Afghanistan PRT Pre-Deployment Training

Facilitator's Guide

PRT USAID Training
Washington, D.C.
September 9 - 11, 2008

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1. INTRODUCTION

Welcome to the USAID PRT Training Course, an initiative developed and implemented by an Interagency Working Group with representation from Department of Defense, Department of State (DoS), United States Department of Agriculture (USDA), and the US Agency for International Development (USAID). This Facilitators Guide will provide participants with the tools, resources, and tips necessary to successfully complete the course.

1.1. RATIONALE

The purpose of this course is to provide new USAID Field Program Officers (FPOs) with an understanding of the role of USAID in Afghanistan and in civilian-military PRTs so that they are "agency-ready" as they begin their follow-on interagency PRT training with colleagues from other civilian and military institutions. USAID has unique responsibilities, lines of authority and reporting requirements in Afghanistan. FPOs must understand these in order to work more closely with other agencies in the PRT organization to achieve unity of effort.

1.2. BACKGROUND: PROVINCIAL RECONSTRUCTION TEAMS

PRTs in Afghanistan are the key instruments through which the international community delivers assistance at the provincial and district level. PRTs seek to establish an environment that is secure enough for the operation of international and Afghan civilian agencies to foster stabilization and development. A PRT generally covers one province in Afghanistan; however some cover more than one. As of August, 2007 there are 25 PRTs operating in Afghanistan.

1.3. PARTICIPANTS

This course is intended for USAID staff scheduled for duty in one of the PRT forward operating bases or US military task forces subordinate to Combined Joint Task Force 101st Division (Airmobile) (CJTF101) scheduled to deploy to Afghanistan in the fall of 2008.

1.4. COURSE DESIGN

This course has been designed in a unique way, emphasizing team building through the employment of seminar sessions, exercises, and extensive work with mentors and peers. The course is built for 3 days. The first day introduces USAID and their work in Afghanistan. The second day provides scenarios and material on decision making and provides students with links to practitioners. The final day, is structured to provide for self-learning and reinforcing relationship building. Overall, the course as designed is highly interactive and the use of participatory learning techniques will enable participants to learn from one another by drawing upon the collective knowledge of their peers.

2. AGENDA

TRAINING AGENDA

9 SEPTEMBER 2008

Time	Session
9:00	Module 1: Course Introduction
10:00	Module 2: USAID Basic Training
11:00	Break
11:15	Module 3: The Evolving Role of USAID/Afghanistan
12:45	Lunch
13:45	Module 4: Overview of Program Planning & Management
14:45	Break
15:00	Module 5: Mentor Sessions
16:30	Evaluation
17:00	Internal AAR (USAID/IRG)

10 SEPTEMBER 2008

Time	Session
9:00	Module 6: Taking a Short Cut
10:45	Break
11:00	Module 7: Preparing for Deployment
12:30	Lunch
13:30	Module 8: Stress & Emergency Management
15:15	Break
15:30	Module 9: Mentor Sessions
16:30	Evaluation
17:00	Internal AAR (USAID/IRG)

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11 SEPTEMBER 2008

Time	Session
9:00	Meet at USAID security reception area in Ronald Reagan Building (identification required to clear security)*
9:30	Bureau Guided Tour
10:00	Media/Public Affairs Briefing
10:15	Take taxis back to IRG office
10:30	Module 10: Study Hall
12:30	Lunch
13:30	Module 11: Course Wrap-up
15:00	Evaluation

*Enter RRB from the 14th St. entrance, turn left, and wait in USAID security reception area.

All sessions will be held at the IRG office, located at 1211 Connecticut Ave, NW, Suite 700, with the exception of the morning of Day 3, which will be held at the USAID headquarters, located in the Ronald Reagan Building at 1300 Pennsylvania Avenue NW.

Closest Metro Stops:

- IRG: Farragut North (red) and Farragut West (orange and blue). IRG is near the corner of Connecticut and M St.
- Ronald Reagan Building: Federal Triangle (Orange and Blue) and Metro Center (red).

3. COURSE OVERVIEW

3.1. BACKGROUND

3.1.1. THE PRTS' OBJECTIVES ARE:

- To support the Government of the Islamic Republic of Afghanistan (GIRoA) in the development of a more stable and secure environment;
- To assist in extending the authority of the GIRoA;
- To support where appropriate the Security Sector Reform (SSR) initiatives;
- To facilitate the reconstruction effort and reinforce national development priorities;
- To enable unity of effort amongst civil actors; and
- To demonstrate the International Community's commitment to Afghanistan's future.

3.1.2. THE PRTS' MORE SPECIFIC TASKS ARE:

- To improve the security environment by mitigating the causes of instability and/or conflict;
- To monitor, assess, advise on and support Security Sector Reform (SSR) activities in close coordination with UNAMA, SSR lead-nations and bilateral programs;
- To assist the GIRoA in the dissemination of its decisions and policies to the regional leaders;
- To provide a visible presence in assigned Area of Operations (AOO);
- To monitor and assess the military, political, and civil situations within the AOO;
- To provide information and intelligence to COMISAF for the development of a common operational picture of the assigned AOO;
- To assist the International Community with the process of reform and strengthening of civil administration;
- To facilitate information sharing between the GIRoA and civil agencies;
- To organize and facilitate periodic principals' meetings to facilitate dialogue and liaison between the GIRoA / UNAMA / and regional leaders, and
- To be prepared to host and assist international observers assisting in the development of civil structures.

3.2. SUBJECT MATTER OVERVIEW

This course covers the following topics: Overview of USAID (for participants with little USAID) experience); USAID in Afghanistan; Program Management and Activity Manager: Preparation for Deployment; and Stress Management. In addition, participants will work with Mentors (recent PRT FPOs) to gain their insights, advice, and lessons learned.

3.3. OUTCOMES EXPECTED

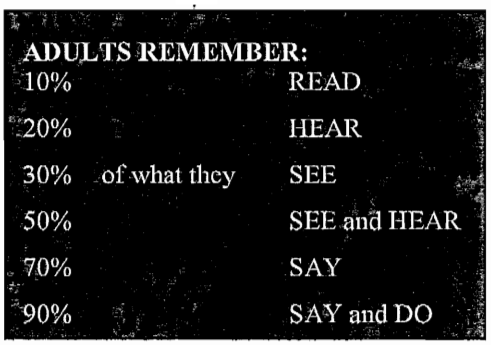
The USAID Afghanistan PRT Course is designed to produce "agency-ready" USAID Field Program Officers for deployment to PRTs in Afghanistan. By "agency-ready", an FPO should understand "development" and its role in stability operations, the organizational structure and major programs of USAID Afghanistan, the role and responsibilities of FPOs, the knowledge resources available on-line, and have all questions answered concerning administrative and logistical issues.

3.4. COURSE OBJECTIVES

- Describe "Development" and its role in Stability Operations
- Describe the seven major USAID programs in Afghanistan
- Describe the organizational structure of the USAID Mission (office-level)
- Describe the role and responsibilities of a USAID Field Program Officer on a PRT in Afghanistan
- Comprehend the on-line instructional and informational tools available to USAID PRT staff in Afghanistan
- Have no open personal administrative or logistical questions unanswered concerning deployment to Ft. Bragg and to Afghanistan

4. KEY CHARACTERISTICS OF ADULT LEARNERS

Training is successful only if participants leave the room with new knowledge that they are able to retain and put to use long after the course has ended. In order to ensure that learning occurs, trainers must be familiar with the way in which adults learn. When it comes to learning, adults differ from children and teens. Adult learners are:



- Self-directed; they prefer to be in charge of their own learning and active participants in the learning process.
- Able to retain more information if they can relate it to their own experiences.
- Relevancy-oriented; they must see a reason for learning something.
- Goal-oriented.
- Likely to believe something if they arrive at the idea on their own.[1]

4.1. WHAT DOES THIS MEAN FOR THE TRAINER?

Participants retain very little information from lectures! New information will likely be retained if learners **practice** recalling the information soon after they process it. This is why it's important to provide opportunities to review new material and put it into practice through activities and discussion. Effective facilitators guide participants to their own knowledge rather than providing them with facts. They also draw out participants' relevant knowledge and experience, and emphasize how course participation will help them achieve their goals.

[1] Pike, Robert W. Creative Training Techniques. 1989.

4.2. THE EXPERIENTIAL LEARNING MODEL

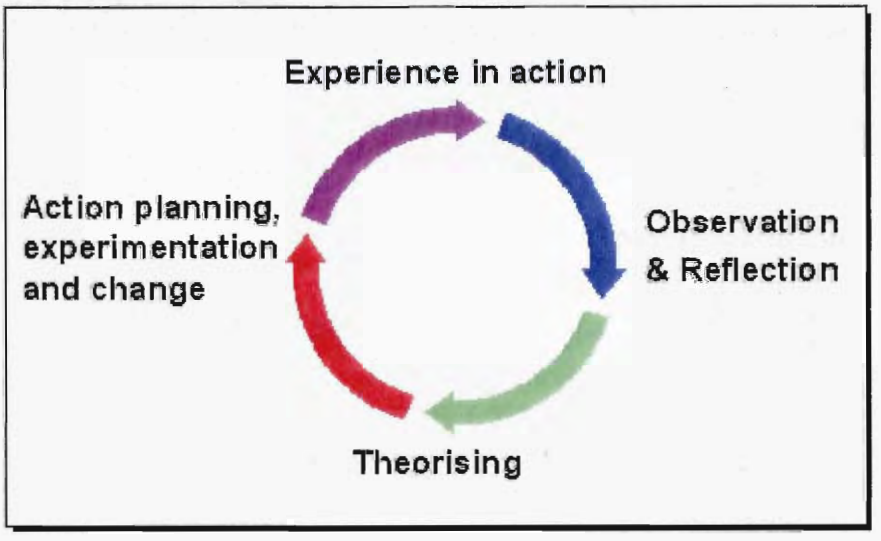
The sessions that comprise this course are based upon the Experiential Learning Model, a theory used to describe how adults process, understand, and apply new knowledge. Adults learn through experience.[2] According to the Experiential Learning Model, the learning process consists of four phases:

1. Experience in action: The learner has some sort of experience. This experience may be a case study, role play, or other activity. It may also be a recalled experience from the participant's past.

2. Observation and Reflection: The learner reflects upon the experience. This step often occurs during a large or small group discussion.

3. Theorizing: The learner analyses the situation and draws conclusions. During this phase, the facilitator helps the participant see patterns or formulate theories based on the experience. New material may also be added at this phase.

4. Action planning, experimentation and change: The participant applies the new knowledge or skill. This step may occur in the classroom or the field.

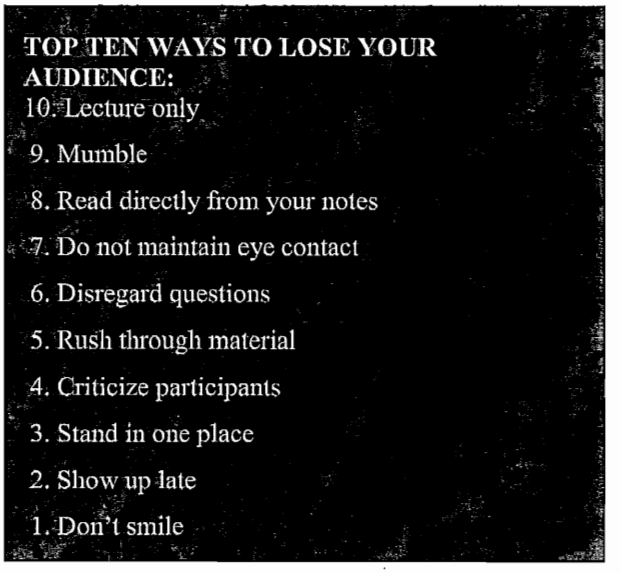


[2] Kolb, D.A. Experiential Learning, 1984.

Facilitation Tips

4.3. PRESENTATION AND TRAINING SKILLS

In order for learning to occur, participants must feel motivated and engaged. A facilitator with strong presentation skills is able to energize the room and encourage participation. What needs to take place in order for a presentation to be successful? Good facilitators are attuned to the physical, psychological, and cognitive needs of their participants.



4.3.1. TO ENHANCE THE TRAINING EXPERIENCE, EFFECTIVE FACILITATORS:

- Elicit feedback and questions from participants
- Maintain appropriate body language
- Respect all answers
- Stay on schedule
- Use humor
- Involve all participants in discussion
- Encourage participation in group activities
- Take breaks
- Provide a variety learning activities

4.4. USING POWERPOINT

PowerPoint slides are a tool used to aid and enhance presentations; they are not the presentations themselves. A few points to keep in mind when utilizing PowerPoint:

- Resist the urge to read the slides.
- Give a brief overview at the start of the presentation, and then present the content.
- PowerPoint should not be used for the entire presentation, participants need active learning.
- Use slides to highlight and/or review important concepts.
- Practice the full presentation so that you can speak from a position in the room, not reading slides.
- Use a wireless mouse so you can move around as you speak.
- Do not turn your back on the audience.

4.5. ASKING AND ANSWERING QUESTIONS

Effective facilitators encourage participants to ask questions. They also respond to participants' inquiries with honesty and respect. Questions provide facilitators with the opportunity to increase participants' comprehension and retention of new information. The use of dynamic questions and responses often enable participants to arrive at their own answers. Remember, the learning environment is based on processing, understanding, and applying new knowledge, questions are a key component to this process!

4.5.1. QUESTIONING TIPS:

Repeat and rephrase the question. This ensures that the question has been understood correctly, and that everyone has heard it.

Redirect the question to another student, or to the entire group. This tactic encourages discussion and suggests that peers may learn from one another.

Check in with the learner after answering the question. Asking, 'does that answer your question?' ensures that the learner understood the response.

Admit when you don't know the answer. It's better to research the answer and follow up with participants than to fake it.

Ask open-ended questions. Questions that require more than a 'yes' or 'no' answer encourage participation, critical thinking, and discussion.

Ask for questions. Give participants time to formulate questions.

4.5.2. DEALING WITH DIFFICULT PARTICIPANTS

Even the best facilitators must occasionally manage difficult participants. Participants classified as difficult may: dominate discussions; ramble; distract others with side conversations; antagonize the facilitator or other participants; or fail to participate. An energetic environment and participatory activities will engage most participants and discourage difficult participants. If, however, a situation occurs, the following steps may be taken:

4.5.2.1. DOMINATING PARTICIPANTS:

- Acknowledge the participant's contribution.
- Encourage others to participate by eliciting responses from other sections of the room, or from those who have not yet shared.
- Give participant a task to do during the session, such as writing responses on flip chart paper.

4.5.2.2. RAMBLERS:

- During a break in speech, summarize what has been stated and move on.

4.5.2.3. COMPETING CONVERSATIONS:

- Set ground rules at beginning of the session discouraging side conversations and cell phone use. Post rules and refer to them as needed.
- Pause and wait until conversation has stopped.
- Stand next to those engaged in conversation.
- If conversation continues, ask participants to continue their conversation outside.

4.5.2.4. ANTAGONIZERS:

- Listen to their criticism/complaints.
- Resist insulting or demeaning them.
- Take them aside outside of class and ask if there is a problem.
- If all else fails, offer them the opportunity to leave.

4.5.2.5. QUIET PARTICIPANTS:

- Ask participants to discuss a question in pairs or at their tables, rather than in a large group.
- Tolerate initial silence after asking a question. Someone will usually respond.

4.6. PARKING LOT

The purpose of the parking lot (sometimes referred to as an Ask-It Basket), is to provide participants with the opportunity to post issues or questions that are not directly related to session content. The parking lot is a sheet of flip chart paper on which participants may post sticky notes that contain questions or comments. The facilitator is responsible for responding to the posts by the end of the course. The parking lot tool allows participants to be heard, while keeping the class on schedule. Furthermore, it provides quiet participants with a venue in which to post questions or comments they may feel uncomfortable discussing in front of a group.

5. HOW TO USE THIS GUIDE

5.1. INSTRUCTIONS

The purpose of this guide is to provide facilitators with the procedures, activities, and tools necessary to facilitate a structured, interactive course. The guide is not intended to be read verbatim to the participants. Facilitators are encouraged to familiarize themselves with session content found in **section 3 of the lesson plan** so that they may phrase concepts and questions in their own words.

5.2. SESSION ORDER

This training consists of a total of 11 module sessions, which are divided over a 3 day session.

5.3. MATERIALS

Copies of all handouts, articles, and job aids utilized during the course are located in this Facilitator's Guide. Participants receive organized binder without any content, but that will be filled with individualized content throughout the course. Additionally, participants will receive a CD that contains all the reading materials presented and handed out at the course, as well as all those contained on the website at the time the course was given.

5.4. WEBSITE

All materials, plus a wealth of additional resources, are house on the High Threat Environments Learning Portal (http://www.develebridge.net/hte). This site mimics the course layout and provides access points for the students to obtain additional information and resources about a given topic. Also, during Module 10: Study Hall, students will use the website as a reading library to expand their learning from the basic course materials.

5.5. LESSON PLAN

5.5.1. MODULE AT A GLANCE

Each Module Lesson plan is preceded by a section entitled *Module at a Glance*. This section provides a snapshot of the module, including topics to be covered, duration of each module, and instructional method(s) employed.

5.5.2. MODULE STRUCTURE

Each unit consists of the following components:

Section	Purpose
Module Objectives	States the specific intended outcomes of the Module.
Participants	Describes the target audience and number of participants.
Context	Describes how the session fits into the overall training strategy.
Content Overview	Describes the key concept(s) covered. It is intended as background information for the trainer.
Room Setup	Explains what the trainer will need in the room in order to deliver the session.
Materials Needed	Lists materials the trainer will need (such as presentations, handouts, etc.) for the session.
Staff Needed	Denotes the facilitator prerequisites. This note may not appear for every session design.
Delivery	Provides a detailed sequence of steps the trainer is to complete as he or she facilitates the session. It also includes suggestions for what the trainer should say (i.e., a script) in a given step, as well as small-group breakout instructions, questions (with the answers) to lead a discussion or debriefing of an exercise, and a wrap-up.
Potential Issues	Provides warnings about potential problems or controversy with the session.
Alternative Delivery	Describes any alternative ways of presenting session content.

6. FACILITATOR CHECKLIST

The conditions of the physical environment affect learning. Room temperature, room arrangement, lighting, and noise are examples of elements of the learning environment that may affect the participants' ability to process and retain new information. It is the facilitator's responsibility to ensure that the physical environment is conducive to learning. Some elements to consider when inspecting a site include: the facility; surrounding environment; meeting space, and equipment. The following checklist serves as a basic guideline of what should be asked, observed, and noted when conducting a site inspection for determining training/meeting/event needs.

POC AT THE FACILITY: _____DATE/TIME OF EVENT: _____

Facility	Observations	Follow-Up
Reservation Procedures and Policies		
Proximity to Public Transportation		
Taxi Service		
Parking Space		
Security Guards/Security Clearance Regulations		
Security Access		
Elevator Accessibility		
Emergency Exits Marked		
Emergency Evacuation Plan		
Telephone/Email/Fax Access		
Office Space for Preparation		
Storage of Materials		
Restroom Locations		
Housekeeping Services		
Scheduling Set-up/Clean-up		
Meeting Space	**Observations**	**Follow-Up**
Number of Meeting Rooms		
Number of Break-Out Rooms		
Estimated Attendance		
Seating Arrangements		
Audio-Visual Needs and Set-Up		
Lightening		
Electrical Outlets		
Space for Refreshments		
Pre-Meeting Space: Lobby/Lounge Areas		
Climate Control		
Coat Rooms/Closets		
Equipment	**Observations**	**Follow-Up**
Table Sizes and Quantity		
Chair Styles and Quantity		
Podiums		
Special A/V: Microphone, Remote Control, Speakers, Internet		
Easels		
Flip Chart/Markers		
White Boards/Markers		
Directional Signage		

MODULE 1: COURSE INTRODUCTION

MODULE AT A GLANCE

Content	Approx. Time	Instructional Activity
Introduction	30 minutes	seminar
Discussion	15 minutes	seminar
Toolkit	15 minutes	seminar
Total Time	60 minutes	

Lesson Objectives	• LO1: ***Describe*** the purpose of the USAID Afghanistan PRT Training Course. • LO2: ***Describe*** this course's relationship to the Civilian Interagency Training and the Collective Civilian-military Training programs. • LO3: ***List*** course expectations (what do you personally expect to know when you complete this course). • LO4: ***Identify*** all HR and logistics issues needing answers. • LO5: ***Demonstrate*** how to access the HTE site and use it for the course and for PRT assignment.
Participants	USAID PRT members
Context	Adult Learning Environment
Content Overview	This module presents an overview of the course with welcomes by the Asia Bureau and the Afghanistan Desk, as well as discussion of resources and answering important introductory questions.
Room Setup	Projector, conference call capability
Materials Needed	• Participant's Workbook • HTE quickstart guide • HTE/PRT website overview • PRT Staffing Map
Staff Needed	Facilitator and Welcomers
Delivery	Seminar
Potential Issues	Ensuring that all students take the assessment before they arrive at the course, and getting the conference call with Mission organized in time.

MODULE 1 LESSON PLAN

COURSE INTRODUCTION

1. LESSON OVERVIEW

a. **Methodology:** This module is an seminar discussion to introduce the course and welcome students.

b. **Subject Matter Overview:** This module presents an overview of the course with welcomes by the Asia Bureau and the Afghanistan Desk, as well as discussion of resources and answering important introductory questions.

c. **Lesson Objectives (LO)**

- LO1: ***Describe*** the purpose of the USAID Afghanistan PRT Training Course.
- LO2: ***Describe*** this course's relationship to the Civilian Interagency Training and the Collective Civilian-military Training programs.
- LO3: ***List*** course expectations (what do you personally expect to know when you complete this course).
- LO4: ***Identify*** all HR and logistics issues needing answers.
- LO5: ***Demonstrate*** how to access the HTE site and use it for the course and for PRT assignment.

d. **Outcomes Expected:** At the completion of the module, students will be able to understand the scope of the course, including objectives; how the course relates to the Civilian Interagency Training and the Collective Civilian-military Training programs; identify HR and logistical questions they need answered; meet their colleagues and begin to bond; and, understand the importance of the HTE site for their use during and after the course.

e. **Linkage to Other Lessons:** This module introduces students to each other and the course administrators.

f. Module POC: Tony Pryor

g. Subject Matter POC: Rick Ferrer

2. STUDENT REQUIREMENTS

a. Required Readings: none

b. Handouts:

- Participant's Workbook
- HTE quickstart guide
- HTE/PRT website overview
- PRT Staffing Map

3. TEACHING PLAN

a. **Background:**

- Scope: This is a 60 minute seminar to introduce students to the course.

- Instructional Notes: Conference call with the mission may occur during this module if it can be set up. Add the call during the Introduction section, if possible.

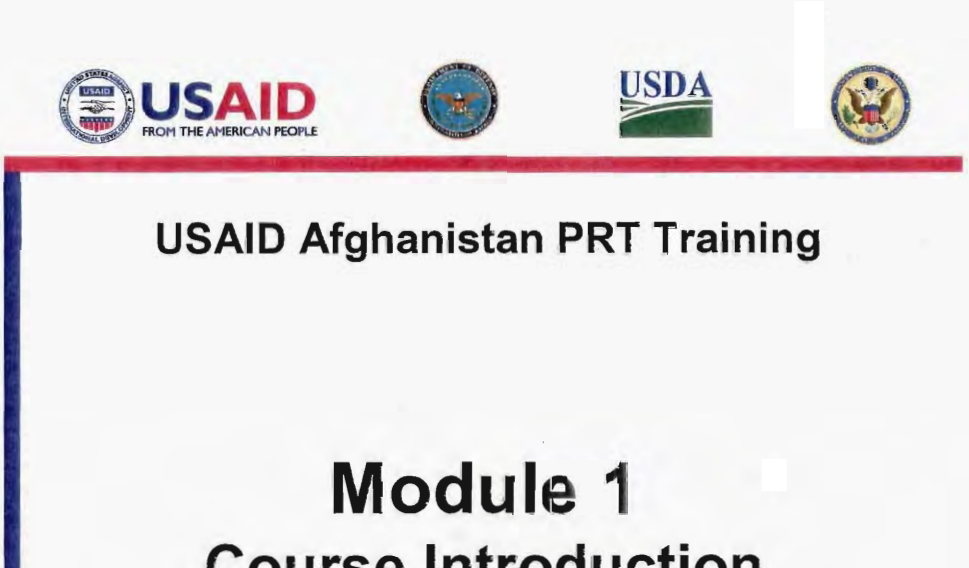
b. **Lesson Sections:**

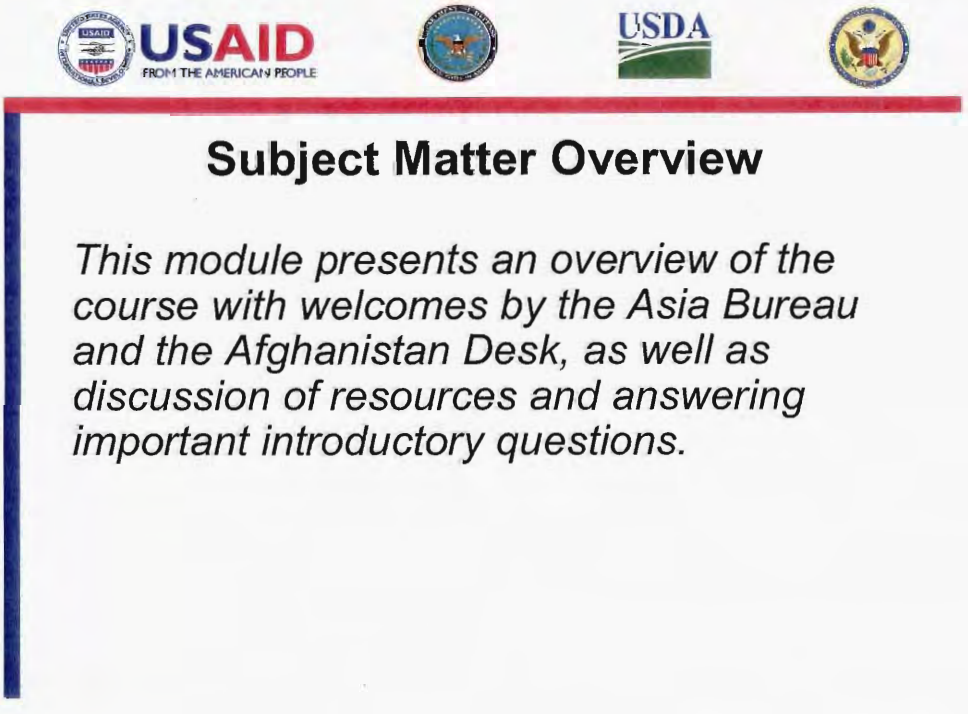
- Introduction:
  - Duration: 30 minutes
  - Location: main room
  - Presenter: Asia Bureau (Rebecca Maestri), USAID Kabul (Mike Yates), Afghanistan Desk (Kevin Dean), & Office of Military Affairs (Jim Hanley)
  - Facilitator: Dana Stinson
  - Content:
    - Welcomes
    - Provide overview of course context (with other courses in training cycle) by OMA
    - Review course objectives
    - Identify outstanding logistical and admin questions
    - Introduce "parking lot"
    - Review agenda
- Discussion:
  - Duration: 15 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Dana Stinson
  - Content: student introductions
- Toolkit:
  - Duration: 15 minutes
  - Location: main room
  - Presenter: Melissa Arnold
  - Facilitator: Dana Stinson
  - Content:
    - Introduction to the Participant Workbook
      - Facilitator note: the workbook is for all USAID students for the entirety of the training cycle over the next few weeks.

- Facilitator note: the ISAF guide that was scheduled to be included as a handout in this module will be provided to you at the Civilian Interagency training on September 12 & 15, as well as being included on the HTE website.

- Present HTE Learning Portal and other online resources

4. SLIDES





Lesson Objectives (LO)

- *LO1: **Describe** the purpose of the USAID Afghanistan PRT Training Course*
- *LO2: **Describe** this course's relationship to the Civilian Interagency Training and the Collective Civilian-military Training programs*
- *LO3: **List** course expectations (what do you personally expect to know when you complete this course)*
- *LO4: **Identify** all HR and logistics issues needing answers*
- *LO5: **Demonstrate** how to access the HTE site and use it for the course and for PRT assignment*

The Way Ahead...

Provincial Reconstruction Team (PRT) Civilian –Military Collective Training

USAID FROM THE AMERICAN PEOPLE USDA

Provincial Reconstruction Team (PRT) Civilian Interagency Training

Subject Matter Overview

• 2-days of classroom training and practical exercises, Sep 12 and 15

• Topics: stability mission, external environment (GIRoA, ISAF, UN, provincial governance), PRT military and interagency civilian partners, PRT structure & process, military culture, team-building

• Provides framework for integrating civilian and military members of PRT at Ft Bragg and content on which to prepare for and conduct PRT operational exercises during the Collective Civilian-Military Training Program, Sep 29 – Oct 12.

USAID FROM THE AMERICAN PEOPLE USDA

Provincial Reconstruction Team (PRT) Civilian – Military Collective Training

Subject Matter Overview

• 7-days of classroom training and practical exercises
• 6-day field Military Readiness Exercise (MRX)
• Topics: military and interagency civilian partners, stability doctrine, USG and GIRoA policy, PRT security missions, PRT planning process, effective interaction with the local population.
• Builds on knowledge gained during the PRT Commanders & Staff Course and the PRT Civilian Interagency Course
• Team-building and practical exercises directly linked to scenarios that the PRT teams will encounter during the MRX.

Course Objectives

- Describe "Development" and its role in Stability Operations
- Describe the seven major USAID programs in Afghanistan
- Describe the organizational structure of the USAID Mission (office-level)
- Describe the role and responsibilities of a USAID Field Program Officer on a PRT in Afghanistan
- Comprehend the on-line instructional and informational tools available to USAID PRT staff in Afghanistan
- Have no open personal administrative or logistical questions unanswered concerning deployment to Ft Bragg and to Afghanistan

Agenda: September 9

9:00 am	Module 1: Course Introduction
10:00 am	Module 2: USAID Basic Training
11:00 am	Break
11:15 am	Module 3: The Evolving Role of USAID/Afghanistan
12:45 pm	Lunch
1:45 pm	Module 4: Overview of Program Planning & Management
2:45 pm	Break
3:00 pm	Module 5: Mentor Wrap Around
4:30 pm	Evaluation

Agenda: September 10

9:00 am	Module 6: Take a Short Cut
10:45 am	Break
11:00 am	Module 7: Preparing for Deployment
12:30 pm	Lunch
1:30 pm	Module 8: Stress & Emergency Management
3:15 pm	Break
3:30 pm	Module 9: Mentor Wrap Around
4:30 pm	Evaluation

Agenda: September 11

9:00 am	Meet in Ronald Reagan Building Lobby
9:30 am	Bureau Guided Tour
10:00 am	Media/Public Affairs Briefing
10:15 am	Taxi back to IRG office
10:30 am	Module 10: Study Hall – HTE site
12:30 pm	Lunch
1:30 pm	Module 11: Course Wrap-up
3:00 pm	Evaluation

10

MODULE I HANDOUTS

USAID
FROM THE AMERICAN PEOPLE

Quickstart Guide for the High Threat Environments Learning Portal

Welcome to the Learning Portal for High Threat Environments, a collection of courses and useful learning materials for those deploying to high threat areas. The resources on our site will grow as more materials are submitted. Among other things, the site has:

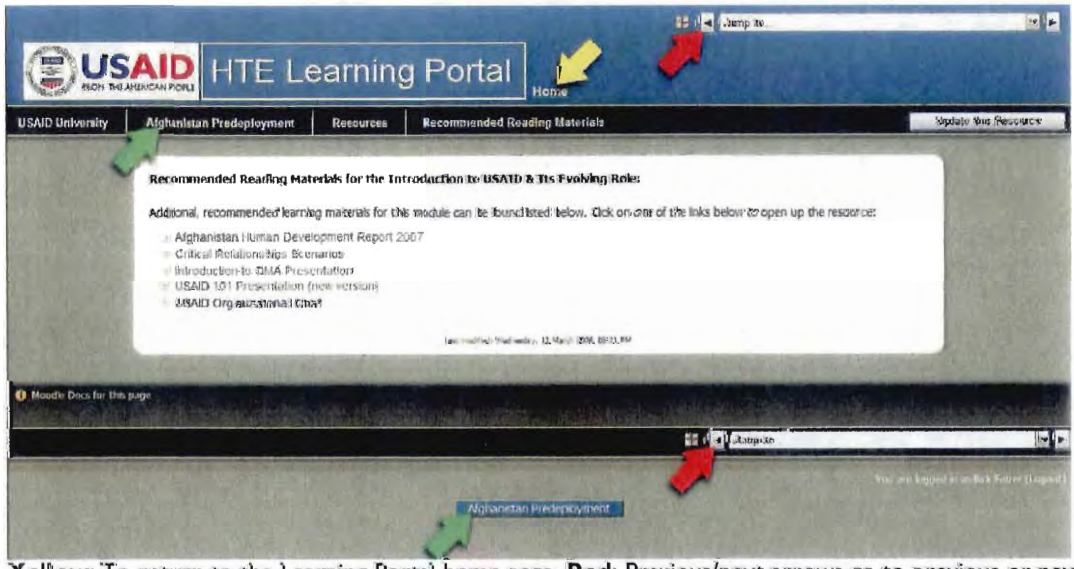
- Self-paced courses to take learners through the key issues surrounding deployment
- A "Practical Resources Center" that stores key information and documents regarding security, housing, logistics, and country information
- A library of audio interviews with key on-the-ground figures in Afghanistan and Iraq
- A Help Desk to answer your specific questions
- Discussion areas for site visitors, video collections, glossaries, and more.

How to access the Learning Portal

- The address for the Learning Portal is **http://www.develebridge.net/hte**
- To obtain a **username and password** all users must first take a brief **survey** to tell us about themselves. This allows our team to provide individualized guidance about which of our resources will be most helpful for you. To launch the survey, click the yellow Survey button at the left side of the home page.
- The site's home page shows the two main types of resources on the site: our **self-paced courses** in the red box, and our collection of **practical resources** in the blue box.
- When you click to enter either the courses or the practical resources, the site will ask you to provide your password. Then it will send you to the course or resource you requested.

How the Self-Paced Courses Work

1. From the home page, click on the first course listed. You will see that our self-paced courses are organized as a list of modules, each of which has a collection of resources (slideshows, readings, etc) that provide the core learning for that module's topic. For instance, the USAID/Afghanistan course has a number of modules, including one on "Working with the Military," which has six key resources.
2. The first resource in a module is always an introductory audio slideshow that gives a quick overview of the module and its main objectives. *NOTE: Many of the resources we offer are audiovisual slideshows that display Powerpoint-like presentations while a narrator orates. For these to run, your computer should have Adobe Flash installed on it. If it doesn't, click the link above the presentation to download Flash.*
3. To start learning from a module, click on the first resource that is listed under that module and read or watch the materials it provides.
4. Below is a typical resource page. This picture is of the final resource page within a module.



Yellow: To return to the Learning Portal home page. **Red**: Previous/next arrows go to previous or next resource in the course. **Green**: To return to the main page of the course.

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5. When you have finished with a particular resource (for instance, you have watched the slideshow or you have downloaded and read the related file), look for that page's "Back" and "Next" buttons. These buttons are triangular arrows that are visible on the upper-right hand side and lower-right hand side of a resource page, usually on either side of a menu called "Jump to..." **To see the arrows and jump-to line, see the red arrows on the diagram above.** Clicking the Right-hand arrow, , will take you to the next resource in the course.

6. That is the fastest way of progressing through the course. However, there are other ways of getting around. At any time you can take yourself back to **the main page of that course**, by clicking either on the course's name in the black header, or the course's name at the bottom center of the page **(See green arrows on the diagram)**. Or, at any time, you can take yourself back to **the home page of the HTE portal,** by clicking on Home, located to the right of the logo in the header. **(See the yellow arrow in the diagram.)**

How the Practical Resources, and other site functions, work

1. The other main section on the Learning Portal home page is "Practical Resources." This provides a collection of documents that are valuable to those that are deploying. *NOTE: We are always eager for suggestions for material that would be useful: please email them to* ***learningcenterteam@irgltd.***

2. To use the materials in the Practical Resources section, click your way in. You will find lists of materials on topics, such as family and relationships, safety, and travel.

3. Also located in the blue "Practical Resources" box on the home page are the following:
   a. The Audio Slideshow Library: This is a page that hosts all of the interview slideshows our site offers. Many of these are linked from our courses. Here you can peruse the collection yourself.
   b. A center of videos on "Development Programming in Religious Contexts."
   c. A glossary of terms. Click through the glossary to look up acronyms or terminology. We welcome submissions of any glossary documents that we can add to our database.
   d. The global document library. The directories in this library are the homes for the documents to which our courses link. In this area you can peruse the directories yourself.

4. Our **Help Desk** is a tool to provide specific assistance to you in looking for information or answers. If you find that after searching our resources you are still lacking desired information, click the Help Desk link in our home page to send a question to our help desk. Please be detailed and specific.

Thank you! Please send all questions or suggestions to: learningcenterteam@irgltd.com.

Your Learning Center Team

Introduction to USAID's HTE Learning Portal

The High Threat Environments (HTE) Learning Portal is a web portal, commissioned by HR with initial support from ANE, to provide on-demand training and resources for staff deploying to high threat countries. The goal of the site is to support Foreign Service Officers deploying to critical priority or high threat countries by providing a variety of online resources that can be accessed by registered users anytime, anywhere. The courses on the site include training presentations, multimedia interviews featuring key former and present staff, as well as guidance and background documentation, such as directories of rapid-access practical information about security, procedures, contacts, and information on living conditions, culture, and history. The site is located at http:www.develebridge.net/hte.

