



# Covid Collective Learning Report

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## About this report

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# 1. Overview

## Programme outline

**The Covid Collective** research platform was launched in October 2020 and brought together the expertise of, initially, eight core partner organisations, coordinated by the Institute of Development Studies (IDS). The Covid Collective grew by mid-2023 to 35 partners, undertaking **65 projects in 39 countries**. The platform funded high-value research and knowledge generated effectively and efficiently; offered clear, evidence-informed messages, options and alternatives for wider audiences, including the UK Government and targeted policy and decision makers on some of the most pressing Covid-19 related development challenges; provided compelling, research-based arguments and options for seeing and doing things differently in a pandemic recovery period and beyond; and put strong communication and engagement at the core of the platform's operations.

Implemented by IDS, and supported by the UK government's Foreign, Commonwealth & Development Office's (FCDO) Research and Evidence Division (RED), the Covid Collective addressed emerging needs through relevant, rigorous and timely social science research. Phase 1 (October 2020 to 31 March 2022) had a budget of £4 million; Phase 2 of the research platform ran from 1 May 2022 to 30 June 2023 with a budget of £2.5 million and built upon the strong relationships and partnerships established in Phase 1 (2020-22), continuing to offer rapid social science research responses to Covid-19. It combined urgently needed information for diverse audiences with boundary-pushing, out-of-box ideas for mid- and long-term thinking and practice.

The Covid Collective had two principle aims: (1) to demonstrate the enhanced benefits of co-generation of research and evidence addressing the challenges of Covid-19, through a coordinated network of research organisations, and (2) to support evidence-informed action through knowledge curation, learning, and strategic communication. Within these aims, the Covid Collective had four main objectives:

- Co-generation of research and evidence on Covid-19 related development challenges.
- Advocate for Covid Collective research and evidence to inform policy and practice regarding the response to the pandemic.
- Facilitate collaboration, collective action, and mutual learning.
- Promote the integration of social science to catalyse transformative action in response to Covid-19.

Given the scale of the challenge, the Collective – as its name suggests – was highly collaborative, involving effective partnerships and engagement. Transformations in perspective, worldview, and practice could only be achieved through a genuine integration of social science alongside other scientific approaches being adopted to address this global crisis.

## Phase 1 – October 2020 to March 2022

Phase 1 of the project focused on four key thematic areas: governance; social development and inclusion; conflict; and humanitarian. Within the programme's first six months it established an extensive network of 33 partner organisations, with research activities underway in 25 countries, operating 45 projects across South America, the Middle East, Africa and South Asia. In July 2021, the Collective expanded in the Indo Pacific region, with 11 new projects across 9 new countries, working with 9 new partners. [The Covid Collective website](#), and regular dialogues on issues emerging from the research, provided spaces for real-time feedback loops and connections that build into collaborations. The Collective rapidly evolved into a continuously developing platform for new research to build upon, and for wider, evidence-based engagement with key policy and decision makers.

## Phase 2 – May 2022 to June 2023

During Phase 2, nine large grants were awarded (£100,000-£200,000) to the original partners from Phase 1 of the Collective, with projects spanning 16 countries and involving multiple collaborators. The projects focused on several key thematic areas, including pandemic preparedness, managing multiple crises, trust in institutions and governance, informality, social protection, and equity. Alongside the large grants, there were three rounds of Policy and Engagement small grant funding calls, with 24 small grants awarded (ranging from £2,000 to £30,000) to 16 Collective partners. These supported activities building on their research and engaging in further dissemination of their findings from Phase 1, as well as taking up opportunities for engagement in response to new policy windows opening in particular contexts and where there was a clear demand for evidence.

## Communications and engagement

The communications function, led by IDS, focused on generating and supporting partner-led policy and engagement activities and outputs. This refined approach built on and consolidated the core communication activities, outputs, and brand of the Covid Collective whilst placing greater emphasis on in-country project and partner outreach and engagement. The Policy and Engagement small grants were launched in Phase 2 through invitation to the 55 projects from both Phase 1 and Phase 2 of the Collective for proposals up to £20,000, to demonstrate research impact around the four broad categories in the Wheel of Impact model<sup>1</sup> of capacity building; networks and connectivity; conceptual; and instrumental. Some of the areas of desired focus included pandemic preparedness, education access for girls, linkages to other aspects of the Omicron Fund, and 'Building Forward Better' initiatives. The proposals also needed to connect with the overall framing of the Covid Collective, have a direct link to previous Collective work, and have outcomes based on audiences outside of academia.

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<sup>1</sup> Georgalakis, J. and Rose, P. (2019) [Identifying the Qualities of Research–Policy Partnerships in International Development – A New Analytical Framework](#), *IDS Bulletin* 50.1: 1-19

## 2. Theory of Change (ToC)

The foundation of the Covid Collective's theory of change is the network and relationships that were established and developed to harness collaboration and sharing of knowledge across a platform of global research partners. We acknowledged the critical role knowledge sharing, learning and engagement played in creating a culture that could enable and catalyse evidence-based, transformative action in response to Covid-19. The network that was developed in forming the Covid Collective could then facilitate comparative learning and collective action and generate new insights and knowledge on the factors that support more or less effective responses to Covid-19 and help to build resilience to address future global development challenges.

The resulting theory of change may be described as follows:

- The **ultimate purpose** of the Covid Collective was to generate research and knowledge in response to the most pressing development challenges emerging from the pandemic.
- This would **require preconditions** of rapid generation of policy-relevant evidence to inform decision making; transformations in perspective, worldview, and practice, and a genuine integration of social science alongside other scientific approaches being adopted to address this global crisis.
- It would **achieve this through several means**: funding a collective of high-value research and generating knowledge effectively/efficiently via the Covid Collective platform; offering clear, evidence-informed messages, options, and alternatives for wider audiences, and targeted policy and decision makers on some of the most pressing Covid-19 related development challenges; providing compelling, research-based arguments and options for seeing/doing things differently in a recovery period and beyond; and putting strong communication and engagement with known audiences and 'unusual suspects' at the core of the platform's operation.
- **Underlying assumptions** included the existence of an appetite for research and evidence amongst policy and decision makers as a means of tackling the impact of the pandemic; existing commitment and capacities in a global research community to create a high-functioning, agile and responsive partnership; and capabilities of the host organisation (IDS) to convene, coordinate, and manage a fast-growing, collective partnership in multiple country contexts in highly complex and uncertain times.

### 'Building back better' to 'Building forward differently'

Phase 1 of the Covid Collective aimed to contribute to 'building back better' (a term used quite extensively in the early period of the pandemic) by delivering evidence informed policy solutions that supported greater resilience and more effective responses to Covid-19 across the four interconnected bases of governance and

politics, social development and inclusion, conflict, and humanitarian. During Phase 1 of the Covid Collective, there was a growing public critique of the concept of 'building back better', as it seemed too focused on just repairing what was damaged, and therefore risking recreating the pre-existing vulnerabilities; whereas recovery should instead address these vulnerabilities at their root-cause and help to instil future resilience. 'Building forward differently' therefore became the preferred language within the Collective, emphasising the need for deeper, structural change in how systems and interventions are configured, signalling desire to not just rebuild the pre-pandemic world but to transform it.

## **Wheel of impact**

The Covid Collective has demonstrated in terms of both research and programme management how impact and change can be facilitated through considering and developing the 'small wins' or 'micro-impacts' across the interconnected impact areas of instrumental, capacity building, understanding, and networks/connectivity. Before any research was done, IDS was able to utilise its existing research capacity, along with its institutional understanding of pandemics, with its existing partnerships, connections and convening power, to rapidly mobilise in order to leverage the available funds and interest that emerged with the Covid-19 pandemic.

## **3. Operational vision**

The following section explores how the Covid Collective operationalised the theory of change in practice, and how IDS was able to mobilise rapidly in order to implement this programme within a short space of time. The added value of the Collective's approach will also be described.

## **Operationalising the ToC in a time-limited initiative**

### **Agility and capacity at IDS and FCDO to mobilise rapidly**

At the beginning of the Covid-19 pandemic, IDS was able to pivot its focus, both for new and existing projects, to focus on Covid-19 research. Equally, the flexible funding opportunity from FCDO enabled IDS to direct resources quickly to pressing needs with a relatively loose, but robust, structure imposed to be able to adapt along the way.

IDS maintains a strong pool of in-house expertise able to undertake research without the need to draw in external resource (people), and so was able to draw on decades of work on poverty, inequality, and governance to provide expert analysis of the pandemic's impacts within the Covid Collective itself. There are also in-house communications professionals who could support the Covid Collective project, enabling quick dissemination of the research findings as they emerged.

## Utilising pre-established relationships

IDS is part of established networks of research organisations worldwide, which the IDS team could harness to form the core group of organisations for the Covid Collective. Throughout Phase 1 and Phase 2, these core connections facilitated the widening of the network across the globe, providing the Covid Collective with a diverse evidence base across regions of particular interest to FCDO, including those that emerged in ‘real time’ such as a renewed focus on the Indo-Pacific region. This diversity of evidence and breadth of study sites allowed the Covid Collective to gather large amounts of data in a short amount of time. IDS was able to utilise its reputation and relationships to bring together and convene experts across organisations and disciplines to engage with the project and its findings.

Across the Collective, lead partners worked with their existing partnerships to ensure effective delivery of activities. The Covid Collective set up the small grants and the open call to allow partners to work with and propose collaborators they had already worked with to facilitate this delivery. For example, in one project, the pre-existing partnerships and contacts enabled rapid, efficient, and effective information gathering, as well as access to previously unattainable information through cost-effective face-to-face meetings with key informants and stakeholders.

Although the Covid Collective modelled a rapid-response approach, the need to establish research and engagement rapidly was not at the expense of ensuring its partnerships were equitable. The emphasis on equity, inclusion and participation throughout the Collective’s processes was appreciated by many of its collaborators who frequently commented positively on the underlying relationships that the Collective established.

*“The vast network of [the] Covid Collective and its activities systematically documented and communicated in the well-designed and regularly updated website have helped our research have a much greater global reach. It has helped us forge new, valuable relationships.”*

*“The Covid Collective platform has provided a collaborative space for researchers, policy makers, and communities to exchange knowledge related to the Covid-19 pandemic. Throughout the project duration, the platform has enabled researchers, both community and professional, academia, local authority and Civil Society Organisations to access various experiences and knowledge exchanges on the pandemic.”*

Although equitable partnerships are important to IDS in general, in line with the Institute’s core values, this approach is also helping inform a [parallel project with Southern Voice \(funded by IDRC\)](#) on addressing power and equity in research for development partnerships and collaborations.



## Central coordination of the Covid Collective

IDS, acting as the central coordination point for the overall Collective, ensured that this disparate set of projects operated as a collective where possible, and that outputs and outcomes could be translated efficiently for greater impact for the Collective. The Collective was also guided strategically by an Advisory Group, comprised of representatives of the initial partners. This group offered extremely valuable input and guidance to the Collective in real time on research issues, engagement pathways, and partnering – all important given the fast-moving pace of the pandemic, and also helping respond to the emerging opportunities provided with a second phase of FCDO support. Even within the individual projects there were efficiencies to be had from the central coordination model. For example, one Covid Collective partner organisation set up a central team in the UK to coordinate the data collection in-country to increase efficiency, rather than having this function in four separate projects.

## Adapting within the research ecosystem

The Collective has generated and shared important lessons about how social science research has adapted and evolved in rapidly changing contexts. For example, one project's research revealed the importance of changes in research methods, data collection techniques, and ethics of carrying out research with particularly vulnerable groups. These important insights shaped the quality and efficacy of research design and implementation in the deep dive studies launched as part of the Covid Collective, and are of value to the wider community of social science researchers undertaking new work, as well as research funders.

Throughout the project, significant challenges arose in carrying out research due to Covid-related restrictions on movement, and changing, dynamic situations that in some countries included outbreaks of conflict. Researchers reflected on these challenges (for example in an [IDS Bulletin special issue](#)) and shared their key lessons on research methodologies and approaches, as well as on the findings from their work, through the Fireside Chats. Since the beginning of the Collective, the partners have provided important real-time evidence, data, and analysis, and generated compelling, research-based arguments, and options for doing things differently in a recovery period and beyond. The Collective's collaborators, and the many communities and organisations they work with, helped to identify strategies and approaches to address short- and mid-term needs and challenges. They also demonstrated that this was a time of opportunity, learning together about what could lead to a genuine transformation of ideas, policies, programmes, and practices.

