

RAPID ASSESSMENT OF THE EFFECTS OF COVID-19 MEASURES ON INSTITUTIONAL CAPACITY AND DEVELOPMENT IN ETHIOPIA

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Table of Contents

1. Introduction	3
2. Global emerging findings on Covid-19 policy responses	3
3. Effects of Covid-19 policy responses on public service delivery in Ethiopia.....	6
4. Effects of Covid-19 policy responses on GoE and the civil service.....	9
5. Development partners and Covid-19 in Ethiopia	11
6. Implications for the ad hoc group's institutional development agenda	12
Annex interviews.....	14

1. Introduction

This note aims to assist the Development Assistance Committee (DAG) ad-hoc Interagency Group on Institutional Development in Ethiopia continue its work on institutional development in the new context of the Covid-19 pandemic. It complements the rapid assessment on institutional development presented at the 10 March 2020 Addis Ababa workshop, which took place three days before the first recorded Covid-19 case in Ethiopia.¹

This note is based on a light touch review of the online global literature on Covid-19 and institutional development (drawing on curated databases²), and on Ethiopia's policy responses to Covid-19. It also draws on a few interviews with Ethiopian government officials and development partners associated with the ad hoc group (see Annex 1; not all group members could be interviewed due to timing).

The research questions were:

1. Based on a review of the global literature, what are the ways in which Covid-19 policy responses are affecting institutional development and the capacity of public services?
2. How are Covid-19 responses affecting the delivery of essential public services in Ethiopia?
3. How is the Ethiopian civil service responding to Covid-19 policy measures?
4. How have development partners in Ethiopia responded to Covid-19 and ensured continued attention to governance and institutional development?
5. What would be practical recommendations to ensure that institutional development continues to be considered in appropriate ways by the DAG ad hoc group in this new context?

2. Global emerging findings on Covid-19 policy responses

Since February-March 2020, policymakers and researchers have been anticipating and monitoring the impact of Covid-19 on developing and emerging economies, looking not just at whether and how health systems would cope, but more broadly at secondary impacts including on the economy, society, government and politics. A few months on, we are in a better position to draw some emerging findings from the point of view of how governance and institutional factors have both (i) influenced Covid-19 policy responses and (ii) themselves been affected by Covid-19 measures.

Governments' policy responses to the Covid-19 pandemic are not happening in a governance vacuum: they are shaped by existing institutions and the distribution of power in society and the economy. They often amplify current governance constraints and social divisions. Three institutional dimensions identified as particularly important in the literature are:

- **state capacity** to respond to the crisis (e.g. style of political leadership; nature of decision-making processes; access/use of evidence; trained officials able to implement policies, etc);
- **citizens' trust in the state** (e.g. what factors motivate their compliance with public health and other measures or could undermine the implementation of such measures);³ and

¹ Laure-Hélène Piron, 'Institutional Capacity development in Ethiopia: A Rapid Assessment Report', FCG Swden, May 2020

² <https://www.ids.ac.uk/publications/k4d-covid-19-conflict-and-governance-evidence-summaries/> and <https://www.dlprog.org/opinions/tag/leadership-observatory>

³ Francis Fukuyama, 'The thing that determines a country's resistance to the coronavirus', The Atlantic, 30 March 2020 <https://www.theatlantic.com/ideas/archive/2020/03/thing-determines-how-well-countries-respond-coronavirus/609025/>

- the **ability of governments to create coalitions** to develop, implement and adjust their policy responses (e.g. across different levels of governments, with the private sector to understand and mitigate the impact of Covid-19 health measures on the economy or to produce personal protective equipment/vaccines, academics to generate rapid evidence, civil society to reach remote populations, development partners to fund some measures and provide access to technical knowledge, etc).⁴

As the World Bank notes, “*The crisis has exposed vulnerabilities such as coordination failures, weak public institutions, ineffective and inefficient use of limited resources, insufficient accountability, and issues of patronage and corruption.*”⁵ For example, in countries already affected by corruption, increased funding for emergency health responses will exacerbate the problem, as (often already weak) procurement systems might be simply unable to cope with new large inflows (bureaucratic constraints) or may be subverted (as vested interests capture these new financial flows). Similarly, the elite deals that sustain political settlements and stability can result in legal and policy measures that benefit well connected lobbies or sectors of the economy, as was the case with Kenya’s tax measures – though some were dropped after public criticisms.⁶