The HTE Learning Portal is highly facilitated and moderated, allowing for a flexible help desk functionality that provides fast connections to answers. Initially established to support USAID staff bidding on and being posted to Kabul, the site has been expanded so that it can support not just the critical priority countries (CPC), but every country that is experiencing significant risks due to conflict, unrest, or natural disaster. We are also planning, at Kabul's request, to expand the site to include limited support for PSCs, FSNs, and TCNs.

While the site certainly helps Mission staff and your program, bear in mind that its broader effort is Agency-wide – to help promote and encourage the most capable staff to bid on assignments in the high threat posts, and to help improve their effectiveness once at post. It is NOT designed to provide mission-level knowledge management or project coordination support, which can be obtained elsewhere.

The current HTE Learning Portal includes the following resources:

- A needs assessment survey system, taken by every new registered user, that identifies the user's key learning and information needs, and provides them with customized feedback on the resources and contacts that will address their needs. This survey also identifies to the Desk and the EXO what skills may be missing, or may need strengthening, about incoming staff. In the case of Afghanistan, the Help Desk works with the Bureau's Country Desk to define specialized briefings, one-on-one mentoring sessions with departed staff, and even webinars linking mission personnel and partners to review programs and activities, if the Mission feels that this would be useful.

- Self-paced online courses. For example, the "USAID Afghanistan Predeployment" course consists of 11 modules, including "Introduction to USAID and Its Evolving Role," "USAID Assessment Methodology in High Threat Environments," "Working with Provincial Reconstruction Teams," and "Working with the Military," as well as modules on stress management, working in the local culture, etc.

- A series of audio interviews, which have proven to be some of the most useful, and used, parts of the site. These provide extremely practical peer-to-peer discussions, such as those with Directors, Program Officers, PRT Field Program Officers, Contracts Officers, DG and Economic Growth Offices. Some discuss what they think are the challenges and opportunities of a CPC assignment, what differences experienced staff might find in such posts, how to get the most out of their tour, and many other exciting and informative topics!

- A Practical Resources Center that collects key documents and links on topics including travel procedures, country data, security and safety, Islam and development, and others. Both the Desk and the Mission EXO are building strong and up-to-date FAQs to serve as the first point of reference for staff considering assignments, or those getting ready to deploy.

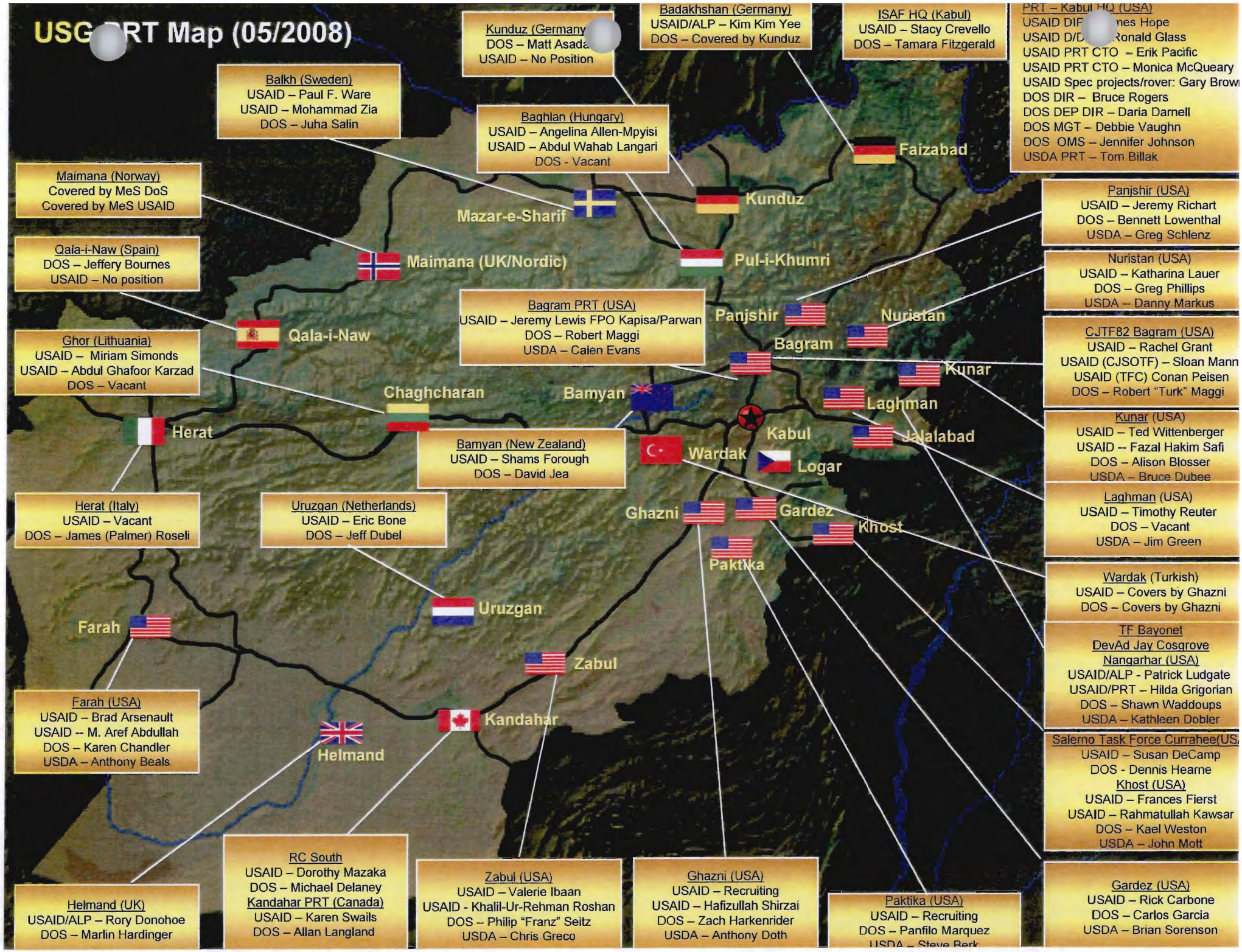
- An FAQ section, coordinated within an overall Help Desk. A help desk submission function allows users to send questions to a centralized customer service representative who routes the issue to the most relevant staff or expert in Washington or at post, and tracks the responses, flagging any delinquent response, finding alternate sources, and keeping in email and voice contact until the question is as fully addressed as possible.

- Flexible functionality for the development of new sections, courses, document libraries, and presentations.

As of this moment, EVERY FSO being assigned to Kabul is directed to the HTE Learning Portal, and this is being expanded to include other CPC countries. The site is actively supported by the Afghanistan Desk at USAID Washington and the Mission in Kabul.

Knowing that you are deploying to Afghanistan as part of a PRT, there a certain courses in the HTE Learning Portal, such as the Afghanistan Predeployment course, PRT Predeployment course, etc., that will be most germane to you. It is important to note that the course you are taking now, the USAID Afghanistan PRT Training 2008, is mirrored in the PRT Predeployment course on the HTE site.

Our Learning Center Team is always glad to share more detailed information about the site or the other related tools (mobile learning devices, animated training vignettes, audio, video, interviews, etc.) If you're interested in learning more, or if you have any questions, please contact us at htehelp@irgltd.com.


USG RT Map (05/2008)
Kunduz (Germany)
DOS – Matt Asada
USAID – No Position
Badakhshan (Germany)
USAID/ALP – Kim Kim Yee
DOS – Covered by Kunduz
ISAF HQ (Kabul)
USAID – Stacy Crevello
DOS – Tamara Fitzgerald
PRT – Kabul HQ (USA)
USAID DIF nes Hope
USAID D/D Ronald Glass
USAID PRT CTO – Erik Pacific
USAID PRT CTO – Monica McQueary
USAID Spec projects/rover: Gary Brow
DOS DIR – Bruce Rogers
DOS DEP DIR – Daria Darnell
DOS MGT – Debbie Vaughn
DOS OMS – Jennifer Johnson
USDA PRT – Tom Billak
Balkh (Sweden)
USAID – Paul F. Ware
USAID – Mohammad Zia
DOS – Juha Salin
Baghlan (Hungary)
USAID – Angelina Allen-Mpyisi
USAID – Abdul Wahab Langari
DOS - Vacant
Faizabad
Kunduz
Mazar-e-Sharif
Maimana (Norway)
Covered by MeS DoS
Covered by MeS USAID
Panjshir (USA)
USAID – Jeremy Richart
DOS – Bennett Lowenthal
USDA – Greg Schlenz
Qala-i-Naw (Spain)
DOS – Jeffery Bournes
USAID – No position
Maimana (UK/Nordic)
Pul-i-Khumri
Nuristan (USA)
USAID – Katharina Lauer
DOS – Greg Phillips
USDA – Danny Markus
Bagram PRT (USA)
USAID – Jeremy Lewis FPO Kapisa/Parwan
DOS – Robert Maggi
USDA – Calen Evans
Panjshir
Nuristan
Qala-i-Naw
Bagram
CJTF82 Bagram (USA)
USAID – Rachel Grant
USAID (CJSOTF) – Sloan Mann
USAID (TFC) Conan Peisen
DOS – Robert "Turk" Maggi
Ghor (Lithuania)
USAID – Miriam Simonds
USAID – Abdul Ghafoor Karzad
DOS – Vacant
Kunar
Chaghcharan
Bamyan
Laghman
Herat
Kabul
Jalalabad
Kunar (USA)
USAID – Ted Wittenberger
USAID – Fazal Hakim Safi
DOS – Alison Blosser
USDA – Bruce Dubee
Bamyan (New Zealand)
USAID – Shams Forough
DOS – David Jea
Wardak
Logar
Herat (Italy)
USAID – Vacant
DOS – James (Palmer) Roseli
Uruzgan (Netherlands)
USAID – Eric Bone
DOS – Jeff Dubel
Ghazni
Gardez
Khost
Laghman (USA)
USAID – Timothy Reuter
DOS – Vacant
USDA – Jim Green
Paktika
Wardak (Turkish)
USAID – Covers by Ghazni
DOS – Covers by Ghazni
Uruzgan
Farah
TF Bayonet
DevAd Jay Cosgrove
Nangarhar (USA)
USAID/ALP - Patrick Ludgate
USAID/PRT – Hilda Grigorian
DOS – Shawn Waddoups
USDA – Kathleen Dobler
Zabul
Farah (USA)
USAID – Brad Arsenault
USAID -- M. Aref Abdullah
DOS – Karen Chandler
USDA – Anthony Beals
Kandahar
Helmand
Salerno Task Force Currahee(US
USAID – Susan DeCamp
DOS - Dennis Hearne
Khost (USA)
USAID – Frances Fierst
USAID – Rahmatullah Kawsar
DOS – Kael Weston
USDA – John Mott
RC South
USAID – Dorothy Mazaka
DOS – Michael Delaney
Kandahar PRT (Canada)
USAID – Karen Swails
DOS – Allan Langland
Zabul (USA)
USAID – Valerie Ibaan
USAID - Khalil-Ur-Rehman Roshan
DOS – Philip "Franz" Seitz
USDA – Chris Greco
Ghazni (USA)
USAID – Recruiting
USAID – Hafizullah Shirzai
DOS – Zach Harkenrider
USDA – Anthony Doth
Paktika (USA)
USAID – Recruiting
DOS – Panfilo Marquez
USDA – Steve Berk
Gardez (USA)
USAID – Rick Carbone
DOS – Carlos Garcia
USDA – Brian Sorenson
Helmand (UK)
USAID/ALP – Rory Donohoe
DOS – Marlin Hardinger

MODULE II: USAID BASIC TRAINING

MODULE AT A GLANCE

Content	Approx. Time	Instructional Activity
Overview of USAID relative to USG	5 minutes	lecture
Overview of USAID organization	15 minutes	lecture
Functional look at the development role and rhythm of USAID	15 minutes	lecture
Briefer on sectoral programming	10 minutes	lecture
Peer-to-peer discussion breakouts	varies	seminar
Wrap-up	15 minutes	seminar
Total Time	60 minutes	

Lesson Objectives	• LO-1: ***Describe*** "Development" and its role in Stability Operations • LO-2: ***Describe*** the five US Foreign Assistance Objectives. • LO-3: ***Describe*** an illustrative organization for a USAID Mission. • LO-4: ***Describe*** major attributes of USAID "culture".
Participants	USAID PRT members
Context	Adult Learning Environment
Content Overview	This module provides a basic introduction to USAID. It is for those students with little USAID-specific experience who need additional training and resources to bring them up to speed with their colleagues.
Room Setup	Projector
Materials Needed	• Asia Bureau Primer • Organigram of Asia Bureau
Staff Needed	Presenter & Facilitator
Delivery	Lecture and seminar
Potential Issues	Making sure students are organized and don't devolve into complaining, and that all the discussion is captured on flip charts (or notes of some kind).

MODULE II LESSON PLAN

USAID BASIC TRAINING

1. LESSON OVERVIEW

a. **Methodology:** This module is lecture style, with a multipart presentation and wrap-up at the end. For the breakout sessions, the format is seminar style, with students leading the discussion.

b. **Subject Matter Overview:** This module provides a basic introduction to USAID. It is for those students with little USAID-specific experience who need additional training and resources to bring them up to speed with their colleagues. For other participants that do have USAID experience, facilitators will be on site to lead breakout groups in discussion of more advanced topics.

c. Lesson Objectives (LO)

- LO-1: ***Describe*** "Development" and its role in Stability Operations
- LO-2: ***Describe*** the five US Foreign Assistance Objectives.
- LO-3: ***Describe*** an illustrative organization for a USAID Mission.
- LO-4: ***Describe*** major attributes of USAID "culture".

d. **Outcomes Expected:** At the completion of the module, the student will be able to understand the structure and function of USAID (and how it fits into USG organization and policy); understand the programming and types of roles USAID fulfills; begin to understand USAID terms and methodology and "business model;" and, where to look for additional information.

e. **Linkage to Other Lessons:** This module introduces USAID to students with little USAID experience, and should bring these students up to speed with other more advanced students.

f. Module POC: Tony Pryor

g. Subject Matter POC: Tony Pryor

2. STUDENT REQUIREMENTS

a. Required Readings: none

b. Handouts:

- Asia Bureau Primer
- Organigram of Asia Bureau

3. TEACHING PLAN

c. **Background:**

- Scope: This is a 60 minute lecture to introduce students to USAID.
- Instructional Notes: none

d. **Lesson Sections:**

- Overview of USAID relative to the USG
  - Duration: 5 minutes

- Location: main room
- Presenter: Tony Pryor
- Facilitator: Dana Stinson
- Content: presentation

– Overview of USAID organization, specifically the bureau & mission structure

- Duration: 15 minutes
- Location: main room
- Presenter: Tony Pryor
- Facilitator: Dana Stinson
- Content: presentation

– Functional look at the development role and rhythm of USAID

- Duration: 15 minutes
- Location: main room
- Presenter: Tony Pryor
- Facilitator: Dana Stinson
- Content: presentation

– Briefer on USAID "culture"

- Duration: 10 minutes
- Location: main room
- Presenter: Tony Pryor
- Facilitator: Dana Stinson
- Content: presentation

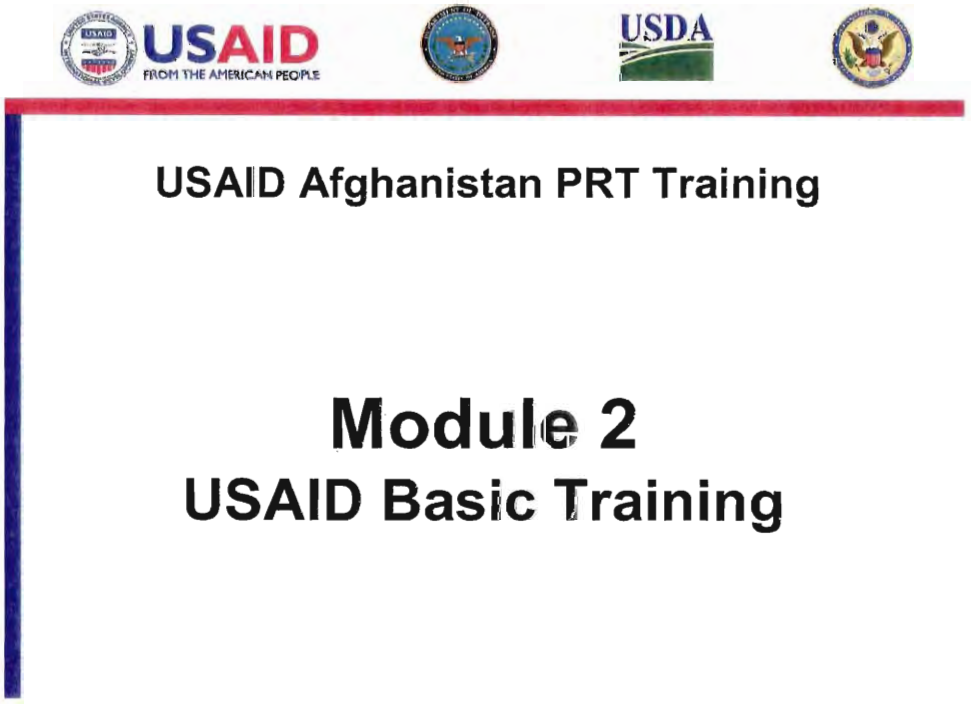
– Peer-to-peer discussion breakouts

- Duration: varies (up to 35 minutes)
- Location: secondary room
- Presenter: n/a
- Facilitator: Dana Stinson
- Content: These breakouts provide an open forum for advanced students to bring up topics for discussion in a seminar style expanding their knowledge by encouraging peer-to-peer learning.

– Wrap-up:

- Duration: 15 minutes
- Location: main room
- Presenter: Tony Pryor
- Facilitator: Dana Stinson
- Content:
    a. Address "parking lot" questions
    b. Revise the Participant Workbook with handouts
    c. Site additional resources on the HTE for further learning on this topic

4. SLIDES



Subject Matter Overview

This module provides a basic introduction to USAID. It is for those students with a critical gap in USAID-specific experience who need additional training and resources to bring them up to speed with their colleagues.

2

Lesson Objectives (LO)

- *LO-1: **Describe** "development" and how it is impacted by stability operations.*
- *LO-2: **Describe** the five US Foreign Assistance Objectives.*
- *LO-3: **Describe** an illustrative organization for a USAID Mission.*
- *LO-4: **Describe** major attributes of USAID "culture".*

3

How does USAID's work intersect with that of the US military? The 2002 National Security Strategy recognizes the threats to US national security posed by weak states and the need to elevate development to a more equal footing with defense and diplomacy. Secretary Gates is engaging in public advocacy of "soft power" (i.e. development).

We experienced two decades of increasing DoD-USAID operational cooperation, and are now working more closely than ever in Afghan and Iraqi Provincial Reconstruction Teams, Stability Operations, with S/CRS on the Integrated Management System, and with SOUTHCOM and AFRICOM in interagency theater security cooperation planning.

USAID's Work

USAID is an independent U.S. Government Agency providing foreign assistance to over 100 countries to make a better future for all.

USAID takes foreign policy guidance from the State Department and works closely with it on strategic and program planning.

The Administrator of USAID serves concurrently as the Director of Foreign Assistance and has authority over all USAID and State Foreign Assistance funding and programs.

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USAID'S WORK ACCOMPLISHES TWO THINGS:

1. Furthering America's foreign policy interests in expanding democracy and promoting free markets.
2. Improving the lives of citizens in the developing world.

For all of this work (and more), USAID has a budget of about $9.5 billion and a staff of about 2200 (foreign service and civil service), plus about 7500 Foreign Service Nationals (host country nationals).

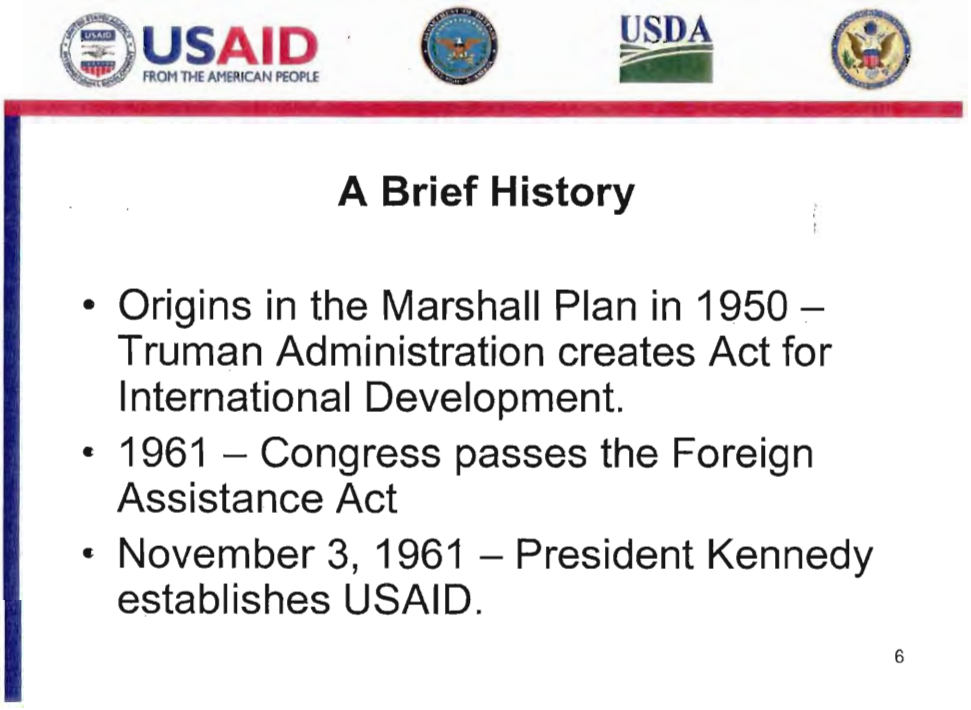
USAID's approach is to work with many different kinds of partners: International organizations – the UN's World Food Program, World Health Organization, World Bank, International Monetary Fund

Other donor nations – European Community, Japan, Australia, etc.

Non-profits, for-profits, universities

Other USG agencies – State, Defense, Treasury, USDA, Centers for Disease Control

Public-private partnerships – Gates Foundations, Coca-Cola, World Wildlife Foundation



USAID has its origins in the European Recovery Act of 1947 (The Marshall Plan), which demonstrated the impact of foreign aid.

Since 1961, our key funding has been provided through the Foreign Assistance Act.

Since then, USAID has been the principal U.S. government agency for international development.

USAID has regional bureaus, with desk officers that follow the programs in each of the countries in which we work.

We also have functional bureaus, where technical expertise resides.

Over seventy-five percent of USAID's workforce is present in overseas missions.

1,867 employees, or 23%, work in Washington and the rest are based overseas.

Most of our employees are local hire personnel, who are citizens of the countries in which we work.

In USAID, the decision making about how programs are carried out takes place in the field, where the operational authority resides.

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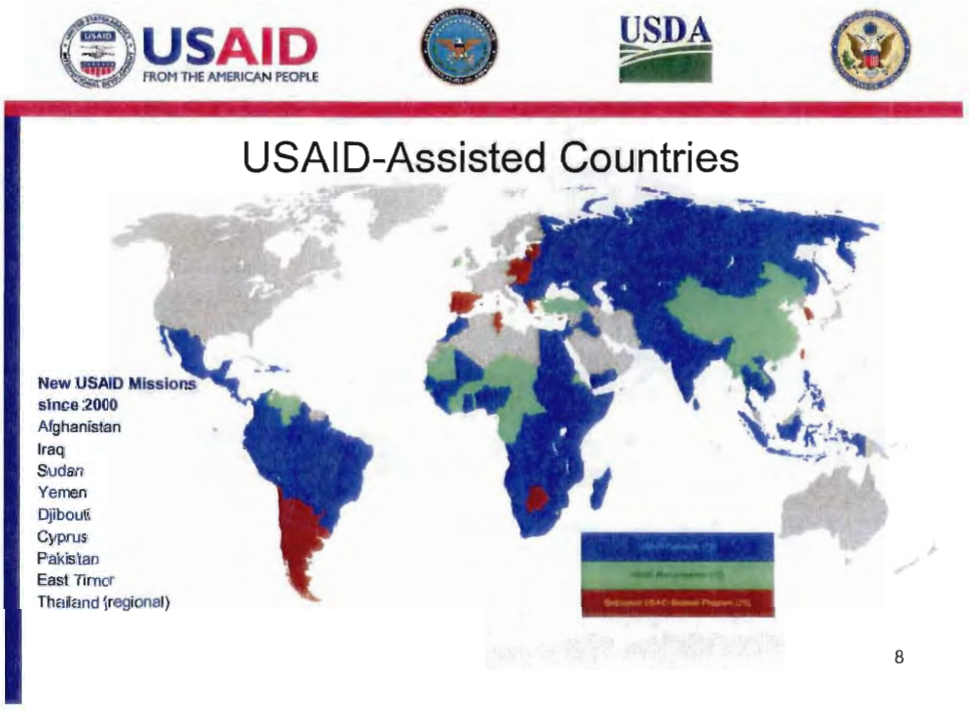

We work in 100 of the poorest, least-developed countries.

Conditions in these countries vary enormously. They include:

- Iraq and Afghanistan where the US military is directly involved
- States with major civil conflict, like Sudan
- States threatened by instability, like Pakistan
- States recovering from major conflicts, like Angola & Liberia
- Politically fragile states, like Zimbabwe and Haiti
- States with active insurgencies like the Philippines and Uganda
- States with chronic food shortages, like Ethiopia
- States facing major HIV/AIDS crises, such as South Africa
- States where corruption is a major impediment to progress, such as Nigeria
- Dictatorships which severely repress their citizens, like Cuba
- States with major drug problems, such as Colombia and Bolivia

Many states face several of these challenges simultaneously.

But it also includes many states that are making substantial progress in improving the lives of their people, such as:

- Jordan
- Ghana
- El Salvador
- Morocco

New or emerging democracies, such as:

- Georgia
- Ukraine

USAID also delivers emergency humanitarian assistance to countries with whom the US does not have normal diplomatic relations, such as North Korea, Somalia or Iran.

Therefore, USAID programs must be carefully designed to meet the specific conditions of the countries themselves.

The Locus of U.S. National Security is in the Developing World. Fragile and Failed countries pose the greatest threats to US interests. The National Security Strategy of the United States (2002 and 2006) says that *Defense and Diplomacy* have always been essential to National Security

Development is the Third Pillar to a Secure and Lasting Peace. Development promotes *freedom, justice, human dignity and* confronts the *challenges* of our times

The 2002 National Security Strategy – recognizes the threats to US national security by weak states and the need to elevate development to a more equal footing with defense and diplomacy

Development cannot take place without security and security cannot be sustained without development. In conflict-ridden countries, the two must go hand-in-hand. We need to learn from each other and work with each other.

Development is about creating the conditions for people in poor countries to meet their economic needs and to solve their own problems.

Many countries where USAID works face enormous challenges:

- Lack of education
- Lack of clean water or arable land
- Environmental depletion
- Systematic corruption
- Overt discrimination against women (explain: the single most important factor in development is women's health and education)
- Conflict, terrorism, insurgency, ethnic and religious tensions

Development is hard, slow work, even under the best of circumstances.

It took the US, for all its advantages of geography and its democratic and free market institutions, 232 years to get to where we are today. That represents an average of about 1.5 % economic growth per year.

Some aspects of development's ultimate objective

- Improved welfare of humans
- Decreased insecurity and uncertainty
- Increased ability to feel able to address future needs
- Growth in the capacity to care for populations without external help
- Sense of control, ownership, empowerment among peoples
- Increased protection and support of all peoples, minorities, races and creeds

11

Foreign Assistance Accomplishments

Graduation	7 of 11 former recipients are now donors
The Green Revolution	largest increase in agricultural yields in history to feed the hungry
Vaccinations	70% of children, up from 5% 30 years ago
Child Mortality Rates	cut in half since 1970
Global Literacy Rate	doubled since 1950
School Participation	up 77% from 1970
Asian Tsunami and Pakistan Earthquake Relief	nearly a million lives saved

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FOREIGN ASISTANCE ACCOMPLISHMENTS

Graduation:

- In looking at the recipients of U.S. foreign aid over the last 40 years (1962-2002)
- 23 (about 70%) have achieved at least moderate economic growth.
- 11 of these countries no longer rely on developmental foreign aid
- And seven of those are now donors themselves - Greece, Portugal, Spain, Korea, Taiwan, Israel, and Turkey

Other Major Achievements:

- The "green revolution" led to the largest increase in agricultural yields in history, making India, Bangladesh and others nearly self-sufficient in food.
- 70 percent of children in developing countries are vaccinated against deadly diseases – up from only 5 percent thirty years ago.
- The number of babies who die during childbirth has been cut in half in the developing world.
- Literacy in developing countries rose to 70 percent from 35 percent between 1950 and 1995.
- The number of students in enrolled in primary school climbed 76.6% from 320.8 million to 566.5 million, 1970 – 2000, in developing countries

USAID FROM THE AMERICAN PEOPLE

USDA

Planning Foreign Assistance – New Coordination between State and USAID

- There is now improved coordination between all entities involved with USG development assistance
- The Ambassador is responsible for a coordinated development assistance plan
- USAID plays a key role, working with its State colleagues, and often leading the USG development response
- Other USG actors spending development assistance funds (including USDA, DOE, Labor, Justice, etc.) also need to coordinate their programs

13

Five U.S. Foreign Assistance Objectives

USAID Programs U.S. Assistance Against Five Priority Objectives:

- Peace and Security
- Governing Justly and Democratically
- Investing in People
- Economic Growth
- Humanitarian Assistance

14

Peace and Security

Conflict Analysis

Conflict Prevention, Mitigation and Stabilization

Crop Substitution (counter narcotics)

15

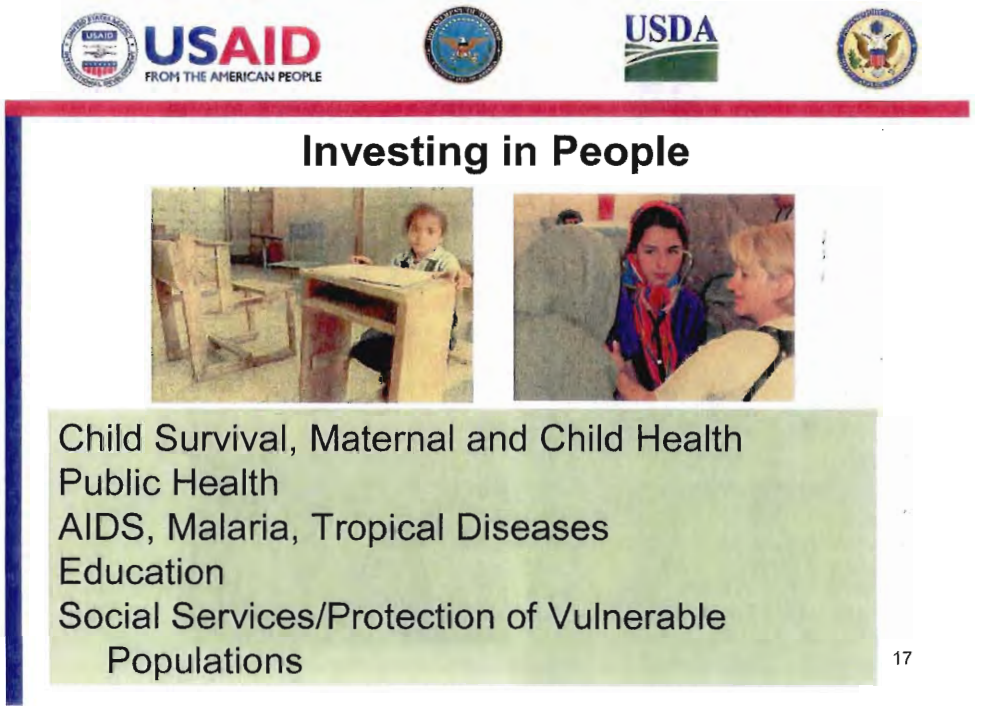
PEACE AND SECURITY

Preventing or mitigating state failure and or violent conflict and helping to stabilize countries recovering from internal or external conflict.

The new Strategic Framework is built around five priority objectives that support moving countries towards self-sufficiency and strengthening strategic partnerships. Of some 40 types of activities that USAID undertakes, which are repeated across the world in different forms, the most important 16 fit into these five foreign assistance objectives:

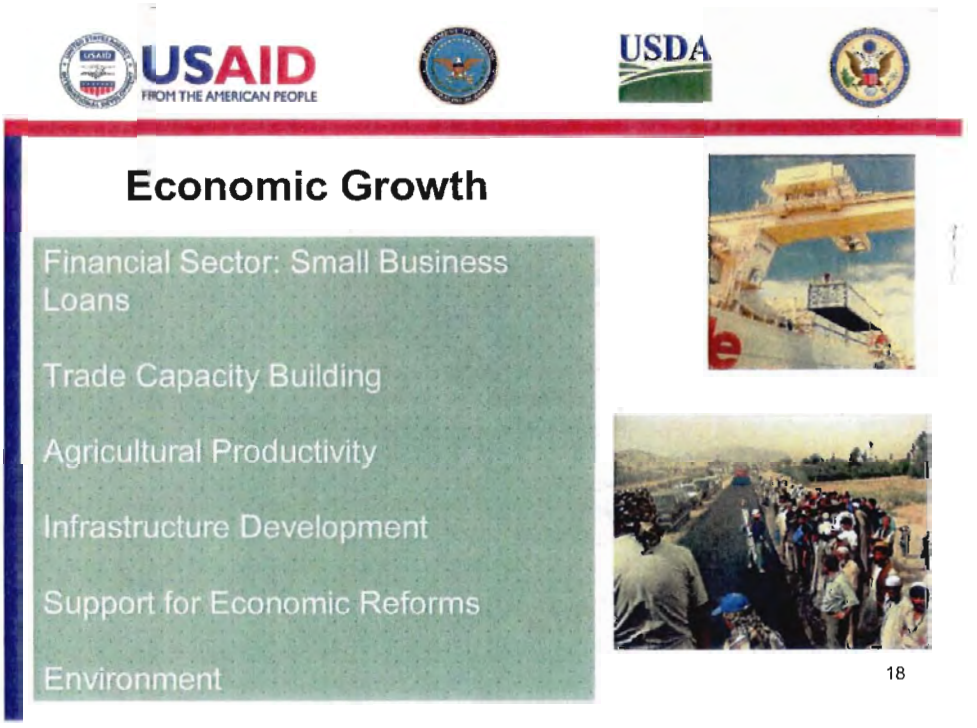
GOVERNING JUSTLY AND DEMOCRATICALLY

Making governments accountable to their people by controlling corruption, protecting civil rights, and strengthening rule of law.



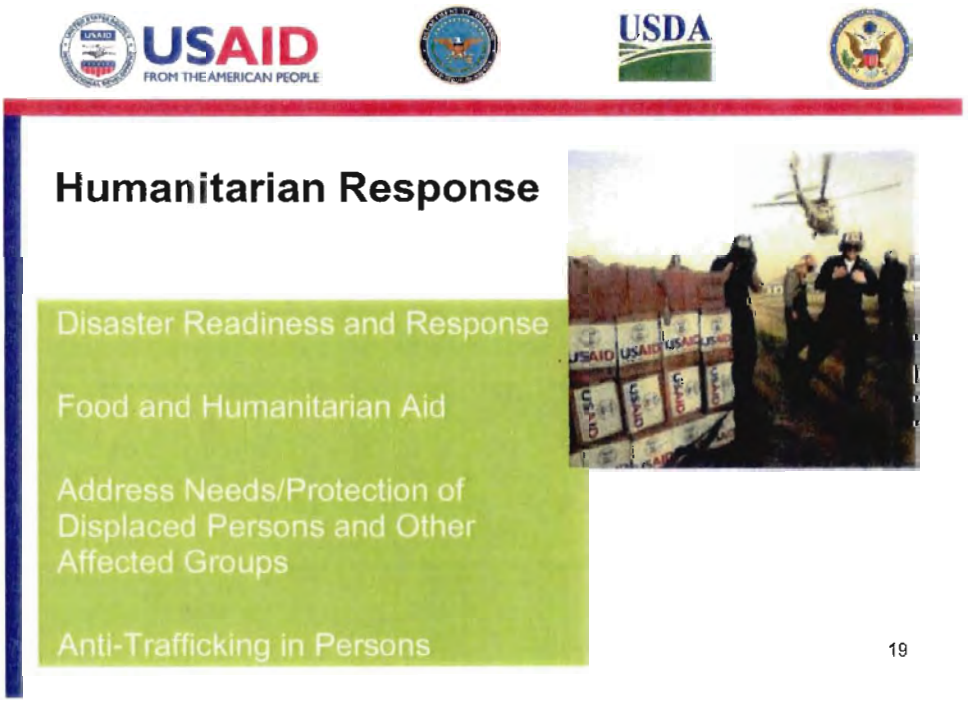
INVESTING IN PEOPLE

Includes appropriate expenditures to help countries build capacity and institutions to improve health, education, social services and the protection of vulnerable populations.



