so, the risk that local partners do not apply SOPs is high.

2.5.2 ON-GOING ACTIVITIES

Health interventions

The main and most relevant measures taken by DEC Member Charities involved in health - 26% of DEC-allocated funds to Syria - are as follows:

- The provision of PPE and adequate training for health workers, staff and/or volunteers responding to the pandemic, both to protect them from the disease and to reduce transmission within communities;
- The design of hygiene kits in line with the specific requirements of Covid-19 whilst also acknowledging the preferences of the affected population to ensure the support they are provided is both appropriate and dignified;
- The distribution of basic Covid-19 hygiene kits and prevention messages through household visits by CHWs;
- The training of CHW's to: identify and refer suspected cases to the health system; deliver basic information and messages on Covid-19 prevention and social distancing measures and the appropriate use of personal protective equipment (PPE);
- Training for staff on Infection Prevention and Control (IPC) guidelines, IPC stock management and Covid-19 full case management.
- Support to health systems and facilities to increase the capacity for infection prevention and control (IPC) and the treatment of suspected Covid-19 cases;
- The establishment of public hand washing stations in health facilities; and the provision of masks for beneficiaries to wear while receiving treatment in the health facilities;
- Mass media campaigns and advertisements in public spaces;
- Reproductive, maternal health, and GBV services through the provision of protective equipment, the establishment of additional service delivery areas, and remote counselling.

Non health interventions

The DEC Member Charities and other humanitarian actors we interviewed reported operational delays and disruptions due to the new pandemic preventive measures put in place. However, activities resumed with adjustments rapidly after the pandemic was declared – between 2 to 4 weeks after the beginning of the pandemic. To avoid large gatherings of people, food distributions has taken longer. In both government-controlled and non-controlled areas, DEC Member Charities reported that food aid has been delivered to individual tents rather than from distribution sites with large gatherings. Other examples include hygiene promotion during distributions at handwashing points. Aid actors have tried to coordinate to combine distributions such as food, sanitation and NFIs together, to reduce the number of exposures. Measures to

13 This approach has been adopted by a few DEC Member Charities

reduce overcrowding have also been implemented by working with community focal points and increasing the number of distribution days.

The most relevant measures adopted to adapt existing interventions to the Covid-19 pandemic include:

- **WASH** (59% of DEC-allocated funds) / distribution of new items (PPE for health workers), masks, hand washing stations, Covid-19 specific hygiene kit and awareness raising campaign (door-to-door and in public places).
- In relation to WASH - practical messages based on lessons learnt from previous or ongoing projects, and task force feedback. Innovative ideas to address challenges, such as keeping social distancing in camps, where safe distancing is needed most, making homemade canvas masks, looking after older people as the most at-risk population, helping older people with disabilities to get access to appropriate healthcare during the pandemic, and using hygiene kits in camps.
- *Risk communication and awareness-raising campaigns at district and camp levels, including preparing key messages on avoiding discrimination against people potentially affected by Covid-19*.
- **Food Security** / multipurpose cash assistance (10% of DEC-allocated funds) is similar to what was done before the Covid-19 pandemic except that masks have been produced locally to support local jobs and small businesses particularly impacted by the pandemic.
- **Protection** / GBV (5% of DEC-allocated funds) / Similar to classic GBV interventions prior to the pandemic. However, as a direct consequence of the pandemic, there is higher demand for this form of assistance.
- For **child protection**, some alternatives have been established, including virtual case management for children in need of protection and awareness sessions through social media and WhatsApp.
- **Education** - most activities were suspended.

Main lessons learnt

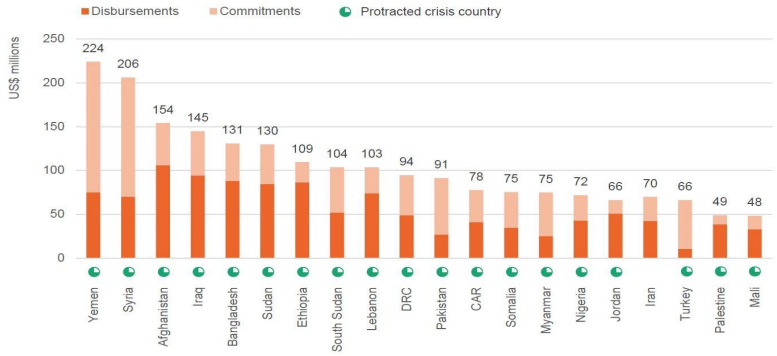
1. CHWs are strategic actors to reach out to the entire population on IPC – men, women, children, and the elderly - as a result these actors are in very high demand. More coordination is required to prevent overburdening CHWs and duplication of efforts.
2. Good coordination required to combine events / distributions and reduce risk for staff and population of exposure due to crowds.
3. House-to-house aid delivery proved to be effective in reducing contamination risk during the pandemic – however, it requires additional resources and is time-consuming – it is less cost-effective.
4. Campaigning to prevent discrimination against infected people is equally as important as campaigning to prevent contamination.
5. Producing certain goods locally – such as masks – supports the local economy and contributes to reducing the risk of food insecurity.
6. Protection needs have increased during the pandemic - according to DEC Member Charities, there needs to be a specific focus on GBV, child protection and psychosocial support.

