



Lessons Learning Best Practice Paper: Using New Deal Framework in Response and Recovery (Draft)

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Lessons Learning Best Practice Paper
Using New Deal Framework to assess Ebola response and developing practical recommendations for integrating the New Deal framework into Ebola recovery practice

1. Introduction

This paper was commissioned by the International Dialogue on Peacebuilding and Statebuilding with a view to provide practical recommendations for New Deal implementation in the Ebola recovery phase at both country (Liberia, Sierra Leone and Guinea) and regional level (Mano River Union). The work builds on the recommendations of the Ebola / New Deal meeting outcomes statement from February 2015, the latest draft versions of the national recovery strategies of the three worst affected countries, and the discussion paper on New Deal Implementation in the Ebola Recovery Process that was prepared for the Mano River Union (MRU) Technical meeting 12-13 May 2015. Another key document is the Ebola study prepared by the Civil Society Platform for Peacebuilding and Statebuilding (CSPPS).

The Ebola Virus Disease (Ebola) is a haemorrhagic fever with over twenty recorded epidemics since 1976. The current epidemic started in Guinea in December 2013, and then it spread to neighbouring Liberia and Sierra Leone. These three countries have been by far the most severely affected by the virus. Ebola cases have occurred in much more limited numbers in Nigeria, Mali and Senegal, as well as isolated incidents in some European countries and the U.S. From June to September 2014, the Ebola outbreak became more serious given that rates of infection rose dramatically. It became clear that it was not merely a medical crisis affecting the health sector, but that it touched widely different areas of societies. In November 2014, the UN Special Envoy on Ebola, Dr. David Nabarro called the crisis a complex emergency.¹ By 13 May 2015, the West African Ebola outbreak had caused over 26.700 infections and 11.065 casualties.

The three West African countries that were hit by Ebola were already fragile before the most recent Ebola outbreak. All three are members of the G7+ countries that are or have been affected by conflict and are now in transition to the next stage of development. While the region as whole was showing promising signs of economic and social development in early 2014, within months Ebola had reversed much of this development. Given worst-case scenarios of 2 million infections by the end of the year in the region, and warnings that the virus could pose a danger to the existence of the states,² it was clear that the crisis had a direct link to the New Deal and the future of peacebuilding and statebuilding in the affected countries.

While there was broad commitment by Liberia and Sierra Leone, as well as by several international partners to the New Deal ahead of the Ebola epidemic, its application in the emergency phase of the Ebola response has been weak. This has been deplored by many actors and similarly there have been numerous calls for the inclusion of a New Deal perspective in the Ebola recovery phase. This paper seeks to provide insights into what this inclusion could look like in Liberia, Sierra Leone,

¹ Complex emergency, according to the WHO, is “a humanitarian crisis in a country, region or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single agency.”

² Liberian Minister of Defence briefing to the UN Security Council in September noting that “Liberia is facing a serious threat to its national existence”.

and Guinea. In addition, the regional dimension with Mano River Union will be discussed. In doing so, there will be a brief overview of the implementation of the New Deal in a given country, as well as short analysis of the national Ebola recovery strategy. While focus will be on the future, an effort is made to show examples where the recovery phase could learn from the emergency phase.

2. Executive summary

This paper examines the interest and possibilities of implementing the New Deal framework in Sierra Leone, Liberia and Guinea, including the regional aspect, in the context of the Ebola outbreak that has plagued the region since early 2014.

The New Deal framework preceded Ebola in Liberia and Sierra Leone – two New Deal pilot countries – but Guinea has only deepened its cooperation with the international partners supporting the New Deal this year. This paper analyses the state of New Deal implementation in each of the contexts, the national and regional Ebola recovery plans as well as the inclusion of the New Deal concept and principles in those plans. It concludes that the implementation phase of the New Deal varies, as has the Ebola response, too. All national Ebola recovery plans have a solid logic in feeding into a longer-term, and pre-existing development strategy, termed “one plan”. These development strategies again are largely in line with the New Deal.

The paper moves on to map the context in which concrete New Deal initiatives are to be suggested, by relying on informal interviews with Government actors, civil society representatives, donor representatives, and other actors involved in the New Deal. The study finds that the context is complex due to the whole-of-society effects that the Ebola virus disease has caused and the action / inaction that has followed on the part of various stakeholders in the countries and the region.