## Added value of the Collective

Across Phase 1 and 2 of the Covid Collective, partners have described the benefit and value of the Covid Collective through increasing their conceptual understanding and learning from each other, as well as through expanding the reach of the research through the network. Testimonies emphasised the added value as building capacity



and ensuring intersectionality in the composition of research teams and research focus. Multiple partners particularly appreciated the Fireside Chats and the final Covid Collective event as a space to present findings, learn from other projects, and discuss potential gaps and opportunities for further research.

Examples of how the Covid Collective has added value by **expanding or strengthening the reach or network** of Covid Collective members are below:

*“The collaboration with other partners within the Covid Collective provided us with valuable perspectives on approaching the vulnerability of marginalised people. It has also been of great help to broaden the networks to link with other stakeholders and have our voice heard by a broader range of politicians, policy makers, etc., to strengthen policy advocacy. Additionally, the collaboration contributed to identify new areas of research in future.”*

*“The collaboration between [Covid Collective partners] proved highly advantageous as they joined forces to design and organise a sub-national workshop together. This collaborative effort extended beyond [one project’s] study provinces, involving participants from diverse provinces in Cambodia, including commune and district authorities, migrants, and their families. By expanding the workshop’s reach, stakeholders were able to benefit from a comprehensive exploration of migration-related issues, drawing on the diverse experiences and perspectives shared by participants from different contexts. The joint collaboration in designing the workshop agenda, selecting relevant topics, and identifying key speakers and facilitators allowed for a comprehensive and impactful event.”*

*“The Covid Collective platform has expanded [the] ability to engage with grassroots Indigenous communities and engage in new ways with youth, a key priority for our work on Indigenous mental health. In addition to providing opportunities for international publication and exchange, the work with IDS and the Covid Collective has strengthened our ability to work with social accountability tools like community scorecards and to develop digital resources. The platform we have developed through the project has greatly increased the visibility of our work with Indigenous peoples and has provided an important source of evidence for dialoguing with policy makers.”*

*“As a young social enterprise aiming to advance human rights and highlight the importance of local insights and knowledge, [our organisation] regards external engagement and resources, and effective partnerships as valuable prospects for it to grow and scale. The collaboration with IDS for this Covid Collective project was an excellent opportunity for [our organisation] to connect with other outstanding research teams and organisations in the field, as well as to conduct a research piece that aligns with its values.”*

Examples of how the Covid Collective has added value by **enhancing the conceptual understanding** of Covid Collective members are below:

*“Covid Collective funding not only provided us with opportunities to explore important and interesting research questions, but it also has enabled us to share, contest, and validate our ideas in a broader platform. Through this initiative, we started working on a global report with [another Covid Collective partner organisation], which is helping us learn from each other, sharpen our ideas, and share our learnings globally.”*

*“Working with [the] Covid Collective, especially initiatives and exchanges with different project partners working across different country contexts, and themes has been a remarkable learning experience. Through other members of the Collective, our team has been able to have new learning on public health aspect of Covid-19, especially given that we are a team of political scientists and lawyers. It has also allowed for broader conversations on Myanmar – we have been able to learn a lot from another project working on Myanmar [and the] wider region.”*

*“In March 2023, [two team members] attended the Covid Collective event ‘Pandemic Perspectives: Paving a way for Social Science Research’ in London. At the event, the team presented preliminary learnings from the study and participated in the sessions on pandemic preparedness, managing multiple crises, social protection, and equity and inclusion. The event was a useful opportunity to learn from other Covid Collective partners and fit the project’s research into the context of wider discussions on crisis preparedness.”*

An example of ensuring **intersectionality** in the composition of research teams and research focus was described by a Covid Collective partner organisation who encouraged partners to recruit staff who have disabilities themselves to promote a more participatory approach to the research, in line with the ethos of ‘nothing about us, without us’. This has led to an interview team in Ghana composed almost entirely of persons with disabilities, as well as a permanent research post for a person who has a disability and who brings extensive experience working in the sector to the core team and other projects.

The Covid Collective Fireside Chat on intersectionality has also informed other projects to integrate robust approaches to intersectionality, to incorporate a strong gender and disability focus into data collection and analysis.

*“[Our organisation] has taken a comprehensive approach to ensure that gender equity is addressed as an intersectional and integral Covid-19 research agenda. The Covid Collective platform has allowed us to reinforce our messages, share some of our research insights from multiple (...) project[s] with other researchers in the platform, and feed our thinking into the global debates on the implications for women and other vulnerable groups in future.”*

Another Covid Collective partner organisation has also established an advisory committee of high-profile professionals in the disability field, including representatives of several ministries, many of whom have disabilities themselves, who have provided testimonies of how the Covid Collective is already generating new insights and opportunities, as evidenced by the delivery of a draft module for a training series for South African health care workers.

Particularly strong feedback was received on how sessions to discuss inclusion and gender have added value to research by providing actionable insights at the right time and facilitating peer exchange. Another key theme emerging from these testimonies is the benefit for national NGOs to partner with international organisations, which has increased their capacity, profile, and reach.

Work done with the Collective has **built the capacity** of teams and their local community partners, for example:

*“This research support can build the national research and collaboration capacity within the country and link us to international research environment and extend the possibility of future research and development [at our organisation].”*

*“There have been community champions created in Mathare thanks to the Views from the Frontline (VFL) community engagements. Youth co-researchers who conducted the VFL data-collection have grown further to participate in other core community participatory research processes as lead co-researchers.”*

A partner organisation also reported how it has been able to leverage Covid Collective funding **to access new funding opportunities** that deliver value for money and expand the engagement opportunities beyond the project cycle.

*“Building on this research opportunity, [we have] subsequently submitted a proposal to the Asia Foundation for funding on research to explore the social-wellbeing of migrant families on the Cambodian-Thai border during the Covid-19 Pandemic. This research will complement the Covid Collective funding, especially in the design and methods, as some of the target populations are likely to overlap. This small one-year grant (...) [will] allow(...) the Covid Collective work to be supported beyond its current funding period – with the potential to extend the dissemination, engagement, and impact opportunities.”*

## **Fireside Chats**

The Covid Collective created spaces in the form of ‘Fireside Chat’ webinars to come together across sectors, disciplines, and geographies to facilitate peer-to-peer support and reflection of the research evidence and outputs as they emerged, to add value to the research process. Peer-to-peer exchanges provided a space to explore synergies and divergences to identify key policy messages and solutions and develop collaborative outputs that synthesised evidence across multiple partners. As the Covid Collective curated spaces, it identified emerging needs and interests of both partners and decision maker audiences. These insights sustained the responsive and demand-led initiative that was able to act upon requests for information, emerging opportunities, and make adjustments based upon feedback and learning.

In order to share findings, research challenges, and key lessons learnt within the Covid Collective, Fireside Chats – 90-minute-long webinars based around a helpdesk report on a particular topic (see Annex B for the full list of topics) – were facilitated each quarter. Two to three partners presented key messages and insights from their projects, with breakout groups built in to facilitate the knowledge exchange within smaller groups. Partners particularly appreciated the Fireside Chats as a space to present preliminary findings, learn from other projects, and discuss potential gaps and opportunities for further research.

*“The interactions with the Covid Collective platform through Fireside Chats have facilitated valuable knowledge exchanges with other project*

*implementing organisations within the network. We have been able to share unique project insights and experiences of coordinating the three research teams with the wider Collective platform and appreciate the challenges that other teams have been facing during the pandemic. One valuable aspect of the Fireside Chats has been the opportunity to interrogate the intersectionality of different issues affecting vulnerable people such as migrants and informal settlement dwellers.”*

Annex B provides the details of the different Fireside Chat topics of discussion.

## Indo-Pacific events

IDS engaged intensively with FCDO representatives in the Indo Pacific region and on 17 January 2022, a webinar was held on the ‘Implications of Covid-19 for the Indo Pacific Region: Research and Evidence Highlights from the Covid Collective’ which aimed to raise awareness of the Covid Collective amongst the UK Indo Pacific missions, and was an opportunity for Collective partners to present their projects and engage directly with FCDO in the region. It was planned and coordinated in close collaboration with the Regional Research and Innovation Coordinator at British High Commission Singapore. A follow up webinar, ‘Covid Collective Indo Pacific Project Dissemination’, was then held on 24 March 2022, attended by Covid Collective project teams operating in the Indo Pacific region who presented their research findings to FCDO colleagues in the region, and a selection of other external stakeholders.

A dissemination workshop titled ‘Covid Collective Studies in Vietnam and Lao PDR’ between partners was organised successfully in Vietnam between 30-31 March 2022. This two-day workshop drew out lessons and insights from Covid Collective research projects in Vietnam, Laos and Cambodia, and involved representatives from national and local governments, NGOs, and scholars.

## Synthesising lessons across the cohort

### Phase 1 synthesis

A rapid review of outputs generated across the Covid Collective delivered a [Synthesis of Work by the Covid Collective](#) report, which structured key findings around themes of pandemic response; increased marginalisation; and emergent outcomes which were both positive, negative and unpredictable in nature, covering issues related to conflict, grassroots resilience, digital innovations, and the environmental dimensions of the pandemic. This synthesis report was shared with partners at a Fireside Chat to inform a conversation to identify cross cutting lessons that could enable ‘building forward better’. The discussion was structured around an ‘Asset Framing’ approach that explored emerging assets and challenges around three key reflection areas: CSOs as intermediaries to build trust and support adaptation; increased use of virtual platforms to raise Southern voices; and rethinking those ‘left behind’ as assets with potential to contribute to ‘building forward better’. The reflections generated by these conversations have been documented in a blog, [Generating Relationships of Trust in Distrustful Times](#), which highlights how trust has been a unifying thread behind the achievements of the Covid Collective.

## Collaboration with UKCDR's COVID CIRCLE

With encouragement from FCDO to join up efforts which were benefiting from support from UK funding, IDS and the UKCDR COVID CIRCLE Researcher Community co-hosted 'The Impact of Evidence in a Pandemic: How has Covid-19 shaped the engagement of research with policy and practice in Low- and Middle-Income Countries?' which explored new understandings of research engagement that have emerged during the pandemic in LMIC settings. The webinar, chaired by Peter Taylor, Director of Research at IDS and Daniela Toale, COVID CIRCLE Programme Manager, explored the questions of: Who gets to participate in research engagement activities and why?; Which forms of knowledge are valued by practitioners, policy actors and communities and why?; Which channels, stakeholders and spaces are targeted?; In what ways has the pandemic shaped research engagement in LMIC contexts?

The rapid review 'Pathways to Impact in the Pandemic' was produced to provide the basis for the event, which explored the different pathways to impact applied by research projects from a range of scientific disciplines, geographies, and funding organisations. The following researcher coordination networks were included in the review:

- FCDO's Covid Collective research platform
- UKCDR's COVID CIRCLE researcher community
- IDRC's Covid-19 Responses for Equity (CORE) programme

The type of impact framework used in the rapid review, adapted from Georgalakis and Rose (2019: 2)<sup>2</sup> and Clark *et al.* (2021)<sup>3</sup> was subsequently used by UKCDR to examine their development impact. The impact framework used by UKCDR includes the four main categories: conceptual; instrumental; learning and development; and networks and connectivity.

## People's Agenda for Pandemic Preparedness

In May 2023, the World Health Organization (WHO) announced that Covid-19 is no longer a health emergency. Now that the world is in this new period of living with the coronavirus, it was an important time to gather knowledge gained from our experiences. This led to the creation of the People's Agenda for Pandemic Preparedness. Over 50 researchers from 25 countries across six continents came together to share the key lessons learned from the Covid-19 pandemic, the policies to mitigate it, and the impacts of these policies. Several resounding lessons emerged from across the globe that seemed to be at the root of many of the issues raised, including resolving systemic issues; ensuring the most vulnerable are supported;

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<sup>2</sup> Georgalakis, J. and Rose, P. (2019) Identifying the Qualities of Research–Policy Partnerships in International Development – A New Analytical Framework, *IDS Bulletin* 50.1: 1-19

<sup>3</sup> Clark, L.; Higdon, G.L.; Thompson, S; Tofaris, E. and Rose, P. (2021) Celebrating the Impact of the Raising Learning Outcomes in Education Systems Programme, *Working Paper: Expert Analysis from the Impact Initiative*, Brighton: IDS and The Impact Initiative

increasing community involvement; and taking pandemic innovations forward for the future.

Following on from the Covid Collective event 'Pandemic Perspectives: Paving a way for Social Science Research' in March 2023, where the idea for this work was conceived, the Covid Collective Pandemic Preparedness working group formulated several questions that would help them to write a People's Agenda for Pandemic Preparedness. These were based on what they felt was most important to collect data on and information that may be unpublished, but that could contribute towards understanding what is needed in this new period.

