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**SWEDISH AID IN THE TIME OF THE PANDEMIC**

Carsten Schwensen, Jonas Lövkrona, Louise Scheibel Smed



# Swedish Aid in the Time of the Pandemic

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# Abbreviations

|        |   |
|--------|---|
| ACT-A  | Access to COVID-19 Tools                                    |
| CEHURD | Centre for Health, Human Rights and Development             |
| CERF   | Central Emergency Response Fund                             |
| CIVSAM | Sida’s Civil Society Unit                                   |
| COVAX  | COVID-19 Vaccines Global Access                             |
| CSOs   | Civil Society Organisations                                 |
| DAC    | Development Assistance Committee                            |
| DFC    | United States International Development Finance Corporation |
| DG     | Director General  |
| DGF    | Democratic Governance Facility                              |
| EBA    | Expert Group for Aid Studies                                |
| EBRD   | European Bank for Reconstruction and Development            |
| ECHO   | European Civil Protection and Humanitarian Aid Operations   |
| EU     | European Union  |
| FAO    | Food and Agriculture Organisation                           |
| FBA    | Folke Bernadotte Academy                                    |
| GBV    | Gender based violence                                       |
| GDP    | Gross Domestic Product                                      |
| GHRP   | Global Humanitarian Response Plan                           |
| GNI    | Gross National Income                                       |
| HQ     | Headquarters  |
| IBRD   | International Bank for Reconstruction and Development       |
| ICAO   | International Civil Aviation Organisation                   |
| IFAD   | International Fund for Agricultural Development             |
| IFC    | International Finance Cooperation                           |
| ILO    | International Labour Organization                           |
| IMF    | International Monetary Fund                                 |
| IMO    | International Maritime Organization                         |

|        |  |
|--------|--|
| INTEM  | Department for International Organisations and Policy Support    |
| IRC    | International Committee of the Red Cross                         |
| ITU    | International Telecommunication Union                            |
| MDB    | Multilateral development banks                                   |
| MDPA   | Multidimensional poverty analysis                                |
| MFA    | Ministry for Foreign Affairs                                     |
| MoH    | Ministry of Health   |
| MPA    | Multiphase Programmatic Approach                                 |
| MSD    | Market System Development  |
| MSMEs  | Micro, small and medium-sized enterprises                        |
| NBO    | Nordic-Baltic Office   |
| NGO    | Non-Governmental Organisation                                    |
| ODA    | Official Development Assistance                                  |
| OECD   | Organisation for Economic Co-operation and Development           |
| OHCHR  | Office of the United Nations High Commissioner for Human Rights  |
| SDG    | Sustainable Development Goals                                    |
| Sida   | Swedish International Development Cooperation Agency             |
| SRHR   | Sexual Reproductive Health and Rights                            |
| UD     | Utrikesdepartementet (Swedish for MFA)                           |
| UD EU  | Europe Department  |
| UD IU  | Department for International Development Cooperation             |
| UD GA  | Global Agenda Department   |
| UD UN  | Department for UN Policy, Conflict and Humanitarian Affairs      |
| UD P   | Human Resources Department                                       |
| UN     | United Nations   |
| UNDP   | United Nations Development Programme                             |
| UNCDF  | United Nations Capital Development Fund                          |
| UNESCO | United Nations Educational, Scientific and Cultural Organisation |
| UNFPA  | United Nations Population Fund                                   |

|        |  |
|--------|--|
| UNHCR  | United Nations High Commissioner for Refugees                        |
| UNICEF | United Nations Children's Fund                                       |
| UNIDO  | United Nations Industrial Development Organization                   |
| UNRWA  | UN's Relief and Works Agency for Palestine Refugees in the Near East |
| UNWTO  | World Tourism Organisation   |
| UPU    | Universal Postal Union   |
| WB     | World Bank   |
| WHO    | World Health Organization  |
| WFP    | World Food Programme   |
| WIPO   | World Intellectual Property Organization                             |
| WMO    | World Meteorological Organization                                    |

# Foreword by the EBA

Looking back to the beginning of 2020, covid-19 and the direct and indirect consequences of the virus were largely unknown. Since then, in addition to the direct health consequences of the pandemic, we have seen that the pandemic has caused side effects such as increased poverty, children who lack access to education, and an increase in gender-based violence. The development sector has played a crucial role in mitigating these consequences, at the same time as donors as well as implementors have had to adapt to new ways of working and collaborating.

In this report, Carsten Schwensen, Jonas Lövkrona and Louise Scheibel Smed have evaluated how Swedish development cooperation and humanitarian assistance have responded and adapted to the covid-19 pandemic, with an aim to identify lessons learnt for future crises. The authors find that overall strategic, governance and financial adjustments have been limited in comparison to the magnitude of the crisis. However, they do not regard this as a shortcoming as reprogramming and adjustments of aid flows have instead taken place within existing strategies and systems, and decision-making processes have been flexible enough to accommodate these changes. This approach to managing the crisis has been facilitated by Sweden's highly decentralised system for decision making in development cooperation and humanitarian assistance.

In preparation for the next crisis, the authors identify areas that can be strengthened. These include improved preparedness within the areas of communication, coordination and human resource management. We hope that the findings from this report can contribute to reflection and discussions on how to better prepare for coming crises. The study has been conducted with support from a reference group chaired by Joakim Molander, a member of the Expert Group for Aid Studies. The authors are solely responsible for the report and its conclusions.

Gothenburg, August 2022



Helena Lindholm

# Sammanfattning

I denna studie analyseras hur det svenska biståndet har hanterats och anpassats under covid-19-pandemin. Syftet med studien är att bidra med kunskap och lärande, främst hos Utrikesdepartementet (UD) och Sida, för att förbereda biståndet för framtida chocker och kriser.

Rapporten innehåller en kartläggning av övergripande anpassningar inom det svenska utvecklingsarbetet och det humanitära biståndet, med fokus på finansiering av insatser som riktar sig mot de direkta och indirekta konsekvenserna av pandemin. Rapporten innehåller även en analys av hur anpassningen har gått till, dels administrativt och dels i genomförandet, och identifierar lärande för framtida kriser. Studien täcker perioden från mars 2020 till slutet av 2021.

Studiens huvudsakliga slutsats är att den strategiska inriktningen av det svenska biståndet har förblivit oförändrat under covid-19-pandemin. Inga ändringar gjordes i de övergripande biståndsstrategierna. På en övergripande nivå har det skett en ökning av det humanitära biståndet samt en relativ ökning av hälsobiståndet mellan 2019 och 2020. Det finansiella stödet som har rapporterats som direkt covid-19-relaterat uppgick under 2020 till 2,6 miljarder, eller 6 procent av det totala biståndet. Det har dock inte varit möjligt att kartlägga justeringar som genomförts till följd av pandemin på en mer detaljerad nivå, bland annat på grund av att en stor andel av det svenska biståndet ges som kärnstöd.

## **Ytterligare slutsatser som lyfts fram i studien är:**

- Sverige är en stor finansiell bidragsgivare och ses som en viktig strategisk partner till multilaterala organisationer och CSO:er med mandat relaterade till covid-19-pandemin. Detta har gjort det möjligt för Sverige att leda en dialog, stimulera samarbete mellan olika partners, förespråka särskilda fokusområden och

säkerställa att långsiktig utveckling prioriteras. Sverige har exempelvis haft en viktig roll i att bibehålla en helhetssyn i stödet till hälsosektorn under pandemin.

- Kombinationen av ett flexibelt, anpassningsbart och innovativt sätt att hantera omprogrammering och en relativt hög andel bistånd som ges som kärnstöd har varit väl anpassad till partnerorganisationernas behov.
- Covid-19-pandemin har lett till en stärkt samverkan mellan utvecklingsamarbete och humanitärt bistånd då det har funnits en tendens att tolka gränserna mellan de två typerna av bistånd mer flexibelt.
- Pandemin blev ett stresstest för UD och Sidas organisationsstruktur och ledningsförmåga. Sammantaget har systemen anpassat sig väl till utmaningarna, dock med kritiska brister i beredskapen inom områdena kommunikation, samordning och personalhantering.
- Även om flera nya innovativa verktyg för programmering och uppföljning har introducerats under pandemin är det fortfarande oklart i vilken utsträckning detta kan ha påverkat resultaten av utvecklingsarbetet eftersom utvärderingar av effekter fortfarande inte har genomförts.

### **Övergripande strategiska rekommendationer:**

- Fortsätt att bidra med kärnstöd till partnerorganisationer och upprätthåll ett flexibelt system för bidragshantering.
- Utforska möjligheter att ytterligare integrera samverkan mellan humanitärt bistånd och utvecklingsamarbete i programmering, genom bland annat utveckling av analysverktyg för jämställdhet och utsatthet, för användning i olika kontexter.
- Stärk de interna processerna för samordning och kommunikation mellan huvudkontor och ambassader i relation till multilaterala organisationer och civilsamhällesorganisationer, särskilt i krissituationer.



- Genomför en grundlig bedömning av Sidas och UD:s huvudkontors krisberedskap (fit for fragility) och se över personalvårdsrutinerna så att de reflekterar utmaningar och behov hos både utlandspersonal och lokal personal under kriser.

### **Rekommendationer för svenska ambassader:**

- Främja en kultur av öppenhet, förtroende och lojalitet inom ambassaden. Detta kommer att kräva ett större fokus på ledning, internt lärande och personalvård.
- Utvärdera hur utvecklingsresultaten har påverkats av pandemins kris.

### **Lärdomar från studien:**

- En tidig och tydlig kommunikation från högsta ledningen till både intern personal och samarbetspartner är viktig för att säkerställa en gemensam förståelse av situationen och utrymme att hantera situationen.
- Data och evidens är avgörande i alla skeden av processen, både för analys och beslutsfattande. Kapaciteten hos hårt pressad personal kan dock vara begränsad, särskilt i de tidiga stadierna av en kris, där andra akuta uppgifter ges högre prioritet.
- Pandemin har belyst vikten av att inte bara se bakåt utan också fokusera mer på analys av framtida behov och möjligheter med hänsyn till nya utvecklingstrender (till exempel grön omställning och digitalisering) för att kunna bygga upp ännu bättre och förbereda sig för nästa kris.
- Centralt för att upprätthålla alla åtgärder i en krissituation är personalens vilja och engagemang. Att prioritera personalen är en investering i framtida arbetskraft.
- Samarbetspartner är en viktig möjliggörare för Sveriges förmåga att leverera i enlighet med sina åtaganden, de kräver därför stöd och ges en flexibilitet för att kunna hjälpa Sverige att nå sina biståndsstrategiska mål.

- En decentraliserad beslutsstruktur har varit viktig på alla nivåer under pandemin och har varit nyckeln till en framgångsrik omprogrammeringsprocess.
- I krissituationer blir riskhantering och anpassningsförmåga genom kontinuerligt lärande om processen av ännu större betydelse för organisationer.
- Effektiv kommunikation och rapportering mellan huvudkontor och ambassader är en kritisk del av krishanteringsprocessen som behöver prioriteras för att undvika problem.

# Executive summary

This study analyses how the Swedish aid has been managed and adjusted during the covid-19 pandemic. The purpose of the study is to contribute knowledge and learning, primarily to the Ministry for Foreign Affairs (MFA) and the Swedish International Development Cooperation Agency (Sida), to prepare development cooperation and humanitarian aid for future shocks and crises.

The report provides a mapping of Swedish Official Development Assistance (ODA) funds to respond to covid-19. The report also presents an analysis of how adjustments and reprogramming due to the pandemic have been managed administratively and operationally and identifies lessons learnt for future crises. The study covers the period from March 2020 until the end of 2021.

The main conclusion from the study is that the overall strategic direction of the Swedish development and humanitarian assistance has remained unchanged during the covid-19 pandemic. At an overall level, there has been an increase in humanitarian aid and a relative increase in health aid between 2019 and 2020. The financial support reported as directly covid-19-related amounted to SEK 2.6 billion in 2020, or 6 percent of total ODA. It has not been possible to map financial adjustments related to the pandemic at a more detailed level, partly because a large part of Swedish ODA is provided as core support.

Additional conclusions highlighted in the study include the following:

- Sweden is a major financial contributor and considered a key strategic partner to multilateral organisations and Civil Society Organisations (CSOs) with important mandates related to the covid-19 pandemic. This has allowed Sweden to facilitate dialogue, spur multi-stakeholder cooperation, advocate for particular focus areas and ensure focus on longer-term

development. Sweden has played an important role in keeping a holistic view of the support to the health sector during the pandemic.

- The combination of Sweden’s flexible, adaptive and innovative approach to reprogramming and a relatively high degree of core funding support has been well suited to the needs of partner organisations.
- The covid-19 pandemic has spurred a strengthening of the humanitarian-development nexus in the Swedish support and there has been a tendency to interpret the boundaries more flexibly.
- Covid-19 became a stress test of the organisational structures and managerial capacities within MFA and Sida. Overall, the systems have adapted well to the challenges, although with some critical shortcomings in the preparedness within the areas of communication, coordination and human resource management.
- While several innovative new programming and monitoring tools have been introduced during the covid-19 pandemic, the extent to which this may have impacted development results is still unclear as evaluations have yet to be conducted.

**Overall strategic recommendations:**

- Continue the provision of core support to partner organisations and maintain a flexible system for contribution management.
- Explore opportunities to further integrate the development–humanitarian nexus into programming, including through the development of more contextualised gender/vulnerability analysis and assessment tools.
- Strengthen the internal mechanisms for coordination and communication around multilateral and CSO support between HQ and embassies, especially during crisis situations.

- Conduct a thorough assessment of HQ's fit-for-fragility preparedness and review the duty of care (well-being) procedures to reflect the challenges and needs of both expatriate and local staff during crises.

### **Recommendations for Swedish embassies:**

- Foster a workplace culture of openness, trust and loyalty within embassies. This will require a stronger focus on management skills, internal learning and duty of care.
- Focus evaluations on how development results have been affected by the covid-19 pandemic.

### **Key lessons learnt from the study:**

- An early and clear rationale and communication from top management to both internal staff and cooperation partners are fundamental to ensure a common understanding of the emergency context and room to manoeuvre.
- Data and evidence are critical at all stages of the response process for analysis and decision-making. However, resources and capacities of hard-pressed staff may be limited, particularly in the early stages of the pandemic, where other urgent tasks may be given higher priority.
- The pandemic has highlighted the importance of not only looking backwards but also focusing more on the analysis of future needs and opportunities within countries in view of emerging development trends (e.g. green transition and digitalisation), in order to build back better and prepare for the next emergency crisis.
- Staff willingness and commitment are central to sustaining any emergency response. Thus, prioritisation of staff care in its broadest sense is an investment in the workforce of the future.

- Cooperating partners are a vital enabler of the ability of Sweden to deliver, thus they require maximum support and flexibility to help Sweden meet its strategic goals.
- A decentralised decision-making structure has been a central part of the Swedish covid-19 response at all levels and has been key to a successful reprogramming process.
- In crisis situations, risk management and adaptive management through continuous process learning become even more important for organisations.
- Streamlining of communication and reporting between HQs and embassies is a critical part of the crisis response process and requires careful attention to avoid confusion and system overload.

# 1 Introduction

The covid-19 pandemic is a global threat that has required urgent actions and international cooperation and continues to do so. Learning from experiences, lessons and insights is critical to effective crisis response and recovery efforts and to identifying solutions and good practices that lead to sustainable development results. Countries have chosen different approaches for adjusting their development cooperation in relation to the covid-19 pandemic. Several large donor countries have reduced their aid budgets while others have protected or even increased the aid budget.<sup>1</sup>

This assessment will enable the Swedish Ministry for Foreign Affairs (MFA)<sup>2</sup> and the Swedish International Development Cooperation Agency (Sida) to learn from Sweden's international response to covid-19. It will allow the MFA and Sida to capitalise on the lessons learnt, both positive and negative, not only in the management of such a crisis but also beyond, at an organisational and strategic level.

To that extent, the assessment is forward-looking and will make recommendations for future management of development policy and cooperation with a view to maximising the ability to respond to sudden crises. Moreover, the results are expected to benefit the work of the MFA and Sida on strengthening the humanitarian–development nexus in implementing development policy and cooperation.

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<sup>1</sup> ODA-2020-detailed-summary.pdf (oecd.org).

<sup>2</sup> In Swedish: Utrikesdepartementet (UD).

## **1.1 Objective and scope of the assessment**

EBA formulated two objectives for this study: 1) to provide a detailed mapping of financial adjustments in Swedish development cooperation and humanitarian assistance in response to the covid-19 pandemic at different levels (MFA, Sida, partner organisations); and 2) to analyse how adjustments and reprogramming have been managed administratively and operationally and identify lessons learnt for future crises.

The response to objective 1 in this study is a mapping of Swedish ODA funds to respond to covid-19. It was not possible to describe in detail whether the changes between 2019 and the onset of the pandemic in 2020 were financial adjustments due to the covid-19 pandemic. In addition, financial data on covid-19 funding in 2021 was only partly available.

Responding to objective 2, the study includes an in-depth assessment of selected experiences from the implementation process with a view to cover four issues: i) Headquarter's (HQ's) ability to offer differentiated needs-based solutions/support to embassies; ii) the MFA/Sida system's fit-for-fragility preparedness; iii) embassies' reprogramming processes as a response to the pandemic; and iv) the dialogue with the multilateral system/partners from HQ level as well as in-country as part of the global response and in support of the development-humanitarian nexus.

The study covers both the acute and early phase of the covid-19 pandemic (the short-term) as well as the longer-term response to build forward. Thus, it focuses on the period from March 2020 until the end of 2021.



## 1.2 The context for the Swedish response

In the Swedish Government budget, 1 percent of Sweden's forecasted Gross National Income (GNI) is allocated to ODA and referred to as the aid frame. A large part of this is provided as core funding to international organisations, such as development banks and UN agencies. This part is decided by the Government or the Government Offices.

Sida's contribution management process is governed by the Rule for managing contributions and operationalised in several digital systems,<sup>3</sup> including Trac (system for planning and monitoring of contributions) and PLANit (for financial planning and follow-up) which are the main systems used by the Sida programme managers. The main systems change during the pandemic was the introduction of covid-19 tags in PLANit, where four new tags with a specific focus on covid-19 were introduced. These were up and running from August 2020, in addition to the already existing tags used for monitoring specific issues.<sup>4</sup>

The main purpose of the new covid-19 tags was to facilitate reporting and internal analysis at Sida. In 2020, OECD/DAC also introduced a sector code to measure covid-19 support in the health sector (only), which was subsequently implemented in PLANit.<sup>5</sup> While Sida's covid-19 tagging was discontinued from 2021 (i.e. only 2020 data is captured), the OECD/DAC sector codes remain in use and are reported on as required.

In the MFA, two tracks of covid-19 response occurred: i) the policy response to the health crisis led by the Global Health Team in the Department for UN (UD UN); and ii) the establishment of a Corona

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<sup>3</sup> BISI (a business intelligence tool), Proceedo (a data analysis tool), and DOX/Embassy archive (archiving system) are additional ones.

<sup>4</sup> LGBTI, Private sector collaboration, ICT4D, IDP, Rapid Response Mechanism, and Challenge Fund.

<sup>5</sup> The OECD/DAC sector code was approved in 2020 and entered into force in 2021 for the data collection on 2020 activities.

Team as a working group in the Department for Human Resources (UD P) on 1 March 2020 to handle all human resource and duty-of-care issues. Sida also established a Corona Coordinator tasked to communicate Sida's programmatic response including funds allocation for covid-19 initiatives to departments, embassies, etc. and a Corona Team for human resources and duty of care for Swedish staff abroad.

Figure 1 below shows an Organigram of main departments/units of relevance in terms of the covid-19 response within the Swedish MFA and Sida (see the explanation of roles and responsibilities in Annex 5).

Figure 2 below shows a timeline, illustrating key milestones in the Swedish covid-19 response (see Annex 6 for further explanation).

**Figure 1: Organigram of Swedish agencies, departments and units**

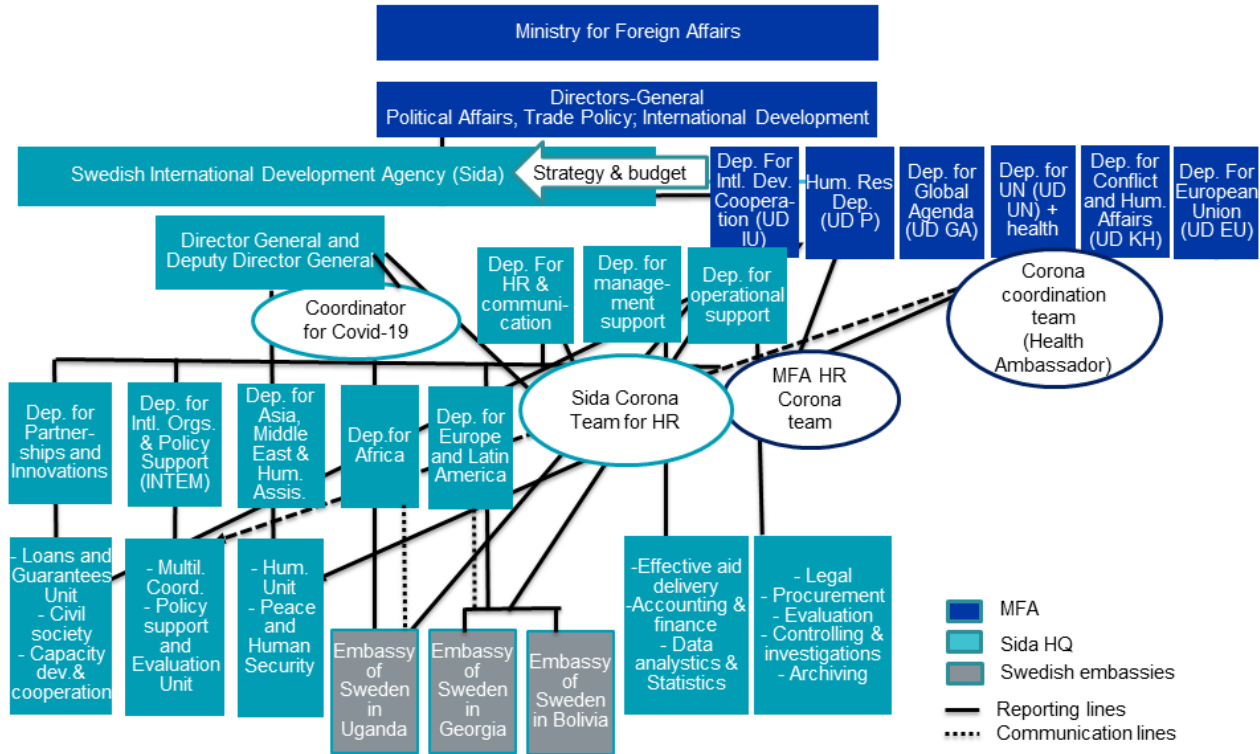
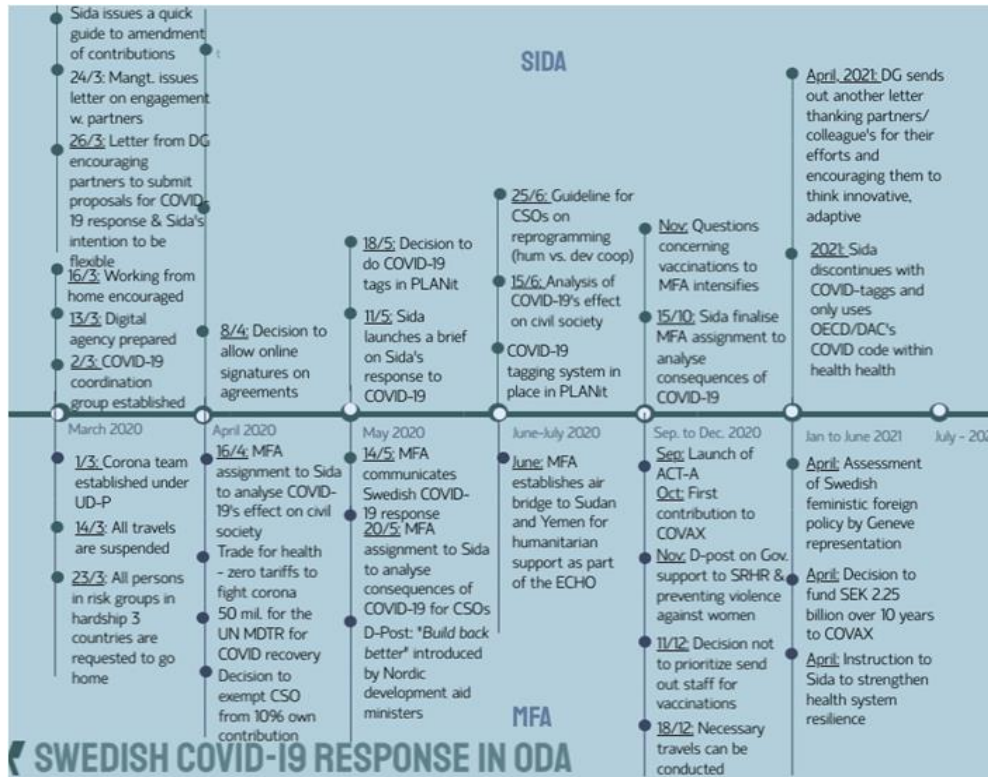


Figure 2: Timeline, key milestones in MFA's/Sida's covid-19 response



## **1.3 Structure of the report**

Following this introduction, Chapter 2 includes a brief outline of the methodology and approach (for the full version, see Annex 1). Chapter 3 to Chapter 7 present the study findings: Chapter 3 includes a financial mapping of Swedish ODA during the pandemic and the Swedish covid-19 response; Chapter 4 contains an assessment of the strategic adjustments made including aspects related to the humanitarian-development nexus; Chapter 5 focuses on support to multilateral organisations; Chapter 6 looks at the decentralised level and contribution management including administrative procedures, coordination and communication, and partnerships; and Chapter 7 focusses on crisis management. Chapter 8 contains the study conclusions, lessons learnt and recommendations.