The New Deal implementation related to the Ebola recovery phase cannot be detached from the overall New Deal implementation in these contexts. In Sierra Leone, the paper suggests that the Government and international partners call for a meeting of the Mutual Accountability Framework, to renew and if needed redefine the political and technical commitment to make the Ebola recovery phase a reality. Subsequent steps include a new fragility assessment and its implementation. In Liberia, a country that has made much progress towards establishing a compact, there are serious questions about the existing political will to form one. Pending a joint agreement on the formation of a compact, with enough content such that it warrants calling it a ‘New Deal’ compact, Liberia should engage in self-assessment of its fragility with needed commitments for a proper implementation from the outset. Guinea should be supported in order to enable it to engage with the New Deal framework ahead of its elections later this year. The fear of political unrest in the wake of the elections, weak state institutions, and a raging Ebola outbreak, is a scenario to which the New Deal ought to respond. Dialogue with the Mano River Union, regarding the role and possibilities of the New Deal framework vis-à-vis a regional organization with stated willingness to implement the New Deal, should be continued.

3. Methodology and constraints of the paper

The study is based on combination of desk study, discussions in the field, and subsequent communications via phone and email, conducted over the space of 12 days. The author of the paper visited Liberia, Guinea, and Sierra Leone from 8th to the 14th of May, including attending the MRU Technical meeting, with the opportunity to meet and discuss with several key actors from the Governments, civil society, and international organizations. These meetings were guided by the Terms of Reference, yet were informal by nature. Apart from the meetings, the paper has benefitted from telephone conversations and email correspondence with persons and organizations involved in the Ebola response. Finally, the study draws on the author's earlier engagement with the New Deal and Ebola response from his day-to-day job at Finn Church Aid. The short time-period reserved for the preparation of the study, the heavy focus on capitals, and the limited number of sources, makes it impossible to offer definite answers. The Terms of Reference placed emphasis on Sierra Leone and Liberia, thus Guinea will not be discussed in depth here.

4. Ebola & fragility in Sierra Leone, Liberia, Guinea, and Mano River Union

Sierra Leone

*New Deal in Sierra Leone*³

The 2014 New Deal Monitoring Report recognized Sierra Leone as having the “most integrated approach to New Deal Implementation” but further noted that the country still has not “realised a major post-New Deal shift in donor approaches to risk, transparency and use of country systems.”⁴ Sierra Leone is the only New Deal pilot country that has conducted two *fragility assessments*, one in 2012⁵ and another in 2014⁶. In short, the fragility assessments showed that Sierra Leone was on the right path of developing reliance at many of the PSG's. The country was often referred to as nearly “graduating fragility,” with a key indicator being the winding down of the UNIPSIL peacekeeping operation.⁷ During the Ebola outbreak, UNDP has held discussions with the Ministry of Finance and Economic Development about an update to the 2014 fragility assessment, to include the effects that Ebola might have caused.

Sierra Leone's “*one plan*” is the 3rd generation Poverty Reduction Strategy Paper, Agenda For Prosperity⁸ (AfP), which is set to cover 2013-2018. The 5 PSG's are aligned with the AfP, as well as with the results of the first fragility assessment. In order for the Government and the donor community to deliver on the AfP, a Mutual Accountability Framework (MAF) has been agreed upon. In effect, the MAF forms the New Deal Compact for Sierra Leone. The MAF sets out the

³ This is not meant to be a comprehensive review of the New Deal in Sierra Leone, but offer some highlights.

⁴ <http://www.pbsdialogue.org/newsandevents/specialevents/RD%201%20New%20Deal%20Monitoring%20Report%202014%20FINAL.pdf> p. 17

⁵ <http://www.newdeal4peace.org/wp-content/uploads/2013/05/Fragility-Assessment-SierraLeone-border-180313.pdf>

⁶ Finalized but not published due to the Ebola epidemic

⁷ http://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/2013-2017%20-%20Sierra%20Leone%20Country%20Strategy%20Paper_01.pdf

⁸ <http://www.sierra-leone.org/Agenda%204%20Prosperity.pdf>

“terms of the partnership required for the successful implementation of the AfP”. The MAF did not, however, convene prior to the Ebola epidemic and it has been largely dormant since February 2014.

With Minister Kaifala Marah Chairing the G7+ group of countries since June 2014, the New Deal has received more visibility within Sierra Leone. Awareness of the New Deal, especially at MOFED, has increased but there is a significant need to increase the knowledge of the content and practical meaning of the New Deal in other parts of the Sierra Leonean administration, and of the regions.

Mutual Accountability Framework in Sierra Leone

The Mutual Accountability Framework for Delivering the Agenda for Prosperity was signed by the Government and the international partners in July 2013. The MAF is an explicit commitment by Sierra Leone and the development partners alike to “actively support the implementation of the Busan Principles and the New Deal for Engagement in Fragile States”. The Fragility Assessment from 2012 serves as the baseline for measuring progress towards the Peace and Statebuilding Goals (PSG’s) and also sets the framework for wide participation in monitoring progress.

