SOLLIMS SAMPLER

Targeting Peace & Stability Operations Lessons & Best Practices

Foreign Humanitarian Assistance: Concepts, Principles, and Applications

Volume 6, Issue 3

December 2015

Approved for Public Release,
Distribution Unlimited

U.S. ARMY

STRENGTH and WISDOM

FOREWORD

Welcome to the December 2015 edition of the Stability Operations Lessons Learned and Information Management System (SOLLIMS) Lessons Learned "Sampler" – **Foreign Humanitarian Assistance: Concepts, Principles, and Applications.**

The general structure of the "Sampler" includes (1) an **Introduction** that provides an operational or doctrinal perspective for the content, (2) the Sampler **"Quick Look"** that provides a short description of the topics included within the Sampler and a link to the full text, (3) the primary, topic-focused Stability Operations (SO)-related **Lessons Learned Report**, and (4) links to **additional reports and other references** that are either related to the "focus" topic or that address current, real-world, SO-related challenges.

This lessons-learned compendium contains just a sample – thus the title of "Sampler" – of the observations, insights, and lessons related to **Foreign Humanitarian Assistance: Concepts, Principles, and Applications** available in the SOLLIMS data repository. These lessons are worth sharing with military commanders and their staffs, as well as with civilian practitioners having a Stability Operations-related mission/function – those currently deployed on stability operations, those planning to deploy, the institutional Army, the Joint community, policy-makers, and other international civilian and military leaders at the national and theater level.

Lesson Format. Each lesson is provided in the following standard format:

- Title/Topic
- Observation
- Discussion
- Recommendation
- Implications (optional)
- Event Description

The "Event Description" section provides context in that it identifies the source or event from which the lesson was developed. Occasionally you may also see a "Comments" section within a lesson. This is used by the author to provide related information or additional personal perspective.

You will also note that a number is displayed in parentheses next to the title of each lesson. This number is hyper-linked to the actual lesson within the SOLLIMS database; click on the highlighted number to display the SOLLIMS data and to access any attachments (references, images, files) that are included with this lesson. Note, you must have an account and be logged into SOLLIMS in order to display the SOLLIMS data entry and access/download attachments.

If you have not registered in SOLLIMS, the links in the reports will take you to the login or the registration page. Take a brief moment to register for an account in order to take advantage of the many features of SOLLIMS and to access the stability operations related products referenced in the report.

We encourage you to take the time to provide us with your perspective on any given lesson in this report or on the overall value of the "Sampler" as a reference for you and your unit/organization. By using the "Perspectives" text entry box that is found at the end of each lesson – seen when you open the lesson in your browser – you can enter your own personal comments on the lesson. We welcome your input, and we encourage you to become a regular contributor.

At PKSOI we continually strive to improve the services and products we provide the global stability operations community. We invite you to use our website at [**http://pksoi.army.mil**] and the many functions of the SOLLIMS online environment [**https://sollims.pksoi.org**] to help us identify issues and resolve problems. We welcome your comments and insights!

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ARAWA, Autonomous Region of Bougainville, Papua New Guinea (27 June 2015). The hospital ship USNS Mercy (T-AH 19) steams to its anchorage site off the coast of Papua New Guinea during Pacific Partnership 2015. Pacific Partnership 2015 was the 10th iteration of this multilateral humanitarian assistance and disaster relief preparedness exercise – the largest such exercise in the Indo-Asia-Pacific region. While training for crisis conditions, Pacific Partnership participants have provided medical care to over 270,000 patients and veterinary services to more than 38,000 animals. (Photo by Sergeant Valerie Eppler, USMC)

INTRODUCTION

   In our last edition of the SOLLIMS Sampler (Sep 2015), the focus of the lesson report was on the US military's role in Foreign Disaster Relief. Broadening the aperture, our December 2015 edition presents a selection of lessons that cover the "concepts, principles and applications" of Foreign Humanitarian Assistance.

   With regard to "concepts and principles," Joint doctrine states:

> ***Foreign humanitarian assistance (FHA) activities conducted by US Armue Forces range from*** *steadystate program activities supporting geographic combatant commanders (GCC) security cooperation and related programs* ***to*** *conducting limited contingency operations in support of another USG department or agency****.***

> ***FHA provided by US forces is limited in scope and duration; designed to*** *supplement or complement the efforts of the host nation (HN)* ***that has the primary responsibility for providing that assistance.***

> ***FHA operations involve interaction among many local and international agencies, both governmental and nongovernmental. During FHA operations unity of command may not be possible, but*** *the requirement for unity of effort becomes paramount****.***

> ***FHA activities typically*** *depend on a whole-of-government approach* ***for success, whether or not DOD is lead federal agent (LFA). Because of the number of civilian and non-USG actors involved in FHA activities, command relationships outside DOD command structures may not be clearly defined, and*** *unity of effort will be achieved with effective, timely coordination and cooperation****.***

> *JP 3-29 Foreign Humanitarian Assistance*, JCS, 3 Jan 2014

   "Applications" of FHA are generally heavily dependent upon the "context": the specific needs assessed, the HN government/capacity, the HN population, the local and international agencies/their capacities, the security environment, the infrastructure, etc. Nonetheless, lessons learned from one "context" can often be found applicable to/for another. Within this Sampler, the "context" ranges from "addressing educational needs in Kenyan villages in the aftermath of conflict" to "partnering with Pacific Island nations through health and medical services." Across the range of scenarios, core FHA lessons emerge.

   In all, this Sampler presents 10 lessons dealing with "concepts, principles and applications" of FHA. It offers a comprehensive list of **references, handbooks, and websites** that should benefit all practitioners – as well as **3 annexes with civil-military partnering lessons**. Finally, **recommendations & guidelines** for senior leaders and planners are captured in the Conclusion section.

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"QUICK LOOK" (Preview of the Lessons)
Click on [Read More ...] to go to full lesson.

- The provision of humanitarian aid can evolve into a situation where locally recruited personnel, entrusted with the responsibility of aid distribution, engage in corrupt and abusive practices. **[Read More ...]**

- Over the past two decades, occupying forces/coalitions have played a key role in restoring essential services during stability operations. **[Read More ...]**

- In post-conflict environments, getting children back into schools can be an important component of reconstruction and community assistance – to help restore a degree of normalcy to conflict-affected communities. **[Read More ...]**

- This lesson summarizes Pacific Partnership 2013 medical activities and provides recommendations for future Pacific Partnership missions. **[Read More ...]**

- Massive aid projects that were poorly designed – bypassing host nation government involvement – contributed to an atmosphere of aid dependency in South Sudan during the period 2011 to early 2015. **[Read More ...]**

- While the Diplomacy, Development, and Defense Planning Group (3DPG) represents a significant step toward improved collaboration among the pillars responsible for promoting and protecting U.S. interests abroad, achieving maximum effect requires inclusion of more stakeholders in the 3D planning process. **[Read More ...]**

- Over the last two decades, protracted internal conflicts have become more violent with increasing impact on civilians and the socioeconomic systems of war-torn countries. This has led to extensive humanitarian relief efforts and development assistance by military intervention forces… **[Read More ...]**

- Failure to engage the "non-like-minded" – those elements of the host nation that have positions/interests opposite to those of the Western donor community – can lead to failure in the humanitarian mission. The Sri Lankan humanitarian experience provides a cautionary tale… **[Read More ...]**

- There is a common expectation that the military is the only entity that can handle the emergencies that often occur as a result of humanitarian catastrophe. However, the inappropriate use of military resources… **[Read More ...]**

- The social well-being of a population plays an important role in sustaining peace and stability. **[Read More ...]**

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10 Dec 2015

SUBJECT: Foreign Humanitarian Assistance: Concepts, Principles, and Applications

1. <u>GENERAL</u>

Foreign Humanitarian Assistance operations often involve a broad mix of participants: USG civilian and military organizations, coalition partners, non-governmental organizations (NGOs), international actors, and host nation (HN) government authorities. Accordingly, "civil-military interaction" and "unity of effort" are vital to success – key to saving lives and restoring/raising the social well-being of the HN population.

Within this report, certain lessons emphasize the "concepts and principles" of FHA – such as unity of effort, comprehensive approach, host nation ownership, partnering, anti-corruption, transparency, accountability, cultural understanding, and inclusivity. Other lessons in this report focus on specific "applications" of FHA – interventions/programs to address the humanitarian needs of communities in Angola, Sierra Leone, Sudan, South Sudan, Kenya, Sri Lanka, and numerous Pacific Island nations. Key recommendations and guidelines drawn from these experiences are delineated on pages <u>42-44</u>.

2. <u>LESSONS</u>

a. <u>TOPIC</u>. **Humanitarian Assistance and Social Well-Being: Precluding Exploitation and Corruption (1083)**

<u>Observation</u>.

The provision of humanitarian aid can evolve into a situation where locally recruited personnel, entrusted with the responsibility of aid distribution, engage in corrupt and abusive practices.

<u>Discussion</u>.

From Angola, Sierra Leone, and Sudan mission experiences, I came to understand how provision of humanitarian aid can evolve into a situation where locally recruited personnel, entrusted with the responsibility of aid distribution, engage in corrupt and abusive practices against their own nationals – abusing the privilege of distributing aid on behalf of international agencies.

Due to women usually being faced with challenges of looking after children and the sick, they are usually the ones held at ransom, especially through sexual abuse in return for aid provisions. Therefore, appropriate accountability and monitoring mechanisms are required to be put in place as checks and balances on those that handle aid provisions, thereby curbing the abuse.

In the missions, hostilities and ill feelings by the affected persons were usually directed at agencies that provided aid instead of the corrupt personnel or host nation (HN). The affected persons felt that by not placing foolproof systems in place to monitor the whole humanitarian assistance effort, the aid providers facilitated the unpalatable practices.

The lapses in the preparedness to mitigate the effects of crises by a number of countries still leave a lot to be desired. The lack of adequate preparations is mainly attributed to poor governance, as opposed to lack of resources. A lot of misplaced priorities result in needy areas being neglected whilst colossal amounts of money are spent on fringe benefits for those in government. In areas where humanitarian assistance is rendered with a functioning government present, most of the assistance is channeled towards gaining political mileage and corrupt disposal by government officials by favoring tribes/groupings and personnel supporting their governance. Therefore, humanitarian assistance should be with a definitive purpose emphasized to recipient governments or personnel in charge, as discussed in the succeeding paragraph.

As budgeting and preparations are planned, concluded, and set into motion by USAID, which is the lead department for the United States, in unison with cooperating partners rendering humanitarian assistance and with the military, I believe assistance should be aimed at facilitating the under-mentioned:

- Access to and delivery of basic needs services, where the affected population should have equal access to aid and be able to obtain adequate water, food, shelter, and health services, so as to ensure survival and life with dignity.

- Access to and delivery of education, with the affected population having equal and continuous access to quality formal and non-formal education, whose aim should be the provision of the opportunity for advancement and promotion of a peaceful society. This is achievable through a system-wide development and reform that avails equal access to relevant, quality, and conflict-sensitive education.

- Return and resettlement of refugees and internally displaced persons should ensure that all individuals displaced from their homes by violent conflict have the option of a safe, voluntary, and dignified journey to their homes or to new resettlement communities. All affected persons should have recourse for property restitution or compensation, and receive

reintegration and rehabilitation support to build their livelihoods and contribute to long-term development.