## 2 Methodology and approach

Overall, the study conforms to OECD-DAC principles and quality standards. While the study may be seen primarily as an “explorative process assessment”, it also includes a strong focus on implementation, learning and improvement. The study has a strong backwards-looking focus, combined with an explorative process orientation, thus it leans towards the paradigm of “retrospective” Developmental Evaluations, which is primarily designed to support learning and management decision-making within complex or uncertain environments.<sup>6</sup>

### 2.1 Key methodological principles and approaches

The following key principles were applied for the design of the **study methodology**:

- i) A presumption of *a high degree of flexibility and adaptation in the study design, and a focus on emergence.*
- ii) Adopting an *explorative approach* of openness, receptiveness and flexibility, and willingness to adapt the process where needed.
- iii) Response functions taking place in *a systemic manner, across corporate structures, systems and operations.*
- iv) Positioning of the study within *the wider context of utilisation-focused evaluations*<sup>7</sup> where learning for management and staff is seen as a critical organisational need going forward.

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<sup>6</sup> See e.g. Patton, Michael Quinn (2010) *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use* and Dozois, E; Langlois, M and Blanchet-Cohen, N (2010) *A Practitioner’s Guide to Developmental Evaluation.*

<sup>7</sup> See Patton, Michael Quinn (2008) *Utilization-Focused Evaluation: 4<sup>th</sup> edition.*

The **approach** included the following main features:

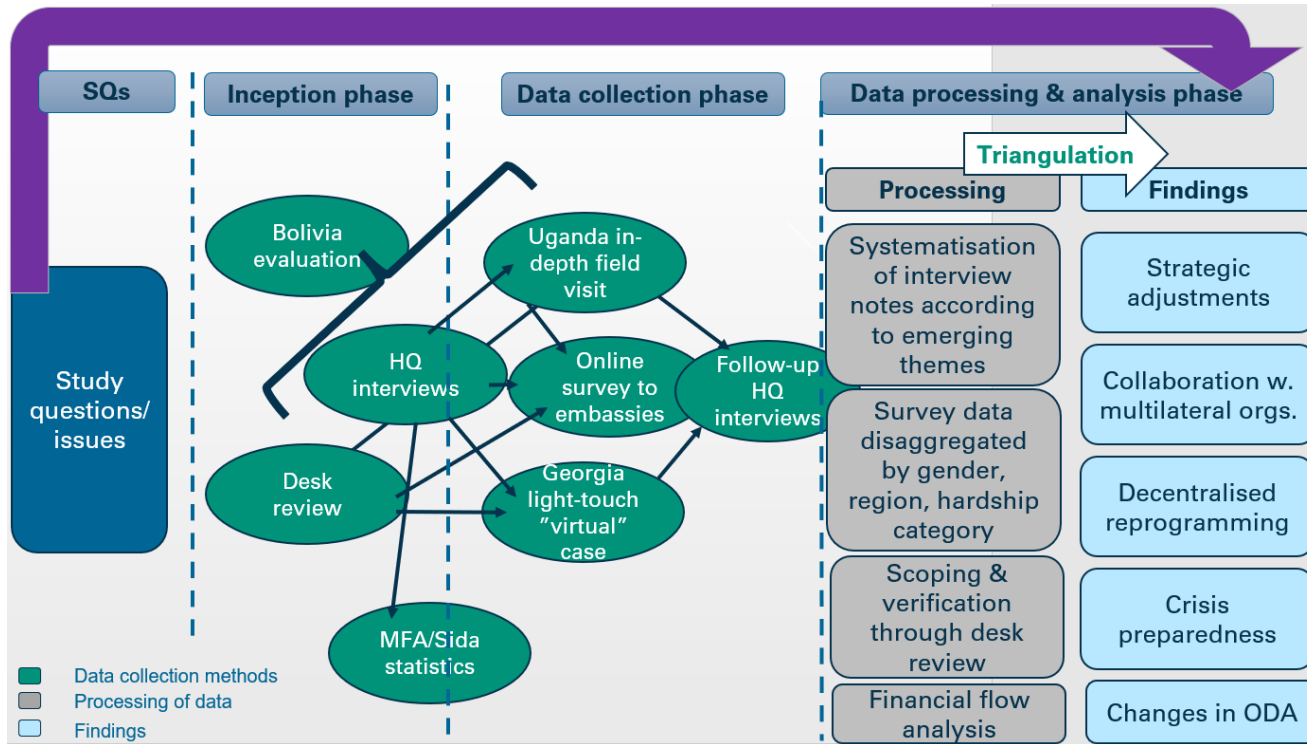
- i) Three country cases were covered in different ways: Uganda was covered through a field visit; Georgia was covered virtually (online interviews); and Bolivia was covered mainly through a previous study conducted by the team members.<sup>8</sup>
- ii) Three multilateral organisations (the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO) and the World Bank (WB)) were selected for an in-depth assessment of multilateral partnerships.

The overall analytical framework for the study is illustrated in Figure 3 below. Based on the study questions, a *Study Matrix* was developed (see Annex 2) and constituted the overall guiding framework for the study. Annex 3 provides a systematic overview of how the different data sources informed different findings and were triangulated.

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<sup>8</sup> NCG (2021): Process evaluation of three donor agencies’ responses to the Covid-19 pandemic in Bolivia during the period March-December 2020.

Figure 3: Analytical framework





## 2.2 Methods for data collection

A mixed-methods approach was applied for data collection, combining a blend of quantitative and qualitative assessment methods. The data collection process is summarised in Figure 4.

Figure 4: Data collection process

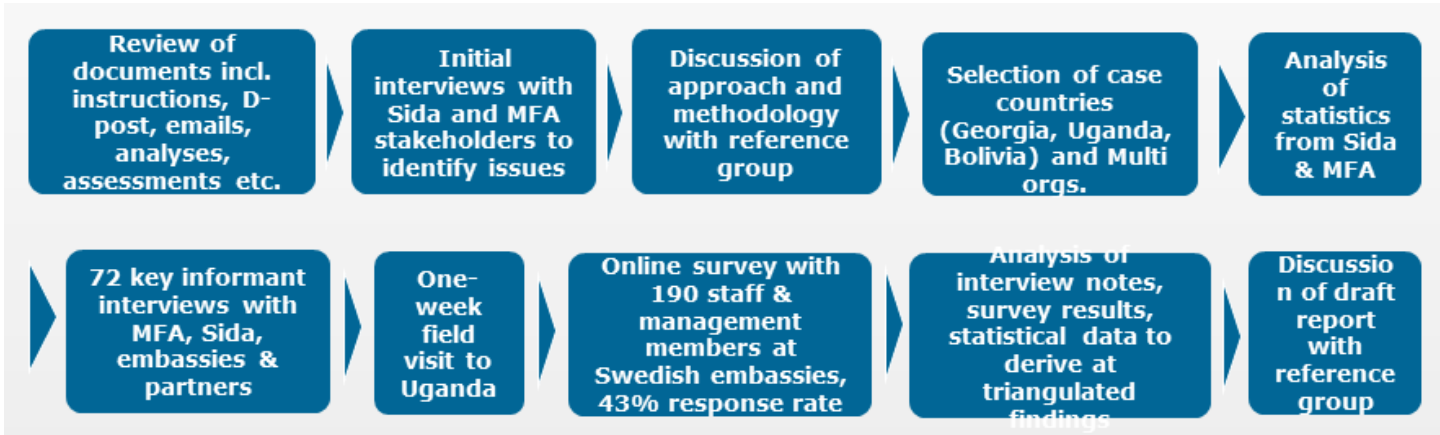


Table 1 below summarises the number of stakeholders interviewed per stakeholder group.<sup>9</sup>

**Table 1: Number of stakeholders interviewed by category**

| <b>Gender</b> | <b>Sida HQ</b> | <b>MFA HQ</b> | <b>Embassy in Kampala</b> | <b>Embassy in Georgia</b> | <b>Partners Uganda</b> | <b>Partners Georgia</b> | <b>Total</b> |
|---------------|----------------|---------------|---------------------------|---------------------------|------------------------|-------------------------|--------------|
| M             | 4              | 5             | 3                         | 2                         | 12                     | 4                       | 30           |
| F             | 14             | 3             | 5                         | 2                         | 12                     | 6                       | 42           |
| <b>Total</b>  | <b>18</b>      | <b>8</b>      | <b>8</b>                  | <b>4</b>                  | <b>24</b>              | <b>10</b>               | <b>72</b>    |

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<sup>9</sup> Given the considerable pressure on several multilateral organisations in the covid-19 response process, and the crowded learning environment from several covid-19 response evaluations/assessment being implemented in parallel by both multilateral and bilateral organisations, a clear directive was given from the Swedish MFA not to contact multilateral partners at HQ level to avoid putting additional burdens on them but instead make some interviews at country level.

In line with the nature and approach of this study, the interviews were conducted in an *explorative* manner, following the lead of the interviewees about what was on their minds and what they wanted to share particularly with regard to the initial months of the pandemic. This required adaptive, flexible, agile and emergent interview protocols and interviewers. In order to ensure a broader view and perspective on the study questions, a brief online survey was targeted at management and staff at the Swedish embassies and representations within the 35 countries in Africa, Asia, Latin America and Europe where Sweden has bilateral development cooperation. The survey included mainly closed questions to capture perceptions and satisfaction ratings from management and staff working at the embassies.

## **2.3 Data processing and analysis**

The mixed-methods approach allowed for effective triangulation and verification of evidence. Annex 3 reflects how different data sources led to specific findings. While the study findings are based on triangulation of different data sources and information to the furthest extent possible, they also reflect the emergent and explorative nature of this study, with a strong focus on the human dimension and the personal experiences from Sweden's covid-19 response process within the MFA and Sida organisational context. Therefore, for some findings, qualitative statements (citations) from interviews or the survey responses have been added to further exemplify and concretise a specific issue. For a more comprehensive description of the study methodology and approach – including its main limitations, risks and related mitigation strategies – see Annex 1.

## 3 Swedish ODA and funding of the covid-19 response

Chapter 3 is based on the financial mapping of overall ODA during the pandemic and the covid-19 specific response. It should be noted that overall figures for 2021 were not yet available at the time of writing this report.

### 3.1 Overview of Swedish ODA during the pandemic

The funding made available through the appropriation for development cooperation has steadily increased and in 2020, the year of the covid-19 outbreak, Swedish development assistance (“biståndsramen”) amounted to a total of SEK 52.1 billion, corresponding to 1 percent of Sweden’s expected Gross Domestic Product (GDP). Funds through the MFA increased while funds for Sida decreased a bit compared with 2018. The lion’s share (SEK 44.9 billion) of these funds came from the appropriation for development cooperation (1:1 Biståndsverksamhet) and was mainly (96 percent) channelled through Sida (58 percent) and the MFA (38 percent). The remaining 4 percent was channelled through other Swedish authorities.<sup>10</sup>

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<sup>10</sup> In total, 13 Swedish authorities and organisations received funding from 1:1 Biståndsverksamhet of which the Legal, Financial and Administrative Services Agency (Kammarkollegiet), the Swedish Institute, the Swedish Research Council, Folke Bernadotte Academy, and the Swedish Police Authority received the most (Source: Sida (2021/22) Expenditure area 7 – International Assistance).

**Table 2: Top-ten expenditure areas of Swedish ODA in 2020**

| <b>Expenditure items</b>   | <b>2020 (MSEK)</b> | <b>Change from 2019</b> | <b>Total share (2020)</b> |
|--|--------------------|-------------------------|---------------------------|
| Spending through Sida  |                    |                         |                           |
| Regional and bilateral strategies for Africa                           | 7,190              | +9%                     | 16%                       |
| Humanitarian assistance  | 4,542              | +9%                     | 10%                       |
| Sustainable development  | 3,674              | +3%                     | 8%                        |
| Regional and bilateral strategies for Asia                             | 2,088              | -9%                     | 5%                        |
| Support through Swedish CSOs   | 1,878              | +2%                     | 4%                        |
| Reform cooperation with Eastern Europe, Western Balkan and Turkey      | 1,550              | -4%                     | 3%                        |
| Regional and bilateral strategies for the Middle East and North Africa | 1,330              | +3%                     | 3%                        |
| Human rights, democracy and rule of law                                | 1,004              | -2%                     | 2%                        |
| Spending through MFA   |                    |                         |                           |

| <b>Expenditure items</b>                               | <b>2020 (MSEK)</b> | <b>Change from 2019</b> | <b>Total share (2020)</b> |
|--|--------------------|-------------------------|---------------------------|
| Multilateral development banks, funds and debt relief  | 4,869              | +18%                    | 11%                       |
| Multilateral and international organisations and funds | 11,177             | +4%                     | 25%                       |

Source: Sida (2021/22) Expenditure area 7 – International Assistance.

Table 2 shows the top-ten sub-items of expenditure in 2020, the increase/decrease in spending since 2019, and the respective sub-items' share of total expenditures. As the table reveals there was a marked increase (18 percent) in MFA spending through multilateral development banks (MDBs), funds and debt relief from 2019 to 2020. Spending on regional and bilateral strategies for Africa, and humanitarian assistance, also increased significantly. The most notable decrease was the reduction in spending (9 percent) on regional and bilateral strategies for Asia.

Overall, multilateral and international organisations, development banks and funds remain the most important channel for Swedish development cooperation, corresponding to a total of 36 percent in 2020 (35 percent in 2019). This expenditure mainly comes in the form of core funding from the MFA.

It was, however, not possible to describe in detail whether the changes between 2019 and the onset of the pandemic in 2020 were financial adjustments due to the pandemic.

The following sections provide further details mainly on expenditures on the specific covid-19 response through different partners and modalities, as well as on different thematic areas and regions/countries.

## 3.2 Funding of the Swedish covid-19 response

**Finding 1.** The covid-19 pandemic has attracted additional Swedish funding for development programming both for new and existing contributions. But primarily, the response resulted in existing contributions being “reprogrammed” to address covid-19 issues. In addition, partly new methods and processes for reporting were introduced (see Chapter 6)

In June 2020, Sida introduced covid-19 tags in its contribution management system to track funding allocated to the covid-19 response. These covid-19 tags were used for all expenditures in 2020 but were discontinued from 2021. All the data for 2021 is therefore limited to what has been reported against the OECD/DAC sector code for covid-19 funding in the health sector only, and related MFA figures.

As shown by statistics obtained from Sida’s and MFA’s statistical databases, some SEK 2.6 billion of Swedish ODA expenditures were directed to the covid-19 response in 2020. This represents 6 percent of total ODA in that year. At the same time, it can be assumed that the actual figure is much higher since, as mentioned above, a large share of Swedish development cooperation comes in the form of core support, which can often be “reprogrammed” by the organisations themselves (and hence would not necessarily be reported on). To some extent, this also pertains to programme-based funding. As also mentioned above, the data for 2021 is limited to what has been captured by the reporting against the OECD/DAC sector code for covid-19 funding in the health sector. In total, these funds amounted to SEK 371 million.

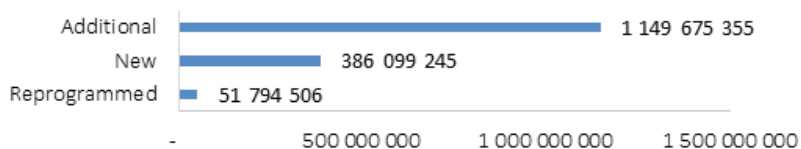
According to the covid-19 tags, Sida’s funding of the covid-19 response amounted to SEK 1.6 billion in 2020. Some 47 percent of these funds were spent on contributions directly addressing the pandemic, i.e. aimed at controlling the spread of covid-19 and

strengthening health systems (testing, preventive measures, health care, vaccines, information dissemination, etc.). The remaining 53 percent of the funds were spent on contributions aimed at mitigating the impact of the pandemic. This includes a broad range of interventions, e.g. addressing issues such as food security, employment, social security and gender-based violence (GBV).<sup>11</sup>

As reflected in Figure 5, an overwhelming share (97 percent) of Sida’s funds for the covid-19 response in 2020 constituted additional funding to existing contributions (SEK 1,150 million) and new contributions (SEK 386 million). Reprogrammed funds represented a mere 3 percent. However, as indicated above, the amount of funds reprogrammed for covid-19 response by Sida’s partners is not fully captured by Sida’s statistics and is deemed to be significantly higher.

As reflected in Figure 5, an overwhelming share (97 percent) of Sida’s funds for the covid-19 response in 2020 constituted additional funding to existing contributions (SEK 1,150 million) and new contributions (SEK 386 million). Reprogrammed funds represented a mere 3 percent.<sup>12</sup> However, as indicated above, the amount of funds reprogrammed for covid-19 response by Sida’s partners is not fully captured by Sida’s statistics and is deemed to be significantly higher.

**Figure 5: Sida’s funding for covid-19 response in 2020 (SEK)**



Source: Sida PLANit.

Note: Additional = increase in funding to existing contributions; New = new contributions; Reprogrammed = Reallocation of funds within and between contributions.

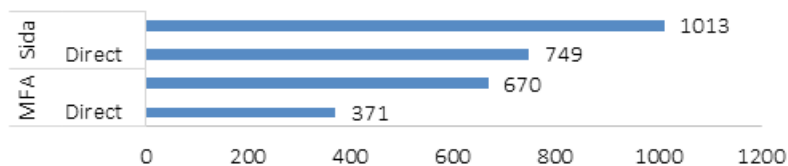
<sup>11</sup> Sida (2021), Statistical handbook.

<sup>12</sup> Sida PLANit.



The MFA disbursed SEK 1 billion in covid-19 funding in 2020, equivalent to 38 percent of all covid-19 funding. This included SEK 371 million in contributions to control the spread of covid-19, primarily allocated to global funds, and SEK 670 million to mitigate the impact of the pandemic, mainly in the form of humanitarian assistance through the UN System.<sup>13</sup> Figure 6 provides an overview of the type and channel of disbursement (MFA and Sida) of covid-19 funds in 2020.

**Figure 6: Swedish funds for covid-19 response in 2020 (SEK million)**



Source: Sida PLANit. Note: “Indirect” refers to funding for mitigating the impact of the pandemic and “direct” to funding to control the spread of covid-19.

### 3.3 Humanitarian assistance

Swedish humanitarian assistance is primarily funded through the “Strategy for Sweden’s humanitarian aid through Sida”, which was renewed in 2021, and through MFA core support to multilateral organisations.

Sida’s PLANit data shows that about SEK 100 million of the disbursements from the appropriation item of humanitarian assistance in 2020 were tagged as covid-19 funding. This represents about 2 percent of total Sida disbursements for humanitarian assistance, and 11 percent of all Sida’s covid-19 funding in that year. While the MFA data does not include a breakdown by sector,

<sup>13</sup> Government Offices of Sweden, Ministry for Foreign Affairs (2021), Sweden’s development assistance for health 2020 Statistical report.

a significant share of the additional covid-19 funding approved by the MFA (totalling SEK 1 billion) was allocated to multilateral/international organisations providing humanitarian assistance (see Table 2), and emergency response mechanisms.<sup>14</sup> Preliminary figures for 2021 have showed continued high levels of humanitarian funding for covid-19 response, both through the MFA and Sida (still as part of the funding for global humanitarian appeals).

### **3.4 Partners and modalities**

**Finding 2. The funding for the covid-19 response has predominantly been channelled through existing multilateral partners, in most cases on top of already high levels of core and programme funding.**

PLANit data reveals that multilateral organisations received 81 percent of the covid-19 funds disbursed by Sida in 2020. About 16 percent were disbursed to NGOs and other civil society actors, and 4 percent to private sector institutions and public-private partnerships/networks. Similarly, in 2021, 90 percent of Sida's covid-19 funding in the health sector was channelled through multilateral organisations.

Table 3 shows the 10 main implementing partners of Swedish covid-19 response funding in 2020, including both MFA and Sida funding, and total Swedish funding to the same organisations (including core support and multi-bi support).

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<sup>14</sup> Government Offices of Sweden, Ministry for Foreign Affairs (2021), Sweden's development assistance for health 2020 Statistical report.

**Table 3: Swedish funding for covid-19 response by main implementing partners in 2020 (SEK million)**

| <b>Organisation</b> | <b>Additional covid-19 funding in 2020</b> | <b>Total Swedish support in 2020</b> |
|---------------------|--|--------------------------------------|
| UNICEF              | 349  | 2,182                                |
| World Bank Group    | 244  | 5,552 <sup>15</sup>                  |
| WFP                 | 200  | 1,564                                |
| WHO                 | 177  | 473                                  |
| UN CERF             | 138  | 764                                  |
| UNFPA               | 134  | 1,321                                |
| UNDP (UNMPTF)       | 135  | 2,654                                |
| Gavi COVAX          | 100  | 450                                  |
| Global Fund         | 100  | 1,050                                |
| UNHCR               | 100  | 1,164                                |

Source: Sida (2021/22) Expenditure area 7 – International Assistance; Sida PLANit; Government Offices of Sweden, Ministry for Foreign Affairs (2021), Sweden’s development assistance for health 2020 Statistical report; Openaid.

Eight of the 10 organisations in the table were also among the top recipients of Swedish core support (the exceptions being WHO and the Global Fund).<sup>16</sup> In 2021, additional funding for covid-19 response was provided to several of the same organisations. Gavi COVAX received a total of SEK 200 million<sup>17</sup> and WHO SEK 50million from the MFA.

### **3.5 Thematic areas and the Sustainable Development Goals (SDGs)**

The five thematic areas that absorbed most of the Swedish development assistance in 2020 were democracy and human rights, including gender equality and public administration (23 percent of all

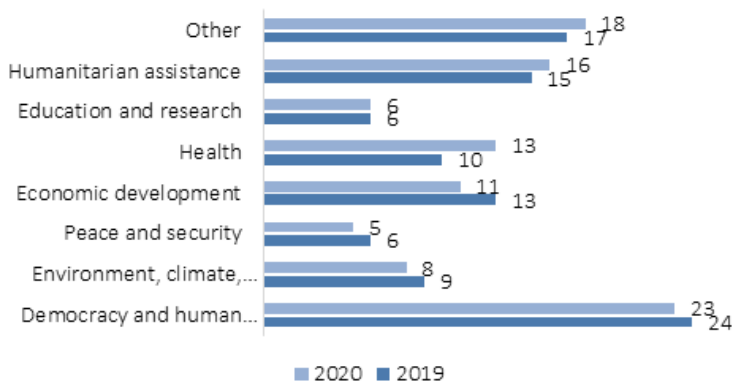
<sup>15</sup> Includes IDA, IBRD and IFC.

<sup>16</sup> Sida (2021/22) Expenditure area 7 – International Assistance.

<sup>17</sup> Gavi COVAX AMC (SEK 100 million) and GAVI COVAX AMC through IFFIm (SEK 100 million).

expenditures in 2020), humanitarian assistance (16 percent), health (12.5 percent), economic development (11.3 percent), and environment, climate and energy (7.8 percent).

**Figure 7: Swedish bilateral aid by theme in 2019 and 2020 (% of total)**



Source: Sida (2021/22) Expenditure area 7 – International Assistance.

The most significant change in the level of funding from 2019 to 2020 was the increase in health sector<sup>18</sup> funding (from 10.2 percent in 2019 to 12.5 percent in 2020). While the share of humanitarian assistance also increased, the share of all other thematic areas decreased somewhat, as shown in Figure 7.<sup>19</sup>

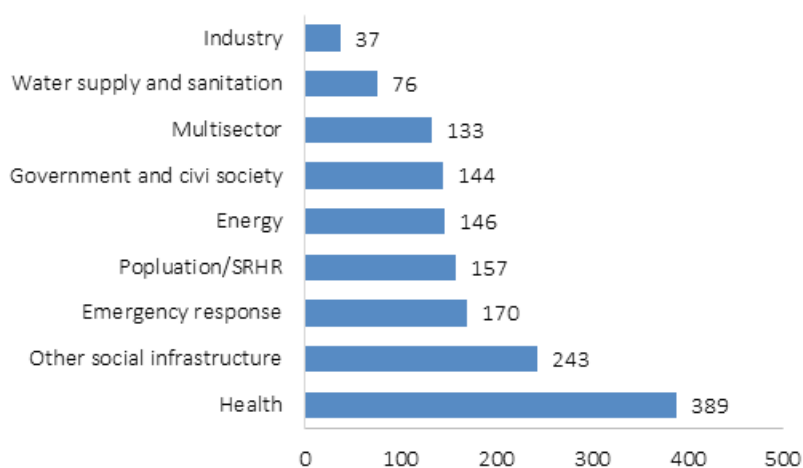
**Finding 3. The health sector has received a significant share of Sida’s covid-19 funding, contributing to an increase in the relative importance of health sector funding in Swedish bilateral aid.** The health sector received one-fourth (24 percent) of Sida’s covid-19 funds in 2020. As shown in Figure 8, other major sectors include social infrastructure (15 percent), emergency

<sup>18</sup> According to the OECD/DAC definitions “health” also includes “water and sanitation” and “population policies and programmes”.