ECONOMIC GROWTH

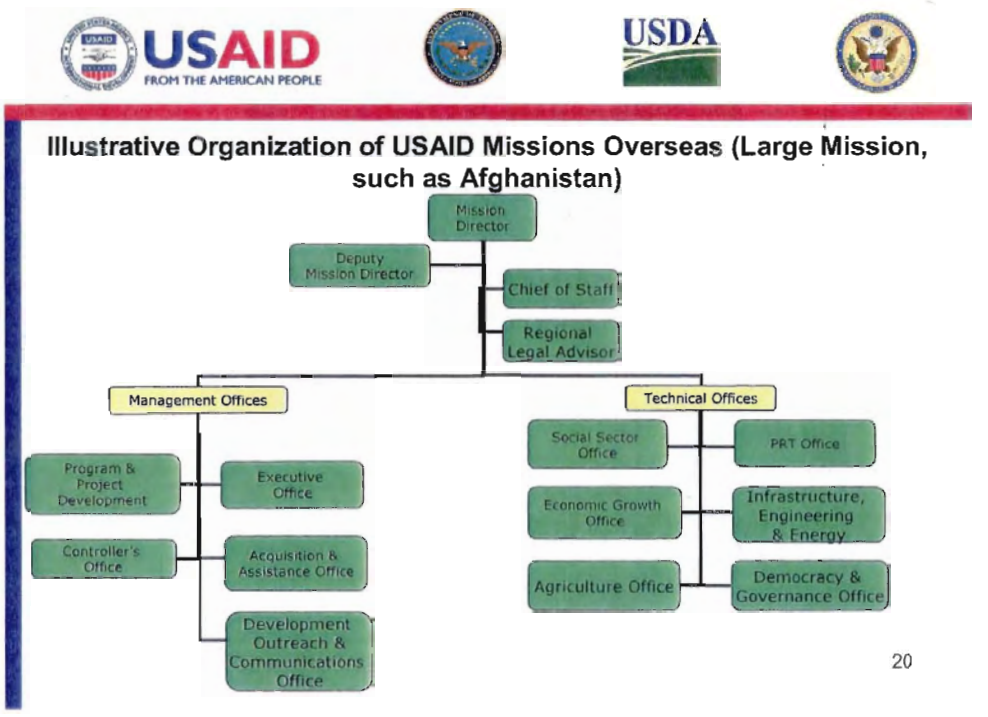
Including reduction in barriers to entry for business, suitable trade policy, and fiscal accountability.

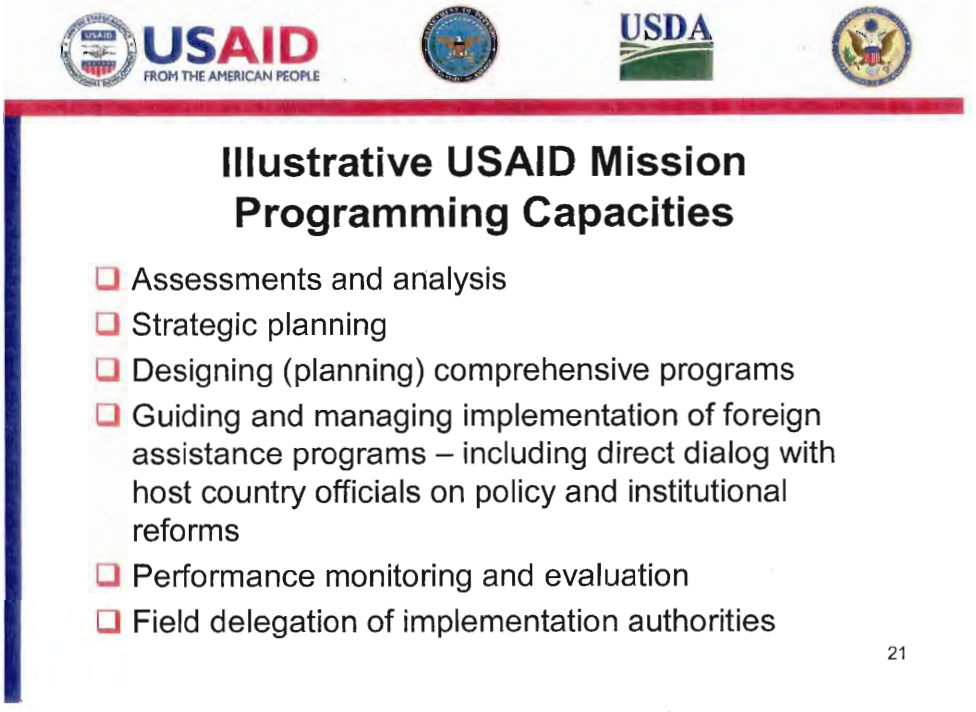


HUMANITARIAN ASSISTANCE

- Emergency relief and rehabilitation: Humanitarian and Food Aid

- Disaster Readiness
- Protection, assistance and solutions for displaced persons and other affected groups.





USAID's overseas Missions bring the following capacities to the table:

1. **Assessment and analytic work** defining the problem and proposing solutions -- in many cases, more sophisticated than COCOMs and other DOD components can carry out.
2. **Strategic planning**, including effects-based plans, metrics (what USAID calls indicators and targets) for performance monitoring and impact measurement
3. **Designing (planning) comprehensive assistance programs** (at national, sectoral, regional and local levels).
4. **Performance monitoring (metrics, measures of effectiveness)** and broader evaluation of what works, what doesn't work, and why (Lessons Learned and Best Practices)in development programs.
5. **Full field delegation of implementation authorities** to sign agreements with host governments and to contract and grant for implementation of all activities as well as to disburse funds and audit recipients of USAID funding.

USAID/Washington and every USAID Mission in the field have the capacity to do all of the above with a high degree of analytical rigor.

Illustrative USAID Mission Technical Capacities (Exact mix depends on Mission priorities)

- Economic Growth
  - Agriculture, Private Sector Development, Economic and Trade Advisors, Microfinance and community development, infrastructure, natural resource management
- Health and Population
  - Public Health, AIDS, malaria, family planning
- Education
  - Primary, Secondary, University, Teacher Training
- Democracy and Governance
  - Rule Of Law, judicial reform, land tenure reform
  - Local and provincial governance
  - Civil society support

22

Three Main Modes of Assistance

Disaster Response
- Tsunami: Sri Lanka, Indonesia, Pakistan Earthquake, Floods, Shelter
- Office of Foreign Disaster Assistance

Stability, Reconstruction & Conflict Transformation Operations
- Examples: Iraq, Afghanistan, Haiti, Philippines (Mindanao)
- Short-term, tailored crisis response, often coordinated with longer-term programs in the capitol
- Sets conditions for sustainable development

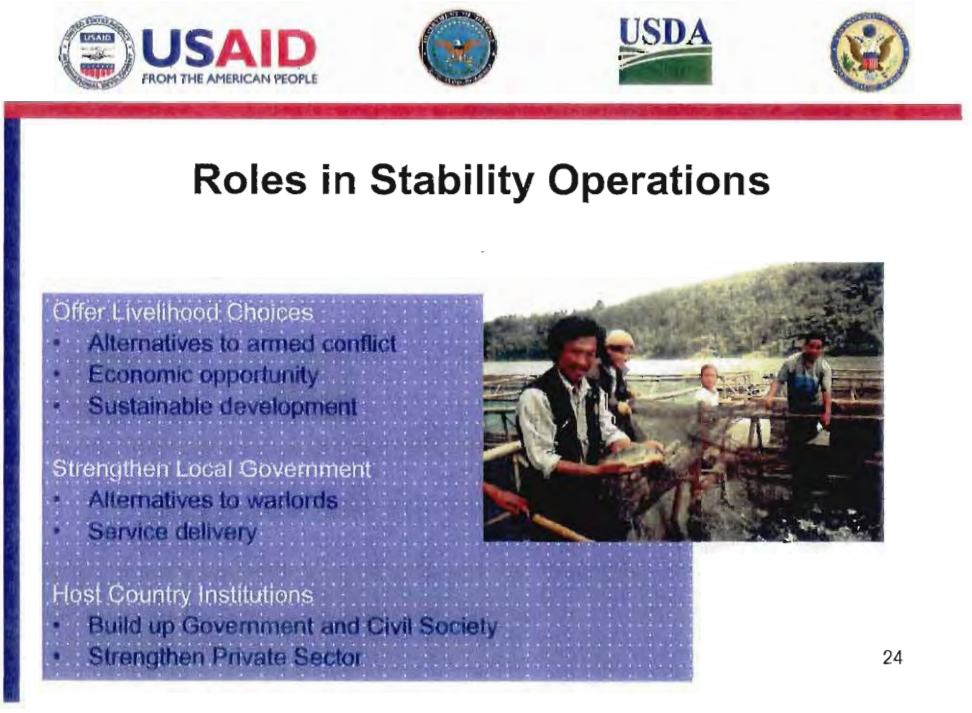
Sustainable Development
- Long-term, host country institutional and capacity development
- Examples: Honduras, Kenya, Bangladesh, Morocco, Ukraine
- Interventions to prevent conflict

23

PROGRAM RANGE:

Of some 40 activities that USAID undertakes, which are repeated across the world in different forms, the most important 16 fit into the five foreign assistance objectives listed in the previous slides. Our cooperation with the military tends to fall into one of three models:

1. **Disaster response**, with which we have a long and successful relationship with the US military;
2. **Sustainable Development**, a part of which corresponds to the "shaping operations" that help arrest or prevent conflict in unstable states; and
3. **Stability and Reconstruction Operations** in countries like Afghanistan that help to secure the peace in post-conflict situations.



Here are some examples of the ways we incorporate stability operations into our long-term development programs.

Here are some reasons you should consult with your aid colleagues—not after campaign plans have been drawn up, but before you even begin.

USAID is the nation's principal agency to extend assistance overseas, helping countries to:

- Recover from disaster,
- Escape poverty, and
- Engage in democratic reforms.

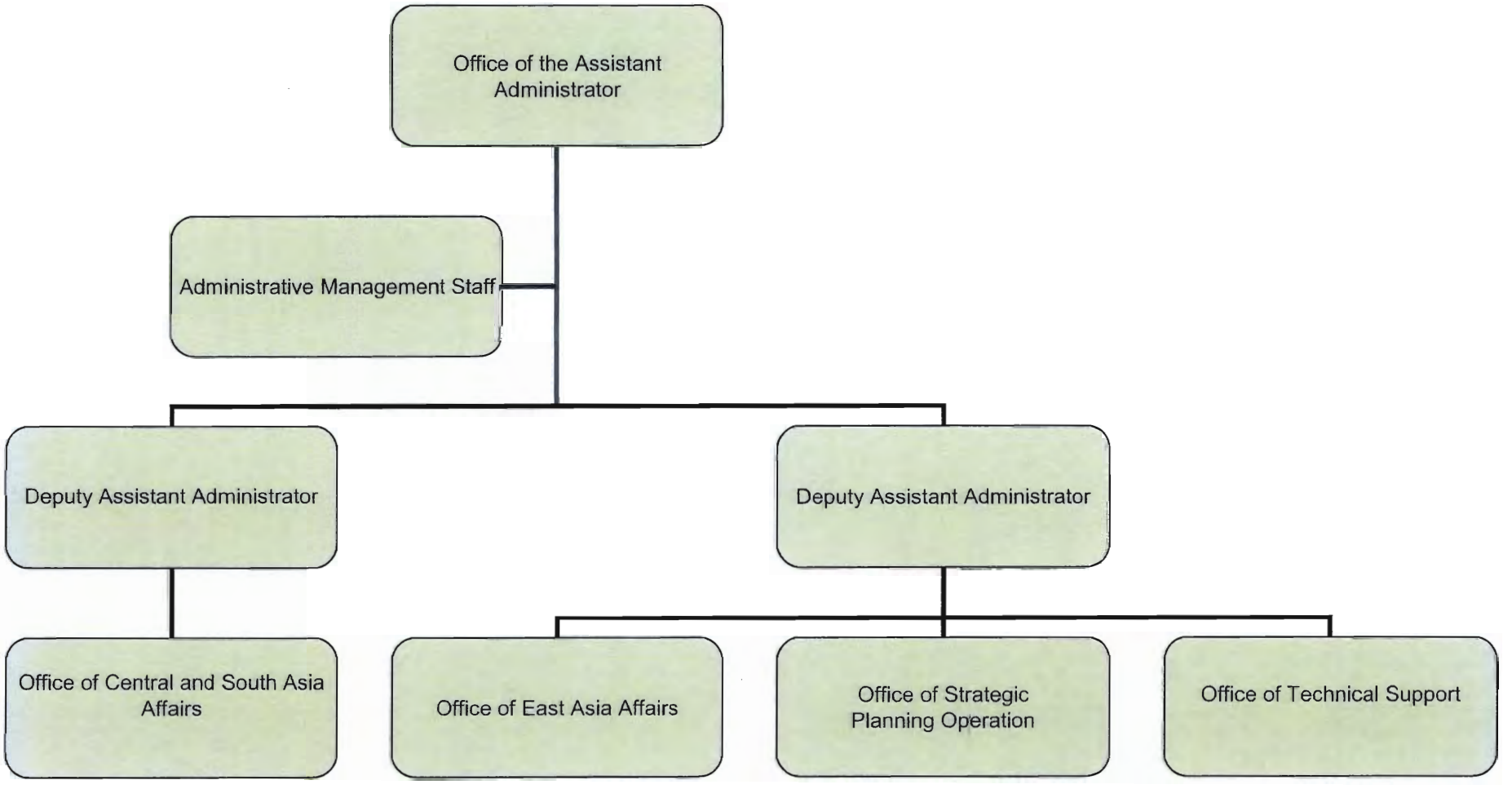
When working with USAID in the field, it's helpful to keep certain things in mind. USAID staff are proud of their technical and subject matter knowledge and you will find them quite different from their State Department colleagues, with whom they work closely.

USAID is an independent agency of the US Government and part of the country team in each Embassy

We are not an NGO, but a part of the US national security structure. USAID officers in the field are Foreign Service officers, just like those of the State Department, and take the same oath of office as US military officers.

MODULE II HANDOUTS

Bureau for Asia



USAID
FROM THE AMERICAN PEOPLE

USAID's Impact in Asia

USAID
FROM THE AMERICAN PEOPLE

USAID AT WORK IN ASIA

USAID
FROM THE AMERICAN PEOPLE

East Asia

Promoting peace and stability, good governance, and regional cooperation in a region challenged by change.

Priorities:

- Assist Indonesia's transformation into a stable, democratic and moderate voice in Muslim world.
- Promote peace and development in Mindanao region of the Philippines.
- Promote good governance and economic growth in Cambodia and Vietnam.
- Build trade capacity and economic integration in the region.
- Address transnational threats such as HIV/AIDS, avian influenza, human and wildlife trafficking, and global climate change.

USAID
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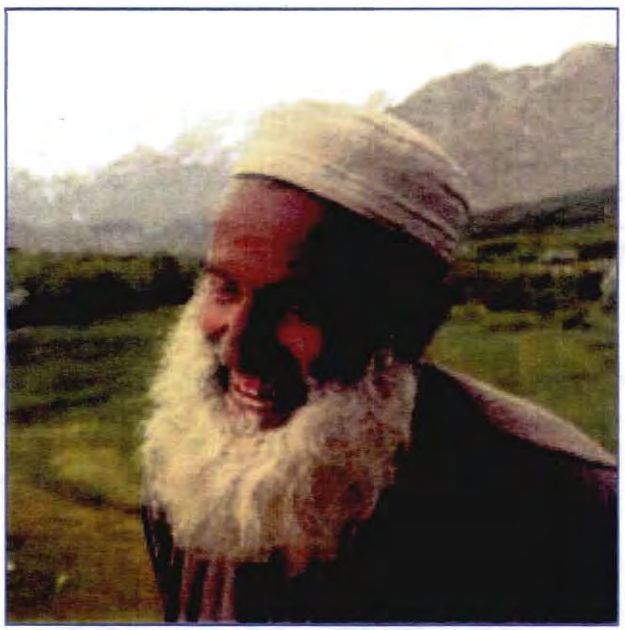
South Asia

Strengthening governments' abilities to provide basic human services and economic opportunities to their booming populations.



Priorities:

- Support the stabilization and democratization of Afghanistan and Pakistan.
- Promote stability and recovery in Nepal and Sri Lanka.
- Spur rapid job creation and delivery of essential human services, especially education and health.
- Contain HIV/AIDS in India, Bangladesh and Nepal.
- Support disaster preparedness and response efforts throughout the region.
- Reinforce energy trade and market reform.

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Central Asia

Helping the region achieve its great potential as a global crossroads by supporting good governance and regional integration.

Priorities:

- Support stability, democratization, transparency and good governance.
- Encourage greater regional cooperation and enhanced ties with South Asia.
- Strengthen the region's energy markets, regional trade and business climate.
- Work with governments and civil society to improve health, education and employment opportunities.

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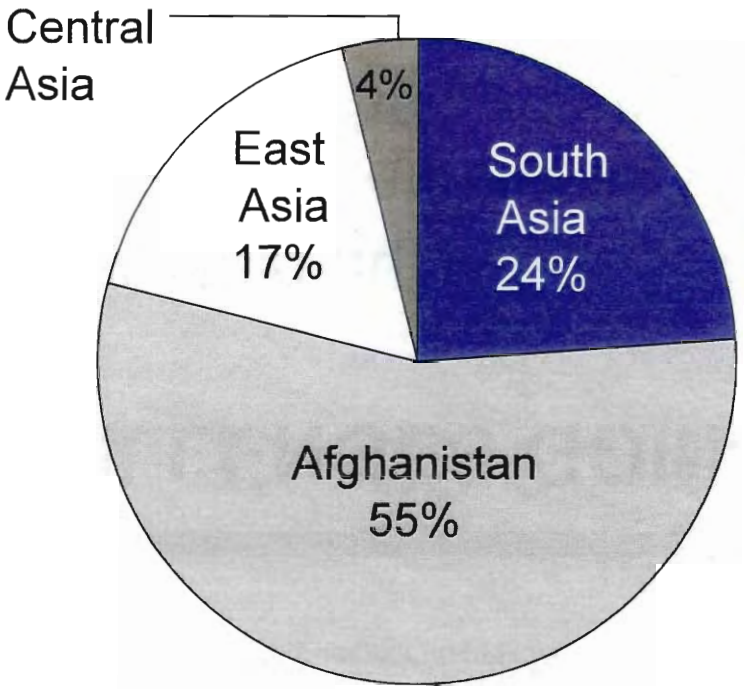
USAID's Work Pays Off

- In **Pakistan,** student enrollment in target schools has increased by 26% since 2002.
- In **Timor-Leste,** USAID's public-private partnership for coffee production provides employment to 2.5% of the population.
- Since 2001, in **Afghanistan,** there has been a 22% decline in infant mortality and a 26% decline in the under 5 mortality rate, saving 80,000 lives a year.
- In **Central Asia,** USAID's advisory services have facilitated a 21% increase in sales and 9% increase in productivity for more than 1,700 local firms.
- USAID helped **Cambodia** cut its HIV prevalence rate to 0.9 percent from a high of 2 percent in 1998.
- Following the 2004 Indian Ocean tsunami, USAID leveraged more than $18.1 million in private sector funds through 20 public-private partnerships to help rebuild communities.

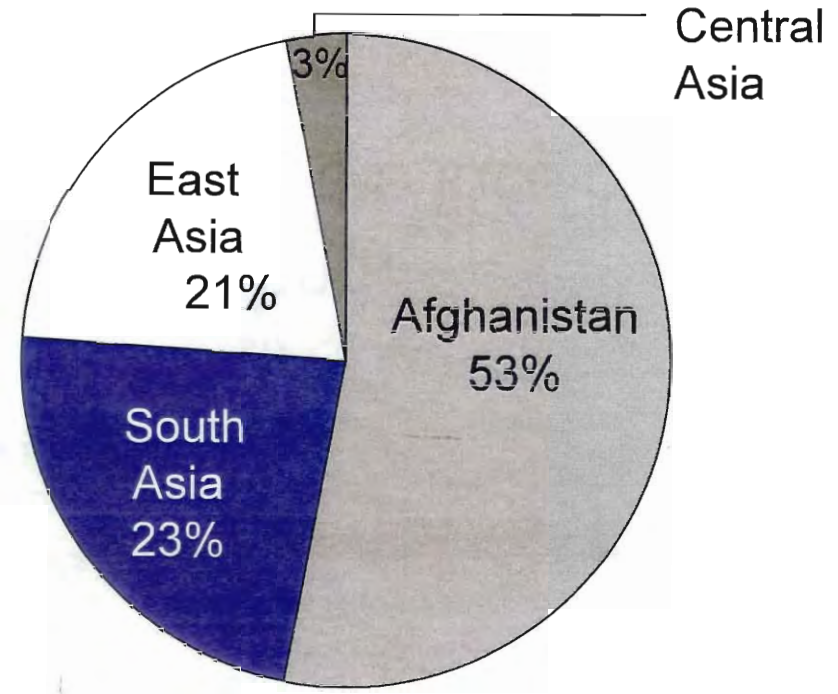
USAID
FROM THE AMERICAN PEOPLE

Shift in Budget for Asia

FY 2007 Total = $2,782,014,000



FY 2008 Total = $3,045,875,000



Funding sources: Economic Support Funds, Development Assistance, Child Survival and Health, Assistance for the Independent States of the Former Soviet Union, the Global HIV/AIDS Initiative, and PL 480 Food Aid. Includes base and supplemental amounts.

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CHALLENGES GOING FORWARD

1. Recruiting qualified officers for Afghanistan and Pakistan, particularly for PRTs. Continuity in the face of one-year assignments.

2. Attracting good officers for key Washington positions, to learn the interagency process in which we now work

3. Security restrictions in high-threat countries make it very difficult to monitor programs

MODULE III: THE EVOLVING ROLE OF USAID/AFGHANISTAN

MODULE AT A GLANCE

Content	Approx. Time	Instructional Activity
CPC/HTE Concept	10 minutes	lecture
Development in Conflict	5 minutes	lecture
Structure of the Bureau & Mission	10 minutes	lecture
Programming in Afghanistan	40 minutes	lecture
Working in Afghanistan	10 minutes	lecture
Wrap-up	15 minutes	seminar
Total Time	90 minutes	

Lesson Objectives	• LO-1: ***List*** the 9 Principles of Development • LO-2: ***Describe*** the three stages of development in Afghanistan • LO-3: ***State*** the 3 USAID Afghanistan Strategic Objectives • LO-4: ***Identify*** USAID programs active in Afghanistan • LO-5: ***Discuss*** prospective changes of USAID strategy in Afghanistan
Participants	USAID PRT members
Context	Adult Learning Environment
Content Overview	This module provides an overview of USAID/Afghanistan, its structure and role, and its strategy and programming. The Module concentrates on mission structure and functionality, as well as the practicality of, programming and working in a critical priority or high threat country.
Room Setup	Projector
Materials Needed	• Sectoral briefers • Critical Priority Countries website screenshots • Executive Summary of Afghanistan in 2007 • USAID Afghanistan Mission organigrams
Staff Needed	Presenter
Delivery	Lecture
Potential Issues	none

MODULE III LESSON PLAN

THE EVOLVING ROLE OF USAID/AFGHANISTAN

1. LESSON OVERVIEW

a. **Methodology:** This module is lecture style with a multipart, panel presentation.

b. **Subject Matter Overview:** This module provides an overview of USAID/Afghanistan, its structure and role, and its strategy and programming. The Module concentrates on mission structure and functionality, as well as the practicality of, programming and working in a critical priority or high threat country.

c. **Lesson Objectives (LO)**

- LO-1: ***List*** the 9 Principles of Development
- LO-2: ***Describe*** the three stages of development in Afghanistan
- LO-3: ***State*** the 3 USAID Afghanistan Strategic Objectives
- LO-4: ***Identify*** USAID programs active in Afghanistan
- LO-5: ***Discuss*** prospective changes of USAID strategy in Afghanistan

d. **Outcomes Expected:** At the completion of the module, the student will be able to understand the broad sweeping changes in USAID, including those in the Asia Bureau and the Mission; understand the basics of conflict and the changes to USAID's role in these areas; and understand the changes in working and programming in Afghanistan.

e. **Linkage to Other Lessons:** This module builds on basic USAID information (from the Basic Training course) into how USAID works in Afghanistan specifically, and leads into the provincial mentor meetings.

f. Module POC: Tony Pryor

g. Subject Matter POC: Rick Ferrer

2. STUDENT REQUIREMENTS

h. Required Readings: none

i. Handouts:

- Sectoral briefers
- Critical Priority Countries website screenshots
- Executive Summary of Afghanistan in 2007
- USAID Afghanistan Mission organigrams:
  - Office of the Director
  - Provincial Reconstruction Team Office (2-part)
  - Office of Program and Project Development

- Office of Management
- Office of Financial Management
- Office of Acquisition and Assistance – Kabul & Bangkok
- Office of Social Sector Development
- Office of Democracy and Governance
- Office of Economic Growth
- Office of Alternative Development and Agriculture
- Office of Infrastructure, Energy, and Engineering

3. TEACHING PLAN

j. **Background:**

– Scope: This is a 90 minute lecture that covers many facets of the work USAID does in Afghanistan.

– Instructional Notes: n/a

k. **Lesson Sections:**

– Concept of critical priority country (CPC) & high threat environments (HTE)

- Duration: 10 minutes
- Location: main room
- Presenter: Dana Stinson
- Facilitator: n/a
- Content: presentation

– Development in Conflict

- Duration: 5 minutes
- Location: main room
- Presenter: Dana Stinson
- Facilitator: n/a
- Content: presentation

– Organization of the Mission

- Duration: 10 minutes
- Location: main room
- Presenter: Dana Stinson
- Facilitator: n/a

- Content: presentation

– Programming in Afghanistan (specifically sectoral programming)
  - Duration: 40 minutes
  - Location: main room
  - Presenter: Dana Stinson
  - Facilitator: n/a
  - Content: presentation

– Working in Afghanistan ("Development rhythm")
  - Duration: 10 minutes
  - Location: main room
  - Presenter: Dana Stinson
  - Facilitator: n/a
  - Content: presentation

– Wrap-up
  - Duration: 15 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Dana Stinson
  - Content:
    - Address "parking lot" questions
    - Revise the Participant Workbook with handouts
    - Site additional resources on the HTE for further learning on this topic

4. SLIDES

USAID FROM THE AMERICAN PEOPLE

USDA

USAID Afghanistan PRT Training

Module 3
The Evolving Role of USAID/Afghanistan

USAID FROM THE AMERICAN PEOPLE

USDA

Subject Matter Overview

This module provides an overview of where USAID is going in terms of both strategy and programming. It concentrates on mission structure and functionality, as well as the practicality of programming and working in a critical priority or high threat country. Key is that it does not go over USAID in general – students should understand this through past experience or by taking the USAID Basic Training module.

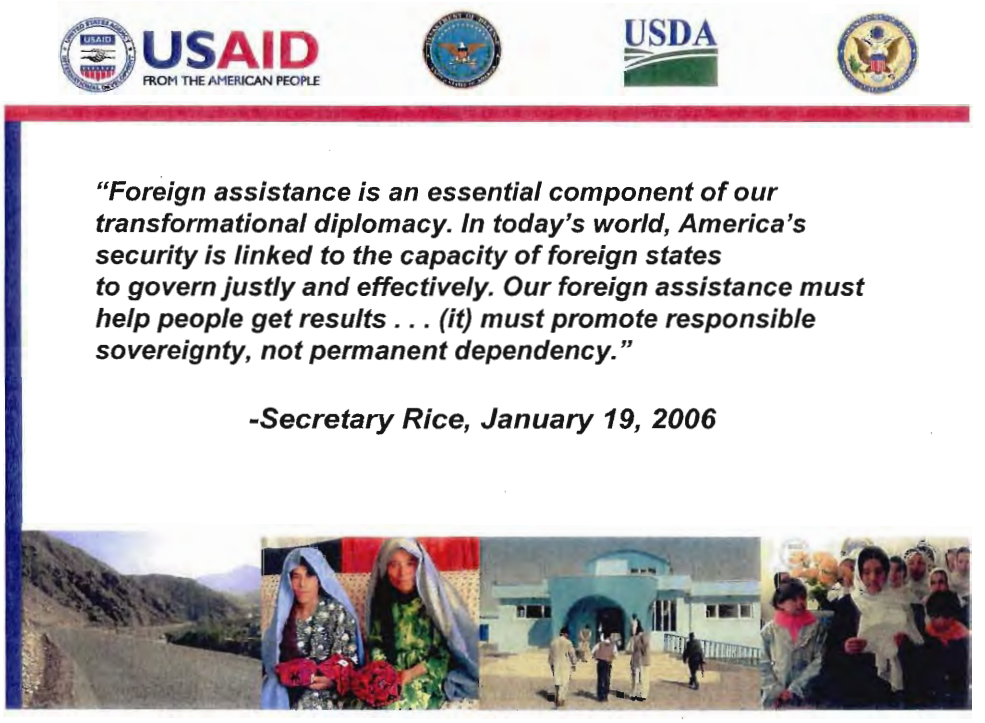
Lesson Objectives (LO)

- *LO-1: **List** the 9 Principles of Development*
- *LO-2: **Describe** the three stages of development in Afghanistan*
- *LO-3: **State** the 3 USAID Afghanistan Strategic Objectives*
- *LO-4: **Identify** USAID programs active in Afghanistan*
- *LO-5: **Discuss** prospective changes of USAID strategy in Afghanistan*

Welcome to USAID/Afghanistan

WELCOME TO USAID/AFGHANISTAN.
The point of this presentation is to give you a brief overview of the Mission's strategy and priority programs.

- The Mission in Afghanistan is the 3rd largest USAID Mission in the world
- The Mission is co-located with the Embassy on a compound in Kabul – about 5kms from the airport
- The current Mission Director is Michael Yates – who has been in place since April 2007.



USAID FROM THE AMERICAN PEOPLE

USDA

Afghanistan Is A "Critical Priority Country" (CPC) and a High Threat Environment (HTE)

-There are currently 4 CPC countries: Iraq, Afghanistan, Pakistan and Sudan.

- As each country is a high threat environment – the operating procedures in these countries is significantly different than in other USAID Missions.

- The high level of political scrutiny and US Foreign Policy attention in these countries also adds a dimension to working in these countries.

-The PRT or Provincial Reconstruction Team (PRT) is a new model for USAID and the inter-agency to operate in these environments. It provides a vehicle for security, development and diplomatic actors to function at the field level towards common goals.

USAID FROM THE AMERICAN PEOPLE

USDA

9 Principles of Development and Reconstruction Assistance

These principles guide U.S. development and reconstruction assistance and are fundamental to the success of assistance as an instrument of U.S. foreign policy and national security. They are not a checklist, but rather a summary of the characteristics of successful assistance to achieve development objectives including economic growth, democracy and governance, and social transition.

1 **Ownership:** Build on the leadership, participation, and commitment of a country and its people

2 **Capacity Building:** Strengthen local institutions, transfer technical skills, and promote appropriate policies

3 **Sustainability:** Design programs to ensure their impact endures

4 **Accountability:** Design accountability and transparency into systems, and build effective checks and balances to guard against corruption

5 **Assessment:** Conduct careful research, adapt best practices, and design for local conditions.

6 **Results:** Allocate resources based on need, local commitment, and foreign policy interests

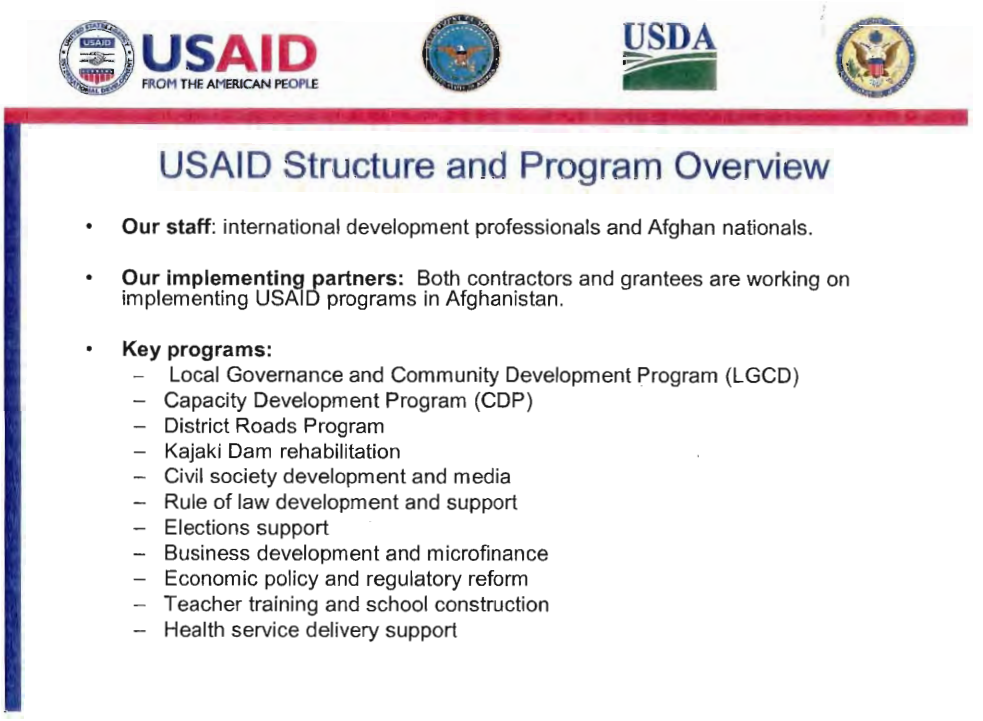
7 **Partnership:** Collaborate closely with governments, communities, donors, NGOs, the private sector, international organizations and universities

8 **Flexibility:** Adjust to changing conditions, take advantage of opportunities, and maximize efficiency

9 **Selectivity:** Allocate resources to countries and programs based on need, policy performance, and foreign policy interests

Afghanistan is a unique operating environment within which these principles do apply but creativity for applying them is key.

Capacity building … for example … is a term you will hear a lot about capacity building in Afghanistan. Afghanistan is one of the most under developed countries in the world with a high illiteracy rate, little major infrastructure, and a rural and traditional nature.

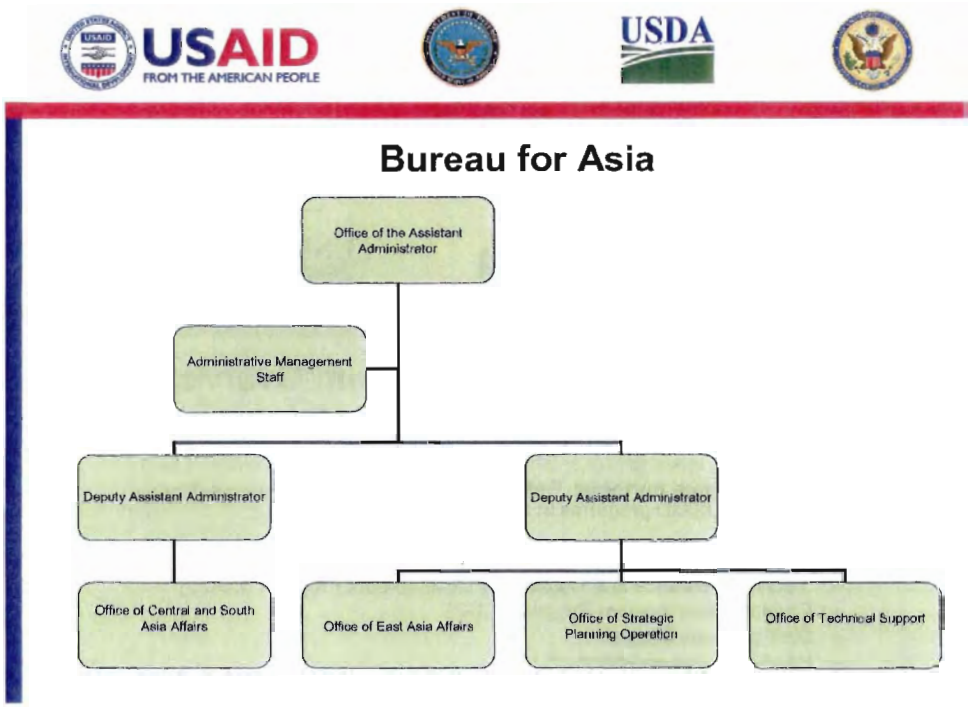


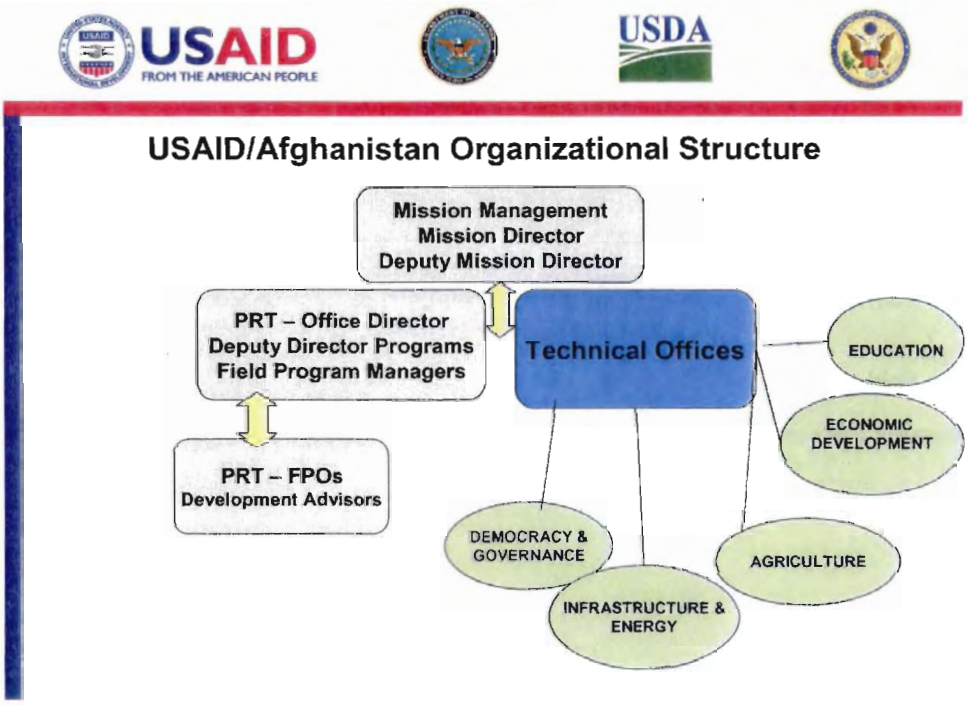
There are several hundred staff in Kabul – a mix of foreign service officers, Personal Services Contractors (PSCs), Third Country Nationals (TCNs), and Foreign Service Nationals (FSNs).