While the New Deal without doubt sets the overall framework of the MAF, still there are several other “building blocks” to the MAF. These jointly form the basis of so called performance dashboard. Among the other building blocks are: Sierra Leone’s National Aid Policy (2009); The headline results to be achieved through the AfP; The “Partnership Principles; The Millennium Development Goals (MDGs) and post-2015 development agenda when agreed; UN Universal Periodic Reviews, and PEFA scores, particularly for donor practices.

Operationalizing and monitoring the MAF takes place through the Development Partners Committee (DEPAC), which is to assess progress on quarterly basis with Government Ministers and annually with the President. The Development Aid Coordination Office (DACO) within the Ministry of Finance and Economic Development is responsible for keeping and updating the “dashboard”, and the donor partners and Government commit themselves to provide technical and other needed assistance to DACO.

MAF spells out the commitments of both the Government as well as the international community to Mutual Accountability.

The Government of Sierra Leone will, inter alia, (a) develop a Medium Term Expenditure Framework and Public Investment Plan aligned to the AfP to deliver its flagship projects; (b)strengthen its national public financial management systems and controls, including by implementing the recommendations of the IMF and annual Auditor General’s annual reports, thus helping to create the conditions under which the donor community can make better use of those systems; (c) ensure that Government’s own revenues play a greater role in financing Sierra Leone’s development needs; (d) increase the involvement of non-state actors (including civil society, academia, the media, and the private sector) and Parliament in monitoring and reviewing AfP implementation;

The international partners commit for example to (a) align its funding with the pillars and priorities of the AfP; (b) ensure the timely disbursement of committed funds; (c) provide comparable, detailed and accessible information to government about planned aid flows including beneficiary, sector and type of aid; (d) seek to increase the proportion of aid that is managed by the use of national systems, and provide support to the strengthening of national capacity; and (e) to identify a group of “lead donors” to support the implementation of the New Deal in Sierra Leone.

Ebola Recovery Strategy and the New Deal in Sierra Leone

The Ebola Recovery Strategy (ERS) of Sierra Leone has been developed, in a consultative process, by a broad set of national and international stakeholders, with the lead of the Ministry of Finance and Economic Development, UNDP and the World Bank. The Ebola Recovery Assessment (ERA) done by the UN, The World Bank, the European Union, and the African Development Bank contributed to the ERS. The ERS, which is designed for a 12 months period, is aligned with the Agenda for Prosperity and it calls attention to the need to “uphold and implement aid pacts such as the Mutual Accountability Framework and the New Deal with focus on use of country systems.”

However, prior to the World Bank Spring meetings in April, the Recovery Strategy was “prioritized” and a new document called the “Sierra Leone’s Recovery and Transition Plan” was adopted. This Plan has a timeframe of 6-9 months, and puts special focus on health, education, the private sector, social protection, and delivery assurance. The plan uses the ERS as a basis, but prioritizes initiatives “based on the feasibility and national impact of the proposed interventions.” The linkages with the AfP, the MAF, and subsequently to the New Deal, are much less explicit than in the ERS. The Justice sector as a whole is absent from the plan. However, the Recovery and Transition Plan does have several priorities that are aligned with the New Deal. Especially in terms of stressing social services delivery that is well aligned with PSG 5 on “accountable and fair service delivery.”⁹ The concept of a “New Social Services Delivery Pact” was raised by the President of Sierra Leone, Ernest Bai Koroma, at the Brussels high-level Ebola meeting “from Emergency to Recovery,” and this has been included in the Plan. Some commentators have referred to the potential of this pact to form a new social contract for Sierra Leone, if operationalized, with significant impact on PSG 4 on economic foundations. Furthermore, a cross-cutting vision in the Plan is the decentralization needs and empowerment of the districts. This is well aligned with the ERA recommendations and it has the potential to support PSG 1 on legitimate politics.

Liberia

New Deal in Liberia

The governments of Liberia, the US, and Sweden, agreed in April 2012 to pilot the New Deal in Liberia. The Agenda for Transformation (AfT),¹⁰ Liberia’s medium Term Economic Growth and Development Strategy (2012-2017), has five pillars that are broadly aligned with the PSGs. The AfT forms the “one plan,” as set the in the FOCUS principles. Liberia has also developed draft PSG indicators, but there is not yet a mechanism to monitor PSG progress within the context of the AfT.¹¹ In addition, Liberia has conducted a *fragility assessment*, which informed the AfT.

