Intermestic: Journal of International Studies
e-ISSN.2503-443X
Volume 10, No. 2, Mei 2026 (249-265) doi:10.24198/intermestic.v10n2.11

DELEGATING DESTRUCTION: PRINCIPAL-AGENT DILEMMAS AND THE POLITICAL ECONOMY OF HEALTH SOVEREIGNTY IN FRAGILE STATES

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Abstract

The traditional "guns versus butter" model fails to capture aid allocation in fragile states where external donors fund both security and social sectors. Using principal-agent theory, we argue that aid modality (budget support versus humanitarian bypass). With the aid of structured comparison and fuzzy-set Qualitative Comparative Analysis (fsQCA) of four states with developed, yet varying, armed conflicts: the Democratic Republic of the Congo (DRC), Afghanistan, Colombia, and Ukraine, I analyze how aid delegation (budget support vs. humanitarian aid) affects the resilience of health systems. Findings suggest that parallel humanitarian aid generates numerous principal-agent problems which produces a sovereignty gap and separate the provision of services from the accountability structures. However, the scope of this is limited. First, budget support builds a state's capacity only if it is accompanied by middle levels of pre-existing institutionalization (e.g. Colombia, Ukraine). In states that are classified as collapsed (post-2021 Afghanistan and the DRC), aid support might even further predatory extraction. The article connects the literature of liberal peace and delegation theory in International Relations, claiming that the form of international aid is a dependent variable which determines the pathways of state formation. In post-colonial nations, externally placed delegation often repeats the 'extraversion' process which undermines the social contract.

Keywords: aid modality; delegated governance; health systems; principal-agent theory; sovereignty gaps; state-building.

Introduction

A state that has recently emerged from a violent conflict faces challenges in both establishing a monopoly over the legitimate use of violence, and building the institutional capacity to provide public goods. Traditionally, such a case has been valid for state formation itself. In the case of Tilly (1992), he talks about the state at the end of a conflict and how it 'captures' the necessary resources and control because of a developed bureaucratic system. The classic case for a state formation is the emergence of a post-violent conflict state. The new, emerging fragile states are often without the necessary internal structure to provide the state with the revenue that is necessary in order to provide the state with the means for effective social security and welfare (Jackson, 1990; Migdal, 1988). In positive terms, these new fragile states are formed and are a product of international aid.

As a result of the influence from the international players, the new emerging fragile states have at least some of their security and service provisions financed externally (Brinkerhoff, 2010; Paris, 2004). Such an external influence brings about what has been called a 'sovereignty gap' (Krasner, 2004). The gap is created due to the contradiction between the international players and the local players; local players are not able to govern and the international players expect a fully functional state with governing capacity and all. The frameworks that are used to evaluate the type of aid (cash support, project support, or humanitarian aids) treat the international aid player and both players as a state that passively accepts the aid and doesn't take control of the aid. The aid players are not expected to respond to the local players. Such an outlook about the aid players explains why it is conceptually inadequate. The type of state players has been called 'corruption' (Dietrich, 2013; Milner & Tingley, 2010). The players endogenously determine the aid structure.

This article seeks to rethink post-war reconstruction aid using principal-agent theory (Hawkins, 1957; Lake, 2016). Budget support means high discretion delegated from the donor (principal) to the recipient government (agent) with moral hazard implications, but the potential to build state capacity. Humanitarian aid bypass, that is, aid routed through UN agencies and NGOs, means delegation to tertiary agents, which splits accountability and fosters parallel governance (Barnett & Weiss, 2013; Stel et al.,

2012). This type of aid is not given randomly; it demonstrates the donor's assessment of the recipient's credibility and absorptive capacity.

While the liberal peace literature (Paris, 2004; Autesserre, 2021) and delegation theory (Lake, 2016; Dietrich, 2013) have separately examined state-building and aid modalities, they have not systematically linked aid delegation structures to health-system resilience in fragile states. Existing studies treat aid modality as an independent variable or as exogenous, but rarely as a deliberate donor choice shaped by (and shaping) recipient capacity. Moreover, few works trace how bypass versus budget support creates or closes "sovereignty gaps" through concrete mechanisms of fiscal pressure, accountability, and service attribution. This study fills that gap by using structured comparison and fsQCA to show how aid modality, conditioned by state capacity, determines health-system outcomes and long-term sovereignty.

