Re-addressing equity through evidence-driven response to COVID-19 in Africa.

PROGRESS REPORT (MONTH 1-6)

OCTOBER 2022

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ABSTRACT.

This is a six-month progress report for the *'Re-addressing equity through evidence driven response to COVID-19 in East Africa'* project. This project is built on the understanding that there is growing recognition that the COVID-19 pandemic coexists and interacts with climate change, through overlapping social processes and conditions that underpin vulnerabilities and adaptation especially for the vulnerable and marginalised.

The project is anchored on delivering two key outputs: 1) an analysis on best practices on ways in which COVID-19 recovery can be responsive to climate resilience and equality 2) evidence synthesis and learning towards a knowledge translation and uptake framework.

The project is built on a co-production process with the EAC policy makers aimed at developing a framework for research uptake. For the six months process of co-production with the East African Partner States and other relevant stakeholders to build evidence into the COVID-19 recovery plans and draw lessons towards establishing an appropriate framework for knowledge uptake for pandemic response in the region. During the six months, the following activities have been completed:

a) An inception report;
b) Two (2) working papers on situational analysis and policy review on COVID-19 response in the EAC region;
c) A project advisory team comprising of national, regional and international experts on health, social equity, and climate change;
d) A co-design inception and evidence needs prioritisation workshop with the EAC Partner States;
e) Identification of priority evidence needs with regards to inclusive COVID-19 recovery;
f) Co-development of review protocol /methodology together with policy makers;
g) An initial scoping review;
h) Identification of evidence databases;
i) Agreement with journal Development in Practice. https://www.tandfonline.com/journals/cdip20 to publish the expected knowledge translation framework.

Various lessons towards knowledge uptake have been learnt:
a) Having clear policy target and engaging with relevant actors in that space is critical in clearly identify the policy agenda that a research project is targeting to contribute to;
b) Co-production and establishing instruments of cooperation to enhancing uptake of research evidence;
c) Data imitations remains a major impediment to building convincing evidence for policy makers to appreciate and there is need to bridge the gap and be honest to inspire confidence;
d) Diplomacy and continues communication with policy makers throughout the research process helps to build trust and confidence among the policy makers who continuously feel part of the research and its outputs;

Overall, the work done so far provides a good foundation for targeted rapid reviews and development of knowledge uptake framework. The scoping review shows that while there is a plethora of evidence focusing on the impacts of COVID-19 on the socio-economic situation of communities including vulnerable groups, there is limited evidence connecting COVID-19 to inequalities, climate change, vulnerabilities, and injustices. This means the link between COVID, and climate injustices and inequalities can largely be interpretative building on the two bodies of literature identified. The next step for the review is to execute rapid systematic reviews building on the identified literature and others that might emerge along the way.

1. Introduction.

This report outlines the achievements and learnings from the implementation of "Redressing equity through inclusive COVID-19 response strategy" implemented by the Africa Research and Impact Network (ARIN) embarked on the project, which is based on the East African context and is aimed at providing accurate and evidence-based knowledge transfer framework for inclusive COVID-19 recovery efforts, with the possibility of replication in across the African landscape. The project is funded by the International Development Research Centre (IDRC) and is necessitated by the reality that the COVID-19 pandemic coexists and interacts with other risks, especially climate change, through overlapping social processes and conditions that underpin vulnerabilities.

The COVID-19 pandemic largely disrupted global socio-economic ecosystems in a world with perennial global challenges such as poverty, climate change, disaster risks, and governance challenges. For regions that have been struggling with numerous development challenges, the pandemic posed a major threat that would not only undermine but also erase hard-won development gains (Asundi et al., 2021; Gautam & Hens, 2020; Hoang et al., 2021; Siddique et al., 2021). Inevitably, COVID-19 became a global pandemic that requires global leadership to tackle, in terms of both information and resources. Various actors including donors have invested efforts towards tackling the pandemic in terms of knowledge generation, planning support, humanitarian Aid, among other ways. More specifically, given the novelty and dynamic nature of the pandemic, there have been increasing efforts by donors to channel investments towards research that could help better understand the pandemic, generate best practices and lessons, and address wider equity issues.

The socio-economic impacts from the pandemic pose a significant threat to African's sustainable development gains (Ekwebelem et al., 2021). African governments have responded to the pandemic through various expert driven decisions informed largely by epidemiological trends, i.e., infection rates and globally established narratives around flattening the infection curve, but with little attention to the holistic socio-economic contexts of African communities especially the vulnerable groups who are already suffering from severe impacts of climate change (Asundi et al., 2021; Kupferschmidt, 2021; Lucero-Prisno et al., 2021).