Some of the most important staff to the mission are those in the field – the field program officers (FPOs) and the Afghan FSNs serving as Program Management Specialists (PMS) with FPOs at the PRTs.

What is an implementing partner? These organizations are our contractors and grantees that implement programs in the field.

Some key programs are listed here – you can see the scope of programming in this sample of key programs.

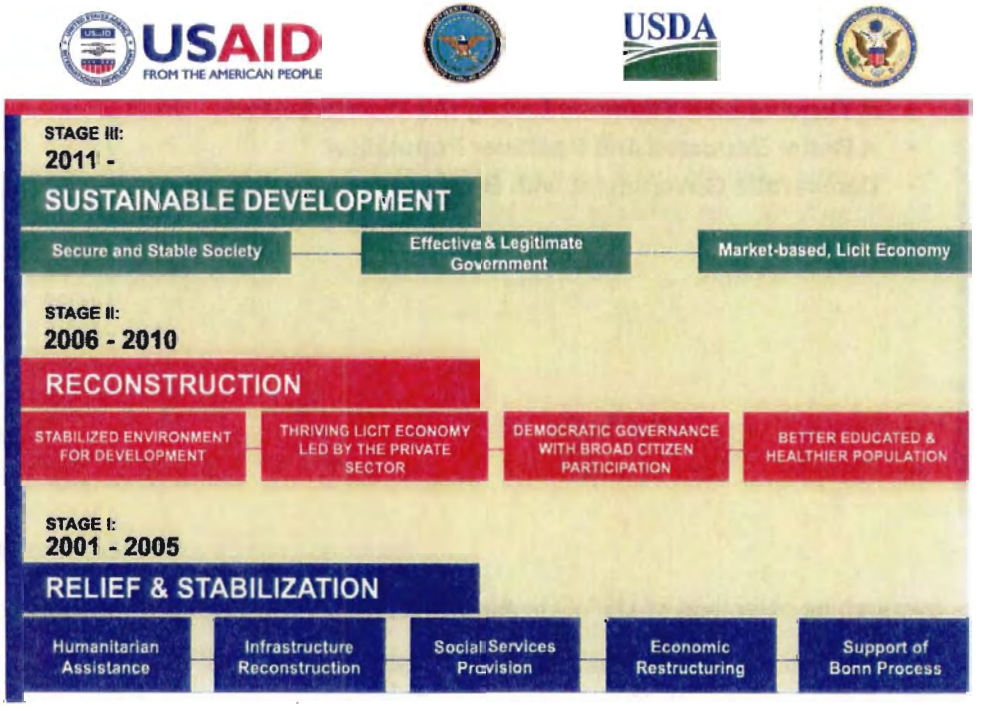




As a Mission – USAID/Afghanistan is organized somewhat traditionally with the normal sectoral/technical offices but the PRT office is obviously not a normal structure for USAID Missions.

The presence of field staff is also a difference not common to most USAID Missions around the world.

Furthermore, USAID/Afghanistan is not a typical "development" Mission – as I can explain better in the next slide.

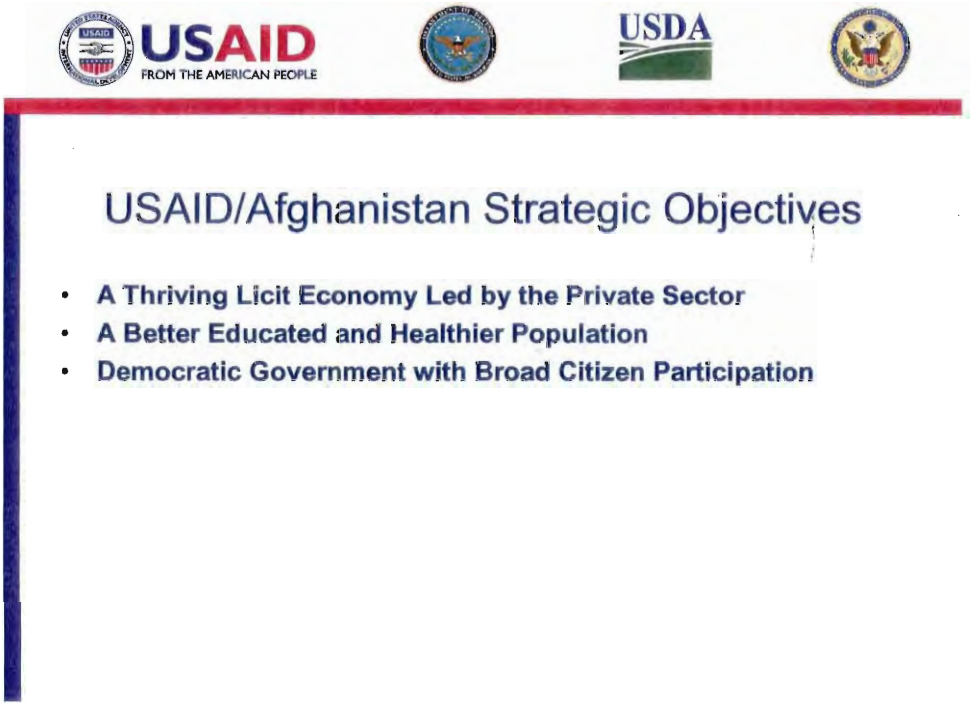


This slide shows the principles of the current USAID Country strategy and timelines. The Mission country strategy is currently under review … another thing that is different about a CPC/HTE country is that the circumstances of operation are constantly changing – making a longer term development strategy difficult to develop.

What this slide does not show is the current thinking in the mission about the actual status of Afghanistan and the diversity of the country.

For example – it does not show the fact that in many parts of the country the relief and stabilization phase is ongoing

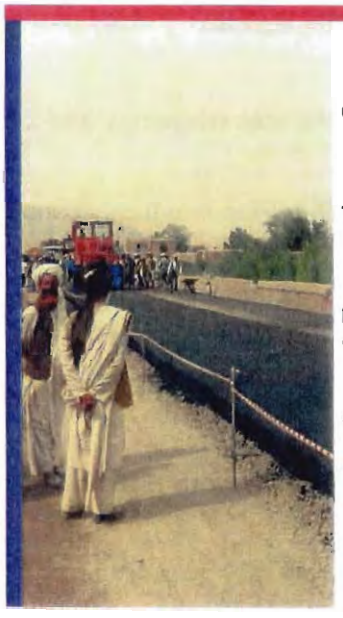
Also – in Afghanistan is is widely recognized that "reconstruction" is a misnomer and in fact that Afghanistan's infrastructure was so under developed that what the international community is actually doing is "constructing" Afghanistan alongside the afghan government in a sort of rapid development strategy.



These are the overarching objectives of USAID in Afghanistan.

These objectives are tied to worldwide development and policy objectives of the Agency and results are reported to the Congress on an annual basis

- How do define success and measure it?
- How does the PRT Program results roll-up into broader objectives:
  - USAID/PRT is working to ensure that program activities fit into wider view of Provincial Development Plan (PDP). PDP priorities are part of ANDS process. Thus – the "governance" priorities of the LGCD are designed to work within larger governance objectives of expanding the reach, legitimacy, and effectiveness of the GOA.
  - Governance objectives also fit the objective of contributing to the stability/conflict mitigation by increasing the confidence in governing officials and the communication between citizens and their local officials.



ROADS

Objectives: Increase mobility, national security, stability, regional trade, economic growth through construction and expansion of important roadway links.

Tactics: Build Regional Highways, National Highways, Provincial Roads, and Rural Roads; Hire Afghans to build roads: provide income, build technical expertise.

Results:
- Built over 1700 km of roads. A kilometer of road reconstruction generates an average of 3,500 labor days, injecting $26 million into local economies.
- Reduce transportation costs, including travel time, freight costs/transportation time, and public transport costs.
- Support regional trade. Improve accessibility of health care and education.

GOALS

- Increase national security, stability, mobility
- Expedite reconstruction of important roadway links
- Reduce transportation costs
- Support regional trade/economic growth by building internal provincial links and land bridge with Pakistan and northern neighbors
- Improve capacity/efficiency of sector to support development of other sectors

RESULTS

- The 1511kms completed since 2002 is equivalent of building a road from Washington DC to beyond St. Louis
  When completed, the total planned program of 4550kms will be the equivalent of building a road from Washington DC to Los Angeles, CA.
- For all roads projects, we fund 3500 labor days/km = $26 million into local economy

PRIMARY & SECONDARY ROADS

- 75% of employees working on this project are Afghans gaining technical expertise.
- Kabul-Kandahar-Herat highway (Ring Road, 715 km)
- Kabul-Kandahar highway completed in 2004, $260 million, LBG (389 km)
- Farah-Herat highway completed in 2006, $216 million
- Kandahar-Herat highway (326 km) completed, $207m total cost=$19m (9%) support, $27m (13%) security, $161m (78%) construction
- Provincial & Local Roads (1,000 km completed)
- Kabul, Gardez, Kandahar, Jalalabad, Herat, Mazar, Kunduz, Bamyan

BENEFITS

- Employs people: A kilometer of road reconstruction generates temporary jobs averaging 3,500 labor-days
- For all roads projects, we fund 3500 labor days/km = $26 million into local economy
- Improves local economies: USAID road reconstruction activities have so far injected $26 million into local economies; and are forecasted to generate an additional $49million into the local economies through 2009.
- Reduces travel time: Kabul to Kandahar before road rehab by taxi = 10-12 hours; after road rehab = 5-6 hours (50% reduction)
- Reduces freight costs/transportation time: Kabul to Kandahar before = 30 hours at $0.15/kg; after = 10-12 hours at $0/05/kg. (60% reduction)
- Reduces public transport costs: Kabul to Kandahar before = $24 by taxi; after = $12 by taxi. (50% reduction)

POWER & ENERGY

Objectives: Provide the least-cost power solution through a combination of Afghan-generated power, the North East Power System (NEPS) and the South East Power Systems (SEPS)

Tactics: Build power plants, turbines; Generate power; Increase transmission capacity; Establish power purchase agreements with neighboring countries.100 MW additional diesel generation for Kabul.

Results:
Kept the lights on in major cities by:
- Spending over $6.5M a year for operation and maintenance of plants in Kandahar, Lashkar Gah & Qalat.
- Provided over $130M for purchase of diesel fuel since Nov. 2003 for Kabul, Kandahar, Lashkar Gah, and Qalat.

Kajakai Dam & Reservoir, Helmand, 2004

OVERVIEW:

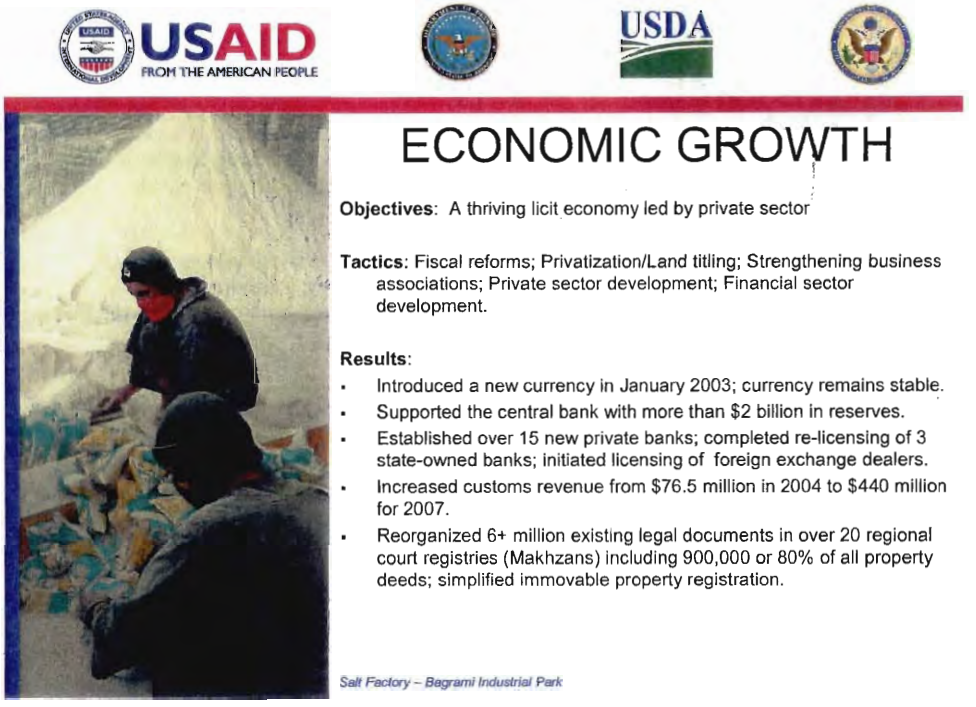
- Provide the least-cost power solution through a combination of Afghan-generated power, the North Eastern Power System (NEPS) and the South Eastern Power Systems (SEPS)
- NEPS: Establish power purchase agreements with the northern neighbors of Uzbekistan, Tajikistan, and Turkmenistan for the purchase of low-cost power supply
- NEPS & SEPS: Establish sustainable operation and maintenance programs for power generation, transmission, and distribution

RESULTS:

- Power Generation
- Transmission Capacity
- Plants in Kandahar, Lashkar Gah & Qalat $6.6 million per year for O&M
- $131 Million Emergency Fuel Supply since Nov. 2003 for Kabul, Kandahar, Lashkar Gah & Qalat
- $26 m on-going construction for Turbines 2 & 3 Kajakai Dam

NOTES:

- $6.6 million/year to operate and maintain generators in Kandahar, Kashkar Gah, and Qalat (key southern provincial capitals)
- Have provided $131 million of emergency diesel fuel to keep generators running in those cities and in Kabul, but September 2006 tranche of $10 million was our last contribution. The IRoA is now procuring diesel fuel with its own resources.



ECONOMIC GROWTH

Emphasis changing from building foundation for government to encourage private sector development to helping private sector directly.

And, employed more than 600 Afghans in Industrial Parks; more than 10,000 men and women will be employed at 3 sites (Kabul, Mazar, Kandahar).

ALTERNATIVE DEVELOPMENT & AGRICULTURE

Objectives: To promote job creation and sustainable rural economic growth

Tactics: Market development and promotion; Alternative livelihoods for poppy producing regions; Agribusiness development; Access to capital; Commercial agriculture production; Information management and education; Infrastructure improvement; Natural resources management.

Results:

- Brought together 300,000 visitors and hundreds of local and international vendors at national and regional agriculture fairs; generated thousands of dollars in income for vendors.
- Helped Afghan farmers find new markets for their exports. Facilitated the sale and export of more than 20,000 tons of pomegranates to Dubai, India, Europe, and Canada.

Greenhouse Project, Herat. ASP II project. Photo: Catholic Relief Services

OBJECTIVE:

- Promote job creation and sustainable rural economic growth
- Rural Economic Growth & Jobs = Security

BUDGET:

- Alternative Development
  - FY05: $58,366,726
  - FY06: $139,903,000
  - FY07: $239,173,600
- Agriculture
  - FY05: $38,509,815
  - FY06: $26,923,000
  - FY07: $48,028,800
- Total
  - FY05: $96,876,541
  - FY06: $166,826,000
  - FY07: $287,202,400

DEMOCRACY & GOVERNANCE

Objectives: Democratic Government with Broad Citizen Participation

Tactics: Improve capacity of government officials throughout government; Improve legal system; Improve Afghan elections; Increase effectiveness of National Assembly and Provincial Councils; Improve management skills of provincial leaders; Build radio stations and teach journalism skills; Fund and train Afghan grassroots NGOs.

Results:

- NGO Law passed; over $6 million in small grants to over 200 Afghan NGOs; more than half of grants have gone to women-led NGOs or groups focused on women's issues.
- Built a network of 36 independent, community based radio stations throughout the country – coverage to over 60% of the population; and trained 550+ male & female media journalists. Established Salam Watandar, a national network of independent local radio stations that air national satellite programs.
- Built 40 court houses and justice facilities in 18 provinces covering approximately 60% of national population.

BUDGET:

- Since 2001, Congress has provided over $266 million for Democracy and Governance programs.
  - $158.1 m 2001-04; $85.6 m 2005; $22.8m 2006.
  - $72 million 2007; and $69m 2008 (OMB planning levels)
- USAID is the largest bilateral donor in each area of Democracy and Governance (excluding INL's contribution to the corrections system in the Rule of Law area).

IMPROVE LEGAL SYSTEM:

- 9/2004 to 9/2007
- Total Funding: $20 million
- Support Supreme Court and all lower level courts, train judges, reform curriculum at law schools and improve legal education, improve court management, republished all laws back to 1964, legislative drafting.

IMPROVE AFGHAN ELECTIONS:

- 8/2003 to 11/2008
- Total Funding: $15 million
- Strengthen Afghan Independent Elections Commission to run future elections with minimal donor assistance and help complete civil and voter registry.

INCREASE EFFECTIVENESS OF NATIONAL ASSEMBLY (NA) AND PROVINCIAL COUNCILS (PCS):

- 9/2004 to 9/2007

- Total Funding: $16 million
- Train and provide expertise to NA committees, improve efficiency of law making, build NA library and strengthen legislative research, build basic skills of provincial councilors.

IMPROVE MANAGEMENT SKILLS OF PROVINCIAL LEADERS (AFGHANS BUILDING CAPACITY):

- 2/2007 to 2/2012
- Total Funding $125 million
- Train line ministry staff, improve budget process and management, improve municipal service delivery.

STRENGTHEN INDEPENDENT MEDIA:

- 7/2006 to 7/2009
- Total Funding: $12 million
- Build radio stations to increase reach of independent media sources, teach journalism and business management skills to increase commercial sustainability of radio stations.

ASSIST AFGHAN GRASS ROOTS NGOS:

- 1/2005 to 1/1008
- Total Funding: $15.5 million
- Provide grants and training for Afghan community groups and NGOs to advocate for rights of Afghans, oversee government functions and fill gaps in government service delivery. Note: We've trained and funded NGOs in each of the CJTF provinces and increased their capacity to apply for grants.

Also, published all laws back to 1963; judicial code of conduct adopted and trained 600+ sitting judges - over 50% of current judiciary; common law course curriculum accepted for all Law and Sharia faculties.

HEALTH CARE

Objectives: A better educated and healthier population by improving child survival, health, nutrition and maternal health

Tactics: Improve quality of health services through providing training; Strengthen government systems; Increase utilization of private health sector; Expand services through building/ rehabilitating and maintaining clinics.

Results:

- Over 7.5 million people receive basic health services per year.
- More than 95% of children under five have now been inoculated against polio as opposed to just 35% two years ago.
- Operational and technical support provided to over 360 health facilities in 13 provinces.
- Over 10,600 health workers trained including doctors, midwives, nurses and community health workers.
- Over 670 clinics constructed or rehabilitated.
- Over 16 million health products sold through private sector.

Midwives receive training

USAID works closely with the IRoA's Ministry of Public Health and other major partners such as the World Health Organization (WHO), European Commission on Afghanistan and World Bank.

BUDGET

- FY06=$85.4 million
- FY07=$72 million
- FY08=$66 million

EDUCATION

Objectives: Increase Access to Quality Education

Tactics: Construct, rehabilitate, strengthen, and expand schools; Train teachers; Print and distribute textbooks and other school materials; Upgrade equipment in schools; Strengthen Ministry capacity.

Results:

- 5+ million students enrolled in school according to 2006 MOE data, vs. 900,000 under Taliban; 35% are girls vs. none under Taliban.
- 170,000+ students enrolled in accelerated learning programs; over 150,000 (55% girls) graduated by December 2006, a *90% completion rate.*
- 60+ million books printed, continuing printing support for next 5 years.
- Established The American University of Afghanistan.
- Over 680 schools constructed/rebuilt, including learning spaces for the accelerated learning program.
- Established Women's Teacher Training Institute.
- Trained 9,200+ literacy learners across 190 villages in five provinces.

Afghan girls return to school

School construction/renovation is a major thrust of our efforts. To date, over **660** schools and/or accelerated learning spaces constructed, rebuilt or renovated.

Note: Afghanistan has one of the highest illiteracy rates in the world. In rural areas where ¾ of all Afghans live, 90% of the women and 63% of the men are illiterate.

BUDGET

- FY06=$70.4 million
- FY07=$57.6 million
- FY08=$53 million

Provincial Reconstruction Team
Local Governance & Community Development

Objectives: Strengthen capacity of local governments to deliver services and address citizen needs through small infrastructure projects, capacity building training, and increasing government outreach to communities.

This of course is a program well known to most of you, managed by your PRT FPO

LGCD PROJECT DETAILS:

- 3-Year, $245 million effort (including supplemental funds)
- Contracts signed in October 2006
- 2 contractors implementing program: DAI in South and East and ARD in North and West

PROBLEMS

- CERP and LGCD projects are meant to be complimentary – but the scale and scope – not to mention the implementing mechanisms for DoD and USAID have different timelines and funding streams. Expectations of military counterparts need to be managed.
- Long timelines for project implementation can be a balancing act for field officers trying to work with beneficiaries and managing their expectations.

ADVANTAGES

- Linked to the PRTs
- Can provide quick response to needs identified on the ground that other USAID programs cannot address due to their long term development focus.

Where is the Mission Going?

New strategic approach that is more oriented to the subnational level and support for PRTs.

More Foreign Service Officers in Kabul and in the Field to manage Program workload and focus on results.

More integrated security planning and coordination with military partners.

Improved contracting and administrative services based in Kabul.

Increasingly difficult operating environment in terms of security. Implementing partners are being asked to be more creative and to work more closely with the military and PRTs to achieve common objectives.

Regional strategy designed to address the needs of Afghanistan in its varied regions.

Focus on basic capacity building and strengthening government capacity (IDLG, Elections, municipal governance, etc)

Continue with "wins" in health and education … including expansion of literacy programs, building school infrastructure, and funding and training for health services at a local level.

Support for PRTs as the forward presence of the Mission on the ground.

PRT

- more integration w/ Kabul - How?
- more staff at PRTs + field - FSNs
- new LGCD
- better reporting
- civ-mil planning - interagency

Mission

- more work @ SNG level, elections / voter reg
- cross cutting themes
  capacity bldg
  Afghanization
  health ministry $
  corruption
  → take wake

MODULE III HANDOUTS

USAID | AFGHANISTAN

FROM THE AMERICAN PEOPLE

Alternative Development and Agriculture

Spring 2008

PHOTO: CATHOLIC RELIEF SERVICES

A farmer tends his crops in a greenhouse built through a USAID-supported project in Herat.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE SNAPSHOT

- More than 28,000 loans to small businesses (75% to women-owned businesses)
- 400+ veterinary field units provided over 28 million vaccinations and treatments to livestock and poultry
- More than 500 women trained and provided with support to establish home-based businesses
- Water supply increased to over 494,000 hectares of land

OVERVIEW

An estimated 80 percent of Afghans are dependent on agriculture for their livelihoods. Afghanistan historically has been a prolific producer of high quality agricultural products, but a generation of civil war obliterated the systems and farmers who managed that efficient production. While poppy production and the opium trade have a significant share of Afghanistan's agricultural economy, there are excellent opportunities for licit alternatives to be provided for the rural populace. Commercial agriculture can play a significant role in increasing the wealth of rural populations as international donors and Afghans themselves recognize that the opium trade is destabilizing as it contributes to insecurity and undermines the rule of law. USAID is taking a comprehensive approach to creating a licit rural economy. Since 2001, USAID has been working to restore the agriculture sector in order to ensure people have a legitimate means to earn a living.

PROGRAMS

The purpose of USAID's Alternative Development and Agriculture (ADAG) program is to create licit alternatives to poppy production by promoting and accelerating rural economic development. The goal is to increase commercial agriculture opportunities, improve agricultural productivity, create rural employment and improve family incomes and well being. Improved job opportunities and incomes also reduce pressures on the poor to grow opium poppy. ADAG programs are active throughout Afghanistan.

COMPREHENSIVE DEVELOPMENT

To accelerate sustainable economic development in regions most affected by poppy production, USAID provides the materials, technology, and expertise necessary to produce and market high-value licit crops such as fruits, vegetables, and tree crops. The program also dedicates significant resources to providing sources of credit, identifying and supporting value chains, developing new markets, improving infrastructure, and removing administrative constraints that hinder business growth.

With an increased water supply to more than 494,000 hectares of land and the introduction of better seed varieties, farmers can once again harvest the wheat, grapes, and pomegranates that were once legendary in this country. USAID trained over one million farmers on how to improve crop yields, and provided refrigeration to enable farmers to keep their produce fresh until they sell it at local markets or through export. Programs have also been started to establish dried fruit and nut processing plants and provide marketing advice to expand trade opportunities.

Since many rural Afghans raise livestock as well as crops, USAID offers animal health training to boost the poultry and livestock populations. USAID provides training for para-veterinarians who establish self-sustaining veterinary field units. There are now over 400 veterinary field units covering most of the country that have provided over 28 million vaccinations and treatments to livestock and poultry.

CONTINUES >

Alternative Development and Agriculture (continued)

PHOTO: USAID/AFGHANISTAN

A woman places peppers out to dry. USAID has trained more than 500 widows to establish small businesses and has extended loans to 21,000 women-owned businesses.

PHOTO: USAID/AFGHANISTAN

The recent USAID-sponsored AgFair attracted over 45,000 people and spurred much-needed investment in the agriculture sector.

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EXTENDING FINANCIAL SERVICES AND CREDIT

Afghan farmers need financing to buy seeds, fertilizer, and equipment so they can participate in the agricultural industry. USAID helped restore basic banking and credit services with rural lenders now administering loans in over one-third of the country's districts. When the program ended in September 2006, more than 28,000 loans had gone to small businesses. The program's success encouraged commercial banks to extend revolving loans for agri-businesses. Seed money has been provided for commercial leases and investment funds to promote agri-processing and crop exports.

SUPPORTING COMMUNITY INITIATIVES

USAID contributes to the United Nations Development Program's Good Performers' Initiative. The objective of the Initiative is to support progress towards poppy elimination and maintenance of poppy-free provinces through the provision of financial support for priority development projects. USAID supports economic development initiatives in provinces where there is commitment by local leaders and communities to forgo poppy production and maintain a poppy-free province. In these provinces, USAID funds public works projects such as district roads and irrigation projects.

BOOSTING INCOME FOR WOMEN

Women are among the poorest and most vulnerable populations in Afghanistan, particularly in the rural areas. In order to improve the economic status of women, USAID provides skills training and raw materials for jobs that women can perform at home. In Nangarhar province, 10 percent of program participants are women employed in farming and textile making. More than 500 widows have been trained and provided with support to establish home-based businesses.

PRESERVING THE ENVIRONMENT

USAID helps communities better utilize their resources since environmental degradation is a core reason for declining agricultural productivity in parts of Afghanistan. Another key element of the agricultural strategy – agro-forestry and land conservation – supports programs that promote tree planting to reduce soil erosion and habitat conservation so sheep, goats, and wild animals can continue utilizing grazing lands.

INSTITUTIONAL DEVELOPMENT

USAID helps Afghans become more self-sufficient while increasing agricultural productivity. Links between Kabul University's agriculture and veterinary schools and U.S. land grant universities allow technical specialists to share their expertise. By partnering with the U.S. Department of Agriculture, technical advisors are providing training and advice about livestock health, sanitation, rangeland management, forestry, and biodiversity conservation. USAID also provides technical assistance to build capacity at the Ministry of Agriculture to make it more responsive to farmers' needs. The Ministry is promoting the formation of farmer associations, micro-credit, and trade organizations that help farmers sell their produce at local markets and export abroad for better prices.

USAID | AFGHANISTAN
FROM THE AMERICAN PEOPLE

Democracy and Governance

Spring 2008

PHOTO: USAID/AFGHANISTAN

USAID promotes public awareness of constitutional rights and the formal justice system through information campaigns.

DEMOCRACY & GOVERNANCE SNAPSHOT

- Developing capacity to improve administrative procedures, hire civil service professionals, and improve service delivery.
- Training judges and strengthening the Supreme Court to manage its caseload more transparently and efficiently.
- Supporting National Assembly for more effective oversight of the budget and legislative processes.
- Improving municipalities' basic service delivery for trash collection, road maintenance, energy and water distribution.
- Assisting the Independent Electoral Commission prepare for the 2009/2010 elections.
- Strengthening the Afghanistan Human Rights Commission.
- Training civil society and providing over $6 million in grants to local NGOs.
- Funding 36 community radio stations and training journalists.

BACKGROUND

In the years since the fall of the Taliban, the country has drafted a new constitution and democratically elected the President, Parliament, and Provincial Councils. The Government of the Islamic Republic of Afghanistan is now focused on building its capacity to provide basic services throughout the country, by recruiting competent and credible professionals to public service on the basis of merit; establishing a more effective, accountable and transparent administration at all levels; implementing measurable improvements in fighting corruption, upholding justice and the rule of law; and promoting respect for human rights.

PROGRAM OVERVIEW

USAID's Democracy and Governance program supports the establishment of a broadly accepted national government that promotes national unity and effectively serves the needs of the Afghan people. USAID helps develop the capacity of key institutions including the Independent Electoral Commission, the National Assembly, the Supreme Court, the Independent Human Rights Commission, and target ministries and institutions of the executive branch such as the Ministries of Education, Higher Education, Interior, Agriculture, and the Civil Service Commission. USAID also supports the establishment of independent community radio stations and provides training to Afghan civil society organizations.

INCREASING THE CAPACITY OF THE FORMAL LEGAL SYSTEM

USAID's rule of law program has three main components: building sustainable capacity for the formal court system; helping the Ministry of Justice collect, index and disseminate Afghan law; and educating citizens about their rights and how the courts operate. The program supports the Supreme Court in its role of managing the courts by providing professional training to judges and strengthening the capacity of the courts in budgeting and management. In cooperation with the Ministry of Justice, all of Afghanistan's laws since 1964 have been compiled and distributed via an online searchable database, digital media, and print formats to the National Assembly, the Supreme Court, and law schools. Additionally, this program helps bridge the divide between formal and informal justice systems by implementing a new legal education core curriculum. USAID also built or substantially renovated 40 justice facilities in 18 provinces.

STRENGTHENING POLITICAL PROCESSES

A strong Independent Election Commission (IEC) and a voter registry will enable the Government of the Islamic Republic of Afghanistan to carry out valid, acceptable elections, utilizing internally developed expertise. In the lead-up to the 2009/2010 elections, USAID anticipates continuing to provide support to the electoral process through voter registration planning and logistics, increasing the capacity of the IEC, training for potential candidates,

CONTINUES >

Democracy and Governance (continued)

PHOTO: USAID/AFGHANISTAN

USAID trains sitting judges on legal foundations.

PHOTO: USAID/AFGHANISTAN

USAID supports municipalities and increases employment through city works programs.

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domestic monitoring, and voter education. Other ongoing projects include providing Governors and members of Provincial Councils, religious leaders, and community organizations with strategic planning, civic education, and citizen outreach skills.

INCREASING PRESENCE, ACCOUNTABILITY, AND PERFORMANCE OF THE NON-GOVERNMENTAL SECTOR

USAID promotes the development of a strong and active civil society, with an emphasis on women-focused organizations, through technical assistance, capacity building trainings, and grants to non-governmental organizations (NGOs). To date, USAID has provided over $6 million in small grants and capacity building trainings to over 200 NGOs. In collaboration with the Government of the Islamic Republic of Afghanistan, USAID helped pass the new NGO Law which defines the eligibility requirements to be classified as a non-profit organization and receive tax-exempt status.

USAID also promotes free media through journalism training and support for the establishment and development of 37 community radio stations. These stations, which are governed by community boards, currently reach over 60 percent of Afghanistan's population.

STRENGTHENING INSTITUTIONS FOR GOOD GOVERNANCE

USAID provides assistance to the Office of the President and the Ministry of Foreign Affairs to streamline and modernize office functions to facilitate more effective policy processes. Executive Branch offices such as the National Security Council, the Office of the Chief of Staff, and the Office of Administrative Affairs also receive key capacity building support from USAID. USAID is now ramping up assistance to the Office of the Spokesman, another key presidential office. USAID also supports the annual "Survey of the Afghan People," the largest survey of its kind in Afghanistan.

USAID actively works with the members and professional staff of the Afghan National Assembly. Assistance focuses on establishing effective committee structures, facilitating seminars, and increasing their research capability. USAID supports the Government of the Islamic Republic of Afghanistan at the sub-national level by assisting the Independent Directorate for Local Governance as it reforms policies and structures, and trains and recruits sub-national government officials. USAID also provides mentoring and small infrastructure resource support to six provincial municipalities.

Additionally, USAID is supporting target ministries, including Agriculture, Education, Finance, and Energy and Water, and the Civil Service Commission, to improve their ability to provide basic services nationwide; recruit competent and credible civil servants based on merit; and establish more accountable and transparent public financial management systems.

USAID | AFGHANISTAN
FROM THE AMERICAN PEOPLE

Economic Growth

Spring 2008

PHOTO: USAID/AFGHANISTAN

Afghan women sift through grain at a local outdoor market. USAID provided more than 28,000 loans to small businesses in Afghanistan. Three-quarters went to women.

ECONOMIC GROWTH SNAPSHOT

- Facilitated $700m in telecom investment, generating almost $100m in tax revenue
- Over 45 training seminars administered to 830 Ministry of Finance employees
- Customs revenue increased 400% over three years, from $76.5m in 1382 to $307m in 1385. Customs revenue for 1386 is projected to be $440m.
- Reorganized 21 provincial deed offices and registered more then 6.5 million legal documents representing 86% of all property records.
- Modernized 42 provincial branches of Da Afghanistan Bank, improving account management, communications, and automated payment.

BACKGROUND

Afghanistan ranks 173 out of 178 countries on the UNDP Human Development Index. Poverty is widespread and deeply entrenched after decades of war and under-investment – as many as 90 percent of the population is poor in some provinces. The average yearly income for Afghans is $300 per person. Sustained economic growth is critical to address not only poverty but also security and reconstruction.

PROGRAM OVERVIEW

USAID's economic growth program assists the Government of the Islamic Republic of Afghanistan in developing sound economic governance and works with the private sector to stimulate investment and business opportunities. The goal is for Afghans to generate, maintain and administer public finances in transparent and predictable ways. USAID aims to strengthen economic governance in the public sector and establish an enabling environment conductive to private sector growth, job creation, and income increase.

FISCAL REFORM

USAID supports the Ministry of Finance (MoF) to create effective administrative systems, custom reforms, revenue generation, laws and regulations. These reforms generate revenue for the Government of the Islamic Republic of Afghanistan and help the country move toward self reliance. USAID support to the Ministry of Communications and Information Technology helped facilitate $700 million in telecom investment, generating almost $100 million in tax revenue. USAID administered 45 training seminars to 830 MoF staff and 110 provincial staff under the *Mustofiat,* title deeds and tax collection office program. USAID programs also completed and equipped six customs houses, and development of a new customs code enabled the generation of $440 million per year, surpassing the International Monetary Fund's revenue generation goal.

CENTRAL BANK REFORM

USAID supports Da Afghanistan Bank (DAB) to build a sound financial system. Developing the licensing process and a new banking law has allowed establishment of 16 private banks and promoted the restructuring and eventual privatization of three state-owned banks. USAID assisted the central bank to fulfill MoF requirements by consolidating government accounts across all DAB provincial branches. This was accomplished through regular transfers of government revenue to a single Treasury account. USAID assisted 42 DAB provincial branches to modernize and improve branch operations.

FINANCIAL SERVICES

USAID provides expanded access to financial services in four regions of Afghanistan. The program aims to create a strong private sector foundation for a sustainable rural finance system capable of providing a range of financial services. By the end of Fiscal Year 2007, the USAID

Economic Growth (continued)

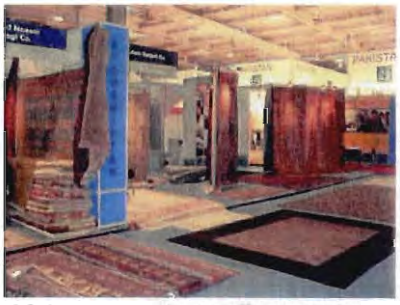

PHOTO: USAID/AFGHANISTAN

Afghan carpets on display at a carpet exhibition in Germany, where the best modern carpet design award was presented to an Afghan supported through the USAID small and medium enterprise program.

PHOTO: USAID/AFGHANISTAN

Construction begins at Sabawoon Feed and Flour Mill, which works with USAID's small and medium enterprise program in developing a market for seed grown in the eastern region of Afghanistan and providing a value-added product – flour – as an important import offset.

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funded project had disbursed $27 million in loans and created 62,000 jobs throughout the country.

LAND TITLING

Property rights is a complex issue to address for all Afghans, including the 3.5 million refugees returning after decades of conflict. USAID helps ensure the clear transfer and documentation of land ownership for Afghan citizens in informal settlements around Kabul. The program completed aerial mapping for two pilot districts in Kabul and reorganized the records in 21 land registry offices, involving over 6.5 million legal documents representing 86 percent of property records in Afghanistan.