The discussions about forming a New Deal Compact started with the Government of Liberia and its international partners in 2013. In 2014, Liberia conducted a study – being the only G7+ country to do it so far – on the Use of a Country System Inventory, which serves as input to the Compact

⁹ Investing in robust service delivery systems is a key recommendation from the CSPPS Ebola Report, p.16

¹⁰ <http://www.lr.undp.org/content/dam/liberia/docs/docs/Liberia%20Agenda%20for%20transformation.AfT.pdf> The AfT pledges that “[Over] the coming years, Liberia and its development partners will use the New Deal framework to undertake further activities and reforms to improve the effectiveness of aid, as well as prioritize the peace-building and state-building goals to achieve better and more sustainable development results for Liberia.”

¹¹ New Deal Monitoring Report 2014

process. This inventory was published at the height of the Ebola epidemic, and hence has not been widely used since. While the plans for launching of the Compact were far ahead in 2014, with a set goal for the end of the year, it is unlikely that a Compact could be agreed on anytime soon. While there is a joint and broad understanding on implementing several aid effectiveness principles and the PSGs in Liberia as part of the existing frameworks, there is not an agreement between the Ministry of Finance and Development Planning (MFDP) and the international partners about the scope of a potential Compact.

The CSPPS platform in Liberia has been active and committed to New Deal advocacy, including during the Ebola response, but there is considerable room for increased support of this work in order for it to take root more broadly in the society and vis-à-vis the Government, so as to ensure true country ownership.

Ebola Recovery Strategy and the New Deal in Liberia

Liberia's President, Ellen Johnson Sirleaf, has been among the strongest advocates of the New Deal in the high-level Ebola response events, such as the Brussels meeting in March and the World Bank Spring Meetings in April in Washington DC.

Liberia's Ebola recovery plan, "The Economic Stabilization and Recovery Plan: the path to achieving the Agenda for Transformation" was shared with the partners in April. While the plan does not mention the New Deal, it strongly focuses on economic recovery (including job creation and livelihoods), and thus addresses the PSG 4 on economic foundations. In addition two of the three "strategic interventions" that guide the plan: *strengthening resilience and reducing vulnerability* (incl. security & rule of law and social protection) and *sustaining public finances and ensuring service delivery*, are aligned with the New Deal principles. Furthermore, the plan stresses the need for decentralization:

"An important lesson from the Ebola crisis is that the over-centralization of decision making reduces the effectiveness of service delivery. Going forward, considerable effort will be made to improve coordination through greater and better use of technology, streamlined and strengthened middle management across ministries and agencies and increasing the level of decentralization/de-concentration."

Guinea

New Deal in Guinea

Guinea became a member of the G7+ in 2011. There have not been, however, steps to engage with the New Deal international partners until lately. Guinean representatives, both from the Government and the civil society, participated in the New Deal & Ebola meeting organized by the International Dialogue in Paris in February 2015. In April 2015, Guinea approached the UNDP at Ministerial level with a request for a scoping mission to discuss the possibilities for a deepening of the cooperation on the New Deal, including a possible fragility assessment. This mission will take place at the end of May 2015.

Ebola Recovery Strategy of Guinea and the New Deal

The Ebola Recovery Plan of Guinea¹² is based on four pillars: social sector support (e.g. health systems, literacy, and gender equality) economic recovery, infrastructure development, and governance support. Strengthened governance will be realized through improved public administration and better service delivery. It is noteworthy that Guinea is the only of the three Ebola affected states that prioritizes governance at this level in its Recovery Plan. Should there be willingness in Guinea to engage deeper with the New Deal process in the short or medium term, governance could perhaps be one of the entry points.

Mano River Union

Ebola Recovery Strategy of the Mano River Union and the New Deal

The Mano River Union (MRU) has played an important role in the Ebola response emergency phase and there are high expectations towards it in the recovery phase. Given the nature of Ebola, which does not know borders, and given the fact that Guinea, Sierra Leone, and Liberia are all members of the Union, MRU's mandate to act has been strong. MRU Heads of State, who met in Conakry on the 15th of February and at the Brussels Conference on the 3rd of March, decided that a regional Ebola recovery strategy should complement the national strategies. This strategy was to be presented in April in Washington (Spring meetings) and in July in New York at the pledging conference.

The Mano River Union Post-Ebola Socio-economic Recovery Programme was presented in Washington with an estimated cost of USD 4,45 billion until the end of 2017. The indicative costs are presented below. These figures are subject to change through further work by the MRU and the three countries ahead of the NY pledging conference.