2.5.3 NEW ACTIVITIES

In Syria, all DEC-funded interventions are a continuation or an upgrade of previous projects. There are no new interventions per say but rather the expansion / extension of existing responses.
A few observations to be considered in view of phase 2 of the DEC Appeal:

- The displaced people living in informal settlements in the non-government-controlled areas - NES and NWS - are considered to be the most at risk / vulnerable. The level of assistance provided is insufficient according to the aid specialists we interviewed.
- 85% of DEC funding to Syria focuses on WASH and Health. Livelihoods, Food Security and Multipurpose Cash represent 10% only of the total budget allocation. However, most DEC-funded project documents highlight the economic impact of the pandemic and its consequences. The loss of jobs, and lack of income resulting in increased poverty and food insecurity are the main concerns of the population.

Chart 4 – Largest recipient countries of humanitarian grants for Covid-19 pandemic response – Oct. 2020



According to the aid community, and despite being the second largest recipient of humanitarian funds for the Covid-19 crisis response, the Syrian crisis remains under-funded. The level of international financial support to Syria has in fact dropped by 65% between 2019 and 2020[14], while humanitarian needs have increased due to the pandemic.

Main lessons learnt

1. IDPs in NWS and NES are considered the most vulnerable people in Syria.
2. Food and income are the two primary concerns of the majority of people, ahead of the pandemic.

2.5.4 PARTNERSHIPS AND COORDINATION

In NES, DEC Member Charities were already familiar with remote/online coordination mechanisms. Therefore, adaptation was fairly rapid, according to the actors we interviewed. However, the limited role played by local actors in existing coordination forums constitutes a limiting factor to a more efficient, effective, response to the pandemic. In NWS, no major adaptation was required as local NGOs are already autonomous and capable of coordinating their actions among themselves. However, that the need for a better rationalisation of aid, a more coordinated effort to prevent duplication and gaps, is felt by some of the DEC Member Charities. Coordination was an issue in the government-controlled zones, according to the actors interviewed during the Review.

- DEC Member Charities and partners are working closely with the relevant authorities to enhance IPC measures in public spaces, markets and mosques.
- DEC Member Charities have worked closely with local actors to support health facilities, and to integrate preventive measures into humanitarian programming.
- DEC Member Charities and their partners have provided support in assessing Health facilities' IPC capacity through the measurement of specific IPC indictors such as space and distances between patients, cross-ventilation, handwashing stations, disinfection measures and equipment, triage areas, etc.
- Similar efforts are ongoing in collective shelters and camps, in coordination with the Shelter sector and working groups.

Main lessons learnt

1. In NES, an online coordination mechanism was already in place before the pandemic. Coordination forums were able to rapidly shift from in personae to online mode.
2. In NWS, the existence of a strong network of capable local actors was instrumental in being able to rapidly adapt and respond – however, aid mapping lacks clarity and the risk of duplication is real.

2.5.5 ACCOUNTABILITY & COMMUNICATION

Ensuring that there are adequate levels of communication and accountability has been a continuous challenge in Syria since the beginning of the conflict. Aid agencies, including DEC Member Charities, have made significant efforts and mobilised resources to mitigate the risk of aid misuse. Despite the negative consequences that the

14 Shaherhawasli, Kenda. "Political Interests in Syrian Humanitarian Aid", INSAMER, 23.07.2020

pandemic has had on humanitarian programming, MEAL and communication systems between DEC Member Charities and local communities were already in place. The pandemic only required a certain level of adjustment.

However, based on the documentation, the local population's involvement in the design of the proposed interventions was limited. The design and decision processes were centralised. Several factors explain this: the urgency of the situation, limited physical access, and the fact that *all the interventions were a continuation of previous or ongoing projects for which the local population had already been consulted*.