<sup>19</sup> Sida (2021/22) Expenditure area 7 – International Assistance.

response (11 percent), population policies/programmes and reproductive health (10 percent), and energy generation, distribution and efficiency (9 percent).<sup>20</sup>

**Figure 8: Sida's covid-19 funding by sector in 2020 (SEK million)**



Source: Sida PLANit.

According to the data recorded against the OECD/DAC sector for covid-19 funding in the health sector, Sida's covid-19 funding amounted to SEK 392 million in 2020 and SEK 109 million in 2021.<sup>21</sup> The equivalent funding provided through the MFA totalled SEK 671 million.<sup>22</sup> This makes a total of about SEK 1.1 billion of Swedish covid-19 funding to the health sector in 2020 and 2021.

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<sup>20</sup> Sida PLANit.

<sup>21</sup> The covid-19 sector code also includes expenditures on health policy and administrative management, explaining the difference with the figures in Figure 8.

<sup>22</sup> Government Offices of Sweden, Ministry for Foreign Affairs (2021), Sweden's development assistance for health 2020 Statistical report.

Sida's covid-19 tagging against SDG targets similarly indicates that a majority (58 percent) of Sida's covid-19 funding in 2020 contributed to SDG 3 on Good Health and Well-being. The second most tagged SDG target was SDG 5 on Gender Equality (34 percent), followed by SDG 1 No Poverty (21 percent), SDG 13 on Climate Action (15 percent), and SDG 16 on Peace, Justice and Strong Institutions (14 percent).

While these statistics reflect the actual overall disbursement of funds in the system, it is interesting to note that at the *embassy* level – according to the survey results (Figure 9) – the perception is that the pandemic has led to a stronger focus on gender equality, social protection and socio-economic development than on health, environment/climate and conflict prevention in the reprogramming process. Thus, the survey results indicate that the *bilateral* Swedish response has been more holistic than health-oriented, reflecting that most health contributions have been allocated from global and not bilateral strategies.

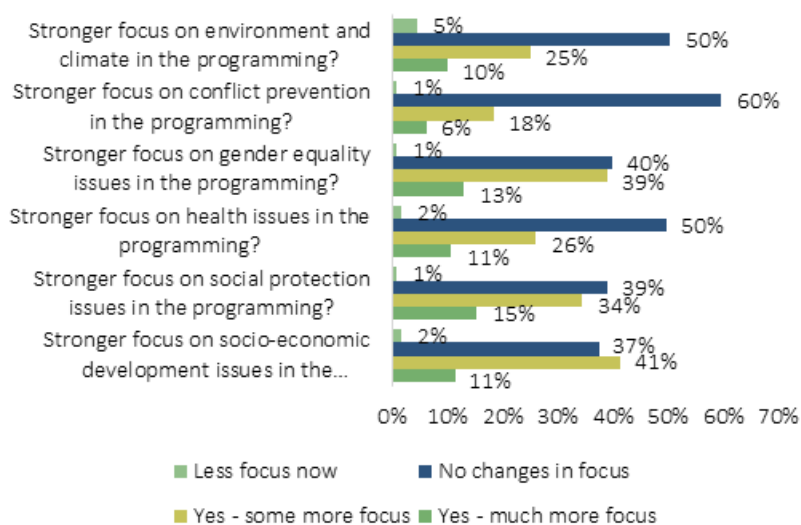
While covid-19 has affected development negatively in most areas, recent studies show that social security systems have undergone a massive expansion globally and more than 190 countries have expanded their social protection system to include more groups or increase the size of the benefits.<sup>23</sup> This is also a prerequisite for inclusive economic development.<sup>24</sup> Thus, the development in these areas of focus is not isolated to the Swedish response but has been a more global phenomenon.

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<sup>23</sup> U. Gentilini, M. Almenfi, I. Orton & P. Dale. (2020). Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures. World Bank.

<sup>24</sup> Sida (2021), Global Multidimensional Poverty analysis 2020.

**Figure 9: To what extent do you agree that the pandemic has led to a.....?**



This trend is also confirmed by interviews with Sida HQ and embassy staff. Social protection has been a key concern in all three case countries and has been closely linked to GBV.<sup>25</sup>

In Uganda, there is a general consensus that the side effects of the pandemic have been much worse than the pandemic itself and the closure of schools for two years, the large increase in teenage pregnancies, out-of-school adolescents and loss of livelihood will continue to negatively affect the development in the country also in the years to come.<sup>26</sup> While UNICEF had previously worked through schools as a “safe space” for children, the two-year-long lockdown of schools (the longest in the world) also challenged this approach.

<sup>25</sup> <https://www.genderandcovid-19.org/research/social-protection-gender-based-violence-gbv-covid-19-corona-evidence-programming/>

<sup>26</sup> The Situation of and impact of COVID-19 on school going girls and young women in Uganda, UN Women, May 2021.

In Bolivia, the survey with Sida partners conducted as part of the process evaluation clearly reflected that Sida had responded well to the social crisis focusing on social protection, gender equality and social issues. In particular GBV and SRHR initiatives were supported through CSOs and UN organisations such as UNFPA and UNICEF.<sup>27</sup>

### 3.6 Regions and countries

**Finding 4. In line with the overall focus of Swedish development assistance, countries in Eastern and Southern Africa have received most of the covid-19 funding.** As shown by the covid-19 tags, 58 percent of Sida’s covid-19 funding in 2020 was directed to Africa. Asia received 17 percent of the funding, Europe 4 percent, and Latin America 2 percent. About 19 percent of the funds were disbursed to global initiatives,<sup>28</sup> which correlates well with interview persons from HQ confirming that most health funding allocations came from global strategies. Figure 10 shows Sida’s funding for the covid-19 response in 2020 by main recipient countries (top-ten recipients).

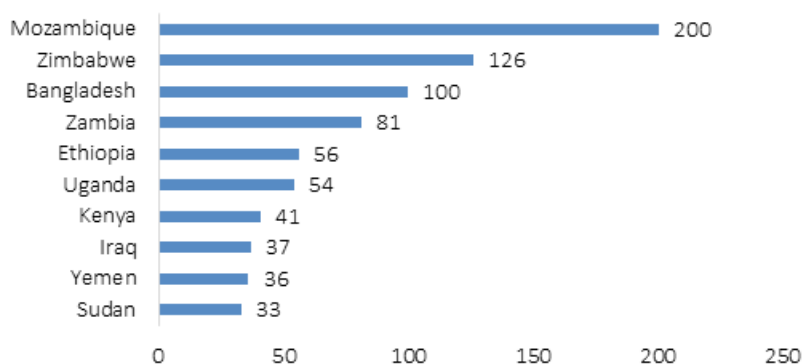
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<sup>27</sup> NCG (2021): Process evaluation of three donor agencies’ responses to the COVID-19 pandemic in Bolivia during the period March-December 2020.

<sup>28</sup> Sida PLANit.



**Figure 10: Sida’s covid-19 funding by country, 2020 (SEK million)**



Source: Sida PLANit.

### **3.7 Covid-19 funding in case study countries**

**Finding 5.** The level of covid-19 funding has varied considerably across the case study countries with Uganda tagging relatively more contributions as covid-19 support. This is likely due to Uganda’s health portfolio, which has been reprogrammed to also include covid-19 measures. However, the case studies also illustrate gaps in what has been captured in Sida’s statistics. According to PLANit data, Swedish development assistance to Uganda amounted to a total of SEK 662 million in 2020. About SEK 54 million (8 percent) of the disbursements that year were tagged as covid-19 funding. In 2021, SEK 4.2 million was recorded against the OECD/DAC sector code on covid-19 funding in the health sector.

According to Sida’s tagging system, the covid-19 funding to Uganda includes two contributions, implemented through UNICEF and WFP. The first and largest one was a cost-extension of existing support to UNICEF’s “Maternal, new-born and child health programme in West Nile 2017-2021.” The specific purpose of the

cost extension was to improve the health sector's capacity to prepare for and respond to covid-19, as well as to ensure continued delivery of essential maternal, adolescent, child and new-born health services. Some reprogramming of existing funding relating to covid-19 mitigation and response activities had earlier been agreed upon within the same programme.<sup>29</sup> The second contribution pertains to reprogramming of existing Sida funding to the joint WFP/UNICEF programme on "Child Sensitive Social Protection in Refugee-Hosting Districts of West Nile." A review of the contributions listed on [openaid.se](https://openaid.se) suggests that there may also be other contributions of relevance for Sweden's covid-19 response, but which are not captured by Sida's tags. This was also confirmed by interviews with embassy staff who mentioned as a concrete example the contribution to the Hague Institute for Innovation of Law (HiIL) "People-centred-justice – Uganda Justice innovation in a pandemic" which was supported as a response to the pandemic.

The development assistance to Bolivia totalled SEK 242 million in 2020.<sup>30</sup> Some SEK 3.9 million (about 2 percent) of these disbursements were tagged as covid-19 funding. This includes contributions to Helvetas' "Bolivia Solid Waste," Aquatuya's "WASH covid-19 emergency response" and International Fund for Agricultural Development (IFAD)'s "Rural Poor Stimulus Facility."<sup>31</sup> However, as shown by the 2021 evaluation of donor responses to the covid-19 pandemic in Bolivia,<sup>32</sup> Swedish covid-19 funding also included additional contributions to the UNICEF Country Programme and, separately, to its WASH Programme. The additional funding was earmarked for UNICEF Bolivia's covid-19 Response Plan and a specific emergency wildfires covid-19

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<sup>29</sup> Embassy of Sweden (Uganda). Decision - COVID-19 cost extension. June 2020.

<sup>30</sup> The data on spending by country is obtained from Sida (2021/22) Expenditure area 7 – International Assistance.

<sup>31</sup> Sida PLANit.

<sup>32</sup> NCG (2021), Process evaluation of three donor agencies' responses to the COVID-19 pandemic in Bolivia during the period March-December 2020.

response component in La Chiquitania, totalling SEK 22.1 million. These two contributions, however, are not captured by Sida’s covid-19 tags or by the OECD/DAC sector code illustrating the limitations of the tagging system.

Georgia received SEK 137 million in Swedish development assistance in 2020. The covid-19 funding recorded in PLANit was limited to SEK 1 million – less than 1 percent – which was a contribution to the Georgia Red Cross Society’s Emergency Response to covid-19.<sup>33</sup> At the same time, the case study revealed that Swedish assistance was also provided to UNICEF’s covid-19 humanitarian response in Abkhazia, as part of a contribution to the programme on “Developing, Strengthening and Expanding Sustainable Basic Social Services for Children in Abkhazia.”<sup>34</sup> Another example is the Loan Portfolio/Guarantee to JSC MFO Crystal, one of Georgia’s leading financial inclusion organisations, where Sida collaborated with the United States International Development Finance Corporation (DFC) to support micro, small and medium-sized enterprises (MSMEs) to mitigate the economic crisis in the aftermath of the covid-19 pandemic.

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<sup>33</sup> Sida PLANit.

<sup>34</sup> UNICEF Georgia. Developing, Strengthening and Expanding Sustainable Basic Social Services for Children in Abkhazia. Final report to Sida.

## 4 Strategic adjustments

Following the presentation of findings from the financial mapping, this chapter focuses on the strategic level, mainly the response from HQ to the pandemic as well as the humanitarian-development nexus, also exemplified by concrete examples from the case studies.

**Finding 6. The highly decentralised decision-making power on contribution management has allowed for a quick reprogramming process and close collaboration and dialogue with partners.** While this has largely been interpreted as an added value there were some requests for better guidance from HQ on how to go about the reprogramming besides being partner responsive and flexible. It also still needs to be seen if the large flexibility in reprogramming has affected the development results.

The importance of the decentralisation aspect was clearly reflected in the Swedish response to covid-19 in Bolivia.<sup>35</sup> Similar reflections were evident in both Georgia and Uganda. Reprogramming largely relied on embassy programme officers and management since none of the covid-19 contributions were above the threshold of SEK 80 million requiring HQ approval. Considering the key role programme officers and embassy management played in the reprogramming, the clear communication from top Sida management emphasizing flexibility, adaptiveness, and partner responsiveness was crucial for programme officers to test boundaries and take slightly higher risks.

**Finding 7. Swedish strategies guiding bilateral cooperation have been broad enough to allow for adaptations to respond to the pandemic.** There are no examples of bilateral strategies that have been changed during the pandemic and interviewed stakeholders in the case countries have not seen a need for adjustments at the strategic level. This is also confirmed by the

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<sup>35</sup> NCG (2021): Process evaluation of three donor agencies' responses to the COVID-19 pandemic in Bolivia during the period March-December 2020.

survey where 80 percent of surveyed management and staff across all countries found that the scope of the bilateral strategies allows for flexibility in reprogramming to a large or to some extent. In hardship category 4 or 5 countries,<sup>36</sup> this is even higher (90 percent).

At the bilateral level, embassies have managed to adjust within their strategic areas by interpreting the boundaries of the areas more flexibly. For instance, in Bolivia where health is not a strategic area, the Embassy scaled the support for preventive mechanisms through the WASH sector as well as social protection to respond to the increasing cases of GBV. Uganda was the only one of the three case countries which had a strategic focus on health, which can explain why 8 percent of Uganda's disbursed funds were tagged as covid-19 funding (see section 3.7).

At the global level, there has however been some discussion on whether unspent funds from some of the global strategies could have been allocated to e.g. health, but this would have required switching funds from one strategy to another. While most covid-19 funding already came from global, regional and thematic strategies, some HQ stakeholders mentioned that even more funds could have been reallocated. However, interviews with HQ management and staff indicated that it is often a rather cumbersome process to reallocate funds from one global strategy to another and it requires quite a lot of paperwork to have such reallocations implemented. This might have prevented management and staff from exploring such opportunities further.

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<sup>36</sup> Mali, Bangladesh, Burkina Faso, Democratic Republic of Congo, Iraq, Liberia, Mozambique, Sudan, South Sudan.

The collaboration between the MFA and Sida allowed for fast adjustments to accommodate CSOs' need for reprogramming as well as living up to their contractual agreements of financing 10 percent of their programming.<sup>37</sup> This was demonstrated at a time when Sida tended to become a bottleneck in approving reprogramming and realised they needed to address this issue. At the same time, some of the CSOs were challenged by limited possibilities to mobilise their own funding (e.g. due to the closing of stores selling used clothes in Sweden). These aspects were raised by Sida with the MFA and two essential decisions were subsequently agreed upon: i) a formal decision to exempt CSOs from financing 10 percent of their programmes was agreed upon on 16 April 2020.<sup>38</sup> While initially only intended to cover the remaining of 2020, this agreement was extended in August 2020 to also include 2021,<sup>39</sup> and ii) to mitigate Sida becoming a bottleneck in approving reprogramming, it was decided to allocate more responsibility to Swedish CSOs for approving changes.<sup>40</sup>

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<sup>37</sup> The CIVSAM strategy includes 15-17 strategic partnerships (15 in 2020, 17 in 2022) with Swedish CSOs which have around 2,000 local partners in 100 countries. Source: Evaluation of the Strategy for support via Swedish civil society organisations 2016-2022, Final Report 2021, Jonas Lövkrona et. al, Sida Decentralised Evaluations, 2021:15.

<sup>38</sup> <https://regeringen.se/pressmeddelanden/2020/04/krav-pa-egeninsats-for-civilsamhallsorganisationer-upphavs-tillfalligt-pa-grund-av-COVID-19/>

<sup>39</sup> <https://regeringen.se/pressmeddelanden/2020/08/forlangning-av-undantag-for-egeninsats-for-civilsamhallsorganisationer/>

<sup>40</sup> To guide this process, CIVSAM developed a guideline for CSOs on what were required in the specific circumstances. For instance, there was an increased need to shift from long-term development aid to more rapid humanitarian response, and while the CSO guideline from 2017 required CSOs to submit an application for approval in such a case, the covid-19 guideline only requested CSOs to inform Sida.

**Finding 8. Sida has published a number of studies, guidelines and analyses to support decision-making at the strategy level, including guidance on more forward-looking multidimensional poverty analyses (MDPAs)<sup>41</sup> and studies of the effects of covid-19.** In May 2020, Sida published specific guidance on how to revise the MDPAs in view of the covid-19 pandemic.<sup>42</sup> All MDPAs that have been implemented/updated since the pandemic contain some form of covid-19 analysis, and some include a more detailed analysis, either as a separate part (e.g. Iraq) or as an integral part of the analysis (e.g. Uganda, Zambia, Ethiopia, Tunisia and Somalia), all from 2021. A Global MDPA<sup>43</sup> was also prepared by Sida in autumn 2020 to support the in-depth reviews of global thematic strategies. The multidimensional country analysis<sup>44</sup> carried out together with the OECD is based on a forward-looking analysis (based on OECD foresight methods), which has laid the foundation for the entire analysis work.

A paper prepared by Sida in June 2020 on the potential economic effects of covid-19<sup>45</sup> presented the direct and indirect impact channels through which covid-19 was expected to affect developing countries and their vulnerability. The purpose of this paper was to support interventions that would be appropriate in the short run while preparing for swift actions and responses later on when better knowledge would become available. Together with several thematic analyses, this paper made an important contribution to Sida's

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<sup>41</sup> The MDPA is a tool to support sharpening Sida's focus on poverty and guides strategy owners to analyse whom the most vulnerable and poor groups are in a specific context.

<sup>42</sup> COVID-19 and Dimensions on Poverty, Sida 2020.

<sup>43</sup> Global Multidimensional Poverty Analysis 2020, Sida.

<sup>44</sup> The aim of multidimensional country analyses is to design policies and strategies that promote development in a holistic sense, and do not simply promote growth while being forward-looking.

<https://www.oecd.org/development/mdcr/>

<sup>45</sup> Potential Effects from COVID-19, Sida, June 2020.

covid-19 response from a multidimensional poverty perspective and all country offices were provided with a long slide deck on relevant data, tailored to their specific country.

According to HQ interviews, the demand for data and evidence within both the MFA and Sida has been immense during the pandemic. People have been desperate to have something to base decisions on. The challenge has been, however, that basically no one in the system had time to do the analysis and write reports, especially in the first months of the pandemic.

Sida also joined forces with other development partners in several informal networks to share learning. A Chief Economist Network was created through OECD/DAC and the WB, involving 25–30 Chief Economists from different countries. This network meets twice a year to discuss global challenges through an informal dialogue. It is chaired by Sida’s Chief Economist. A Community of Practice on “Country Diagnostics” (for countries with country diagnostic frameworks) was also established, including 11 organisations.<sup>46</sup> The purpose of this network is mainly to share experiences/information and learn and not to agree or produce.

## 4.1 Humanitarian-development nexus

**Finding 9. Support of civil society is an example of how covid-19 has spurred an additional focus on the development and humanitarian nexus.** According to interviews and recent evaluations,<sup>47</sup> the pandemic has spurred a strengthening of the humanitarian-development nexus. The survey data reflected in Figure 11 support the impression from the interviews that the nexus

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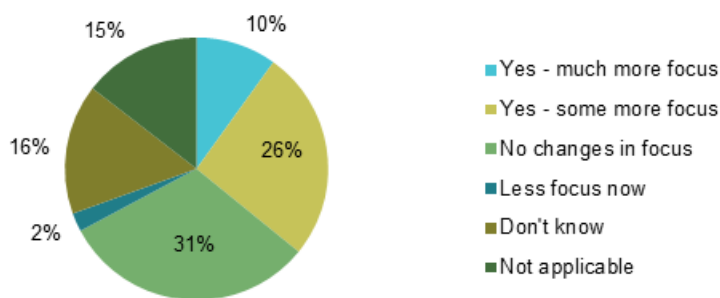
<sup>46</sup> The European Bank for Reconstruction and Development (EBRD), DFID, the International Finance Cooperation (IFC), UNDP, MCC and USAID).

<sup>47</sup> See for instance: Evaluation of the Strategy for support via Swedish civil society organisations 2016-2022, Final Report 2021, Jonas Lövkrona et. al., Sida Decentralised Evaluations, 2021:15.



has become more prominent during the covid-19 reprogramming. Some survey respondents note, however, that there is weak coordination between development and humanitarian units, indicating that there is still some room for improvement.

**Figure 11: To what extent has the development–thumanitarian nexus been a stronger focus in the covid-19 reprogramming?**



The Civil Society Unit developed a guideline in collaboration with the Humanitarian Unit at Sida to guide CSOs in defining what lies within the border of development and humanitarian aid.<sup>48</sup> Livelihood, income-generating activities, food security and hygiene articles fall within the borders of development while the distribution of food and medicine is considered to be within the humanitarian sphere (and not to be funded within the CSO Strategy).

Although humanitarian support is not part of the strategic framework in Georgia, during the pandemic, UNICEF was allowed to shift to humanitarian support and food, hygiene and basic medicines were provided to the most vulnerable families with children from all districts of Abkhazia. The Swedish Embassy also supported the Georgian Red Cross to provide humanitarian assistance. In Uganda, the Sida funded joint WFP/UNICEF

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<sup>48</sup> Sidas hantering av förfrågningar från SPO med anledning av COVID-19 [Sida's handling of inquiries from SPO due to COVID-19], CIVSAM, 25 juni 2020.

programme was reprogrammed to include a humanitarian response to the pandemic. WFP/UNICEF managed to convince the Government of Uganda to do a cash transfer programme for pregnant and lactating mothers and mothers of children below two years in West Nile during the pandemic to ensure proper nutrition of children, the so-called “Nutri-cash” project. While the Government was previously reluctant to accept cash transfer programmes, the pandemic provided an opportunity to introduce the cash programme as a new and innovative approach in the country.

## 5 Collaboration with multilateral partners

This chapter provides examples from collaboration with multilateral organisations to understand Sweden's role and influence through dialogue with core funding partners. Apart from core funding from the MFA, the organisations also receive core support from Sida HQ as well as through regional and bilateral agreements with Swedish embassies at the country level. The examples included in this chapter are derived mainly from interviews conducted at MFA and Sida HQ and from the embassy level and supported by the survey data when relevant.

### 5.1 Multilateral partner organisations (WB, WHO and UNICEF)

**Finding 10.** Through its representation at the Nordic-Baltic Office (NBO) in Washington DC,<sup>49</sup> Sweden has actively pushed for the WB Group Board to allocate more responsibility to management and shorten the time for disbursement, while still keeping an eye on the longer-term priorities.<sup>50</sup> Already at the virtual Board meeting held shortly after the covid-19 outbreak on 17 March 2020, several Chairs (including the Nordic-Baltic representative) stressed the need for signalling a higher risk appetite to enable a swift response. IFC *Fast Track Facilities* were discussed and approved as a direct response to the covid-19 outbreak.<sup>51</sup> In these discussions, the NBO Chair flagged the need to still ensure *compliance with environmental and social requirements and gender considerations*

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<sup>49</sup> Nordic and Baltic countries share a Board Chair position in the World Bank Group.

<sup>50</sup> Based on interviews with MFA staff and minutes from Board meetings.

<sup>51</sup> These facilities consisted of financial support to existing clients to help sustain their economies and preserve jobs during the global crisis.

while operating under streamlined procedures and delegated authority. The NBO Chair, supported by other Chairs, also highlighted the need to *focus on fragile countries with the weakest health systems* and flagged humanitarian concerns and the need to avoid diversion of resources from the humanitarian response.

At the following Board meeting on 2 April 2020, the NBO Board Chair member supported the approval of the *Multiphase Programmatic Approach* framework, a USD 6 billion envelope for the WB health-related response to the covid-19 outbreak, along with the first 25 country operations and waivers needed to speed up upcoming operations. The Board stressed the need for maintaining proper governance and oversight and adherence to applicable policies.

While this implied a stronger focus on health and vaccine issues in most countries, the NBO representative again highlighted the importance of not losing focus on *strong results measurement*, addressing *gender* issues and keeping eye on the *long-term focus* and *environmentally sustainable recovery*. In addition, the need for close coordination and collaboration with other international partners, including the WHO, other MDBs and the International Monetary Fund (IMF), was stressed. Concerns were raised over global supply chain challenges adversely impacting the poorest countries, and gender considerations were taken on board through guidance from the Gender Team, including through gender tagging.