In many countries, there are concerns that restrictive policy responses will remain in place longer than necessary.⁷ Public health states of emergency have entailed restrictions on basic liberties, such as on freedom of movement or protection of personal information. Accountability institutions, such as parliaments and courts, are not able to operate properly (because in-person meetings are reduced or altogether suspended) or can be targeted if they appear to challenge official discourse (e.g. traditional or new media). As countries move from emergency into recovery phases, the potential for longer term effects of restrictions remain, such as a further reduced civic space. A number of countries have nonetheless been able to introduce transparency, accountability and participation measures which have limited the potential for abuse, from supreme audit bodies examining public accounts, to civil society organisations both contributing to and monitoring government responses.⁸

However, the emergency is also seen as generating opportunities for governance innovation and adaptation. Some analysts and development organisations consider that the dislocations caused by Covid-19 health effects and policy responses could be so severe that the pandemic could be described as a ‘critical juncture’, generating the “*opportunity to push for much needed, positive reforms*”.⁹ For example, Vietnam has been widely praised as having been able to contain the novel coronavirus early on, through a systematic testing and quarantine approach which has avoided a

⁴ <http://www.effective-states.org/the-politics-of-responding-to-covid-19-in-developing-countries/>
<https://www.dlprog.org/opinions/developmental-leadership-in-a-time-of-global-pandemic>

⁵ Ed Olowo-Okere, ‘Starting a conversation about the future of governments post coronavirus’, World Bank, 27 May 2020 https://blogs.worldbank.org/governance/starting-conversation-about-future-governments-post-coronavirus?CID=WBW_AL_BlogNotification_EN_EXT

⁶ Matthew Tyce, ‘Kenya’s response to coronavirus’, Effective States and Inclusive Development Research Centre, 29 April 2020 <http://www.effective-states.org/kenyas-response-to-covid-19/>

⁷ Graham Teskey, ‘The worry of governance: coronavirus and emergency politics’, 3 April 2020 <https://abtassocgovernancesoapbox.wordpress.com/2020/04/03/the-worry-of-governance-coronavirus-and-emergency-politics/>

⁸ Aránzazu Guillán Montero and David Le Blanc, ‘Resilient institutions in times of crisis: transparency, accountability and participation at the national level key to effective response to COVID-19’, UNDESA, May 2020 https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/PB_74.pdf

⁹ Heather Marquette, ‘On Covid, social science can save lives: where do we start (part 2)’, Poverty to Power blog, 22 April 2020, <https://oxfamblogs.org/fp2p/on-covid-19-social-science-can-save-lives-where-do-we-start/>

costly national lockdown. While some commentators argue that this response was associated with Vietnam's top-down Communist Party controlled structure which reaches into communities, others note that the extent of transparency has been a new development in Vietnam's response: *"The willingness to share crisis information during the COVID-19 epidemic, to accept responsibility in managing a structured and comprehensive response, and to listen to its citizens, business owners and foreign investors in defining a recovery strategy may well be a milestone in the country's approach to governance."*¹⁰

Policy measures that take on board gender considerations have been advocated since the start of the epidemic. While the disease proportionally kills more men, women are more exposed as front-line health or social care workers, have suffered from increased gender-based violence (GBV) during lockdowns, and have seen their economic opportunities and livelihoods severely affected as they work in some of the hardest hit sectors.¹¹ A recent study by CARE international found that countries with more women in leadership are more likely to consider the effects of the crisis on women and girls.¹²

Most development partners have rapidly re-evaluated their entire portfolios to prioritise Covid-19 support, through new initiatives, 'pivoting' existing ones, and delaying or closing down programmes that appear to be less directly relevant or which cannot operate in current socially distanced conditions. There are several risks with this approach, including overwhelming national partners with offers of assistance that cannot be coordinated or absorbed and, in the rush for rapid responses, ignoring partners' medium to longer term objectives which will need to be part of the recovery and 'building back better' process (as will surely be recognised later on).