	2015	2016	2017	Total
MANO RIVER UNION RECOVERY PROGRAMME				
HEALTH (WATER, SANITATION AND HYGIENE)	200,000,000	200,000,000	100,000,000	500,000,000
GENDER	28,000,000	28,000,000	14,000,000	70,000,000
YOUTH and SOCIAL PROTECTION	27,000,000	36,000,000	27,000,000	90,000,000
AGRICULTURE, FISHERIES, FOOD SECURITY AND NUTRITION	400,000,000	240,000,000	160,000,000	800,000,000
TRADE & PRIVATE SECTOR	9,000,000	12,000,000	9,000,000	30,000,000
ENERGY AND ROADS	1,120,000,000	1,120,000,000	560,000,000	2,800,000,000
INFORMATION, COMMUNICATION & TECHNOLOGY	10,000,000	6,000,000	4,000,000	20,000,000
GOVERNANCE	24,000,000	24,000,000	12,000,000	60,000,000
CROSS BORDER	40,000,000	24,000,000	16,000,000	80,000,000
TOTAL	1,858,000,000	1,690,000,000	902,000,000	4,450,000,000

¹² Summary of the Recovery Plan is available at <http://www.worldbank.org/en/topic/ebola/brief/summary-on-the-ebola-recovery-plan-guinea>

It is noteworthy how strongly the vulnerable groups, and especially gender, are prioritized in the regional plan. In addition, the governance sector “ask” is USD 60 million, twice the amount of trade & private sector.

The MRU Recovery Programme makes several explicit references to the New Deal and the Mutual Accountability Framework.

“The principles outlined in the New Deal for Engagement in Fragile States will be used to ensure national and regional ownership and alignment to one plan. It will also be guided by a Mutual Accountability Framework, which will hold governments and their implementing partners equally accountable for programmatic success.”

Furthermore, and importantly from a fragility perspective, sections V and VI of the Recovery programme identify priorities in Governance, Peace and Security (“it is also important to [...] enhance accountability especially where mistrust of state institutions is generating resistance to response efforts”), and Building Sub-Regional Resilience to deal with Future Threats (“MRU citizens demonstrated capacity for social cohesion to the disease through social mobilization [...] Thus every effort should be deployed, going forward to build on what has been achieved, and to support the population in the border zones to withstand future shocks and eliminate fragility in the sub-region.”)

5. Summary findings

As per the ToR, this paper aims to be both backward looking and forward looking in addressing the nexus between Ebola and the New Deal. In this section, a more analytical perspective is applied, based on the meetings and discussions with key actors from the three countries, including civil society, and the MRU, as well as international development partners. As noted earlier, some discussions have been held over phone and email communication. Conversations have been informal but some guiding questions were applied during the process which helped structure the topic. These were:

- What is the broader context of Ebola & New Deal in your country/region?
- How has the New Deal framework been applied in the emergency phase of Ebola response in your country/region?
- Which obstacles if any have there been in New Deal implementation during the Ebola outbreak?
- From the perspective of the New Deal, what should change when entering the recovery phase?
- Which recommendations do you have in practical appliance of New Deal in your country (especially vis-à-vis the Ebola response)

Overall, the discussions point out to an exceptional degree of tension, and at contradictions at the substantive level in West Africa due to the Ebola outbreak and in the context of fragility. These dichotomies apply largely to all three countries and the MRU, and set the broader context that needs to be taken into account.

Haste in recovery vs. Change takes time. The Ebola recovery plans are highly ambitious regarding the expected time of delivery. Delivering in 6-9 months will be an enormous challenge. While the recovery strategies are designed for quick impact, they still clearly have a longer-term development angle to them,

as well as an ambition to build resilience and tackle fragility. Yet, raising any expectations of quick impact action to addressing fragility in a sustainable manner has its dangers. As experience shows, including examples from West Africa, change is gradual and slow. In fact, failure to deliver the recovery strategies has all the potential of feeding into fragility, not solving it. Building institutional capacity, which is crucial for the use of country systems, takes a painfully long time – often a decade or decades rather than years.

MRU capacity to deliver vs. Daunting expectations. The political drive with which the MRU has been lifted to the centre stage in the Ebola response by the three countries has been impressive. Yet, the bar has been raised very high. As one agency said, a regional organization which comprises fragile states will need much support. Expectation that the MRU will be able – with which ever management system – to attract and manage more donor funding than the three countries combined is not likely within the proposed period of 2,5 years. This will not take away the huge added value that MRU will surely continue to bring to the Ebola response and to providing regional solutions. Yet, if this expectations gap is not raised prior to the July pledging conference, it can do much harm to the recovery response.