This project therefore strengthens opportunities for uptake of research evidence (including IDRC supported research) on COVID-19, by engaging and sensitising knowledge users (especially policy makers) to the existence of and usefulness of this evidence, while documenting experiences and learnings towards strengthened foundation for knowledge and practice in East Africa.

Notably, this project /study is aligned with the criteria for funding under IDRC's Knowledge Translation (KT) & Synthesis Flexible Funds budget that focuses on:

i. **Thought leadership**: Based on a long-term perspective of development challenges, the project engages stakeholders to generate priority areas requiring evidence and uses these priorities to synthesise evidence and share results.

ii. **Knowledge generation and synthesis**: Focusing on ethical co-generation of knowledge, the emerging synthesis will be shared widely with target users both within and beyond the IDRC.

iii. **Knowledge Translation practice**: Evidence synthesis and policy engagements will support knowledge translation of existing evidence with key knowledge users. Engagement with a broad array of stakeholders throughout the project will simultaneously help lay a strong foundation for enhanced knowledge translation practice and learning moving forward (for example, benefiting development partners, policy makers, researchers, local communities, civil society, among others).

1.1. Research objectives.

In implementing the Knowledge Translation project, the overall objective focuses on strengthening opportunities for uptake of research evidence (including IDRC supported research) on COVID-19, by engaging and sensitising knowledge users (especially policy makers) to the existence of and usefulness of this evidence. The specific objectives of the project include:

1.1.1. Situational analysis to identify the current approaches to equitable COVID-19 management and recovery in the context of climate change within the EAC.

i. To identify the policy response and how evidence has been used to address the COVID-19, i.e., what kinds of evidence were/are used and how were/are they ushered into the COVID-19 planning process.

ii. To identify priority evidence needs and potential gaps for African Governments (focusing on the East African region/countries) about impacts and response to COVID-19, and how that intersects equity in climate change and wider social justice principles.

iii. To synthesise evidence and develop a research agenda on priority evidence needs for African policy makers.

1.1.2. Policy lessons, recommendations, and knowledge uptake framework.

i. To identify best practices and lessons on equitable COVID-19 management.

ii. To generate lessons and learning frameworks on best practices for Knowledge Translation and practice through documenting the key challenges, opportunities and processes.

iii. Characterising knowledge translation and using this to suggest a framework that can be tested and adopted widely both by IDRC and other research for development stakeholders.

1.2. Future objectives.

The project is intended to use the COVID-19 learnings and experiences from the EAC region to develop a knowledge translation uptake framework for future shock and pandemics. Therefore, its future objective is to apply the knowledge uptake framework in co-developing a Pandemic Response Strategy that is applicable on a regional and global scale.

2. Project Activities and outputs.

2.1. Establishment of the Project Advisory Board.

After holding the inaugural stakeholder engagement, ARIN set up a Project Advisory Board drawing from interdisciplinary experts across the science and policy landscape. The members of the advisory board are responsible for enhancing the project implementation strategy, providing guidance and expertise on the project outputs and augmenting stakeholder engagement in conducting the project successfully. The Board Members are engaged on a quarterly basis. The next Advisory Board meeting is scheduled for 1st week of November and the aim will be to review the progress with rapid evidence synthesis based on the priority areas. The members of the Project Advisory Board Members are listed in Table 1 below:

Table 1: Knowledge Translation Project Advisory Board Members

Name	Institutional Affiliation	Area of Expertise
Dr. Joanes Atela	ARIN	Science Policy interface expert.
Ms. Alison Kaitesi	EAC	EAC Health expert
Dr. Scholastica Omondi	University of Nairobi	Social equity expert
Mr. Paul Okwi	IDRC	IDRC Representative
Prof. Leonore Manderson	University of the Witwatersrand	Social equity expert
Dr. J.P. Odero	Strathmore University/AHPRC	Academia and Public health policy.
Prof. Samson Kinyanjui	KEMRI-Wellcome Trust	Scientific, and strategic project guidance expert