**Finding 11. At the country level, Swedish support has complemented larger WB programmes both from a systemic perspective (health) as well as through the provision of seed funding. At the same time, large differences in flexibility between Swedish and WB programme approaches have caused challenges in the implementation.** In Uganda, the Swedish Embassy is engaged with the WB in both the health sector and the area of environment and climate change. Sida is supporting two out of four components of the “Uganda Reproductive, Maternal and Child Health Services Improvement Project”. This includes 1) results-based financing for primary health care services and

2) strengthening health systems to deliver reproductive, maternal new-born, child and adolescent health.<sup>52</sup> The second component is implemented through the Ministry of Health (MoH) and has allowed the WB to have an ongoing dialogue with the MoH during the pandemic. An initial concern for the Swedish Embassy was how to ensure the continuation of essential health services during the pandemic and this has been a clear message in Sweden's joint advocacy with partners towards the Government. The WB has had tough negotiations with the Government on this matter.

Other Swedish focus areas which were further emphasised during the pandemic have been the quality of care and in particular the area of adolescent health (e.g. teenage pregnancy), in terms of stakeholder mobilisation and campaigns. According to the WB, Sweden has a strong voice in terms of social protection and during the pandemic *“their voice was really heard in a sector that does not move very fast”*. Thus, through the WB and other partners, Sweden has pushed for action to respond to the pandemic while keeping a focus on ensuring continuous service delivery, not least to adolescents.

In the area of environment and climate, the flexibility in Swedish funding was crucial to facilitate a quick response to serious challenges to the tourism sector due to the covid-19 outbreak. The approval process of the WB Multi-Donor Trust Fund programme “Investing in forests and protected areas for climate-smart development, phase 1” was very lengthy (having taken nearly two years) and was just being approved when the pandemic hit. Sida joined in 2020 and was able to contribute with a relatively small funding share (SEK 30 million), which however became extremely important as initial seed funding for the project to kick off.

**Finding 12. From the outset, Sweden has supported a joint response through the WHO, although it was initially a concern whether the more policy-oriented organisation would have**

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<sup>52</sup> Decision on contribution “Uganda Reproductive, Maternal and Child Health Services Improvement Project 2017-2021.”

**sufficient capacity to also respond on the ground and ensure equal access to vaccines.** Sweden has supported a joint response through the WHO and provided substantial additional funds besides the core allocation to WHO (see Table 3). Sweden has stressed the importance of ensuring equal global access to vaccines, while at the same time ensuring domestic access. During the first months of the pandemic and the intense work with the Swedish health response, both the Minister for Development Aid and the State Secretary for International Development Cooperation had talks with the WHO management globally and for the African region as well as with the UK and the Gates Foundation.

A new organisational strategy for Sweden's cooperation with the WHO 2021–2025 was launched in May 2021,<sup>53</sup> which guides all Swedish support to the WHO. A key area in the Strategy relates to the covid-19 pandemic where the WHO commits to undertake reviews and evaluations of e.g. the global response to the pandemic led by the WHO. These reviews/evaluations will be crucial in understanding whether the quite substantial increase of funds from Sweden to the WHO has led to the intended results.

It is the Ministry of Health and Social Affairs that anchors the Core Voluntary contribution support to the WHO but as a specialised organisation, there are many actors involved including different ministries and agencies. This requires a high degree of coordination among Swedish actors. The WHO support has therefore been coordinated through a Team Sweden approach. While stakeholders agree that this set-up was needed conceptually, it has been difficult to define the roles of the different ministries, departments and agencies involved. In particular, it has been a challenge in relation to those ministries and agencies that are less accustomed to international work.

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<sup>53</sup> <https://www.government.se/articles/2021/05/strategy-for-swedens-cooperation-with-the-world-health-organization-who-20212025/>

**Finding 13. Sweden is the fifth largest contributor to UNICEF and provides multi-annual core support for a five-year period as one of a few countries. In 2020, UNICEF’s overall funding increased, but mainly as earmarked funding for the covid-19 response.** The Strategy for Sweden’s cooperation with UNICEF 2018–2022 guides the Swedish support to the organisation. While the core support to UNICEF did not increase during covid-19, UNICEF has been one of the main recipients of Swedish multi-bi covid-19 funds. There is no general overview of all Sida contributions to UNICEF, besides the financial overview as reflected in Table 3. It is however estimated that there are currently 40–45 contributions with UNICEF funded through different strategies.<sup>54</sup> UNICEF has also received funding specifically for their participation in the COVAX facility.

Sweden has been one of few countries (together with Germany and the United Kingdom) leading the way in terms of providing multi-annual core support to UNICEF.<sup>55</sup> While this has been important, leading to a constant increase of core funding resources, earmarked funding has constituted a larger share of UNICEF’s budget during the pandemic.<sup>56</sup> Nevertheless, the flexible funding through the core funding and thematic/country support from the embassies has been highlighted by UNICEF country offices as crucial for allowing UNICEF to quickly adapt to the pandemic.

During the pandemic, Sweden has continued to emphasise a focus on “leaving no one behind”, gender equality, a rights-based approach and a focus on the humanitarian-development nexus. Thus, the policy discussion with UNICEF has maintained this focus. Sweden was already a strong advocate for promoting the humanitarian-

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<sup>54</sup> MOPAN Assessment Report, United Nations Children’s Fund (UNICEF), 2020 Assessment Cycle, Published December 2021.

<sup>55</sup> Ibid.

<sup>56</sup> While non-earmarked funding constituted 22% of UNICEF’s budget in 2019, the share decreased to 20% in 2020.

development nexus as discussed above before the pandemic,<sup>57</sup> and while this focus has continued to be a discussion point with UNICEF, the pandemic has further strengthened the relevance of this priority area. The earmarked funding for, respectively, humanitarian response and development aid limits UNICEF's ability to manoeuvre the nexus approach, thus core funding is currently being used to pilot a more integrated nexus approach in Sudan.

## 5.2 The vaccine support

**Finding 14. The vaccine programme has been a core concern for the Swedish response to the covid-19 pandemic and the Swedish Government has emphasised a strong harmonisation and collaboration through the EU while still maintaining attention on a holistic health approach.** From the outset, Sweden has taken part in the EU vaccine strategy for the vaccination of its own population and in the COVAX facility that works to secure access to vaccinations for low and lower middle-income countries. Sweden also showed political courage by being one of the first EU countries to offer vaccine donations, at a time when there still was not full political support for this.

Sweden has followed the WHO recommended strategy to ensure health workers and high-risk populations first. In May 2021, when vaccination doses were still scarce in the domestic market, Sweden donated one million doses of the Astra Zeneca vaccine to COVAX to help meet the acute need for vaccines around the world.<sup>58</sup> While Swedish citizens were still not vaccinated, the Government walked the talk of ensuring equal distribution of vaccines globally through this donation.

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<sup>57</sup> E.g. evident in the Draft country programme documents, First regular session 2020, Sweden's comments to UNICEF country Programmes in DRC Congo and Mali.

<sup>58</sup> <https://www.government.se/press-releases/2021/05/ny-the-government-plans-to-donate-one-million-vaccine-doses-to-the-covax-global-vaccine-cooperation/>



Sweden has emphasised a strong harmonisation and collaboration through the EU system in the covid-19 response strategy to ensure equity in access to vaccinations. Sweden is the world's largest per capita donor to COVAX and the fifth largest donor overall and has supported the distribution of one billion vaccines to 144 countries.<sup>59</sup>

Apart from SEK 200 million for COVAX<sup>60</sup> provided during 2020 and at the beginning of 2021,<sup>61</sup> it was decided in April 2021 to provide SEK 2.25 billion to COVAX over a 10-year period.<sup>62</sup>

UD UN has emphasised in several communications that the embassies should be explicit about the collaboration through Team Europe. It is the assessment from key MFA stakeholders that it has made the vaccination strategy more powerful when labelled as a Team Europe approach and it has enhanced the collaboration between European countries.

In Uganda, the Embassy acted upon a concrete request from the Government to support the distribution of vaccines that were at risk of expiring. The Ugandan MoH and the WHO called for a joint meeting with development partners to support the process. The Swedish Embassy facilitated the donor coordination around vaccines and contributed funds to the “accelerated mass covid-19 vaccination campaign”. In total, more than three million doses were about to

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<sup>59</sup> Statement of Government Policy in the Parliamentary Debate on Foreign Affairs, Wednesday 16 February 2022, Government of Sweden.

<sup>60</sup> Government Offices of Sweden, Ministry for Foreign Affairs (2020), D-post: UD, November 2020, COVID-19 Sveriges globala agenda – en uppdatering [Sweden's global agenda – an update] (9).

<sup>61</sup> <https://www.government.se/press-releases/2021/02/sweden-intends-to-contribute-an-additional-sek-100-million-for-global-access-to-COVID-19-vaccines/>

<sup>62</sup> <https://www.government.se/press-releases/2021/04/sweden-to-make-major-investment-in-global-access-to-vaccines-in-the-fight-against-the-COVID-19-pandemic/>

expire<sup>63</sup> but the campaign limited the loss to 400,000.<sup>64</sup> Thus, the loss was considerably reduced and Sweden's contribution to this reduction is recognised by other development partners.

As mentioned above, Sweden has focused on a holistic health system perspective during the pandemic to ensure that not all focus was dedicated to the covid-19 vaccinations but instead integrated into a broader health perspective. This has been a central strategy according to interviews with both MFA and Sida staff. This focus is also reflected at the country level where for instance UNICEF has continued to focus on nutrition, maternal and child health-related aspects and not only covid-19. Although Sida was already working with this area from a health system approach, the pandemic has further enhanced its relevance.

### 5.3 Coordination of multilateral support

**Finding 15. While many HQ stakeholders have indicated that the coordination between the MFA and Sida has been good in relation to multilateral organisations, embassies are more critical. Coordination challenges are not a new issue<sup>65</sup> but have become more evident during the pandemic when the pressure has been higher.** In general, embassy management and staff are rather critical of the coordination between MFA HQ and embassies in the support to multilateral organisations (Table 4), with management being more critical than staff. When it comes to coordination between Sida HQ and embassies, management and staff members are more positive.

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<sup>63</sup> <https://www.aa.com.tr/en/africa/uganda-s-slow-pace-of-COVID-19-vaccination-sounds-alarm-bells/2395251>

<sup>64</sup> <http://nilepost.co.ug/2022/01/13/uganda-to-destroy-400000-COVID-19-vaccines-that-are-due-to-expire/>

<sup>65</sup> Swedish National Audit Office (2021), Swedish Aid to Multilateral Organisations – The Work of the Government and Sida.

**Table 4: To what extent has coordination between embassy and HQ on contributions to the same multilateral/humanitarian organisations been efficient during covid-19?**

| HQ   | Staff category | To a large extent | To some extent | To a limited extent | Not at all |
|------|----------------|-------------------|----------------|---------------------|------------|
| MFA  | Management     | 11%               | 47%            | 37%                 | 5%         |
|      | Embassy staff  | 24%               | 42%            | 24%                 | 10%        |
| Sida | Management     | 30%               | 55%            | 10%                 | 5%         |
|      | Embassy staff  | 26%               | 55%            | 12%                 | 7%         |

Some of these coordination challenges are further explained by the comment boxes in the survey, and seem to particularly concern the regional level as reflected in these quotes: “*Regional support needs better coordination with bilateral (..), but this is not related to the pandemic*” and “*the coordination with Sida HQ was a bit complicated due to regional projects that were not always monitored and reported to the field/Embassies*”. Thus, while challenges may not be specifically related to covid-19, coordination aspects seem to have become more complicated under pressure and when more levels are involved.

## 6 Decentralised reprogramming and contribution management

This chapter focuses on the decentralised level as its point of departure. The survey with embassies and in-country consultations are the main sources here. The chapter is structured around administrative procedures, coordination and communication, and partnerships.

### 6.1 Administrative procedures

**Finding 16. Very few administrative amendments were made to the contribution management system due to the covid-19 pandemic and both embassy management and staff found that Trac had been sufficiently flexible. The adjustment to allow digital signatures was highly appreciated by the embassy staff.** According to the survey results, almost 70 percent of survey respondents indicated that Trac was to a large or some extent flexible during the pandemic while only 10 percent indicated to a limited extent or not at all flexible.

In 2018, the Rule for managing contributions was amended to make the process more flexible and adaptive and corresponding changes were made in Trac. The changes made it easier to amend contributions during the performance monitoring stage. This turned out to be critical during the early stages of the pandemic when a need for significant reprogramming of funds emerged. This was largely confirmed by interviews with embassy staff in Uganda, Georgia and Bolivia. However, comments to the survey revealed that the processes in Trac can be a bit cumbersome, especially for newcomers.

A key improvement during the pandemic highlighted by several survey respondents and interviewees (including partners) was the introduction of electronic signatures in April 2020 which facilitated

amendments of contributions. Comments to the survey indicate that while this change was indeed helpful it also came a bit late since a lot of the initial reprogramming had already been done by then. Also, contribution agreements still need to be signed and submitted in hard copy which causes some delays and frustrations. A similar change was made in the guideline to CSOs which made it acceptable to have annual reports digitally signed and submitted electronically instead of in hard copy, as was the practice before the pandemic.<sup>66</sup>

Some survey respondents, mainly national programme officers, noted, however, that it has been difficult to use Trac from a poor, home-based internet connection. A guidance document was issued to clarify the procedure for working off-line with contribution management,<sup>67</sup> which came in handy as all programme officers had to shift from being physically present at the embassies to working from home, but a need for better internet connections when using Trac clearly emerges from the survey. According to interviews with embassy staff, the embassies supported programme officers getting connected from home and provided laptops for them to bring home. This was a new thing since before the pandemic national programme officers were not allowed to work from home nor bring home laptops for security reasons. It required quite some effort to get everyone established to work from home and it varied across the embassies how much support was provided to staff members. Some survey respondents criticised the process as being too slow and without enough support from the embassy management. However, all embassies eventually somehow managed to set up staff members with an internet connection. This was not always an easy matter however and for some, connectivity continued to be a challenge.

**Finding 17. While staff members are largely satisfied with the contribution management system, some challenges were identified in relation to the administrative processes and the interpretation of the rules which tend to make some processes**

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<sup>66</sup> CIVSAM (2020), Sida's handling of requests from SPO due to COVID-19.

<sup>67</sup> Advice and guidance when working off-line: Sida's Contribution Management.

**more cumbersome than necessary.** In March 2020, Sida issued a reference document reiterating and explaining the opportunities provided by the system to amend ongoing contributions, and when a simplified appraisal process could be used.<sup>68</sup> While this was timely, not all programme officers were aware of the simplified procedures.

In both Uganda<sup>69</sup> and Georgia, programme officers had applied the simplified appraisal to allow for faster decision-making. The procedure does not require a full appraisal, but it still requires a description of the contribution, a risk assessment, an assessment of the capacity of partners, etc. So, although it is a simplified procedure and in principle only a decision document, it contains many of the same steps as a full appraisal. According to comments from some survey respondents, it is more likely the interpretation of the system and not the system per se that makes the processes cumbersome. For national programme officers, it is however an additional challenge that the decision document needs to be done in Swedish, thus translation is needed which can create a bottleneck. In Uganda, two simplified procedures ended up taking three months before approval, delaying the disbursement of funds substantially.<sup>70</sup>

**Finding 18. A stronger focus on risk management occurred during the pandemic. This is closely linked to an almost complete stop for field visits during the period.** According to the survey results, 65 percent of the respondents have seen a larger or some additional focus on risk management while 23 percent indicate a similar level of focus as before the pandemic. According to interviews with Sida staff, this is closely linked to the fear of increasing corruption cases during the pandemic and the lack of

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<sup>68</sup> Contribution Management. Quick reference guide: Amendment of contribution; Simplified Appraisal Process. Sida, Department for Management Support. Last updated 15 April 2021.

<sup>69</sup> One example was covid-19 related while another example related to the election process but for both cases there was a need to finalise agreements quickly.

<sup>70</sup> HiiL handed in a proposal in August 2020, but the decision was only finalised in December 2020.

possibilities to do monitoring visits and physical financial audits. As reflected in several studies,<sup>71</sup> the pandemic is likely to have increased the level of corruption (e.g. in procurement, fraud in testing systems, health certificates, etc.).

While comments in the survey indicate that monitoring procedures have become more innovative and needed to be so due to the lack of possibilities for field visits, it is at the same time clear that monitoring has suffered severely during the pandemic. Interviews with embassy management and staff confirmed that monitoring visits almost came to a full stop. During tough lockdowns in-country, this has been the reality that embassy staff have had to face, but even when quarantines were lifted very few monitoring visits have been conducted. There are different explanations for this: i) the almost full stop for international travel from HQ sending a clear message to embassies that it is too dangerous to travel; ii) restrictive measures for embassies to work in teams and encouragement to work from home creating a general feeling that it would

Through direct funding from the Swedish Embassy in Uganda, United Nations Capital Development Fund (UNCDF) together with other UN agencies collaborated with the “SafeBoda” initiative to expand BodaBoda riders’ business to not only transporting people from one place to another but also enable goods to be purchased online and transported directly to the buyer. Since BodaBodas were not allowed to transport people but only goods during the first strict lock down, the online e-commerce platform allowed the BodaBoda riders to continue working while at the same time delivering goods to people whose movement was restricted. Besides transporting food and goods, SRHR services were also delivered by BodaBodas in collaboration with UNFPA.

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<sup>71</sup> E.g. COVID-19 and dimensions of Poverty, Poverty Toolbox, May 2020; The Impact of COVID-19 on development in Bangladesh, 2021.

be too risky to go into the field (during the study team's field visit to Uganda in end-January 2022, it was the first time since March 2020 that the entire Embassy team was physically present at the Embassy at the same time); and iii) restrictions in partner organisations, such as several UN organisations, which have been very restrictive in terms of field visits. Thus, while there have been no restrictions from embassy management against going into the field, it has been the interpretation by staff that this would be too risky. Looking back, several staff and management members indicated that maybe their interpretation had been too restrictive.

**Finding 19. Allocation of funds to personal protective equipment was accepted in Georgia and Bolivia, allowing for continuous support of services by implementing partners.** While such expenditures were not planned, Sida proved very flexible in accepting such adjustments. For instance, the UNICEF project in Abkhazia in Georgia contributed to the strengthening of the capacities of health workers to continue serving vulnerable populations in the context of the covid-19 response. While health workers were only a secondary target group of the project, the flexibility of the Swedish Embassy to allow reallocation of funds to provide personal protective equipment, and test kits to healthcare providers who at that point had extremely limited access to relevant resources, allowing for continued service provision. This was also the case with UNICEF in Bolivia and Uganda and other both multilateral and CSO partners. While such amendments were largely accepted, it seems to be in opposition to the instructions given by CIVSAM where the CSO guideline advised to be restrictive in accepting funding for personal protection equipment. Thus, rules in this regard have been very much up to the strategy holders to define.

**Finding 20. Both partners and embassy management/staff indicate that an increased focus on innovative solutions has occurred during the pandemic.** The survey results showed that 50 percent indicate more or much more focus on innovation in the programming. Even more so when it comes to a stronger focus on



adapting concepts and tools for project monitoring where almost 60 percent indicate more focus. This was also noted in survey comments:

“The working methods have changed significantly reflected through fewer field trips, workshops in real life.... Lack of field presence was compensated, mostly through more efficient planning, use of online evaluation methods, planning has by default become more innovative where real life workshops were the main form of delivery before.”

The consultations with partners in Uganda confirmed that encouraging innovative solutions had been in focus. This was evident in the reprogramming and specific covid-19 proposals submitted during the first months of the pandemic. In the justice sector, HiiL was in the process of formulating a proposal to the Swedish Embassy when the pandemic hit. They revised the proposal to respond to the pandemic and submitted the “Justice innovation in a pandemic” with the objective to increase the number of solutions for the people in Uganda that prevent or resolve their most pressing justice problems during covid-19 times (more people-centred justice). While one focus was to collect much-needed data on changing justice needs in the population, another was to support the development of innovative solutions to support the digitalisation of the justice system to allow for it to continue working during the lock-down.<sup>72</sup>

In Georgia, the Loan Portfolio/Guarantee to MFO Crystal offers an innovative example of how Sida and the DFC collaborated on a response mechanism to mitigate the economic crisis in the aftermath of the pandemic. The loans supported MSMEs in Georgia with specific targets of reaching women and rural populations outside the

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<sup>72</sup> People-centred Justice – Uganda, Justice innovation in a pandemic, Proposal, 2020.

major cities in Georgia. From September 2021 to March 2022, 564 loans were disbursed indicating a good uptake of the loan and also repayment rates have been good so far (95 percent). While microfinance is common in Georgia, it does not normally come with a guarantee, and this has allowed Crystal MFO to reach out to a new target group and take slightly higher risks than usual.

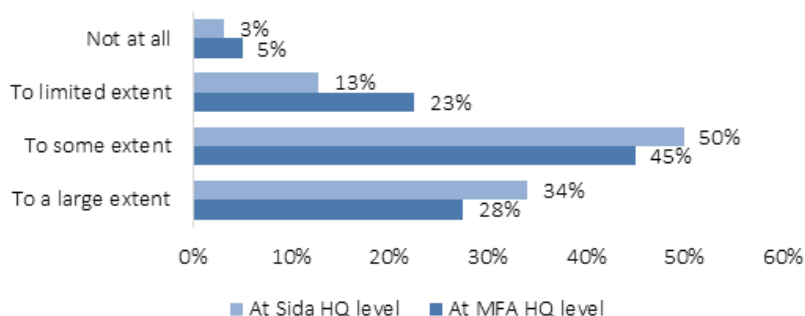
## 6.2 Coordination and communication

**Finding 21. Coordination and communication between embassies and MFA and Sida HQs were particularly difficult at the beginning of the pandemic. The establishment of a Corona Coordinator at Sida and a coordination group at the MFA became essential to manage the communication flow, increase coordination and keep track of the Swedish response. However, communication with national staff remained a challenge.** In all case countries, there were examples of how communication with HQ was challenged by a sense of panic and dictated more by developments in Stockholm than in the countries. For instance, in Georgia, the Embassy was instructed by the MFA to send home non-essential staff members at the beginning of the pandemic. Since the covid-19 cases had hardly hit the country by then, the Embassy was confused about the instruction and reached out to Sida HQ for an explanation. It turned out that MFA HQ had by mistake sent the message to the wrong Embassy and the instruction was withdrawn. While Sida HQ responded quickly to sort out the miscommunication, it was frustrating for Embassy management that consultations had not taken place with MFA HQ before sending out instructions. As reflected in Figure 12, the communication and coordination with Sida HQ are rated relatively better than with MFA HQ.

National programme officers were often left out of the communication streams from HQ since much of this communication is in Swedish. This was expressed both in the interviews but also in

the survey where several respondents indicated that they were not aware of the communications from HQ but had an impression that not all information reached them.

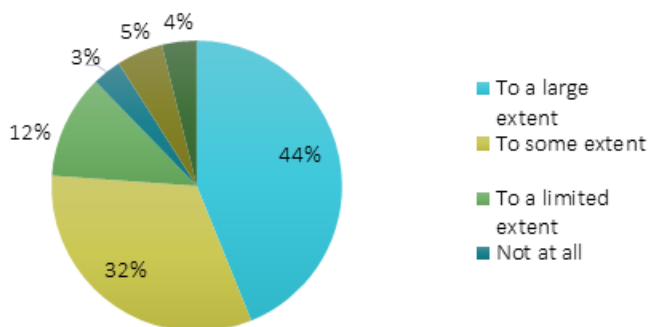
**Figure 12: To what extent was adequate communication and coordination established?**



According to interviews with MFA management and staff, it was quite an achievement to quickly reorganise and establish a corona taskforce with 100 staff members dedicated to handling the crisis. MFA interviewees felt that this was the first time they had been able to reorganise this fast and it opened up for more willingness in the organisation to release manpower for specific focus areas. This became evident in relation to the Afghanistan crisis in 2021 where a task force was quickly established, and department heads were more willing to delegate staff members to the task force which had not been the case before the covid-19 pandemic. Thus, there is an impression that the collaboration within the MFA has been enhanced due to covid-19.

**Finding 22. Coordination between the development section and the political section at the embassies during the pandemic is assessed mainly positively. However, there are variations across the case countries.** As reflected in Figure 13, three-quarters of the survey respondents indicated that the coordination has been efficient.

**Figure 13: The coordination of work between the development cooperation section and the political section at the Embassy has been efficient during the covid-19 pandemic?**



The interviews and survey comments provided can be grouped into two types: i) where the collaboration has continued as before with good integration and coordination between the political and development sections. The pandemic has not changed this collaboration, and ii) where the two sections have little coordination and information sharing which became even further complicated by the pandemic and the physical distance between the sections.

While weekly Monday meetings for the entire embassy were continued in Georgia and Uganda during the pandemic, albeit in an online format, they were discontinued in Bolivia. In the latter case, this created some insecurity, especially for national programme officers who are formally employed by the MFA but had no ongoing contact with MFA embassy management during the first month of the pandemic.<sup>73</sup>

**Finding 23. Additional reporting requirements were introduced by HQ during the pandemic and while some of this was generally well understood by survey respondents and**

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<sup>73</sup> NCG (2021): Process evaluation of three donor agencies' responses to the COVID-19 pandemic in Bolivia during the period March–December 2020.