Expectations vs. Available external resources. A donor agency pointed out that the world has never seen as many refugees as currently, and it noted how the crises in Syria, Ukraine, Nepal and in many others parts of Africa, are drawing attention and resources. West Africa will not be in the radar of the international community in the Ebola recovery phase as it was during the (still ongoing) emergency. The “ask” of USD 8,5 billion (3 countries + MRU combined for 2,5 years), as per the indicative costs presented in Washington, will hardly be met. The UN pledging conference in July can hopefully attract significant pledges, but there is a sense of fatigue with two high-level conferences (Brussels, Washington) which include a pledging component happening in March and April. If the funding gap stays large, this may affect the cooperation between the countries and international partners on ground, at least in the short term.

Leadership vs. Humbleness. The call for strong leadership in the Ebola response in affected countries has been met by the Presidents of the three countries. In the domain of the New Deal, there have been calls (e.g. by the OECD and some NGOs) to the Finance Ministers urging them to take a strong role and ownership in the recovery phase, following, for example, the model that the development work coordinated in Aceh after the tsunami of 2004. Yet, resources will be scarcer. Donors are stretched and have already been bending their internal rules on conditionality of aid during the Ebola response. Strong leadership, if only referred to as strong control (country ownership), will inevitably be met with calls for “Government offer” with a view on domestic reforms rather than on international solutions. Honest, frank, and structured dialogue among the G7+ countries and the international partners is called for.

Context specificity vs. Regional approach. It is evident that the nature and specifics of fragility in the three countries differs. This was the case prior to Ebola, during the crisis, and it will also be after it. With Liberia being Ebola-free for over 50 days currently and Guinea and Sierra Leone still tackling the disease, this not only makes the case for horizontal learning, but also puts pressure on the regional approach. Implementing the New Deal will need to take this into account. While the New Deal has proven to have little role in efforts towards “getting to zero”, there are expectations or at least opportunities in the recovery phase.

Field vs. HQ. Several international partners to the G7+ countries struggled with differing situation analyses and suggested policy actions between the headquarters and the field representations. What makes sense in the international corridors and papers, often meets a very different reality on ground. Pushing New Deal from the capitals in an atmosphere of poor appetite might be as counterproductive as local-level pushing without adequate demand. Certainly, one factor is that donor resources in the field are limited. If the high level of ambition at the capitals with regard to the New Deal is to take better root in the field, more human resources are needed.

Political commitment to New Deal at high-level events vs. Deeper commitment. As a political process, it is crucial for the New Deal that stated political commitment is there. In the Ebola response, the New Deal has

featured prominently in the communiqués and the speeches of the leadership of the three countries with a clear “demand”. However, the political commitment is not measured in the speeches but in subsequent action in the countries in question. In Liberia, the international partners increasingly consider that the needed deeper commitment to the New Deal process and forming of the Compact is not there, and that it is not useful to invest time and energy in it, since many of the components can be advanced outside the New Deal framework. In Sierra Leone, there is clear joint commitment and agreed structural framework with the MAF for the implementation. Various needs and potential obstacles exist, and Ebola is ironically one, but overall the appetite is there. Guinea is only at the starting blocks with regard to the New Deal, but given the demand from the Government, obvious needs, and readiness by the UNDP and IDPS to respond even in the short term, the outlook is good. With the Mano River Union, more dialogue between international partners and the MRU (and its member countries) is needed to scope which role the MRU can play as regional organization.

Country owned vs. Government owned. While the New Deal focus is on fragile states, the deeper understanding on legitimate and inclusive politics rests on wider country-ownership. Opportunities for much broader ownerships both exist and are needed in Sierra Leone and Liberia. In both countries, there is competence and willingness from the local *Civil Society Platform for Peacebuilding and Statebuilding* (CSPPS) partners to advance the New Deal, and much beyond advocating for inclusivity. Risk is that the CSOs become hostages of the lack of political will in the New Deal at the political level (by both Governments and the international partners), and their inclusion to other fora’s does not follow. Apart from the CSOs, all West African countries have a well-structured and respected system of traditional leadership. The role of “local communities” and “community ownership” has been stated increasingly during the Ebola response. Now much responsibility has been given to them in the prevention of the next shock. The chiefdoms, paramount chiefs and religious leaders need to be included in the discussions of Ebola response, and more generally in the building of locally rooted resilience. Furthermore, there is a need to ensure that a gender perspective seriously included as part of country ownership. It was pointed out in the discussions that, according to the Gender Equality Index, Liberia is ranked 175th, Guinea 179th, and Sierra Leone 183rd, out of 187 countries.

Use of local country systems.