2.2. Situational Analysis of the EAC Countries in COVID-19 Response strategies.

As part of scoping, a broad-based situational analysis was undertaken in the first 3 months of the project to understand the landscape and inform discussions at the co-design inception workshop with the EAC Partner States. The analysis focused on ways in which the EAC Partner States have responded to the COVID-19 challenge. Two technical outputs have come out of this analysis:

a) A policy paper on the pro-poor response to COVID-19 **(see Annex 2).** The paper shows that various policy approaches to COVID-19 have been relatively reactive and not informed by contextual evidence about the situations, conditions and aspirations of the vulnerable communities. Policy narratives were coined on crisis framing meant to scare communities into action rather than to empower these communities into actions. These findings have provided a basis for more focused analysis of the efficacy of policies/institutions and

social strategies put in place to respond to the pandemic and implications for the vulnerable.

b) A situational mapping paper **(Annex 3)** showing the impacts of COVID-19 in various EAC Partner States. This paper shows Eastern Africa countries experienced exponential rise in COVID-19 cases while the readiness to tackle these cases were relatively low. On the positive side, countries have learnt lessons and begun to invest in primary health care systems including medical laboratories among others. However, this paper points out that despite the lesson that the COVID-19 has detrimental socio-economic impacts beyond health, Governments are still more focused on investing in health systems rather than holistic and less focus on investing in social safety nets that could cushion

327,145 Cases, 5,651 Death
165,251 cases; 3605 death
35,159 deaths, 840 cases
42,330 cases, 15 deaths
17,659 cases, 138 deaths
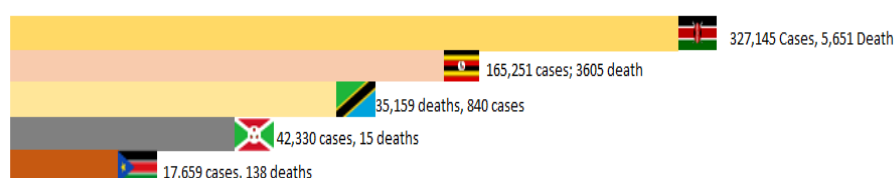
vulnerable communities against future pandemics. Due to pressing social issues, perception and mistrust in policy processes, there was generally reported vaccine hesitancy among the vulnerable members of the public.

2.3. Co-production and stakeholder engagement.

This study leverages on stakeholder engagements across the EAC. Various forms of engagements were undertaken:

a) *Weekly planning meetings with the EAC Secretariat (between March and June 2022);* this involved discussions with the EAC Secretariat and presentation of the design of the project and roles as well as building consensus on the priority research questions.

b) *A virtual webinar on knowledge translation in inclusive COVID-19 recovery:* The webinar took place on 5th May 2022. It was convened to highlight the situational analysis of research and evidence uptake in the COVID-19 recovery strategies in East Africa; identify gaps in research and evidence uptake in COVID-19 recovery strategies in East Africa; discuss linkages of COVID-19 recovery strategies, climate change and social equity; and to provide reflections on best practices in research evidence uptake in COVID-19 recovery strategies in East Africa. The webinar engagement revealed that COVID-19 interrupted socio economic and cultural relations with serious implications on the family unit, social equity matters, cultural practices, social gatherings and economic losses. Again, it was observed that the steps taken to curb the pandemic included a top down approach in the appointment of Health committees who issued guidelines and containment measures on behalf of the national government. The response to COVID-19 was geared towards flattening the curve, an aspect that has become a global narrative even for African countries. Despite the gains from

the response measures in the EAC countries, the aftermath revealed the crucial need to augment science and research uptake in COVID-19 response strategies by the national governments. Moreover, some of the response measures further marginalized already vulnerable groups of people and exacerbated the effects of climate change on other communities. The stakeholder webinar was an eye opener to the ensuing discussions in the inception workshop that intricately explored inclusive COVID-19 responses across the EAC countries, as well as their implications on the prevailing social equity challenges and climate change.

c) *Co-design workshop with the EAC Partner States representatives (inception workshop-).* The workshop brought together EAC Member Partners and the Advisory Committee to discuss the project design and contirbute to co-designing of the project's scope and activities. As part of co-creation, the ARIN together with the East Africa Community (EAC) co-organized a hybrid (physical and virtual) inception workshop (see *see annex 1)*. The workshop was held on 18th and 19th May 2022 in Nairobi, Kenya. The participants in the physical meeting included: nine (9) identified focal persons by the EAC across the EAC region from each country (except Rwanda); three (3) technical experts from the EAC COVID-19 Working group; and six (6) members of the Project Advisory Board. Two (2) members of the Project advisory Board attended virtually.