- Social reconstruction should enable the population to coexist peacefully through intra- and inter-group forms of reconciliation. Mechanisms to help resolve disputes non-violently and address the legacy of past abuses should be activated, especially through development of community institutions that bind society across divisions.

I am in accord with the requirement that humanitarian assistance shall be delivered in a manner and with the sole purpose of fostering responsibility and sustainability in order to mitigate the effects of the crises, in such a way that people quickly readjust to their old ways of living after stability is achieved.

I find the under-mentioned to be fundamental information that has to be stressed to the cooperating partners before crises:

- It is the primary role and responsibility of the state to provide timely assistance and protection to affected persons as provided for in the [Humanitarian Charter](), once a crisis is experienced. Extenuating cases like the Haiti earthquake or floods in Mozambique can be dealt with appropriately, whilst cases like famine in Zimbabwe and floods in Zambia, where the central government-allotted monies never reached the affected persons should have corrective measures taken when all is addressed.

- The above is said especially in light of the fact that the affected population usually does not have sufficient capacity to respond – particularly in the immediate aftermath / early response to the crisis. Therefore, state or controlling authorities should not engage in discrimination of certain groups of people and/or affected areas.

- It is important that the host government is made to understand that it has the responsibility to determine the capacity and intentions towards all members of the affected population about the scale and type of humanitarian response and what in addition is required.

- The HN government should overcome all forms of exploitation and corruption so that all affected people are afforded access to assistance without discrimination. Aid can negatively affect the wider population and amplify unequal power relations between different groups, including men and women. Valuable aid resources can increase exploitation and abuse and lead to competition, misuse or misappropriation of aid.

- The requirement for timely information to the affected population on how to access aid facilitates sanity in the whole operation. The assurance that people will have access to basic services, security, and respect for human rights gives them a foundation/hope for life with dignity. Therefore, the

interplay of personal and contextual factors that heighten risks to this access should be analyzed, and mitigating programmes should be designed to address the risks, as well as target the needs of vulnerable people. Planning and feedback procedures by those dealing with the crisis are very important.

I believe that HN actions taken at the earliest opportunity become very important in the sense that they strengthen local capacity – utilizing local resources to restore services, education, markets and livelihood opportunities to promote early economic recovery and the ability of people to manage risk after external assistance has ended. Therefore, it is time that governments become proactive, rather than reactionary, in managing effects of crises.

The case study we dealt with in the U.S. Army War College PKSOI elective course PS2206 (International Development) really brings out all the lessons to be learned from both the positive and negative aspects involved in provision of humanitarian assistance manifested on the ground.

I find that USAID looks at "resilience" as the desired endstate in the provision of humanitarian assistance. I say so because the assistance is not rendered in perpetuity, but by design will have to be discontinued at a certain point. I believe that this is most appropriate when the ability of people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth is achieved; this defines "resilience."

Recommendation.

1. Humanitarian assistance should be undertaken with a definitive purpose, emphasized to recipient governments and personnel in charge.

2. The host nation government should be made to understand that it is responsible to determine the required capacity for crisis response, as well as to disseminate the intentions of humanitarian responders to the affected population.

3. The host nation government should overcome all forms of exploitation and corruption, so that all affected people are afforded access to assistance without discrimination.

Implications.

If systems are not put into place to preclude exploitation and corruption, then hostilities and ill feelings by the affected persons may be directed against the agencies providing the aid.

Event Description.

This lesson is based upon **Angola, Sierra Leone, and Sudan mission experiences** and also draws from a case study in the U.S. Army War College PKSOI elective course PS2206 – International Development.

b. TOPIC. Restoring Essential Services Post Conflict (1130)

Observation.

Over the past two decades, occupying forces/coalitions have played a key role in restoring essential services during stability operations. Many leaders fortunately reflected on lessons learned from previous cases and applied them to restoring essential services during stability operations in the Balkans and the Middle East.

Discussion.

During stability operations, there is a small window of opportunity, post conflict, for the U.S. military, United States Agency for International Development (USAID), Department of State (DOS), and the host nation (HN) to provide the minimum essential services to the population. One of the most critical challenges that leaders will encounter is the restoration of essential services. The USAID's Office of Foreign Disaster Assistance (OFDA) is the lead United States Government agency for humanitarian assistance and disaster response. USAID will provide a Disaster Assistance Response Team (DART), which brings significant capabilities, resources and expertise as a part of the United States Government whole-of-government approach.

Due to the post conflict conditions, it is likely that the HN will be overwhelmed and lacking the experience and capabilities to provide immediate emergency response to its population. The HN and lead military nation are not alone in their humanitarian assistance efforts. Recent history has proven that the HN can expect humanitarian assistance from, and not limited to, aid from international governments, international and regional organizations, and private organizations to support the humanitarian assistance efforts.

Following conflict, the U.S. military must transition to a humanitarian assistance role and will have the capability and capacity to meet the immediate require-ments of equipment, transportation, communication and organizational skills required to conduct this complex operation. Leaders must focus on building partnership capacity in the HN services when identifying the most critical services as a short-term objective, while also thinking of transitioning to long-term

objectives. Leaders must identify the most vital task and prioritize the list of tasks to complete. The essential services are divided into two categories: immediate humanitarian needs and long-term services.

Getting immediate humanitarian aid to the population will be challenging because the population will more than likely be displaced from their homes and villages following conflict. The aid must be transported to displaced personnel camps or to centralized locations. Food, water, shelter, power, medical, and sanitation support provides their own unique challenges and must be addressed by leaders to provide the best support possible.

Leaders must work with the HN to ensure that they have the capacity to operate and maintain the essential civil services when the mission is transferred from the occupying force to the HN for the long-term support. There are many inter-national organizations, partners, and non-government organizations (NGO) to assist the HN with the long-term support mission.

There is risk associated with the essential services and humanitarian assistance provided to the state and population. Leaders must be aware that belligerents might take the opportunity to take advantage of recently provided services, capitalize on the commodities, and use the improved infrastructure for freedom of movement in support of their illegal activities.

Recommendation.

The lead occupying force must build partnership capacity with the international players, regional actors, NGOs, and the host nation and parallel plan stability operations. Prioritizing unity of effort to focus on establishing essential services is key to a successful transition process from short-term to long-term objectives. By establishing essential services, the international community will greatly assist the HN in an effort to save lives, alleviate human suffering, and reduce the economic and social impact of conflict.

Implications.

If the recommendation is not accepted, the involved stakeholders will have difficulties in establishing essential services and transitioning follow-on short and long-term objectives. The occupying force will jeopardize the opportunity to provide essential services in a timely manner if it is not able to achieve unity of effort among the stakeholders.

Event Description.

This lesson is based on readings and discussions in the U.S. Army War College PKSOI elective course PS2219 – Peace & Stability Operations: Concepts and Principles.

c. TOPIC. Rebuilding Schools and Communities in Post-conflict Kenya (772)

Observation.

In post-conflict environments, getting children back into schools can be an important component of humanitarian assistance – to help restore a degree of normalcy to conflict-affected communities. When civil-military operations (CMO) are conducted for this purpose, establishing close relations upfront with provincial and community leaders, as well as with other U.S. Government and non-governmental organizations operating in the area, is imperative to CMO success

Discussion.

In the aftermath of Kenya's December 2007 to January 2008 post-election violence, Combined Joint Task Force - Horn of Africa (CJTF-HOA) deployed U.S. Army Reserve Civil Affairs (CA) teams to Kenya's Rift Valley to engage in a series of school rehabilitation projects. Kenya had experienced wide-scale ethnic clashes following its national elections, resulting in over 1,000 casualties and 300,000 displaced personnel. Most of the residents of the Rift Valley had been displaced, countless markets and public places had been destroyed, and numerous schools burned to the ground or severely damaged.

Over the April 2008 - July 2010 timeframe, four different U.S. Army Reserve CA teams supported the rehabilitation/reconstruction of 14 schools in the Rift Valley. During the early part of this timeframe, community/ethnic relations in the Rift Valley were still tense, and most people lacked confidence in their government's ability to provide security and restore services. The U.S. military, however, was warmly welcomed by Rift Valley residents. They were generally receptive to all who came to help, and they especially viewed the U.S. military as a trusted presence in this insecure situation. The fact that the U.S. military had come to rebuild highly visible structures for communities – namely, school buildings – meant a great deal to a society in disarray. Interviews of Kenyans in the Rift Valley revealed that they viewed new schools as an opportunity for peace-building among their communities (where multiple ethnic groups had formerly attended the same schools), an important step toward stability, an overall public good, and a means to positively impact the future.

The first U.S. Army Reserve CA team to arrive was instrumental in rebuilding/ repairing schools in the most heavily devastated areas of the Rift Valley. Key to the team's success was its deliberate effort to establish relations upfront with key stakeholders in the area: provincial administrators, village leaders, church

leaders, the U.S. Agency for International Development (USAID), the United Nations Children's Fund (UNICEF) – which was providing education for children within the internally displaced persons (IDP) camps – and several other non-governmental organizations (NGOs). With so many families living in IDP camps, the stakeholders agreed that returning children to schools would take precedence over various other reconstruction projects. The CA team was then able to smoothly facilitate the provision of resources for, and engage in the process of, building new classrooms, school administration buildings, teachers' quarters, and school storage areas. Throughout this process, synergy was maintained from those initial contacts and the early prioritization of efforts.

Over the course of the CA teams' 2-year tenure in the Rift Valley, maintaining clear lines of communication with key host nation (HN)/local stakeholders proved imperative for maintaining community support/assistance. When CA teams had to conduct multiple assessment visits at a certain site before beginning work, it was important to convey to community leaders the necessity of these visits and when work could actually begin. On any given school project, if there were a lag in construction due to resource delays, as long as the community leaders were given timely explanations, they remained supportive. The same went for delays or diversions of funds. Being open and transparent with local leaders precluded disappointment or discontent, and they then willingly provided support/assistance for the work when it could resume. Upon completion of project, upon the team's departure from the area, a closure discussion with local village leaders allowed them to realize that the team was departing and to understand the status of the project – completed or pending additional work from another team.

Interviews with Kenyans in the Rift Valley did reveal a degree of disappointment with their own military. Although the Kenyan military was actively engaged in certain post-conflict work within the Rift Valley – such as securing major roadways and providing support for local police activities – there was only brief collaboration with the U.S. CA personnel during the initial phase of school reconstruction. Afterwards, the Kenyan military was largely absent. This was a lost opportunity for the Kenyan military to do something visible and meaningful for the community, as well as a lost opportunity for citizens to gain some trust and confidence in their military – which a great number of Kenyans had mistrusted, or even feared. If "partnering" with the Kenyan military would have been an objective for the CA teams, local civilian views of the Kenyan military and government could have been positively impacted. Kenyan military units could have profited professionally from the experience of working with the U.S. military teams. Also, greater Kenyan "ownership" of the projects could have been promulgated – from start to finish.

Recommendation.

1. U.S. military teams engaged in civil-military operations / humanitarian assistance should establish contacts and relationships upfront with key stake-

holders throughout their area of operations – to set a tone of cooperation and promote synergy of efforts where possible.

2. U.S. military teams engaged in civil-military operations / humanitarian assistance should endeavor to maintain direct communication with the HN/local stake-holders throughout operations, with an emphasis on transparency – to preclude false expectations, misunderstandings, or dissatisfaction. Upon completion of work, or upon departure from the area, teams should provide a status on all projects to local stakeholders.