The use of country systems during the Ebola emergency phase and suggestions for the future was perhaps the most pressing point from the viewpoint of the TRUST principles, a header for the other alphabets. The anecdotal evidence is rich, and points to failures and missed opportunities but also to successes. The *failures and missed opportunities* can be summarized in four points. First, the emergency phase of the Ebola response was described as a “chapter 7 health-keeping operation” that by default did not make an effort to use and strengthen the existing country systems. There was no attempt to apply the New Deal guidance once the emergency operation started. Second, local communities did not stand idle when Ebola appeared. While local coping mechanisms might not have been sizable or as effective as they could be, these capacities were not built upon once the international response arrived. Third, local NGO actors spoke of a “closed circle” among the international actors (multinational and INGO), which was impenetrable for many local actors (at least for the umbrella organizations). Funding was secured to those international organizations with little competition among them, which ensured good cooperation among international actors, but provided little incentives to use local structures. In short, discrimination or non-use of country systems took place at multiple levels. Fourth, major funding decisions related to the Ebola response emergency phase took place outside the countries and outside the region. This inevitably led to weaker ownership of the countries. The UN Multi Donor Trust Fund was used as an example of how the Steering Committee meetings took place in New York. While the Ebola affected countries were represented, one should not downplay the effect of the distance between New York and West-Africa.

There were, however, successes too. Evidence from Liberia points out that in the domain of health, UNMEER effectively managed to support the capacity of local authorities to retain the leadership of the Ebola response. An experienced UN staff noted that lessons learned from this support of local capacity should feed in the wider UN reform process. Second, the issue of direct budget support was widely seen as success both by the Governments and the donors. Trusting the Government systems was crucial during the height of the Ebola crisis when risk of social unrest was high and people-Government trust was rapidly fading. Direct budget support in such crisis situation speaks to the TRUST principle of sharing of risk. Finally, the Sierra Leonean example of the “real-time audit” was seen as key mechanism in building trust at various levels, supporting accountability and an example of the use for country system.

Real-Time Audit in Sierra Leone

A real-time audit was done Ebola response for the funds from May to end October 2014 in Sierra Leone. The audit focused on “procurement, disbursement including hazard payments, cash and bank management, and internal control system”, funds that were of domestic origin. Against the usual modus operandi of conducting audit once the operation has finished, a real-time audit is a process by which auditing is conducted “almost real time” alongside of the expenditure.

The published audit noted that: “It is clear from our audit conducted that there continue to be lapses in the financial management system in Sierra Leone and these have ultimately resulted in the loss of funds and a reduction in the quality of service delivery in the health sector.” The audit notes that Le14 billion of payments were made without any supporting documents and Le11 billion without adequate supporting documents.

While the results have been contested in the public discussions in Sierra Leone, it is evident that such domestic process is crucial for accountability and transparency. In an interview conducted for this study, the **Auditor General of Sierra Leone Mrs. Lara Taylor-Pearce** said that “Supreme Audit Institutions such as my office have a great role to play in ensuring accountability in any society.” She stressed the need for independence of her office from the executive to be able to perform the assigned duties. Furthermore, according to the Auditor General “It is imperative that such audits are done by the national audit office as we understand the culture in which we operate.”

Apart from local ownership, there is the aspect of adequate institutional capacity of the Audit Service Sierra Leone. The UK has been supporting the Audit Service over a decade. During this period the operational capacity of the office has been developed greatly, but much needs to be done. Examples such as this however point out how the empowerment of local systems has the potential of creating a virtuous cycle that addresses some of the roots of the New Deal.

The audit report is available at <https://afrosai-e.org.za/sites/afrosai-e.org.za/files/report-files/assl-report-on-ebola-funds-management-may-oct-2014.pdf>

6. Recommendations

GENERAL

1. Stick to the New Deal but do not impose it

The New Deal bears much promise in addressing fragility in Sierra Leone, Liberia and Guinea, in the recovery phase of Ebola and beyond. It all starts from political commitment that penetrates the local Governments and the international partners. This commitment needs to be constantly renewed. The recovery phase of Ebola is an opportune moment for this commitment.

2. Stick to the Plan

The Ebola Recovery sets out a complex hierarchy of strategy documents that risks confusion and sticking to many “plans and visions”. Yet, all three countries have similar hierarchy with “one plan” (also from the perspective of New Deal) being the mid-term Poverty Reduction Strategy Paper, with which the National Ebola Recovery strategies are aligned. These are complemented by the MRU Regional Recovery Strategy. The Ebola Recovery Plans make explicit (Sierra Leone, MRU) or implicit (Guinea, Liberia) commitment to the New Deal principles and thus give mandate to all stakeholders to contribute to the implementation from the New Deal perspective.