PRIVATIZATION OF STATE-OWNED ENTERPRISES

USAID supports privatization of state-owned companies to create a viable market economy. This includes the rapid transfer of state-owned assets to the private sector and promotion of a transparent, market-based economy. Achievements include drafting changes to State Owned Enterprise (SOE) laws approved by the Government of Afghanistan, and the approval of liquidation and corporatization procedures by the State Owned Enterprise Evaluation Committee to expedite the divestiture of enterprises from state ownership. Fifteen SOEs have been auctioned and will be ready for privatization in 2008. Over 700 parcels/buildings nationwide will be divested in the near future.

STRENGTHENING BUSINESS ASSOCIATIONS

USAID strengthens business associations and has supported the Afghan International Chamber of Commerce (AICC), provincial and local business associations, and other civil society groups that foster discussions, investment, and economic development. The program opened AICC branch offices in Kandahar, Mazar-e Sharif, Herat, Kunduz and Jalalabad. Support to the Afghan Women's Business Federation has consolidated 57 women-run business associations that provide training and business development services to women entrepreneurs.

DEVELOPING THE PRIVATE SECTOR

To overcome the severe constraints to investment – security, electricity and basic services – USAID developed an industrial park in Kabul and is developing sites in Kandahar and Mazar-i-Sharif. USAID also provides assistance in the areas of Association Development, Business Development Services and Management Skills, Human Capacity Building, Market Information, and Public-Private Alliances Grants. These are complemented by an increasing access to capital program that provides financial services, microfinance loans, small and medium enterprise loans, and establishes an investment fund. A loan guarantee program, the First Loss Reserve Fund, offers banks a $20,000 loan guarantee for each ex-combatant.

USAID FROM THE AMERICAN PEOPLE | AFGHANISTAN

Education

Spring 2008

PHOTO USAID/AFGHANISTAN

USAID trained master educators who trained provincial counterparts. This program and the new 2006-2010 programs build on past successes training, teachers, and administrators.

EDUCATION SNAPSHOT

- Enrolled nearly 170,000 students (55% girls) and trained nearly 10,500 teachers in accelerated learning program
- Constructed or refurbished 680+ schools
- 60 million text books were translated in Dari and Pashto and printed and distributed
- Supporting 45,000 students (69% female) in remote community-based schools
- Trained over 65,000 teachers across all provinces through daily radio broadcasts
- Taught over 9,200 students in functional literacy, economic self reliance, grassroots democracy and women's rights through community empowerment and health education programs

BACKGROUND

Afghanistan has one of the highest illiteracy rates in the world. More than 11 million Afghans over the age of 15 cannot read or write. In rural areas, where three-fourths of all Afghans live, 90 percent of the women and over 60 percent of the men are illiterate. Under the Taliban, girls were not allowed to go to school, fewer than 900,000 boys were enrolled, and many received religious education in lieu of academics. The implications of this lack of education can be felt in all domains of life. For example, Afghans lack access to information about good health practices and most of the country's judges and civil servants do not have more than a high school degree. Today more than 5.7 million students are in school and the Ministry of Education is working with USAID and other donors to implement a five-year National Education Strategic Plan (2006-2010).

PROGRAM OVERVIEW

USAID's education strategy was designed in 2002 to meet the urgent need for textbooks, schools, new curricula, and trained teachers. USAID funded an accelerated learning program providing a chance for students denied an education to get caught up and complete sixth grade. The education strategy was expanded in 2004 to develop the capacity of the Afghan government to improve education quality while simultaneously increasing access to opportunities in basic education, higher education, and non-formal training in literacy, productive skills and youth leadership.

IMPROVING BASIC EDUCATION

Increasing access to quality primary and secondary schools is a key education priority. USAID is improving basic education through programs aimed at strengthening the capacity of the Ministry of Education, improving teacher performance and skills development, and ensuring adequate school materials and environments for learning.

Because Afghans lost years of formal schooling under the Taliban, many students are not at their appropriate grade level. USAID created an accelerated learning program that compresses two years of study into a single year through innovative teaching techniques. This program trained an estimated 10,500 teachers in teaching methodologies for accelerated learning and enrolled nearly 170,000 students, over half of them girls.

To address the critical lack of qualified teachers, USAID is supporting the Ministry of Education's in-service teacher training program in 11 of Afghanistan's 34 provinces (the World Bank and other donors support the other 23 provinces). This program will provide training in subject-specific pedagogy as well as training for school leaders, delivered by district-based teacher training teams who provide limited follow-up. In remote areas where government schools are not yet established, USAID's community-based schools program is supporting 50,000 students each year. Between 2002 and 2006, USAID printed and distributed over 60 million textbooks

Education (continued)

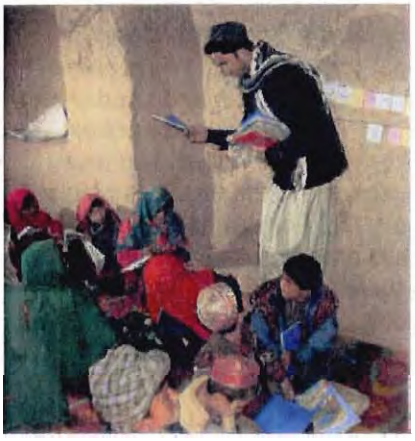

PHOTO: USAID/AFGHANISTAN

Students receive new textbooks. Between 2002 and 2008, USAID published 60 million textbooks in Dari and Pashto on various subjects for grades 1-12.

nationwide in Dari and Pashto for grades 1-12 covering such subjects as language, math, biology, and geography. During 2008, USAID, in collaboration with the Danish International Development Agency, plans to print 23.5 million new curriculum textbooks for grades 1-6. To strengthen the Ministries of Education and Higher Education, USAID provides advisors to help develop and implement education policy. USAID also supports the International School of Kabul, an English language high school with an enrollment of approximately 260 students from more than 20 countries, the majority of whom are Afghans.

SUPPORTING HIGHER EDUCATION

USAID's higher education program has introduced new initiatives including providing technical assistance to targeted institutions and strengthening linkages between universities. USAID supports the American University of Afghanistan, a private English language American-style university in Kabul, with an expected enrollment of up to 1,000 students by 2010. A war-damaged Women's Dormitory at Kabul University was repaired and is now operational and able to house over 1,000 women, mainly from rural areas.

USAID will upgrade teacher training at 16 Afghan universities. In addition, USAID works with Balkh University Faculty of Agriculture in Mazar-e-Sharif to modernize curriculum, teaching technologies, and techniques. Electronic partnership with universities worldwide develop Afghans' technical skills and knowledge, boosting their ability to participate in the global economy while building their own nation.

EXPANDING NON-FORMAL EDUCATION

In many villages, more than 90 percent of the women cannot read or write. USAID's large scale literacy and occupational skills program takes place outside the formal educational system and focuses on providing literacy and skills training to women and men age 15 and over. More than 9,200 students have already learned functional literacy, economic self-reliance, grassroots democracy and women's rights. Establishment of the National Literacy Center (formerly the Women's Teacher Training Institute) in Kabul provides access to training, materials, and modern teaching techniques, and supports the development of practical literacy, numeracy, and life skills.

USAID's youth project is creating youth development councils and providing opportunities for entrepreneurial young people to implement small grants projects. This program provides positive opportunities for youth, and trains them in valuable governance and economic participation skills.

SCHOOL CONSTRUCTION

In conjunction with the Ministry of Education, USAID is building schools in rural areas. Since 2002, USAID has built or refurbished over 680 schools, mostly in remote areas.

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USAID FROM THE AMERICAN PEOPLE | AFGHANISTAN

Health

Spring 2008

PHOTO: USAID/AFGHANISTAN

A trained doctor vaccinates an Afghan woman. More than 748,652 patients receive services monthly from USAID-funded health clinics or USAID-trained community health workers.

HEALTH SNAPSHOT

- Over 7.2 million people have improved access to basic health services
- More than 670 health clinics constructed or renovated
- Over 360 health facilities providing Basic Package of Health Services and Essential Package of Hospital Services
- Over 11,400 health workers trained, including pre-service training for midwives and community health workers and in-service training for doctors, midwives and nurses
- Over 20,000 people receive health care services daily through clinics and direct outreach workers
- Over 7 million children vaccinated against polio

BACKGROUND

Afghanistan has one of the highest mortality rates in the world: one in five children die before the age of five and life expectancy is only 47 years for men and 45 years for women. While these statistics are tragic, there has been progress. Through a variety of health programs, more than seven million people in 13 provinces targeted by USAID have better access to quality health care.

PROGRAM OVERVIEW

USAID prioritized basic health care for rural communities with a primary focus on women and children's health. USAID has been working very closely with the Ministry of Public Health (MoPH) to provide essential services to the Afghan people—especially women and children. Our programs deliver basic health care in 13 provinces, and mentor MoPH and NGO staff at the central, provincial, district, and community levels to improve the coverage and quality of health service delivery. In addition, other USAID programs increase the abilities of individuals, families, and communities to protect their own health; produce and distribute a range of health education materials for use in homes, clinics, and public places; and use the power of the private sector to deliver key health messages and market health beneficial products.

DELIVERING QUALITY HEALTH SERVICES

USAID and the Ministry of Public Health together support volunteers throughout the health system—from basic health centers in villages to provincial hospitals. Approximately 239,200 patients receive treatment and counseling monthly from USAID trained community health workers, 70 percent of whom are women and children.

TRAINING HEALTH PROVIDERS

Given the remoteness of villages across Afghanistan and the lack of education for many Afghans, training in better health practices is critical for saving lives. USAID has trained 11,400 health workers, including pre-service training for midwives and community health workers and in-service training for doctors, midwives, and nurses.

BUILDING CAPACITY IN THE HEALTH SYSTEM

USAID has worked with the Ministry of Public Health to expand its ability to plan and manage activities, allocate resources, increase human capacity, strengthen the health information system, and monitor and evaluate the Basic Package of Health Services and the Essential Package of Hospital Services programs.

POLIO ERADICATION ACTIVITIES AND TB CONTROL

Insecurity along the border regions, especially in the south, has increased the number of polio cases from about seven in 2004 to 17 in 2007. Afghanistan and Pakistan are two of the four remaining countries in the world with live polio virus.

CONTINUES >

Health (continued)

PHOTO: USAID/AFGHANISTAN

Afghanistan's first professional midwives graduate after a gap of seven years. USAID has trained over 8,800 community health workers and midwives. Over 2,900 doctors, nurses, midwives and administration staff participated in USAID's refresher courses and basic training since 2003.

PHOTO: USAID/AFGHANISTAN

A lab technician in Touraghondi, Herat provides lab results for patients. USAID has built or renovated over 670 health clinics across the country.

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USAID supports the national Polio Eradication Initiative and provided $1.5 million in FY2007 to UNICEF and the World Health Organization (WHO). Our assistance to UNICEF helps purchase vaccines and cold chain equipment, and provides support to the immunization service delivery network. Assistance to WHO is for surveillance and training in the coordinated efforts to eradicate polio from Afghanistan through an annual door-to-door vaccination strategy. Over seven million children, or 95 percent of Afghan children under the age of five, have been vaccinated against polio.

USAID has supported tuberculosis (TB) control efforts through the BPHS/EPHS delivery system implemented by WHO. TB control assistance, through the Directly Observed Therapy, Short Course (DOTS) methodology, will continue in 13 provinces. Globally recognized as the best way to cure TB and control its spread, DOTS is a six to eight month program, depending on the severity of infection, in which health providers directly administer medication and closely monitor patient progress. USAID has provided approximately $1.5 million to WHO to upgrade laboratory services in the nationwide TB control program.

EXPANDING HEALTH KNOWLEDGE AND DISTRIBUTING HEALTH-PROMOTING PRODUCTS AND MATERIALS

More than 60 percent of the families in Afghanistan drink unsafe water — a leading cause of acute diarrhea. Dehydration, a life-threatening side effect of diarrhea, is a major cause of death among children under five. Using social marketing, USAID launched the product "Clorin", a safe, easy method to effectively treat water. In addition, education posters and other materials provide important information on good health practices.

USAID works with private businesses to expand distribution of socially marketed high-quality health products, disseminate public health messages, and make more products and services available to rural low-income people in a cost-effective way.

CLINIC CONSTRUCTION

In conjunction with the MoPH, USAID is building and renovating clinics throughout Afghanistan to provide people in rural areas easier access to healthcare, primarily in underserved areas. As of June 2008, more than 670 health clinics and other health facilities, including hospitals, have been built or refurbished.

USAID | AFGHANISTAN
FROM THE AMERICAN PEOPLE

Infrastructure

Summer 2007

PHOTO: USAID/AFGHANISTAN

The Kajaki Dam controls irrigation and provides power in the southern provinces.

BACKGROUND

Decades of war, harsh climate conditions, and neglect due to poverty have left the country's infrastructure in rubble and decay. In many remote areas, it was never developed at all. The lack of infrastructure has had a huge impact on Afghans who could not reach health facilities in time to give birth or farmers who could not get their produce to market before it spoiled. Most Afghans lack access to electricity or safe water; some mountain villagers have to walk two weeks to the closest road. However, Afghanistan has made incredible progress in the past five years.

PROGRAM OVERVIEW

Reconstruction in Afghanistan is a huge endeavor. Construction can be delayed due to intense weather or disrupted by insurgent attacks. The remoteness of villages and severe weather creates enormous engineering and transportation challenges. Whenever possible, USAID uses locally available materials and trains Afghans to construct roads and other infrastructure themselves to disengage dependence on foreign assistance.

USAID's building of roads, schools, and clinics began in 2002 to show immediate progress to the Afghan people. While these programs continue, USAID is shifting its focus to improve energy and power. The building and refurbishing of infrastructure boosts economic growth and agricultural yields, connects rural Afghans to services, and provides schools, clinics, and courthouses for its citizens.

INFRASTRUCTURE SNAPSHOT

- Completed 715 km of the Ring Road, roughly equivalent to the distance between Washington, D.C. and Boston
- Built 605 km of canals and 340 km of irrigation structures boosting agriculture
- Built 40 courthouse and justice facilities in 18 provinces covering nearly 60% of the population
- Completed over 700 schools and 675 health clinics

RECONSTRUCTING ROADS

USAID is reconstructing a regional and national road system which links the major cities and economic centers. The "Ring-Road", a highway that connects Kabul to Kandahar to Herat, is critical to trade in that 60 percent of Afghans live within 50 kilometers of this road. USAID has completed the 389 km link from Kabul to Kandahar and the 326 km section between Kandahar and Herat. Three-quarters of the employees working on this project are Afghans gaining technical expertise. USAID is also reconstructing provincial and district roads to help villagers in outlying areas of the country.

WATER MANAGEMENT AND PRODUCE STORAGE

USAID has increased agricultural production through better irrigation. The construction of 605 km of canals and 340 irrigation structures have benefited farmers. USAID installed 18 km of water pipelines and provides water to Kabul, Kandahar, Ghazni, and Gardez with support from the ministries. The completion of 1,700 wells and 3,250 latrines boosts health and sanitation. To store the increased agricultural yields, USAID has built 147 storage and refrigeration units and market centers to preserve the freshness of fruits and vegetables.

ENERGY

Bolstering Afghanistan's energy sector through rehabilitating infrastructure and building the capacity of the power sector workforce will be critical to the economic growth of the country.

CONTINUES >

Infrastructure (continued)

PHOTO: UNOPS

Construction crews pave a roadway that will link the major cities of Afghanistan. Over 60 percent of Afghans live within 50 km of the "Ring Road", a highway linking Kabul and Kandahar to Herat. Provincial and district roads help farmers get their produce to market before it spoils and helps women reach clinics to give birth.

PHOTO: USAID/AFGHANISTAN

USAID is training operators and technicians to work with diesel generators. This is building the capacity, skills, and knowledge of Afghans.

- USAID is rehabilitating Kajaki hydroelectric dam in Helmand, which will help supply power in the southern part of the country to about 1.7 million beneficiaries.
- In Nangarhar, work is underway in rehabilitating the Darunta hydroelectric power station near Jalalabad. When finished, it will provide power to 9,000 customers.
- In Kabul, USAID is funding a 100 MW power station with a total project cost of $150 million, a critical source of electricity for the country's capital. Additionally, USAID provided over $130 million since November 2003 in emergency fuel supplies.
- USAID is currently providing technical assistance for the Northeast Power System (NEPS), a $700 million multi-donor effort. Other donors are financing the transmission lines for NEPS. Donors support will make low cost power available from the northern countries for the eastern part of the Afghanistan down to Kabul.
- USAID is developing gas supplies for Afghanistan and a 100 MW power station at Sheberghan.

USAID programs are providing training in diesel fuel procurement and technical training to diesel generator operators. Additionally, USAID constructed a complex for the Afghan Energy Training Center, operated under the Ministry of Energy and Water with the Afghan Geological Survey.

TELECOMMUNICATIONS

Communications networks are now operational in 26 of the 34 provinces. This marks the first step in the installation of provincial and district telecommunications networks, which will enhance private sector growth and assist local government. A number of Afghan universities are bridging to international universities through electronic alliances in a program that uses the internet to build the knowledge and skills of Afghans.

ECONOMIC GROWTH

Infrastructure development helps revive the economy. The construction of three industrial parks in Bagrami (Kabul), Kandahar, and Mazar-e Sharif will stimulate investment and minimize potential business risk to investors.

DEMOCRACY AND GOVERNANCE

USAID is building judicial and administrative buildings to promote democratic reforms and extend the rule of law. USAID constructed 40 judicial buildings, including courthouses, Ministry of Justice offices, and prosecutors' offices. An additional ten mixed-use district administration buildings and two courthouses are under construction. USAID established 36 radio stations to inform and encourage citizen participation.

EDUCATION AND HEALTH

USAID has constructed over 700 schools and 675 clinics to promote a better educated and healthier population. The rehabilitated Kabul Women's Dormitory provides housing for 1,200 women and enables women from rural villages to attend one of seven colleges in Kabul.

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Media

Spring 2008

PHOTO: USAID/AFGHANISTAN

"There have been enormous changes in media throughout Afghanistan…six years ago there was no such thing as an Afghan journalist, so that's amazing. There are women in the press corps. They're running around, shoving the microphone in people's faces, and six years ago there was nothing."

Ahmed Rashid, Pakistani journalist and best-selling author

MEDIA SNAPSHOT

- Supported 37 community radio stations across the country.
- Supported creation of Salam Watandar, a national independent radio network.
- Trained over 3,000 journalists with many receiving on-the-job training in working media institutions.

OVERVIEW

USAID supports media development in Afghanistan to promote the free exchange of information and ideas vital to the democratic process and development of civil society. USAID is building the capacity of local, state and independent broadcast media through technical support, equipment upgrades, hands-on training in balanced and accurate reporting, and development of Afghan media policy and a regulatory framework.

PROGRAMS

NETWORK OF RADIO STATIONS

Since most Afghans receive news and information via radio, USAID invested significant resources to strengthen the electronic media sector. USAID has:

- Supported 37 community-based, independent FM radio stations across the country;
- Established Salam Watandar, a national network of independent local radio stations that air national satellite programs including accurate, locally produced news; current affairs; and educational and cultural programming for a national Afghan audience, with particular consideration given to provincial audiences; and
- Facilitated significant dialogue around media law reform between the media, government, parliament, NGOs with positive legislative reform outcomes.

RADIO PROGRAMMING AND DISTRIBUTION

USAID supports the production of independent, national radio programming that is broadcast via satellite to 37 radio stations, including a few state stations, for nine hours each day. USAID has also:

- Facilitated broadcast program coverage that reaches over 60 percent of the Afghan population via AM/FM; shortwave transmission of the programming covers all of Afghanistan as well as Afghan communities living outside Afghanistan;
- Established a network that distributed 400 radio programs produced by NGOs, independent media outlets, and USAID-supported stations to more than 70 media outlets throughout the country; and
- Funded the production of numerous public interest radio programs, including award-winning children's programming as well as programs highlighting civic education, women's issues, and human rights;

CONTINUES >

Media (continued)

PHOTO: USAID/AFGHANISTAN

Radio broadcasts reach remote provinces and help connect people. Radio programs have been used to promote election participation, improve health and sanitation, and educate the public.

PHOTO: USAID/AFGHANISTAN

USAID provides technical assistance to develop the media and its role in Afghanistan. A strong and independent media is essential for democracy.

- Distributed 40,000 radios to vulnerable populations including rural women.

TRAINING FOR MEDIA PROFESSIONALS

In order to strengthen Afghan media over the long term, USAID invested in young media professionals and students. Hundreds of journalists have been trained as part of the establishment of an independent media network across the country. To date, USAID has:

- Trained over 3,000 male and female media professionals;
- Updated the journalism curriculum at six universities; and
- Provided training for Afghan lawyers and journalists in understanding and advocating for fair media regulation, freedom of expression, and access to information.

PUBLICATIONS AND ALTERNATIVE MEDIA

USAID has supported a number of publications and alternative media programs, such as community theatre, art shows, and the production of dozens of films and documentaries. The programs are both educational and entertaining, and designed to raise awareness and stimulate discussion on current social and political issues. USAID has:

- Supported two national news publications: *Killid*, a weekly magazine, and *Morsal*, a women's monthly magazine; and
- Provided printing support to a Kabul daily newspaper and to a university printing press.

TECHNICAL ASSISTANCE

USAID has provided capacity building for local, state, and independent broadcast media and, working with the Government of Afghanistan, has developed Afghan media policy and a regulatory framework. These efforts have strengthened the Afghan media and the government's ability to promote dialogue on key political events such as Loya Jirgas and elections. Activities have included:

- Establishment of an independent news agency that provides accurate information to local, regional and international media outlets; and
- Technical support in the development of Afghanistan's media broadcast law and the Election Media Code of Conduct.
- With the international community, supporting the development of the Government Media Center.

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USAID
FROM THE AMERICAN PEOPLE

Critical Priority Countries (CPCs): Afghanistan, Iraq, Pakistan and Sudan

General Information

- High Threat Environments Learning Portal : A comprehensive learning resource for USAID staff deploying, or considering deployment, to a CPC.
- US Department of State Workshop on Complex Emergencies: Collecting Data, Managing Information, Seeking Knowledge.
- Conflict-Sensitive Monitoring and Evaluation Keys for Successful Programming USAID/Collaborative for Development Action/Academy for Educational Development/Management Systems International
- Conflict Sensitive Programming through Monitoring and Evaluation A Report from USAID's Conflict-Sensitive Monitoring and Evaluation Workshop USAID/Collaborative for Development Action/Academy for Educational Development/Management Systems International
- A Guide To Economic Growth In Post-Conflict Countries
- Fragile States and Peacebuilding Programs
- Conflict-Sensitive Monitoring and Evaluation
- Monitoring and Evaluation in Post-Conflict Settings
- Dialogue on Working in Conflict
- Personal Security Training and Practices - Gen Notice dtd 02/20/2008
- MHN Flyer - 03/13/2008
- Support Sessions (Out-Briefings) for CPC Returnees- Gen Notice dtd 10-11-2006
- New Home Leave Policy for 12-Month Overseas Assignments- Gen Notice dtd 09-01-2006
  Attachment: STATE 119416
- Incentives for service in Critical Priority Country Assignments -
  2007 Foreign Service Assignment Cycle - 11-09-2006 Correction to Gen Notice of 07-06-2006
  Attachment: 2007 Foreign Service Assignment Cycle
- Benefit, Info and FAQs
- Foreign Service Limited Appointments - FY 2006 General Information
- Unaccompanied Tours: Support and Information - DoS/FLO Webpage
- Foreign Service Assignment Notebook - link to FSI's Overseas Briefing Center (OBC) website

Afghanistan

- High Threat Environments Learning Portal : A comprehensive learning resource for USAID staff deploying, or considering deployment, to Afghanistan.
- Country Profile
- 2006 Premium Pay Cap Waiver for Employees Working in Iraq and Afghanistan- Exec Message dtd 09-27-2006
- Incentives for service in Critical Priority Country Assignments

Critical Priority Countries (CPCs) - Microsoft Internet Explorer

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Address http://inside.usaid.gov/M/HR/cpc/cpchome.htm Go Links

Afghanistan

- High Threat Environments Learning Portal : A comprehensive learning resource for USAID staff deploying, or considering deployment, to Afghanistan.
- Country Profile
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- Incentives for service in Critical Priority Country Assignments -
  2007 Foreign Service Assignment Cycle - 11-09-2006 Correction to Gen Notice of 07-06-2006
  Attachment: 2007 Foreign Service Assignment Cycle

Iraq

- Country Profile
- Overview: Provincial Reconstruction Teams - Sep. 07
- The U.S. Embassy in Baghdad website - highlights local news and resources
- Destination: Iraq - link to FSI's -Overseas Briefing Center (OBC) website
  Word Version of "Destination:Iraq"
  Includes links to many other helpful sites/pages, such as:
  - Good Leadership Practices
  - High Stress Assignment Out-Brief Program
  - Security & Health
- Iraq Out Briefings Schedule for 2006 and 2007
  and also visit the FSI OBC website for further details on the program
- Why Iraq? Why You? Why Now? - Gen Notice dtd 10/10/2006
- 2006 Premium Pay Cap Waiver for Employees Working in Iraq and Afghanistan- Exec Message dtd 09-27-2006
- Incentives for service in Critical Priority Country Assignments -
  2007 Foreign Service Assignment Cycle - 11-09-2006 Correction to Gen Notice of 07-06-2006
  Attachment: 2007 Foreign Service Assignment Cycle
- IRAQ SERVICE RECOGNITION PACKAGE (ISRP) - 2006/2007 - UNCLASSIFIED STATE 00195740

Pakistan

- Country Profile
- USAID Pakistan Website
- Approval Of An Additional R&R and RRB for Pakistan
  Incentives for service in Critical Priority Country Assignments -
  2007 Foreign Service Assignment Cycle - 11-09-2006 Correction to Gen Notice of 07-06-2006
  Attachment: 2007 Foreign Service Assignment Cycle

Sudan

- Country Profile
- USAID Sudan Field Office Website
  Includes Press Releases, Documents & Resources, Contacts and a link to the "Sudan.net" website
- USAID's Sub-Sarahan Africa - Sudan Webpage
- U.S. Embassy Khartoum, Sudan Brochure
  Welcome to Sunny Sudan - Land of the Two Niles
- Map of Sudan

Local intranet

Pakistan

- Country Profile
- USAID Pakistan Website
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- USAID's Sub-Sarahan Africa - Sudan Webpage
- U.S. Embassy Khartoum, Sudan Brochure
  Welcome to Sunny Sudan - Land of the Two Niles
- Map of Sudan
- TM2 - Embassy Welcome Cable (sample text)
- Red-Sea.com Website and Search Engine
  Offering an informative guide to Egypt, Eritrea, Israel, Jordan, Saudi Arabia, Sudan and Yemen. With information about major cities and towns in each country, including transportation, weather, local cultures and tradition plus much more
- Ancient Sudan: The Kingdom of Kush at Meroë - 4th c. B.C. to 325 A.D.)
  An educational website focusing on Acient Sudan
- Shoppers Guide
  The purpose of this basic Shopper's guide is to help acquaint newcomers with the various shops in Khartoum and Omdurman
- Sudan Well Kit
  Health Tips for TDY Personnel
- Incentives for service in Critical Priority Country Assignments -
  2007 Foreign Service Assignment Cycle - 11-09-2006 Correction to Gen Notice of 07-06-2006
  Attachment: 2007 Foreign Service Assignment Cycle

Questions? Address your questions or comments to:

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USAID FROM THE AMERICAN PEOPLE

Office of Human Resources (OHR)

CUSTOMER SERVICE | HR-ROCS | eOPF | WHO DOES WHAT | TRAINING | PRIVACY INFO | CAREERS

HR TOP 10

- USAID University (LMS)
- FS Assignments
- Workforce Reports
- Pay Admin
- electronic Official Personnel Folder (eOPF)
- Employee Evaluation Program (EEP)
- Leave Administration
- Salary Charts
- Mental Wellbeing Services for USAID Staff
- Critical Priority Countries (CPCs)

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- Development Leadership Initiative (DLI)
- FSN Net | FSN Advisory Council
- Customer Service
- CTO Certification
- Human Capital Accountability System
- USAID University (LMS)

EMPLOYEE BENEFITS

- AFSPA IBP Enrollment
- Counseling
- Flex Spending
- Flex Spending (ppt)
- Health Benefits

TOPICS OF INTEREST

August 15, 2008 - Google Search Toolbar

Google The Office of Human Resources (OHR) is happy to add the Google Search function on the main front page of the OHR website. M/CIO/KM Web Services has deployed the new Google Search in order to provide faster performance and more relevant search results. The function is a useful tool for both OHR and non-OHR employees who visit the OHR website. You will find the Google Search function in the top and bottom of the main page.

July 31, 2008 - FY-2008 USAID Student Loan Repayment Program; APPLICATIONS DUE IN HR/PPIM BY FRIDAY, AUGUST 8, 2008

The Office of Human Resources (HR) is pleased to announce the reinstatement of a Student Loan Repayment Program (SLRP) for FY 2008. Previously, HR implemented a pilot program in FY 2005, and a Program is again being offered in FY 2008 to current USAID employees. Interested employees must apply during the open season application period, which runs until Friday, August 8, 2008. Please read the Agency Notice and SLRP website to learn more.

July 16, 2008 - Mental Wellbeing Services for USAID Employees

USAID recognizes that the work of employees, regardless of hiring type, is often characterized by unpredictability, rapid change, and pressure in both the field and in Washington. While sources of personal and professional growth, these factors also cause serious stress in staff, which can ultimately have an adverse impact on the delivery of aid and assistance to beneficiaries. Click here for the Agency Notice to learn more.

June 30, 2008 - Setting Up Conference Rooms in Outlook

Curious about whether or not the conference rooms are available for use in OHR? Do you want to reserve times to have meetings in the conference rooms. This document will show you how to set up the Conference rooms with your Outlook. Just like your regular Calender, you can access the calender of each conference room. Click here to learn how, these instructions are only for **OHR EMPLOYEES.**

June 2, 2008 - Hiring Veterans at USAID

Office would like to share information with USAID employees concerning the opportunities available to hire our servicemen and women when they leave the military. Since the time of the Civil War, veterans of the Armed Forces have been given some degree of preference in appointments to Federal jobs. Veterans' preference recognizes the economic loss suffered by citizens who have served their country in uniform, restores veterans to a favorable competitive position for Government employment, and acknowledges the larger

Local Intranet

RESOURCES

- 2007 Awards Booklet
- AAs, DAAs, AMSs
- Authorities|Rules|Regs
- Career Management
- Clearance Process for Separating Employees
- Critical Priority Countries (CPCs)
- EEP (Emp Eval Prog)
- Email Guidelines
- eOPF Login Process
- EXO Contacts
- EXO Toolbox
- Foreign Service Community Free Classified Ads
- FSN Pers Admin
- GS Pay Calculator
- Human Cap Strategic Brochure
- Human Cap Strategic Plan 2004 - 2008
- LEO Pay Calculator
- LMS Reference Guide
- Naturalization Assistance for Foreign-Born Spouses of USAID FSO's
- Outreach Calendar
- Pres Mgmt Fellows
- Programming Foreign Assistance (PFA 101)
- Reorg Materials
- Salary Charts
- Setting Up Conference Rooms in Outlook (OHR Employees only)
- Student Reference Card
- Short Term Appointment Roster (STAR) - formerly Surge
- Short Term Appointment Roster (STAR) Form
- Short Term Appointment Roster (STAR) FAQ'S
- Tuition Assistance

electronic personnel data repository that spans the lifecycle of Federal employment. By automating personnel actions such as annual pay increases, changes in benefits and employee transfers, employees are able to access their personnel record information online - saving time and money. Please read the Agence Notice for further details.

January 31, 2008 - 2007 Awards Booklet Available Online
The Office of Human Resources (HR) is pleased to announce the first online publication of the Agency's Awards Ceremony Booklet. HR is especially proud of the new and improved look of the Awards Booklet which was created internally by the Office of Administrative Services' printing and graphics personnel. The use of color, special graphics and photographs make this not only the most appealing, but the fastest available and most-widely distributed USAID Awards Booklet in our history. Everyone is urged to review the Awards Booklet and congratulate colleagues on their 2007 award recognition.

January 31, 2008 - Update on electronic Official Personnel Folder (eOPF) Rollout
Rollout for eOPF is 85% complete. The Office of Human Resources (OHR) and the Office of Personnel Management (OPM) as part of the Enterprise Human Resources Integration (EHRI) is rolling out of eOPF to all Direct Hire employees during the months of December 2007 and January 2008. All personnel should receive the eOPF Userid from eOPF by Friday, February 8, 2008. For more information please view the Agency Notice.

January 16, 2008 - Update to eOPF Rollout Status
The eOPF Team has completed 45% of the list of Direct Hire employees eligible for eOPF. The schedule calls for completing the rollout by the and of January 2008. For more information please view the eOPF page or refer to the Agency Notice December 3, 2007.

January 11, 2008 - 2008 Civil Service and Foreign Service Salary Charts
The Office of Human Resources has posted 2008 salary tables and related information on the Pay Administration web page. The 2008 pay rates will become effective on January 6, 2008. To see the new salary charts for 2008, please click here.

NOT SO NEW BUT CONTINUING TOPICS OF INTEREST

December 18, 2007 - Washington, D.C., Area Emergency Dismissal or Closure Procedures
This Notice is issued annually to USAID/W employees to provide instructions and information on emergency dismissal or closure procedures for emergency situations, including adverse weather conditions, natural disasters, and other incidents causing disruptions of Government operations. To view the notice, click here.

November 28, 2007 - Emergency Contact Information and Employee Data Record (EDR)
Direct-hire employees are able to access and update their Emergency Contact information and review their USAID personnel information in an Employee Data Record (EDR) report.

November 16, 2007 - Semi-Annual Worldwide Staffing Pattern Report
The Semi-Annual Worldwide Staffing Pattern Report (WWSPR) as been posted. This report is based on the Electronic Workforce: Location and Distribution (WebPASS/Post Personnel) data input by Missions, Bureaus and Offices throughout the Agency. The report shows semi-annual on-board staffing levels as of the end of the 4th quarter FY 07 (September 30, 2007). To view the report, go here eworld/wwspr/wwspr.htm.

The Asia Foundation

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AFGHANISTAN IN 2007

The Asia Foundation

A Survey of the Afghan People

AFGHANISTAN IN 2007

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Afghanistan in 2007

A Survey of the Afghan People

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The Asia Foundation

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Report Design and Printing
AINA, Kabul

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About The Asia Foundation

The Asia Foundation is a non-profit, non-governmental organization committed to the development of a peaceful, prosperous, just, and open Asia-Pacific region. The Foundation supports programs in Asia that help improve governance, law, and civil-society; women's empowerment; economic reform and development; and international relations. Drawing on 50 years of experience in Asia, the Foundation collaborates with private and public partners to support leadership and institutional development, exchanges, and policy research.

With a network of 17 offices throughout Asia, an office in Washington, D.C., and its headquarters in San Francisco, the Foundation addresses these issues on both a country and regional level. In 2006, the Foundation provided more than $53 million in program support and distributed 920,000 books and educational materials valued at $30 million throughout Asia.

For more information, visit The Asia Foundation's website at: www.asiafoundation.org

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Preface

Afghanistan is in the midst of sea changes. Reconstruction efforts are underway in different parts of the country. Numerous organizations are working at the center, in regions and provinces and at local levels to help implement programs designed to rebuild the country. Surveys are a good tool to help gauge public opinion and sentiments in a country that is undergoing rapid changes. In a context where the state has not been able to undertake a census for almost three decades and where there are large gaps in knowledge regarding the demographic characteristics of its populations, a scientifically selected sample-survey could simultaneously be a proxy census.

The Asia Foundation (the Foundation) has, to date, conducted three nationwide surveys in Afghanistan - first in 2004, then in 2006 and now in 2007. The surveys have been conducted at a time when it has become important to have an accurate and longterm barometer of public opinion across Afghanistan.

The first opinion survey undertaken by the Foundation in Afghanistan - the 2004 survey- was conducted primarily to assess the knowledge and attitude of the electorate regarding the country's first national elections (viz. Presidential elections) held in October 2004. The objective then was to equip the Foundation and other non-governmental organizations (NGOs) with accurate data to help them plan, design and implement voter education messages and campaigns.

The 2004 survey covered 804 respondents from across 29 provinces from the then existing 32 provinces in the country. The data showed that the situation was not homogeneous and that there were marked differences in public opinion concerning governmental support, infrastructure development, security, and economic well-being across the country. This led to the idea of a larger survey that would not only cover the entire country but also provide enough data to look at how opinions varied across regions and provinces. Annual surveys were then planned for an initial period of three consecutive years. The intention was to collect comprehensive information on various issues and to track changes over the period.

The survey conducted in 2006 was the first of these large annual surveys. It was conducted among 6226 respondents from 32 of the 34 provinces in the country. The provinces of Uruzgan and Zabul accounting for 2.3 percent of the country's population were left out due to security risk for the field teams. The 2006 survey provided significant policy relevant data and established a baseline for measuring public perceptions on subjects such as democratic governance and values, role of political parties, civil responsibilities and rights, the place of religion in the evolving polity, women's rights and other issues. This survey was for the first time able to document how the public assesses the performance of the elected government.

The 2006 survey report made possible a detailed investigation of the public's opinion on a range of issues. This was because of the large number of respondents covered. Analysis was done comparing responses from the various regions and also between some of the major provinces. In 2007 the Foundation also released a follow-up version to the main survey report which contained papers by experts who examined the survey in greater and comparative detail. This companion volume which is titled *'State Building, Political Progress, and Human Security in Afghanistan'* is based on the data from the 2006 survey and discusses how the Afghans view their personal situation, their perceptions of government, the policy priorities, and the role of women in Afghan society.