3. U.S. military teams engaged in civil-military operations / humanitarian assistance should endeavor to partner with HN security forces where feasible – to promote HN participation and ownership in projects, as well as to build civilian trust in their military. Furthermore, partnering with HN security forces on projects may allow them to gain/improve knowledge on certain tasks or skills.

4. School reconstruction/rehabilitation projects should be considered during U.S. military planning of civil-military operations / humanitarian assistance missions – as a course of action (or component thereof) to help restore normalcy to conflict-affected communities.

Implication.

If direct, transparent communication with local stakeholders is not emphasized during civil-military operations from start to finish, then local communities may develop false expectations or conclusions regarding the status of projects in their areas. They may lose interest in supporting or taking ownership of those projects.

Event Description.

This observation is based on the article "Civil-Military Operations in Kenya's Rift Valley: Sociocultural Impacts at the Local Level," by Jessica Lee and Maureen Farrell, Prism, Volume 2, Number 2, March 2011.

d. TOPIC. After-Action Report Pacific Partnership 2013 (1258)

Observation.

This lesson summarizes Pacific Partnership 2013 medical activities and provides recommendations for future Pacific Partnership Missions. Background:

- General Information: Medical staff embarked USS Pearl Harbor (PHB) in support of Pacific Partnership 2013 humanitarian civic assistance mission 14 May-16 August 2013. Mission stops included Western Samoa 31 May-10 June, Kingdom of Tonga 12-22 June, Republic of the Marshall Islands 03-13 July, Kiribati 15-26 July, and Solomon Islands 29 July-07 August. Additional mission support included New Zealand leading activities in Kiribati and HMNZS Canterbury in Solomon Islands 29 July-13 August, as well as Australia leading activities and HMAS Tobruk in Papua New Guinea 15-26 July.

- Activities included community health education (CHE), professional health conferences, subject matter expert exchanges (SMEE), veterinary engagements (de-sexing clinics, food safety, animal husbandry, CHE, SMEE), preventive medicine/public health engagements (water/sanitation, environmental/occupational health, food safety), and biomedical repair.

- Medical staff included personnel from the U.S. Air Force, Army and Navy; Partner Nations (PNs) Australia, Canada, Colombia, France, Japan, Malaysia, Singapore, South Korea, New Zealand; and, non-governmental organizations (NGOs) Latter Day Saints, Project Hope, UCSD Pre-Dental Society, Vets Without Borders, and World Vets International.

- Of the 5 mission objectives, 2 included language specific to medical tasks.

  (1) Improvement in Host Nation (HN) ability to provide health care (HC) to the public in order to sustain health security capacity.

      (a) Conduct health engagement activities including medical, dental, and veterinary services, community health outreach, and preventive medicine activities appropriate to HN needs as requested at specific locations.
      (b) Conduct SMEE at specified locations that are appropriate to HN needs as requested.
      (c) Engage with health professional leaders at all levels to improve the delivery of HC services.

  (2) Improve ability to respond to an all hazard event.

      (a) Conduct medical Humanitarian Assistance/Disaster Relief (HA/DR) activities as appropriate for the local community.
      (b) Conduct HA/DR SMEE within the HN as applicable to HN DR plan.

Discussion.

Samoa

The first mission stop had the most complex schedule of events (SOE) and required staffing of activities on a remote second island, both presenting significant challenges. We had the advantage of being pier-side, alleviating dependence of the utility landing craft (LCU) operations for ship to shore trans-port. Approximately half of the medical staff traveled 3-4 hours from the port in

Apia to the island of Savaii where they remained overnight (RON'd) for 5 days and conducted 8 separate events. The rest of the medical staff remained aboard the PHB and were transported daily to event sites around Apia. Overall, there appeared to be a disconnect between objectives agreed upon between planners and the Ministry of Health (MOH) and the expectations of the National Health Service (NHS) providers at the sites. HN representatives suggested that tension exists between the MOH and NHS ever since they split into separate organizations, followed by a significant strike in the recent past.

(1) Challenges in Savaii (Samoa):

(a) Clinic and hospital staff seemed unaware that we were coming.
(b) HN expectation was for PP13 staff to provide direct care.
(c) PP13 staff was unprepared for HN expectations of professional lectures.
(d) Perceived tension regarding U.S. pharmacy supplies undermining HN business.
(e) Multiple medical event OICs staying in common living quarters without a lead OIC for berthing issues.
(f) Staff not adequately prepared for austere living conditions.
(g) Several people felt unsafe at living quarters, i.e., no privacy from public in showers, HN people smoking marijuana outside latrine.
(h) Perceived inequity regarding living conditions; some stayed in hotels, while others were outside in fales (thatched huts).
(i) Staffing was inadequate at some events and overstaffed at others.
(j) Several OICs did not feel empowered to take charge of the event and adapt as needed.
(k) Flat-bed truck contracted specifically for movement of medical supplies was taken by COMREL staff. Medical staff had to make several trips from ferry landing to move supplies to the event sites, creating potentially dangerous travel in unfamiliar surroundings late at night.
(l) Certificates of completion for formal SMEE activity not provided.
(m) Return ferry tickets not purchased until day before travel, resulting in decreased availability of time slots and significantly delayed return to ship.
(n) After relinquishing control of medical/dental/vet supplies, distribution to sites was chaotic.
(o) Not enough diagnostic tools for clinical care, i.e., stethoscopes, otoscopes.

(2) Successes in Savaii (Samoa):

(a) Living in community where events were held fostered relationship building with HN.
(b) Several OICs demonstrated great flexibility in reshaping events to meet HN needs/expectations.
(c) POC for Special Olympics very engaged. HN led this event with U.S. support.
(d) Open air, covered site at school for health fair worked well. Adequate restroom facilities and shade.
(e) U.S. staff engaged with HN professionals when available, mostly with nurses and para-professionals.

(3) Challenges in Apia (Samoa):

(a) Many local providers went on vacation during our scheduled visit.

(b) Expectations in the villages were for clinical care; patients were lined up before we arrived.

(c) One group was 2 hours late the first day due to transportation issues, creating a chilly reception by the HN throughout the event.

(d) Inadequate diagnostic equipment available.

(e) PP13 staff without pre-brief regarding common illness in Samoa.

(f) Pharmacy supplies were inadequate for common dx.

(g) Hospitals overstaffed, village clinics understaffed.

(h) Inadequate communication between event and beach detachment.

(i) Medical was not included in HA/DR planning conference. Support was requested from Civil Affairs (CA) just 2 days prior to event.

(j) Quality of LDS translators varied. They had no medical translation skills.

(k) Veterinary supplies were wet from transit on ship from Hawaii to Samoa.

(l) Veterinary events were not matched with HN expectations or needs.

(m) No transportation or communication (cells phones) were planned for VET activities.

(n) Need more advertisement of spay/neutering events for max participation.

(o) Preventive Medicine arrived prior to the ship. They had no communication with the ship prior to arrival. There were no arrangements made for hotel, transport from airport, or water prior to arrival on island.

(p) HN needs thermometers for adequate food safety. Previously ordered for mission; however, fell off the priority list.

(q) Vector surveillance lacked any space on the ship for equipment; no lab, no microscopes.

(4) Successes in Apia (Samoa):

(a) POC for Special Olympics again very engaged. PP13 supported the event.

(b) HN expectations were for clinical care; however, OICs were flexible and able to adapt and maintain the focus of the mission. For example, at one clinically focused site, it was recognized that patients were largely presenting with back pain, viral URIs, and concerns regarding diabetes and HTN. PP13 staff provided targeted community health education in small groups, targeting these chief complaints.

(c) Nursing Symposium very well received. Six topics previously requested by HN nursing leaders were presented to small groups rotating. Everyone very engaged. Exit surveys collected from HN participants showed very high levels of satisfaction and perception of value.

(d) OICs reassigned staff from hospitals to village clinics as needed to manage workloads.

(e) Optometry in high demand and major draw for most events.

(f) PP13 staff engaged nurses and para-professionals whenever possible, especially in the absence of doctors, dentists, etc.

(g) Water Quality: Partnered with Peace Corps to continue water filter installation post PP13.

(h) Three additional events added at request of the HN:

[1] Medical SMEE at the medical school with student lectures. The medical school is a vital POC for future missions. Curriculum review shows a program commensurate with U.S. medical school. The school is widely attended by U.S., New Zealand, Australia, Fijian, and British medical students. It also partners with New Zealand, Australia, and Fiji to offer Samoan students residency programs abroad. Guest tele-lectures are presented on a regular basis from New Zealand medical professors.

[2] Endocrinologist worked side by side with 2 local providers at the only diabetes focused clinic in Samoa. They collaborated on management strategies for difficult cases. PP13 dietitian worked at this same site alongside an Australian NGO nutritionist, exchanging ideas regarding meal planning utilizing available food sources.

[3] Dental and optometry activities at Little Sisters of the Poor focused on assisting nuns to provide basic dental & optometry care to their geriatric population.

(i) A number of follow-up activities were discussed with director of the medical school and PP13 staff.

Tonga

The biggest challenge to our second mission stop was ship to shore movement. The PHB was not to be pier-side and was anchored 9 miles from the port, making ship to shore movement dependent on the LCU. Staff was engaged approximately 5 hours/day in LCU operations, limiting time available for events and creating fatigue. Additionally, "forced liberty" was required after medical events to facilitate LCU operations for official receptions, with personnel often not returning until midnight. There was one major incident related to LCU operations. Due to high sea conditions, the LCU could not return personnel to the PHB, and contingency plans were implemented one evening for all staff to remain ashore. It quickly became apparent that an adequate contingency plan had not been fully developed. Overall, the scene was chaotic with significantly deficient communication throughout the following 12 hours. From the time the decision was made to RON until the last person was transported to his accommodations, 5½ hours had passed. LCU operations the following week were predicted to be impacted by weather. To avoid a similar incident, preparations were made for all staff going ashore to RON for 4 days. Staff was briefed on what to expect, making them adequately prepared for the excursion. Number of staff going ashore was limited to those required for the events, leaving significant staff behind without a mission for 4 days. Overall, PP13 personnel were pleased with the arrangements. They were able to spend more time at the event sites. They became more immersed in the culture and had greater ability to build rapport with partner nation, NGO, and HN personnel.

(1) Challenges:

(a) Health fairs scheduled for too many days in the same venue. Began to see same people come every day.

(b) Not enough mental health providers, information, or topics presented at the health fairs.

(c) Inadequate crowd control at health fairs; uniform items and medical tools were stolen.

(d) HN dental resources not adequately identified by planning teams. There were 10 dentists and a dental school at the hospital, where only 1 dentist had been identified by the advanced echelon (ADVON)/predeployment site survey (PDSS).

(e) No pre-brief from the ADVON while we were anchored. No POC or pre-event site visit arranged prior to 1st day's activities.

(f) Lack of adequate medical screening tools at health fair sites.

(g) Translation services from LDS with varying quality; no medical translators.

(h) Late start on first day due to transportation problems created friction between HN & PP13 staff. This was the only team not to receive a thank-you celebration and gifts from the host nation at the end of the engagement.

(i) Team members rotated daily, hindering ability to develop effective team dynamics.

(j) Nursing symposium topics planned were not what HN nurses wanted/ needed.