To gather these insights, the team consulted researchers from the Covid Collective, Covid-19 Responses for Equity (CORE), Social Science in Humanitarian Action Platform (SSHAP), Institute of Development Studies (IDS), Chronic Poverty Advisory Network (CPAN), Pandemic Preparedness Project (PPP), Women in Informal Employment: Globalizing and Organizing (WIEGO) and Partnership for Research on Progress and Resilience in Education (PREPARE).

The report was published to coincide with the World Health Assembly and was viewed over 2000 times in a month. It was promoted by [ReliefWeb](#), [The Covid-19 Communication and Community Engagement Hub](#), and presented at an official side event for the [UN High-Level Political Forum 2023: "How can we avoid pandemic poverty in the future?"](#).

## Key outputs

The Covid Collective has shared examples of evidence generated through a collection of outputs, including two special issues of the IDS Bulletin, [a brochure](#) detailing all projects and highlighting key outputs supported by the Covid Collective, and a series of helpdesk reports that were produced in real time as the pandemic raged. All of these outputs can be found on the [Covid Collective website](#). Key Issues Briefs also provided a snapshot of seven important aspects of the pandemic's impact:

- [Pandemic preparedness](#)
- [Social protection and different forms of social assistance](#)
- [Managing multiple, intersecting crises](#)
- [Equity, inclusion, and exclusion of those most affected by the pandemic](#)
- [Data, knowledge and information](#)
- [Informality and the Covid-19 pandemic](#)
- [Impacts of the Covid-19 pandemic on decision making, accountability and empowerment](#)



In the final months of Phase 2 of the Covid Collective, the IDS team facilitated a learning process to reflect on the key implications of the research emerging from the diverse research portfolio. The Key Issues Briefs provided the snapshot of important aspects of the pandemic's impact, which were then translated and expanded into Learning Briefs which include the implications of this research for future policy or practice. These Learning Briefs (see Annex C) were shared internally within FCDO and were used to guide a series of webinars with FCDO audiences which have continued beyond the formal end of the programme, recognising the importance of engaging with key policy audiences around lessons learned and ideas for what may be done differently in the future.

Webinars:

- **Pandemic Preparedness: the importance of trust, decentralisation, and utilising local knowledge**, 19 October 2023. Chaired by Nathanael Bevan, Deputy Director of Research in RED (FCDO), with presentations from IDS, Dialogue on Shelter Trust, and University of Edinburgh.
- **Improving the reach of social protection measures to those who need it the most: lessons from the pandemic**, 2 November 2023. Chaired by Heather Kindness, Social Protection Team Leader (FCDO), with presentations from London School of Hygiene & Tropical Medicine (LSHTM), International Health Policy Programme (IHPP) in Thailand, VNUA, and CPAN.
- **Engaging communities, promoting inclusion: key lessons on equitable crisis responses**, 14 December 2023. Chaired by Jo Cooke (FCDO), with presentations from BRAC Institute of Governance and Development (BIGD), South African Medical Research Council (SAMRC) and Slum Dwellers International-Kenya (SDI-K).

## 4. Delivering impact

This section shares what outcomes were achieved throughout Phase 1 and 2 of the Collective. The impact case studies (see Annex A) demonstrate how collaborative and comparative learning supported by the Covid Collective platform has contributed to policy solutions that support the Covid Collective aims of 'building forward differently'. It also shares the more 'micro' impacts that form the building blocks to the higher-level changes that are expected to emerge in the longer-term.

### Supporting evidence-informed action through knowledge curation, learning and strategic communication

#### Influencing and informing decision makers

Covid Collective partners have delivered extensive policy engagements that have resulted in decision makers at national and local level being influenced and informed. This section shares some examples to highlight the ways in which Covid Collective research is informing thinking and action in different contexts. Active engagement



with civil society was shown to provide important avenues to impact, as demonstrated by work to develop training materials on SRHR for disability which has gained huge traction across Southern Africa, providing both practical and policy solutions to support inclusion.

Instrumental impacts on policy and practice have been documented through the Covid Collective's work, such as one project which influenced the South Africa National AIDS Council's (SANAC) new National Strategic Plan (NSP) through advising what is required for the plan to be more inclusive of people with disabilities, and another project which influenced the addition of new questions on the impact of Covid-19 to the 2022 National Disability Survey (NDS) in Thailand to enable the possibility of comparisons between people with disabilities and their households. These examples highlight the practical applications of the evidence generated across the Collective, which is driving influence and uptake alongside more formal engagement channels to reach decision makers.

A selection of examples that reflect a **change in conceptual understanding** are below:

*"The research gives us great insights about the importance of community in crises management and provides us with some useful ideas about what kind of incentives may work for successful community collaboration in future crises situations"* – Government Official, Bangladesh

*"Collaboration platforms through the [Covid Collective] research have been crucial as it gave me an opportunity to get first hand insights from communities on their experiences, challenges and responses during and after the Covid-19 pandemic"* – Government Official, Zimbabwe

Covid Collective partners in Peru, India, and Tanzania have received positive feedback on how the research is informing new perspectives and understanding of the impacts of pandemic on access to digital skills. Work by a partner institute in Peru has generated insights with potential to inform efforts to level educational learning;

*"...to add a point that is not so much on the agenda, unfortunately, which is the issue of levelling educational learning. It is known which students have been, for different reasons, gender, socioeconomic level, the most affected by the pandemic. They should have a special recovery, remedial education, remediation program."* – Former Government Official, Peru

In Bangladesh, in response to a Covid Collective partner report, a prominent Bangladeshi economist and Research Director reflected on how the three comprehensive analyses presented in the report—growth vs protection-oriented support measures, additionality of allocation attributable to Covid-19, and the utilisation of different packages—will be extremely useful to the policy discussion.

Covid Collective partners have also delivered strong engagement with local authorities. In Kenya, Covid Collective work has been endorsed by local government authorities of Samburu and Marsabit counties, where the research was described as:

*“an eye-opener for the county governments where the social science research has revealed the triggers of conflict for the communities in northern Kenya during the pandemic”* - Government Official, Marsabit

*“[The Covid Collective partner organisation] has been playing a key role in the research and supported the county of Samburu in the development of certain policies like the Disaster Risk reduction and the recent Samburu County Rangelands Policy.”* – Government Official, Samburu

Research on cobalt by a Covid Collective partner organisation is also building a stronger understanding of different stakeholder perspectives that is influencing coordination and governance of initiatives:

*“This research and the sharing of perspectives will be helpful to inform and educate our stakeholders and improve our ability to engage meaningfully with upstream and DRC-based stakeholders, improve our governance structure and processes, and modify our scope to as we expand our understanding of challenges and conditions on the ground.”* - Stakeholder

Research by a Covid Collective partner in Vietnam:

*“The research accurately reflected the real picture of policy response to the Covid-19 at the national and local levels. It also brought new perspectives on approaching the rights of vulnerable groups during the pandemic, thereby suggesting effective anti-epidemic methods which also guarantee social security for all people. Despite Vietnam’s recent success in controlling the pandemic, such suggestions and recommendations from the research are of significance to develop an effective prevention plan for future disasters, minimize their impacts and ensure welfare for citizens in the sense of equity.”*  
– Government Official, Hanoi

In Thailand, research is informing direct action with groups engaged in research at the community level:

*“This study is part of a larger movement of supporting change and generating knowledge through action by people... Poor people live in reality, not in theories... if we want to learn from the poor and get their stories, it is always important to bring some needed assistance. This is not to pay them or give them a reward, but so they can use that assistance to make some immediate change by taking action, by showing some new possibilities which go beyond what they have already been doing.”* - Network chairperson

A selection of examples that identify an **influence in policy or practice** are below:

*“The study looks at (...) microcredit clients (...) and finds increasing vulnerabilities of clients who take smaller loans. While our experience has been different so far—we haven’t seen similar trends among our clients—the study makes me reflect on whether we need closer investigation of our different client groups.” – Program Director*

The Thailand National Statistics Office (NSO) has agreed to include additional questions on Covid-19 impact in the 2022 National Disability Survey (NDS). While there is no direct statement, this demonstrates the influence that the Covid Collective project has had. The NSO agreed that tracking Covid-19 impacts on disability is important for generating information to support policy implementation so three questions about access to Covid-19 vaccines, the difficulties to access this service, and access to the internet were added to the NDS. The data was collected from October to November 2022.

In addition, Center for Global Development (CGD) has influenced the Executive Director of Advocacy at Innovations for Poverty Action, who referenced CGD work in a January 2021 Wall Street Journal article, noting the importance of continuing to collect data to drive design of antipoverty programmes.

LSHTM were involved in preliminary discussions with FCDO and the WHO about how some of the data collected on knowledge and uptake of vaccinations could inform vaccine rollout, such as through COVAX. The organisation’s commentaries on the need for inclusion of people with disability across all Covid-19 response and recovery actions has generated widespread interest. The PI, Tom Shakespeare, was **interviewed by CNN** on the experience of people with disabilities during the pandemic, which included reference to the **commentary published** with support from the Covid Collective.

Work by a Covid Collective partner on vaccine access for migrant workers in Vietnam is being used by The Woolcock Institute of Medical Research in the design of their communication programme on Covid-19 vaccination, as well as by a local NGO to inform design of an intervention to improve the resilience of vulnerable groups after Covid-19. At the international level, research on **The Right to Protection of Forcibly Displaced Persons During the Covid-19 Pandemic** has been applied by World Vision International to inform the roll out of a survey across multiple countries, seeking to investigate the impact of Covid-19 on displaced populations across Jordan, Turkey, Colombia, Uganda, and other countries. These examples highlight the practical applications of the evidence generated across the Collective, which is driving influence and uptake alongside more formal engagement channels to reach decision makers.

In India, a department head at the National Institute of Educational Planning and Education highlighted their desire to carry forward findings from a Covid Collective study on the digital divide. Work by a research partner was also well received by the Business Registration Licensing Agency (BRELA), with requests to the research team

for continuous engagement to act upon feedback to inform improvements to the system and adopt new approaches.

Examples that show how Covid Collective research has influenced the **creation of networks or spaces for engagement** to gather or use social science research are below:

*“The [Covid Collective partner organisation] team are to be congratulated – we know from our own work how challenging it can be to gain access to grassroots perspectives in this way, working with community leaders, and then to link different policy levels to achieve impact and sustainability... We consider that this meeting [to present the research findings] has opened up an important space for collaborative work, and look forward to publication of the findings.”* - Pan American Health Organization (PAHO) Official

In the Indo-Pacific region, research is also connecting with local authorities and civil society to inform decision making in a range of contexts:

*“The workshop is important because it engages the discussion between returned migrants and local authority on challenges faced by returned migrants which help us to understand what actions we should do to address their challenges–”* - Government Official, Cambodia

These statements and examples demonstrate the broad reach of Covid Collective research to proactively share evidence and engage with decision makers to inform thinking and action in response to Covid-19.

### **Conceptual understanding (changing ways of thinking, contributing new knowledge, informing debates, or raising awareness of a topic)**

Another key theme across the impact stories is processing and sharing data in accessible formats that support decision making, with dashboards featuring in stories from multiple Covid Collective partner organisations. For example, the Center for Peace and Justice (CPJ) has developed a public facing web-based dashboard – [Voices from the Margins: Covid-19 Experiences in Bangladesh](#) – to report feedback from marginalised communities and findings and trends from data analytics and infographics to inform policy makers to better plan responses. The data presented is validated in innovative ‘Policy Clinics’, which bring together expertise from a network of 30 multidisciplinary professionals including researchers, activists, and advocates who use the dashboard data to identify policy gaps and make recommendations on priority areas for rapid response. The [Covid-19 Ceasefires Tracker](#) from PeaceRep’s project informed experts doing vital work on peacebuilding processes, enabling UN agencies, governments and research institutes to rapidly assess the response to the UN call for a global ceasefire. Another Covid Collective project worked in close collaboration with the South African government, NGOs, disability groups and the United Nations Population Fund to document the impact of Covid on people with disabilities, which contributed new knowledge to inform the Covid-19 response in South Africa.

## Demonstrating benefits of co-generating research and evidence through a coordinated network of research organisations

### Building a network to generate and share research (building and strengthening networks, connecting supply of evidence with the demand of it):

The focus of this indicator was the collaborations that have brought different Covid Collective partners together to coordinate and collaborate to reflect on emerging insights, communicate research findings, and reach potential policy audiences. A selection of examples of this building of a network to generate and share research are below.