The two surveys have helped to chart a trend line on changing views of the people of Afghanistan over the years. It has also made possible a pre and a post election picture of the country. The surveys have combined questions that have arisen about Afghanistan in the minds of policy makers, social researchers, and donor organizations with tried and tested questions used in other countries by surveys such as the East and South Asia Barometers and Latin Population Survey. It has also built on other surveys the Foundation conducted in Bangladesh, Cambodia and Indonesia. Some of the questions have been revised every year taking into cognizance changing ground realities while a number of core questions have been retained so as to ensure comparability over the years. Feedback received from each of the surveys has been used to fine tune the survey instruments further.

The survey questionnaire was first revised in-house and then, as has been the practice in the earlier years, sent to experts, stakeholders and donors for review and suggestions. The 2007 survey questionnaire was revised with inputs from: U.S. Agency for International Development (USAID), Afghan Center for Socio-economic and Opinion Research (ACSOR), Mr. Sudhindra Sharma and Pawan Sen of Interdisciplinary Analysts (IDA), Dr. Ali Wardak of Center for Policy and Human Development (CPHD), Professor Russ Dalton and Professor Sanjay Ruparelia. There were questions added this year on sub-national governance issues. Some questions regarding the last elections were removed. The survey questionnaire, with percentages of all responses by question, can be found in Appendix 3. Some responses were rephrased wherever it was felt that clearer and more actionable answers could be derived. There were also some changes brought about in the sampling this year to increase the spread of the interviews to a larger area. This was done to thwart any cases of homogeneity in responses due to closely clustered samples.

The 2007 survey was able to interview 6263 people from all the 34 provinces in the country (see Appendix 1). Several changes had taken place in the political, economic and security situation in the country in the past one year. The survey came at a time, halfway through the term of the President, in a year when the anti-government forces were expected to mobilize in large numbers and the country was coming off a record year in poppy cultivation, which presented us with a special opportunity to gauge public opinion at a crucial juncture in Afghanistan's history[1]. The poll aims at providing

[1] The actual fieldwork was undertaken between 11 and 22 June 2007.

insight into how changes in the country have altered the opinions and perceptions of the Afghan people. The 2007 survey captures the opinions of the Afghan electorate - in sequential order - on the general mood of the people, security, development and economy, local government, judicial system, democracy and democratic values, women's issues and the media. Full details on the methodology of the survey are available in Appendix 2 of this report.

This report not only gives a picture of the country at a point in time but also helps assess the direction in which the country is moving in the post-Taliban era.

Besides making public opinion known, these surveys are helping build research capacity in the country. The survey was conducted using the services of a trained team of over 400 Afghan interviewers from across the country in the most trying circumstances. ACSOR, the Foundation's field partner, has used this opportunity to build a team in the country with the capacity to undertake large, diverse and sensitive surveys. Several innovative methods and changes in the commonly-practiced research techniques have made this survey possible. The team has also undergone multiple training sessions that has helped sharpen their skills in random house-to-house survey techniques. In the 2007 survey, training sessions were held for the supervisors and interviewers in Kabul as well as the zonal centers in Herat, Mazar-i-Sharif, Kandahar and Jalalabad. The trainings covered questionnaire briefings, learning and survey highlights from the past, mock interview sessions and case scenarios.

The other highlight of the 2007 survey is mutually benefiting partnerships with other Afghan organisations. The primary idea of these partnerships has been to develop a capacity in-country for work on social research, both in conducting the survey and in writing up reports. Cooperation for Peace and Unity (CPAU) has been working in Afghanistan for the last decade in the area of promotion of knowledge and awareness of peace, social justice and human rights. CPAU is working on a regional analysis of the 2007 survey findings, the results of which will be published in a separate volume. They are supported by IDA, a research organization based in Kathmandu supported over the years by The Asia Foundation in Nepal. The Foundation has also partnered with the National Centre for Policy Research (NCPR) which is a research body affiliated with Kabul University. NCPR has been conducting classes for selected university students on survey research. The partnership has linked NCPR with ACSOR whereby they send selected students to get trained on ongoing survey projects. Overall, the aim is to leave Afghan organisations with a lasting capacity to leverage available skills to conduct public opinion surveys and be able to disseminate and use the results in a productive manner.

The Asia Foundation
Kabul, Afghanistan
September 2007

1 Executive Summary

1.1 Key Findings

- The mood of the country continues to be optimistic with 42 percent respondents saying that things are moving in the right direction. While 24 percent think that the country is moving in the wrong direction, 25 percent have mixed feelings. In 2006, some 44 percent of the respondents said things were moving in the right direction, 21 percent said they were moving in the wrong direction and another 29 percent had mixed feelings.

- Reconstruction was cited as the single biggest reason for the country going in the right direction (39%), followed by good security (34%). Those who think the country is not moving in the right direction overwhelmingly cited insecurity (48%) followed by different aspects of bad governance and economy. In 2006, good security was cited as the biggest reason mentioned for the country going in the right direction (31%), followed by peace (29%) and disarmament (26%).

- The largest problems facing Afghanistan were identified as insecurity, unemployment, poor economy and corruption in that order, with 32 percent citing security issues as the major problem. In 2006, the major national-level problems were poor economy, uncertain security situation, slow pace of reconstruction - development, and unemployment.

- At the local level, the biggest problems identified were electricity, unemployment, water and education in that order, each cited by between 10-15 percent of the respondents. In 2006, the biggest local-level problems were identified as unemployment (34%), electricity (25%), water (18%) and poverty (18%), followed by poor economy (17%) and corruption (8%).

- Seventy-nine percent of the people felt that the government did not care what people thought while another 69 percent felt it was not acceptable to talk negatively about the government in public.

- Eighty percent felt the government was doing a good job, but most of the credit in this regard went to the education and health sectors, while the government was seen to be performing below par in employment generation, economic revival and fighting corruption.

- Perceptions towards different institutions varied widely. There was a great deal or fair amount of confidence in institutions such as the Afghan National Police and Afghan National Army from more than 80 percent of the people, followed by electronic media, Shuras and Jirgas, provincial councils, international NGOs and Community Development Councils (CDCs). But, less than half of the respondents had confidence in the government's justice system, political parties and local militias.

- Only 14 percent had approached a state court or village/neighborhood-based Shura/Jirga to settle their disputes in the last two years. Of the disputes around half were related to land.

- Perception of the prevalence of corruption was higher at the national level (74%) than at the provincial (60%) or local levels (48%).

- Sixty-six percent of the respondents felt that security in their area was good or quite good, and 50 percent said they rarely or never feared for their own or their family's safety. Eighty-two percent said no one in their family had been a victim of any crime or violence during the last one year.

- Eighty percent of the people thought poppy cultivation was wrong; 50 percent of those who thought it was wrong cited religion as the reason, while 35 percent cited opium addiction. Linkages to terrorism and insecurity were cited by 10 percent or less of the people.

- Almost half of the people of Afghanistan (49%) think that their families are more prosperous today than they were during the Taliban regime. However, more than one-fourth of the people (28%) think that they are less prosperous today. In 2006, fifty-four percent of the respondents felt that they were more prosperous than they were under the Taliban regime, while 26 percent felt less prosperous, and 12 percent felt that there has been no change in their prosperity.

- Compared to two years ago, 51 percent said access to schools has improved. Situation of health of the family members has gotten better for 43 percent of the people while financial situation of the household has gotten better for 39 percent of the people.

- Democracy for most of the people of Afghanistan (51%) means freedom, followed by peace (33%). For a significant proportion of people it also means rights and law (26%) followed by government of the people (25%).

- Thirty-four percent believe that peace is the most important thing that democracy in Afghanistan will bring them personally. Others say democracy will bring freedom (30%), rights and law (23%) and government of the people (22%).

- Most of the people hold the opinion that democracy is not antithetical to Islam. Sixty-six percent believe that democracy can be Islamic while 29 percent believe that democracy challenges Islamic values.

- Sixty percent of Afghans are of the opinion that religious leaders should be consulted; only 36 percent think that politics and religion should not mix.

- Seventy-three percent of the people in Afghanistan are satisfied with the way democracy works in the country.

- Twenty-nine percent identify lack of education as the biggest problem facing women of Afghanistan today. Another 13 percent identify the lack of women's rights as the biggest problem followed by the lack of job opportunities for women (9%).

- Opposition to women in leadership positions in various political bodies ranges between 39 percent to 44 percent. The opposition is highest in national parliament (44%) and lowest in district development assembly (39%).

- For a little more than half of the people of Afghanistan (54%), radio is the main source of getting information about what is happening in the country followed by TV (26%). For some 14 percent it is friends, family and neighbors.

1.2 Summary

The overall mood of the country continues to be optimistic though the degree of optimism is marginally less than what it was in 2006. An important reason why the people continue to think the country is moving in the right direction is because of the favorable impression that reconstruction and rebuilding activities have created in the minds of the Afghan people.

Insecurity is the main reason for the people to believe that the country is headed in the wrong direction. In the eyes of men and women of Afghanistan, the security situation in the country has deteriorated. Likewise, security-related issues have also been identified as the biggest problem facing the country at the national level.

The problems at the local level, however, are quite different from that at the national level. Most people identify lack of electricity followed by unemployment and lack of water as the main problems at the local level.

With regard to people's perception of safety or security at personal and family levels, compared to last year, more people this year say that they fear for their personal or family's safety and security. However, only 16 percent mentioned that they have been victims of violence or of some criminal act during the past one year. The most cited types of violence or criminal act was physical attack or beating followed by burglary, looting and stealing livestock. What becomes apparent from the public's responses is that their experience with violence or crime, more often than not, is related to petty crimes rather than serious security lapses. In fact, these pertain more to areas of safety than they do to security. Thus while security is perceived as a problem at the national level, this does not find an echo at the local level. At the local level, the problem is more safety-related.

This could have come about because of weakened law and order situation at local levels. With regard to the common Afghan's knowledge about the implementation of development programs in their area, education is the area of which people know of or have heard of the most, followed by reconstruction/building of roads and bridges and then healthcare. The trend for 2007 is similar to 2006 in that education and reconstruction topped the list. However, de-militarization and de-mining have significantly dropped down this time.

The public's assessment towards the performance of the central government is positive, particularly in the areas of education, healthcare system and in maintaining relations with neighboring countries. People however believe that the central government needs to do more in creating job opportunities, in reviving the economy and in fighting corruption.

An overwhelming majority of Afghans have neither contacted their Member of Parliament (MP) nor their representative on the Provincial Council (PC) for help in solving their personal or local problems. This underscores the weak linkages that people continue to have with local government bodies.

The people of Afghanistan do not appear to place the state court system in high esteem. An average Afghan has a relatively higher level of trust and confidence towards local Shuras/Jirgas than towards the state judicial system. Likewise the proportion of the people who are satisfied with the outcome of the proceedings is significantly higher among those who have taken their cases to local Shura/Jirga than among those who have taken it to a state court. This underscores the Afghan people's continued confidence in traditional judicial systems rather than in modern ones.

People are satisfied with the way democracy works in Afghanistan. They also think that democracy can flourish in the country along with Islamic values. For half of the people of Afghanistan, democracy means freedom. However, at a more personal level the most important thing that democracy has brought to them is peace. This underscores the association of democracy with peace in the minds of the people of Afghanistan.

The idea of tolerance has yet to take firm roots in Afghan society. Most of the people continue to believe that political parties, which they do not like, should not be allowed to hold meetings in their area.

A large proportion of people think that most people do not feel free to express their political opinions in the area where they live. What is worrisome is that compared to 2006 an even less number of people say that they are free to express their political opinions this year.

Among the various types of activities, associational activities (like participating in a peaceful demonstration and running a public office) seem to generate apprehension. People's involvement in the public sphere continues to remain low. An overwhelming majority of Afghans are not members of any formal association or organization.

Lack of education (illiteracy) continues to be identified as the biggest problem facing women of Afghanistan. However, compared to 2006, changes in public's priority became apparent. Even though lack of education has been identified as the first priority this year too as in the case last year, the degree of priority is higher this year. Likewise, this time around unemployment has ascended to the third priority replacing 'forced marriages' from that position.

A majority of people in Afghanistan continue to hold the opinion that women should usually wear a burka outside the home. More women in Afghanistan think that there should be equal representation between men and women in every field and at every level than do their male counterparts.

Radio continues to be the main source of information from which people come to know about national events. Half of the people of Afghanistan continue to identify the radio as the main source for getting information. The importance of TV, the second most important source of information about national life, is increasing.

Meetings in the community are the most important source of information for getting news and information about current events among the Afghan people. Half of the people say that they use meetings in their communities to get news and information about current events.

In Afghan society, meetings or sermons at mosques are perceived to be an important source for getting news and information about current events. A majority mentioned that they use meetings or sermons at mosques - at whatever interval - to get news and information about current events.

From the opinions expressed by the people of Afghanistan, the picture that emerges is of a country that is still strongly rooted in tradition and conservatism. This is underscored, for instance, by the fact that meetings in the community and sermons at mosques are the strongest source of information about local events; that people believe that local religious leaders should be regularly consulted on the problems facing the locality, that people evince a greater deal of confidence towards traditional Shuras and Jirgas than the formal state courts. This may also be inferred from the attitude towards wearing the burka and woman's place in society. The challenge in Afghanistan for policy makers is to find an appropriate pace and manner of introducing change and modernization so that it does not come into direct conflict with traditional society.

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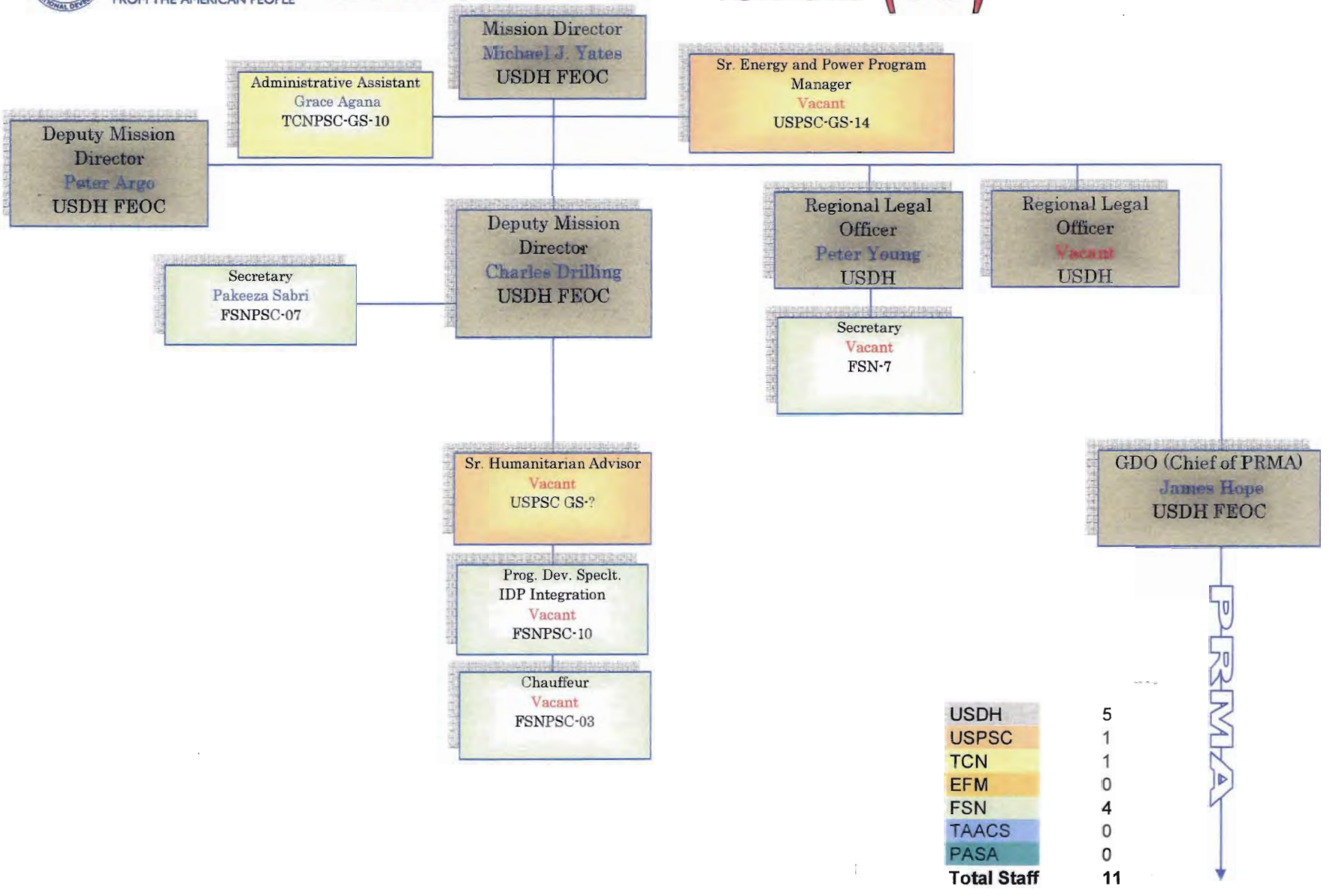

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USPSC	1
TCN	1
EFM	0
FSN	4
TAACS	0
PASA	0
Total Staff	**11**

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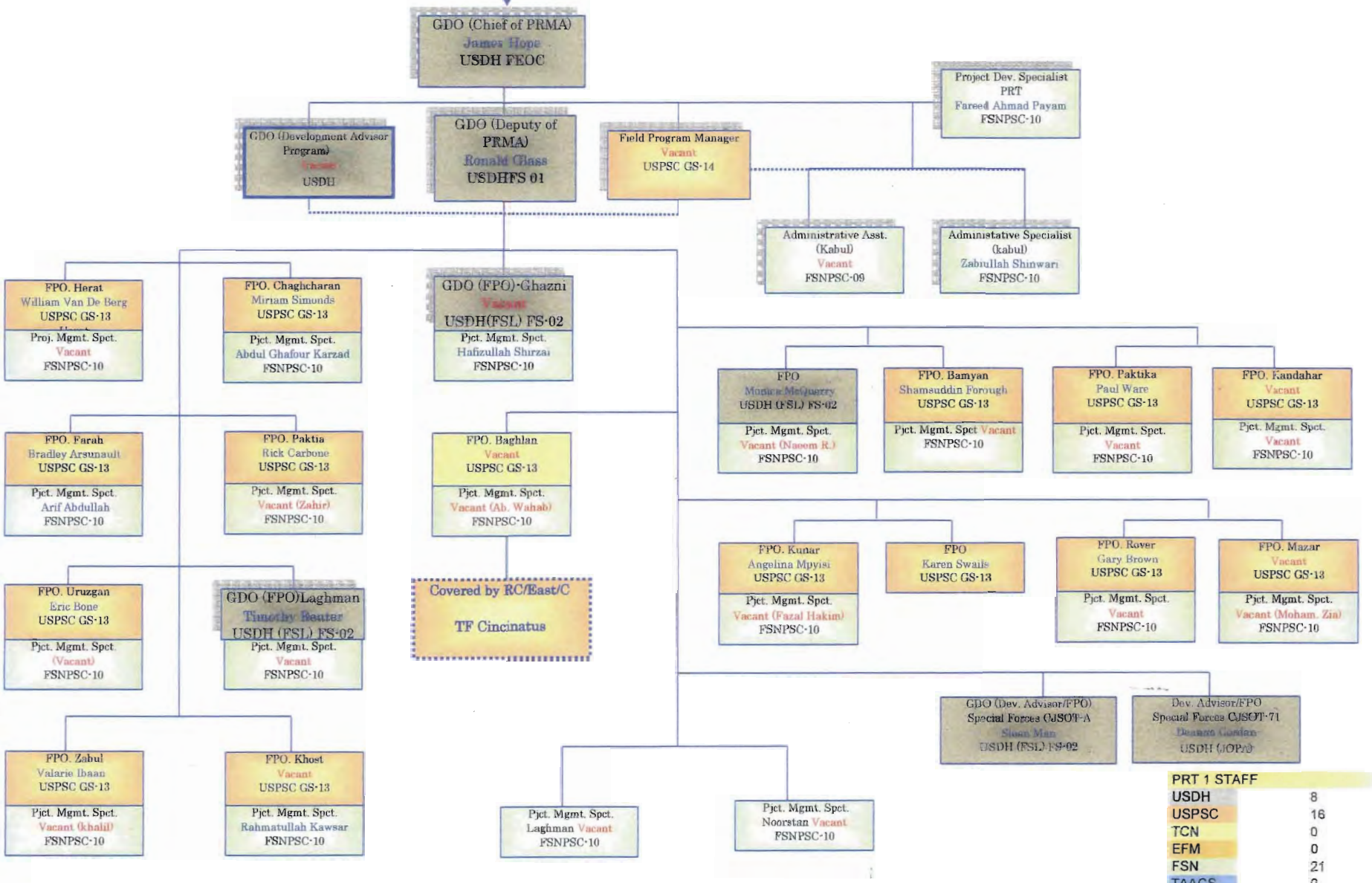

PRT 1 STAFF	
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USPSC	16
TCN	0
EFM	0
FSN	21
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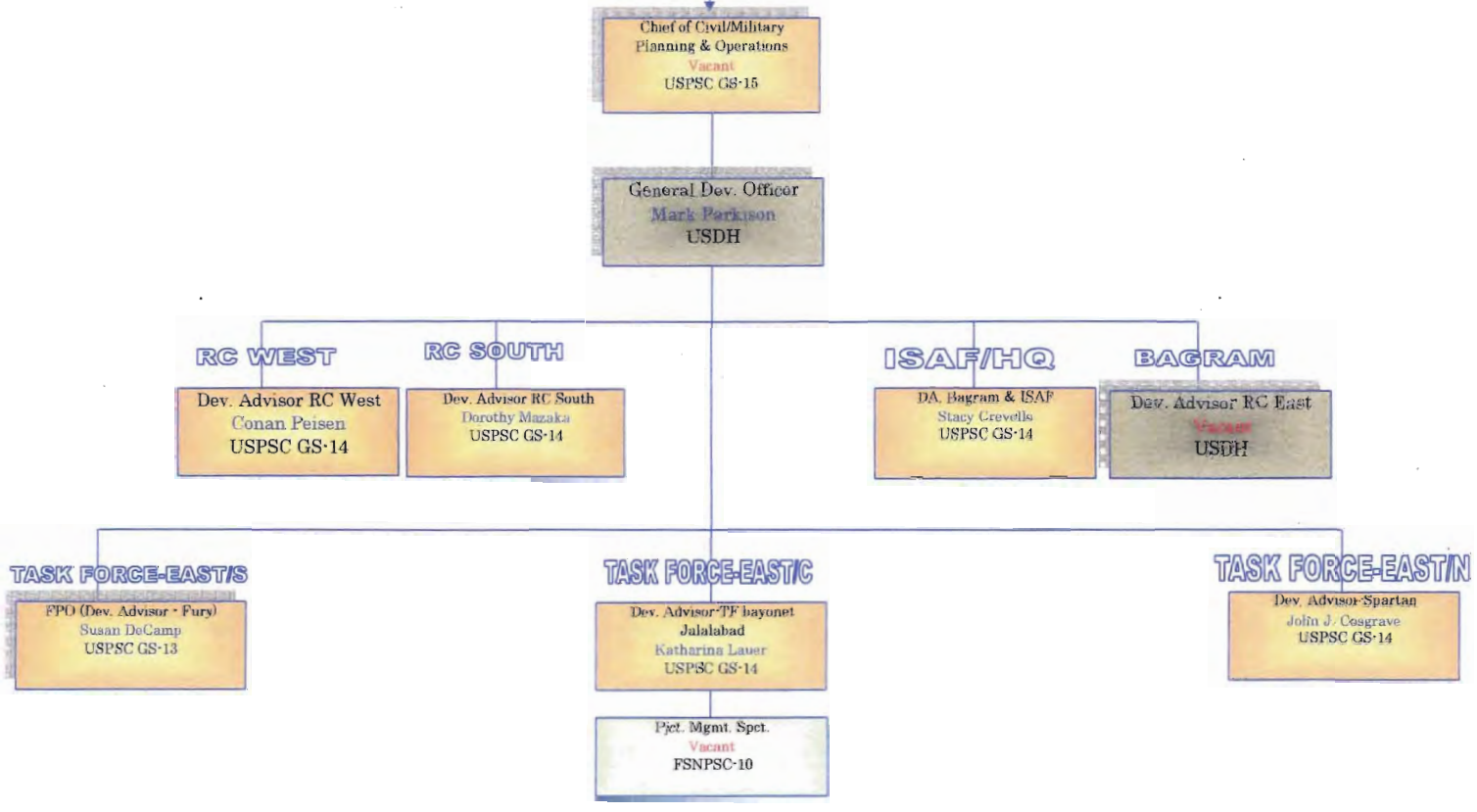

PRT ORG CHART UNDER REVISION

PRT 2 STAFF	
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USPSC	7
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EFM	0
FSN	1
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Total Staff	9

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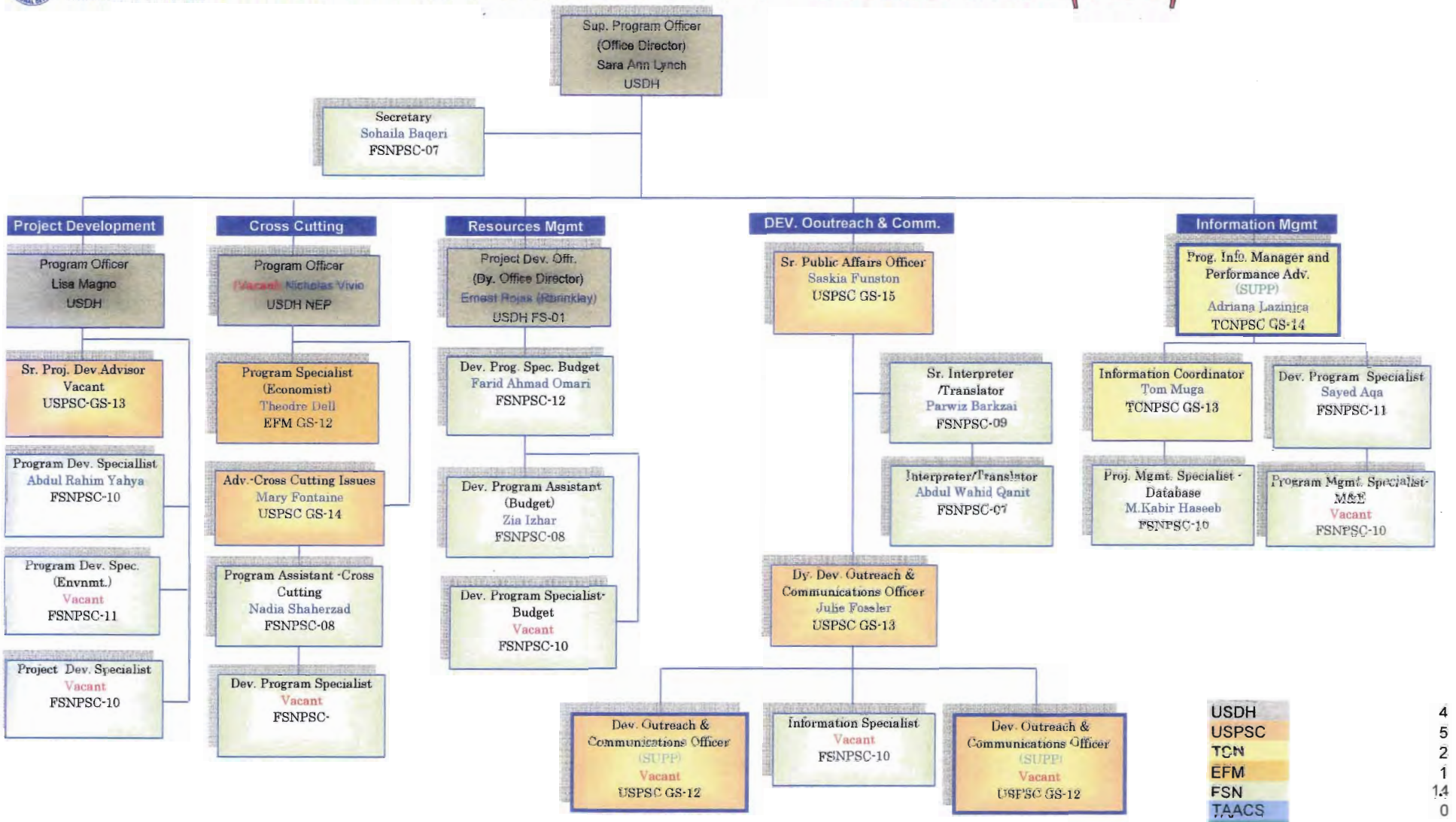

USDH	4
USPSC	5
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PASA	1
Total Staff	**27**

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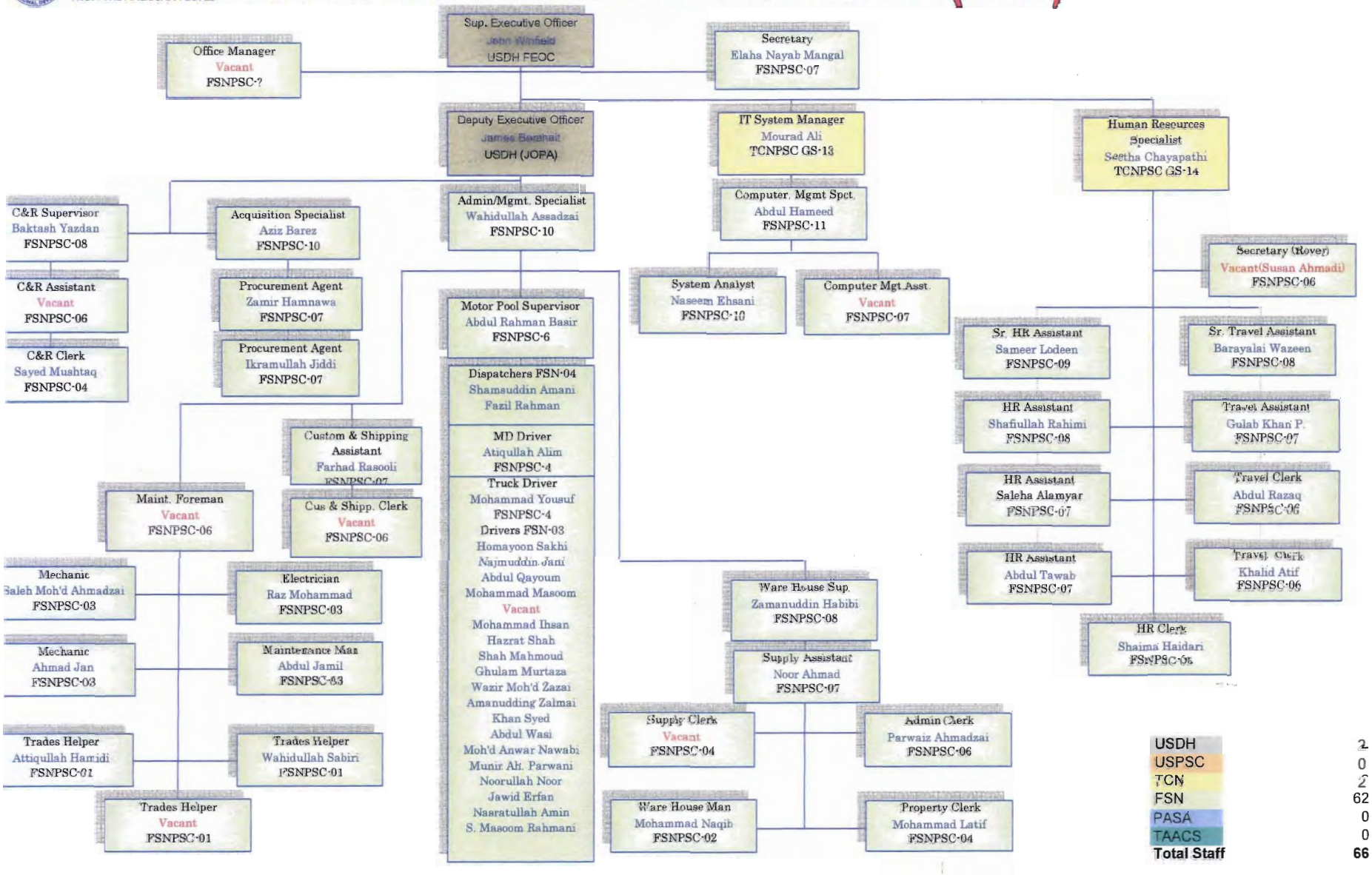

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USPSC	0
TCN	2
FSN	62
PASA	0
TAACS	0
Total Staff	**66**

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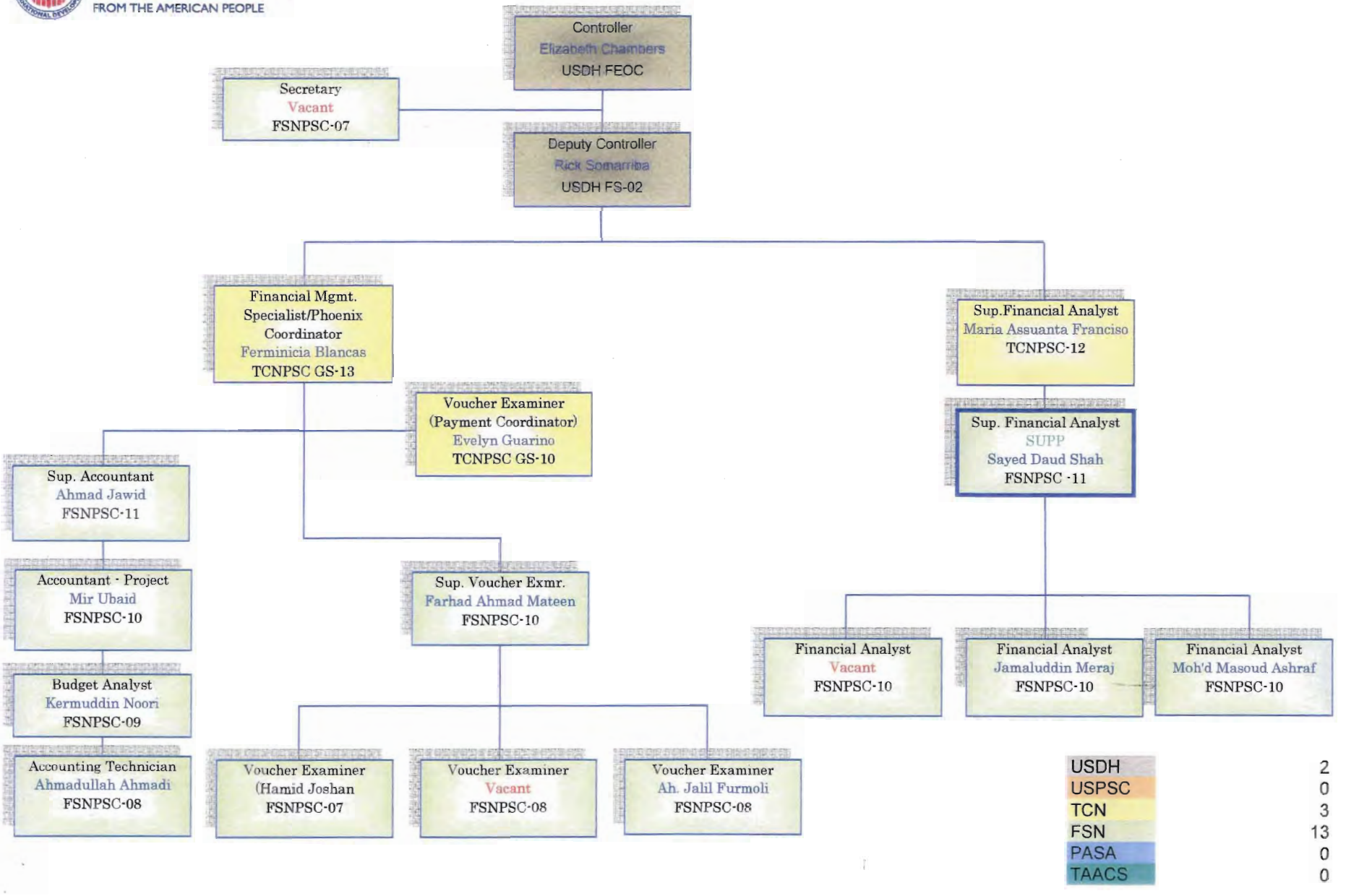

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USPSC	0
TCN	3
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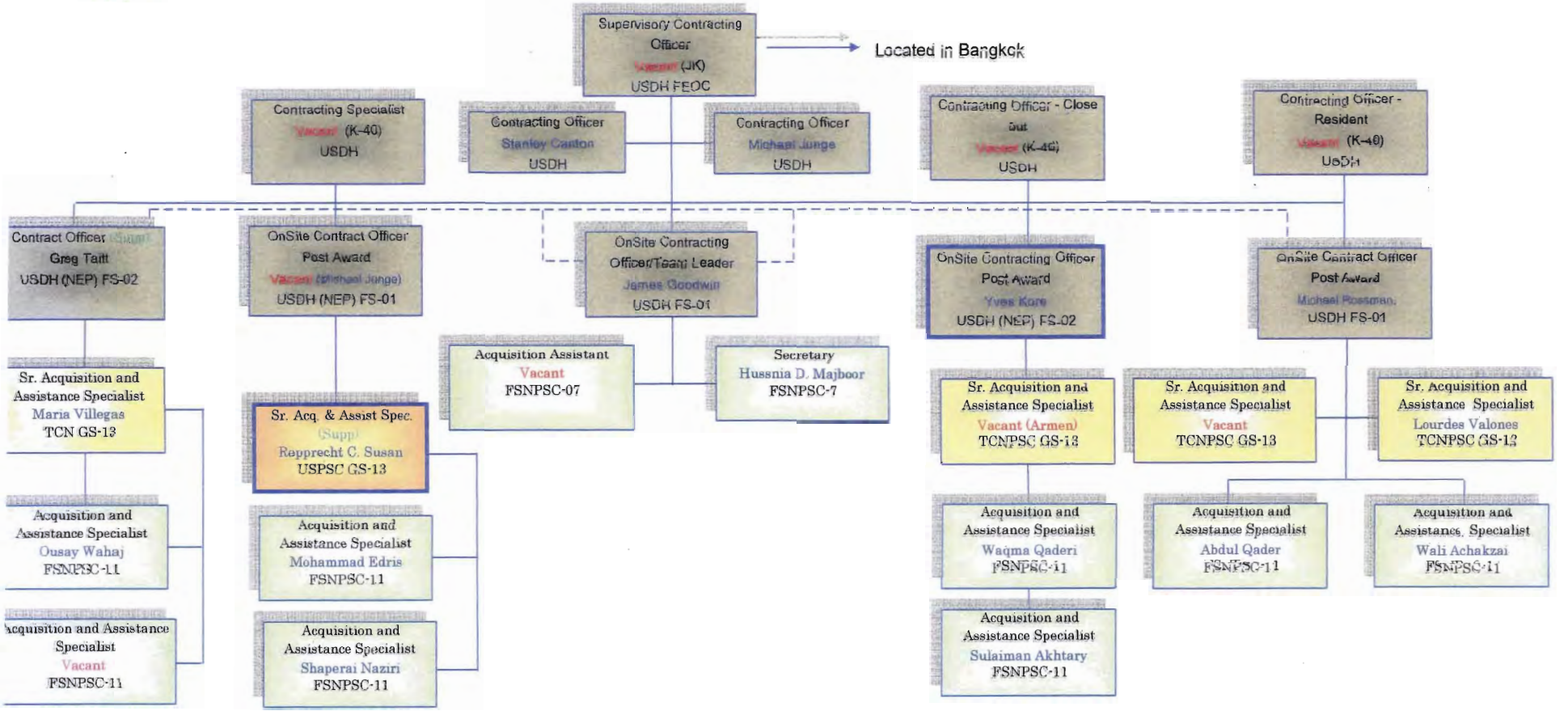
TAACS	0

USAID OFFICE OF ACQUISITION AND ASSISTANCE (OAA)

FROM THE AMERICAN PEOPLE



USDH	11
USPSC	1
TCN	4
FSN	10
PASA	0
TAACS	0
Total Staff	**26**

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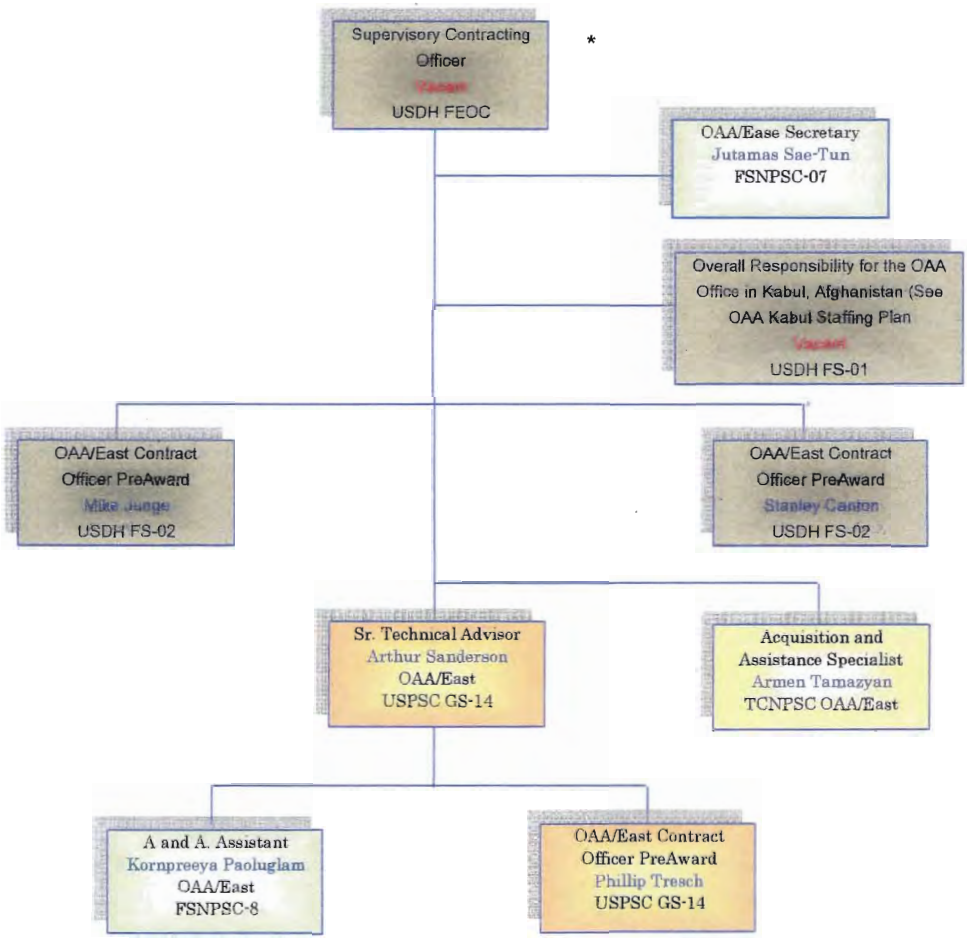

Bangkok	
USDH	0
USPSC	2
TCN	1
FSN	2
PASA	0
TAACS	0
Total Staff	**5**

counted against Afghanistan Staffing Pattern.