Development organisations have also been operating differently, with more reliance on local teams while international staff are repatriated to their home countries where they can access better healthcare. This has the potential to create new organisational strains, as managers have to rapidly learn how to lead and manage teams remotely. It also creates new opportunities to empower local staff who now have privileged access to information and to senior counterparts, as well as to draw more on local implementation / delivery partners who are already based in remote communities. Calls to 'localise aid' are becoming ever more urgent, and are rapidly becoming a reality.¹³

In summary, global Covid-19 responses to date provide insights into how government institutions – and the delivery of international assistance – could change for the better as part of recovery processes. However, such transformations should not be taken for granted. Physical distancing has accelerated the use of new technologies in government services, but also deprived millions of access to basic services as public servants no longer attend their workplaces. While development partners have shown how they could be flexible and responsive to new circumstances, deep economic recessions will likely lead to severe cuts in official development assistance for years to come.

¹⁰ Tran Chung Chau, Michael D. Gregorio and Nicola Nixon, 'Vietnam: a COVID-19 success story', 18 May 2020 https://devpolicy.org/vietnam-20200518-2/?utm_source=rss&utm_medium=rss&utm_campaign=vietnam-20200518-2

¹¹ Care International, 'Covid-19 could condemn women to decades of poverty', April 2020 https://www.care-international.org/files/files/CARE_Implications_of_COVID-19_on_WEE_300420.pdf

¹² Care International 'Where are the women? The conspicuous absence of women in Covid-19 response teams and plans, and why we need them', June 2020 https://insights.careinternational.org.uk/media/k2/attachments/CARE_COVID-19-womens-leadership-report_June-2020.pdf

¹³ For a call to localise humanitarian aid, see Jeremy Konyndyk and Patrick Saez, 'Faced with COVID-19, the humanitarian system should revisit its business model', Center for Global Development, 7 April 2020 <https://www.cgdev.org/blog/faced-covid-19-humanitarian-system-should-rethink-its-business-model>

3. Effects of Covid-19 policy responses on public service delivery in Ethiopia

This section summarises some of the effects of the Government of Ethiopia's (GoE) Covid-19 policy responses on the delivery of public services, for both the population and the private sector. It is not a comprehensive overview but provides a snapshot of existing information in June 2020.

The Covid-19 pandemic is accelerating in Ethiopia. As of 14 June 2020, Ethiopia had a total of 3,345 persons who had tested positive for Covid-19 with 77 related deaths.¹⁴ These numbers are likely to be an underestimate. Worryingly, infections have been growing rapidly since the end of May. Addis Ababa is the most affected but the virus is circulating in a number of regions. It has now reached refugee camps where physical distancing and hygiene measures are hard to respect.¹⁵

The GoE took a number of early rapid policy decisions to contain the spread of the novel coronavirus but has avoided a complete lockdown which would have further affected livelihoods.

- In early March, the Covid 19 National Ministerial Committee was established, chaired by the Prime Minister and primarily led by the Ministry of Health, with seven technical sub-committees.
- On 13 March, the first Covid-19 case was confirmed in Ethiopia.
- On 16 March, schools and large gatherings were suspended.
- On 20 March, a 14-day quarantine was introduced for those entering Ethiopia.
- On 23 March, GoE instituted remote working for government officials.
- On 31 March, the electoral board postponed the August parliamentary elections.
- On 4 April, GoE published its National Emergency Response plan requiring an estimated US\$1.6 billion in funding over three months.
- On 8 April, a State of Emergency (SoE) was declared, under which more stringent measures could be introduced. Inter-regional public travel has been suspended by most regional states, and private sector layoffs have been banned.

The groups most vulnerable to Covid-19 restrictions according to a qualitative study with civil society organisations¹⁶ and a UN socio-economic impact assessment¹⁷ include:

- **Workers in sectors directly affected by physical restrictions:** Industrial parks, construction, tourism/hospitality, as well as urban, informal sector.
- **Daily labourers/migrants:** They cannot earn their daily wages due to transport and movement restrictions and who live in crowded dwellings.
- **Women and children:** They are the most affected by the loss of income (e.g. as markets have closed) which directly affects their nutritional status. Women are over-represented in industrial parks, and tourism/hospitality industry. They also face the extra burden of childcare and are disadvantaged in household decision-making.
- **People living with specific vulnerabilities, such as disabilities:** They have additional needs and cannot easily comply with social distancing measures.