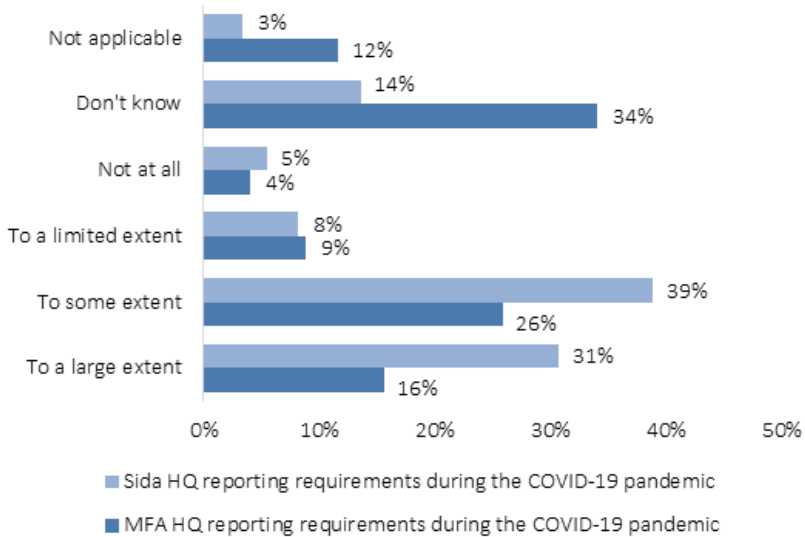
**interviewees, some reporting was considered less efficient.** For instance, the MFA requested Sida to prepare a covid-19 report in July 2020, including the same level of information as an annual report (which was planned for February 2021). Also, for instance, the EUROLATIN Department required the embassies to do a financial report with budget follow-up on strategy progress every month from April 2020 as well as a report on the strategy with a traffic light assessment. These reporting requirements were normally done quarterly but to meet the MFA's requirements they were intensified.<sup>74</sup>

Some survey respondents expressed frustration over a lack of clarity on the purpose of the reporting and the lack of feedback from HQ to embassies. It was also mentioned that reporting requirements for the political section did not properly take the capacity at the specific embassy into account. Some found however a certain flexibility from HQ concerning reporting, more so for Sida than the MFA (see Figure 14).

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<sup>74</sup> NCG (2021): Process evaluation of three donor agencies' responses to the COVID-19 pandemic in Bolivia during the period March–December 2020.

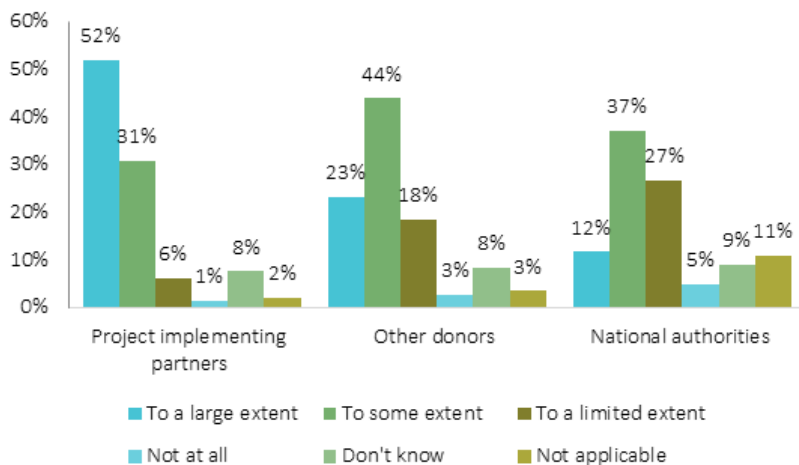
**Figure 14: HQ reporting requirements during the covid-19 pandemic have been reasonable and allowed for some flexibility?**



### 6.3 Partnerships

**Finding 24.** While collaboration with implementing partners has worked very well it has been more challenging to collaborate with national governments during the covid-19 pandemic. This was a clear message from the survey results (Figur 15) and confirmed during interviews. When only considering category 3, 4 and 5 countries, the response rates are, not surprisingly, even more critical with 46 percent indicating “to a large” or “to some extent” and 36 percent indicating “to a limited extent” or “not at all”. On the contrary, respondents from category 1 and 2 countries are more positive with 53 percent responding to a large/some extent and 26 percent indicating limited collaboration or no collaboration at all.

**Figure 15: To what extent has collaboration with different partners worked well?**



Interviews with HQ and embassy management and staff confirmed that the collaboration with implementing partners has worked well. During the reprogramming process, there was intense and frequent communication with partners. This reflects the strong message that was sent from Sida’s top management (Sida management group on 24 March 2020<sup>75</sup> and the Director-General on 26 March) to the embassies to encourage flexibility and adaptation in the reprogramming. All partners echoed this and greatly appreciated the flexibility and clear invitation to consider new proposals and initiatives. One partner in Uganda mentioned that they had used the experience with Sida to also contact other donors to initiate a dialogue on the need for reprogramming.

The case study with Bolivia confirmed that collaboration with national authorities was highly challenged by a lack of systematic response to the pandemic and the use of a more ad hoc approach. In the Bolivia case, it was also found that the government provided

<sup>75</sup> HOW does Sida relate to partners in response to corona crisis? 24 March 2020; Letter from Director General Carin Jämtin on 26 March 2020.

weak and confusing requests to international donors and that this complicated a joint response.<sup>76</sup> In Uganda, coordination structures were quickly established and the MoH collaborated with the WHO from the onset of the pandemic. While this provided a good foundation, interviews with development partners still revealed that coordination across the international community has been done mostly ad hoc.<sup>77</sup>

**Finding 25. Coordination with other donors is generally assessed positively and there are good concrete examples. Sweden is a strong advocate for the One UN reform and has contributed to joint UN programming in the covid-19 response.** There were examples of joint UN programming in all three case countries and several of them had been substantially adapted during the covid-19 pandemic. This includes in Uganda the reprogramming of the WFP and UNICEF contribution and the UNFPA-UN Women Joint Programme on GBV, and in Georgia the United Nations Joint Programme-Gender Equality implemented by UNDP, UN Women and UNFPA as well as the One UN in Bolivia.

Potential for further efficiency gains in the donor coordination was however also noted. Like other donors, the Swedish embassies produced HQ briefs on various issues related to covid-19. While these topics, and the analyses, were important, a more coordinated response and a division of labour among partners could have been possible. Instead of all countries' embassies reporting to their HQ

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<sup>76</sup> NCG (2021): Process evaluation of three donor agencies' responses to the COVID-19 pandemic in Bolivia during the period March-December 2020.

<sup>77</sup> In both Bolivia and Uganda, the collaboration with the national government has been decreasing over time due to a shrinking civil space and democratic values and a high degree of corruption. The national elections in both countries during the pandemic have put an additional pressure on democratic values. Contributions involving government institutions are therefore mainly channelled through multilateral organisations. In Uganda, the close of the Democratic Governance Facility (DGF) is an example of how the government has resisted support to good governance and human rights since the national elections in 2020. The DGF involves seven development partners.



on the same topics this could have been coordinated so that one embassy would be in charge of reporting on e.g. social protection while another would report on democracy and human rights, etc.

## 7 Crisis preparedness at different levels

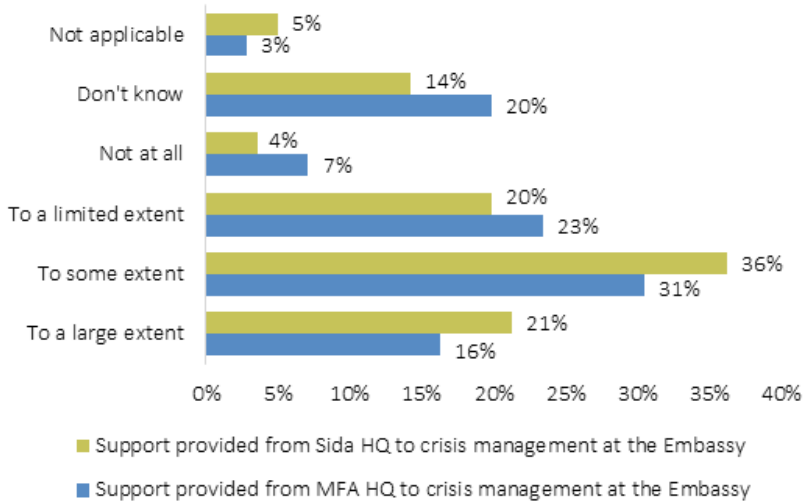
This chapter focusses on crisis preparedness at different levels within the MFA and Sida during the pandemic in relation to management and human resource issues, including duty of care/well-being of staff. These issues emerged as key concerns from the survey responses and interviews conducted with management and staff at the decentralised level.

### 7.1 Management

**Finding 26. There is a clear perception by embassy management and staff that HQ decisions regarding crisis management support at the beginning of the covid-19 pandemic were dictated more by the situation in Sweden than by the situation within specific countries. This relates in particular to the repatriation of posted staff.** This was clearly reflected in the survey (Figure 16) and the survey comments (see box below) as well as during interviews, where management and staff were rather critical towards, in particular, MFA HQ in this aspect.

The first instruction from HQ to embassies to reduce staff to only include “essential” staff created some confusion with no clear guidance on whom most essential staff members would include. It was largely left to embassy management to decide who to send home and the criteria were not clear.

**Figure 16: To what extent has crisis management support from HQ to embassies responded to embassies’ needs?**



One major “flaw” was when HQ in Stockholm ordered for an evacuation of “non-essential staff”, without further definition. We had a discussion about who was “essential” at the Embassy which caused me (and colleagues, I imagine) some discomfort. In the end, the ones “not essential” turned out to be the youngest sent-out staff, regardless the function of the older staff. The boss did not seem to want to “take the fight”. No-one wanted to leave the post, and many had rented out their apartments in Stockholm.

The hardship classification of the MFA became crucial in terms of the repatriation of staff members. All from countries with hardship classifications 3 to 5 were requested to return to Sweden regardless of the specific situation in the country. Instead of assessing the individual countries and consulting with the individual embassies, instructions for posted staff in countries classified as 3 to 5 were to return to Sweden. As discussed above, this created quite some confusion and frustration among staff members and in Bolivia management resisted this instruction and decided to stay posted while it was left open for staff members to decide what to do.

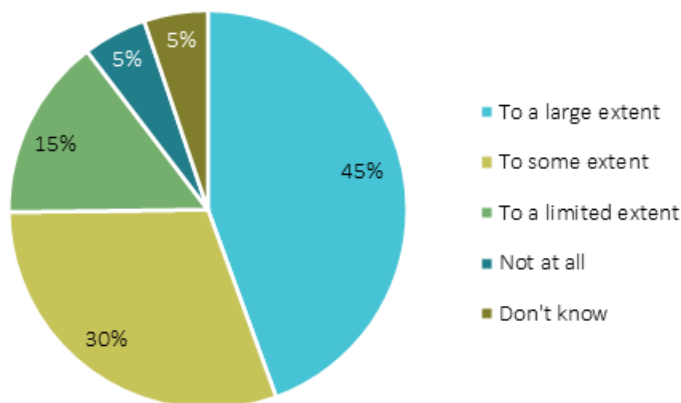
The closure of regular flights caused a sense of panic in the MFA that was also shared at the embassies to some extent. In Uganda, the international airport closed down and it was unknown when it would open again. Several staff members left on the last commercial flight. While such uncertainties argued for the repatriation of staff members, there was still a feeling that instructions to repatriate did not sufficiently take the specific country context into consideration and were more based on the situation in Stockholm than in-country assessments.

## **Embassy management**

**Finding 27. There are mixed views on the embassy management's ability and willingness to provide space for discussion and reflection of the staff's personal and family issues during the pandemic.** This was reflected both in survey responses (Figure 17) as well as in interviews, where it also emerged that national programme officers in general were more critical than posted staff.

Management had limited capacity to offer staff members support in a difficult situation and there was often an expectation among staff members that they had to deal with their own personal and family challenges while they continued to work. While the initial expectation that the pandemic would be a short-term phenomenon could justify why no initiatives were taken in the short term, realising that the pandemic would drag on should have spurred more initiatives to ensure staff members' well-being.

**Figure 17: Has embassy management provided sufficient space for discussion and reflection of embassy staff's family and personal issues during the covid-19 pandemic?**



HQ offered embassy staff to contact a counsellor in Stockholm and while some Swedish staff members had reached out to this counsellor, the study team did not come across any national programme officers who had done so. In Bolivia, this was a matter of language, since it was not possible to talk to a Spanish-speaking counsellor. In Uganda, it was more a concern that a counsellor placed in Stockholm with assumed limited experience of the Ugandan context would not be able to fully grasp the context. This prevented staff members from making use of this offer.

While there is a general perception that work at the embassies has been conducted efficiently despite the challenges during the pandemic, signals from HQ have been that embassies should go back to “working as usual” at the embassies as soon as possible. Both management and staff members at the embassies indicated that the working from home flexibility has improved efficiency since staff members have been able to combine a high work pressure during the pandemic with family issues.

Nevertheless, signals from management have been that staff members should go back to physical presence at the embassies. While it is clear that security mechanisms on IT systems, poor internet connections, etc. challenge working from home, the pandemic has been an eye-opener for alternative working methods and modalities. This was clearly articulated in interviews with staff as well as in the survey responses, for instance: *“Would have hoped for more flexibility in terms of work from home when covid is over (which it is not yet here, still restrictions). The signals we have gotten are that people are expected to fully be in the office once covid is over”*.

## 7.2 Human resources

**Finding 28. Rules and regulations for posted staff proved not to be fit for a crisis situation like the pandemic.** While there were some attempts to address these challenges and inform staff members along the way, there were many insecurities and unanswered questions that challenged staff members in an already pressured situation. According to the learning assessment conducted by the MFA at the end of 2020, there is a need to further explore a number of aspects related to human resources and Swedish crisis management.<sup>78</sup> This includes working conditions, rules and regulations, insurance coverage, etc. for posted staff members as well as national programme officers. According to several top management interviewees, it was clear that the rules and regulations for posted staff were not designed for a crisis situation like a global pandemic, and a need for instant adjustments was highlighted.<sup>79</sup>

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<sup>78</sup> Government Offices of Sweden, Ministry for Foreign Affairs (2020), Main lessons learned from the Corona team’s crisis work 2020.

<sup>79</sup> Communication between MFA and Sida HQs and embassies bear witness to the challenges related to the tax authorities, and how to interpret wage supplements when staff members were evacuated to Stockholm. As mentioned above, the hardship classification defines how much support to household chores and additional days off and travels out of the country posted staff is

It was seen as good practice that Sida HQ held meetings with posted staff and gathered feedback on concerns for the MFA. There were many challenges related to regulations concerning posted staff's benefits and support, e.g. childcare and cleaning based on the hardship categories mentioned above. Non-essential posted staff were requested to return home in a rush and there were few instructions on how they would be supported in Stockholm. Thus, several questions remained unanswered. There was little support beyond the flight ticket. Several respondents in the survey indicated that the remuneration system was poor. This was confirmed during interviews with Embassy staff in both Uganda and Georgia.

**Finding 29. Embassy staff are critical toward management's handling of duty of care.** This was clearly expressed in the survey (Figure 18) and confirmed during interviews. The text box below is a survey comment that summarises several of the comments received from staff members.

A common criticism from posted staff relates to the rush to repatriate staff members to Sweden without sufficiently supporting them in getting established in Stockholm where many staff members did not have a place to stay. As one female survey respondent commented: *“Temporary home-stationing of staff suffered from top-down decisions and insufficient financial compensation for certain family constellations.”* Several staff members also criticised that HQ was slow in establishing internet connections.

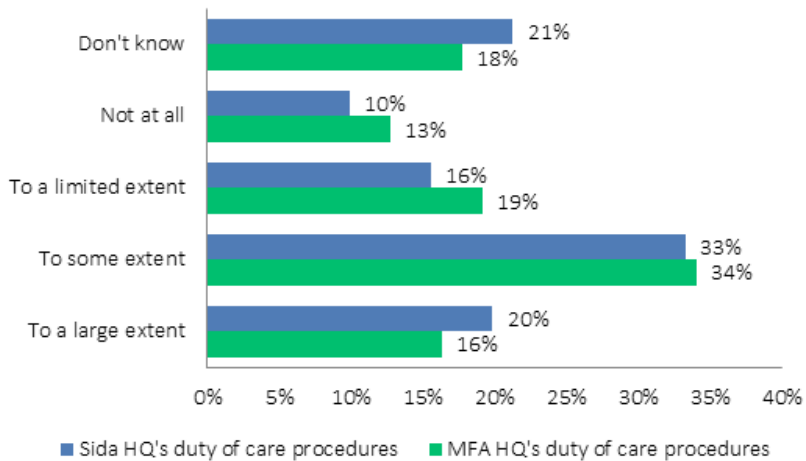
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entitled to. However, these rules are defined by staff members being posted and when they are forced to evacuate the country (but still have to pay personnel at the duty post station) these rules no longer apply, challenging the interpretation of the rules. While it is outside the scope of this study to assess tax regulations, it has clearly been a substantial challenge for all involved parties and staff members and added to already stressful work situations.

“Limited support was given to families who had to stay at home with children undergoing home-schooling and working from home at the same time. Many families were stuck in lockdowns for weeks and months with little support, rather the message was to deal with it and continue working... Managers showed a limited capacity to offer staff support.”

Posted female respondent.

**Figure 18: To what extent do you agree that duty of care procedures have responded to your needs and demands during the pandemic?**



In terms of vaccinations, there were no preferences for vaccination of embassy staff and insurance aspects challenged the possibility to get vaccinated in-country although vaccinations were available. Due to this, most embassy staff had to wait to get vaccinated when they went home to Sweden. In Uganda, embassy staff was offered vaccinations from other embassies but due to insurance uncertainties, they could not accept these. According to a survey respondent: *“The vaccine distribution was chaotic and didn’t make much sense. Staff were stuck in countries with no information on when and how they*



*could access the vaccine – at the same time the countries' hospital beds were over occupied which led to high level of stress.”* On the other hand, in Bangladesh, the vaccination rules were extended to also include the embassy staff's employees so that nannies, cleaners, etc. could obtain vaccinations through the embassies in a period where vaccinations were difficult to access.

## 8 Conclusions, lessons learnt and recommendations

### 8.1 Conclusions

The evaluation findings lead to the following overall conclusions presented below.

**Conclusion 1:** According to available statistics, Sweden’s financial response to the covid-19-pandemic equalled SEK 2.6 billion, or 6 percent of the total ODA, mainly channelled through multilateral organisations with “health” as the main thematic area targeted. This amount is, however, likely to be an underestimation since many covid-19 related activities appear not to be properly tagged and recorded in the system.

It is not possible to draw a conclusion on trends in overall financial adjustments in Swedish ODA during the covid-19 pandemic in this study. While existing data suggest an increase in Swedish humanitarian assistance and in the relative share of health sector funding during the pandemic, detailed information on reprogramming and adjustments was not available.

**Conclusion 2:** The overall strategic direction of Swedish development and humanitarian assistance has remained unchanged during the covid-19 pandemic. No changes were made to any of the global thematic strategies and only relatively few and smaller administrative and financial adjustments have been made in the Swedish ODA and its delivery mechanisms and systems during the period of the pandemic.

**Conclusion 3:** Sweden is a major financial contributor and is considered to be a key strategic partner to multilateral organisations and CSOs with important mandates in relation to the covid-19 pandemic. This has allowed Sweden to play a prominent role in the

dialogue with these organisations on their covid-19 response, spur multi-stakeholder cooperation, advocate for particular focus areas and maintain focus on the longer-term development perspective. The combination of Sweden's flexible, adaptive and innovative approach to reprogramming and a relatively high degree of core funding support has been well tailored to the needs of these partners during the crisis. At the same time, Sweden has been instrumental in keeping the focus on holistic support to the health sector during the pandemic, including the development of a fair and equal system for vaccine distribution and vaccinations.

**Conclusion 4:** While the covid-19 pandemic caught the whole global system for development and humanitarian assistance unprepared, it also became a stress test of the organisational structures and managerial capacities within the MFA and Sida. Overall, the systems have adapted well to the challenges, although with critical shortcomings in the preparedness within the areas of communication, coordination and human resource management. The organisational structure, capacities and behaviours of management and staff were tested to their limits, amid conditions of uncertainty and complexity as covid-19 has provided the MFA and Sida with the greatest disruption and most significant systemic stress test to date. While both the MFA and Sida were quite fast in setting up appropriate structures and mechanisms, the management of critical human resource issues and the ability to coordinate support to the same partners across different organisational levels within the MFA and Sida has disclosed a system that has not been fully fit for rapid responses to emergency crises of this nature.

**Conclusion 5:** The covid-19 pandemic has spurred a strengthening of the humanitarian-development nexus in Swedish support. While it is widely acknowledged that the nexus is still a complicated matter and difficult to implement in practice, there has been a tendency to interpret the boundaries more flexibly during the pandemic. This has been the case e.g. within refugee areas and in the connection of consumers with markets, the importance of which has been further

stressed by the pandemic. Sweden's commitment to continuously adapt and make use of the MDPA and the Market System Development (MSD) approach as key diagnostic and implementation tools for its assistance is seen as an important element in this process and in tackling issues around food security and food supply chains.

**Conclusion 6:** While several innovative new programming and monitoring tools have been introduced during the covid-19 pandemic, the extent to which this may have impacted development results is still unclear as evaluations are still to be conducted. This needs to be covered by upcoming evaluations to further investigate whether the Swedish responsiveness towards partners has come at a price in terms of results. At the same time, the pandemic has shown the need to focus on how best to monitor and collect data in remote areas and how to enhance the learning potentials from these experiences (e.g. through the use of more adaptive learning, as in humanitarian assistance).

## 8.2 Key lessons learnt from the study

The pandemic has highlighted the importance of not only looking backwards but also focusing more on the **analysis of future needs and opportunities** within countries in view of emerging development trends (e.g. green transition and digitalisation), in order to build back better and prepare for the next emergency crisis.

An **early and clear strategy and communication from top management** to both internal staff and cooperation partners is fundamental to ensure a common understanding of the emergency context and room for manoeuvre. While some staff members are bold in their approach to partners and reprogramming of funds, others get stuck in Excel sheets and regulations and are less prone to take slightly higher risks. Therefore, encouragement from top management to be flexible and partner responsive is essential.

**Data and evidence** are critical at all stages of the response process for analysis and decision-making. However, the resources and capacities of hard-pressed staff may be limited, particularly at the early stages of a crisis, where other urgent tasks may be given higher priority. Coordination with other donors (e.g. on who reports on what) could allow for more efficient use of resources so not all embassies are conducting and reporting on similar aspects to their HQs. Some partners have quickly responded to the high demand for updated data and been able to suggest new and useful analyses to the embassies.

**Staff willingness and commitment** are central to sustaining any emergency response. Thus, prioritisation of **staff care** in its broadest sense is an investment in the workforce of the future. **Staff well-being** is a critical element of duty of care and the ability of staff members to perform under high pressure. It requires management awareness, a workplace culture of two-way communication and trust, and a commitment to employees' well-being. An enabling environment and work culture that nurtures staff well-being cannot be assumed and will only be realised by dedicated efforts from management.

**Implementing partners** are vital to the delivery of Swedish development aid and they require maximum support and flexibility to achieve common development goals.

**A decentralised decision-making structure** has been a central part of the Swedish covid-19 response at all levels and has been key to a successful reprogramming process. This has nourished quick and responsive reprogramming.

In crisis situations, **risk management** and **adaptive management** through continuous **process learning** become even more important for organisations.

**Streamlining of communication and reporting** between HQs and embassies is a critical part of the emergency response process. However, the channels and flows of communication require careful attention to avoid confusion and system overload.

## 8.3 Recommendations

Presented below are recommendations for Sweden to consider to further stimulate institutional reflection and discussions in view of the covid-19 response process.

### **Overall Strategic Recommendations (HQ/embassy level):**

**Recommendation 1: Continue to focus on the provision of core support to partner organisations and maintain a flexible and smooth system for contribution management. Shift the focus on data analysis more towards future trends (e.g. green transition and digitalisation) to enhance resilience and prepare for the next emergency crisis.** Overall, the Swedish funding support modalities and mechanisms have shown to be very effective during the covid-19 crisis. Only in the case of vaccine financing has Sweden's ceiling for ODA (1 percent of GNI) become a limiting factor for flexibility. Therefore, in a forward-looking perspective and in preparation for the next crisis, options for the allocation of Swedish non-ODA funding to the health area could be further explored.

**Recommendation 2: Further explore opportunities for integrating the development–humanitarian nexus in programming, including as a response to structural vulnerabilities.** Gender and vulnerability aspects have become even more of a concern during the pandemic and even though Sweden's support has an explicit focus on these aspects, the covid-19 pandemic has aggravated acute aspects of vulnerability such as domestic violence. Thus, more contextualised gender/vulnerability analysis and assessment tools needs to be developed, ideally through

joint donor analysis to enhance efficiency. This could include further consideration of how social protection could be used to address food insecurity challenges and how cash transfers may be applied both from a short-term emergency and a medium-term social safety net perspective. Sweden's commitment to MDPA and the MSD approach which focus on holistic, systemic and transformative solutions are important elements to be further developed in this regard.

**Recommendation 3: Strengthen the coordination of multilateral and CSO support between Sida, the MFA and embassies, especially during crisis situations.** The level and importance of Swedish multilateral support and support to CSOs has increased during covid-19. In some cases, partners may be supported by Sweden from HQ, regional and country levels. This requires enhanced coordination of actions between the different levels. In particular, the coordination between the regional and country-level needs to be enhanced.