(2) Successes:

(a) Overall, lessons learned from Samoa were applied. Execution of events was much smoother.

(b) PP13 medical staff received a Humanitarian Civic Assistance Strategy brief during transit from Samoa and Tonga. Staff voiced better understanding of mission objectives and ability to adapt engagements as needed with this in mind.

(c) Dental staff showed great flexibility and initiative in meeting HN needs by contacting the dental school and setting up a mini-dental conference.

(d) Nursing symposium was well-received. Topics were easily adjusted at HN request and focused on CPR "train the trainer" course over three days with additional topics. Corps-staff and medics were embedded with nurses, making great use of their skills. HN nursing students responded well and actively engaged with young staff (likely due to peer age group).

(e) Radio announcements were used to market health fairs, clinics, and vet events, positively impacting attendance; however, some information was incorrect, and people showed up expecting services not being provided (i.e., eye exams).

(f) Vets partnered with local branch of New Zealand-based NGO South Pacific Animal Welfare for events. They supported programs already in place by providing increased surgical, SMEE, and community education capacity.

(g) Preventive Medicine worked closely with MOH officials in food safety, vector surveillance, and water/sanitation. In each area MOH had a plan in place. PP13 staff worked with MOH employees to support strategies for execution of their plans.

Republic of the Marshall Islands (RMI)

This mission stop depended on LCU, RHIB, and water taxi for ship to shore transport. The PHB was anchored approximately 1.5 miles, making short transit times of 15-30 minutes. The mission was split between 2 islands, Majuro and Ebeye, each with a very different level of development and resources. We had

the opportunity to go to the islands the day prior to events and meet with POCs, assess sites, and discuss planned activities with HN. This created an advantage over every other mission stop. When we returned the day of the events, every-one was ready to engage immediately with no miscommunication or unmet expectations.

(1) Challenges:

(a) Health fairs experienced significant security issues. Petty theft was rampant. Children were taking things from PP13 staff's pockets, backpacks, and uniforms. HN security was present but unengaged. Crowd control was dependent on physical set-up of tables, chairs and ropes/tape.

(b) Many children presented for dental screenings without their parents. Unable to complete these exams without parental consent. HN public unaware of this requirement.

(c) COMREL activities detracted from the health fair information. People were requesting "free stuff" without interest in receiving health education.

(d) Not enough portable restrooms provided at health fairs.

(e) Hospital requested additional assistance with meal-planning for renal and diabetic restrictions. There was inadequate time to meet this request; however, the USAF dietitian agreed to assist via e-mail after returning from the mission.

(f) Water safety activities planned by 2 separate groups were not de-conflicted. Engineering personnel set up training/presentations at the same time preventive medicine had scheduled activities with the same HN personnel.

(g) Public Health Screening lacked adequate translators.

(h) 1st Aid & CPR education for community and first responders. Content of the lectures was too in-depth for audience. Many young children attended. No content was tailored for this age group. Time was too limited for amount of information and hands-on opportunity.

(i) Laura Clinic was on a remote end of the island. PP13 staff was unaware that the clinic was scheduled through 2000 hrs. The clinic staffed expected PP staff to stay until that time. No consideration for RON had been made. In hindsight, this would have greatly improved the event.

(2) Successes:

(a) Staff was able to configure physical barriers at health fair on 2nd day to provide greater security. Yellow tape was used to outline patient flow. Personal belongings were stowed in a central area and attended by a PP13 staff member.

(b) Optometry was very well received; a big draw to the health fair.

(c) Clinicians in RMI were very engaged in SMEE activities. Most medical professionals were not Marshallese. Many were Fijian or Filipino. PP staff expressed that this may have been a factor.

(d) Meeting the day before was very helpful. Expectations were laid out. Several adjustments were made to accommodate HN needs/desires.

(e) Relationships were forged between medical providers, and plans were made to continue informal information exchange/SMEE over email.

(f) Preventive medicine efforts were able to focus on discovering what deficiencies were present in HN's understanding of how to use equipment given to them for water safety. SMEE activities focused on closing this gap.

(g) Occupational health & safety activities were successful in initiating a culture of safety. By the end of the mission stop, HN personnel were spontaneously identifying potential health and safety hazards.

(h) PP13 engaged in a very successful partnership with CDC to conduct public health screening. PP13 provided surge capacity and assisted in screening over 400 people for diabetes, HTN, TB, and Hansen's disease. This collaboration was a great example of providing surge capacity for an existing program, producing sustainable impact.

(i) Vets partnered with local NGO, Marshall Islands Organization for Animal Welfare (MIAOW), to provide basic pet first aid information, conduct a sterilization clinic, and establish a potential lasting partnership with MIAOW staff to assist through informal veterinary telemedicine.

(j) Force protection for health fairs in Ebeye greatly improved after addressing with U.S. force protection assets.

Kiribati

New Zealand assumed the lead for this mission stop. PP13 planning staff had limited communication prior to execution of activities. Staffing requests from New Zealand planners were met by U.S. planners; however, very little coordinated planning took place. The PHB anchored off the coast and was dependent on LCU, helo, and RHIB for ship to shore movement. Staff engaged in events RON'd in the local sports stadium. The HN requested the number of personnel on the ground be limited to less than 200. Infrastructure and supplies could accommodate 180 people staying in the stadium. Staff rotated every 2-4 days. Accommodations were expeditionary, but safe and adequate.

(1) Challenges:

(a) The first day of the health fair, there were multiple HN heat casualties. Large numbers of people attended, making the wait long. This was resolved the next day with supplies of water available.

(b) Optometry used data from previous missions to order corrective glasses for this mission. Unfortunately the population being served was much younger this year, requiring different supplies.

(c) No referral system set up for optometry patients identified with eye infections or other urgent conditions.

(d) No referral for dangerously high blood pressures.

(e) No pediatric blood pressure cuffs, otoscopes, or other diagnostic supplies.

(f) COMREL was conducted at dental event site, pulling patients away.

(g) Many dental hygiene products donated by PP13 New Zealanders; however, Colgate already donates plentiful supplies to the HN. ADVON was unaware.

(h) Team building among PP13 staff difficult with staff rotating every 2-4 days. Staff expressed desire to RON for entire mission stop.

(i) Veterinary surgical engagements were very remote. Not well attended due to difficult transportation with animals outside of their own villages.

(j) U.S. Medics/Corps-staff were requested by New Zealand to provide on-site medical support to engineers/Seabees RON'ing in remote areas. U.S. medical bags were insufficient to treat even minor health issues. Confusion

about where funding/ supplies to treat our staff existed. PHB medical were prepared to take care of embarked personnel as needed, but did not provide supplies for remote medical bags. There was no clear guidance regarding treatment of partner nation personnel, specifically in regard to different protocols and drugs.

(k) Nursing symposium was adjusted to address needs/desires expressed by HN nurses. Previously planned lectures and material were inappropriate for HN needs.

(l) No pre-visit with POCs or site visits made available. Again, took time to address expectations on first day of events.

(m) Nurses would have benefited from exposure to HN hospital environment prior to symposium for better understanding of care environment.

(2) Successes:

(a) LDS translators were very effective. Many were local school teachers.

(b) Local police were very involved and engaged with PP13 force protection at health fairs. No incidents of theft or unruly behavior were reported.

(c) Vets participated in health fair the first day and were able to advertise upcoming sterilization clinics.

(d) Preventive medicine partnered with New Zealand High Commission for water/sanitation, food safety, waste management, and environmental health activities. New Zealand involved with ongoing efforts in each of these areas. PP13 personnel were able to provide surge for their programs.

(e) Nursing symposium team able to quickly respond to HN needs and revamp approach to symposium.

Solomon Islands

New Zealand was again the lead for this mission stop. There was limited coordinated planning and very little integration of U.S. and Kiwi personnel. U.S. veterinary personnel were transported to Honiara and remained there throughout the entire mission stop to support vet engagements. Several U.S. and PN dental personnel also supported activities on Honiara. Optometry and preventive medicine supported activities on Munda. All other engagements were on Gizo and were planned and conducted by PHB embarked personnel. PHB stopped in Honiara to attend the opening reception on the Canterbury and to cross-deck personnel, proceeded to Gizo for engagement execution, and then returned to Honiara for the Guadalcanal ceremony prior to sailing back to Hawaii. Canterbury transited to several other islands, transporting personnel and supplies to engagements on several other islands.

(1) Challenges:

The assessment team received very little information regarding activities led by New Zealand medical staff. The medical lead, specialty leaders, and several OICs were given detailed information regarding requested data collection. Data collection sheets were distributed, and alternative email forms were delivered. Despite our diligence, very little data was submitted.

(2) Successes:

    (a) Gizo Hospital hosted a 4-hour Disaster Relief Planning and Policy Workshop facilitated by PP13 medical staff. Director of the local Red Cross presented its organizational structure and local policy as it fit into the newly developed Solomon Islands Disaster Policy. The Medical Director of Gizo Hospital then presented his thoughts on developing a hospital policy consistent with national and local Red Cross policies. The workshop was led by Canadian medical planner with a DR background.

    (b) Nurses, doctors, pharmacist, and medics partnered with medical staff at Gizo Hospital in specialty clinics, wards, and the pharmacy to provide collaborative clinical care, discuss complex cases, and exchange clinical management strategies.

General Mission Observations:

(1) Integration of all embarked personnel, ship's crew, Medical, DESRON, PHB crew, NGOs, and PNs was challenging. There was no orientation provided to outline roles and responsibilities for the mission.

(2) Communication was very poor. The configuration of a grey-hull vessel detracts from easy communication. Only military staff had PHB email accounts. There were only 4 computers available for military medical staff (approx. 150 personnel). PN and NGOs had access to Wi-Fi; however, we did not have a list of their e-mail addresses to pass on information. A single whiteboard outside of the medical admin office and printed memos on berthing/wardroom/messdeck doors were the primary means of communication mode aboard ship.

(3) Communication ashore was inadequate and at times unsafe. Cell phones ashore. Teams were often deployed into the field without a cell phone. When cell phones were available, there was no updated list of contacts to use.

(4) Mission was significantly overstaffed.

(5) NGOs formed excellent relationships on the ground; however, they were not valued as empowered in decision-making process by many military leaders.

(6) There is a large disconnect between PDSS/ADVON assessment and appropriate planning/execution. Many opportunities for meaningful engagement with HN organizations, institutions, and medical staff were missed. Planning staff aboard PHB had limited communication with the ADVON team prior to arrival. HN personnel were often unprepared for our arrival. RON sites were not revisited to ensure necessary tasks had been completed to make them adequate for personnel. Many engagements planned did not meet HN expectations nor needs, often requiring significant adjustments.

Recommendation.

1. Develop a mission orientation that can be used across all humanitarian civic assistance missions. Include overview of National, DoD, and Navy security strategy and mission objectives. Describe the command and control structure for all personnel. Outline roles and expectations of all participants, to include organizational capabilities and assets. A carefully executed orientation package during transit to the first mission stop would lead to greater understanding of the

mission, manage expectations of all participants, and foster cross-cultural harmony between various organizations and personnel on the mission.