Accountability related observations made during the review:

- Covid-19 has reinforced the need for robust remote monitoring mechanisms. With some employees unable to travel, additional measures to maintain decent staffing levels in offices and at field level were adopted. Adapted Monitoring and Evaluation mechanisms to keep track of activities through regular data collection were put in place using modern technology and third-party monitoring.
- Some DEC Member Charities opted to make experienced M&E staff responsible for specific intervention zones.
- The desk review highlighted that field monitoring was carried out by local partners and that DEC Member Charities followed up as closely as possible in remote management mode.
- A few actors had an extra advantage due to their specific status, such as the ICRC, which was able to justify maintaining adequate staffing levels to ensure effective and impactful programme delivery during the crisis. Others did not have this opportunity.
- As part of their own MEAL policies, some DEC Member Charities had planned their own RTRR 3 months after the starting date of their DEC-funded project.
- The use of online technology and social media - WhatsApp groups, zoom conferences for FGD, and phone calls – as well as third party monitoring to cross-check information, was normal practice in Syria prior to the pandemic.
- Before the pandemic, the local population was able to directly raise their concerns via a hotline service managed independently from the operation.
- All DEC Member Charities have a convincing complaint handling mechanism in place.
- The following techniques used to cross-check information and monitor activities were noted:
    - Spot checks,
    - Field verification visits:
    - On-site and post-distribution monitoring:
    - Feedback mechanisms:
    - Outcome monitoring:

  These exercises are conducted directly, remotely using technology or via third-party monitoring.

The remote MEAL mechanisms presented in project documents raise questions regarding the ability of these systems to measure quality and provide a *good enough* picture. Information such as place and time of distribution, distributed items, number of beneficiaries can be provided through remote MEAL. But these mechanisms do not provide information about qualitative elements – the quality of the construction, of purchased goods, or of the training provided.

Main lessons learnt

1. Strong MEAL and optimal use of technology were already in place in areas such as NWS before the pandemic. The pandemic has emphasized the need for such a system.
2. A dedicated M&E officer per project seems justified.
3. Third party monitoring and independent hotline services have contributed to more transparency and accountability.
4. However, despite the sophisticated systems that help to stay in touch with the local population, the distance between international aid actors and the local population has further increased during the pandemic

2.5.6 CONCLUSION

Despite being able to adapt and maintain activities, DEC Member Charities reported that their daily work involved serious challenges: new, changing, demands, supply chain disruptions, mobility issues, aid worker protection issues. Regular changes to employees' working hours, reduction of working hours for safety reasons, as well as the constant fear of being infected, are serious challenges for staff. This new working environment has put staff under pressure. Protective measures have also limited contact with vulnerable people, the elderly, women, and children, and those who are in an acute need of assistance. Because of the security environment, remote monitoring and management, using hotlines, social-media and other means of communication was already used before the pandemic. Despite offering decent alternatives to direct contact and exchange, these mechanisms cannot provide the same level of guarantee as field presence and direct monitoring. The pandemic has further reinforced the use of technological tools and thus further increased the distance between aid agencies and the local population. Nevertheless, in the Covid-19 Syrian context, DEC and their local partners are embedded in the communities they serve, which gives them an advantage in terms of implementing and monitoring projects. However, despite the mechanisms that are in place, *accountability* remains a challenge in the Syrian context.

4. RECOMMENDATIONS

FOR PHASE 2 OF THE APPEAL

1. A FOCUS ON MPCA DURING PHASE 2

Given the current economic crisis, currency devaluation, loss of jobs, lack of income, and levels of food insecurity, Multi-purpose Cash Assistance (MPCA) and Food Security constitute the main priorities for most Syrians. Therefore, MPCA and Food Security support should be considered a priority during phase 2 of the DEC Appeal. Food and cash assistance represented only 10% of the budget for phase 1.

2. SUSTAINED AWARENESS AND BASIC HYGIENE EQUIPMENT INITIATIVES

Despite the fact that economic support and food assistance constitutes the main priority for the Syrian population, sensitization, awareness raising campaigns and support for behaviour change remains essential, especially with the increasing number of reported cases over the past weeks. It is therefore recommended to DEC Member Charities to sustain their awareness raising and provision of basic hygiene equipment initiatives with a specific focus on the more at-risk categories of individuals. This could be coupled with a winterization response if DEC Member Charities decide to support this kind of intervention.

3. DUE ATTENTION TO PROTECTION AND PSYCHOSOCIAL CARE

DEC Member Charities and external actors we interviewed confirmed that the pandemic has contributed to an increase in GBV and domestic violence. It is therefore recommended to DEC Member Charities to continue supporting protection activities with a special focus on GBV and domestic violence. DEC Member Charities should also facilitate access to quality psychosocial care for the victims of both domestic violence and pandemic-related stress. The need for psychosocial support has increased and therefore more resources should be mobilised to provide an adequate response.