**Recommendation 4: Conduct a thorough stress testing of HQ's fit-for-fragility preparedness and review the duty-of-care procedures to reflect the challenges and needs of both expatriate and local staff during emergency situations.** This should include the development of a clear and shared understanding of what may be very different local conditions in relation to a large-scale or global emergency crisis. Critical aspects to consider: i) adopting a model with appropriate delegation of authority to balance corporate decision-making with the flexibility needed to adapt to local conditions; ii) training of all field staff and management for crisis/emergency management situations; iii) differentiation and flexibility in the HQ's support instruments/tools provided to embassies based on fragility assessments; iv) the level of experience required among embassy staff to act more independently and with increased responsibility during an emergency situation; v) an assessment of how expatriate staff's tax exemptions and benefits are affected during emergencies;

vi) a re-examination of medical evacuation plans and coverage for expatriate staff; and vii) an assessment of how health support programmes and insurance schemes for local staff could be made more homogeneous across countries/embassies to ensure better and more equal protection of local staff who rely on national systems.

### **Recommendations for Swedish embassies:**

**Recommendation 5: Foster a workplace culture of openness, trust and loyalty within embassies. This will require a stronger focus on management skills, internal learning and duty of care (well-being).** It will also enhance the two-way loyalty between management and staff on which emergency responses depend. Capturing the human experience of emergency response, beyond formal counselling, by allowing staff to debrief and reflect on their own immediate personal experience should be a key part of both valuing individual employees and harnessing their experience for improved organisational learning.

**Recommendation 6: Evaluate how development results have been affected by the covid-19 pandemic.** So far, the focus has been mainly on process assessments and on the ability to adapt programming as a consequence of the covid-19 pandemic. More needs to be known about the impact on development results and whether the responsiveness towards partners has come at a cost in terms of results.

Refer to Annex 4 for figures summarising key findings, conclusions and recommendations.



# Annex 1. Full methodology and approach

Overall, the study conforms to OECD-DAC principles and quality standards. While the study may be seen primarily as an “explorative process assessment”, it also includes a strong focus on implementation, learning and improvement. The study has a strong backwards looking focus, combined with an explorative process orientation; thus it leans towards the paradigm of “retrospective” Development Evaluations, which is primarily designed to support learning and management decision-making within complex or uncertain environments. There are no fixed steps or templates for carrying out Developmental Evaluations.<sup>80</sup> The conceptual thinking behind the Developmental Evaluations paradigm in a retrospective perspective has been used to inspire and guide the conceptual thinking of this study design.

## **Key methodological principles and considerations for the study design**

The following key principles have been applied for the design of the study methodology:

- i) *A presumption of a high degree of flexibility and adaptation in the study design, and a focus on emergence.* This has implied adopting an explorative approach of openness, receptiveness and flexibility, and willingness to adapt the process where needed. This element has been supported by use of a staged approach in the study, starting with an explorative inception phase which helped to a) develop a conceptual and operational study design; b) build momentum and interest across the MFA and Sida organisation;

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<sup>80</sup> See e.g. Patton, Michael Quinn (2010) *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use* and Dozois, E; Langlois, M and Blanchet-Cohen, N (2010) *A Practitioner’s Guide to Developmental Evaluation*.

and c) map out the study approach in line with the MFA and Sida organisational context. As an example, through this approach, it was possible to address a specific request from the Reference Group at the inception meeting to include more in-depth assessment of selected experiences from the implementation process, in particular at the embassy level, to reflect that a significant share of Swedish development cooperation funds is delegated to the embassies.

- ii) *Response functions taking place in a systemic manner, across corporate structures, systems and operations.* The study has centred around MFA and Sida organisational requirements and needs, and the understanding of these has also developed during the study implementation period. Throughout the study implementation process, the need to continuously adapt in accordance with organisational requirements and needs has remained paramount. The organisational buy-in to the study has gradually been strengthened as the process moved forward and it became clearer how the study could become useful from a systemic perspective. This has required consistent and ongoing conviction of the potential wider utility of the study. This again has required a deliberative approach, mapped out in advance, but also an opportunistic one with focus on those opportunities that arose during the process. Engagement and involvement of the senior management level within the MFA and Sida has been fundamental to this endeavour.
- iii) *Positioning of the study within the wider context of utilisation-focused evaluations*<sup>81</sup> where learning for management and staff is seen as a critical organisational need going forward. The study is explicitly geared towards provision of useful input to support corporate learning as Sweden's covid-19 response has evolved, which could potentially add value at multiple levels across the MFA and Sida. In that sense, the study process has encompassed the following:
  - i) a high level of engagement with management and staff from

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<sup>81</sup> See Patton, Michael Quinn (2008) Utilization-Focused Evaluation: 4<sup>th</sup> edition.

the MFA and Sida as appropriate, throughout the data collection and analysis process; and ii) building a high level of ownership and decision-making, in relation to study design issues, key findings and learning/recommendations presented by the study team and collectively discussed in feedback events with the Reference Group at different stages of the study.

### **Key approaches and criteria for sampling and in-depth assessments**

The following key approaches and criteria have been applied in the study for selection and sampling, with a view to both in-depth assessments and ensuring of wider perspectives:

- i) ***Case selection*** has been used in the study as a main approach for ***in-depth assessment*** both with regards to ***country interventions*** and ***collaboration with multilateral partners*** during the covid-19 pandemic. As the main purpose of the case studies has been to enhance and deepen the understanding of specific aspects of Sweden's covid-19 response and illuminate this for wider groups within the MFA and Sida organisations, the sampling has been purposeful, based on specific selection criteria (see below). The use of cases in this study follows the thinking of Stake (1995 and 2003) who argues that the emphasis should be on optimising the understanding of the case rather than on generalising beyond.<sup>82</sup> Patton (2008) further underlines the importance of selecting information-rich cases.<sup>83</sup>

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<sup>82</sup> Stake, R. (1995) The art of case study research and Stake, R. (2003) Case studies.

<sup>83</sup> Patton, Michael Quinn (1990). Qualitative evaluation and research methods.

“Case studies are not a methodological choice but a choice of what is to be studied” (Stake R., 2003).

“The logic and power of purposeful sampling lies in selecting information-rich cases for study in-depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research.... They are cases worthy of in-depth study.” (Patton M., 2008)

However, while the country cases in this study have not been selected with a view to be representative as such, they still represent a variety of the different contextual settings and situations in which the MFA and Sida have had to operate during the covid-19 pandemic. The cases are selected to illustrate concrete examples of the ability of the MFA/Sida to offer differentiated, needs-based solutions and support to the embassies during the different stages of the covid-19 pandemic, especially with regard to the embassies’ reprogramming processes.

The country case selection was based on the following criteria: i) countries where Sweden is a major bilateral donor; ii) countries with different strategic programme areas; iii) combination of different modalities and presence of both CSOs and multilateral organisations; iv) presence of different types of covid-19 specific contributions; and v) combination of development aid and humanitarian assistance. Based on these overall selection criteria, three country case studies (**Uganda, Georgia and Bolivia**), representing different geographical regions and contexts, were selected.

The three country cases have been covered in different ways: Uganda was covered through a *physical visit*; Georgia was covered virtually (interviews); and Bolivia mainly through the previous study

conducted.<sup>84</sup> There has been a strong value-added of doing one of the country case studies (Uganda) through a physical visit. In particular in this situation, where many in-country stakeholders, including embassy staff, were still highly emotionally affected by their personal and work related covid-19 experiences, and had lacked any previous opportunity to “debrief” on this. In this situation, the visit made by the study team also had an important therapeutic function. It was found that the richness of information at the country level was immense, and much of this was acquired by simply asking embassy staff and other key stakeholders to speak from a very personal and human perspective, recounting their own experience.

Likewise, in order to allow for more in-depth assessment of the multilateral partnerships, three multilateral organisations (**UNICEF, WHO and the WB**) were selected based on the following criteria: i) their share/volume of total Swedish funding support; ii) being recipients of both core and multi-bi support; iii) their relative importance of Swedish core contribution; and iv) Sweden’s ranking among their core funding supporters.

ii) Use of *snowball sampling* for identification of *interviewees* and *key documentation*. Snowball sampling<sup>85</sup> has been used as a key approach by the study team for identification of key informants for interviews, mainly at the HQ level where it initially was not fully clear who would be the most relevant people to interview within, respectively, the MFA and Sida HQs. In many cases, those staff members who were to some extent engaged with covid-19 response functions during the first month after the outbreak have either changed position within the organisation or have for a long period no longer been directly

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<sup>84</sup> NCG (2021): Process evaluation of three donor agencies’ responses to the COVID-19 pandemic in Bolivia during the period March-December 2020.

<sup>85</sup> Snowball sampling involves seeking information and suggestions from key informants about other key informants, relevant documents and/or communications. See e.g. Patton, Michael Quinn (2002) *Qualitative Research and Evaluation Options* (3rd ed.).

involved with covid-19 related activities. In some cases, these staff members would not consider themselves to be relevant for this assessment, although recommended by other people. While the snowballing approach initially led to diverged recommendations for key informants to interview, after a short time these recommendations started to converge with the same names being mentioned repeatedly. This led to the development of a consolidated list of key informants for interviews during the inception phase. The list remained open, however, to additional suggestions of interview persons up to the end of the data collection phase.

Snowballing was also used as a main approach for *identification and sampling of key documents and communication flows across different levels, departments and units in the MFA and Sida organisations*, as no such overview was provided to the study team at the beginning of the assignment. This process was further challenged by not everything getting properly documented and filed within the MFA and Sida systems, especially during the first months after the covid-19 outbreak, and some information and communications being considered confidential.

### **Analytical framework**

The overall analytical framework for the study is illustrated in Figure 20. Based on the study questions, a Study Matrix was developed (see Annex 2) and has constituted the overall guiding framework for the study. As reflected in the Figure, the overall study questions have guided the data collection as well as structured the report and findings. Initially, the Bolivia covid-19 response evaluation, together with scoping HQ interviews, played an important role for preliminary identification of key issues/themes to focus on in the data collection process.

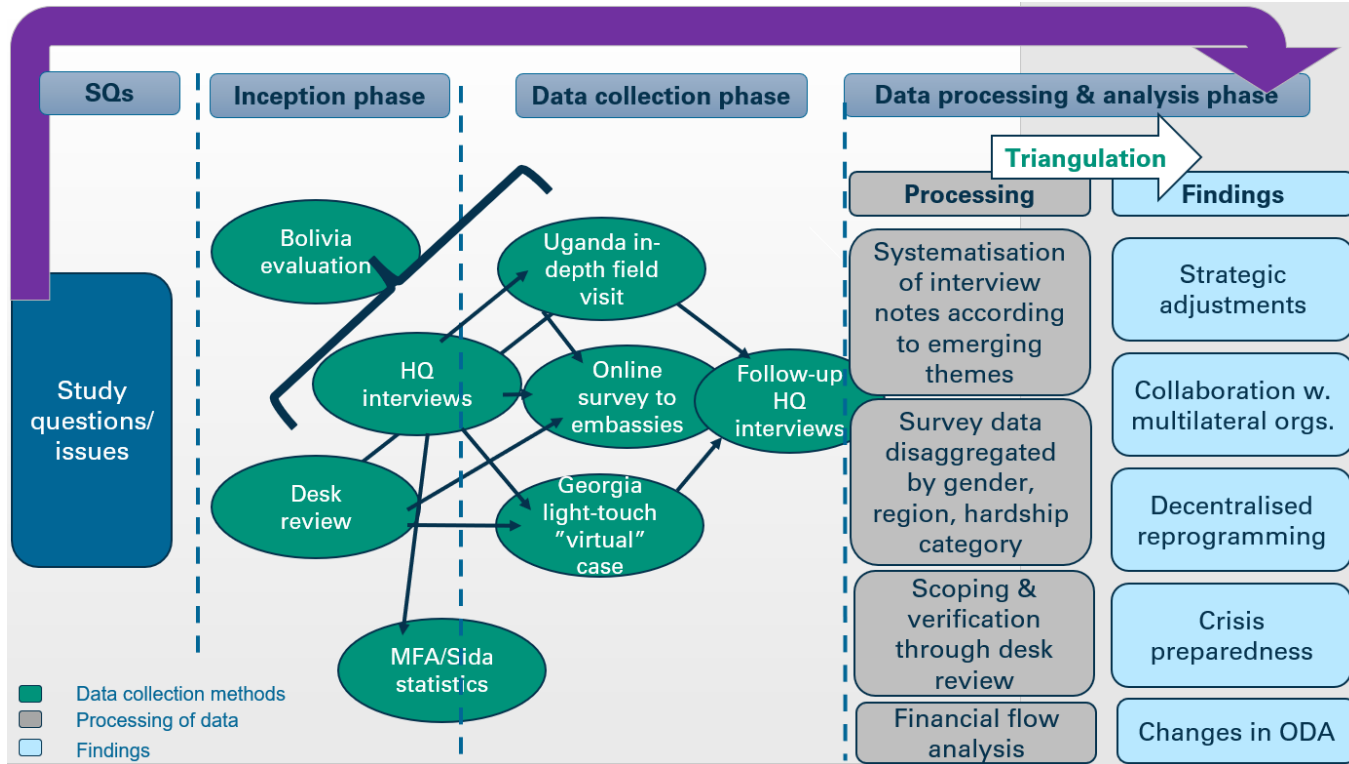
Country case studies were essential in data collection and analysis. The Bolivia evaluation informed case studies in Georgia and Uganda and particularly the field visit to Uganda allowed for further in-depth

assessment of key issues with both embassy staff and partners. The Georgian case served to further verify observations from the two other country cases.

While specific methods and tools for data collection and analysis are further explained below, Figure 19 illustrates how the wealth of data collected has been processed and triangulated. Meeting notes have been carefully scrutinised and key issues/themes extracted. The survey data has been disaggregated by gender, region, hardship category, position (management/staff, national staff/posted staff) to investigate possible patterns deriving from one type of respondent to another. The analysis of statistical data from Sida and the MFA has led to a financial flow analysis which has informed findings concerning changes in ODA in particular.

Annex 3 provides a systematic overview of how the different data sources have informed different findings and been triangulated.

Figure 19: Analytical framework



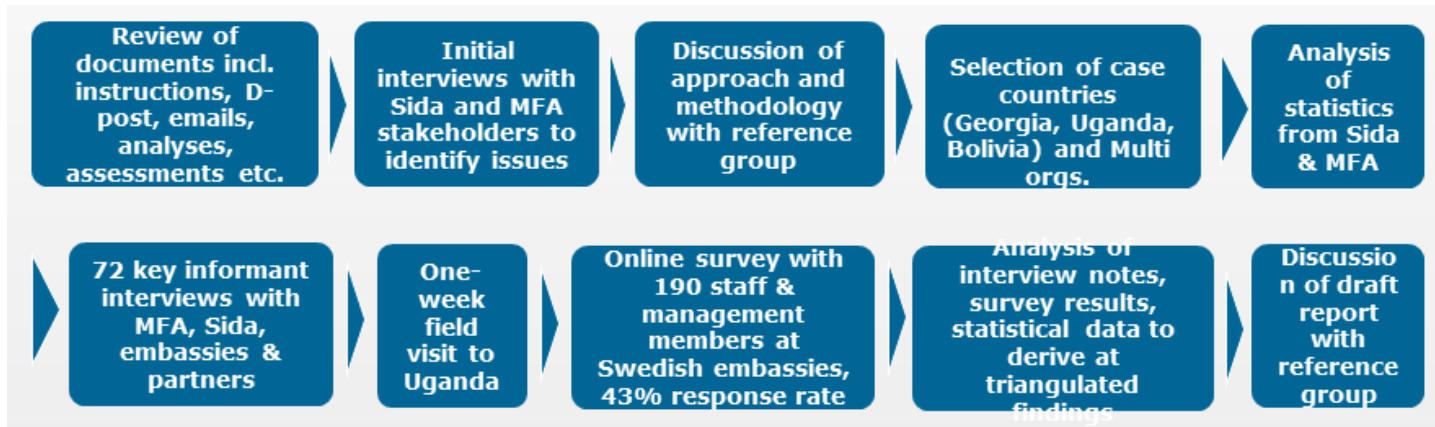


## **Methods for data collection**

A mixed-methods approach has been applied for data collection, combining a blend of quantitative and qualitative assessment methods. During the inception phase, the six main study questions proposed in the ToR were further operationalised and structured by the study team. Sub-questions were added to the main study questions. While the OECD-DAC evaluation criteria was not applied in a strict sense by this study, these criteria are included in the study matrix to illustrate their alignment to the study.

The data collection process is summarised in Figure 20.

**Figure 20: Data collection process**



## **Review of documentation and data**

A comprehensive review of key documents, reports, communications, data/statistics and other relevant materials obtained from the MFA and Sida has been conducted as part of the study. Key documentation includes: i) internal administrative documentation and communication material, for example a log from Sida on the corona handling, questions and answers on human resource related aspects from both Sida and the MFA; ii) data and statistics from Sida (PLANit), extractions from Trac as well as most recent statistics from the MFA; iii) communication/emails between departments, the MFA and Sida (e.g. D-posts from the MFA to other Swedish development agencies), emails from staff members, etc.; and iv) other documents relevant to the context and study focus e.g. analytical pieces conducted by Sida on request by the MFA (on civil society, covid-19 handling, global situation after covid-19, etc.), internal learning documents, etc. Additional documentation and data material have been retrieved from the selected case countries and from the multilateral organisations of focus for this study.

## **Key Informant Interviews**

Key informant interviews (KIIs) have been conducted with representatives from the following stakeholder categories:

- The MFA and Sida: These interviews have been a mix between interviews at the HQ level, with persons who have been either directly involved or affected by specific covid-19 interventions, and with management and staff from the Swedish embassies in Uganda and Georgia selected for in-depth study. No additional KIIs have been conducted with staff from Bolivia, but the 24 Sida-specific KIIs conducted as part of the Bolivia evaluation (by the same study team) informed the current study.
- Development partners within case countries: In addition to the embassy management and staff, the study team conducted KIIs with representatives from other development partners with a

presence in Georgia and Uganda. As mentioned above, this included selected multilateral organisations, other donors, governmental institutions and CSOs/Non-Governmental Organisations (NGOs).

Given the considerable pressure on several multilateral organisations in the covid-19 response process, and the crowded learning environment from several covid-19 response evaluations/assessments being implemented in parallel by both multilateral and bilateral organisations,<sup>86</sup> a clear directive was given from the Swedish MFA not to contact multilateral partners at the HQ level to avoid putting additional burdens on them.

Table 5 below summarises the number of stakeholders interviewed per stakeholder group.

**Table 5: Number of stakeholders interviewed by category**

| Gender       | Sida HQ   | MFA HQ   | Embassy in Kampala | Embassy in Georgia | Partners Uganda | Partners Georgia | Total     |
|--------------|-----------|----------|--------------------|--------------------|-----------------|------------------|-----------|
| M            | 4         | 5        | 3                  | 2                  | 12              | 4                | 30        |
| F            | 14        | 3        | 5                  | 2                  | 12              | 6                | 42        |
| <b>Total</b> | <b>18</b> | <b>8</b> | <b>8</b>           | <b>4</b>           | <b>24</b>       | <b>10</b>        | <b>72</b> |

In line with the nature and approach of this study, the interviews were conducted in an *explorative* manner, following the lead of the interviewees about what was on their minds and what they wanted to share concerning the initial months of the pandemic in particular. This has required adaptive, flexible, agile and emergent interview protocols and interviewers.

An exploratory interview is characterised by being unstructured and intended to develop ideas, and to explore possible ways of gathering relevant data. Unstructured interviews take the form of more natural

<sup>86</sup> See e.g. <https://www.covid19-evaluation-coalition.org>

conversation and allow the interviewer to pursue follow-up questions or new lines of discussion as they may fit in. Closed questions are avoided, and the interviewees are initially asked to identify the information they feel is most important to the discussion.<sup>87</sup> In this context, the Study Matrix mainly served as an overall checklist of general themes for the interviews, which were then adapted in the context of the individual interview sessions. The study team members were free to leave certain themes/questions out, mix the order of questions, or ask questions in different ways depending on the specific situation.

### **Online survey**

In order to ensure a broader view and perspective of the study questions, a brief online survey was targeted towards management and staff at the Swedish embassies and representations within the 35 countries in Africa, Asia, Latin America and Europe where Sweden has bilateral development cooperation. The survey included mainly closed questions to capture perceptions and satisfaction ratings from management and staff working at the embassies. The survey was administered by the study team through Survey Monkey, but EBA sent out the email requesting embassies to complete the survey in order to give the survey legitimacy and to increase the response rate.

The survey was circulated to a total of 449 persons (221 posted staff from Sida and the remaining from the MFA, including national programme officers who are employed by the MFA). Out of these, a total of 439 respondents could have replied to the survey.<sup>88</sup> A total

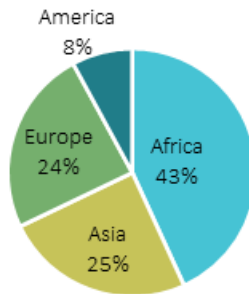
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<sup>87</sup> See e.g. Patton, Michael Quinn (2002) *Qualitative Research and Evaluation Options* (3rd ed.).

<sup>88</sup> Seven email addresses were no longer active and bounced back (six from Sida and one MFA), one embassy (Bogota) did not have a development cooperation portfolio and was only up and running from September 2021 and therefore did not respond to the questionnaire (four staff received the invitation). 40 auto-reply emails were received from staff on vacation, field visits etc. but since they still had a chance to reply they are included in the total number of potential respondents.

of 190 staff members at embassies in 41 different countries responded to the survey. This gives a response rate of 43 percent which is satisfactory. Almost two-thirds of the respondents were women which corresponds well to the share of female staff members in the organisation.<sup>89</sup> The survey questionnaire is included in Annex 8.

**Figure 21: Respondents per region**



As reflected in Figure 21, respondents are primarily from Africa while geographical regions of Europe and Asia are equally represented. Only 8 percent of respondents are from the Americas. This reflects the smaller Swedish development engagement in Latin America.

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<sup>89</sup> According to the Donor Tracker (<https://donortracker.org/country/sweden>), 65% of staff members in Sida are women.

**Figure 22: Respondents' hardship category**

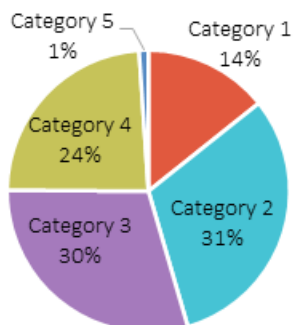


Figure 22 indicates the respondents' hardship category as defined by the MFA (January 2020).<sup>90</sup> Respondents living under hardship category 1<sup>91</sup> are the fewest (14 percent) whereas categories 4/5,<sup>92</sup> 3<sup>93</sup> and 2<sup>94</sup> are slightly higher represented. Bolivia and Uganda are both considered a category 3 while Georgia is classified as a category 2 country.

### Data processing and analysis

The mixed-methods approach has allowed for effective triangulation and verification of evidence and Annex 3 clearly reflects how

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<sup>90</sup> Every year the MFA defines the hardship level of a country on a scale from 0 to 4 with an additional category of 5 for extremely hard living circumstances. Harder living circumstances allow for e.g. support for household chores (category 3-4) and additional days off and travels out of the country. These categories became important in the MFA decision to repatriate posted Swedish staff during the pandemic.

<sup>91</sup> Respondents from category 1 include Bosnia and Herzegovina, OPT, Macedonia, Serbia, South Africa, Thailand, Ukraine.

<sup>92</sup> Respondents from category 5 are stationed in Iraq and South Sudan. Respondents from category 4 are in Mali, Bangladesh, Burkina Faso, Democratic Republic of Congo, Liberia, Mozambique, Sudan.

<sup>93</sup> Bolivia, Cambodia, Cuba, Ethiopia, Kenya (incl. Somalia who are stationed in Kenya), Zambia, Myanmar, Guatemala, Zimbabwe, Tanzania, Uganda.

<sup>94</sup> Category 2 respondents are from Albania, Belarus, Colombia, Georgia, Jordan, Kosovo, Lebanon, Moldova, Rwanda, Turkey.

different data sources led to specific findings. In studies following more “traditional” evaluation approaches, the data processing and analysis would usually be structure around the evaluation matrix (in this case the study matrix) guided by pre-defined judgement criteria/indicators. However, neither a fully developmental nor a retrospective developmental evaluation applies an evaluation matrix in a traditional sense. Rather, the analytical aspect of these evaluations is treated as emergent.<sup>95</sup>

In view of this, it was considered appropriate to interpret the analytical framework presented in Figure 19 and the Study Matrix as a *dynamic* framework in order to capture the evolving nature and the emergence of the study. As the study implementation proceeded, and analytical themes started to emerge from the data collection process, it became apparent that the dynamic required something different from a “standard” evaluation design, where an evaluation framework and matrix are mostly “fixed” and applied as the analytical cornerstone throughout the evaluation process. Instead, the framework required that analytical themes could be linked with the overarching study questions and key data sources.