The impact stories (see Annex A) place a strong emphasis on working closely with policy makers throughout the research process, as exemplified by the CPJ, SAMRC, and International Institute for Environment and Development (IIED) examples, where they have all developed innovative approaches for ongoing engagement to build relationships with key decisions makers. LSHTM's project strengthened the new network of researchers working on disability research with relevant policy makers, University of Edinburgh established the Community Researchers Network in Myanmar to undertake research on the nexus between climate change and political crises, and CGD collaborations have informed their knowledge of the topics of crisis preparedness and the operation of school feeding programmes.

Multiple Covid Collective partners collaborated with CPAN for their '[Chronic Poverty Report 2023: Pandemic Poverty](#)' report. Collaborators include:

- IMPACT Trust Kenya, who contributed to understanding of responses to multiple crises from experience in Northeast Kenya.
- Cambodia Development Resource Institute (CDRI), who contributed evidence on effects of the pandemic and Cambodia's policy responses; interactions with Cambodian policy makers.
- National Council of Applied Economic Research (NCAER) India, who contributed evidence on effects of the pandemic and India's policy responses.
- BIGD, who contributed evidence on Bangladesh's policy responses.

The development of the 'People's Agenda for Pandemic Preparedness' report, following on from the Covid Collective event 'Pandemic Perspectives: Paving a way for Social Science Research' in March 2023, involved the collaboration of over 50 researchers, including those from the Covid Collective, from 25 countries across six continents to share the key lessons learned from the Covid-19 pandemic, the policies to mitigate it, and the impacts of these policies.

The collaboration between IIED, the University of Manchester and the Alliance of Dialogue on Shelter has been crucial in advancing the knowledge gathering on

Covid-19 in informal settlements in Harare. It has initiated collaborations with other countries which has enhanced learning and sharing of experiences, and therefore added value to the quality of the research.

LSHTM and SAMRC collaborated to deliver a conference in South Africa on disability, which included sessions on social protection and Covid-19. The event brought together other researchers and policy makers (e.g., representatives from UNICEF) to share the findings.

The quarterly Fireside Chats were a phenomenal success in bringing partners together to discuss and reflect on their research. These informal events provided a foundation for numerous collaborations that have delivered peer-support and knowledge exchange, co-hosting of engagement events and data sharing. Conversations during Fireside Chats have created connections that have generated tangible collaborative outputs such co-authored [blogs](#) and Research for Policy and Practice reports ([R4PPs](#)), and provided the foundations for partners to co-author journal articles for the IDS Bulletin Special Issue: [Pandemic Perspectives: Why Different Voices and Views Matter](#). For example, the SAMRC Forgotten Agenda team worked with LSHTM to exchange ideas on research methods and approaches that ensure meaningful inclusion of people with disabilities in research under crisis. This collaboration has led to a presentation and publication that discusses how to conduct disability-inclusive research during times of crisis.

*“The co-production of a journal article (...) and the partner organisations under this grant allowed for a sharing of ideas across settings, which can improve the way we all conduct this and future research.”*

Covid Collective partners have collaborated to deliver multiple engagement events, including the collaboration of CGD, CERT (Centre for Education Research and Training) and CPAN to share findings on the impact of Covid-19 on education with the FCDO and other policy audiences in Malawi. At this event, evidence from CGD partner CERT on the impacts to the education sector complemented CPAN insights into how the pandemic, and responses to it, intersected with wider efforts to address poverty and inequality. Further insights were shared by the FCDO-funded Agricultural Policy Research in Africa (APRA) programme. This collaboration enabled the projects to make contact with education advisors at FCDO, reach a wider audience of policy makers and development partners, and learn about others' work and findings on the impacts of Covid-19 on the poor in Malawi. Following this joint event, CERT, CGD, and CPAN received a request to prepare a [policy brief](#) summarising key learnings from the research for the education sector, which was supporting by a [blog](#) on the education challenges in Malawi due to disruptions caused by Covid-19.

Covid Collective partners in the Indo Pacific region came together to share their preliminary findings with FCDO offices in two online events held in January and March 2022, to outline the emerging evidence of the differential impacts of Covid-19 and responses of the State in terms of supporting employment, food security, vaccination, and healthcare across diverse vulnerable groups including domestic

migrant workers, repatriated migrant workers, and people with disabilities. In the Indo Pacific region, through collaboration between Covid Collective researchers from VNUA, Center for Creative Initiatives in Health and Population (CCIHP), University of Health Sciences of Lao PDR (UHS-Laos), Hanoi University of Public Health (HUPH), LSHTM and IDS delivered a dissemination event *Covid Collective Studies in Vietnam and Lao PDR* on 30-31 March 2022, bringing together policy makers, representatives of vulnerable groups, researchers, and other stakeholders to share evidence on the differential impacts of Covid-19 on wide ranging issues including employment, food security, vaccination, healthcare across vulnerable groups such as domestic migrant workers, repatriated migrant workers, and people with disabilities, with a view to informing policy.

Knowledge sharing collaborations also helped build stronger institutional relationships, for example the invitation from BIGD to Dr Diana Mitlin of the University of Manchester to be a discussant in the [Covid-19 Vaccination: Willingness and Practice in Bangladesh webinar](#) held on 17 June 2021.

Collaborative activities have also added value to the research processes themselves, with the example of how the University of Manchester and IIED coordinated activities in Harare to explore ways to build upon each other's data and support local partner Slum Dwellers International in Kenya (SDI-K).

*"[The Local partner] has utilised this project alongside another Covid Collective initiative (...) and other related projects (such as the GCRF ARISE Hub on Health in Informal Settlements) to deepen its efforts to foster equitable, grassroots-led interventions and upgrading partnerships in informal settlements.... We believe these efforts will generate important benefits for residents of Mathare as they seek to create a more inclusive, just future for Nairobi in the wake of Covid-19."*

In addition to the above collaborations reported by partners, the Covid Collective used the Sum-App network mapping exercise in Year 2 to explore connections between researchers to get a sense of how relationships have been strengthened by the Collective. The exercise identified 131 researchers in the Covid Collective network, alongside 12 IDS staff supporting project delivery and working to facilitate opportunities for coordination and collaboration across partner organisations. Thirty six researchers actively engaged with the mapping exercise, providing evidence of 124 relationships between Covid Collective researchers and demonstrating the increasing size and strength of this research network. An example of the network map produced can be seen in Figure 1.



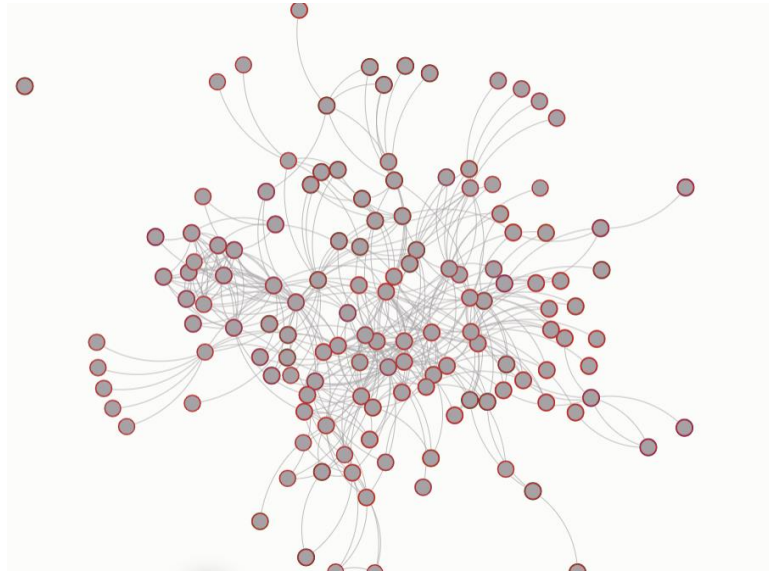


Figure 1 - Covid Collective Network Map (authors' own)

Testament to the success of the Covid Collective in forging and strengthening collaborations between Covid Collective partners can be seen where relationships are being sustained beyond the end of the funding period. Examples of this include the CPAN collaborations with Centre for Community Organisation and Development (CCODE) Malawi and the Poverty Partnership, and with work on informality and poverty both with Dialogue on Shelter Trust, Zimbabwe, and Slum Dwellers International (SDI).

**Capacity building (building capacity of researchers/intermediaries to strengthen research uptake approaches):**

In the Indo Pacific region, work from the Covid Collective to engage communities in research processes has generated a positive cycle of action and innovation, empowering communities to drive their own change processes. Covid Collective partners in Ghana benefited from the close engagement on all conceptual and technical aspects of the project which provided opportunities for capacity strengthening. Training was also provided to community researchers and early career researchers in field data collection, analysis, report writing, community engagement, and dissemination. Another Covid Collective partner organisation provided training to governance actors in socio-protection rights, mentoring of counselling skill development, health, and wellbeing, in order to provide good quality services to the returnee and internal migrants in Laos.

## 5. Reflections

### Programme impacts

Since the Covid Collective began its work in 2020, the impact of the Covid-19 pandemic has been far-reaching, going well beyond the tragic loss of life itself. Yet, as

Covid Collective research has highlighted through many of its outputs, the pandemic is just one of many other crises that also affect lives and livelihoods on a daily basis for people around the world. As reflection continues on how responses to the pandemic played out in different contexts, new questions emerge, particularly on what responses are needed to multiple crises whilst in a state of perpetual and rapid change.

As the planet and its people continue to face a wide range of social, political and environmental threats, the development community must identify and create core building blocks that are needed to increase resilience to prepare for future pandemics. To achieve these goals, research is vital, as are the collaborative and equitable research partnerships that play a key role in offering insight, direction and evidence to inform this process. Supported by FCDO, the Covid Collective has responded to this research need by bringing together the expertise of UK- and Southern-based research partner organisations to offer a rapid social science research response to inform decision making on some of the most pressing Covid-19-related development challenges. Over the three years of the project, the Covid Collective consistently provided an array of concrete examples of how researchers have demonstrated agility and adaptation in a range of contexts; offered insights and lessons for research, conceptually, and practically; and provided potential directions for policy and decision making around research prioritisation, funding, and support.

## Looking ahead

Overall, these research findings and other outcomes are helping to catalyse a sense of collective urgency in fostering collaborative and comparative learning across the experience of different countries and localities; and in finding ways to avoid returning (via recovery) to conditions that do not serve well in the future.

The Covid Collective supported the expansion of ideas, partnerships, and research agendas, creating an open platform for idea exchanges and peer learning. It has laid the foundation to strengthen a network of researchers both within individual projects and across the Collective, which can increase capacity to generate useful, timely evidence and data, and to achieve increased reach to policy and decision makers by leveraging the Collective's growing reputation and brand.

The spirit of the Covid Collective will continue in terms of aspirations for social sciences and the co-created knowledge generated to be an ongoing catalyst for progressive change and societal transformation. The Covid Collective team expresses its gratitude to FCDO's Research and Evidence Division, and to all those who have supported, and participated in, the Covid Collective since 2020, and at IDS we look forward to continuing and building upon the relationships that have been so central to the outcomes of this project.

## Annex A – Impact Stories

### Covid-19 Ceasefires Tracker supports peacebuilding during the pandemic (University of Edinburgh)

In March 2020, the United Nations Secretary General (UNSG) called for a global ceasefire to support efforts to halt the rapid spread of Covid-19. The call was endorsed by 170 member states but inadequate data collection systems, and the inaccuracy of newspaper reports on ceasefire detail, threatened to prevent peacebuilders and the United Nations from tracking conflict and violence that was hampering efforts to combat the pandemic. The [Covid-19 Ceasefires Tracker](#), developed by the University of Edinburgh's [PeaceRep: The Peace and Conflict Resolution Evidence Platform](#), has provided the solution by informing experts doing vital work on peacebuilding processes in UN agencies, governments and research institutes.

The support from the Covid Collective has enabled PeaceRep to coordinate across sectors and geographies with its 'PeaceTech' solution that collects data across diverse research and peacebuilding organisations, producing reliable data that is rapidly accessible to the peace mediation community.

*"This innovative digital tool enables experts working on peace process support to track the cessation of hostilities in real-time, accurately identify where their support can be best-placed and have a critical bird's-eye view of the interplay between ceasefire developments and the evolution of the pandemic." - Kathrin Quesada, SEO, MediatEUR*

#### How it works

The Ceasefires Tracker provides a visual database and repository of ceasefire declarations and related events, such as extensions and terminations, that have occurred during the Covid-19 pandemic. It provides a timeline, data, and map view which also enables Covid-19 infection and deaths to be correlated. This builds on the strong foundation of the University of Edinburgh's PeaceRep, which provided a solid foundation to further develop PeaceTech work that explores the role of digital platforms to facilitate peace.