d) *Engagement with Project Advisory Committee:* there are ongoing engagements with the advisory committee both through regularly meetings and email consultations to shape project design and priority questions for evidence synthesis including their expert opinions on the overall COVID-19 situation in the region and how evidence could play a role in the longer term.

e) *Cooperation agreement:* A cooperation agreement with the EAC Secretariat already in place to formalise engagements and potential uptake of project outputs by the EAC Partner States. The cooperation agreement outlines the duties of the parties which should be carried out in good faith for the purpose of project implementation, engagement with the stakeholders and policy makers, and access to desktop resources such as reports on COVID-19 response strategies in the EAC, all which would be essential for evidence synthesis in the second phase. The agreement is under consideration from the EAC Legal department.

f) *Linkage with other programmes for broader outreach and impact:* The project is informing the Collaboration for the establishment of the African Population Cohort Consortium (CE-APCC) programme aimed at developing a blue-print for Wellcome's Primary health care research. The project is led by the African Population Health Research Centre (APHRC) and the ARIN is co-leading the stakeholder engagement strategy- providing an opportunity to share lessons.

g) *The ARIN International Conference:* The project rapid synthesis will be presented during the ARIN 2022 International Conference (7-9th Dec 2022) focusing on building resilient communities through a just transition. Every year the ARIN International Conference brings together an international community of researchers, policy makers and practitioners to reflect on the implications of

the global challenges on the African continent and options for responding to these challenges in an inclusive and sustainable fashion. This year's Conference is designed with the understanding in the recent international debates, attention has been given to the concept of **just transition** – aimed at safeguarding the socioeconomic rights and resilience of these vulnerable groups. However, it is possible that some of the processes and interventions underpinning the just transition agenda, if not well understood, might reinforce vulnerabilities or even create new ones especially for African communities.

Overall, the stakeholder engagements have been instrumental in successfully carrying out the first phase of the project. The linkages that have been established will support the subsequent project delivery. The engagements also augmented the co-creation of the project design and deliverables to bring to life the input of various actors across the EAC region and beyond.

2.4. Co-producing priority evidence needs for better and equitable recovery and preparedness towards future pandemics.

Based on the inception workshop and preliminary literature review, a number of priority evidence needs were identified to support inclusive COVID-19 response strategy based on the theme; *"Build back better"* and addressed the following five key priority questions which have been summarised into three main priority areas for rapid evidence synthesis:

Prirority Area	Key questions- variables for rapid synthesis
1. Evidence on the efficacy of policy, institutional and social strategies in the pandemic response and recovery	1) What policies and institutional arrangements were put in place in response to COVID-19? 2) How were these policies designed or agreed upon? 3) What forms of social strategies were included in the policies? 4) What role do vulnerable groups such as women, children, and disabled play in informing these policies? 5) How are climate change related policies and strategies considered in making decisions towards response and recovery? 6) What case studies exist on effective evidence uptake? 7) What is the impact of these policies on livelihoods and broader climate resilience especially for the vulnerable? 8) How are gender issues integrated in the policies and institutional set-ups? 9) What are some of best policy practices from EAC Partner States or elsewhere?
2. Evidence on COVID -19 implications on aggravating supervening factors such as social inequalities	1) Evidence on the implications of COVID-19 on climate action (finance, industry, urban planning, and environment)? 2) Evidence on climate change and social injustice? 3) Evidence on to what extent does the social strategies towards COVID-19 response and recovery reduce or reinforce inequalities and climate injustices? 4) What policies are currently in place in relation to equity and inclusion in covid-19 recovery and climate change and social justice and how they are disseminated and implemented?

and climate change	5) Assessment on how vulnerability and climate change policies are locally owned and check if some adaptation and mitigation policies are gender-sensitive and inclusive? 6) Gender intersectional aspects in COVID response/recovery and climate justice? 7) How evidence on climate injustices are integrated on COVID responses?
3. Evidence on the degree and mechanisms of research uptake in pandemic response and recovery	1) Which types of evidence (e.g., scientific, public opinion, Global narratives etc.) are used to inform response and recovery? 2) How is climate change related evidence considered in making decisions towards response and recovery? 3) What case studies exist on effective evidence uptake? 4) How is the evidence ushered into the decision-making spaces?

2.5. Evidence synthesis protocol.

The team has prepared a review protocol to guide the scoping review and systematic rapid reviews in response to the three identified priority areas (**see Annex 4**).