4. SUPPORTING STRATEGIC LOCAL ACTORS

It is recommended that during phase 2 DEC Member Charities should give priority to training strategic local resource persons – such as camp managers - on Covid-19 awareness and preventive measures. Empowering camp managers with knowledge and basic hygiene equipment to be distributed to the local population should result in better and more sustainable results. The same recommendation applies to religious leaders, and local persons of authority, such as mayors, school teachers and university teachers.

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 Syrian Cross-Border Humanitarian Aid Deliveries will end in July 2021, and that all the relevant barriers and future challenges have to be part of project planning and implementation in 2021 in the three Syrian zones (GoS, NE, and NW).

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 with numerous requests and ultimately over-exposing them to potential risks – security and pandemic risks. More could be done to inform, train, equip and protect them. Lack of coordination results in unfair risk exposure. Some of the interviewed actors expressed their concerns and insisted that INGOs, and DEC Member Charities, should better coordinate their action plans on this specific point.

MID- TO LONG-TERM RECOMMENDATIONS

7. MORE ADAPTIVE PROCEDURES AND PROCESSES AND REDUCED BUREAUCRACY

Bureaucratic priorities tend to prevail over operational priorities – there are too many SOPs, guidelines, procedures to meet donors' and/or HQ requirements. The need for more simplified, adaptive, processes is felt at field level. Administrative procedures and requirements in terms of reporting, transparency and accountability, are heavy and time-consuming. During emergencies, the administrative workload mobilises crucial resources and diverts the attention of aid workers who spend long working hours meeting administrative requirements instead of focusing on practicalities in order to address operational challenges, such as supplies, storage, distribution, and training. Processes should be simpler and more adaptive, especially during emergencies. Such change requires a change of paradigm within the aid system – a change from mistrust to trust; trusting operational decision-makers to use good judgement and be honest, with solid post intervention control mechanisms. Procurement policies proved to be cumbersome and inadequate in the context of the pandemic. These particular points were raised numerous times during the review.

8. CONTINUOUS ENGAGEMENT WITH LOCAL COMMUNITIES

Engagement with local communities is a fundamental step and one of the CHS commitments. DEC Member Charities should continue to seek input from the community despite the multiple difficulties faced, including during a pandemic. Understanding the social dynamics of the crisis-affected communities and targeted groups is instrumental to aid effectiveness. When involved at an early stage, and provided with adequate tools and training, local communities play a valuable role in ensuring that humanitarian aid meets high standards.

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

According to the Review, the extensive and capable network of local NGOs in NWS was quicker in reviewing its modus operandi, coordination and response than in NES. Local actors tend to be under-represented in coordination forums in NES, which hinders the capacity of the aid community to adapt and respond rapidly in such a crisis. It is therefore recommended that DEC Member Charities contribute to the capacity building of local actors and to their credible representation in coordination forums. Ensuring that local NGOs are included in coordination forums is not the sole responsibility of DEC Member Charities. However, DEC Member Charities can contribute to promoting their role and the localisation agenda.

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 since the beginning of the pandemic.