The co-design between collaborating partners has delivered innovation both in terms of the visualisation and accessibility for users at the front end, as well as the simple Excel sheet that is used to capture data. The University of Edinburgh's technical capacities enabled the design of innovative 'back end' mechanisms of collaborative data collection, and 'Application Programming Interface' (API) solutions to data merging. This simplicity has helped to overcome institutional boundaries and demonstrated the critical importance of collaboration and synthesis to make data available.

## FCDO Covid Collective supports international coordination

Covid Collective funding enabled PeaceRep to coordinate with contributing partners, who came together through the USIP mediation support network: [United States Institute of Peace \(USIP\)](#); Peace Research Institute Oslo (PRIO); [Center for Security Studies \(CSS\) at ETH Zurich](#); [Conciliation Resources](#); and MediatEUr (European Forum for International Mediation and Dialogue), with crucial input and insights from the [Mediation Support Unit](#) in the UN Department of Political and Peacebuilding Affairs.

*“Developing a clearer understanding of when and why ceasefires occur, and how these arrangements influence conflict and peace-making process, are pressing questions that can benefit from close collaboration between academic and policy constituencies. The Covid-19 Ceasefires Tracker provides a valuable tool for both communities to explore and assess the response to the United Nations call for a global ceasefire.” - Dr Govinda Clayton, Leader of Civil Wars Ceasefires Research Programme, Center for Security Studies at ETH Zurich*

### How the Ceasefires Tracker is being used

The [Mediation Support Unit](#) in the UN Department of Political and Peacebuilding Affairs supported and contributed to the development of the tracker in order to directly incorporate the tool into their own work.

*“The collaboration between organisations including the United Nations together with the University of Edinburgh capacity to build the ceasefire tracker, has been very useful to our work understanding and supporting the UN Secretary General’s call.” Ajay Sethi, Senior Political Affairs Officer – Advisor Ceasefires and Security Arrangements, Mediation Support Unit, UN Department of Political and Peacebuilding Affairs*

Data from the Ceasefires Tracker was used by the United States Institute of Peace (USIP) to produce its report ‘[Searching for Covid-19 Ceasefires: Conflict Zone Impacts, Needs and Opportunities](#)’, which explores the relationships between extreme humanitarian demand and the interests that drive conflict parties, and the response of the international community, peace builders, and conflict parties.

*“The Ceasefires Tracker was an indispensable resource for USIP’s report on achieving Covid ceasefires. It allowed our report to be one of the fastest from research to publication in USIP history because so much groundwork and data was already collected and presented in a useful way by the University of Edinburgh. With that foundation, we could focus on talking to country experts, synthesising analysis, and developing recommendations.” - Tyler Jess Thompson, Senior Expert on Negotiations & Peace Process Support, United States Institute of Peace*

The team of University of Edinburgh researchers is also in conversation with the FCDO’s Mediation and Reconciliation Hub (MRH) to explore how it could be used to

support a literature review on ceasefires as part of the formation of the Office for Conflict, Stabilisation and Mediation (OCSM).

On the one-year anniversary of the UNSG's global ceasefire call, PSRP launched its own report, '[Pandemic Pauses: Understanding Ceasefires in a Time of Covid-19](#)', which draws on data from the '[Ceasefires in a Time of Covid-19](#)' tracker. It sets out how ceasefires have unfolded throughout the pandemic, and considers how the pandemic has affected moves towards ceasefires and peace processes.

This work has also been featured in [the Lancet Infectious Diseases](#) in an article that notes the ways in which armed conflict is a health risk. This has raised awareness among health professionals on the conflict dynamics that surround health delivery, and among those in the peace mediation field, of the ways in which moments of crisis can provide opportunities for peace.

Key publications for further reading:

- [PeaceTech: Digital Transformation to End Wars](#) by Christine Bell – where the chapter '[Doing one Thing](#)' tells the story of the Ceasefires Tracker.
- [An interactive tracker for ceasefires in the time of Covid-19](#)
- [Pandemic Pauses: Understanding Ceasefires in a Time of Covid-19](#)

## **Advocating for World Bank accountability (Center for Global Development)**

In April 2020, the World Bank announced that up to \$160 billion would be made available for Covid-19 response over the next 15 months. To understand whether those funds have been able to mitigate the effects of the pandemic, and whether \$160 billion is enough to meet this unprecedented challenge, it was vital to monitor where the funds were going, what the terms were, and how fast the World Bank could scale up lending.

Prior to joining the Covid Collective, CGD had built a tool to track and display how much each country had received to date, through what mechanisms, and what was currently in the pipeline for approval. To enable examination of whether the Bank had expedited its disbursement pipeline, the Covid Collective's support enabled CGD to update its tracking tool, and to examine net flows to/from various countries and the Bank, to potentially help frame questions about the need for short-term debt relief. With this support, CGD's October 2020 Paper '[Is the World Bank's Covid Crisis lending big enough, fast enough? New evidence on loan disbursements](#)' aggregated data from official sources with transaction-level records scraped from the World Bank website, spanning all commitments, disbursements, and payments on all World Bank loans from before the 2008-09 Global Financial Crisis (GFC) through August 2020, to compare the Bank's Covid-19 response to the last comparable global crisis. The paper found that while World Bank disbursements had accelerated in 2020, this was

incommensurate to the scale of the crisis. This paper received high profile media coverage including in the: [New York Times](#); [Wall Street Journal](#); and [Telegraph](#).

This research opened the doors to discussion with World Bank economists regarding the quantity and nature of their spending. Connections within the World Bank told CGD experts that there were high-level conversations about the paper's findings. CGD also published a [blog post](#) in reply to a fact sheet the Bank published specifically responding to the above paper.

The World Bank responded by publishing a [new net flows tracker](#), which makes net lending data available and signals the Bank's willingness to play a more active role in keeping themselves accountable to the goals that they set for the international community. CGD used recently released data to produce an [updated report](#) detailing the amount of net flows and financing that each country has received. This shows that the Bank is consistently below target for spending goals. This report, published in early April 2021, was prepared ahead of the World Bank's annual spring meeting, to continue to increase awareness regarding global spending deficiencies.

## **Building skills and awareness to promote the inclusion of people with disabilities in SRHR: the SAMRC Forgotten Agenda project (South African Medical Research Council)**

The South African Medical Research Council (SAMRC) Forgotten Agenda project has demonstrated the value of investing in relationships with key stakeholders and prioritising ongoing engagement throughout the research process. The project has combined research with advocacy to raise awareness and promote inclusion of people with disabilities in sexual and reproductive health and rights (SRHR) programmes and services at the national and international level.

The project team delivered high level engagement to actively raise awareness, to ensure that people with disabilities are included in national and international programmes addressing SRHR issues. The team facilitated the UNAIDS 2021 disability sector engagement, which contributed to the development of the new [UNAIDS strategic plan](#), which now mentions people with disabilities as a priority group. Other high level engagement events include participation at the [UNAIDS Interactive Multi-Stakeholder Hearing for United Nations High Level Meeting](#) in April 2021; the UNAIDS high level meeting in July 2021; and the [UNFPA Dialogues on Demographic Diversity and Dividends](#) series in June 2021.

The project has also played an integral role in drafting a module on disability and SRHR for persons with disabilities, in collaboration with the South African Department of Health (NDOH) and the Afrique Research and Rehabilitation Consultants (ARRC). This module now forms part of a [series of training modules on SRHR](#) for health care workers in South Africa, increasing awareness and skills to provide disability inclusive SRHR services including during a crisis such as Covid-19. These training materials and informational resources are already informing stronger

implementation and inclusion, and the NDOH have committed to ensuring SRHR training was available in all provinces:

*“These insights have been essential in developing and reviewing SRHR-related informational resources distributed under the project to 42 267 adolescent girls and young women with disabilities.”* - Dr Jacques Lloyd, as Deputy Director: Specialist Advisor Disability Health HIV/TB/NCDs for National Department of Health and Afrique Rehabilitation and Research Consultants NPC projects (2021-2022)

The project advisory committee has been key to this dynamism, with representatives from the Chief Directorate of Governance and Compliance at the Department of Women, Youth and People with Disabilities to the Disability Representative of the Department of Health acting as champions and using the research findings to advocate for increased access to SRHR services amongst people with disabilities. The coalition also supports active collaboration and expansion of existing networks, bringing together national NGOs with a disability focus including ARRC, Pink Roses, and Khulisani with disability researchers such as DART (Disability Action Research Team), who will use the project to inform their own advocacy work. UNFPA's Disability Focal person for East and Southern Africa (ESA) is also a member and will use the good practices identified through this project to inform UNFPAs work in the ESA region.

*“They are training our teachers so that they can reach out to young people with disabilities. You will agree with me, young people with disabilities have been left out, why because we don't have the equipment, we don't have the right information in terms of how [to provide Comprehensive Sexuality Education (CSE)] in terms of their disability. The participants from this training, Breaking the Silence, go out with the right information and the how to reach young people with disabilities”* - UNFPA, Maria Bakaroudis

The most important contribution of the Forgotten Agenda project is its systematic engagement with the South African National AIDS Council (SANAC). Project members Dr Jacques Lloyd (ARRC) and Prof Jill Hanass-Hancock (SAMRC) diligently engaged with SANAC through the evaluation of the previous National Strategic Plan on HIV, TB, and STIs (2017-2022) highlighting the cross negligence of implementing disability inclusion goals. The two researchers also supported SANAC in developing a fully disability-inclusive National Strategic Plan on HIV, TB and STIs (2023-2028), that for the first time has 17 disability performance indicators. The team didn't stop there and continued holding SANAC accountable to enable disability inclusion in the response to SRHR and HIV. This led in 2023 to the successful completion of a young people with disability and SRHR meeting, as well as the allocation of funding to implement the disability sector disability inclusion community monitoring programme (initiated December 2023). The success of this project was honoured in 2023 with the [2023 Discovery Health Clinical Excellence Award for Policy, Finance and Ethics](#).



The Forgotten Agenda team have also actively collaborated with Covid Collective partner LSHTM to reflect on shared field challenges and opportunities, and produced a [synthesis paper discussing the ethical and methodological approaches and challenges of conducting disability inclusive research during Covid-19](#), published in the IDS Bulletin Special Issue [Pandemic Perspectives: Why Different Voices and Views Matter](#).

## **Voices from the margins and inclusive policy responses to the Covid-19 pandemic (Center for Peace and Justice)**

Covid Collective partner the Center for Peace and Justice (CPJ) has developed a public facing web-based dashboard – [Voices from the Margins: Covid-19 Experiences in Bangladesh](#) – to report feedback from marginalised communities and findings and trends from data analytics and infographics to inform policy makers to better plan responses. The data presented is validated in innovative ‘Policy Clinics’, which bring together expertise from a network of 30 multidisciplinary professionals including researchers, activists, and advocates who use the dashboard data to identify policy gaps and make recommendations on priority areas for rapid response. This approach has generated widespread utilisation of the data which is being used to inform policy thinking, advocacy strategies and design of future research initiatives.

The dashboard is populated with data from three rounds of panel surveys that have generated empirical evidence of the challenges faced by persons with disabilities in the pandemic to compare and contrast emerging trends emerging and periodically track communities’ experience of Covid-19 and government responses. This information aims to enable experts and decision makers to identify the gaps in policy making and identify where and how support should be prioritised. The dashboard received 1,000 views within its first month of launch.

The dashboard data and analysis are validated at quarterly Policy Clinics, which bring together bureaucrats, academics, researchers and activists to discuss and respond to the data. These conversations have opened the doors to discussion with high level government officials and departments. One Policy Clinic member Principal of Shaheed Suhrawardy Medical College and Hospital, Bangladesh, offered his help to act as a bridge between CPJ, BRAC and the Directorate General of Health Services under the Ministry of Health and Family Welfare of Bangladesh and act as a champion to engage in direct policy advocacy.

Another key advocacy network has been established between CPJ and Bangladesh Society for the Change and Advocacy Nexus ([B-SCAN](#)), a leading organisation working for the rights of persons with disabilities since 2009. General Secretary of B-SCAN, actively participated in all three rounds of CPJ’s policy clinic to identify policy gaps for persons with disabilities:

*“I was thrilled to know that finally a research has taken persons with disabilities problems into consideration. As a marginalised group, persons*

*with disabilities are often ignored from debates and discussions. Your research is perhaps the only one that has looked into persons with disabilities challenges during this pandemic. It was fascinating to see such enriched evidence was collected on persons with disabilities lives.” – General Secretary of B-SCAN*

Another Policy Clinic member, Vice-Chairperson, Public Health Foundation Bangladesh and WHO consultant, reflected on this relevance of CPJ research to his work to develop and access Covid-19 responses in Bangladesh and the insights on how aid distribution, in the absence of education and other services, is ineffective at combatting the deep entrenching impacts of Covid-19. He believes that CPJ's Policy Clinics have been greatly beneficial in providing codified evidence that has validated policy makers' previously unproven assumptions, and acted as an advocacy champion for CPJ research in a national TV Talk-show [Trityio Matra](#). CPJ research findings on how the pandemic has increased marginalisation – with families reducing spending on food, taking low paid jobs and breaking into their savings to survive – has received [front page coverage](#) in national media.