¹⁴ 'Ethiopia Covid-19 situational update', CNBC Africa, 14 June 2020 <https://www.cnbc.com/africa-press-office/2020/06/14/coronavirus-ethiopia-covid-19-situational-update-as-of-today-14-june-2020/>

¹⁵ Simon Marks, 'Ethiopia races to stave off coronavirus in refugee camps' Voice of America, 11 June 2020 <https://www.voanews.com/covid-19-pandemic/ethiopia-races-stave-coronavirus-refugee-camps>

¹⁶ 'The impact of Covid-19 and movement restrictions on the poor and vulnerable groups in Ethiopia. Findings from explorative qualitative interviews with civil society organisations', Oxford Policy Management, May 2020 <https://www.opml.co.uk/files/Publications/impact-of-covid-19-on-poor-vulnerable-groups-exploratory-cso-interviews-19-05-20-final.pdf?noredirect=1>

¹⁷ <https://www.undp.org/content/undp/en/home/coronavirus/socio-economic-impact-of-covid-19.html>

- **Populations living in vulnerable areas:** Informal urban settlements; farmers/pastoralists in areas of food insecurity; internally displaced persons, refugees, returnees, migrants, etc. Deportation of Ethiopian migrants back to Ethiopia is a present concern.
- **Urban/rural differences:** Urban populations have been better informed about how to mitigate the risk of spreading or contracting the virus as they have better access to media (television, radio, mobile phones) than rural populations who rely on word of mouth. However, neither are able to consistently follow the rules due to a lack of access to water, the cost of sanitary products, and the pressing need to earn an income.

The main public services which have been affected include:¹⁸

- **Health:** Most of the population are able to access health services (public or private), but a proportion are not doing so for fear of contracting the virus or of being put in quarantine. Maternal and child services are available, but diversion of resources towards Covid-19 could be impacting services for women, girls and boys.
- **Education:** Schools have been closed and are likely to remain so until the end of the academic year. While private schools have been able to offer tailored services (e.g. via messaging applications or physical worksheets picked up by parents with cars), public schools students can only access educational services through radio or television (which many households lack or are affected by power cuts). The UN assessment notes that this is the “*greatest disruption in educational opportunities for Ethiopian children in more than a generation*”.
- **Social protection:** The emergency response includes US\$635 emergency food distribution to 15 million vulnerable persons not currently covered by the rural and urban Productive Safety Net programme. The National Disaster Risk Management Committee estimates 30 million people could experience food consumption gaps. The civil society survey confirmed the government has been providing services to the most vulnerable populations, such as sanitary products, and that the population is aware GoE is mobilising resources. Respondents felt that urban communities had been prioritised. An extension of the urban social protection programme is under discussion. [
- **Religious institutions:** They have been closed; Easter and Ramadan celebrations were conducted at home. The survey notes some frustration that restaurants and bars were not closed.

There has been explicit attention to gender in the GoE response. The GoE emergency response plan highlighted the needs of women and girls as an ‘at risk’ category. The CARE International’s comparative study on women in Covid-19 responses found that Ethiopia had taken a number of good measures, but funding seemed to be lacking:

- Women were represented in high level policymaking (two women and five men in the Ministerial Covid-19 Committee).
- GoE took measures to assist the most vulnerable populations.
- GoE announced policy commitments toward GBV prevention and response programmes (but no funding).
- GoE took action on sexual and reproductive health by committing to retain access to these services, such as family planning (but no funding).¹⁹

In terms of governance institutions and services:

¹⁸ *Ibid.*

¹⁹ Emeline Wuilbercq, ‘Q&A: How Ethiopia’s Health Minister is Preparing for Coronavirus’, Thomson Reuters Foundation, May 2020, <https://news.trust.org/item/20200504172943-5mjaz>