We examine state health systems as determinants of state legitimacy and biopolitical capacity, the state's "let die and make live" (Duffield, 2007; Foucault & Carrette, 2013). Health financing is one of the stark manifestations of sovereignty—the social contract collapses when states are unable to provide basic medical services (McCullough et al., 2024; Mcloughlin, 2015). In comparison to overall development in dicators, health systems are more sophisticated. Health systems are unique in that they signal the need for ongoing, extensive, and inaccessible infrastructural investments (for example, electricity, cold chain systems, and trained personnel). As a result, health systems provide a unique and suitable context for studying the impact of aid modality on state capacity.

This article asks: How does aid delegation modality (budget support versus humanitarian bypass), conditioned by recipient state capacity, shape health-system resilience in fragile states, and what are the consequences for sovereignty and state legitimacy?

This article synthesizes the liberal peace literature (Paris, 2004; Richmond, 2011) and IR political economy of delegation (Hawkins, 1957; Lake, 2016). We argue that sovereignty gaps are not merely capacity deficits; they are deliberate outcomes of aid architectures that impose multiple principals, fragmented accountability, and perverse delegation on recipient governments to keep "islands of effectiveness" while abdicating their wider welfare responsibilities (Autesserre, 2021).

LITERATURE REVIEW

The Liberal Peace and Its Discontents

The post-Cold War peacebuilding period has been characterized by the dominance of the "liberal peace" thesis, an assertion that the combination of democracy and a market economy leads to peace and stability (Doyle & Sambanis, 2011; Paris, 2004). Paris's (2004) seminal critique illustrates the issue of post-liberalization conflict, stating that rapid liberalization in a void of adequate institutions worsens the situation. He suggests that "institutionalization before liberalization" (IBL) is a more optimal approach that centers the establishment of adequate governing systems before introducing a fractious political system. However, Paris does not offer an adequate explanation regarding the role of external actors in relation to developing institutions.

The critical literature has gone beyond the teleological assumptions of state-building. Autesserre (2021) describes how international interventions focus on "peaceland"—bowls of relative effectiveness—while other regions of conflict are neglected. Chandler (2006) has argued that contemporary state-building represents "empire in denial," where state sovereignty is bypassed and governance is enacted without a government. The post-colonial critique of liberal peace by Richmond (2011) and de Guevara & Kühn (2011) describes the imposition of a Weberian state model by external actors that is incommensurate with the local political system.

Principal-agent theory explains the relationship between the three parties involved in development contracts: the donor, the state, and the implementing agency (Epstein & O'Halloran, 1999). In delegation relationships:

- Budget support = High discretion delegation to recipient gov (agents) = moral hazard (diversion risk) + potential for capacity building through "learning by doing"
- Project aid = Low discretion delegation with strict conditionality, limits sovereignty, and secures accountability
- Humanitarian bypass = Delegation to third parties (INGOs/UN) = multiple principal issues, where the recipient state is also bypassed, yet still accountable for the results.

Lake (2016) applies this to state-building by positing that international agents in the process of state-building face a 'statebuilder's dilemma'. Weakly developed states may

capture potential predatory elite actors, and states that are unoccupied by resources may become incapable of developing state structures. This results in a sovereignty trap. State bypassed states that are weakly developed become a system that aids and supports their incapacity, whilst states that are developed to a moderate extent receive budgetary aid to develop state structures. This is an example of a Matthew Effect in the distribution of development aid.

Biopolitical governance refers to the "security-development nexus" in DSS which posits that security and development are reciprocal. In contrast, security is not subordinating, and development is not contracting (Duffield, 2007). Duffield (2010) suggests that modern assimilation of actors in the process of state-building, which comes with the management of the state of the population as a security and welfare imperative, results in an 'unending war', where development becomes subordinated to the security of the West.

This body of work offers only the most superficial of understandings concerning how security aid displaces social investment. We suggest that the crowding out effect is explained through the aid modality: security-extended budgetary support (Ukraine) may allow for social parallel spending, whilst security-extended bypass aid (DRC) fosters parallel structures of military and humanitarian aid that remain ever-disunited to a state.