This research and the networks established by CPJ will continue to have influence beyond the Covid Collective. An Associate Professor, Department of Sociology, University of Dhaka, has expressed his interest to use the data as learning materials in his courses offered to graduate students. Other Policy Clinic members have also expressed an interest in collaborating on future research initiatives to continue to generate evidence to inform and influence policy and develop programmes to support marginalised communities. A series of policy briefs were published in both Bangla ([1](#), [2](#), [3](#)) and English ([1](#), [2](#), [3](#)), to continue to engage decision makers in this dialogue.

## **Evidence challenges excess mortality metrics in India, generating intense media and policy debate (Center for Global Development)**

The working paper [Three New Estimates of India's All-Cause Excess Mortality during the Covid-19 Pandemic](#), published by the Center for Global Development (CGD) in July 2021, detailed new estimates on India's excess mortality during Covid-19, suggesting excess death tolls around 3 million, challenging official metrics that reported a much lower count. This paper and the accompanying blog received widespread media coverage with mentions in more than a thousand news sources, including the [NYT](#), [Wall Street Journal](#), and [BBC Newshour](#). The paper was also discussed on the floor of the Indian Parliament, and the Indian Health Minister provided a verbal response that was [covered by the New York Times](#). Rahul Gandhi, member of the Indian congress, with 19.5 million followers, [shared the working paper on Twitter](#), generating an active debate, with 7,250 retweets and nearly 21.9k likes.

With support from the Covid Collective, CGD were able to advance work to develop a global time series and spatial database of high frequency economic indicators based upon the study of high-frequency metrics of household consumption, employment, and commercial activity to provide a benchmark against official government data, to improve the accuracy and availability of data to inform policy decisions. Media reports of the huge difficulty in coping with the demand of burying the dead were not mirrored in official statistics, leading to a hypothesis that the official death registration system was unable to provide an accurate indication of the true death toll within the country. CGD researcher Justin Sandefur, working with non-resident fellow Arvind Subramanian, responded with work to calculate a more credible and accurate estimate of this excess mortality from Covid-19 in India to inform daily policy conversations at the height of the pandemic.

This work received widespread media attention due to how staggering the numbers were compared to what was being reported, which led to the recalibration of the global toll with the methods used in the study being incorporated into new statistical databases (such as Ariel Karlinsky's excess mortality work). The work also generated heated debate in elite political circles in India, with both pro- and counter- opinion pieces arising following the publication of these findings.

The strong role of Indian researchers was essential to the credibility of the data, with a central role for economists and two other teams working simultaneously to validate and reinforce the methods. Continued engagement between the researchers and the Indian government economic service provided a trusted voice and legitimacy when engaging with government and the public to communicate the findings. The Centre for Monitoring Indian Economy (CMIE), responsible for capturing mortality numbers, also played a key role in sourcing data, running large household surveys, and delivering seminars to explain the data that contributed to a stronger understanding of and trust in the findings. Journalist [Rupa Subramanya](#) was not only central to building media interest, but also collected data from various states in India to incorporate into the study. Communications support funded by the Covid Collective enabled CGD press officers to use their networks to connect to Indian correspondents at relevant media outlets, whilst opinion and analysis of the findings by other Indian researchers also contributed to the intense media interest.

## **Towards community-led, inclusive Covid-19 partnerships in ASEAN cities (International Institute for Environment and Development)**

Collective and community responses are key to supporting poor urban communities' resilience to the disproportionate socio-economic and health consequences of the pandemic. The Covid Collective [Towards Community-Led, Inclusive Covid-19 Partnerships in ASEAN Cities project](#) worked across the Indo Pacific region in Myanmar, the Philippines, Thailand, and Indonesia to examine the lessons from community-led responses to ensure food security, secure housing, and improve living

conditions. The project was implemented by the International Institute for Environment and Development (IIED) with the Asian Coalition for Housing Rights (ACHR), and contributed to a strengthened knowledge base by documenting the lessons learnt from how marginalised communities responded to Covid-19 and other crises through concrete actions.

In Thailand, the project built upon existing Covid-19 recovery activities and worked with multiple implementing partners to identify sustainable business models with potential to support communities and be taken to scale. A key outcome of this work was the support that it created for communities and the endorsement of their own strategies to deliver change. According to the ACHR Chairperson and former director of national government entity Community Organizations Development Institute (CODI), this research created a virtuous circle that supported community action and innovation.

*"This study is part of a larger movement of supporting change and generating knowledge through action by people. Action is the key. Poor people live in reality, not in theories. Their way of making change is always by taking concrete action to address the many problems that are part of that reality. If we want to learn from the poor and get their stories, it is always important to bring some needed assistance. This is not to pay them or give them a reward, but so they can use that assistance to make some immediate change by taking action, by showing some new possibilities which go beyond what they have already been doing. Many stories and ideas will always come out of that action. Then, when they share and discuss and tell their stories of what happened and how they made that change possible, we can learn from their change process on the ground. Knowledge that comes from action - and change that is driven by action - is always livelier, because we're not only discussing theories but seeing real, pragmatic new possibilities on the ground." - ACHR Chairperson and former director of CODI*

The project actively engaged decision makers at the municipal level, with hopes that the strong endorsement and relationship with CODI would create a channel to share research outputs at the national level.

In Yangong, Myanmar, the hardships of the pandemic were compounded by the military coup and continued political violence and instability, with rampant fear and mistrust making it dangerous for community groups to organise and gather. Policy influencing is not feasible in this context, and work of the Covid Collective partner, Women for the World (WfW) was necessarily cautious and focused on working with communities to support collective action to upgrade living and community spaces. Despite the contextual constraints, project initiatives rebuilt trust and hope through community solidarity.

*"During Covid, individual communities are more vulnerable than communities that did the housing [collective actions] or are part of the savings network. In the housing communities there is a system: an information system, a savings and*

*finance system, and a network system. The network is really helpful to support each other."* - Director of Women for the World

Alongside initiatives in the Philippines and Indonesia, the experience of planning, implementing, and collectively assessing different community-driven Covid-19 projects across the region identified a set of five key lessons shared in a [policy briefing](#) in May 2022.

## **Delivering intercultural communication to support social accountability and differentiated health service delivery for Brazil's most vulnerable Indigenous groups (Saúde Sem Limites)**

The work of Covid Collective partner [SSL](#) (Saúde Sem Limites) in Brazil has delivered a new '[Platform for Community-Based Monitoring of the Quality of Indigenous Health Care](#)' (known by its Portuguese acronym, PMCQSI), a community-based monitoring platform which makes innovative use of technology to combine qualitative, quantitative and participatory research data in Portuguese and Indigenous languages using audio, video and photographic resources compiled on a geo-referenced platform to inform health systems stakeholders. In Brasilia, November 2023, the project team were invited to present the platform and the Ministry of Health committed to including scale-up activities in their budget and workplan for 2024.

Despite an extremely polarised political context, the platform received a positive response from health system managers and technical staff at its launch event. Auri Santo Antunes de Oliveira, Head of the Rio Negro Regional Unit of the Ministry of Health's Special Secretariat of Indigenous Health, stated that the evidence presented had convinced him of the need for a differentiated approach to health service delivery for recently contacted Indigenous peoples. He committed to set up a specific management unit to implement this approach for the Hup'däh and Yohup'döh peoples (the most vulnerable Indigenous groups in the region) as soon as the budget situation permits. This positive response follows a politically sensitive presentation by the SSL team that emphasised constructive engagement and the value of social accountability and intercultural communication for delivering stated government goals.

Prior to its launch, the platform was tested with leaders from the Federation of Indigenous Organisations of the Rio Negro (FOIRN) and members of the marginalised Hup'däh community. FOIRN committed to using the evidence from the project in ongoing dialogue with policy makers around improving health service delivery in the wake of the Covid-19 pandemic. Hup'däh community leaders were particularly enthusiastic about how the Indigenous-language and visual material shared their experience of the pandemic and views on how health services could be improved, using their own language and cultural perspectives, while simultaneously

helping to translate these perspectives for 'white people'. They committed to keeping the platform 'live' with the inclusion of further audio recordings and video material collected during visits to remote communities, as part of an effort to strengthen social accountability and challenge the health system to make good on its promises around taking a more intercultural approach.

The SSL team have had discussions with service providers and Indigenous organisations working in other regions of Brazil that have a significant population of the most vulnerable Indigenous groups. There is considerable interest in replicating the project's methodology as an approach for improving social accountability and intercultural approaches to the implementation of the National Health Care Strategy for Isolated and Recently Contacted Indigenous Peoples. The research team have also had discussions with the software providers TIMBY about drawing on lessons from the project to adapt their platform to strengthen its use in promoting community-based environmental and health rights monitoring in Brazil and beyond.

## **Building capacity for storytelling in Lilongwe (Know Your City TV, University of Manchester)**

The Malawi Know Your City (KYC) TV Programme provided 26 young people living in informal settlements of Lilongwe with training in photography and videography. The programme has empowered these young people to share their stories and shed light on social and economic issues affecting their communities. The programme has supported these young people in developing skills in digital storytelling, including video production, podcasting, and multimedia presentations, thereby enhancing their digital literacy and adaptability. This case study highlights the significant impact of the programme, showcasing the positive outcomes it has achieved in terms of capacity building, community engagement, and economic empowerment.

Before the implementation of the KYCTV Programme, many youths in the informal settlements lacked meaningful opportunities and many were just staying idle at home, since their parents do not have resources to pay for their school fees or give them capital to start businesses. Through the programme, they were equipped with essential skills in photography and videography, enabling them to effectively document their settlements' experiences and create impactful visual content. The programme's training not only honed their technical abilities but also nurtured their storytelling skills, empowering them to articulate their thoughts and ideas in a compelling manner. This capacity-building aspect of the programme has not only empowered the participants, but has also fostered a sense of pride and confidence within the community more generally.

One of the unexpected outcomes of the KYCTV Programme has been the economic empowerment of the youth involved. By leveraging their newfound skills in photography and videography, the participants are now able to generate income for themselves. They have seized various opportunities to provide their services for

events, local businesses, and community initiatives in Lilongwe, thereby creating a sustainable source of income. Access to income is slowly bringing them independence and hope for a dignified urban life.

The programme has fostered cross learning between youths' groups in different settlements and this allowed for the potential to gain a more complete understanding of themselves (by comparing what you know to that of others). It also promotes deeper elaboration and, ultimately, understanding of different ways of thinking about complex ideas and issues affecting their settlements. Additionally, the KYCTV Programme has played a vital role in translating the findings of the Covid Collective research into accessible knowledge materials for the communities and other stakeholders in informal settlements. Recognising the importance of making research accessible and actionable, the programme has effectively bridged the gap between academic knowledge and local understanding. Thus, the youth are using storytelling as a powerful tool for advocacy and social change. The sharing of community stories has raised awareness about various issues, inspired action, and contributed to positive social impact.



## Annex B – Fireside Chats

### *How are we adapting our research methods and approaches in the Covid era?*

Date: **28 January 2021**

Framing paper: 'The Impact of Covid-19 on Research Methods and Approaches', by Anna Louise Strachan.

Presentations:

- Alexandre Simons, IPAR Rwanda: **Providing timely evidence to facilitate the socio-economic recovery from Covid-19 in Rwanda**
- Raiman Al-Hamdani, Yemen Polling Center, and Robert Wilson: Political Settlements Research Programme (PSRP), University of Edinburgh: **Yemen and Covid-19: What does a response look like?**
- Kate Bird, ODI: **In depth qualitative research during the Covid pandemic**

### *Who are we studying? An intersectional view of the Covid-19 pandemic*

Date: **25 March 2021**

Framing paper: 'Intersectionality and Responses to Covid-19', by Jenny Birchall.

Presentations:

- Maheen Sultan, BRAC Institute of Governance and Development, BRAC University: **Gender: An intersectional and integral Covid-19 research agenda**
- Morgon Banks, LSHTM: **Why include disability in Covid-19 research, and how to do it**

### *What can we learn from the Covid-19 pandemic about how to shape a 'decolonised' development research and learning agenda?*

Date: **27 May 2021**

Framing paper: 'Local Knowledge and Participation in the Covid-19 Response', by Amanda Lenhardt.