3. Leave no-one behind

It needs to be recognized that there is an unprecedented momentum to address peace- and statebuilding globally with the OECD’s States of Fragility Report, and especially the SDG 16 of the Post-2015 MDG’s. There are major global opportunities to advocate for the New Deal, but also to learn and adapt. The Ebola crisis in West Africa points to the urgency of including the emerging leave no-one behind thinking into New Deal and action inspired by it. The countries and the region must not be left behind, but similarly better focus needs to be on inclusion of women and wider civil society actors (incl. traditional structures) to the planning, execution, and monitoring processes.

4. Continue engaging with the private sector

The role of the private sector support in the Ebola response has been significant and there is potential that should not vanish with the virus. The Ebola Private Sector Mobilisation Group, for one, has been active in all three countries, especially in Sierra Leone, which refers to the EPSMG in its Recovery strategy. The EPSMG, and possibly a wider set of interested private sector stakeholders, should meet both in the region as well as internationally.

5. Coordinate action with the UN Peacebuilding Commission

The UN Peacebuilding Commission and the IDPS as a structure share many commonalities in mandate and geographical scope, including West-Africa. Better coordinated action with PbC would give better leverage to the work that is done under the New Deal, and it would strengthen the PbC.

SIERRA LEONE

1. Convene and re-energize the Mutual Accountability Framework

The MAF offers the backbone for all New Deal related work in Sierra Leone. Minister Marah has emphasized the MAF as a key New Deal vehicle for several months, and the key international partners in Freetown appear to be supportive. Specific recommendations about the agenda cannot come from an external actor, but it is clear that the MAF needs to take into account the Ebola outbreak in the country all the way to the indicator level. The dialogue must be “open and frank” also to be able to address some of issues raised in this report that affect the building of trust, such as the sub-optimal use of country systems.

2. Update the fragility assessment and prepare for immediate implementation

Ebola exposed the level fragility in the Mano River Countries. Yet, the added level of fragility did not turn into violence. With states not being resilient, evidence points to local sources of resilience that stem from the community level. Fragility assessments should be carried out, upon a request by Sierra Leone, and this should seek to find out, not just systemic level of fragility, but, crucially, the mechanisms of local resilience. These results are bound to benefit other fragile states and the adjustment of the New Deal. The fragility assessments cannot remain unused, and their implementation should be resourced accordingly.

3. Rolling out the New Deal

Pending the resumption of the work of MAF, it is expected that there is increasing appetite for the New Deal in Sierra Leone. The knowledge of the process, concept and “what it means to me” remains thin, however.

LIBERIA

1. Joint agreement needs to be reached whether New Deal is on or off

The New Deal process being ‘half-pregnant’ in Liberia is a state of affairs that should be changed. This decision, which could be temporary and be resumed to, would benefit all actors involved. In case there is no common agreement of the way ahead in forming a compact, both the Government and the international partners should discuss with the local CSPPS platform about the cooperation, given their commitment to the process.

2. Conduct fragility assessment and prepare for its implementation

Pending a joint decision on the compact, a fragility assessment should be carried out in order to address the root causes of fragility in post-Ebola Liberia. As with Sierra Leone, it is paramount to make the process as inclusive as possible and that it is used to learn from local sources of resilience that were evident in the Ebola response.

GUINEA

1. Political and financial support is needed for the deeper engagement of Guinea with the New Deal framework

The steps taken by the Government and the UNDP with the scoping mission to Guinea from the New Deal perspective in May 2015 is as timely as it is needed. All support to this dialogue should be extended, and

coordination with the IDPS should be ensured. With elections only months away, fear of election related violence, of fragility playing out, is shared by various stakeholders in the country. A conflict while the Ebola outbreak is raging would mean a disastrous for the future of peace- and statebuilding. Early action of preparedness and effective coordination mechanisms should be agreed on ahead of the elections.

2. Ensure inclusiveness in New Deal implementation from the outset

Ensuring proper and wide country-ownership is a unique opportunity in Guinea, given the largely agreed-upon situation analysis about the near-term challenges to Guinea's peace- and statebuilding. The international partners should be sensitive to support inclusivity from the outset and not operate in silos.

3. Conduct fragility assessment and prepare for its implementation

Mano River Union / IDPS / UNDP

1. Engage in dialogue with the IDPS secretariat and UNDP about New Deal

The commitment by the MRU to use the New Deal principles in the Ebola response should be met with tailor-made technical support about the New Deal in the context of regional organization such as the MRU. This engagement would optimally take place prior to the Ebola pledging conference on 10 July to help guide expectations and options.

UN / World Bank / African Development Bank

1. Build country ownership within the future financing mechanism

The financing mechanism(s) in the Ebola recovery phase have great potential to contribute to the country ownership, and the use of country systems, and enhanced sustainability and impact. The expected pool funding mechanisms or the Multi Donor Trust Funds should make decisions in the countries to which the decision concern, not overseas.