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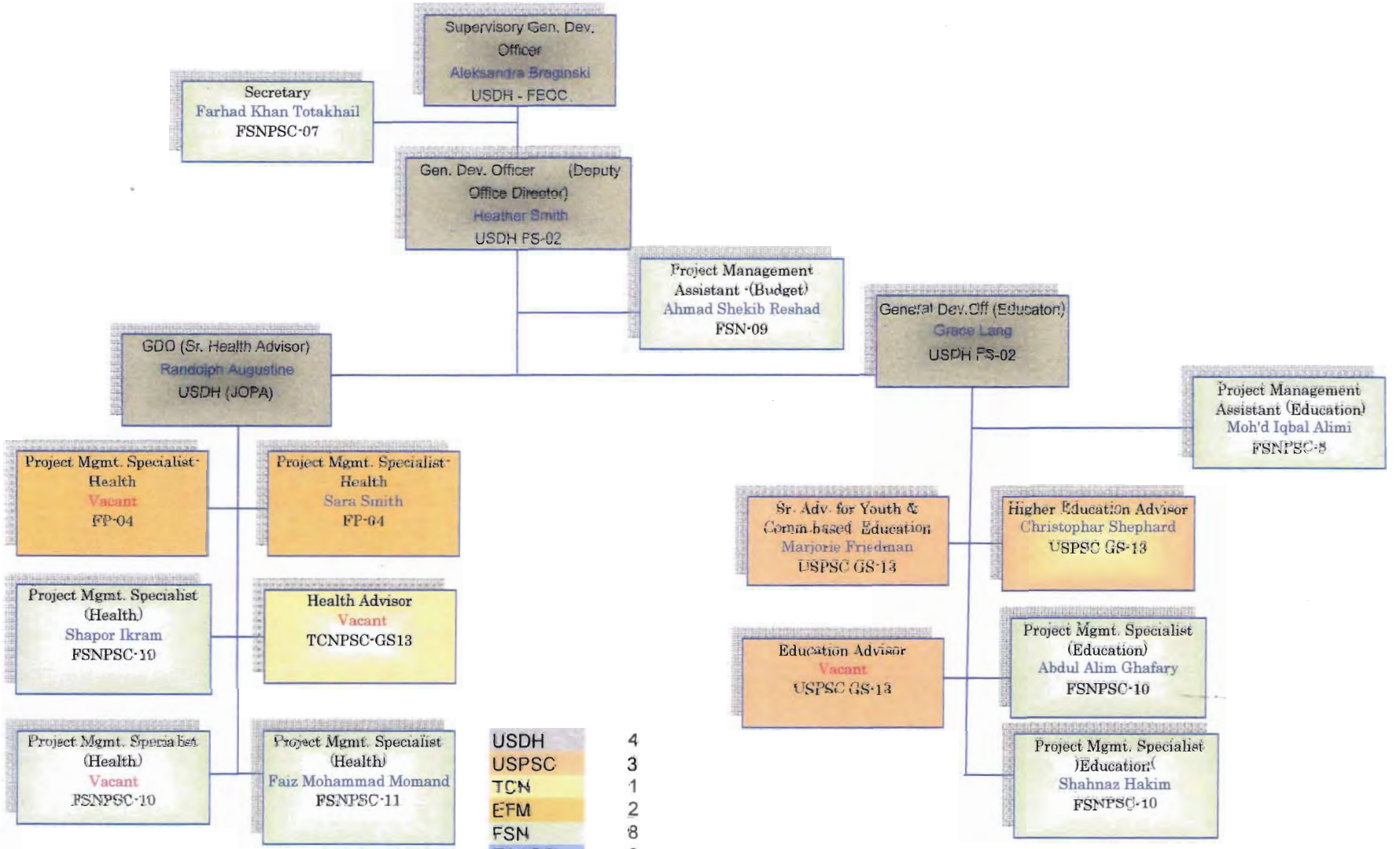

USDH	4
USPSC	3
TCN	1
EFM	2
FSN	8
TAACS	0
PASA	0
Total Staff	**18**

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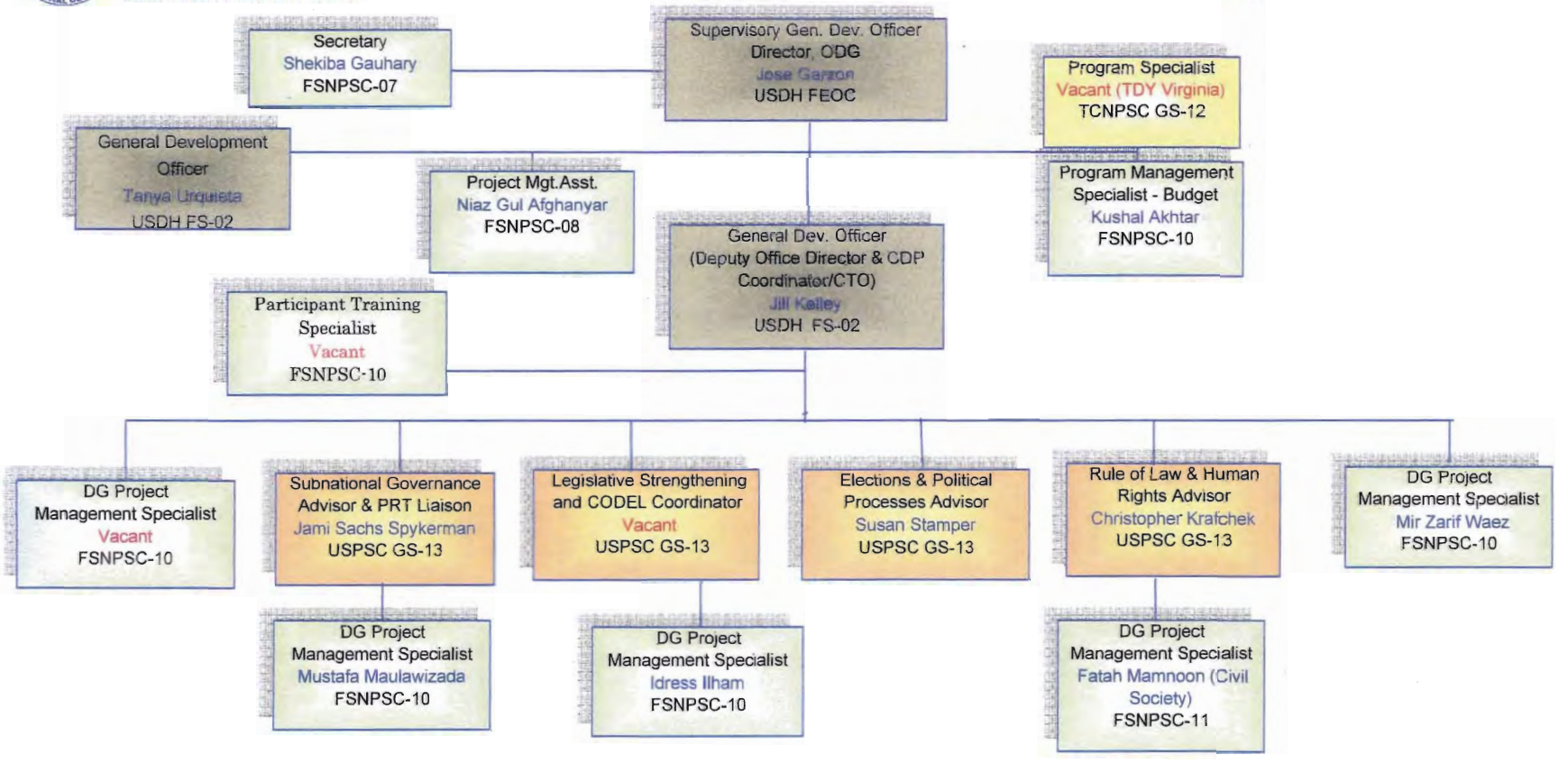
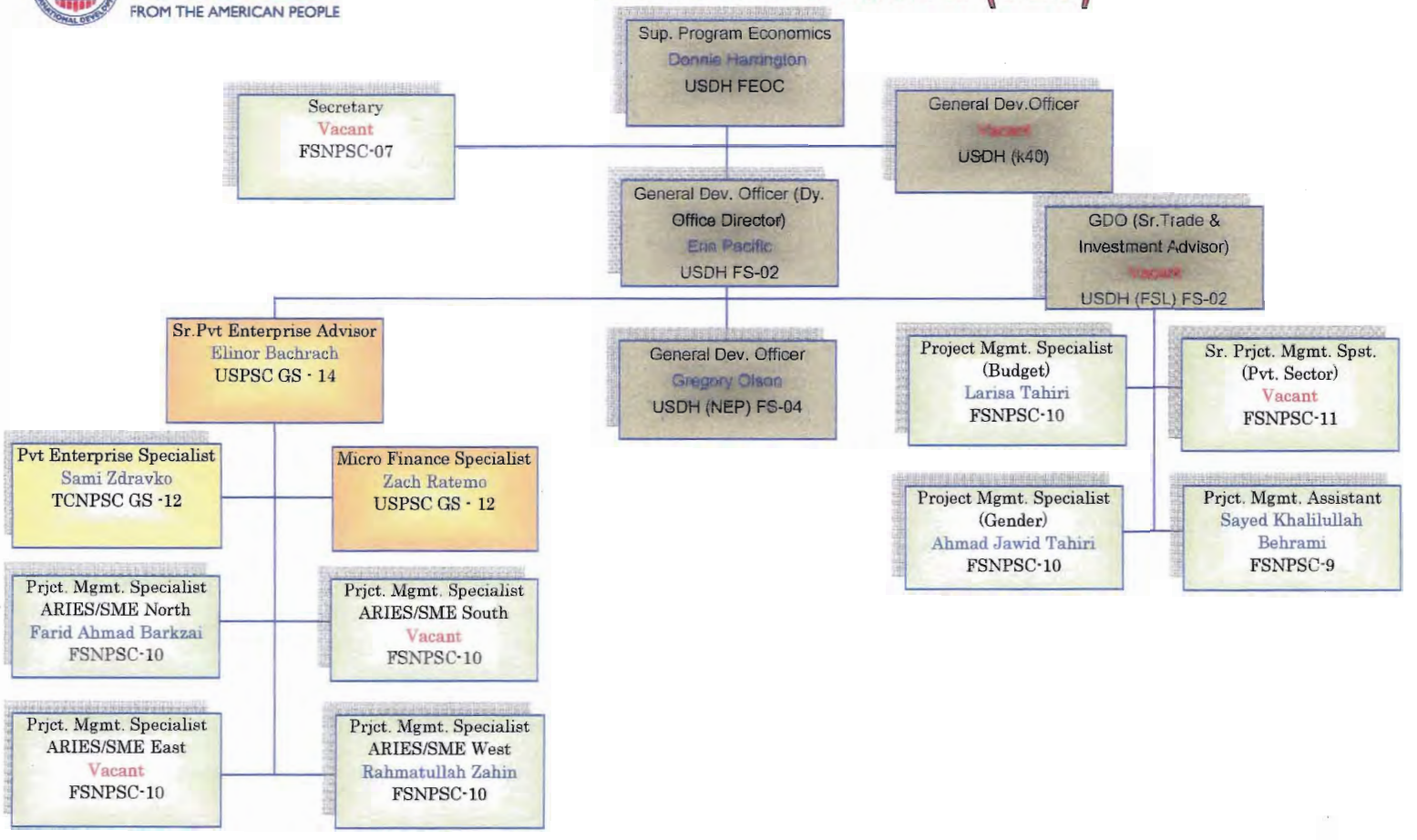
OFFICE OF DEMOCRACY AND GOVERNANCE (ODG)



USDH	3
USPSC	4
TCN	1
EFM	0
FSN	9
TAACS	0
PASA	0
Total Staff	**17**

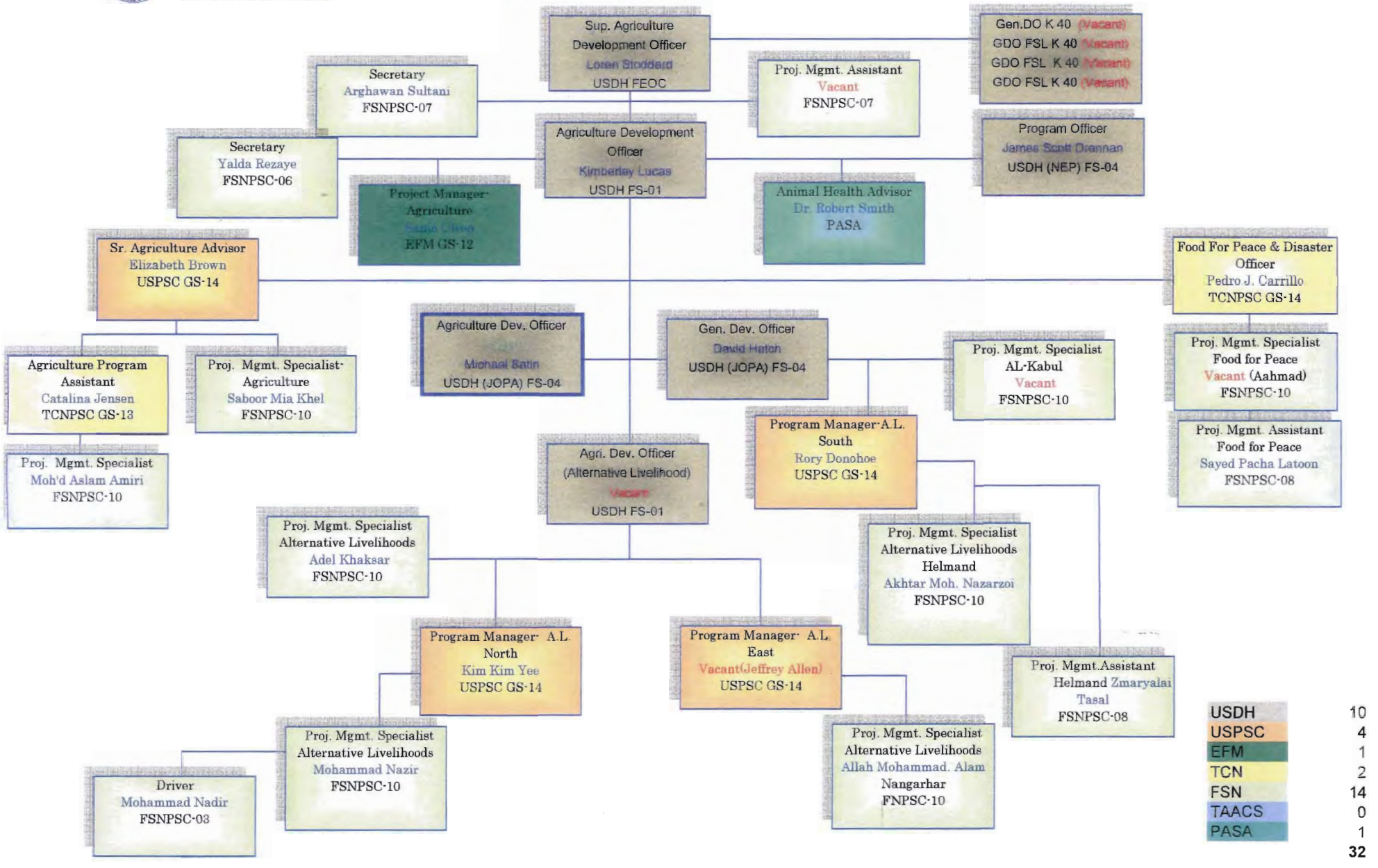
USAID FROM THE AMERICAN PEOPLE OFFICE OF ECONOMIC GROWTH (OEG)



USDH	5
USPSC	2
TCN	1
EFM	0
FSN	9
TAACS	0
PASA	0
Total Staff	**17**

OFFICE OF ALTERNATIVE DEVELOPMENT AND AGRICULTURE (ADAG)

USAID FROM THE AMERICAN PEOPLE



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USPSC	4
EFM	1
TCN	2
FSN	14
TAACS	0
PASA	1
	32

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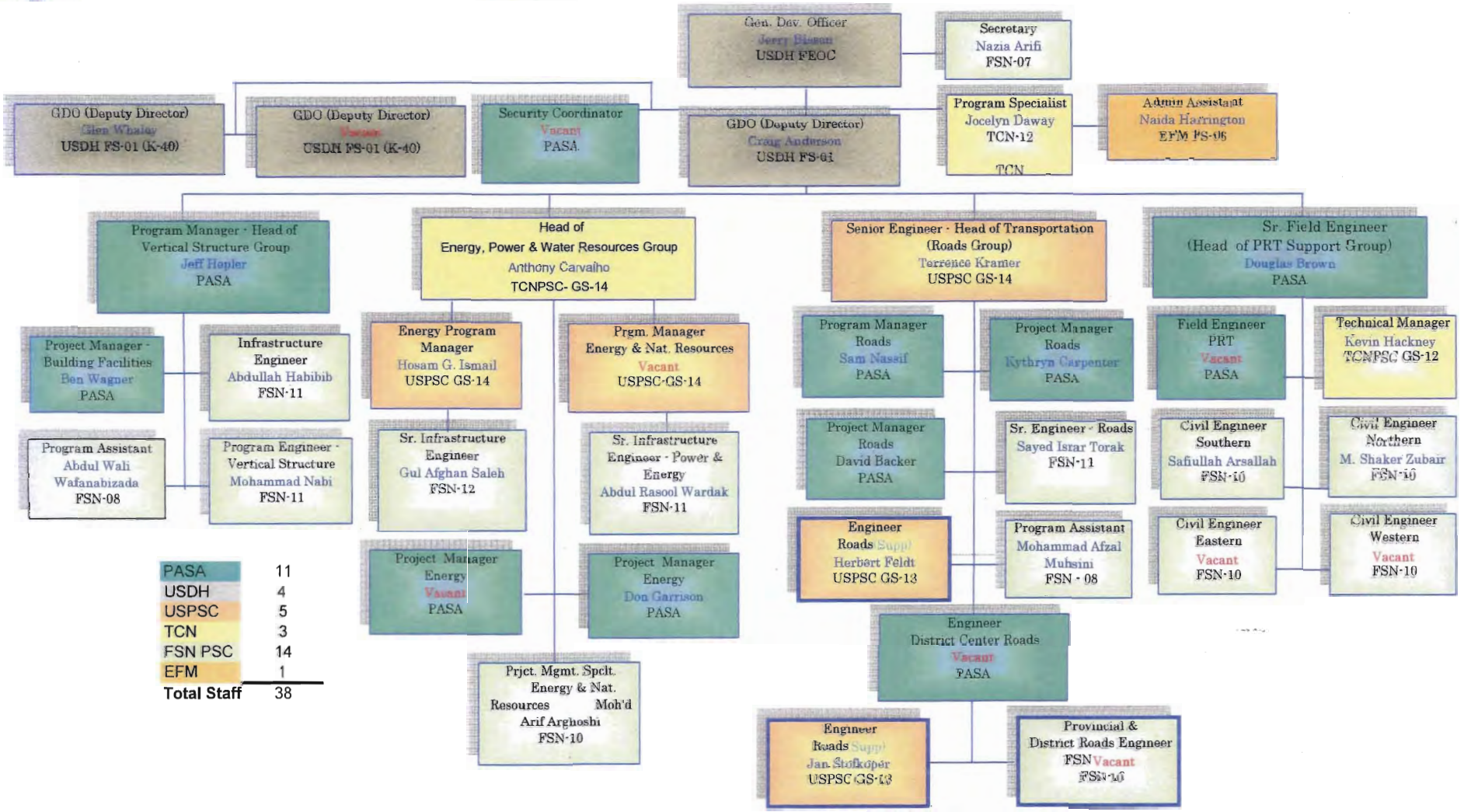


PASA	11
USDH	4
USPSC	5
TCN	3
FSN PSC	14
EFM	1
Total Staff	38

MODULE IV: OVERVIEW OF PROGRAM PLANNING & MANAGEMENT

MODULE AT A GLANCE

Content	Approx. Time	Instructional Activity
Strategic/operational planning & management	5 minutes	lecture
Roles & responsibilities of FPOs and other USAID Staff	30 minutes	Lecture
Acquisition and assistance	10 minutes	Lecture
Monitoring and evaluation	15 minutes	Lecture
Wrap-up	15 minutes	Seminar
Total Time	75 minutes	
Lesson Objectives	• LO1: Explain the basic processes underlying programming foreign assistance at USAID • LO2: Outline USAID's Business Model and the concept of "Development Rhythm" • LO3: Describe the roles of Field Program Officers, Cognizant Technical Officers, and Activity Managers • LO4: Discuss the various ways an FPO will interact with USAID activities, referring to the specific PRTs where trainees are assigned • LO5: Focus on some key areas and topics: o Implications of different types of mechanisms (contracts and grants) o Conflict of Interest and other risks o Monitoring and evaluation of programs in conflict situations	
Participants	USAID PRT members	
Context	Adult Learning Environment	
Content Overview	This module provides an overview of USAID's program planning and management toolbox, with an emphasis on the role and responsibilities of Field Program Officers. Topics include an overview of strategic and operational planning and management; roles and responsibilities; acquisition and assistance; and, monitoring and evaluation.	
Room Setup	Projector	
Materials Needed	• PRT Strategic Planning • Contracting in Conflict Countries	
Staff Needed	Presenter & Facilitator	
Delivery	Lecture	
Potential Issues	none	

MODULE IV LESSON PLAN

USAID PROGRAM PLANNING & MANAGEMENT

1. LESSON OVERVIEW

a. **Methodology:** This module is lecture style with a multipart, panel presentation.

b. **Subject Matter Overview:** This module provides an overview of USAID's program planning and management toolbox. Topics covered are strategic and operational planning and management; roles and responsibilities; acquisition and assistance; and, monitoring and evaluation.

c. **Lesson Objectives (LO)**

- LO1: ***Explain*** the basic processes underlying programming foreign assistance at USAID
- LO2: ***Outline*** USAID's Business Model and the concept of "Development Rhythm"
- LO3: ***Describe*** the roles of Field Program Officers, Cognizant Technical Officers, and Activity Managers
- LO4: ***Discuss*** the various ways an FPO will interact with USAID activities, referring to the specific PRTs where trainees are assigned
- LO5: ***Focus*** on some key areas and topics:
  - Implications of different types of mechanisms (contracts and grants)
  - Conflict of Interest and other risks
  - Monitoring and evaluation of programs in conflict situations

d. **Outcomes Expected:** At the completion of the module, students will be able to understand the overall strategic and operational tools to do planning and management in USAID; understand the different roles FPOs play in a PRT and how they function in those roles; the FPOs role relative to other USAID staff, especially the CTO, and understand how to perform M& E on projects and the challenges in carrying out M&E in conflict situations.

e. **Linkage to Other Lessons:** This module builds on basic USAID information (from the Basic Training course) into how USAID does planning, acquisition, and evaluation. It is also supported by the online interview library.

f. Module POC: Tony Pryor

g. Subject Matter POC: Rick Ferrer

2. STUDENT REQUIREMENTS

h. Required Readings: none

i. Handouts:

- PRT Strategic Planning
- Contracting in Conflict Countries

3. TEACHING PLAN

j. **Background:**

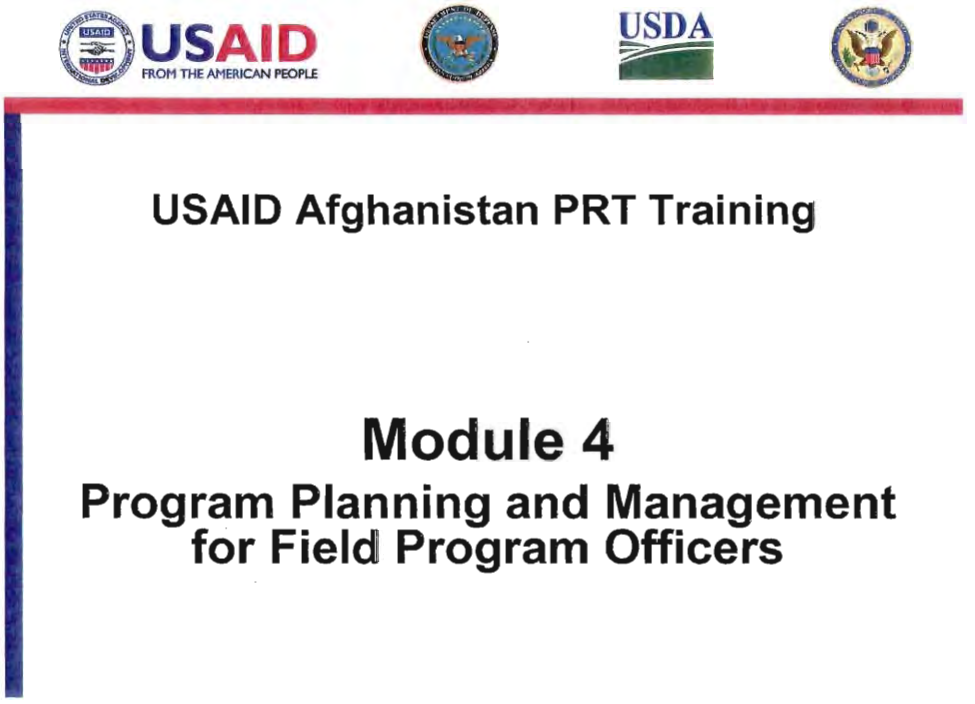
- Scope: This is a 75 minute lecture that covers many facets of the program planning and management work USAID does.
- Instructional Notes: n/a

k. **Lesson Sections:**

- Strategic and operational planning & management
  - Duration: 5 minutes
  - Location: main room
  - Presenter: Barbara Brocker
  - Facilitator: Dana Stinson
  - Content: presentation
- Roles and responsibilities of FPOs and other USAID Staff
  - Duration: 30 minutes
  - Location: main room
  - Presenter: Barbara Brocker
  - Facilitator: Dana Stinson
  - Content: presentation
- Acquisition and assistance
  - Duration: 10 minutes
  - Location: main room
  - Presenter: Barbara Brocker
  - Facilitator: Dana Stinson
  - Content: presentation
- Monitoring and evaluation
  - Duration: 15 minutes
  - Location: main room
  - Presenter: Barbara Brocker
  - Facilitator: Dana Stinson
  - Content: presentation
- Wrap-up
  - Duration: 15 minutes
  - Location: main room

- Presenter: n/a
- Facilitator: Dana Stinson
- Content:
    1. Address "parking lot" questions
    2. Revise the Participant Workbook with handouts
    3. Site additional resources on the HTE for further learning on this topic

4. SLIDES



Subject Matter Overview

- *This session will introduce you to the role of Field Program Officer assigned to a Provincial Reconstruction Team, and describe how the FPO relates to other positions within USAID.*
- *This session will introduce some of the relationships and processes that will support or constrain your ability to successfully tap into and help manage USAID funded activities.*

Lesson Objectives (LO)

- *LO-1:* ***Explain*** the basic processes underlying programming foreign assistance at USAID
- *LO-2:* ***Outline*** USAID's Business Model and the concept of "Development Rhythm"
- *LO-3:* ***Describe*** the roles of Field Program Officers, Cognizant Technical Officers, and Activity Managers
- *LO-4:* ***Discuss*** the various ways an FPO will interact with USAID activities, referring to the specific PRTs where trainees are assigned
- *LO-5:* ***Focus*** on some key areas and topics:
  - Implications of different types of mechanisms (contracts and grants)
  - Conflict of Interest and other risks
  - Monitoring and evaluation of programs in conflict situations

Strategic Planning and the Foreign Assistance Framework

At USAID, the strategic planning process is accomplished in conjunction with State Dept in accordance with the joint Foreign Assistance Framework:

- **It is an analytical tool aimed at targeting limited U.S. Government resources (150 Account funds) efficiently and effectively within countries and at the regional and global level.**
- **It categorizes each country based on common traits, and places them on a trajectory of progress with the goal of supporting country efforts to move from a relationship defined by dependence to one defined by partnership status.**

USG Foreign Assistance Framework

Goal	"Helping to build and sustain democratic, well-governed states that will respond to the needs of their people and conduct themselves responsibly in the international system."							
Objectives		Peace and Security	Governing Justly and Democratically	Investing in People	Economic Growth	Humanitarian Assistance	End Goal of US Foreign Assistance	Graduation Trajectory
Accounts within State/USAID		FMF, IMET, ESF, INCLE, NADR, PKO, ACI, FSA, IESC	DA, SEED, FSA, DF, ESF, INCLE, IDAP, ACI	DA, TI, GHI, ESF, EDYA, IDAP, FSA, BFTG, GHA, Title II	DA, TI, ESF, SEED, FSA, IDAP, Title II	CIPA, MEA, ERMA, Title II		
Foreign Assistance Program Areas		Other USG Agency Contributions • Counter Terrorism • Combating WMD • Stabilization Operations and Defense Reform • Counter-narcotics • Transnational Crime • Conflict Mitigation and Reconciliation	• Rule of Law and Human Rights • Good Governance • Political Competition and Consensus Building • Civil Society	• Health • Education • Social Services and Protection for Vulnerable Populations	• Macroeconomic Foundation for Growth • Trade and Investment • Financial Sector • Infrastructure • Agriculture • Private Sector Competitiveness • Economic Opportunity • Environment	• Protection, Assistance and Solutions • Disaster Readiness • Migration Management		
	Category Definition							
Rebuilding Countries	States in or emerging from and recovering after internal or external conflict	Prevent or mitigate state failure and/or violent conflict	Assist in creating stable, self-governing, legitimate, and democratic government and a supportive environment for civil society and media	Stabilize or rebuild the delivery of critical social services, including health and education facilities, and begin building or rebuilding institutional capacity	Assist in the construction or reconstruction of key basic infrastructure and market mechanisms to energize the economy	Address humanitarian needs of refugees, displaced, and other affected groups	Stable environments for good governance, increased capability of essential social services, and initial progress in growth policies and institutions upon which future progress will rest	Advance to the Developing or Transforming Category
Developing Countries	States with low or lower middle income (see or meeting MCC performance criteria, and the criteria related to political rights)	Address key remaining challenges to security and law enforcement	Support societies and programs that democratize and strengthen public institutions and the capacity of a more vibrant local government, civil society, and media	Encourage sound policies that deepen the ability of institutions to establish equitable rules for the public and private sectors to service delivery	Encourage economic policies that strengthen technological capacity and equitable economic growth	Encourage reduced need for future HA by introducing prevention and mitigation strategies, while continuing to address emergency needs	Continued progress in expanding and deepening democracy, social service delivery through public and private organizations, and policies that support economic growth	Advance to the Transforming Category
Transforming Countries	States with low or lower middle income (meeting MCC performance criteria, and the criteria related to political rights)	Monitor progress toward partnership on security and law enforcement	Provide focused assistance and technical assistance to reinforce democratic institutions	Provide financial resources and focused technical assistance to sustain improved healthcare	Provide financial resources and technical assistance to promote growth and reduce poverty	Address emergency needs on a short-term basis, as necessary	Institutional civil society, and private sector groups flourishing under well functioning government and economic conditions	Advance to the Sustaining Partnership Category or graduate from foreign assistance
Sustaining Partnership Countries	States with upper middle income or greater for which U.S. support is provided to sustain partnerships, programs, and people	Respect sovereign partnership while ensuring security, CT, WMD, and counter-narcotics	Address issues of mutual interest	Address issues of mutual interest	Create and promote sustained partnerships on trade and investment	Address emergency needs on a short-term basis, as necessary	Continued partnership on strategically appropriate areas of U.S. support is necessary to maintain progress toward goal	Continue partnership or graduate from foreign assistance
Restrictive Countries	States of concern where there are significant governance issues	Prevent the proliferation/proliferation of WMD, support CT and counter narcotics	Foster effective democracy and responsible governance. Create legal capacity for transparent, civil society and pluralistic democratic governance	Address human rights needs	Promote a market-based economy	Address emergency needs on a short-term basis, as necessary	Civil society empowered to demand more effective democracies and stand-in defense of human dignity, accountable to their citizens, and responsible towards their neighbors	Advance to other relevant foreign assistance category
Global or Regional	Activities that advance the five objectives, transcend a single country's borders, and are addressed outside a country strategy						Advancement through previous goal and objectives	Determined based on criteria specific to the global or regional objectives

USG Foreign Assistance Framework

	Category Definition					
Rebuilding Countries	States in or emerging from and rebuilding after internal or external conflict	Prevent or mitigate state failure and/or violent conflict.	Assist in creating and/or stabilizing a legitimate and democratic government and a supportive environment for civil society and media.	Start or restart the delivery of critical social services, including health and educational facilities, and begin building or rebuilding institutional capacity.	Assist in the construction or reconstruction of key internal infrastructure and market mechanisms to stabilize the economy.	Address immediate needs of refugee, displaced, and other affected groups.