Presentations:

- David Nangaa Silakan, PARAN Alliance and Ramson Karmushu, IMPACT Trust Kenya: **Understanding the impacts of Covid-19 in fragile and conflict affected regions: A case study of northern Kenya**
- Andrea Ordóñez, Southern Voice: **Leaving No One Behind in digital delivery of public services**

### *How have displaced people responded to the secondary impacts of Covid-19?*

Date: **29 July 2021**

Framing paper: 'The Socio-Economic Impacts of the Covid-19 Pandemic on Forcibly Displaced Persons', by Brigitte Rohwerder.

Presentations:

- Phillip Proudfoot, IDS: **The UK hostile environment vs. Covid-19**
- Zeynep Ilkkursun, Koç University (partners of LSHTM): **Covid-19 and disability study: Experiences among Syrian refugees**

### ***Covid-19 and the impact on informal settlements***

Date: **30 September 2021**

Framing paper: 'The Social Economic Impacts of Covid-19 in Informal Urban Settlements', by Amanda Lenhardt.

Presentations:

- Patience Mudimu, Dialogue on Shelter Trust: **Covid-19 impacts in slums**
- Kate Lines, University of Manchester: **Monitoring Covid-19 vaccine roll-out in informal settlements**

### ***Exploring donor and multilateral response to the Covid-19 pandemic***

Date: **8 December 2021**

Framing paper: 'Development Finance for Socioeconomic Programming in Response to Covid-19', by Amanda Lenhardt.

Presentations:

- Arjan de Haan, IDRC: **Covid-19 Responses for Equity (CORE): Reflections on research donor response, and where we are at after 20 months**
- Sanja Badanjak, University of Edinburgh: **EU external action and development spending in a time of Covid-19**

### ***Covid Collective learning and synthesis***

Date: **15 March 2022**

Framing paper: 'Synthesis of Work by the Covid Collective', by Laura Bolton.

Presentations:

- Erica Nelson, IDS: **Social science research for Covid-19 action**

### ***The impact of evidence in a pandemic***

Date: **27 June 2022**

Framing paper: 'Pathways to Impact in the Pandemic', by Joe Taylor et al.

Presentations:

- Andrea Ordóñez, Southern Voice: **Evidence to respond: Southern Voice's lessons from the pandemic**
- Maxine Caws, Liverpool School of Tropical Medicine: **Pandemic times. Advancing scientific capacity to respond during the Covid-19 pandemic: Reflections on the Nepal experience**

### ***Community-led innovations and actions in response to the Covid-19***

Date: **7 October 2022**

Framing paper: 'Community-led Innovations and Actions in Response to the Covid-19 Pandemic', by Roz Price.

Presentations:

- Alice Sverdlik, University of Manchester: **Towards a comparative understanding of community-led and collaborative responses to Covid-19 in Kampala, Mogadishu and Nairobi**
- Juline Beaujouan-Marliere, University of Edinburgh: **Community-led innovations and actions in response to the Covid-19 pandemic in Syria**

### ***Managing multiple crises***

Date: **7 December 2022**

Framing paper: '**Managing Multiple Crises: Lessons from Covid-19**', by Roz Price.

Presentations:

- Monalisa Adhikari, University of Edinburgh: **Understanding local community responses to Covid-19 and cross-border relief efforts in Myanmar**
- Vidya Diwakar, Chronic Poverty Advisory Network: **Pro-poor responses to multiple crises**

### ***Pandemic preparedness***

Date: **7 March 2023**

Framing paper: '**Pandemic Preparedness**', by Tabitha Hrynich and Catherine Grant.

Presentations:

- Marcelle Mardon and Anna Walnycki, IIED: **Covid relief archive: Learnings for urban social protection**
- Tabitha Hrynich and Catherine Grant, IDS: **Pandemic preparedness for the real world**

### ***Pandemic perspectives: Paving a way for social science research***

Date: **14-15 March 2023**

The event brought together 40 Collective members in person, and a further 46 people joined an online session on the second day. The two-day meeting was an opportunity to celebrate the achievements of the Covid Collective over the last two and a half years, to exchange knowledge, ideas and experience relating to key themes that have emerged from the Collective's research, and to identify agendas for evidence and research going forward.

## Annex C – Learning Briefs

# Key lessons and implications: Managing multiple, intersecting crises

## Lessons

Competing pressures led to non-compliance of measures:

- Research in conflict-affected Yemen suggested that people could not comply with Covid-19 measures due to managing the pressures of the conflict, either by having to go to work to secure wages or to markets to obtain basic goods/PPE.
- Residents of informal settlements, such as in Mathare, Nairobi, struggled to observe the Covid-19 social distancing measures and face increasingly precarious livelihoods, alongside escalating care burdens, inadequate healthcare access, and deepening political exclusion.

Trust and familiarity are key in times of crisis:

- Participants suggested that Covid-19 preventative health measures carried out by the Taiz Health Office in cooperation with CSOs were met with greater receptiveness and compliance because CSOs were 'closer to the people'
- Low or a lack of institutional trust had implications for the adoption of interventions and recovery programmes after a crisis (IDS<sup>4</sup>).

## Implications

Put vulnerable and marginalised groups front and centre in recovery efforts:

- The scale of the current intersecting crises needs a more ambitious transformative pathway to zero poverty, which calls for centring 'social justice, peace and the planet' and a focus on recovery (CPAN<sup>5</sup>).

Robust, long-term, risk-informed decision making under uncertainty is critical:

- To improve responsiveness and resilience to future crises there is a need to build multi-level governance structures based on empowering participation, engagement, and cooperation to understand local and vulnerable groups' changing needs (CPAN<sup>6</sup>).

Ground responses on local contexts:

- Future responses should be based on context-rooted lessons and recommendations for key stakeholders responsible for the response to

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<sup>4</sup> Positioning Paper - [Governance and Building Back Better](#)

<sup>5</sup> Blog - [Charting Pathways to Zero Poverty Amidst Complex Crises](#)

<sup>6</sup> Blog - [Charting Pathways to Zero Poverty Amidst Complex Crises](#)

(health) crises. This will help develop more efficient and actionable plans to deal with future emergencies.

Collaborate across groups to respond to multiple crises:

- Involve those directly concerned by the transit of humanitarian aid into/inside Syria, such as funders, (I)NGOs and receivers. Doing so, will directly answer in-country needs by offering an opportunity for peer exchange, sharing best practices, and challenges met in their efforts for humanitarian relief, sustainable development, and peace.
- Faced with drought, floods and resource-based conflicts, committees can engage to provide oversight of the implementation of mitigation and adaptation measures within the local communities. The committee can ensure equitable allocation of the resources to address crises.

## Key lessons and implications: Equity and Inclusion

### Lessons

Disproportionate effects of the Covid-19 pandemic:

- Marginalised and socially excluded groups such as women and girls, people with disabilities, older people, children, young people, informal and migrant workers, refugees and internally displaced persons, racial and ethnic minorities, indigenous peoples, and LGBTQI people, bore the brunt of the crisis and were more likely to suffer from adverse health, socioeconomic, and political impacts of Covid-19 pandemic<sup>7</sup>.

Community-led groups and networks provided support during the pandemic:

- Community savings groups are instrumental as grassroots mechanisms for cushioning households and communities during lockdowns when most income streams have been shut off – however, these require complementary funding and support from official (e.g. government) channels to provide the support needed.
- In **Ethiopia**, neighbourhood support networks and community members took turns in going to the market to purchase food and goods for each other, while households were asked to donate to the *woreda* (neighbourhood) for food-insecure households (CPAN<sup>8</sup>).
- In **Kenya**, a well-established community-led network collected data on infection rates, existing responses, and additional support needed in multiple informal settlements, which developed widespread public support and initiated effective government responses (University of Manchester, GDI<sup>9</sup>).

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<sup>7</sup> Key Issue Guide - [Equity, Inclusion and Exclusion of Those Most Affected by the Pandemic](#)

<sup>8</sup> [Ethiopia - Covid-19 Poverty Monitor: April 2021](#)

<sup>9</sup> Research for Policy and Practice Report - [Covid-19: Community Resilience in Urban Informal Settlements](#)

- People with disabilities created a network comprising of membership from the three villages within the Hospital ward to address their issues and access support programmes.
- In **Bangladesh**, in the absence of official help, slum dwellers initiated robust medical and non-medical measures to tackle the disease, at personal and household levels and then communitywide, with the local government later adopting these activities to provide support (BRAC Institute of Governance and Development (BIGD); University of Sussex<sup>10</sup>).

Research was adapted to include the most marginalised:

- To ensure the active participation of people with disabilities, researchers turned to 'multiple channels (text, email, etc.), trained trusted friends and local authorities such as teachers to take telephone calls and interpret them for the participant, encouraged participants to draw their responses on paper and send them, and ensured that these approaches met with existing standards for disability-inclusive research through trained data collectors, accessible materials, and appropriate safeguard' (LSHTM/SAMRC<sup>11</sup>).
- Participatory methods were successfully used in Bangladesh to study the experiences of marginalised groups of the Covid-19 pandemic, including using peer (community-based) researchers (BIGD<sup>12</sup>).

## Implications

Support grassroots resilience and strengthen networks:

- Networks of community-based individuals should be built through involving these groups in the data collection process.
- Strengthen partnerships between different organisations, government ministries, and community groups to ensure an equitable response, inclusive of all of those most vulnerable.

Ensure research is inclusive of the most marginalised, considering ethical considerations:

- Build the capacities of youth and other local groups to be able to participate in the data collection process to ensure that multiple perspectives can be included when planning a response.
- Participatory methods should be used to study the experiences of marginalised groups of the Covid-19 pandemic.
- Build the capacities of youth and other local groups to be able to participate in the data collection process to ensure that multiple perspectives can be included when planning a response.
- Engagement with multiple cultures and sectors will ensure an intercultural response, especially for mental health issues and other epidemics.

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<sup>10</sup> Research for Policy and Practice Report - [Covid-19: Community Resilience in Urban Informal Settlements](#)

<sup>11</sup> IDS Bulletin article - [Adapting Disability Research Methods and Practices During the Covid-19 Pandemic: Experiences from the Field](#)

<sup>12</sup> Research for Policy and Practice Report- [Urban Governance from Below: Covid-19 Response in a Bangladeshi Slum](#)

- Facilitate communities to present their own priorities in the disaster management (drought, resourced based conflicts, floods, hunger) for inclusion in the response.

Include the most marginalised in crises responses:

- Support the incorporation of digital health innovations into strategies for increasing access to equitable, effective, and affordable health services.
- Provide training to enhance understanding and the capacity of people to increase access to social protection mechanisms.

## Key lessons and implications: Pandemic preparedness

### Lessons

Existing systems were inadequate and overstretched:

- Globally, all facets of society - health, security, political, economic, and social – were negatively impacted by the pandemic, and this was felt more strongly by those already experiencing the greatest vulnerabilities (Key Issue Guide – Pandemic Preparedness [KIG-PP]<sup>13</sup>).

Interdisciplinarity and plural knowledge is critical:

- Social sciences, involving stakeholder participation, played an important role in understanding critical issues such as the drivers of change and the social dimensions of technologies (e.g., vaccine uptake and access) (KIG-PP).

Focus on building trust:

- Research in Yemen suggested low pre-pandemic confidence and trust in policing systems and state institutions did not improve after the arrival of Covid-19, which inhibited the compliance with Covid-19 response measures.

Importance of bottom-up responses:

- Grassroots community responses to Covid-19 were able to augment or fill in gaps of formal state responses to contain the virus, and to mitigate the social and economic effects of the response measures (KIG-PP).
- Grounded in local realities, these actors and entities often have a better sense of local vulnerabilities and needs, and therefore, what makes for appropriate response.
- Many grassroots, and particularly community sector actors, acted independently during Covid-19, mobilising their own resources and networks to respond in locally relevant, appropriate, and acceptable ways (KIG-PP).

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<sup>13</sup> Key Issue Guide – Pandemic Preparedness



Equity is central to effective preparedness:

- Equity at the global level has been highlighted as key for preparedness with a shift away from patronising modes of operation and a power imbalance of funding initiatives between high-income and low-income countries, which often privilege global initiatives over the priorities of local communities or less powerful nations (KIG-PP).

## Implications

Build trust and accountability mechanisms between communities and authorities:

- Support for communities is needed to develop more effective ways of monitoring, circulating and governing health resources, and is central as part of the wider aim for all groups and donors to supply more health aid in Yemen.