- **The 2020 elections** scheduled for August have been postponed. This has generated a constitutional crisis as the federal government would be operating without a popular mandate when the parliament's term ends in October 2020. On 10 June, the House of the Federation voted to extend the term of the Prime Minister by a year. Opposition parties have expressed their opposition, and political instability could potentially undermine Ethiopia's political transition which had started in 2018.²⁰
- **Parliament** has met in person for some urgent matters but it is not operating virtually (though some standing committees are functioning virtually).
- **The court system** is no longer operating, with the exception of domestic violence, child abuse and other urgent cases. This will lead to a significant backlog once courts re-open, including for civil and commercial matters (e.g. marriages, contracts).
- **Voice and participation.** Interviews and the rapid document review have not identified proactive GoE measures to consult and seek citizens feedback on existing Covid-19 measures and how they could be adjusted. Restrictions on face-to-face meetings and public gatherings have limited consultations. Community representatives or civil society groups are able to distribute resources locally and may be consulted on behalf of the communities they serve, but may not represent all local voices and do not offer structured communication channels.
- This rapid scoping identified the need to gather more information on how **regional and local governments** have been affected by the pandemic and GoE responses to it.

In terms of the private sector's access to services, interviews indicated that GoE has been able to introduce a number of policy measures to mitigate the impacts on businesses:

- **Policy adjustments.** GoE introduced a number of incentives to help businesses which were adopted on 30 April by the Council of Ministers (such as tax breaks, suspensions or forgiveness). However, businesses need to apply to the Ministry of Finance and Ministry of Revenue and submit documents in person. There is anecdotal evidence that tax incentives have not all been implemented in practice.
- **E-services.** Some ministries and agencies have been able to shift to electronic provision of services, such as licensing for investors, and have improved information on their website. However, physical presence is still needed for some business services and offices have had to be reorganised (see box 1 for a case study of the Ethiopian Investment Commission).

Box 1: Use of technical assistance in the Ethiopian Investment Commission (EIC)

The EIC provides a good illustration of how government agencies have been able to adapt to the new Covid-19 context and draw on external technical assistance to prioritise their resources, adapt their services and engage with clients.

Physical distancing has posed a challenge given that most EIC staff are unable to work from home due to a lack of laptops or reliable internet. The EIC identified which were the critical services that still had to be provided to investors in person, and therefore which staff members needed to be physically present. It introduced a shift system to limit the number of persons in the office at the same time. UNDP's business continuity material support enabled directors to remain in regular contact with their clients. In addition, the EIC adapted its website to encourage investors to use e-services (e.g. for licencing, registration, etc) and created a dedicated 'Covid-19 tab' to compile resources, including about various government Covid-19 initiatives, such as repurposing manufacturing for the production of personal protective equipment (PPE). A regular newsletter keeps investors informed of developments.

An investor survey has been a useful tool to gain feedback from investors on their needs. For example, the May 2020 survey showed that access to finance and tax breaks/subsidies were the most requested areas for

²⁰ <https://news.cgtn.com/news/2020-06-11/Ethiopia-extends-PM-and-lawmakers-terms-after-elections-postponed-RewOTIWsx2/index.html>

support. 61% of survey respondents were not aware/had not received support from government and 35% had benefited from support and found these initiatives were useful. An investors task force asks investors how they have been affected by Covid-19 and how they could be helped. The survey and taskforce are good examples of client engagement in the private sector, drawing on digital technologies. This would appear to have been much more challenging for public service delivery where citizens, in particular vulnerable rural populations, have less access to emails/web-based tools and require physical access to service providers and government officials.

The EIC is experienced in matching development partners' offers of assistance to meet its organisational needs. It hosts quarterly donor coordination meetings and in this way is transparent about which partners are contributing to its five strategic pillars. In response to Covid-19, development partners have shown flexibility and reallocated resources towards urgent EIC priorities. For example, the UK Department for International Development funded Manufacturing Africa Programme has been supporting EIC account managers to proactively respond to investors' requests (e.g. how to access finance or switch to PPE production) including daily check-ins between account managers and the Manufacturing African implementation team. In this way, the programme develops EIC staff capacity even during a crisis. Such an approach, which maintains a focus on institutional development objectives, can work because the EIC is already a strong organisation in the wider Ethiopian context.