Understanding Gaps in Sovereignty

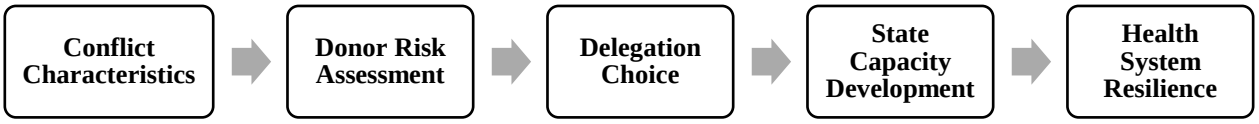
Krasner (2004) proposes four dimensions of sovereignty: international legal, Westphalian, domestic, and interdependence. Post-conflict countries tend to have international legal (recognition) and Westphalian (non-intervention) but lack in domestic (governance).

We use the term ‘sovereignty gap’ to refer to the distance between domestic sovereignty (the ability to structure and control) and social contract (the legitimization of the state through the provision of services). In contrast to Jackson (1990) 'quasi-states' of which there are 'juridical' and 'empirical' statehood, the state sovereignty gap is relational and processual; the result of the interplay of international aid structures and the domestic political economy (Bøås & Stig, 2010; Cliffe & Manning, 2008).

Constructing a Framework

We construct a theoretical model that seeks to connect the type of conflict, the donor's risk appetite, the type of aid, and the result on the health system:

Figure 1: Theoretical Framework



Proposition 1 (The Capacity Threshold)

State capacity is only augmented through budgetary support when the recipients have a moderate level of prior institutionalization (tax extraction >15% GDP, CPI >35). Following Collier (2008) and Lake (2016), this threshold approximates the level at which states generate sufficient domestic revenue to support basic public services and reduce heavy reliance on external rents. In settings below this threshold, budgetary support risks appropriation by predatory elites; in higher-capacity settings, bypass aid may lead to detrimental substitution effects.

Proposition 2 (The Sovereignty Trap)

In humanitarian bypass situations, low capacity states create path dependencies wherein state capacity atrophies through mechanisms of low fiscal pressure and citizens attributing services to external providers (disengaging the state from the service provision through taxation).

Proposition 3 (The Security-Development Paradox)

The aid bypass criteria only allows a scenario where security spending 'crowds out' health spending to the extent that aid is bypassed. In situations of external security provision (MONUSCO, military aid to Ukraine), it is expected that internal funding will be redirected to the social sectors. This is only the case when the budget support captures state-building (more than) rent-seeking.

METHODOLOGY

Case Selection Strategy

This research uses structured focused comparison (George & Bennett, 2005) with four cases selected for theoretical variability on the independent variable (aid modality), and on the key intervening variable (state capacity). The cases deliberately maximise variation on these dimensions while controlling for post-conflict or active-conflict context: DRC and Afghanistan (low capacity + bypass aid), Colombia (medium capacity + mixed modality), and Ukraine (high capacity + budget support). Although the cases vary in geography, conflict type, and institutional history, this variation is theoretically useful for testing the conditional effect of capacity on aid effectiveness (most-different-systems design). Explicit process tracing within each case, combined with fsQCA (Ragin, 2009), allows us to isolate causal mechanisms and assess equifinality despite cross-case differences.

- Democratic Republic of Congo (DRC) selected for: Protracted fragility, low capacity, parallel aid (MONUSCO + humanitarian), resource curse
- Afghanistan selected for: State collapse (2021) unrecognized regime, extreme bypass aid (humanitarian only), sovereignty gap maximized
- Colombia selected for: Post-accord transition, medium capacity, mixed modality (security aid state-channelled, development aid project-based), aid-independent
- Ukraine selected for: External invasion, high pre-war capacity, direct budgetary support (integrated security and social aid), active conflict management

While Ukraine may be a post-conflict scenario, we use it as an example of active conflict management, which high institutional capacity, thereby allowing comparison of how capacity mediates aid effectiveness. We make a point of contrasting Ukraine (high capacity + budgetary) with Afghanistan (low capacity + bypass) to isolate the effects of capacity, while Colombia is a “most similar” case to Ukraine (medium capacity, but post-accord rather than active war).