Decentralise decision making:

- Encourage the decentralisation of decision making across ministries, including convening cross-sectoral fora for emergency pandemic response (IDS<sup>14</sup>).
- Better solutions are likely to emerge from inclusive and deliberative decision making processes that recognise the uncertainties inherent in any single framing. This means negotiating across power hierarchies, including those of disciplines, social class, and geographies (IDS<sup>15</sup>).
- Incorporating a 'people-centred slum upgrade protocol' in Zimbabwe's pending national development plan (2021–2025) will mobilise funding more readily to upgrade informal settlements, with the potential to address Covid-19-related risks and support equitable urban development pathways, to build preparedness of these communities.

Utilise local knowledge:

- A hybrid, plural health system should be the basis for long-term resilience, and the cornerstone of pandemic preparedness (IDS<sup>16</sup>).
- When disease preparedness is viewed as a social issue, it becomes easier to develop integrated approaches not just to pandemic-prone diseases but to epidemic and endemic diseases too. Building the knowledge to support such approaches requires combining a far greater diversity of data, expertise and perspectives than is customary, including from communities and practitioners as well as scientists (IDS<sup>17</sup>).

Build multi-disciplinary networks and connectivity:

- Support knowledge networks that connect formal and informal, local, and scientific knowledge, and carry out research on local treatments and the processes by which they are developed and shared (IDS<sup>18</sup>).

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<sup>14</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>15</sup> Report - [Pandemic Preparedness for the Real World: Why We Must Invest in Equitable, Ethical and Effective Approaches to Help Prepare for the Next Pandemic](#)

<sup>16</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>17</sup> Report - [Pandemic Preparedness for the Real World: Why We Must Invest in Equitable, Ethical and Effective Approaches to Help Prepare for the Next Pandemic](#)

<sup>18</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

- Identify and map reliable professionals and their networks across communities and provide support and recognition to them (IDS<sup>19</sup>).
- Social, economic, and political issues must be considered as fundamental to the pandemic preparedness agenda as biological issues (IDS<sup>20</sup>).

Investments and financing:

- Financing 'pandemic preparedness', requires a flexible approach to mobilising and disbursing funds that goes beyond the existing international risk-based financial instruments. It requires investments in social interventions such as reducing inequalities, increasing institutional accountability, and promoting diversity of voices in decision making spaces<sup>21</sup>.

## Key lessons and implications: Informality

### Lessons

Disproportionate impacts:

- Covid-19 caseloads have been systematically higher in neighbourhoods classified as containing high-density, informal settlements, or 'slums', than those not containing 'slums'<sup>22</sup>.

Active role of urban residents:

- Urban residents are not passive recipients of political or economic directives. Residents' responses vary widely and will determine the final outcomes<sup>23</sup>.
- Residents' responses are shaped by the pre-pandemic context, including civil society engagement, residents' trust in government, and wider threats, including conflict<sup>24</sup>.
- Where health and wellbeing outcomes were more positive than expected, this was largely the result of self-help activities, amplified by government assistance and public recognition<sup>25</sup>.
- Once information began to flow upwards from the community to government and downwards to community leaders, with the authorities recognising the value of the information, the authorities began to reach out to the community Alliance and action was catalysed<sup>26</sup>.

<sup>19</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>20</sup> Report - [Pandemic Preparedness for the Real World: Why We Must Invest in Equitable, Ethical and Effective Approaches to Help Prepare for the Next Pandemic](#)

<sup>21</sup> Report - [Pandemic Preparedness for the Real World: Why We Must Invest in Equitable, Ethical and Effective Approaches to Help Prepare for the Next Pandemic](#)

<sup>22</sup> Blog - [The Disproportionate Response to Covid-19 in Informal Urban Settlements](#)

<sup>23</sup> Research for Policy and Practice Report - [Covid-19: Community Resilience in Urban Informal Settlements](#)

<sup>24</sup> Research for Policy and Practice Report - [Covid-19: Community Resilience in Urban Informal Settlements](#)

<sup>25</sup> Research for Policy and Practice Report - [Covid-19: Community Resilience in Urban Informal Settlements](#)

<sup>26</sup> Research for Policy and Practice Report - [Covid-19: Community Resilience in Urban Informal Settlements](#)

### Inadequate responses in informal settlements:

- Early concerns about the risk factors inherent in informal urban settlements have not been met with the proportionate responses needed to support these communities to cope<sup>27</sup>.
- Social protection systems and cash transfer programmes have been scaled up around the world, but few targeted informal workers in informal urban settlements whose incomes were upended during the pandemic<sup>28</sup>.
- Measures to address food insecurity caused, or exacerbated by, Covid-19 appear to be largely focused on rural areas, either as the source of domestic food production or targeting rural food consumers<sup>29</sup>.
- People felt very much on their own, without the help of the state, but the processes of local innovation and information sharing were impressive<sup>30</sup>.

### Utilising education services in response:

- The provision of education-related services in informal urban settlements has been shown to be a useful means of managing and coordinating pandemic and other crises responses<sup>31</sup>.
- Much of the emphasis on maintaining education access during the pandemic has focused on infrastructure and online learning in rural and remote areas, which is critical, but overlooks barriers faced by children in urban settings<sup>32</sup>.

### Needs to address intersectional inequalities:

- ‘Communities’ are not uniform – contests exist between those with different religious beliefs, between men and women, young and old, rich and poor<sup>33</sup>.
- Women and girls are more exposed to the virus itself due to limited access to hygiene and space, but also to the indirect effects of lost incomes or education due to added caring responsibilities or pressures to marry to ease families’ economic pressures among other social normative factors<sup>34</sup>.
- People with disabilities are similarly doubly affected by heightened health risk factors as well as reduced access to basic services and overburdened household and social resilience networks that often serve as their primary source of support<sup>35</sup>.
- Older people have faced heightened fear, anxiety, and depression during Covid-19; an increased risk of violence, abuse, and neglect; added challenges to livelihood opportunities and heightened risk of impoverishment; discrimination, being denied their rights, and had the exercise of their voice has limited throughout the pandemic<sup>36</sup>.

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<sup>27</sup> Blog - [The Disproportionate Response to Covid-19 in Informal Urban Settlements](#)

<sup>28</sup> Blog - [The Disproportionate Response to Covid-19 in Informal Urban Settlements](#)

<sup>29</sup> Blog - [The Disproportionate Response to Covid-19 in Informal Urban Settlements](#)

<sup>30</sup> Blog - [The Disproportionate Response to Covid-19 in Informal Urban Settlements](#)

<sup>31</sup> Blog - [The Disproportionate Response to Covid-19 in Informal Urban Settlements](#)

<sup>32</sup> Blog - [The Disproportionate Response to Covid-19 in Informal Urban Settlements](#)

<sup>33</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>34</sup> Blog - [The Disproportionate Response to Covid-19 in Informal Urban Settlements](#)

<sup>35</sup> Blog - [The Disproportionate Response to Covid-19 in Informal Urban Settlements](#)

<sup>36</sup> Blog - [The Disproportionate Response to Covid-19 in Informal Urban Settlements](#)

- Migrants face added barriers to accessing health services and information, are rarely targeted by social protection systems, or covered by existing labour laws, and many are less well connected to local support structures<sup>37</sup>.

Building networks and relationships was key:

- When health systems are weak and ineffective in the face of an unknown threat, then certain key professionals or ‘reliability professionals’ on the front line, embedded in networks, become key to maintaining relationships and responding to Covid-19. ‘Reliability professionals’ can scan the horizon for impending dangers, while attending to day-to-day responses on the ground<sup>38</sup>.
- Resilience building was all about relationships - the work of reliability professionals focused on relationships and networks (even if centered on a skilled individual)<sup>39</sup>.
- Innovation for a more resilient outcome had to involve multiple actors interacting with each other<sup>40</sup>.
- Coordination between ministries and between the state and local actors, with different interests, was key to successful responses<sup>41</sup>.

## Implications

Knowledge systems:

- Support knowledge networks that connect formal and informal, local, and scientific or medical knowledge systems, and carry out research on local treatments and the processes by which they are developed and shared<sup>42</sup>.
- More investment is needed to assess local treatments and responses and integrate them into pandemic responses. In Zimbabwe, local remedies such as the *Zumbani* plant became central to how people managed the disease<sup>43</sup>.
- Reinforce and build trust between the knowledge networks that allow the exchange of validated information (not just from public health sources) across communities and into the diaspora<sup>44</sup>.

Embedded networks:

- To generate reliability in the face of uncertainty and assure preparedness you need key professionals and their networks on the front line, who need to be rewarded and recognised for their role<sup>45</sup>.
- Diverse communities need to be involved with interactions with a range of players, including the formal health system<sup>46</sup>.
- A hybrid, plural health system should be the basis for long-term resilience, and the cornerstone of pandemic preparedness<sup>47</sup>.

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<sup>37</sup> Blog - [The Disproportionate Response to Covid-19 in Informal Urban Settlements](#)

<sup>38</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>39</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>40</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>41</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>42</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>43</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>44</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>45</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>46</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>47</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

- Identify and map reliability professionals and their networks across communities and provide support and recognition to them<sup>48</sup>.

Decentralisation and trust:

- Decentralise decisions and response, to trust local negotiations and to be flexible in implementation, responding to local conditions<sup>49</sup>.
- Talk together and build relationships to help institutions function better<sup>50</sup>.
- Ensure pandemic responses are livelihood-compatible – working out a series of options is vital, and public health and livelihoods more generally must be seen in one holistic approach with local people and formal institutions working together<sup>51</sup>.
- Encourage the decentralisation of decision making across ministries, including convening cross-sectoral fora for emergency pandemic response<sup>52</sup>.

Understanding local contexts:

- Ethnographic insights can help design more grounded and contextualised responses to crises. Integrating an understanding of informality in designing crisis responses can be beneficial in urban slum settings (BIGD<sup>53</sup>).

## Key lessons and implications: Social protection

### Lessons

Importance of strong social protection measures in Covid-19 response:

- While the Covid-19 pandemic response prioritised social assistance measures, well-functioning social protection services were important to be able to respond to such crises (Key Issue Guide: Social Protection [KIG-SP]<sup>54</sup>).

Benefits of networks and a holistic approach:

- Community savings groups in informal settlements in Zimbabwe were instrumental as grassroots mechanisms for cushioning households and communities during lockdowns when most income streams had been shut off – however, these require complementing funding streams from government to provide sufficient levels of support to those vulnerable.

<sup>48</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>49</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>50</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>51</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>52</sup> Blog - [Preparing for the Next Pandemic: Lessons from Zimbabwe](#)

<sup>53</sup> Research for Policy and Practice Report: [Covid-19: Community Resilience in Urban Informal Settlements](#)

<sup>54</sup> Key Issue Guide - [Social Protection and Different Forms of Social Assistance](#)

Comprehensive information and ID systems critical to include vulnerable groups:

- Mature digital ID platforms and social registries were essential for effective and inclusive social protection. Many countries introduced new efforts to reach out to excluded groups in response to the pandemic. For instance, emergency social assistance measures targeting urban informal workers generated substantial new data on populations previously missed or misrepresented in existing information systems (KIG-SP).

Local knowledge was vital:

- Grassroots organisations were often more agile than and were the 'first movers', with government support sometimes later adopting these initiatives that had arisen at community level. For example, in Bangladesh, in the absence of official help, an informal settlement community initiated robust medical and non-medical measures to tackle Covid-19, to which the local government later provided support (BIGD<sup>55</sup>).

Social protection mechanisms need to reach all:

- Cash transfer information and ongoing programmes for support were not reaching communities they intend to benefit.
- Many of people were not aware of the programmes being implemented in their area that they may qualify for.

## Implications

Acknowledge the diversity and intersectionality of needs:

- WASH responses should be at the core of resilience-building interventions in times of shocks such as the Covid-19 pandemic – this means authorities may need to rethink service provision.

Acknowledge and incorporate local knowledge into decision making:

- There were many issues being experienced by community members, especially with social cash transfer where ongoing programmes were not reaching communities they intend to benefit. There is a need for Government to visit communities to ask community members how these programmes are working.
- Enhance equal and inclusive relations between the national government and the sub-national decision makers who have a significant role to play in development planning, budgeting, and implementation to ensure evolving needs and priorities of local people, especially those affected by the pandemic are tracked and adequately responded to.

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<sup>55</sup> Research for Policy and Practice Report - Covid-19: Community Resilience in Urban Informal Settlements

Ensure social protection can be accessed by all that need it:

- Provide training on labour-related laws, including: labour contracts, working time, rest time, the role of trade unions, social security and emergency assistance policies to enhance understanding and capacity of people to increase access to social protection mechanisms.

Understand implications of digital tools and utilise to improve strategies:

- Support the incorporation of digital health innovations into strategies for increasing access to equitable, effective, and affordable health services.