2. Source the mission with personnel based on PDSS findings. Currently GFM requires manning to be submitted prior to the execution of the PDSS. The result is often a tailoring of the mission to personnel sourced, rather than tailoring personnel to the HN needs. A focus on more SMEE activity, professional seminars, and community health education requires fewer personnel than clinical care, in turn decreasing cost of the mission and lightening the burden of a large footprint on the HN. Right-sizing of the mission would eliminate the need to rotate personnel throughout the engagements, decrease transport requirements, create more cohesive teams, and decrease amount of "down-time."

3. ADVON/PDSS: Establish continuity between the PDSS and ADVON. Critical relationships are formed over time with familiar faces, fostering a deeper under-standing of HN nuances and insights. PDSS/ADVON members should be experienced in HCA training course standardizing a comprehensive approach to rigorous assessment may improve mission planning. Additional manning of the PDSS/ADVON with a public health nurse and dentist would greatly improve the information/contacts made in these critical specialties. With greater fiscal restraints impacting PDSS/ADVON size, additional members may not be feasible. If this is the case, consideration should be given to creating a compre-hensive document that contains questions and suggested queries solicited from specialty experts with HCA experience. ADVON members embarking the ship and berthing with PP13 personnel after arriving at the mission stop would facilitate communication, create greater sense of team, and significantly decrease cost. ADVON needs to revisit ALL sites, to include planned living quarters, to ensure HN personnel are prepared for our arrival, expectations of engagements are understood, event sites are prepared, and appropriate living quarters are in adequate and safe condition.

4. Consider making the 1st day ashore a "prep" day. Ensure all supplies are at the sites. Facilitate "meet and greet" with event OIC/teams. Review expecta-tions for event.

5. Optometry is a highly valued resource in all countries. Dispensing of +/- glasses and sunglasses creates a sustainable change in HN individuals' lives.

6. Adequate screening tools should be provided for the mission. HN expects some level of health care. Screening for disease is useful for meeting that expectation without providing clinical care. It creates a compulsion for people to absorb community education when they are identified as potentially having a medical concern. For example, if a high blood sugar is detected at a health fair screening, the individual can be offered diet and exercise education and be encouraged to seek follow up medical care in the HN system. Oto-opthalmo-

scopes, blood pressure cuffs in various sizes, scales, glucose monitors, and stethoscopes should be available at health fairs.

7. A dedicated personnel asset is required for robust medical assessment data collection. OICs should have a basic understanding of intent of assessment and appropriate input. A visual assessment of engagements by a medical assessment officer (MAO) provides an additional perspective adding great value to data collection. Debriefs with the entire engagement team by the MAO post-engagement (between mission stops) provides even greater perspective and insight regarding the activities and should be part of the assessment process. Mission stops that are being led by a PN should have a U.S. MAO embedded with the medical team to assess those sites and activities. Clear guidance should be given the MAO regarding his role on the mission and expectations for reports, updates, and AARs.

8. Dedicated information technology (IT) assets should be supplied to provide adequate capacity for entering data in a timely manner. This would lead to more robust data collection.

9. Modify MAARs data collection tool to reflect insights gained during PP13 mission.

10. When feasible and safe, consideration for RON should be made. Staff should be prepped for expeditionary conditions. Being on-site creates greater rapport with community, increases time dedicated to engagements, and has potential for increased contribution to the local economy.

11. No pharmaceuticals should be brought into country for dispensing. Medications cannot be sustained by HN. Dispensing them takes away from local pharmacy business. Most medications dispensed on this mission were temporary relief for chronic problems (i.e., joint pain, dermatologic conditions). Expectation of clinical care can be avoided if no pharmaceutical treatment is available. Dispensing of excess supply creates confusion and unnecessary paperwork shuffles.

12. Consideration for no veterinary surgical engagements should be considered. Surgical de-sexing cannot be completed for large numbers of animals. Pacific islands have their own management of dog and cat populations (whether we approve or not). De-sexing does not seem to impact their management strategy. Significant supplies are required for surgery, creating logistical challenges. Transporting narcotics into foreign countries is often difficult.

13. Too many HMCs were assigned to medical administrative staff. Recommend 1 HMC SEL, 1 LS1, and 1 LPO.

Event Description.

Medical staff embarked USS Pearl Harbor (PHB) in support of Pacific Partnership 2013 humanitarian civic assistance mission 14 May-16 August, 2013. Mission stops included Western Samoa 31 May-10 June, Kingdom of Tonga 12-22 June, Republic of the Marshall Islands 03-13 July, Kiribati 15-26 July, and Solomon Islands 29 July-07 August. Additional mission support included New Zealand leading activities in Kiribati and HMNZS Canterbury in Solomon Islands 29 July-13 August, as well as Australia leading activities and HMAS Tobruk in Papua New Guinea 15-26 July.

e. TOPIC. Disjointed Humanitarian Aid in South Sudan (2315)

Observation.

Massive aid projects that were poorly designed – bypassing host nation government involvement – contributed to an atmosphere of aid dependency in South Sudan during the period 2011 to early 2015. Although the government of South Sudan was in its infancy and lacked capacity and expertise, international donors nonetheless should have involved the government in planning all major aid programs, should not have focused programs so heavily on short-term results, and should have formulated broader objectives of societal ownership and long-term development.

Discussion.

The enormous humanitarian needs of South Sudan at the time of the signing of the Comprehensive Peace Agreement (CPA) of 2005 (which ended civil war and led to the creation of South Sudan) required and received an impressively large international response. Over the next few years, the semi-autonomous Government of South Sudan (GOSS) established functioning institutions, and the number of aid agencies greatly proliferated; however, GOSS's coordination of their activities remained limited. Weak administrative capacity of the government rendered it unable to carry out basic administrative tasks, let alone complex humanitarian, development, or peacebuilding projects. To compound matters, various military generals continually incited conflict and rebellion, which generated renewed humanitarian crises across the country. The GOSS never succeeded in keeping its citizens safe or in providing critical services (healthcare, education, road repairs, etc.). International donors opted to use Project Implementation Units that operated outside the government, as a means of avoiding implementation failure (due to the government's shortcomings) and aimed for more immediate dividends for communities.

When South Sudan attained its independence in July 2011, significant humanitarian and development challenges remained. In the GOSS-published "[South Sudan Development Plan 2011-2013](#)," the government reported that the mortality rate was over 2%, the country had only one qualified midwife per 30,000 people, only 13% of all teachers were qualified; the teacher-to-student ratio in schools was 1-to-117, and the health centers throughout the country were plagued by lack of equipment and medicines.

Donors were aware that meeting these acute challenges required coordinated action. Five primary "multi-donor funds" were therefore created to provide funding for the various requirements. These funds were: the Multi-Donor Trust Fund (MDTF); the Capacity Building Trust Fund (CBTF); the Basic Services Fund (BSF); the Common Humanitarian Fund (CHF); and, the Sudan Recovery Fund (SRF). The MDTF and CBTF were aimed at renovating government buildings, providing new infrastructure, and developing long-term capacity of the GOSS. The BSF and SRF were designed to provide basic services and to fund community projects to showcase the dividends of peace. The CHF was established to provide funding for emergency relief. With regard to the MDTF, disbursement of funds was extremely slow because the GOSS was unable to meet requirements/ timelines of the World Bank, which caused donors to then channel funds away from the MDTF and into the BSF and SRF (which had short-term objectives). Additionally, NGOs then implemented the BSF and SRF projects through Project Implementation Units, which provided immediate or short-term results, but were not coordinated with/through the government. The government typically gained no knowledge or expertise on service provision. This adversely affected long-term sustainability of services.

In hindsight, international donor investment in South Sudan had 3 other major shortcomings: (1) Donors failed to engage in security sector development – transformation that was sorely needed for improving/professionalizing state security capacity and for reducing incentives for organized violence. Donors employed minimal peacebuilding measures, such as workshops and intercommunal meetings; however, they lacked follow-up, implementation, and assessment mechanisms. Not surprisingly, ethnic/tribal/factional conflicts continued, and many local elders and chiefs lost control over youths who resorted to acts of violence. (2) Donors and the GOSS also failed to involve lower/local tiers of governance in development planning. When building the South Sudan Development Plan in 2011, only three days were spent on consultations with the 10 states, 79 counties, and hundreds of lower administrative units, and there was little to no coordination thereafter. (3) Donors unintentionally diverted talent/ personnel away from the government sector, due to the high salaries that donors paid relative to what the government was paying its civil servants.

Additionally, the lack of experience and governance-related training & education on the part of South Sudan's political leaders – and the lack of international or regional programs to mentor them – contributed to their inability to handle the

complex challenges of state formation and governance capacity-building. Most of these political leaders had merely switched their military uniforms to business suits. Unable to fulfill responsibilities of their new political roles, most of these leaders continued to focus on ethnic/tribal/factional disputes, with some officials actively working against the efforts of others. Not surprisingly, civil war broke out once again in mid-December 2013, and the continuing violence undermined/ overwhelmed governance activities thereafter. Numerous governance structures/facilities that had been established in the states of Jonglei, Upper Nile, and Unity were destroyed. Thousands of employees departed from national government service and joined opposition groups. In short, relapse into conflict/ civil war has been an enormous setback to statebuilding, governance, and service provision in South Sudan.

Overall, what was lacking in South Sudan was a concerted effort by the international community (United Nations) and regional organizations (e.g., African Union) to establish good governance and security institutions, build peace among conflicting factions, and involve government leaders in the strategies for aid programs and eventual aid reduction/weaning.

Recommendation.

1. During post-conflict and stability interventions, encourage a concerted effort by the international community and regional organizations to help the host nation establish good governance & security institutions, build peace among conflicting factions, and partner (with host nation leaders) on strategies for aid programs and eventual aid reduction/weaning.

2. Meaningfully involve the host nation government in the design and execution of all major aid projects, so that the government can track the projects to completion, and, as appropriate, transition the projects to government responsibility.

3. Finance projects that build on existing capacities at the lower tiers of governmental administration; local ownership and community involvement are critical.

4. Consider direct cash transfers to empower the poor and generate growth. Cash transfers could be conditional and tied to desired outcomes, such as completion of training, attending school, or receiving immunizations.

5. Encourage the host nation government at all levels to offer competitive salaries for government positions – in order to attract quality personnel into government service and to help retain them.

6. Finance public works projects, to create employment opportunities for the youth, and to help deter them from joining the ranks of gangs, violence-oriented groups, extremist groups, anti-government groups, and so on.

7. Invest in monitoring and accountability systems. Statebuilding and peace-building programs require comprehensive tracking and assessment mechanisms.

Implications.

If the host nation government is bypassed (by international donors) in the design, monitoring, and assessment of aid programs, and if the host nation government does not gain assistance from the international community and regional organizations in the areas of governance capacity-building, security sector reform, and peacebuilding, then new/weak/fragile states such as South Sudan will remain in an endless pattern of internal strife and humanitarian aid serving only short-term needs.

Event Description.

This lesson is based on the International Peace Institute (IPI) issue brief, "State Formation, Humanitarianism and Institutional Capabilities in South Sudan," by Peter Biar Ajak, May 2015.

Comments.

Related information:

- "Conflicts in South Sudan," Enough Project, 1 October 2014.

- "South Sudan's National Existence Is Threatened by its On-Going Conflicts not its Economic Challenges," Christopher Moretti, SOLLIMS Lesson 1413, 28 May 2014.

- "South Sudan Social Well Being," COL Douglas M. Vallejo, USAWC PS2219 course paper, 28 March 2014.