Still, it was important to ensure a systematisation across the data collection and validation process to maximize the internal and external validity and credibility of the study. This was done e.g. by following evaluation rigour principles in the data collection process, such as asking probing questions, thinking and engaging evaluatively, questioning assumptions, applying evaluation logic, and staying “empirically grounded”. In this situation, the principle of staying empirically grounded can take different forms. In this study, it was highlighted in the human dimension to the covid-19 response, which came through strongly in interviews. While this was partly expected based on the experiences from the Bolivia COVID-19 Response

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<sup>95</sup> Patton, Michael Quinn (2010) Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use.



evaluation,<sup>96</sup> it was still difficult to fully predict the particular issues and concerns expressed by different people. It is therefore crucial to emphasize the importance in this study of “listening” to the data and information gathered, respecting its integrity, and following its empirical path, in order to make the real story come out in the analysis.

In view of this, the information provided during **KIIs** was scrutinised and analysed on a systematic and ongoing basis to identify themes of emergence that could help inform the continued study implementation process. In this way, it became possible to further explore some of the emergent themes coming out of interviews conducted during the inception phase and in the early stage of the implementation process during interviews conducted later in the implementation process. Likewise, emergent themes coming out of the country cases could be further developed through subsequent interviews with people in MFA and Sida HQs. The strong focus on emergence in the KII process also helped to inform other data collection processes along the way, e.g. the design of the online survey (which was implemented late in the process) was done with a particular view to reflect the emergent themes coming out of the KIIs.

The **survey data** has been processed and analysed with a particular view to disaggregation according to hardship category, region and gender to see whether these aspects affected the replies proportionally. Only interesting differences are highlighted in the analysis.

The **review of documents and communication flows** were important to the analysis to bring the data and information from the KIIs and the online survey into perspective, e.g. in terms of time dimensions, responsibilities and interactions across different levels in the organisations. In many cases this helped to validate

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<sup>96</sup> NCG (2021): Process evaluation of three donor agencies’ responses to the COVID-19 pandemic in Bolivia during the period March-December 2020.

information received from other data sources. Some of the data and statistics provided, together with overviews of organisational and administrative practices within and between the MFA and Sida, have generated findings on their own.

While the **study findings** are based on **triangulation** of different data sources and information to the furthest extent possible, they also reflect the emergent and explorative nature of this study, with a strong focus on the human dimension and the personal experiences from Sweden's covid-19 response process within the MFA and Sida organisational context. Therefore, for some findings, qualitative statements (citations) from either KIIs or from the survey responses were added to further exemplify and concretise a specific issue.

### **Limitations, risks and mitigation**

The main limitations and challenges identified for the study analysis, and the study team's related mitigation strategies are summarised in Table 6.

**Table 6: Limitation, risks and mitigation strategy**

| <b>Limitation/risk</b>  | <b>Mitigation strategy</b>  |
|---|---|
| <p>A long time has passed since the outbreak of the covid-19 pandemic and it was often difficult for people to remember things that happened during the first months of the pandemic, and not all decisions taken at that time are properly documented.</p>   | <p>The study team looked into email correspondences (e.g. between HQ and embassies) to help reconstruct the realities from the first months of the pandemic.</p>  |
| <p>The inability to talk to representatives from multilateral institutions, but only to Swedish MFA management/staff who are responsible for the dialogue with these multilateral institutions provided a potential bias in the responses provided.</p>   | <p>The study team made use of other sources of information to verify statements provided in interviews (e.g. minutes from board meetings, policy statements, etc. from the multilateral organisations).</p> |
| <p>Within the scope of this assignment, it was only possible for the study team to include a few countries, and only one field visit.</p>   | <p>The study team made use of an online survey to capture a wider and broader view of perceptions and opinions from the embassy level.</p>  |
| <p>The financial mapping exercise was challenged by different factors: i) the inherent limitations of Sida's covid-19 tagging system (see above) and the fact that this tagging system was discontinued and therefore only provides data for 2020; and ii) the fact that the data for 2021 is limited to disbursements for covid-19 control in the health sector (although MFA statistics also include humanitarian assistance addressing the pandemic's indirect effects).</p> | <p>These limitations are acknowledged in the report. This limitation did not have any significant effect on the ability to analyse and assess Sweden's response.</p>  |

## Annex 2. Study matrix

| <b>Study Questions (from the ToR) and OECD/DAC criteria</b>   | <b>Sub questions (added by the study team)</b>   | <b>Key Issue</b>  | <b>Judgement Criteria</b>   | <b>Means of Verification (source/ method)</b>   |
|---|--|---|---|---|
| <p>Study question 1:<br/>What are the adjustments that have been made in Sweden's official development assistance as a consequence of the covid-19 pandemic?</p> <p>OECD/DAC criteria:<br/>Relevance and Efficiency</p> | <p>How has Sweden's funding response been divided between bilateral funding and multilateral partners and between humanitarian assistance and development cooperation? What have been the advantages and disadvantages of this? Has the covid-19 pandemic led to new forms for communication and</p> | <p><i>Strategic directions and focus of Swedish development assistance</i></p> <p><i>Flow and allocation of Swedish ODA funding</i></p> | <p><i>Adjustments in the Government's strategic directions and guidance</i></p> <p><i>Adjustments in the importance given to the development-humanitarian nexus</i></p> <p><i>Adjustments in relative focus and prioritisation of sectors and thematic areas</i></p> <p><i>Adjustments in balance of funding allocations (e.g. multilateral vs bilateral funding, sectors)?</i></p> <p><i>Adjustments in modalities of funding (e.g. core</i></p> | <p><i>Review of official MFA/Sida documentation, reporting, instructions and communication</i></p> <p><i>Review of financial data, statistics and reporting (total Swedish ODA)</i></p> <p><i>Interviews with MFA and Sida management and staff from relevant departments/units</i></p> <p><i>Online survey (to embassy management and staff)</i></p> |

| <b>Study Questions<br/>(from the ToR) and<br/>OECD/DAC criteria</b> | <b>Sub questions (added<br/>by the study team)</b>   | <b>Key Issue</b>   | <b>Judgement Criteria</b>  | <b>Means of Verification<br/>(source/ method)</b>   |
|---|--|--|--|---|
|   | dialogue within the MFA/Sida?<br><br>Have the response processes been inclusive and supportive to local needs and demands? | <i>Administrative and financial management</i><br><br><i>Communication and dialogue (internal)</i> | <i>support, earmarked funding, pooled funds, project support and technical support)</i><br><br><i>Adjustments in MFA/Sida instructions, guidelines, procedures, reporting requirements, financial systems etc.</i><br><br><i>Adjustments in lines, means and frequency of internal MFA/Sida communication and dialogue</i> |   |
| Study question 2:<br>How have Swedish donor representatives         | To what extent, and how, have ongoing project activities been cancelled or adjusted  | <i>Risk management</i>   | <i>Extent to which decision-making has included analysis and risk assessment</i>   | <i>Review of official MFA/Sida documentation, reporting, instructions and communication</i> |

| <b>Study Questions (from the ToR) and OECD/DAC criteria</b>  | <b>Sub questions (added by the study team)</b>   | <b>Key Issue</b>                             | <b>Judgement Criteria</b>   | <b>Means of Verification (source/ method)</b>  |
|--|--|--|---|--|
| managed the covid-19 crisis in their dialogue with multilateral organisations, civil society, country representatives and implementing organisations?<br><br>OECD/DAC criteria: Efficiency and Coherence | due to the changing covid-19 context?  | <i>Responsive-ness</i>                       | <i>Extent to which the MFA and Sida have been responsive to partners requests and initiatives</i>   | <i>Interviews with MFA and Sida management and staff from relevant departments/units</i> |
|  | Have the adjustments been supportive of Sweden’s development policy priorities and vis-á-vis the new needs and the new situation created globally by covid-19? | <i>Adaptiveness and flexibility</i>          | <i>Extent to which it has been possible to adjust Swedish contributions, multi-annual framework agreements, etc. based on changes in needs and priorities</i> | <i>Interviews with representatives from different types of partner institutions</i>      |
|  | Have funding decisions been informed by evidence, needs assessment, risk analysis, and dialogue with partner organisations?                                    | <i>Innovation</i>                            | <i>Extent to which new approaches or new ways of using existing instruments have been introduced</i>  | <i>Online survey (to embassy management and staff)</i>                                   |
|  |  | <i>Communication and dialogue (external)</i> | <i>Frequency, level and type of interaction and communication between Swedish donor</i>   |  |

| Study Questions<br>(from the ToR) and<br>OECD/DAC criteria | Sub questions (added<br>by the study team)   | Key Issue | Judgement Criteria                      | Means of Verification<br>(source/ method) |
|--|--|-----------|---|---|
|  | Has the covid-19<br>pandemic resulted in<br>changes in the risk<br>management<br>framework and<br>mitigation measures?   |           | <i>representatives and<br/>partners</i> |   |
|  | How well has the<br>MFA/Sida cooperated<br>with other actors<br>globally / at country<br>level?  |           |   |   |
|  | Have Swedish<br>responses been aligned<br>to ensure coherent<br>approaches at the<br>global / country level,<br>specifically within<br>fragile and conflict<br>countries taking into |           |   |   |

| <b>Study Questions<br/>(from the ToR) and<br/>OECD/DAC criteria</b>   | <b>Sub questions (added<br/>by the study team)</b>   | <b>Key Issue</b>                            | <b>Judgement Criteria</b>  | <b>Means of Verification<br/>(source/ method)</b>  |
|---|--|---|--|--|
|   | account the capacity /<br>willingness of the<br>governments to<br>respond?   |   |  |  |
| Study question 3:<br>What was the<br>preparedness for a<br>crisis of this type at<br>different levels<br>(MFA / Sida /<br>partner<br>organisations)?<br><br>OECD/DAC criteria:<br>Efficiency/<br>management | What was the response<br>ability at different levels<br>within the MFA and<br>Sida?<br><br>What were the levels of<br>preparedness and the<br>possibilities to adjust? | <i>Programming</i><br><br><i>Operations</i> | <i>Extent to which<br/>programme management<br/>procedures were suitable<br/>for such a crisis situation</i><br><br><i>Extent to which fit-for-<br/>fragility preparedness and<br/>duty-of-care concerns have<br/>responded to different<br/>needs and demands from<br/>management and staff</i> | <i>Review of official<br/>MFA/Sida documentation,<br/>reporting, instructions and<br/>communication</i><br><br><i>Interviews with MFA and<br/>Sida management and<br/>staff from relevant<br/>departments/units</i><br><br><i>Interviews with<br/>representatives from<br/>different types of partner<br/>institutions</i><br><br><i>Online survey (to embassy<br/>management and staff)</i> |



| <b>Study Questions (from the ToR) and OECD/DAC criteria</b>                    | <b>Sub questions (added by the study team)</b> | <b>Key Issue</b>                                      | <b>Judgement Criteria</b>  | <b>Means of Verification (source/ method)</b>   |
|--|--|---|--|---|
| Study question 4:<br>What were the main challenges related to the adjustments? |  | <i>Management and leadership (internal)</i>           | <i>Extent to which MFA/Sida management has ensured a clear strategic direction and guidance of their respective teams</i>                            | <i>Review of official MFA/Sida documentation, reporting, instructions and communication</i>   |
| Study question 5:<br>What enabled adaptive and flexible programming?           |  | <i>Capabilities (internal)</i>                        | <i>Extent to which MFA/Sida management and staff felt capable of handling the crisis situation</i>   | <i>Interviews with MFA and Sida management and staff from relevant departments/units</i>  |
| OECD/DAC criteria:<br>Efficiency   |  | <i>Organisational aspects (internal and external)</i> | <i>Extent to which existing structures and mechanisms for cooperation within and between organisations enabled a flexible and adaptive approach.</i> | <i>Interviews with representatives from other key Swedish actors</i>  |
|  |  | <i>Work systems and platforms (internal)</i>          | <i>Extent to which work systems within the MFA and Sida have been sufficiently flexible during</i>   | <i>Interviews with representatives from different types of partner institutions</i><br><br><i>Online survey (to embassy management and staff)</i> |

| <b>Study Questions<br/>(from the ToR) and<br/>OECD/DAC criteria</b> | <b>Sub questions (added<br/>by the study team)</b> | <b>Key Issue</b>                  | <b>Judgement Criteria</b>  | <b>Means of Verification<br/>(source/ method)</b>   |
|---|--|-----------------------------------|--|---|
|   |  |                                   | <i>the covid-19 pandemic</i>   |   |
|   |  | <i>External<br/>factors</i>       | <i>Extent to which situations<br/>and conditions within<br/>partner institutions have<br/>challenged or enabled the<br/>adjustments</i>            |   |
| Study question 6:<br>What can be learnt?                            |  | <i>Institutional<br/>learning</i> | <i>Usefulness of approaches<br/>and instruments applied<br/>and introduced by the MFA<br/>and Sida during the covid-<br/>19 pandemic</i>           | <i>Based on study findings<br/>and learning from other<br/>similar studies (e.g. from<br/>the covid-19 Global<br/>Evaluation Coalition)</i> |
|   |  | <i>Process<br/>learning</i>       | <i>Critical reflection on how<br/>collaboration and<br/>interaction among<br/>different actors has worked<br/>during the covid-19<br/>pandemic</i> |   |

# Annex 3. Triangulation matrix

| Finding  | Desk review | Financial mapping | Bolivia evaluation | KIIs in Uganda | KIIs in Georgia | KIIs w. partners | KIIs HQ | Survey |
|--|-------------|-------------------|--------------------|----------------|-----------------|------------------|---------|--------|
| <b>Changes in ODA during covid-19</b>  |             |                   |                    |                |                 |                  |         |        |
| <p><b>Finding 1.</b> The covid-19 pandemic has attracted additional Swedish funding for development programming both to new and existing contributions. But primarily, the response has resulted in existing contributions being “reprogrammed” to address covid-19 issues. In addition, partly new methods and processes for reporting were introduced.</p> | X           | X                 | X                  | X              | X               |                  |         |        |
| <p><b>Finding 2.</b> The funding for the covid-19 response has predominantly been channelled through existing multilateral partners, in most cases on top of already high levels of core and programme funding.</p>  | X           | X                 |                    |                |                 |                  | X       |        |

| <b>Finding</b>  | <b>Desk review</b> | <b>Financial mapping</b> | <b>Bolivia evaluation</b> | <b>KIIs in Uganda</b> | <b>KIIs in Georgia</b> | <b>KIIs w. partners</b> | <b>KIIs HQ</b> | <b>Survey</b> |
|---|--------------------|--------------------------|---------------------------|-----------------------|------------------------|-------------------------|----------------|---------------|
| <b>Finding 3.</b> The health sector has received a significant share of Sida’s covid-19 funding, contributing to an increase in the relative importance of health sector funding in Swedish ODA.  | X                  | X                        |                           |                       |                        |                         | X              |               |
| <b>Finding 4.</b> In line with the overall focus of Swedish development assistance, countries in Eastern and Southern Africa have received most of the covid-19 funding.  | X                  | X                        |                           |                       |                        |                         | X              |               |
| <b>Finding 5.</b> The level of covid-19 funding has varied considerably across the case study countries with Uganda tagging relatively more contributions as covid-19 support. However, the case studies also illustrate gaps in what has been captured in Sida’s statistics. | X                  | X                        | X                         | X                     | X                      |                         |                |               |

| <b>Finding</b>  | <b>Desk review</b> | <b>Financial mapping</b> | <b>Bolivia evaluation</b> | <b>KIIs in Uganda</b> | <b>KIIs in Georgia</b> | <b>KIIs w. partners</b> | <b>KIIs HQ</b> | <b>Survey</b> |
|---|--------------------|--------------------------|---------------------------|-----------------------|------------------------|-------------------------|----------------|---------------|
| <b>Strategic adjustments</b>  |                    |                          |                           |                       |                        |                         |                |               |
| <b>Finding 6.</b> The highly decentralised decision-making power on contribution management has allowed for a quick reprogramming process and close collaboration and dialogue with partners.   | X                  |                          | X                         | X                     | X                      | X                       | X              |               |
| <b>Finding 7.</b> Swedish strategies guiding bilateral cooperation have been broad enough to allow for adaptations to respond to the pandemic.  | X                  |                          | X                         | X                     | X                      | X                       | X              |               |
| <b>Finding 8.</b> Sida has published a number of studies, guidelines and analyses to support decision-making at the strategy level including guidance on more forward-looking multidimensional poverty analyses (MDPAs) and studies of the effects of covid-19. | X                  |                          |                           |                       |                        |                         | X              |               |

| <b>Finding</b>  | <b>Desk review</b> | <b>Financial mapping</b> | <b>Bolivia evaluation</b> | <b>KIIs in Uganda</b> | <b>KIIs in Georgia</b> | <b>KIIs w. partners</b> | <b>KIIs HQ</b> | <b>Survey</b> |
|---|--------------------|--------------------------|---------------------------|-----------------------|------------------------|-------------------------|----------------|---------------|
| <b>Finding 9.</b> Support to civil society is an example of how covid-19 has spurred additional focus on the development and humanitarian nexus.  | X                  |                          |                           | X                     |                        | X                       | X              |               |
| <b>Collaboration with multilateral organisations</b>  |                    |                          |                           |                       |                        |                         |                |               |
| <b>Finding 10.</b> Through its representation at the Nordic-Baltic Office (NBO) in Washington DC, Sweden has pushed actively for the WB Group Board to allocate more responsibility to management and shorten time for disbursement, while still keeping an eye on the longer-term priorities | X                  |                          |                           |                       |                        | X                       | X              |               |
| <b>Finding 11.</b> At the country level, Swedish support has complemented larger WB programmes both from a systemic perspective (health) as well as through provision of seed funding. At the same time, large differences  | X                  |                          |                           | X                     |                        | X                       | X              |               |

| Finding  | Desk review | Financial mapping | Bolivia evaluation | KIs in Uganda | KIs in Georgia | KIs w. partners | KIs HQ | Survey |
|--|-------------|-------------------|--------------------|---------------|----------------|-----------------|--------|--------|
| in flexibility between Swedish and WB programme approaches have caused challenges in the implementation.   |             |                   |                    |               |                |                 |        |        |
| <b>Finding 12.</b> From the outset, Sweden has supported a joint response through the WHO, although it was initially a concern whether the more policy-oriented organisation would have sufficient capacity to also respond on the ground and ensure equal access to vaccines. | X           |                   |                    |               |                | X               | X      |        |
| <b>Finding 13.</b> Sweden is the fifth largest contributor to UNICEF providing multi-annual core support for a five-year period as one of a few countries. In 2020, UNICEF’s overall funding increased but mainly as earmarked funding for the covid-19 response.              | X           |                   | X                  | X             | X              | X               | X      |        |

| <b>Finding</b>  | <b>Desk review</b> | <b>Financial mapping</b> | <b>Bolivia evaluation</b> | <b>KIIs in Uganda</b> | <b>KIIs in Georgia</b> | <b>KIIs w. partners</b> | <b>KIIs HQ</b> | <b>Survey</b> |
|---|--------------------|--------------------------|---------------------------|-----------------------|------------------------|-------------------------|----------------|---------------|
| <b>Finding 14.</b> The vaccine programme has been a core concern for the Swedish response to the covid-19 pandemic and the Swedish Government has emphasised a strong harmonisation and collaboration through the EU while still maintaining attention on a holistic health approach.   | X                  |                          |                           | X                     |                        | X                       | X              |               |
| <b>Finding 15.</b> While many HQ stakeholders have indicated that coordination between the MFA and Sida has been good in relation to multilateral organisations, embassies are more critical. Coordination challenges are not a new issue but have become more evident during the pandemic when the pressure has been higher. | X                  |                          | X                         | X                     | X                      | X                       | X              | X             |



| <b>Finding</b>  | <b>Desk review</b> | <b>Financial mapping</b> | <b>Bolivia evaluation</b> | <b>KIIs in Uganda</b> | <b>KIIs in Georgia</b> | <b>KIIs w. partners</b> | <b>KIIs HQ</b> | <b>Survey</b> |
|---|--------------------|--------------------------|---------------------------|-----------------------|------------------------|-------------------------|----------------|---------------|
| <b>Decentralised reprogramming and contribution management</b>  |                    |                          |                           |                       |                        |                         |                |               |
| <b>Finding 16.</b> Very few administrative amendments were made to the contribution management system due to the covid-19 pandemic and both embassy management and staff found that Trac had been sufficiently flexible. The adjustment to allow digital signatures was greatly appreciated by embassy staff. | X                  |                          |                           | X                     | X                      |                         | X              | X             |
| <b>Finding 17.</b> While staff members are largely satisfied with the contribution management system, some challenges were identified in relation to the administrative processes and the interpretation of the rules which tend to make some processes more cumbersome than necessary.                       | X                  |                          |                           | X                     | X                      |                         | X              | x             |
| <b>Finding 18.</b> A stronger focus on risk management has occurred during  |                    |                          | X                         | X                     | X                      |                         | X              |               |

| <b>Finding</b>  | <b>Desk review</b> | <b>Financial mapping</b> | <b>Bolivia evaluation</b> | <b>KIIs in Uganda</b> | <b>KIIs in Georgia</b> | <b>KIIs w. partners</b> | <b>KIIs HQ</b> | <b>Survey</b> |
|---|--------------------|--------------------------|---------------------------|-----------------------|------------------------|-------------------------|----------------|---------------|
| the pandemic. This is closely linked to an almost complete stop for field visits during the period.   |                    |                          |                           |                       |                        |                         |                |               |
| <b>Finding 19.</b> Allocation of funds to personal protective equipment was accepted in Georgia and Bolivia, allowing for continuous support of services by implementing partners.  | X                  |                          | X                         |                       | X                      | X                       | X              |               |
| <b>Finding 20.</b> Both partners and embassy management/staff indicate that an increased focus on innovative solutions has occurred during the pandemic.  |                    |                          | X                         | X                     | X                      | X                       |                | X             |
| <b>Finding 21.</b> Coordination and communication between embassies and MFA and Sida HQs were particularly difficult at the beginning of the pandemic. The establishment of a Corona Coordinator in Sida and a coordination group at the MFA became essential to manage the | X                  |                          | X                         | X                     | X                      | X                       | X              | X             |

| Finding  | Desk review | Financial mapping | Bolivia evaluation | KII in Uganda | KII in Georgia | KII w. partners | KII HQ | Survey |
|--|-------------|-------------------|--------------------|---------------|----------------|-----------------|--------|--------|
| communication flow, increase coordination and keep track of the Swedish response. However, communication with national staff remained a challenge.   |             |                   |                    |               |                |                 |        |        |
| <b>Finding 22.</b> Coordination between the development section and the political section at the embassies during the pandemic is assessed mainly positively. However, there are variations across the case countries.                         |             |                   | X                  | X             | X              |                 |        | X      |
| <b>Finding 23.</b> Additional reporting requirements were introduced by HQ during the pandemic and while some of this was generally well understood by survey respondents and interview persons, some reporting was considered less efficient. | X           |                   | X                  | X             | X              |                 | X      | X      |
| <b>Finding 24.</b> While collaboration with implementing partners has worked very well it has been more  | X           |                   | X                  | X             | X              | X               | X      | X      |

| <b>Finding</b>   | <b>Desk review</b> | <b>Financial mapping</b> | <b>Bolivia evaluation</b> | <b>KIIs in Uganda</b> | <b>KIIs in Georgia</b> | <b>KIIs w. partners</b> | <b>KIIs HQ</b> | <b>Survey</b> |
|--|--------------------|--------------------------|---------------------------|-----------------------|------------------------|-------------------------|----------------|---------------|
| challenging to collaborate with national governments during the covid-19 pandemic.   |                    |                          |                           |                       |                        |                         |                |               |
| <b>Finding 25.</b> Coordination with other donors is generally assessed positively and there are good concrete examples. Sweden is a strong advocate for the One UN and has contributed to joint UN programming in the covid-19 response.  |                    |                          | X                         | X                     | X                      | X                       | X              | X             |
| <b>Crisis preparedness at different level</b>  |                    |                          |                           |                       |                        |                         |                |               |
| <b>Finding 26.</b> There is a clear perception by embassy management and staff that HQ decisions regarding crisis management support in the beginning of the covid-19 pandemic were dictated more by the situation in Sweden than by the situation within specific countries. This relates | X                  |                          | X                         | X                     | X                      |                         |                |               |

| <b>Finding</b>   | <b>Desk review</b> | <b>Financial mapping</b> | <b>Bolivia evaluation</b> | <b>KIIs in Uganda</b> | <b>KIIs in Georgia</b> | <b>KIIs w. partners</b> | <b>KIIs HQ</b> | <b>Survey</b> |
|--|--------------------|--------------------------|---------------------------|-----------------------|------------------------|-------------------------|----------------|---------------|
| in particular to the repatriation of posted staff.   |                    |                          |                           |                       |                        |                         |                |               |
| <b>Finding 27.</b> There are mixed views on embassy managements' ability and willingness to provide space for discussion and reflection of staff's personal and family issues during the pandemic. |                    |                          | X                         | X                     | X                      |                         | X              | X             |
| <b>Finding 28.</b> Rules and regulations for posted staff proved not to be fit for a crisis situation like the pandemic.   | X                  |                          | X                         | X                     | X                      |                         | X              | X             |
| <b>Finding 29.</b> Embassy staff are critical towards management's handling of duty of care.   | X                  |                          | X                         | X                     | X                      |                         |                | X             |