2.6. Scoping review.

The team has undertaken a scoping review (**see Annex 5**) focusing on the three priority evidence needs. This scoping review provides a foundation for more targeted systematic rapid reviews focusing on the priority questions. The scoping review shows that while there is a plethora of evidence focusing on the impacts of COVID-19 on the socio-economic situation of communities including vulnerable groups. However, there is limited evidence connecting COVID-19 to inequalities, climate change, vulnerabilities, and injustices. This means the link between COVID, and climate injustices and inequalities can largely be interpretative building on the two bodies of literature identified. The next step for the review is to execute rapid systematic reviews building on the identified literature and others that might emerge along the way.

3. Updated Communication Strategy.

The project has engaged the ARIN Website, the twitter space and a blog series for publicity to engage an external audience. It will continue to leverage on ARIN's social media platforms to publicise project outputs.

i. Blog Series.

ARIN has begun a blog series on the knowledge translation project that will be uploaded on the website. These are blogs currently on the preliminary engagement on the project. The blogs are focusing on lessons for COVID-19 for post-COVID recovery.

ii. Twitter.

ARIN is active on Twitter and used this to share the project lessons widely. The ARIN has so far posted posted fifteen (15) impactful tweets on the project activities attracting over 1000 views, thirty (30) retweets and sixty-three (63) likes. It will continue to actively engage Twitter users on the ensuing project outputs.

iii. Website.

As the key interface of the organization, ARIN uses and continues to use its website to publicise the project and its subsequent outputs to partners and other thought leaders. The link to the project information on the ARIN website can be found here.

4. Impact of the Project.

The impact of the communication strategy thus far has enhanced awareness and publicity for the project through engaging relevant partners and key stakeholders on ARIN's social platforms during the implementing of the project activities. The project has been linked to the UKCDR's COVID Tracker project, which provides an overview of research projects mapped against the priorities identified in the WHO Coordinated Global Research Roadmap: 2019 Novel Coronavirus. It supports funders and researchers to deliver a more effective and coherent global research response.

Further, there are planned linkages to a similar project under the African Population Cohort Consortium (APCC), which recognizes that the COVID-19 pandemic has shown that Africa's health systems function within a multi-sectoral scope encompassing multiple disciplines and stakeholders from environment, climate change, and disaster risks, among others. The project aims at translating research into policy and programme impact on health, wellbeing and livelihood outcomes for African societies. The co-creation of the project activities remains an impactful strategy to engage policy makers in implementing the project.

5. Next Phase: Progress of the Report during the Second Work Package.
During this reporting phase, the project is engaged in an in-depth evidence synthesis that will translate into a state-of-the-art database from existing research. It will also engage in additional key informant interviews to align the evidence data collection and update regional literature database. The findings from this phase will be consolidated working evidence papers and case studies.

6. Key lessons learnt towards the knowledge uptake framework.

The project has given attention to learnings that contribute towards evidence uptake and co-production. This is essential for the development of the knowledge translation and uptake framework to be published in the journal of Development in Practice. https://www.tandfonline.com/journals/cdip20. Some of these learnings include:

a) **Having clear policy target and engaging with relevant actors in that space is critical.**

It is important to clearly identify the policy agenda that a research project is targeting to contribute to. The agenda can be identified based on previous experiences or situational analysis. A clearly identified agenda enables the identification of relevant actors for engagement. In this project, establishing clear agenda through consultative process and situational analysis has enabled clear and direct linkage with the EAC Partner States thereby providing an opportunity to directly usher evidence into emerging policy programmes.

b) Co-production and establishing instruments of cooperation.

This is key to enhancing uptake of research evidence even though this sometimes takes time. Collaborative instruments such as MoUs, aligns a research project to the institutional opportunities for impacts. In this project, the team has experienced prolonged protocols to get MoUs and mutual agreement with the EAC in place but this has legitimised the collaboration in a manner recognisable at the higher decision making levels e.g. the Ministerial Council.

c) Data limitations and bridging the gap.
Data limitations remains a major impediment to building convincing evidence for policy makers to appreciate. As such, it important to think about ways of bridging such gaps so as to enhance confidence in research outputs. For this project, our scoping reviews shows that obtaining disaggregated data on the groups of vulnerabilities (women, children, people with disabilities, elderly, medical staff and persons in the informal settlements) affected by Covid 19 was a daunting task with most of the data sets focusing on the number of infections, deaths and recoveries of individuals from the pandemic rather than underlying intersectional issues.

d) Diplomacy and continues communication with policy makers throughout the research process.
This helps to build trust and confidence among the policy makers who continuously feel part of the research and its outputs. Through our weekly meeting with the EAC Secretariat, we have been able to build trust and collegiality with the policy makers enabling them to make systematic and Signiant inputs into the research design and implementation.