- "Fragility and State-Society Relations in South Sudan," Kate Almquist Knopf, Africa Center for Security Studies (ACSS), September 2013.

f. TOPIC. Inclusive Planning – Expanding the 3D Planning Concept (1349)

Observation.

While the Diplomacy, Development, and Defense Planning Group (3DPG) represents a significant step toward improved collaboration among the pillars responsible for promoting and protecting U.S. interests abroad, achieving maximum effect requires inclusion of more stakeholders in the 3D planning process.

Discussion.

As fiscal constraints focus government agencies on prioritized tasks, fully leveraging all stakeholders in foreign development and partner capacity-building enable the 3Ds to do more, or at least the same, with fewer resources. Under an assumption of American public disdain for military nation-building created by 13 years of conflict in Iraq and Afghanistan, the likelihood of military employment in a role of conflict prevention increases in comparison to the likelihood of military employment to force change. Three of the ten U.S. Armed Forces primary missions provided in the President's "Priorities for 21st Century Defense" tie directly to the need for greater development collaboration. Providing a Stabilizing Presence, Conducting Stability and Counterinsurgency Operations, and Conducting Humanitarian Assistance/Disaster Relief Operations all imply military effort supporting U.S. national interests through development or more preventative approaches.

This conflict prevention approach not only increases the frequency and intensity of Department of Defense (DoD) interaction with the Department of State (DoS) and the U.S. Agency for International Development (USAID), but also the level of interaction with all development donors and stakeholders. A fiscally-mandated drive for greater efficiency and effect by the 3Ds with decreasing resources generates an urgency for more inclusive planning to create synergy from all stakeholders. These interested parties include other U.S. Government (USG) agencies, international organizations (IOs), and non-governmental organizations (NGOs).

The building blocks for increased collaborative effort across development stakeholders already exist. Combatant Command Theater Campaign Plans, USAID Country Development Cooperation Strategies (CDCS), and the Department of State Strategic Plan provide frameworks for determining common goals and interests among the 3Ds. This identification enables determination of areas where other stakeholder resources and expertise offer a synergistic opportunity toward more efficiently and effectively realizing U.S. objectives. The presence of non-3D stakeholders in a country or region of interest is inevitable and beyond the ability of the U.S. to fully regulate or control. As such, aligning their efforts, or

at least ensuring the avoidance of counter-productive action, enables the 3Ds to do more with less. Expanding the 3D planning effort to maximize interagency, IO, and NGO participation where and when possible improves the opportunity for synergistic improvement of development and conflict prevention efforts. Increased collaboration during planning also familiarizes disparate organizations with each other's methods of operation – creating greater potential for more effective combined efforts during actual execution.

Recommendation.

1. Execute a cross-walk of Defense, State, and USAID plans and strategies to determine areas of common interest or focus.

2. Codify the extending of invitations to interagency, international and non-governmental organizations to participate in DoD exercises with humanitarian assistance or disaster relief training objectives to facilitate team building.

3. Expand 3D planning group membership to include key U.S. agency stake-holders in rule of law, education, and health to leverage their perspectives and expertise in foundational development efforts.

4. Start integration of NGOs into planning with invitations to U.S.-based organiza-tions. Later, build on success by including non-U.S. organizations where, for the region or country, it makes sense.

Implications.

1. Failing to fully invest other agencies and organizations in the planning process risks limiting available perspectives, which increases the likelihood of missed opportunities.

2. While NGOs cannot be directed, their actions can be shaped if they view 3D members as partners and teammates. Failure to build relationships risks individual NGO efforts working at cross-purposes to U.S. strategic objectives.

3. Successful expansion of the 3D planning construct moves toward desired whole-of-government solutions, burden shares costs across a larger pool of development actors, and builds a cooperative vice competitive development effort.

4. Early involvement in 3D planning and exercises by applicable IOs, NGOs, and other agencies generates the familiarity and trust to succeed during a crisis and in execution of the plan. Failure to establish this team prior to crisis risks limiting effectiveness during the early stages of a response, where effectiveness is most critical.

Event Description.

This lesson is based on readings and discussions in the U.S. Army War College PKSOI elective course PS2206 – International Development. It builds on the 3D Planning Guide working draft.

Comments.

Care must be taken to ensure that involving outside players will not run counter to USG contracting rules and regulations.

g. TOPIC. Humanitarian Assistance and the Difficult Transition to Sustainable Development (1158)

Observation.

Over the last two decades, protracted internal conflicts have become more violent with increasing impact on civilians and the socioeconomic systems of war-torn countries. This has led to extensive humanitarian relief efforts and development assistance by military intervention forces to rebuild countries after conflict has ended. The difficulty for military forces or transitional military authorities (TMAs) in providing humanitarian assistance (HA) is to plan and execute the short term relief activities with an already clear focus on long term growth and sustainable development. If the transition from HA to sustainable development is not managed well or does not take place at all, there is a high risk that the country will slide back into conflict. If a country stays dependent on short term relief support, HA can prolong and fuel conflict, undermining the ultimate goal of establishing the basis for sustainable development. Furthermore, HA and development also have to take place with respect to Host Nation (HN) laws, culture, and customs.

Discussion.

It is stated in the Universal Declaration of the Human Rights that everyone has the right to adequate food, housing and medical care. Based on that and dictated by the international law, including the Hague and Geneva Conventions, occupying forces or TMAs (after an intervention) have to take over the responsibility to provide these basic services that the HN would otherwise provide.

In this regard, HA provides the HN population with the basic needs after a conflict or a disaster – i.e., provision has to be made for food, water, shelter, sanitation, and health care. However, forces providing HA must also have long term

requirements within their focus. Both activities, immediate short term relief activities and, more especially, development activities require involvement and support from civilian actors, including government agencies, intergovernmental organizations, and non-governmental organizations (NGOs). Consequently, the following are appropriate civ-mil objectives to support social well-being post-conflict:

- Access to, and delivery of, basic needs
- Right of displaced persons to return
- Human rights and rule of law appropriately addressed
- Transitional justice promoted
- Peaceful coexistence supported

However, the difficulty for TMAs in providing HA and development support and basic services is that all this should happen without changing the laws of the HN (except when permitted by the Hague and Geneva Conventions). In general, HA and development interventions should not impose the customs of other nations on the HN population, as enforced changes or reforms inconsistent with local customs could lead to active or passive resistance, adding more friction to an ongoing crisis. Commanders, when providing HA and development support, must be aware of cultural, religious, and ethnic sensitivities.

Besides that, the military force must be aware of the humanitarian principles applied by civilian actors (humanity, neutrality, impartiality, and operational independence) when working with or alongside them. Humanitarian action must be autonomous from the political, economic, military, or other objectives that any actor may have with regard to areas where humanitarian action is being implemented. This principle of operational independence must be adhered to in order to promote trust between the military and civilian actors. The military must respect the protection of humanitarian space when operating in the same area with civilian actors, in order not to compromise their independent and impartial status.

Another challenge for military forces is the need to plan and execute a transition from short term relief activities (with the focus on survival) to development activities with a clear focal point on long term growth. If this transition is not planned and managed well, or not at all, dependence on HA and a prolonged emergency status will prevent education efforts, youth engagement, meeting development needs for returnees, effective capacity building, and many other development issues. Then, with no or slow development taking place, active resistance against the TMA will most likely grow – with impacts on the overall security situation.

Recommendation.

1. The military must overcome the frustration and ambiguity about cooperation and coordination among state agencies and NGOs. In peace and stability

operations, effective interagency and inter-governmental solutions are vital. Conflict transformation and development requires an active and continuous relationship between military services and many other governmental departments and agencies, as well as NGOs. Their early input and participation in HA and their lead engagement in the transformation from aid to sustainable development are all vital.

2. There is the need to enhance horizontal interagency cooperation across department borders through interagency education and leadership training, interagency career models/perspectives (i.e., working for other departments and changing from one department to another should be the norm rather than the exception), interagency resources and budget management, and interagency planning and execution.

3. The highly complex process of development and rebuilding of a country must be supported by a deep understanding of local realities, culture, and knowledge. Development cannot simply be exported; it must be locally rooted (HN owner-ship), and regional cooperation networks are of great importance. A common understanding of the environment between all actors is essential.

4. The transition from short term relief needs to long term development activities needs a coherent planning process, better aligned relief and development strategies, and continuous coordination and collaboration efforts.

5. Monitoring and evaluation should be an integrated and independently-resourced process – to assess the effectiveness of aid and development in order to avoid waste of resources and inappropriate aid/development programs.

Event Description.

This lesson is based on readings and discussions in the U.S. Army War College PKSOI elective course PS2219 – Peace & Stability Operations: Concepts and Principles.

h. TOPIC. Humanitarian Assistance in Sri Lanka: Engaging the Non-like-minded (701)

Observation.

Failure to engage the "non-like-minded" – those elements of the host nation (HN) that have positions/interests opposite to those of the Western donor community – can lead to failure in the humanitarian mission. The Sri Lankan humanitarian

assistance experience provides a cautionary tale about building relationships with the HN government and other HN "non-like-minded" actors – particularly when attempting to deliver assistance during the course of, or in the wake of, a conflict. In the case of Sri Lanka, the relationship between the international community of donors and the HN government was fraught with tension and misunderstanding over governmental handling/conflict with the minority Tamil population. This dynamic adversely impacted the space in which the humanitarian organizations could operate, as well as their access to conflict- and disaster-affected communities.

Discussion.

Much of the tension between the international humanitarian community and the Sri Lankan government over the past 20 years can be traced to differing ideas as to why the government's conflict with the Tamil population arose, and how it should be resolved. While the Sri Lankan government maintained that it faced a domestic terrorism problem from the militant Liberation Tigers of Tamil Eelam (LTTE), the majority of Western donor governments, along with the NGOs they supported, tended to view the LTTE's resistance as an understandable outlet of the Tamil minority population, frustrated over its lack of rights and opportunities. Hence, whereas the international humanitarian community advocated a peaceful and negotiated solution that would improve the situation of the Tamil minority, the Sri Lankan state's approach was to handle the issue internally and militarily (viewing it as a "domestic" terrorism issue).

Western donor organizations engaged with peace-related projects (with donor proposals that sought to strengthen inter-communal ethnic relationships, facilitate ethnic harmonization, build peace, and reduce conflict), and donors conducted most of their work in LTTE-controlled areas. Regrettably, then, the Sri Lankan government, media, and Sinhala Buddhist clergy (the three major "non-like-minded" groups) gradually and increasingly used rhetoric to portray nearly all of the humanitarian interventions as "pro-LTTE." Their target audience was the Sinhala majority population who supported them.

All Western donor agencies, then, came to be labeled as "pro-LTTE" at some time or other in the 1990s and 2000s. Only the United Nations (UN) and the International Committee of the Red Cross (ICRC) generally received a lower level of criticism. The ICRC was tolerated, and even valued, due to its ability to facilitate the exchange of fallen combatants. The UN was tolerated, and even respected, for being an international membership organization in which Sri Lanka has played a significant international peacekeeping role. [Sri Lanka has sent military and police contingents to UN peacekeeping missions in Chad, Sudan, East Timor, and Haiti]. Also, UN agencies had provided regular assistance to Sri Lankan government ministries (labor, vocational training, and health ministries), so that further allowed the UN to maintain a better status/favor than other international organizations in country.