Operationalization of Variables

Independent Variable:

Aid Modality (Delegation Type):

- Budgetary Support: cash transfers to treasury, are fungible, and involve high discretion (Index = 1.0)
- Project Aid: sector-specific, involves competitive bidding, with medium discretion (Index = 0.5)
- Humanitarian Bypass: implemented by NGO/UN, uses parallel structures, and involves zero state discretion (Index = 0.0)

All conditions and the outcome were calibrated into Fuzzy-set calibration (fsQCA) membership scores (0–1) (Ragin, 2009). Raw data were drawn from OECD CRS, World Bank WDI, Transparency International CPI, WHO Global Health Expenditure Database, and ACLED. Each indicator was first normalised to a 0–1 scale using the following anchors: full membership (1.0) = best observed value in the sample or theoretical maximum; crossover (0.5) = sample median or substantive threshold (e.g., tax/GDP = 15 % per Collier 2008); full non-membership (0.0) = worst observed value. Direct calibration was applied using the fsQCA software package. Table 1 reports the final fuzzy scores.

Dependent Variable:

Health System Resilience: composite index (0 - 10) based on WHO Health System Building Blocks:

- Service delivery (access, quality): 0 - 3
- Health workforce (density, distribution): 0 - 2
- Financing (out-of-pocket %, risk pooling): 0 - 2
- Governance/leadership (policy, regulation): 0 - 2
- Infrastructure (electricity, supply chain): 0 - 1

Intervening Variable:

State Capacity: composite index that combines:

- Tax revenue/GDP ratio
- CPI score (standardized)
- Bureaucratic quality (according to World Bank Governance Indicators)
- Territorial control (percentage of the territory in which the state has control)

Data Sources

Primary data comes from WB Public Expenditure Reviews, OECD Creditor Reporting System, WHO Global Health Expenditure Database, Transparency International, and the ACLED project. Process tracing draws from secondary literature, government reports, and citizen surveys (Afrobarometer, Asia Foundation) whenever available, on the attribution of service provision.

Table 1: Case Characteristics and Calibration for fsQCA

Condition	DRC	Afghanistan	Colombia	Ukraine
High State Capacity	0.0	0.0	0.6	0.8
Budgetary Aid Modality	0.1	0.0	0.4	0.9
Protracted Conflict	0.9	0.8	0.3	0.7
Resource Wealth	0.9	0.2	0.6	0.5
Outcome: Health Resilience	0.2	0.1	0.6	0.7

Calibration: 0.0 = fully out, 1.0 = fully in, 0.5 = crossover point

RESULT AND DISCUSSION

Democratic Republic of Congo

DRC exemplifies what is meant by the "sovereignty trap." With a Human Capital Index of 0.37 and tax revenue at 6% of GDP, the Congolese State has very little Extractive Capacity. External actors (MONUSCO, $1.1bn annually for security and ~ $800m annually for health via humanitarian aid) finance security and health, and thereby, create parallel structures.

Government health expenditure remains at 0.8% of GDP and with MONUSCO substituting security costs, the "fiscal space" hypothesis falls apart. Elite capture of mining revenues of $20bn annual extraction eliminates the pressure to tax or provide (Autesserre, 2014; Vlassenroot & Raeymaekers, 2004).

Afrobarometer data (2019) shows 73% of citizens in eastern DRC believe health services to be the responsibility of NGOs/UN and not the state. This greatly weakens the social contract (McCullough et al., 2024).

The Health Ministry has 12,000 employed staff of which only 23% of them receive regular salaries; this results in a public brain drain to the parallel private NGO sector whose salaries are $200-400/month compared to the $50 state salary (Pavignani & Durão, 1999).

What extractive capability would be developed in the absence of peripheral support (Somalia scenario) or total state collapse? Historical analogy with Zaire of the 1960s-70s suggests Mobutu's bare patronage health sustenance; with current peripheral support, a worse equilibrium is enabled—state enduring at the expense of health services.

Afghanistan

The 2021 Taliban takeover marks Afghanistan as the most extreme case of bypass aid.

Sehatmandi Project: Contracting out health services to NGOs not only improved access (coverage increased from 9% to 90%) but also established a dual human resource system. With funding suspension in 2021, the state, unlike the Joya, Farahi, Wieser, and Nassif (2017), had no payroll system to keep the staff.