7. Conclusion.

The project is a timely intervention in critically examining the inclusive COVID-19 responses in the EAC region. It is also instrumental to highlighting the crucial gaps that need to be filled in research and evidence uptake. This will ensure that future pandemics are dealt with more strategically and contextually with a robust science - policy interplay. Currently, the project has experienced delay in terms of timelines that has been reflected in the updated work plan. Nonetheless, this project will be important in building onto the APCC program discussed herein and other related projects on exploring health emergencies and its impact on social inequalities. We envision sharing the project outputs with a wider audience through the Development in Practice. https://www.tandfonline.com/journals/cdip20 . This will be key in encouraging

knowledge sharing and cross learning emanating from the implementation process. It will also be a great value addition to the field of research and social sciences.

8. Updated Work plan and timelines.

Following the delay occasioned by the EAC approval procedures and subsequently the general election processes in the country, it is imperative that there be a revised/updated work plan in the project.

After a successful evidence priority setting and stakeholder needs analysis and scoping reviews, the project is now on its **second and main work package (WP2)** involving evidence synthesis. This entails and in-depth situational analysis and further literature review, as well as case study reports across EAC. This will allow contextual evidence to emerge and build through to the regional and continental level. Following the undue delay in the project implementation, we propose the following revised project plan timelines:

WORK PACKAGE	Jan 22-May 22	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
PHASE ONE.														
WORK PACKAGE 1: EVIDENCE PRIORITY SETTING AND STAKEHOLDER NEEDS ANALYSIS														
Organise and convene the project inception workshop	■													
Establish and convene first round of regional policy labs	■													
Establish project advisory committee	■													
Undertake interviews and desk reviews for stakeholder needs assessments	■													
Refine project activities and plans in consultations with IDRC	■													
Write up report on priority areas and stakeholder evidence needs assessment	■													
WORK PACKAGE 2: EVIDENCE SYNTHESIS AND CASE STUDIES														

Design evidence review protocols and case study guide		■	■	■	■	■											
A state-of-the-art evidence synthesis from existing research including IDRC supported research.			■	■	■	■											
Additional key informant interviews to align the evidence Data collection			■	■	■	■											
Create and update regional literature database			■	■	■	■											
Interviews and analysis for case studies (country or sub-regional) and writing up the findings into working papers					■	■											
Writing up evidence papers and case studies					■	■											

PHASE TWO

WORK PACKAGE 3: EVIDENCE EXCHANGE, FEEDBACK AND UPTAKE

Activity																
Convene round two of the policy labs to review evidence papers								▰								
Revise and align evidence papers based on reviews								▰								
Prepare policy advisories from the final evidence papers									▰							
Develop and publish working papers, journal article manuscripts									▰							
Present highlights of evidence synthesis and policy advisories to existing evidence platform e.g. African Task Force on Coronavirus (AFTCOR)									▰							
Presentation of journal paper at International Scientific Conference									▰	▰						
Engage the local and international media with print, audio and video products (including convening of a media roundtable to discuss the									▰	▰						

Activity																
synthesis and their reporting).									▬	▬						
WORK PACKAGE 4: LEARNING KNOWLEDGE TRANSLATION AND PRACTICE																
Undertake learning assessments									▬							
Undertake regional learning workshops and seminars										▬	▬					
Develop KT and practice framework												▬	▬			
Convene learning workshop/policy lab to discuss and validate the KT practice framework.													▬	▬		
WORK PACKAGE 5: PROJECT MANAGEMENT AND MONITORING																
Develop a project monitoring and evaluation framework			▬	▬												
Assess project implementation and			▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬

report to IDRC on milestones														

	-	Completed

	-	Incomplete

ANNEXURES.
    I.   Inception workshop report.
    II.   WP Pro-poor policy response to COVID-19 in Africa;
    III.   WP East Africa situational analysis on evidence use;
    IV.   Evidence Synthesis Protocol;
    V.   Scoping review and databases for rapid reviews