4. Effects of Covid-19 policy responses on GoE and the civil service

This section summarises the main effects of Covid-19 measures on the public service, reflecting on the priority issues identified in the March 2020 rapid institutional assessment cited earlier.

Overall, the Covid-19 crisis is “exposing glaring deficiencies in the public service”, in the words of one interviewee. The bureaucracy has struggled to generate quick assessments, propose, implement, monitor, and adjust policy responses. Ministries have often had to rely on external technical assistance as they lack in-house senior technical expertise (e.g. Ministry of Health or Ministry of Finance have responded well but are already highly supported).

The immediate effect of Covid-19 measures on the civil service has been the reduction in the number of officials effectively working, thereby severely reducing the capacity of the state. As Ethiopian public servants very rarely have systems in place to work from home (use of personal computer and reliance internet/phone access), the introduction of remote working in late March 2020 (combined with transport restrictions) has meant that staff required to work from home have in effect been put on paid leave. Each GoE ministry/agency had to decide who would have to travel to the office and who could stay home. An estimate is that only 40% of public servants are working.²¹ In April 2020, the Ministry of Health sent home 42% of its staff, the Prime Minister's Office 64% of its staff (out of 289); and the Ministry of Education (MoE) 87% (out of 1,544 staff).²² An estimate of the impact on regional and local governments was not found for this rapid study.

The Covid-19 measures have led to new ways of working in the civil service which could be beneficial over the medium to longer term. For example, a bureaucratic culture which gives more authority to official letters and stamped documents is being challenged by greater use of emails. More meetings are being held virtually, such as through Zoom. These changes may have led to more effective ways of working (e.g. reduced travel time to external meetings) with efficiency gains (e.g. reported improvements in tax collection - to be confirmed through additional research) but could also weaken workplace cultures (e.g. the absence of informal conversations or professional mentoring that happen during in-person interactions).

²¹ Cited in interviews but no documented data sources.

²² UNDP, 'Accelerating the national response to the impact of Covid-19: action proposal', 16 April 2020.

Institutional development priorities for the recovery phase could be informed by these experiences. The prioritisation of staff required to come into the office, and the identification of those (such as Directors) who need to be in constant contact with teams and clients could influence future human resources and organisational change decisions. It would be useful to analyse the effects of these decisions on different roles and categories of staff to verify if they have exacerbated existing inequalities or dependence on external aid (including female employees, the balance between professional and support staff, and the number of externally funded technical experts vs permanent civil servants), as well as on different categories of customers (e.g. to understand which groups may have suffered most from reduced access). The fiscal crisis means that any prospect of improving public servants performance through wage increases is even more remote than before; the prioritisation of other incentives to improve performance has therefore been reinforced by the Covid-19 responses.

Speeding up and scaling up digitalisation of government has become a visible priority. As social distancing may remain in place for as long as the pandemic is not brought under control, this creates an additional incentive to switch to e-services and ensure that a wider range of both businesses and citizens can access them. This would be an example of positive institutional benefits resulting from the Covid-19 crisis, which could also contribute to anti-corruption efforts. Interviews suggested that the Ministry of Innovation and Technology had not been visible though it has recently launched a digital policy. This agenda requires both physical infrastructure but also awareness raising on the use of new technologies, by the population and civil servants. Alternatives will still be needed for areas and households likely to continue to suffer from limited access to energy or with poor literacy.

New public-private relationships have been formed. There are examples of new ways of working between the public service and the private sector, which has been one of the pillars of the Home-Grown Economic Reform agenda. For example, the EIC is taking the time to invest in stakeholder engagement to calibrate its services. The hotel industry presented its own analysis of the impact on the sector to government. The private sector has also come up with innovative solutions (e.g. handwashing in Addis Ababa). These changes would seem consistent with the GoE agenda to increase the role of the private sector and transform the bureaucracy so it can collaborate rather than control the private sector. However, there is a continued risk that better-connected private sector organisations will gain more influence, thereby reinforcing pre-existing differences.