Taxation decoupling: During the Republic, direct budget support allowed the state to disburse salaries, thus a rudimentary fiscal contract was formed. After 2021, peripheral humanitarian aid, by design, bypasses state channels, cutting off the taxation-service (Chayes, 2014; Mcloughlin, 2015).

Donors (principals) face adverse selection—the Taliban (agents) have diverged from donor interests (gender exclusion, centralized control). Bypass aid solves the moral hazard problem (diversion) but the state has no incentive to develop health capacity because it cannot politically profit.

Colombia

Colombia is testing the capacity threshold proposition. With a 40% tax revenue/GDP ratio and a CPI of 40, it has sufficient capacity to absorb budgetary support, but the implementation of the peace accords illustrates the politically contingent nature of aid effectiveness.

Aid diversion based on a security first approach: U.S. peace aid, even after peace accords, remained 70% security (counternarcotics), which resulted in a military spending crowding-in (3.1% GDP) and a military-led administrative crowding-out of rural health (Isacson, 2021).

Territorial Variation: Regions (Antioquia) health systems improved where the state was present pre-accord. Former FARC areas (Putumayo, Caquetá) are still NGO dependent due to ongoing violence from ex-FARC dissidents and the ELN.

The peace dividend failing is not only about institutional weakness, but also about structural violence and land inequity. Elite opposition to rural reform frustrated any attempt to shift from security to social spending. This case illustrates that budgetary support is not just about capacity, but also about political will and horizontal legitimacy (trust).

Ukraine

Ukraine is an example of high capacity + high budgetary support. Its pre-war tax revenue (34% GDP) and CPI (33) placed it at the capacity threshold. The 2022 invasion resulted in unprecedented direct budget support (50bn+ via PEACE project, EU macro-financial assistance).

A key mechanism is the pre-existing Prozorro public procurement transparency system, which donors required as a condition for budgetary support. Prozorro enabled real-time tracking of expenditures, reducing information asymmetry and moral hazard compared to the DRC or pre-2021 Afghanistan (where no equivalent system existed). This allowed donors to verify that funds reached health payrolls and supply chains rather than being diverted. As a result, Ukraine maintained uninterrupted salaries for 250,000 health workers throughout the war, preserving institutional memory and service continuity, outcomes absent in the bypass-heavy cases.

Unlike the DRC, Ukraine maintained a payroll system even during the war for 1.2 million public employees (including 250,000 health workers), which illustrates that where institutional "hardware" exists, budgetary support contributes to resilience (Ministry of Finance, 2024).

Military aid (weapons) and budgetary support (salaries) fused through the "United24" platform, in contrast to the fragmentation observed in the DRC.

Though there are available resources, the pre-war CPI (33) shows active principal-agent problems. Donors required the system to ensure procurement transparency (Prozorro system), which means any budgetary support must have tracking systems to be sure the budget is not captured.

When juxtaposed to Afghanistan, both have seen significant external assistance, however the pre situational institutionalization in Ukraine facilitated effective delegation,

while the collapse in Afghanistan required bypass aid, resulting in different outcomes of sovereignty.

Health System Resilience

The subsequent table quantifies each variable for determining the Health System Resilience.

Table 2: Truth Table for Health System Resilience (Outcome)

Case	High Capacity	Budgetary Aid	Resource Wealth	Conflict	Outcome
DRC	0	0	1	1	0
Afghanistan	0	0	0	1	0
Colombia	1	0	1	0	1
Ukraine	1	1	0	1	1

Solution Formula:

$$Resilience = (HighCapacity \times BudgetaryAid) + (HighCapacity \times \sim Conflict)$$

1. Necessary condition: High state capacity is necessary for health resilience (consistency = 1.0)
2. Sufficient condition: Budgetary aid is sufficient for resilience only when combined with high capacity (Ukraine); in low capacity, budgetary aid leads to capture (not observed in this set but evident in South Sudan comparative cases)
3. Resource curse: Resource wealth (DRC) combined with low capacity and conflict produces resilience failure regardless of aid volume

H1 (Crowding-Out): Partially supported but mediated by modality. In Colombia, security spending crowds out health in specific territories (rural areas) but not nationally. In DRC, external security subsidies (MONUSCO) do not free domestic resources for health due to elite capture. The crowding out effect is conditional on the capacity to absorb aid.