Shortly before the tsunami disaster of 2004, there was a recognition by certain actors (namely the governments of the Netherlands, Sweden, and Great Britain, along with the World Bank and the Asia Foundation) that the international donor community should build better relationships with groups such as Sri Lankan government officials, civil servants, journalists, the clergy, and the Sinhala nationalistic political parties. In spite of this realization, they did not develop any effective engagement strategies for this purpose. These traditional donors instead focused on tsunami recovery and reconstruction activities, they assumed that the violence/conflict between the government (+ Sinhala majority) and the LTTE (+ Tamil minority) would not increase, and they assumed that the "non-like-minded" groups might eventually soften their stance against the LTTE.

Worthy of note, new donor countries emerged in the 2006-2010 timeframe – namely, China and Iran. Although China had committed recovery funds for harbor and fishery infrastructure development in the aftermath of the tsunami disaster of 2004, the level of its annual assistance to Sri Lanka rose drastically from a few million dollars in 2005 to over a billion dollars in 2009. This increase made China the single largest donor country in Sri Lanka. China's flagship assistance project was the construction of a new power plant, an oil refinery, and bunkering, ship, and container repair facilities at the port of Hambantota. Apparently, the Sri Lankan government had become somewhat disenchanted with donor assistance tied to LTTE conflict resolution and had improved relations with other countries who had no such agendas/conditions.

During those same years, 2006-2010, the Sri Lankan government increased its scrutiny and regulation of the international humanitarian community. It established a Parliamentary Select Committee and Presidential Task Force to investigate the activities of NGOs. It introduced new registration, humanitarian access, financial reporting, and visa requirements. Notably, the Sri Lankan government imposed restrictions on access to the former LTTE-controlled areas of the north, and it expelled certain aid organizations and individuals ought of accusations that they were supporting the LTTE or engaging in anti-state activities.

The conflict between the HN government (+ Sinhala majority) and the LTTE (+ Tamil minority) was ultimately resolved through the use of overwhelming force by the government in 2007-2009. By May 2009, Sri Lankan government forces had soundly defeated all LTTE forces and recaptured all LTTE-controlled areas. At one point during this decisive operation, the government of Sri Lanka took over all of the humanitarian operations in the conflict zone from the hands of the UN, ICRC, and international NGOs. In so doing, the Sri Lankan government was able to conduct "humanitarian" activities (such as the declaration and demarcation of a civilian safety zone and a humanitarian corridor for escapees) on its own terms and in support of its military objectives. Likewise, the Sri Lankan government established and managed internally displaced person (IDP) camps on its own terms. The legality of this action depends on one's interpretation of international humanitarian law. In any case, the Sri Lankan governmental forces then had

responsibility for looking after a displaced minority population of over 250,000. Treatment and conditions could not be checked; however, the IDPs certainly experienced unnecessary deprivations and hardships.

Although denied access to the IDP camps for many months, the UN, ICRC, and some local and international agencies were eventually permitted to operate in the camps, yet under strict controls. The Sri Lankan government later established a project approval mechanism to allow donor organizations to work in the northern part of the country on a case-by-case basis. Still, complaints from donors about lack of access to village-level communities remained commonplace.

Recommendation.

1. Donor organizations should avoid providing the bulk of their support to one certain population group. Donor organizations should ensure that their aid is delivered to multiple population groups, so as not to be perceived as favoring any certain group, and to preclude their being labeled "pro-minority," "pro-terrorist," or "anti-state."

2. Those organizations that are valued and respected by the HN government should utilize their status/favor and endeavor to convince the HN government that other humanitarian organizations ought to be allowed to travel/work with them on certain humanitarian missions. If the HN government has placed restrictions on certain donor organizations, then the UN (for example) could attempt to set up a "UN-HN-donor committee" to resolve the issues and to address existing/emergent requirements to mitigate suffering.

3. Donor organizations and their government sponsors should engage with major "non-like-minded" groups of the given country. They should establish an open dialogue to better understand each other's positions, needs, and interests and to explore space for common ground. The case of Sri Lanka shows that failing to engage the "non-like-minded" (Sri Lankan government, Sinhala Buddhist clergy, media) can result in their not deviating whatsoever from a given strategy (the use of force), and it can also result in donor restrictions and the denial of aid to people in need.

Implications.

If donor organizations and their government sponsors do not engage with the "non-like-minded," then the strategies and policies of the "non-like-minded" might perpetuate and even spiral. Outcomes could include: an increase in the level of violence/conflict, greater loss of life, increased numbers of suffering people, less/no access for donor organizations to the suffering, and greater access/ footprints/influence for other countries (with other agendas).

Event Description.

This observation is based on the article "Humanitarianism in Sri Lanka: Lessons Learned?," a briefing paper by Simon Harris, the Feinstein International Center, June 2010.

i. TOPIC. The Use of Military in Humanitarian and Disaster Relief (1416)

Observation.

There is a common expectation that the military is the only entity that can handle the emergencies that often occur as a result of humanitarian catastrophe. However, the inappropriate use of military resources in humanitarian and disaster relief can be problematic when part of a broader agenda.

Discussion.

In the public mind, there is an association between humanitarian operations and military involvement. There is a common expectation that the military is the only entity that can handle the emergencies that frequently arise as a result of humanitarian catastrophe. In many countries, the military is still very much involved in civil affairs and therefore plays a major role in humanitarian operations. However, the inappropriate use of military resources in humanitarian and disaster relief can be problematic if part of a broader agenda. In many cases, this military involvement is vital, but in others cases, there may be a hidden agenda such as having meetings with rebellion leaders, conducting surveys, and other activities that are contrary to host nation policies. Therefore, military involvement is more counterproductive than realized, especially the involvement of a foreign military. As an instrument of states, the military represents a form of national power and should be used to achieve a country's interests. Thus, some nations' military forces are designed as forces capable of executing missions to achieve vital national interests, not necessarily/solely for peace purposes.

The purpose of humanitarian action is to protect life and ensure respect for human beings. Thus, humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold in relation to areas where humanitarian action is being implemented. The Oslo guidelines recognize that the primary responsibility for providing humanitarian assistance lies with an affected state and acknowledges that in such contexts, the involvement of military forces is often a 'first resort' as a result of lack of capacity. At this point, when a nation state lacks organic capacity to respond to the crisis, use

of a foreign military is very much needed; however, it should be in line with operational circumstances, international law, core humanitarian principles, and the affected state.

To ensure that the foreign military involvement aligns with Oslo guidelines, there is a need for inherent wider supervision, including the international community's role to build trust. Thus, the UN should encourage and empower non-governmental organizations (NGOs) to balance military control and influence toward the affected state. Even though the ability of militaries to plan complex and large scale operations is a competency extremely valuable in conflict, emergencies and disasters, military organizations in general should not consider themselves as having exclusive legitimacy in providing humanitarian assistance. Unlike cooperation between government agencies and the military, NGOs often actively resist coordination between themselves and armed forces because the relationship jeopardizes their neutrality. NGOs rely on community acceptance of the operations for their security and are concerned that being seen to be cooperating with a military could undermine that acceptance and neutrality, thereby placing their staffs at risk.

Recommendation.

Civil-military cooperation must be built into any operations from the outset of planning. In order to promote integrated planning, there is a need to push the military to include in its planning processes the civilian agencies. This planning process is important in itself, because the planning process is critical to facilitate mutual understanding and a credible trust for all actors involved. Critical to coordination in the planning process is the steady flow of timely information. In this particular effort, communication is essential for the success of humanitarian missions. There is a need to provide opportunities for task division and planning at both senior levels and in the field. The division of tasks will create positive control for each element, allowing each element to remain focused on the primary mission of providing humanitarian assistance.

Event Description.

This lesson is based on readings for the U.S. Army War College PKSO elective course PS2219 – Peace & Stability Operations: Concepts and Principles, as well as on personal observations and experiences supporting humanitarian assistance in **Aceh** in 2004.

j. TOPIC. Humanitarian Assistance and Social Well-Being – for Peace and Stability (1514)

Observation.

The social well-being of a population plays an important role in sustaining peace and stability.

Discussion.

According to the Guiding Principles for Stabilization and Reconstruction (by the United States Institute of Peace and the United States Army Peacekeeping and Stability Operations Institute), "social well-being is an end state in which basic human needs are met and people are able to coexist peacefully in communities with opportunities for advancement. This end state is characterized by equal access to and delivery of basic needs services (water, food, shelter, and health services), the provision of primary and secondary education, the return or resettlement of those displaced by violent conflict, and the restoration of social fabric and community life."

The challenges for social well-being in societies emerging from conflict may involve water, food and shelter shortages, large-scale population displacement, the absence of critical health services, and much more. During and after a conflict, we can expect many other social issues to occur such as disputes about land, water rights, harvests, pasture rights, marriage, inheritance, and various other inter- and intra-community issues. All of these social issues can threaten a fragile peace.

In order to achieve meaningful social well-being, one needs to first set the conditions that allow people to have equal access to "basic needs services" (water, food, shelter, health). These services should be delivered in a manner that fosters reliability and sustainability. Besides access to "basic needs services," people should also have access to education services; the return/ resettlement of refugees and internal displaced persons should be facilitated; and, social reconstruction – the full restoration of social fabric and community life – should be planned and implemented.

The key to these steps is local ownership and building local capacity – meaning that the people and the local institutions ultimately delivering/managing these services should be able to function by themselves after the donors have left. A key aspect for the international community in developing local ownership is to understand the culture of the host nation communities. Understanding the local context is vitally important for social well-being efforts, because otherwise the strategies, policies, and programs of the international assistance might not fit into the local conditions, culture, and ways of life. As a result, these strategies, policies, and programs might not be sustainable for a longer period of time

beyond the initial stages. If, however, they align with the local context and culture, they will likely last well into the future.

Recommendation.

The international community and donors should place cultural understanding and local involvement at the center of all social well-being strategies, policies, and programs. The host nation must "lead" and establish guidelines for rules of engagement on all social well-being projects, in order to ensure local ownership and long-term sustainability.

Implication.

1. Without meeting basic necessities, large-scale social instability may persist because people will be unable to resume the functions of normal life – sustaining livelihoods, traveling safely, engaging in community activities, and attending school. Without helping people return to their homes or new communities of their choice, and without providing them a means for peacefully resolving disputes, people might not move beyond violent conflict or rebuild their lives.

2. Without strengthening local ownership, improving local institutions, and developing human resources, local communities will not be able to provide sustained services (for water, food, shelter, health, etc.) over time, and citizens' livelihoods will be at risk.

Event Description.

This lesson is based on classroom discussion and readings during lesson 9 (Humanitarian Assistance and Social Well Being) of U.S. Army War College PKSOI elective course PS2219 – Peace & Stability Operations: Concepts and Principles.

3. CONCLUSION

Military provision of Foreign Humanitarian Assistance has not only aided many nations recovering from natural disasters, but has also helped countless other nations in their endeavors to meet critical humanitarian needs and improve the social well-being of their citizens. In providing this assistance, it is imperative that the military supports the appropriate civilian lead agency, keeps "host nation ownership" in mind, and maintains awareness and consideration of other actors/ humanitarians operating within the host nation.