Systems to support and monitor the implementation Covid-19 measures do not seem to be in place or fully effective. According to interviews, the Covid-19 ministerial committee structure has generated overlapping mandates and it is not always clear which ministry/agency should be responsible for the implementation of policies approved by the Council of Ministers. It appears not to be supported by a monitoring and evaluation (M&E) system which would enable rapid and accurate assessment of the measures. Information is fragmented and not always communicated to those who need it. The Ministry of Finance is now preparing a consolidated document for the Macroeconomic Committee, supported by analysis from the Planning and Development Commission, which will need to be validated by the Prime Minister's Office.

The centralisation of decision-making at the top of government can create accountability and human rights risks. In the federal Ethiopian context, Covid-19 creates new pressures on federal/regional government relations as well as new opportunities for collaboration to solve a shared problem. In many countries, emergency powers have been associated with an increased risk that internal and external accountability systems would be weakened, which can undermine the quality of policies and their implementations. A number of human rights organisations have raised

concerns over restrictions to freedom of speech and association in Ethiopia.²³ The Ethiopian Human Rights Commission immediately stated in April that it would monitor how the SoE affected human rights, including the behaviour of law enforcement agencies²⁴ and in May issued a report on inconsistencies between the Constitution, international human rights standards and the SoE.²⁵

Restrictions on meetings and travel are limiting opportunities for bottom-up processes to inform policy making and implementation through feedback loops. At the local level, extension workers (health or agriculture) have continued to visit households, but this is not a substitute for structured engagement or consultation processes. Some policies appear to have been developed without sufficient consultations and have had to be reversed (e.g. on transport restrictions). Digital platforms have been used to inform decisions on the election postponement (e.g. academics were consulted over YouTube/television). As the government's term is being extended without elections, credible mechanisms need to be found to ensure that citizens can express their views and that the GoE can maintain public trust. Without proper attention to this issue, the democratic transition could be at risk and grievances could be expressed through mass mobilisation or even violence.²⁶

5. Development partners and Covid-19 responses in Ethiopia

This section reflects on the extent to which development partners were able to pay attention and contribute to institutional development objectives while responding to the emergency.

GoE and its development partners have been able to build on existing relationships to respond to emergency needs but coordination has been a challenge. GoE has been in the lead, quickly setting out its Covid-19 response priorities during March-April 2020. The DAG has been used as a platform for information sharing but faces clear limitations (e.g. the DAG secretariat was not able to complete a detailed mapping of development partners' programme adjustments as events were unfolding too rapidly). Interviews suggest that development partners have often engaged directly with their GoE counterparts to see how they could provide assistance in specific sectors. This is sensible as there is greater knowledge and flexibility at this operational level. However, such a potentially 'supply-driven' approach risks generating gaps and duplications in overall support across development partners. Development partners are looking forward to GoE setting out its strategic approach for the next phase of the pandemic response and eventual move into the recovery phase.

Some development partners have been able to rapidly assist GoE to continue its operations in the face of social distancing measures, or have demonstrated genuinely flexible ways of working. For example, the UNDP Governance and Democratic Participation programme allocated US\$500,000 for business continuity activities which have enabled federal and regional governments to continue to function, such as the introduction of 500 Zoom licences distributed to almost all federal ministries and IT equipment allocated to focal points in regional governments (e.g. 4g dongles, scanning and video equipment). The project has helped government units prepare their business continuity workplans and thereby build their resilience. DFID provides an example of improved use of existing programmes partners to monitor activities on the Ethiopian/Somalia border across the DFID portfolio, which has enabled humanitarian aid to cross the border.

²³ <https://www.hrw.org/news/2020/05/06/ethiopia-free-speech-risk-amid-covid-19>

²⁴ Ethiopian Human Rights Commission, 'Statement and Recommendations on the Implementation of the State of Emergency Proclamation and Regulation', 14 April 2020.