5. ANNEXES

ANNEX 1 –INTERVIEWEE LIST

a. Interviewee List

Organisation Name	Position / Title	Date	KII family
Help Age International	Regional Humanitarian Prog. Manger (Amman)	3 Nov.	DEC Members
Help Age International - SEMA (local partner)	Syria Programs coordinator	4 Nov.	DEC Members\local partner
CAFOD	Syria Crisis Programme Manager	10 Nov.	DEC Members
CAFOD - DARNA (local partner)	Partnerships Officer	10 Nov.	DEC Members\local partner
CARE International	Programme Coordinator	11 Nov.	DEC Members
CARE International	Syria Area Manager	3 Nov.	DEC Members
CARE International	Syria MEAL Coo.	10 Nov.	DEC Members
Oxfam	Deputy Humanitarian Director	11 Nov.	DEC Members
Oxfam	Syria Programme Coordinator	17 Nov.	DEC Members
Oxfam	Syria - DEC Aleppo Project Manager	7 Nov.	DEC Members
World Vision	Syria Health Technical Coordinator	2 Nov.	DEC Members
World Vision & Help Age (SEMA - local partner)	Syria NW Field Coordinator	2 Nov.	DEC Members\local partner
British Red Cross	COVID-19 Global Response Coordinator	20 Nov.	DEC Members
Peace Civil Society Center (PCSC) - Care's partner	NE Syria Project Manager	15 Nov.	DEC Members\local partner
UK Syria's Humanitarian Policy team	DFID Syria (FCDO) – Syria's COVID team & Humanitarian Advisor	19 Nov.	External actors\INGOs
WASH Advisor, Emergency Specialist	UNICEF Syria	13 Nov.	External actors\INGOs
WASH Cluster co-coordinator	Syria WASH Cluster (International Humanitarian Relief Association)	13 Nov.	External actors\INGOs
ECHO Syria - Programme Associate	ECHO Syria (Lebanon Office)	13 Nov.	External actors\INGOs
Information Management Officer	United Nations High Commissioner for Refugees (UNHCR) – Syria	13 Nov.	External actors\INGOs
Syria Protection Cluster Coordinator	United Nations High Commissioner for Refugees (UNHCR) - Syria	13 Nov.	External actors\INGOs
Whole of Syria Child Protection AoR Coordinator	UNICEF Syria	12 Nov.	External actors\INGOs
Whole of Syria GBV Coordinator	United Nations Population Fund (UNFPA)	11 Nov.	External actors\INGOs
ICRC Ops Coordinator and Head of EcoSec (Syria)	ICRC \ British Red Cross	20 Nov.	DEC Members\local partner
NW - Atama Camp Management Team	Atama Camp (Idlib)	10 Nov.	Local authorities in NW of Syria
NW – Aldana Camp Management Team	Adana Camp (Idlib)	9 Nov.	Local authorities in NW of Syria
NW - Harem Camp Management Team &	Harem Camp (Idlib)	11 Nov.	Local authorities in NW of Syria

b. FGD List

Location	DEC Partner	Nbr of participants	Topics
North West (Harem camps)	Help Age International	4\2	Context, challenges, satisfaction, COVID impact, and needs + Coordination & safety measures
North West (Atmeh camps)	Help Age International	4-5	Context, challenges, satisfaction, COVID impact, and needs
North West (Aldana camps)	Help Age International	3	Context, challenges, stratification, COVID impact, health, and needs
North West (Jisr Al Shughour)	World Vison	4	Context, challenges, satisfaction, COVID impact, and needs Coordination & safety measures
North West (Jisr Al Shughour)	World Vison	2	Context, challenges, satisfaction, COVID impact, and needs + Coordination & safety measures
North West (Jisr Al Shughour)	World Vison	3	Context, challenges, satisfaction, COVID impact, health, and needs
North East (Tall Tamr\Fayda's suburb – Village 1)	Care International	3	Context, challenges, satisfaction, COVID impact, and needs + Coordination & safety measures
North East (Tall Tamr\Fayda's suburb - Village 2)	Care International	4	Context, challenges, satisfaction, COVID impact, and needs
North East (Tall Tamr\Fayda's suburb - Village 2)	Care International	2	Context, challenges, satisfaction, COVID impact, health, and needs

ANNEX 2 – ANALYSIS FRAMEWORK

Objective 1 / Objective 2 /	Better understand the impacts of Covid 19 pandemic on contexts and needs (+global level on organisations- no flight, HR problems, etc.) Analyse adaptations already done and still needed in humanitarian programming in each country (and at HQ level?)									
RTE key questions	**Lines of enquiery / 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 stiil 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.		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	
				C3 & C8	Observed changes in the relationship with communities (access, negative 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.		Specific guidance	X				
					Remote management	X		X	X	
					Communication support and initiatives	X		X	X	x
				C4	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 – LIST OF WORKSHOP PARTICIPANTS

Name	Title / function	Organization
Anne-Laure Hallaire	Regional Humanitarian Prog. Mnger	Help Age International
Amer Alkhateeb	Programs coordinator	Help Age International - SEMA (local partner)
Hombeline Dulière	Syria Crisis Programme Manager	CAFOD
Hamza Alghabra	Partnerships Officer	CAFOD - DARNA (local partner)
Madeleine Walder	Programme Coordinator	CARE International
Raja Rizwan	Area Manager	CARE International
Besam Ahmed	MEAL Coo.	CARE International
Ben Philipps	Hum. Lead	Oxfam
Neva Khan	Country Programme Manager	World Vision
Hamzeh Darwazeh	Programme Officer	World Vision
Juliet Bruce	Disaster Management Coordinator for the MENA region	British Red Cross
Daud Omar Daud	Project Manager	PCSC - CARE Int. partner
Josie O'Reilly	Programme Coordinator	CAFOD
Katy Bobin	DEC M&E Coordinator	DEC

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