# Annex 4. Figure summarising key findings, conclusions and recommendations

| Study questions   | Findings  | Conclusions   | Strategic recommendations for HQ/embassy   |
|---|---|---|--|
| <p><b>SQ1: What are the adjustments that have been made in Sweden's official development assistance as a consequence of the covid-19 pandemic?</b></p>  | <p><b>Finding 1-5: Changes in ODA.</b> Some additional funding has been allocated to the development work but mainly reprogramming has occurred. 6% of ODA in 2020 has been tagged as covid-19 funds, mainly for health, but the tagging system has not fully captured changes at country level. Humanitarian funds have increased and primarily been channelled through existing top-up of core partners in the multilateral system, mainly to Africa.</p>   | <p><b>Conclusion 1:</b> According to available statistics, Sweden's financial response to the covid-19 pandemic equalled SEK 2.6 billion, or 6 percent of the total ODA, mainly channelled through multilateral organisations with "health" as the main thematic area targeted. This amount is, however, likely to be an underestimation since many covid-19 related activities appear not to be properly tagged and recorded in the system. It is not possible to draw a conclusion on trends in overall financial adjustments in Swedish ODA during the covid-19 pandemic in this study. While existing data suggest an increase in Swedish humanitarian assistance and in the relative share of health sector funding during the pandemic, detailed information on reprogramming and adjustments was not available</p> | <p><b>Recommendation 1:</b> Continue to focus on the provision of core support to partner organisations and maintain a flexible and smooth system for contribution management. Shift the focus on data analysis more towards future trends (e.g. green transition and digitalisation) to enhance resilience and prepare for the next emergency crisis.</p> |
| <p><b>SQ2: How have Swedish donor representatives managed the covid-19 crisis in their dialogue with multilateral organisations, civil society, country representatives and implementing organisations?</b></p> | <p><b>Finding 6-9: Strategic adjustments.</b> The emphasis on core funding and a highly decentralized decision-making power have been advantages in the reprogramming process. Strategies have been broad enough to allow for needed adjustments. To support adjustments HQ published studies/analyses and participated in various donor networks and enhance learning. The pandemic has spurred a better integration of the humanitarian-development nexus, although in continues to be challenging.</p>   | <p><b>Conclusion 2:</b> The overall strategic direction of Swedish development and humanitarian assistance has remained unchanged during the covid-19 pandemic. No changes were made to any of the global thematic strategies and only relatively few and smaller administrative and financial adjustments have been made in the Swedish ODA and its delivery mechanisms and systems during the period of the pandemic.</p>   | <p><b>Recommendation 2:</b> Further explore opportunities for integrating the development-humanitarian nexus in programming, including as a response to structural vulnerabilities.</p>  |
| <p><b>SQ3: What was the preparedness for a crisis of this type at different levels (MFA/Sida/partner organisations?)</b></p>  | <p><b>Finding 10-15: Collaboration w. multilateral orgs.</b> Sweden pushed for more flexibility for WB management while still keeping an eye on long-term perspectives e.g., on the environment and gender equality. At the country level Sida bridged funding gaps in the tourism sector and maintained focus on a health/SRHR. Sweden insisted on a joint response through WHO and supported a joint EU approach through COVAX for vaccine distribution with UNICEF as a key actor. Nevertheless, the coordination among different levels of the Swedish response could have been better.</p> | <p><b>Conclusion 3:</b> Sweden is a major financial contributor and is considered to be a key strategic partner to multilateral organisations and CSOs with important mandates in relation to the covid-19 pandemic. This has allowed Sweden to play a prominent role in the dialogue with these organisations on their covid-19 response, spur multi-stakeholder cooperation, advocate for particular focus areas and maintain focus on the longer-term development perspective. The combination of Sweden's flexible, adaptive and innovative approach to reprogramming and a relatively high degree of core funding support has been well tailored to the needs of these partners during the crisis.</p>   | <p><b>Recommendation 3:</b> Strengthen the coordination of multilateral and CSO support between Sida, the MFA and embassies, especially during crisis situations.</p>  |
| <p><b>SQ4: What were the main challenges related to the adjustments?</b></p>  | <p><b>Finding 16-20: administrative procedures.</b> Few admin amendments were needed besides allowing digital signatures. Trac was perceived flexible but at times interpretation of the system restricted programme officers. Monitoring and visits came to a full stop but focus on risk management and innovative solutions increased.</p>   | <p><b>Conclusion 4:</b> While the covid-19 pandemic caught the whole global system for development and humanitarian assistance unprepared, it also became a stress test of the organisational structures and managerial capacities within the MFA and Sida. Overall, the systems have adapted well to the challenges, although with critical shortcomings in the preparedness within the areas of communication, coordination and human resource management.</p>  | <p><b>Recommendation 4:</b> Conduct a thorough stress testing of HQ's fit-for-fragility preparedness and review the duty-of-care procedures to reflect the challenges and needs of both expatriate and local staff during emergency situations.</p>  |
| <p><b>SQ5: What enabled adaptive and flexible programming?</b></p>  | <p><b>Finding 21-23: coordination and communication.</b> In the beginning of the pandemic the communication to embassies from Sida and MFA was chaotic. However, establishing a corona coordinator Sida improved this situation. Communication to national programme officers remained however a challenge. The coordination between development and political section was assessed positively but with some variations. Reporting requirements to HQ increased which was mostly understood but some reporting was considered inefficient.</p>  | <p><b>Conclusion 5:</b> The covid-19 pandemic has spurred a strengthening of the humanitarian-development nexus in Swedish support. While it is widely acknowledged that the nexus is still a complicated matter and difficult to implement in practice, there has been a tendency to interpret the boundaries more flexibly during the pandemic.</p>   | <p><b>Recommendations for embassies</b></p> <p><b>Recommendation 5:</b> Foster a workplace culture of openness, trust and loyalty within embassies. This will require a stronger focus on management skills, internal learning and duty of care (well-being).</p>  |
| <p><b>SQ6: What can be learnt?</b></p>  | <p><b>Finding 24-25: Partnerships.</b> While coordination with implementing partner have worked very well, collaboration with national governments have been challenging during the pandemic. Sweden has pushed for One-UN and joint programming in the case countries.</p>   | <p><b>Conclusion 6:</b> While several innovative new programming and monitoring tools have been introduced during the covid-19 pandemic, the extent to which this may have impacted development results is still unclear as evaluations are still to be conducted.</p>  | <p><b>Recommendation 6:</b> Evaluate how development results have been affected by the covid-19 pandemic.</p>  |
|   | <p><b>Finding 26-29: Crisis management.</b> The perception is that HQ decided based on the situation in Sweden and not in-countries. HQ was not prepared for a crisis like this and embassy staff/management are critical towards HQ's ensuring duty of care. Mixed perception of embassy management willingness to provide space for reflection and learning from the new ways of working during the pandemic.</p>   |   |  |

## Annex 5. Organisational structure for the Swedish response

It is the Swedish Government and eventually the Parliament that decides on the annual budget for Swedish development cooperation, including instructions for the use of funds. Swedish international development cooperation is governed by the Swedish Government's regulations and budget, annual appropriation letters and multi-year cooperation strategies. The multi-year cooperation strategies include 31 regional and country-specific strategies, 12 thematic strategies, and 22 organisation-specific strategies (multilateral and international organisations).

The Department for International Development Cooperation (UD IU) in the MFA leads the development for thematic, regional and bilateral strategies implemented through Sida. Sida prepares the background analysis/proposals for the strategy, but the actual strategy is developed by the MFA and adopted by the Government. In the next step, Sida prepares a plan for operationalising the strategy. This operationalisation plan is updated on an annual basis. Sida also prepares an annual strategy report (and a more in-depth strategy report at the end of the strategy period), for submission to the MFA. UD IU is also responsible for the Swedish support to CSOs.

The MFA is responsible for the management and follow-up of core support to multilateral organisations, including through regular dialogue and participation in Board meetings. The Department for UN (UD UN) coordinates Sweden's overall UN policy and is responsible for core support to UN multilateral organisations. UD UN is also tasked to coordinate the overall global health responses and the Global Health Team, has coordinated Sweden's global engagement and dialogue around the covid-19 response. The Department is also in charge of the Swedish humanitarian response and Sweden's contribution to vaccine doses to the COVID-19

Vaccines Global Access (COVAX) cooperation. The European Union Department (UD EU) oversees Sweden's engagement with the EU and has been key in terms of Sweden's vaccination policy of Swedish citizens which has been negotiated by the EU. Sweden also contributes to COVAX through the EU.

The Global Agenda Department (UD GA) is responsible for overall coordination within the framework of the 2030 Agenda and policy for global development. It is responsible for coordinating and developing the feminist foreign policy and evaluation of Sweden's development cooperation via the World Bank (WB), regional development banks and funds. The Department for Human Resources UD P is responsible for human resources and, as will be discussed in the next section, it was in this Department the Corona Team was established to deal with corona related aspects on human resource matters.

In Sida, the geographical Departments are responsible for coordinating the operationalisation of the regional and bilateral strategies. Besides having geographical responsibilities, the Department for Asia, Middle East and Humanitarian Assistance is also responsible for the humanitarian aid channelled through Sida.

The Department for Partnerships and Innovations holds responsibility for Sida's support to civil society – Sida's Civil Society Unit (CIVSAM) – as well as loans and guarantees which are proven instruments that Sida has applied to mitigate the consequences of the pandemic.

The Department for International Organisations and Policy Support (INTEM) is responsible for core support to multilateral organisations funded through Sida. This unit is essential in terms of coordinating with the MFA (e.g. UD UN) since they both support multilateral organisations. Earmarked funding to multilateral organisations (multi-bi) is, however, also provided by other departments as well as embassies. The Department for Management Support is responsible for the contribution management system, accounting and finance, data analytics and statistics.



## Annex 6. Timeline of the covid-19 response

In the MFA, two tracks of covid-19 response occurred: i) the policy response to the health crisis led by UD UN; and ii) the establishment of a Corona Team as a working group in the UD P on 1 March 2020 in order to handle all human resource and duty-of-care issues. A total of 40 staff members were assigned to the team from different departments with the purpose of supporting the repatriation process and dealing with questions concerning human resources.

Sida also established a Corona Coordinator for the development assistance at the beginning of March 2020 as well as a Corona Team for human resources and duty of care for Swedes abroad. The Corona Team was established in the Human Resource (HR) Department but reported directly to the Director General (DG). The Corona Coordinator was initially placed at the DG office and also reported directly to the DG. The Coordinator was tasked to communicate Sida's programmatic response including funds allocation for covid-19 initiatives to the pandemic to departments, embassies, etc.

On 24 March 2020, Sida's management group sent out a letter to programme staff at the embassies on how Sida should engage with partners during covid-19.<sup>97</sup> Sida's DG followed up on this communication with a letter directed to Sida's partners (on 26 March 2020) to remind them that Sida is a flexible partner. In this letter, the DG encouraged partners to have a dialogue with embassies and HQ on the need for amendments in ongoing projects as well as suggesting new ones with an emphasis on new innovative ideas. A general MFA communication was released slightly after and emphasised Sweden's priorities for international collaboration,

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<sup>97</sup> How does Sida relate to partners in response to the Corona crisis? Sida Management group, 24 March 2020.

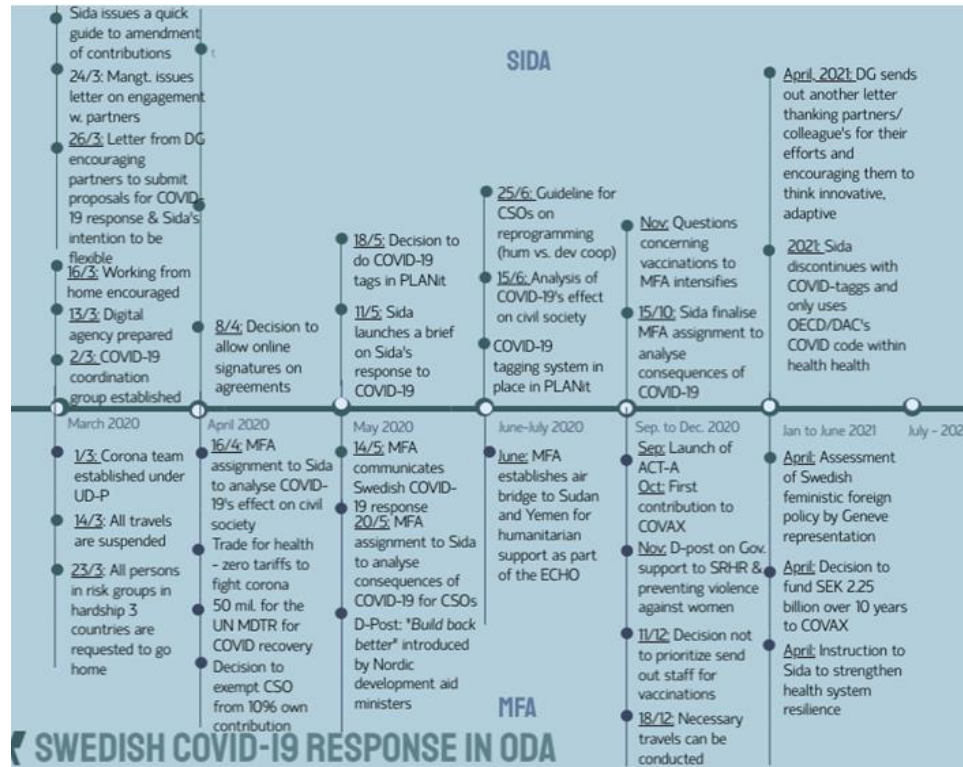
coordinating global efforts, promoting transparency and the right to information, and achieving universal health coverage. Sweden's guiding principles were also highlighted including emphasis on human rights, gender equality, transparency, and evidence-based response.

A key communication channel from the MFA to embassies and other foreign missions abroad was the D-post<sup>98</sup> on Sweden's response to covid-19. Through the D-post, for example UD UN regularly communicated how the pandemic was developing and Sweden's actions to mitigate damage caused by the pandemic. Key priorities for additional support to the UN system and other multilaterals were provided including decisions to allocate additional resources to multilateral organisations already receiving core support from Sweden. A key topic of the D-post was also to report on dialogue with other countries and how Sweden was seeking to influence the global agenda in the response to the pandemic.

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<sup>98</sup> The D-Post is the official correspondence between UD and authorities abroad.

**Figure 23: Timeline, key milestones in MFA's/Sida's covid-19 response**



## Annex 7. Documents consulted

### **MFA**

- EBA (2018), Who makes the decision on Swedish Aid and Funding? An overview.
- Government Offices of Sweden (2019), Hardship, Hardship trips and vacation extensions.
- Government Offices of Sweden (2020), Declaration of information for calculating compensation according to decision UD2020/04895/P (.xlsx).
- Government Offices of Sweden, Administration Department (2017), Guidelines for meetings and travel in the Government Offices.
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## Annex 8. Survey questionnaire

### Swedish response to Covid-19

Survey for management/embassy staff on the Swedish response to Covid-19  
NCG Denmark is currently conducting the "Assessment of Sweden's Covid-19 response" for the Swedish Expert Group for Aid Studies (EBA). The objective of the assignment is to assess Sweden's Covid-19 response at different levels (MFA, Sida, partner organisations) and analyse how adjustments and re-programming have been managed administratively and operationally.

In this regard we are interested in getting your view on the Embassy's interaction with HQ and partners, as well as on different aspects related to the reprogramming process.

The survey should take less than 10 minutes to complete. It is anonymous and only the assessment team will have access to the data.

Thank you in advance for completing the survey.

If you have any questions do not hesitate to contact Lisa Hjelm from EBA on [lisa.hjelm@gov.se](mailto:lisa.hjelm@gov.se)

### Swedish response to Covid-19

#### Participant information

\* 1. What is your gender?

- Male
- Female
- Other

\* 2. In which country do you work?

\* 3. What is your position at the Embassy (please mark the field that best describes your position)?

- Senior manager (part of the embassy's management group)
- Counsellor/advisor
- International programme officer
- National programme officer
- Political Analyst
- Administrative/financial staff
- Other (please specify)

\* 4. How long have you been working at this Embassy?

- Less than 1 year
- 1-2 years
- More than 2 years

\* 5. Do you work for the Development Cooperation Section (Sida) or the Political Section (MFA)?

- Development Cooperation Section (Sida)
- Political Section (MFA)
- Both sections but mainly in the Development Cooperation Section
- Both sections but mainly in the Political Section

Swedish response to Covid-19

Strategic framework and internal MFA/Sida coordination

\* 6. To what extent do you agree that..

|   | To a large extent     | To some extent        | To a limited extent   | Not at all            | Don't know            | Not applicable        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The strategic direction for Sweden's Covid-19 response to development cooperation has been clearly communicated to the embassies by <u>HO</u> ?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The scope of the Swedish bilateral development cooperation strategy (in your country of work) has been sufficiently broad and flexible to allow for proper response / reprogramming in view of the Covid-19 pandemic? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The coordination of work between the development cooperation section and the political section at the Embassy has been efficient during the Covid-19 pandemic?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide an explanation for your assessment:

\* 7. To what extent do you agree that..

|   | To a large extent     | To some extent        | To a limited extent   | Not at all            | Don't know            | Not applicable        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The coordination between your own Embassy's financial support to the work of multilaterals / humanitarian organisations and funding streams going from <b>MFA HQ</b> to the same organisations has been efficient during the Covid-19 pandemic? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|  |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The coordination between your own Embassy's financial support to the work of multilaterals / humanitarian organisations and funding streams going from <b>Sida HQ</b> to the same organisations has been efficient during the Covid-19 pandemic? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

Please provide an explanation for your assessment:

Swedish response to Covid-19

Contribution management, instructions and reporting



\* 8. To what extent do you agree that..

|  | To a large extent     | To some extent        | To a limited extent   | Not at all            | Don't know            | Not applicable        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Sida's contribution management system (Trac) has been sufficiently flexible during the Covid-19 pandemic?                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The specific Covid-19 instructions received from <b>Sida HQ</b> to the reprogramming process have been clear?                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The procedures for decision-making/approvals in relation to contribution management have been adequate during the Covid-19 pandemic? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please elaborate if needed (e.g. examples of advantages and disadvantages)

\* 9. To what extent do you agree that..

|   | To a large extent     | To some extent        | To a limited extent   | Not at all            | Don't know            | Not applicable        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>Sida HQ</b> reporting requirements during the Covid-19 pandemic have been reasonable and allowed for some flexibility? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>MFA HQ</b> reporting requirements during the Covid-19 pandemic have been reasonable and allowed for some flexibility?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide any explanation

Swedish response to Covid-19

Collaboration with partners

\* 10. To what extent do you agree that..

|  | To a large extent     | To some extent        | To a limited extent   | Not at all            | Don't know            | Not applicable        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The collaboration with project implementing partners during the Covid-19 pandemic has worked well?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The collaboration with other donors during the covid-19 pandemic has worked well?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The collaboration with national authorities during the Covid-19 pandemic has worked well?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The Swedish response to the Covid-19 pandemic in your country of work has been well-aligned to ensure a coherent Swedish approach? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide any explanation

Swedish response to Covid-19

HQ crisis management and duty of care

\* 11. To what extent do you agree that..

|  | To a large extent     | To some extent        | To a limited extent   | Not at all            | Don't know            | Not applicable        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The communications from <b>MFA HQ</b> and <b>Sida HQ</b> to embassies on crisis management have been well coordinated and aligned?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The support provided from <b>MFA HQ</b> to crisis management at the Embassy during the Covid-19 pandemic has responded well to the specific needs at the Embassy?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The support provided from <b>Sida HQ</b> to crisis management at the Embassy during the Covid-19 pandemic has responded well to the specific needs at the Embassy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide any explanation/recommendations for improvement

\* 12. To what extent do you agree that..

|  | To a large extent     | To some extent        | To a limited extent   | Not at all            | Don't know            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The communications from <b>MFA HQ</b> and <b>Sida HQ</b> to embassies on duty of care have been well coordinated?        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>MFA HQ's</b> duty of care procedures have responded well to your own needs and demands during the Covid-19 pandemic?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Sida HQ's</b> duty of care procedures have responded well to your own needs and demands during the Covid-19 pandemic? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide any explanation/recommendations for improvement

## Swedish response to Covid-19

### HQ Covid-19 specific support functions and interaction

\* 13. To what extent do you agree that..

|   | To a large extent     | To some extent        | To a limited extent   | Not at all            | Don't know            | Not applicable        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Adequate support and coordination mechanisms were established at <b>MFA HQ</b> level in relation to the Covid-19 pandemic?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adequate support and coordination mechanisms were established at <b>Sida HQ</b> level in relation to the Covid-19 pandemic? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide any explanation/recommendations for improvement

\* 14. To what extent do you agree that..

|  | To a large extent     | To some extent        | To a limited extent   | Not at all            | Don't know            | Not applicable        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The Embassy has been sufficiently consulted by <b>MFA HQ</b> during the Covid-19 pandemic?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The Embassy has been sufficiently consulted by <b>Sida HQ</b> during the Covid-19 pandemic?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>MFA HQ</b> has been responsive and listening to the concerns and inquiries communicated by the Embassy during the Covid-19 pandemic?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Sida HQ</b> has been responsive and listening to the concerns and inquiries communicated by the Embassy during the Covid-19 pandemic? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide any explanation/recommendations for improvement

Swedish response to Covid-19

Learning, reflection and feedback internally at the **Embassy**

\* 15. To what extent do you agree that..

|  | To a large extent     | To some extent        | To a limited extent   | Not at all            | Don't know            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| You have personally felt capable of performing your working tasks and responsibilities at the Embassy during the Covid-19 crisis?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The support you have received from Embassy management to perform your working tasks and responsibilities during the Covid-19 pandemic has been sufficient?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Embassy management has provided sufficient space for discussion and reflection of embassy staff's family and personal issues during the Covid-19 pandemic?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Embassy management is focused on how learning from the Covid-19 adapted working modalities and processes at the Embassy could be used for enhancement of work efficiency at the Embassy in a post-Covid perspective? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide any explanation/recommendations for improvement

Swedish response to Covid-19

Changes in the focus of programming

\* 16. To what extent do you agree that the Covid-19 pandemic has led to..

|   | Yes - much more focus | Yes - some more focus | No changes in focus   | Less focus now        | Don't know            | Not applicable        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Stronger focus on socio-economic development issues in the programming? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stronger focus on social protection issues in the programming?          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stronger focus on health issues in the programming?                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stronger focus on gender equality issues in the programming?            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stronger focus on conflict prevention in the programming?               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stronger focus on environment and climate in the programming?           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Stronger focus on other areas (please specify)

\* 17. Has the policy dialogue between the Embassy and the Government been enhanced during the Covid-19 pandemic in any of the following areas:

|                            | Yes                   | No                    | Don't know            |
|----------------------------|-----------------------|-----------------------|-----------------------|
| Socio-economic development | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social protection          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gender equality            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Conflict prevention        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Environment and climate    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

other areas (please specify)

\* 18. To what extent do you agree that the Covid-19 reprogramming process at the Embassy has led to the following..

|  | Yes - much more focus | Yes - some more focus | No changes in focus   | Less focus now        | Don't know            | Not applicable        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Stronger focus on the coherence between development and humanitarian actions (the development-humanitarian nexus)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stronger focus on risk management and mitigation in the programming?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stronger focus on innovation in the programming?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stronger focus on adapting concepts and tools for project monitoring?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide explanation for your assessment:



## Previous EBA reports

2022:01 *Utvärdering av strategiska sekunderingar som del av svenskt påverkansarbete*, Lisa Dellmuth, Paul T. Levin, Nicklas Svensson

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2021:07 *In Pursuit of Sustainable Peace: An Evaluation of the Folke Bernadotte Academy 2008–2019*, Nicklas Svensson, Julian Brett, Adam Moe Fejerskov, Charlotte Bonnet

2021:06 *Informerad eller kunnig? Utvärdering av insatser för information och kommunikation om bistånd 2010–2020*, Maria Grafström och Cecilia Strand

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2021:03 *Credible Explanations of Development Outcomes: Improving Quality and Rigour with Bayesian Theory-Based Evaluation*, Barbara Befani

2021:02 *Målbild och mekanism: Vad säger utvärderingar om svenska biståndsinsatsers måluppfyllelse?*, Markus Burman

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Covid-19-pandemin har påverkat alla delar av samhället. Det svenska biståndet har behövt hantera den globala kris som pandemin inneburit och samtidigt anpassa verksamheten efter nya förutsättningar. Den här rapporten bidrar med kunskap om hur biståndet har anpassats under pandemin, hur justeringar har genomförts och identifierar lärande för framtida kriser.

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The COVID-19 pandemic has impacted all areas of society. Swedish development assistance has had to respond to the global crisis caused by the pandemic at the same time as adapting the ways of working to new circumstances. The report contributes with knowledge on how official development assistance has been adjusted during the pandemic, how adjustments have been implemented and identifies learning for future crises.