H2 (Aid Modality): Strongly supported. The comparison of Afghanistan and Ukraine shows that the same volume of aid given can lead to different outcomes based on how the aid is processed. However, we further the hypothesis: Bypass aid only undermines capacity when the state's capacity is below the threshold (0.4 on 0-1 scale); when state capacity is above, bypass aid may instead supplement state provisions.

H3 (Peace Dividend): Automatic rejection. Peace dividends, as shown in Colombia, require more than the right aid modality; they require territorial control and political willingness.

Discussion

Our findings suggest that Krasner (2004) sovereignty gap is not static; it is dynamically produced by aid architectures. The "gap" widens when: (1) Aid bypasses state institutions (and, as a result, diminishes fiscal pressure), (2) State capacity is below a threshold (thereby obviating effective delegation), (3) Protracted conflict (thereby creating parallel authority structures),

The above phenomena supports Lake (2016) "statebuilder's dilemma" but adds that when state capacity is above certain thresholds, the relationship between aid and state-building becomes more than linear.

Our framework responds to Bayart and Ellis (2000) notion of "extraversion," in particular, the ways African elites externalize resource dependency. The DRC case illustrates how external aid helps sustain a pattern in which the state remains legally sovereign internationally while biopolitical functions such as health service delivery are largely outsourced to humanitarian actors.

Feminist critiques of state-building (Puechguirbal, 2010) have noted how the bypass aid in Afghanistan (targeting women and girls) reinforced gendered sovereignty gaps by excluding the state from "women's issues," and thereby creating parallel feminine governance spaces that were devoid of institutional continuity.

We connect the liberal peace literature to the theory of delegation showing that: (1) Aid modalities—budgetary support with conditionalities—are necessary for the 'institutionalization before liberalization' Paris (2004) approach to liberal peace, (2) sovereignty is relational and produced through delegation structures that either solidify or erode domestic authority, (3) the security-development nexus is, in part, a fiscal phenomenon: security assistance for development works only when integrated in the state budget (Ukraine) and not when placed outside (DRC).

CONCLUSION

The conclusion of this article shows the limitations of the guns versus butter framework the focus is only on the resource and budget balance the framework omits factors like who has the butter and how is it delivered? In the case of modern fragile states over the security and social spending continuum it is the delegation structure of the framework over the external resource dividers. First, Donor delegation strategy should be determined by recipient capacity. tax/GDP < 15% with CPI < 30: project aid with capacity building is suitable over budgetary support; the opposite is true. Second, Humanitarian bypass after the emergency period of 6-12 months creates path-dependent institutional atrophy. In fragile contexts, donors should incorporate "hand-back" strategies that return service provision to state systems. Third, The Ukraine model of parallel budget support to security and social sectors financing constrains the proverbial 'crowding out' of the DRC and Colombia by guaranteeing integrated financing that is fungible at state discretion according to the territorial balance of power. Finally, Aid should be designed so that domestic resource mobilization is an operationalized component to preserve the fiscal covenant. Aid bypass creates "governance without taxation" and erodes horizontal legitimacy.

We offer a state-building political economy of delegation that illustrates how sovereignty gaps are a byproduct of international aid frameworks. The threshold of 15% tax/GDP should be tested in large-N studies to determine state capacity and the impact of hybrid modalities on state capacity growth. Future studies should focus on the threshold. The small-N design constrains generalizability. Ignoring middle-income post-conflict states (e.g. Bosnia, Timor-Leste) could lead to results being biased toward low capacity scenarios. Moreover, the endogeneity problem–donors choose modalities based on hidden preferences–calls for future quantitative work to deploy instrumental variables.

DECLARATION

The authors of this research confirm that Gemini AI was used solely for proofreading and language editing. The program was used for grammar checks, clarity of expression, and stylistic uniformity of the manuscript. The authors retain all responsibility for the research design, data analysis, reasoning, and other intellectual contributions. The authors manually accepted, reviewed, and edited AI suggestions for accuracy and preservation of

the original intent. The authors take complete responsibility for the content, accuracy, and academic integrity of this publication.

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