²⁵ <https://borkena.com/2020/05/28/ethiopian-human-rights-commission-sees-abuse-of-soe-declaration/>

²⁶ <https://www.crisisgroup.org/africa/horn-africa/ethiopia/managing-politics-ethiopias-covid-19-crisis>

The use of technical cooperation has been critical to the GoE Covid-19 response. GoE has been able to draw on technical cooperation experts who were already embedded inside (or close to) government ministries/agencies. As international experts have been repatriated, national or diaspora Ethiopian experts would seem to have played a critical role. International experts with existing Ethiopian networks have also been valued. The actual number of technical cooperation advisers in government is still not known, but the importance of advisers has been severely tested during the crisis, and has revealed where supplementary capacity and technical expertise was essential to the functioning of government. However, this dependence on technical experts is not a long-term solution. The influx of technical advisers since the reform agenda initiated in 2018 is both expensive and can only build systems to a limited degree in the absence of explicit organisational and institutional development objectives.

Some longer-term institutional development initiatives have been able to continue despite the prioritisation of Covid-19 efforts. The balance between Covid-19 and medium to longer-term objectives in development partners' programmes is not known at present, but is likely to have significantly shifted towards the former. Nonetheless, interviews provided a number of examples where ministries/agencies were able to use technical support to finalise organisational development plans and other longer-term reform initiatives (e.g. for the Planning and Development Commission, Supreme Court, tax administration reform). Box 1 provides an illustration from the EIC. The revised 10-Year Perspective Plan now includes an explicit institutional development objective which will apply to all ministries and levels of government. This could serve as a helpful anchor to coordinate and set principles for development partners' contribution to institutional development. The date for the launch of the plan has not been set, as the GoE is focused on the emergency, but preparatory work could still continue.

6. Implications for the ad hoc group's institutional development agenda

This quick review of the effects of Covid-19 policy measures on service delivery, public service operations and development partnerships in Ethiopia has reconfirmed the findings of the rapid institutional capacity assessment.²⁷ The pressures brought to bear on the GoE and civil service have demonstrated the capacity for centralised decision-making (as illustrated by the establishment of a dedicated Ministerial committee structure chaired by the Prime Minister) and new collaborative ways of working with sections of the private sector. At the same time, they have revealed the thin layer of expertise within ministries and agencies, as well as the dependence on technical assistance to design policy responses and on development partners to fund major initiatives. Known weaknesses identified in the rapid assessment, in terms of government coordination, learning, evaluation and bottom-up processes to encourage voice and contribute to public trust, have become even more visible as a result of the Covid-19 pandemic.

The following steps could be considered by the ad hoc group as it updates its work programme.

1. ***Investigate with more resources how the public service has been affected by Covid-19 measures,*** in particular workforce composition and human resources incentives (e.g. who has been required to work from the office or to stay at home), identify good practices that could be replicated or scaled up (e.g. shift to greater digitalisation) as well as practices that might reduce equal access to basic services and how to mitigate them (e.g. procurement and other financial management failures, discrimination in service provision, etc).

²⁷ Laure-Hélène Piron, 'Institutional Capacity development in Ethiopia: A Rapid Assessment Report, FCG Sweden, May 2020

2. ***Examine more systematically the use of technical advisers as part of the Covid-19 responses.*** This is likely to reveal where organisational and institutional GoE capacities are particularly fragile, as well as good practices where capacity has been built while emergency responses were being developed and implemented.
3. ***Research positive ways in which communities have been able to feed into policymaking and implementation related to Covid-19.*** This should cover both urban and rural areas in different regions, taking into account gender and other social characteristics. Citizens' trust in the state is a critical factor for both the success of Covid-19 policy measures, and the longer-term objectives of growth and democratic transition in Ethiopia.
4. ***Contribute to the preparation of the institutional development elements of the recovery plan as well as the longer term 10 Year Perspective Plan.*** Ad hoc group members are well placed to shape and contribute to these discussions (e.g. through the Covid-19 Ministerial structure or given their mandates – such as the Planning and Development Commission, and the Civil Service Reform Commission).

Annex A: interviews

Dawit Ayele, Federal Ministry of Finance

Bereket Fesehatsion Tesfamariam and Andualem Telaye, Federal Planning and Development Commission

Nasreen Adem, Ethiopia Investment Commission

Ahmed Mohammed, Julia Kraetke, John-Paul Fanning, Berni Swith, UK Department for International Development

Shimels Assefa and Donna Bugby-Smith, UN Development Programme

Annika Törnqvist, Swedish Embassy

Marc Wadih, DFID Africa Manufacturing Programme