Summary of key considerations/guidelines for Foreign Humanitarian Assistance:

- **Humanitarian assistance should be undertaken with a definitive purpose, emphasized to recipient governments and personnel in charge.**

- **The host nation government should be made to understand that it is responsible to determine the required capacity for humanitarian response, as well as to disseminate the intentions of humanitarian responders to the affected population.**

- **The host nation government should overcome all forms of exploitation and corruption, so that all affected people are afforded access to assistance without discrimination.**

- **Prioritizing unity of effort to focus on establishing essential services is key to a successful transition process from short-term to long-term objectives. By establishing essential services, the international community will greatly assist the HN in an effort to save lives, alleviate human suffering, and reduce the economic and social impact of conflict.**

- **Military teams engaged in civil-military operations / humanitarian assistance should establish contacts and relationships upfront with key stakeholders throughout their area of operations – to set a tone of cooperation and promote synergy of efforts where possible.**

- **Military teams engaged in civil-military operations / humanitarian assistance should endeavor to maintain direct communication with the HN/local stakeholders throughout operations, with an emphasis on transparency – to preclude false expectations, misunderstandings, or dissatisfaction. Upon completion of work, or upon departure from the area, teams should provide a status on all projects to local stakeholders.**

- **Military teams engaged in civil-military operations / humanitarian assistance should endeavor to partner with HN security forces where feasible – to promote HN participation and ownership in projects, as well as to build civilian trust in their military. Furthermore, partnering with HN security forces on projects may allow them to gain/ improve knowledge on certain tasks or skills.**

- **School reconstruction/rehabilitation projects should be considered during US military planning of civil-military operations / humanitarian assistance missions – as a course of action (or component thereof) to help restore normalcy to conflict-affected communities.**

- **Develop a mission orientation briefing/package for personnel engaged in humanitarian civic assistance missions. Include an**

overview of National and Theater security strategy and mission objectives. Describe the command and control structure for all personnel. Outline roles and expectations of all participants, to include organizational capabilities and assets. A widely disseminated orientation package would lead to greater understanding of the mission, manage expectations of all participants, and foster cross-cultural harmony between various organizations and personnel involved in the mission.

- Source the mission with personnel based on site survey findings. Right-sizing the mission can eliminate the need to rotate personnel throughout the engagement, decrease transportation requirements, create more cohesive teams, and decrease amount of "down-time."

- Establish continuity between the site survey team and the advanced echelon (ADVON). Critical relationships are formed over time with familiar faces, fostering a deeper understanding of HN nuances and insights. Site survey team and ADVON members should have a good understanding of humanitarian principles. ADVON needs to ensure HN personnel are prepared for arrival of assisting units, expectations of engagements are understood, and event sites are prepared.

- Partner with host nation leaders on strategies for aid programs and eventual aid reduction/weaning.

- Meaningfully involve the host nation government in the design and execution of all major aid projects, so that the government can track the projects to completion, and, as appropriate, transition the projects to government responsibility.

- Invest in projects that build on existing capacities at the lower tiers of governmental administration; local ownership and community involvement are critical.

- Establish monitoring and accountability systems. Aid programs require comprehensive tracking and assessment mechanisms.

- Codify the extending of invitations to interagency, intergovernmental and non-governmental organizations to participate in DoD training events/exercises having humanitarian assistance or disaster relief training objectives.

- When appropriate, integrate NGOs into the planning process for humanitarian missions.

- The transition from short term relief needs to long term development activities needs a coherent planning process, synchronized relief and development strategies, and continuous coordination and collaboration efforts among stakeholders.

- **Monitoring & evaluation should be an integrated and independently-resourced process** – to assess the effectiveness of aid and development efforts, to preclude any waste of resources, and to identify any shortcomings in aid/development programs.

- **Humanitarian assistance should be inclusive of multiple population groups** – rather than focusing on any single group. Delivering aid to multiple groups can help to reduce perceptions of favoritism toward one certain group. Even "non-like-minded" groups should be taken into consideration for engagement.

- **Civil-military cooperation must be built into all Foreign Humanitarian Assistance operations** – from the outset of planning. An integrated planning process is critical – to facilitate mutual understanding and to establish trust among all actors involved. An essential element of the planning process is the steady flow of timely information among stakeholders.

- **The international community and donors should place "cultural understanding" and "local involvement" at the center of all social well-being strategies, policies, and programs.**

- **The host nation must "lead" and establish guidelines for rules of engagement on social well-being projects** – in order to ensure both local ownership and long-term sustainability.

Through wider dissemination of the aforementioned lessons, through their inclusion in training events and leader education programs, and through senior leader emphasis, significant impacts can be made during the course of future Foreign Humanitarian Assistance operations – to the benefit of all involved in the mission, especially the people of the host nation.
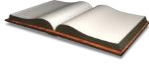

4. COMMAND POC

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[Ensure you are logged in to SOLLIMS to access these items.]

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Annex A

Lessons Learned & Challenges
Africa Partnership Station 2012

1. Each country is unique. Learn the culture!

2. Supplies… supplies! Get it right.

3. Ensure capabilities are adjusted to mission and vetted by Host Nation (HN).

4. It is a TEAM approach.

5. You can't plan enough. Anticipate everything.

6. Protect the force and avoid team burnout. Incorporate Anti-Terrorism Force Protection (ATFP) and Force Health Protection (FHP) measures.

7. Study previous missions. Seek out Lessons Learned.

8. Be wary of bad publicity.

9. In their eyes: We are all Americans.

Source: "Africa Partnership Station 2012 AAR Overview," High Speed Vessel (HSV) Swift Africa Partnership Station (APS) 12 Medical Detachment, 28 February 2013

Annex B

Lessons Learned in Civil-Military Operations
Operation Provide Relief & Operation Restore Hope, Somali, 1992-93

- The real "peacekeepers" in a peace operation are the humanitarian relief organizations (HROs) that provide both aid for the present and hope for the future.

- The HROs can be our allies, but they must at least be part of our planning and coordination efforts.

- One of the most important initiatives of the Somalia operation was the establishment of the Civil-Military Operations Center (CMOC). Liaison officers from the multinational contingents, together with the U.S. command, used this center as a means of coordinating their activities – such as providing military support for convoys of relief supplies and assigning pier space and port access to Mogadishu Harbor for the HROs. These duties lent themselves to the broadening of contacts between the military and civilian components, including the creation of parallel CMOCs in each of the 9 Humanitarian Relief Sectors.

- Equally important, however, was the fact that CMOC was able to work closely with the Humanitarian Operations Center run by the United Nations – thus allowing a single focal point for all relief agencies operating in-country.
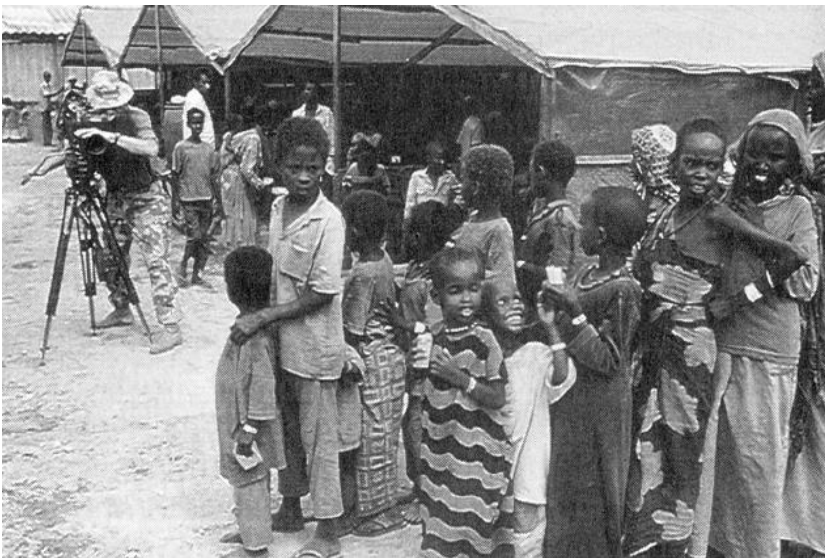
Source: "Somalia Operations: Lessons Learned," Kenneth Allard, 7 April 2005

Annex C

Do's & Don'ts
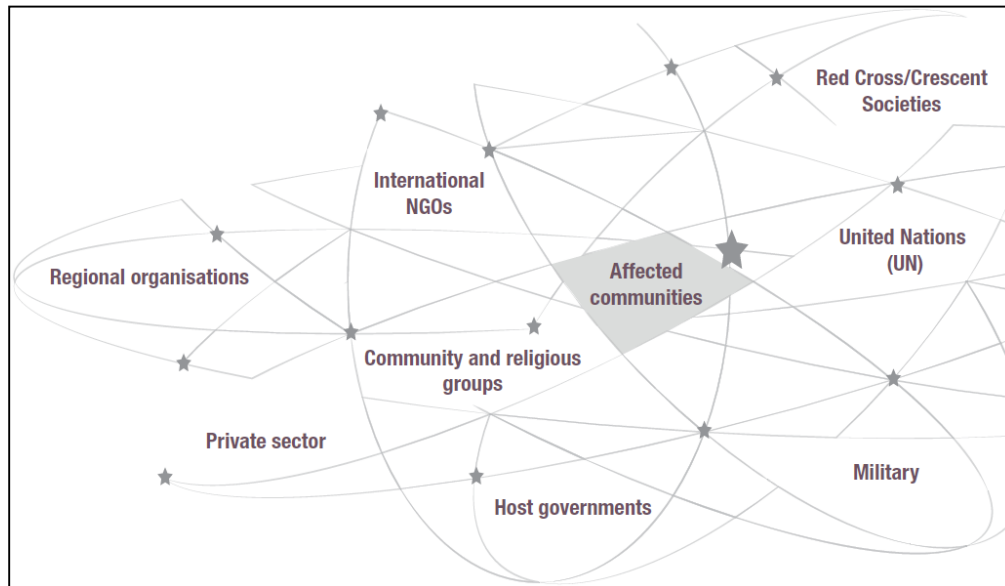## when working in the field of Civil-Military Interaction

<u>Do's</u>

- Try to build (personal) relationships.

- Align relevant strategies in the planning phase.

- Evaluate and monitor your activities (and share the results).

- Share/communicate your way of operating.

- Describe the sustainability of your efforts.

- Respect each other's decisions, and try to deal with them.

- Communicate your time frame.

<u>Don'ts</u>

- Stereotype.

- Create barriers between military and civilian partners.

- Disrespect each other's principles.

- Create dependency.

- Make promises you cannot keep, they will turn against you.

- Underestimate the 'need to share'.

- Plan in splendid isolation.

- Create new structures.

FIGURE 1. THE DIVERSE ACTORS INVOLVED IN HUMANITARIAN RESPONSE

Sources:
- **Do's & Don'ts:** "Best & Bad Practices on Civil-Military Interaction," NATO Civil-Military Cooperation Centre of Excellence, Allard-Jan tan Berge, June 2014
- **Figure 1:** "Working Together in the Field for Effective Humanitarian Response" [background paper], L. Saavedra and P. Knox-Clarke, ALNAP/ODI, 13 February 2015

KOURGUI, Cameroon (13 May 2015). A volunteer nurse teaches people how to properly take their prescriptions during a humanitarian assistance mission led by Cameroonian Soldiers from the Battalion d'Intervention Rapide. The mission, funded through the U.S. Africa Command (AFRICOM) Humanitarian and Civic Assistance Program, provided medical assistance and education to over 1,250 people displaced due to Boko Haram violence. (AFRICOM photo)

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