USG Foreign Assistance Framework

Peace and Security
FMF, IMET, ESF, INCLE, NADR, PKO, ACI, FSA, SEED
> Counter Terrorism > Combating WMD > Stabilization Operations and Defense Reform > Counternarcotics > Transnational Crime > Conflict Mitigation and Response
Prevent or mitigate state failure and/or violent conflict.
Address key remaining challenges to security and law enforcement.
Nurture progress toward partnerships on security and law enforcement.
Support strategic partnerships addressing security, CT, WMD, and counter-narcotics.
Prevent the acquisition/proliferation of WMD; support CT and counter narcotics.

Budgeting & Planning Cycles

Cycle

At any point in time, the USG is reporting, implementing, justifying and planning on 4 different fiscal years.

If we are here, then....

Reporting on FY 2006 results	Implementing FY2007 budget	Justifying FY2008 budget To Congress	Planning FY2009 budget through Annual Report process

USAID's Business Model

The USG depends on external partners to achieve foreign assistance results.

Programming Foreign Assistance = Managing Partner Relations.

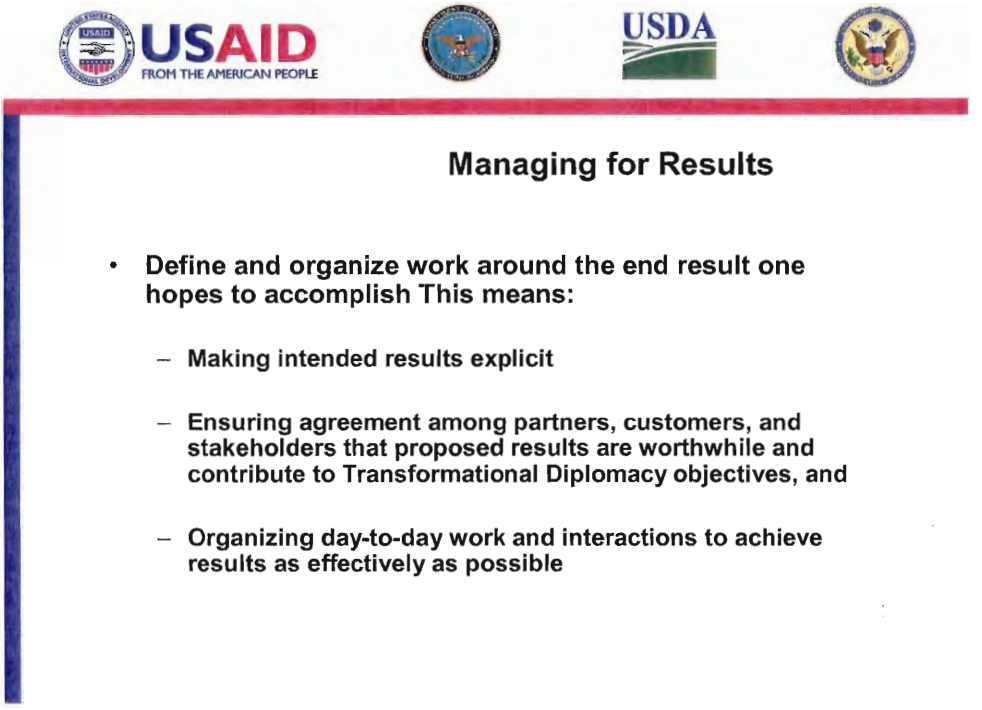
The U.S. foreign assistance program is positioned for improved partnering, by leveraging lessons learned.

USAID staff are responsible for managing "implementing partners" which can be either contractors or grantees.

USAID's Contracting Officers have legal and fiscal responsibility for USAID programs. They are responsible for appointing Certified Technical Officers (CTOs) to manage the day to day operations of

the programs. CTOs work directly with implementing partners and are usually legally delegated specific decision making responsibilities by the Contracting Officer.

The CTO and Contracting Officer can also decide to appoint activity managers to help manage program activities. These individuals do not usually have legally designation for program activities or fiscal authority over the activities. They are largely responsible for monitoring and evaluating program activities and helping to facilitate program implementation by working alongside the implementing partners to ensure they are following the scope of work of the program or to help communicate implementation difficulties in the field and suggest solutions to those problems.



An important part of "managing for results" in Afghanistan is defining a clear scope of work and annual workplan for the implementation of the program.

Given the complications of the operating environment in Afghanistan – it is important to work closely with implementing partners to define clear and achievable objectives and program activities. The CTO is on the only one who can direct the contractor or grantee to "do" something … but as an activity manager for a program like LGCD you can make useful suggestions to the CTO about how to achieve results in your area of operation.

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The Difference between Outcomes and Outputs

Results/Outcomes:

A significant, intended, and measurable change in the condition of a customer, or a change in the host country, institutions, or other entities that will affect the customer directly or indirectly. Results are typically broader than USAID-funded outputs and require support from other donors and partners not within USAID's control.

Outputs:

A tangible, immediate, and intended product or consequence of an activity within USAID's control. Examples of outputs include people fed, personnel trained, better technologies developed, and new construction. Deliverables included in contracts will generally be considered outputs, as will tangible products and consequences of USAID grantees. (Chapters 200-203)

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Activity Defined

A set of actions through which inputs, such as commodities, technical assistance, training, or resource transfers, are mobilized to produce specific outputs, such as vaccinations given, schools built, microenterprise loans issued, or policies changed. Activities are undertaken to achieve "Strategic or Special" Objectives that have been formally approved and notified to Congress.

A&A Definitions

ACQUISITION

"A legally binding relationship in which the principal purpose is to "acquire" property or services for the direct benefit or use by the U.S. government"

ASSISTANCE

"The principal purpose of the relationship is the transfer of money, property, services or anything of value to the recipient to carry out a public purpose of support or stimulation authorized by a law of the United States"

Contracts and Grants

"Serve different purposes;
Are entered into through different procedures;
Carry different conditions;
Permit different remedies;
Are enforced differently;
Are administered, generally and properly,
by different groups of people and in a different spirit; and
On significant issues, have totally contradictory rules."

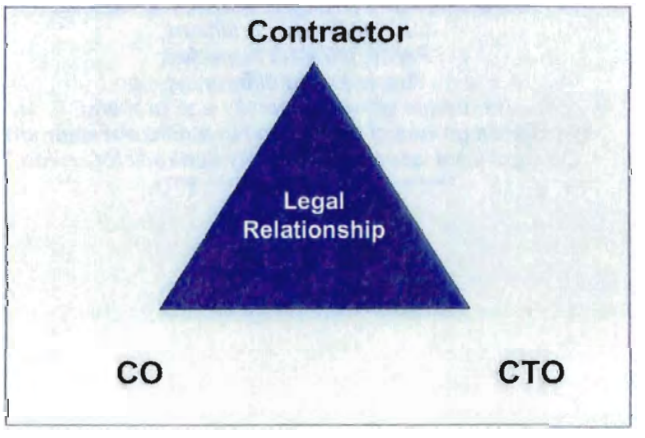
Essentials of Grant Law Practice (ALI ABA 1991), p. 3.

A&A Planning Steps

- Write SOW or PD
- Establish Evaluation Criteria
- Address competition
- Conduct environmental impact assessment
- Ensure gender issues are identified
- Develop Independent Government Estimate
- Completing MAARD
- Create or invoke waivers or justifications
- Verify funds availability

As a field officer you may have the opportunity to contribute to design of a scope of work thru comment on a draft scope.

A&A Administration Phase



Note that as an activity manager for the Local Governance and Community Development (LGCD) program – you do not have a legal or fiscal role in the program. You are an agent of the CTO in the field.

It is important to understand here what an "unauthorized commitment is". As a field officer for USAID in the field it is tempting to give orders or direction to contactors and grantees. You DO NOT have that authority. You can make suggestions and help with the logistics, you can monitor the performance of the program and report that to the CTO and CO – but you cannot order a stoppage or slowing of work or the start of a new program activity.

Under LGCD as an activity manager you have the authority to make recommendations for program activities to be funded under the community development part of the program during the project nomination process – but only the CTO can approve these activities for survey, design and implementation. The best rule of thumb to remember is that anything that would cause the contractor to spend money – even just for transportation to a potential project site – can only be authorized by the CTO.

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Cognizant Technical Officer Defined

The individual who performs functions that are designated by the Contracting or Agreement Officer, or are specifically designated by policy or regulation as part of contract or assistance administration.

In other parts of the U.S. Government, the synonymous term is usually Contracting Officer's Technical Representative (COTR).

Activity Manager Defined

The Activity Manager is a member of Strategic Objective Team or sub team who is responsible for the day-to-day management of one or more specific activities during the implementation of a project.

The Activity Manager is selected by the SO Team, and may or may not also have the delegated authorities of a Cognizant Technical Officer (CTO), whose authority to carry out contract management functions are designated by a Contracting or Agreement Officer.

As a field officer you are not an activity manager for all programs. You are only an activity manager for those programs for which you have been officially designated as an activity manager. In the case of Afghanistan this is currently only relevant to the Local Governance and Community Development Program (LGCD) and the Alternative Development Program in Kandahar and Uruzgan provinces.

Activity Manager vs. CTO

	Activity Manager	Cognizant Technical Officer (CTO)
Nominated by	FA Team	FA Team
Designated by	FA Team	Contract or Agreement Officer, in a formal letter
Authority Delegated from	Bureau AA–Mission Director–FA Team Leader–Activity Manager	Office of Acquisition and Assistance–Contract Officer or Agreement Officer–CTO
Responsibility	Day to day management of one or more specific activities	Performs functions designated by the Contract or Agreement Officer ... as part of the administration of contracts or assistance awards from a technical standpoint. (Functions are generally spelled out in the CTO designation letter and/or the award document.)
When designated	Can be designated at any time. If multiple activities per award, could have multiple Activity Mangers.	One CTO designated per award. Usually designated at the start of an award. CTO role is coterminous with the life of the specific award.
Certifications	No certification required.	All USAID CTOs will need to receive certification as required of all Federal CTOs by the OMB Office of Federal Procurement Policy. USAID's Certification Program is implemented by HR/LSD with input from the Office of Acquisition and Assistance and technical offices agency-wide.

Field Program Officer Defined

Eyes and ears of USAID

Quality assurance for national and provincial programs/projects

Participate in PRT Leadership with Military and Department of State on development issues.

Generate subproject proposals

Prioritize districts to meet LGCD objectives

Foster participation of provincial government

Build the capacity of the Provincial Development Council and other local governance institutions

Activity Manager

Nominated by…	Strategic Objective Team at any time, often early in the project planning process
Designated by…	Strategic Objective Team at any time, often early in the project planning process
Responsible for…	Day-to-day management of the project for *results* and overall impact the activity has on the *results.*

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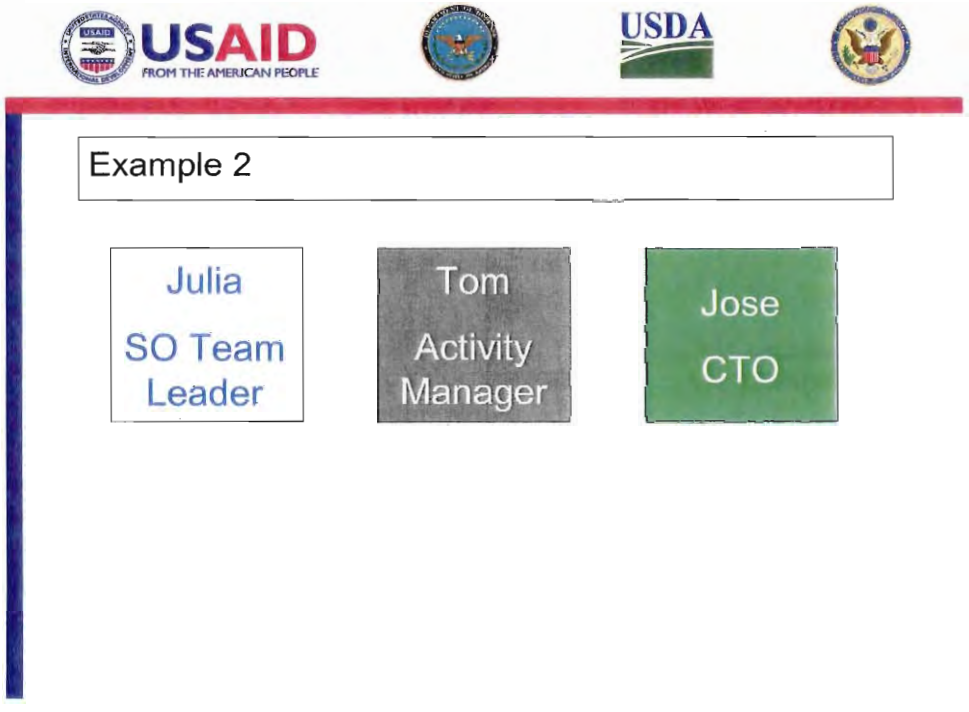
Example 1
Julia
SO Team Leader
Activity Manager
CTO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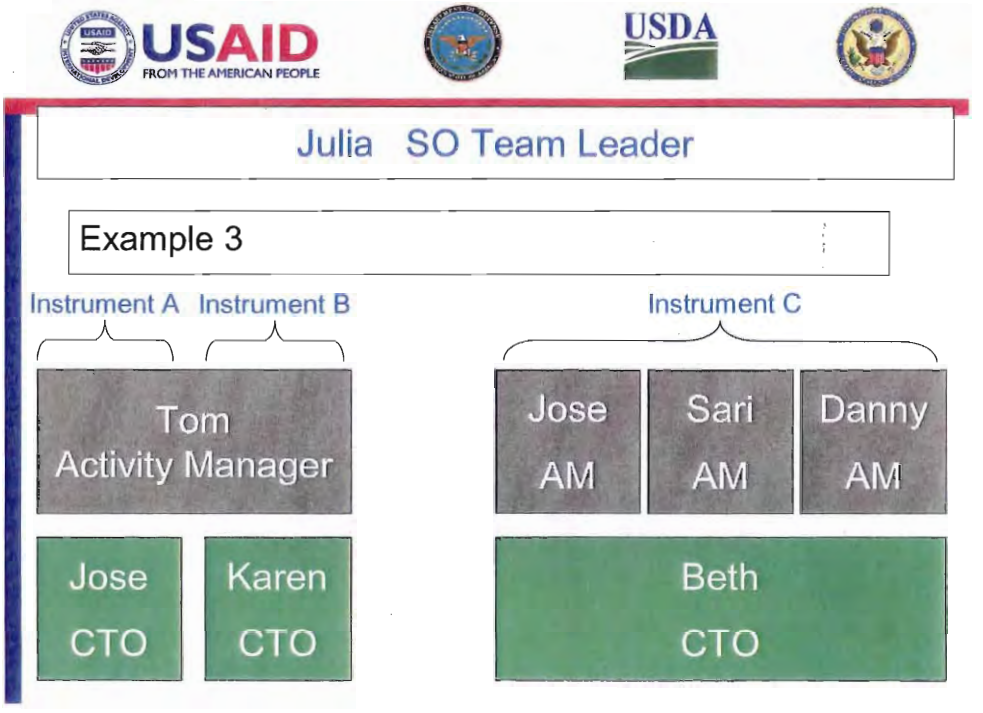
Example 2
Julia
SO Team Leader
Tom
Activity Manager
Jose
CTO


USAID
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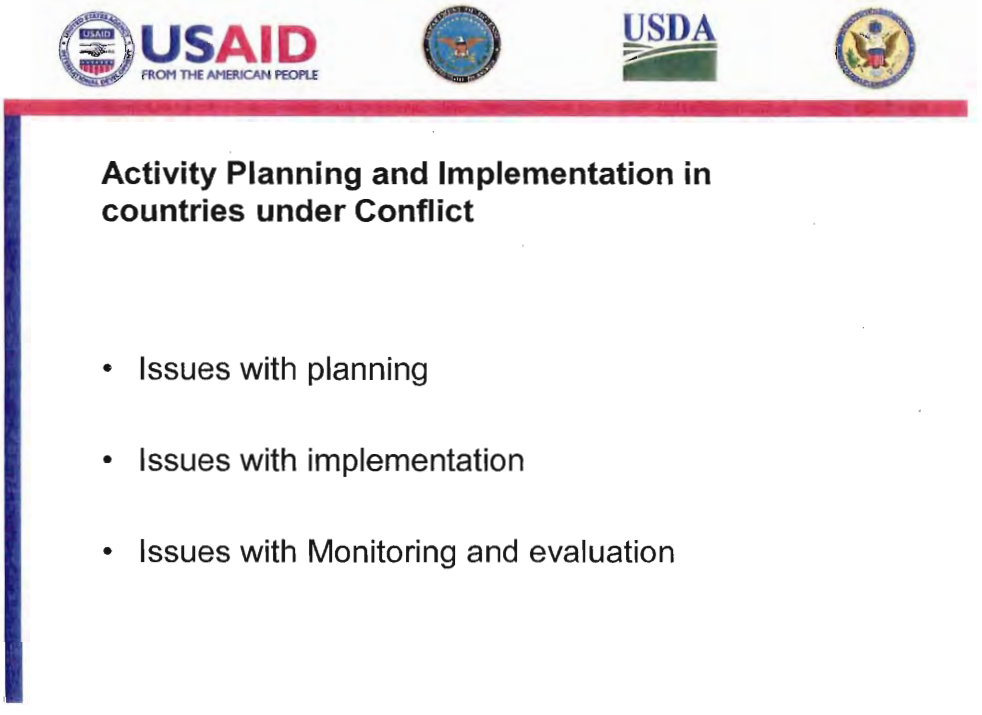
USDA
Julia SO Team Leader
Example 3
Instrument A
Instrument B
Instrument C
Tom
Activity Manager
Jose
AM
Sari
AM
Danny
AM
Jose
CTO
Karen
CTO
Beth
CTO


USAID
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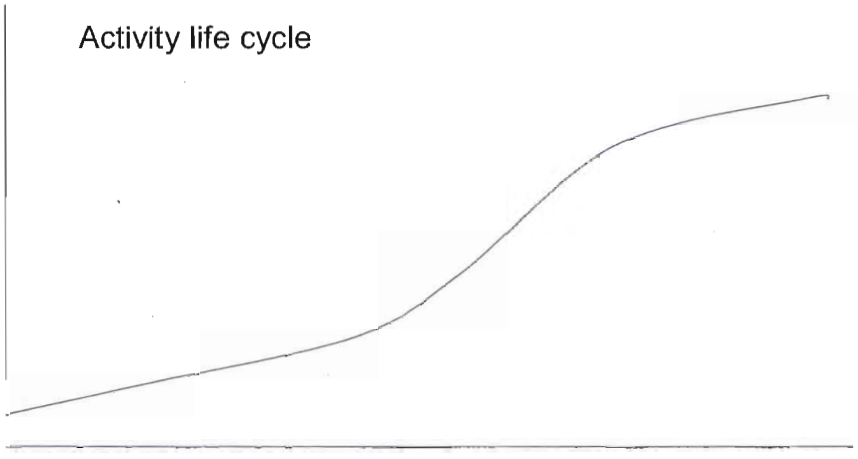
USDA
Activity Planning and Implementation in countries under Conflict
• Issues with planning
• Issues with implementation
• Issues with Monitoring and evaluation

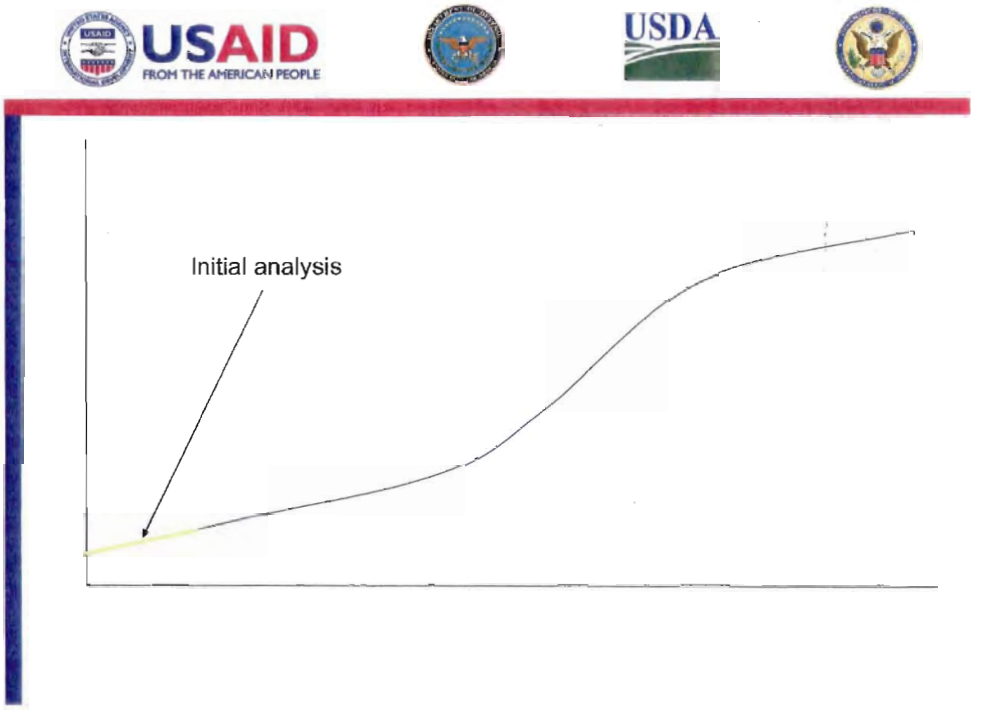
USAID's "Development Rhythm"

Activity life cycle

Illustrative Timeline

Activity life cycle

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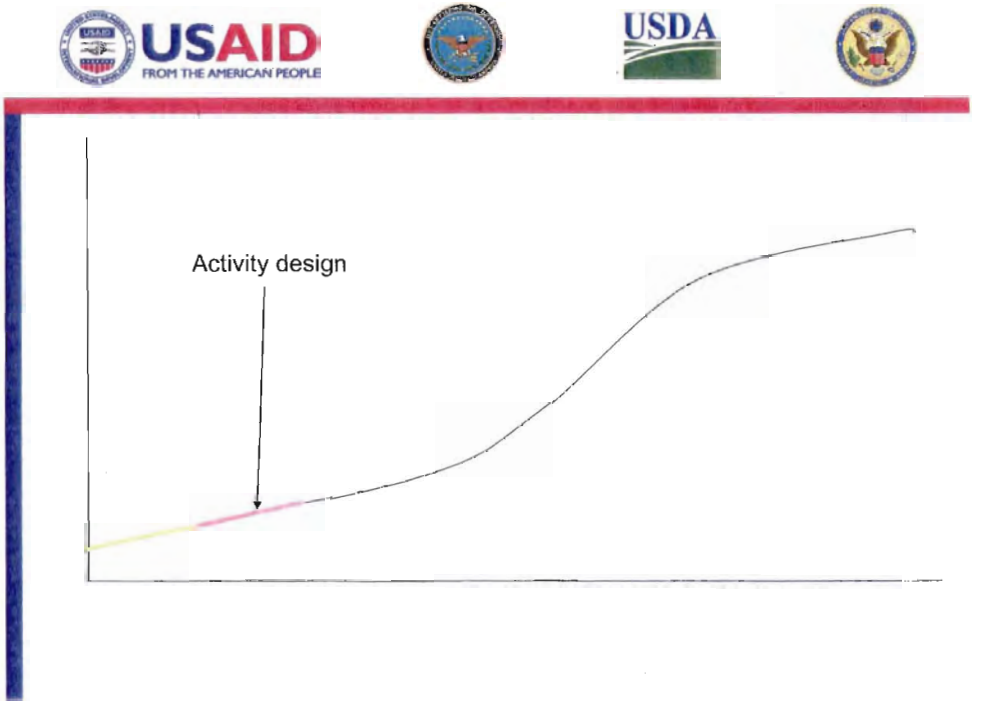
USDA
Initial analysis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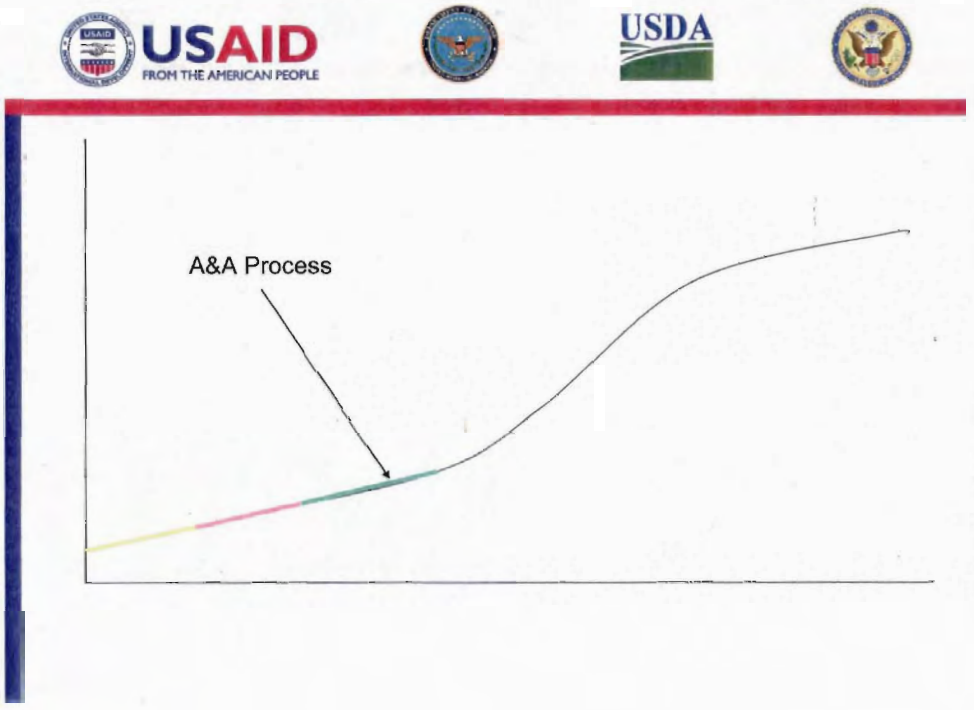
Activity design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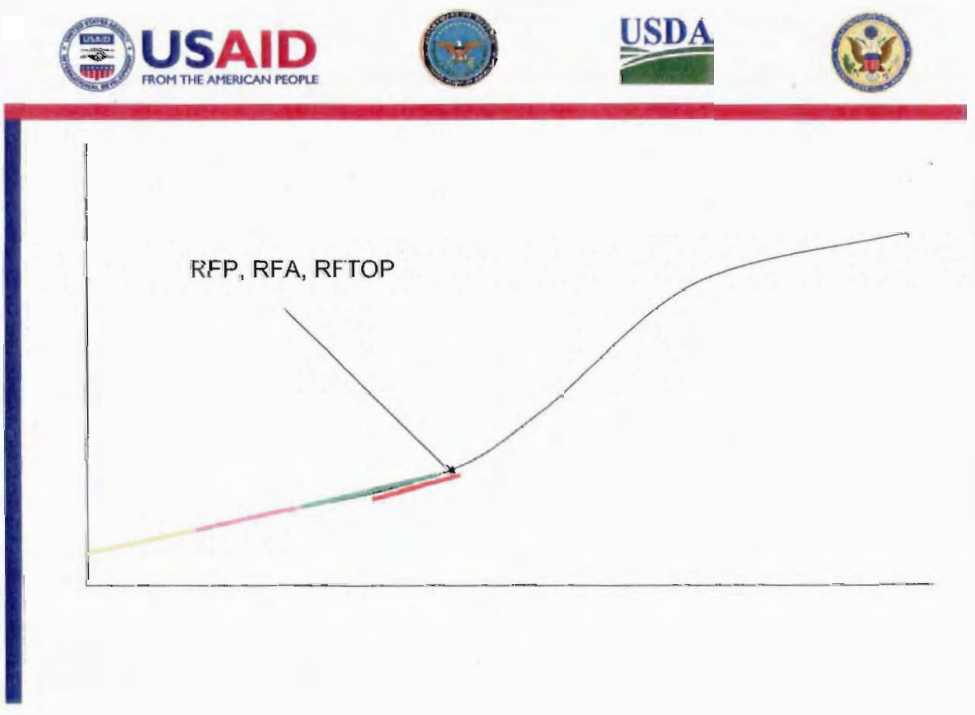
A&A Process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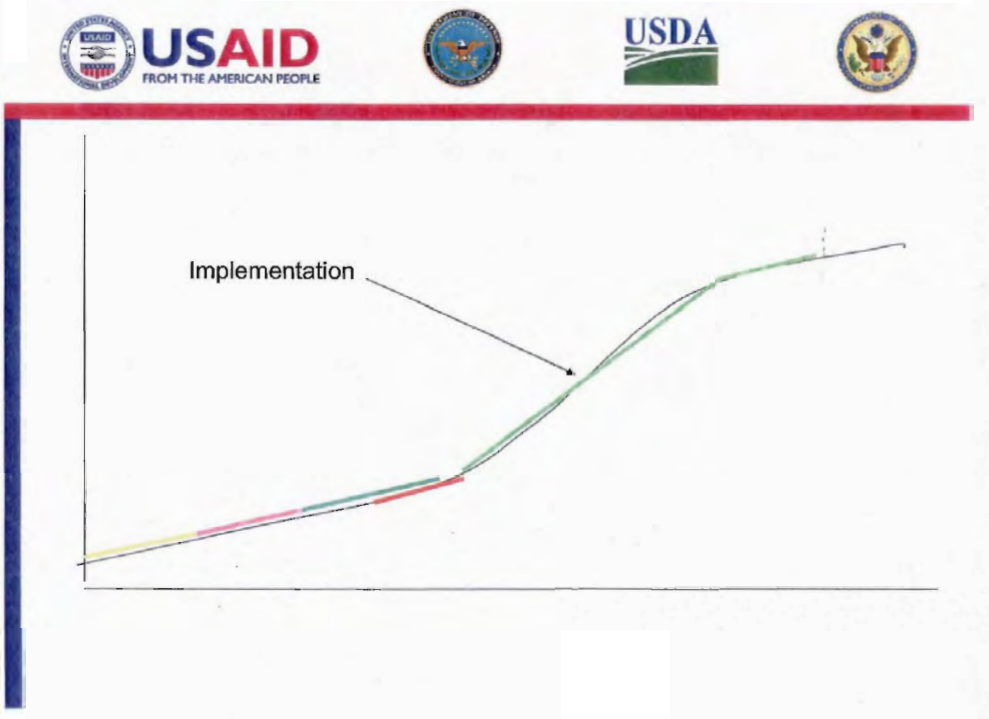
RFP, RFA, RFTOP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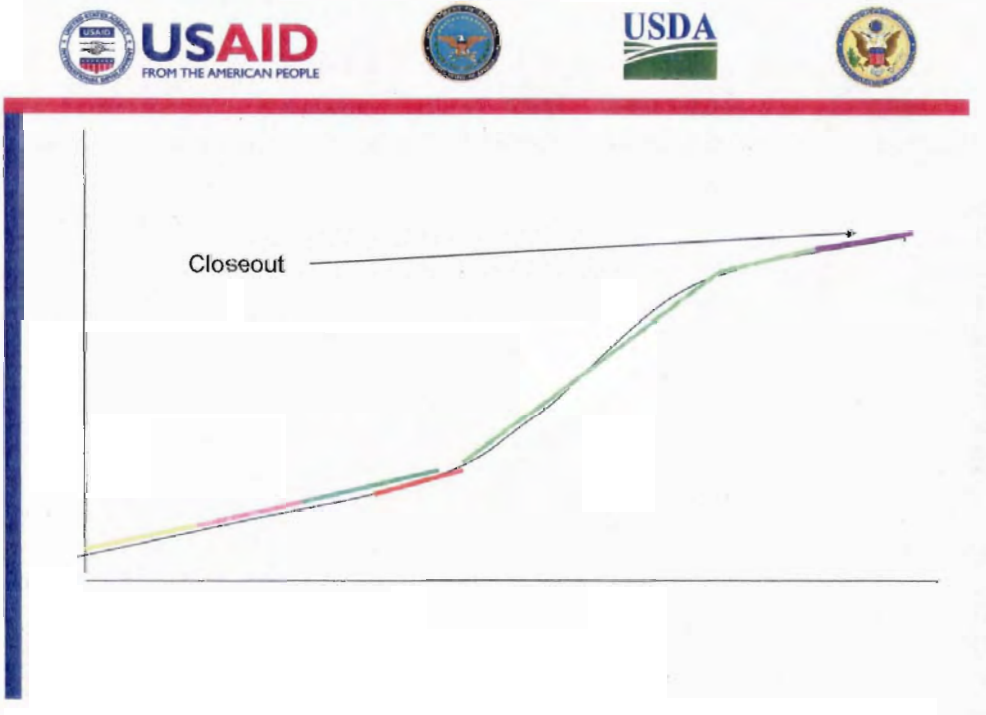
Implementation


USAID
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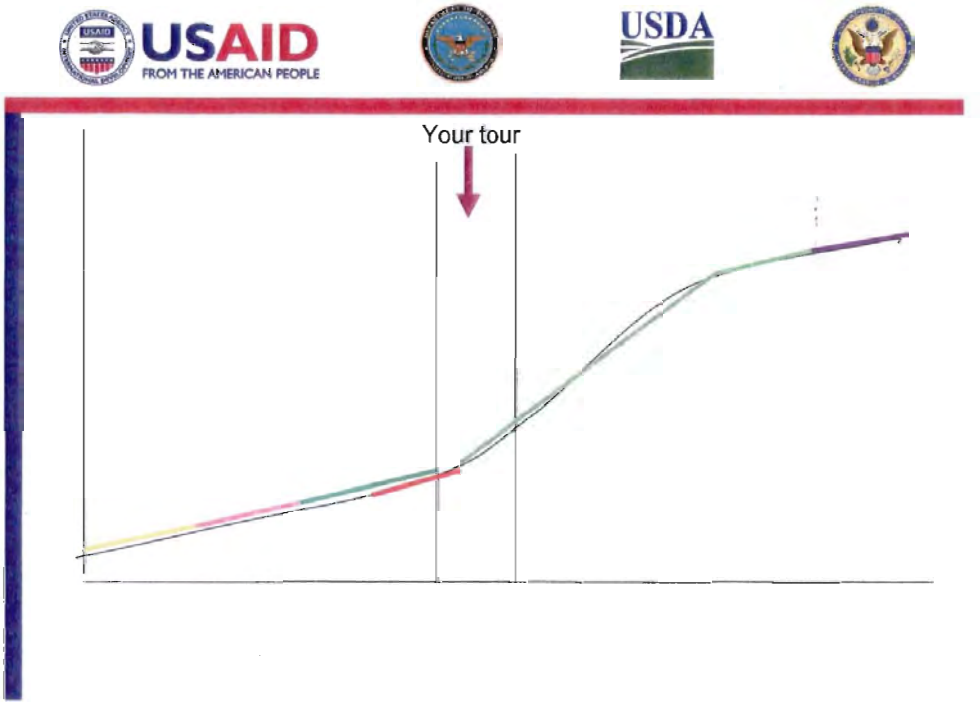
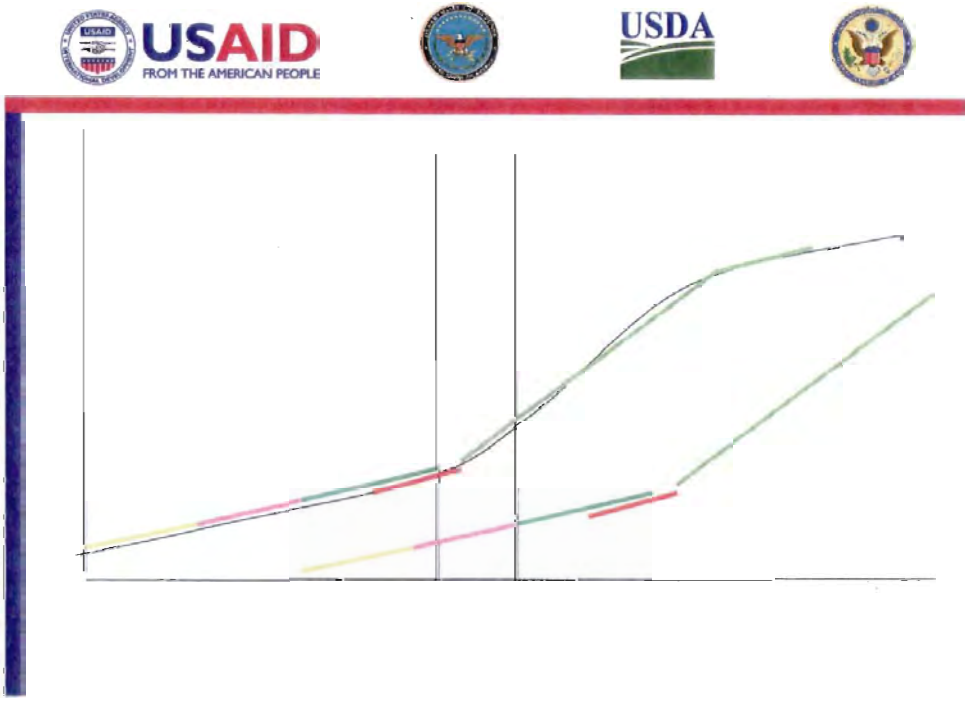
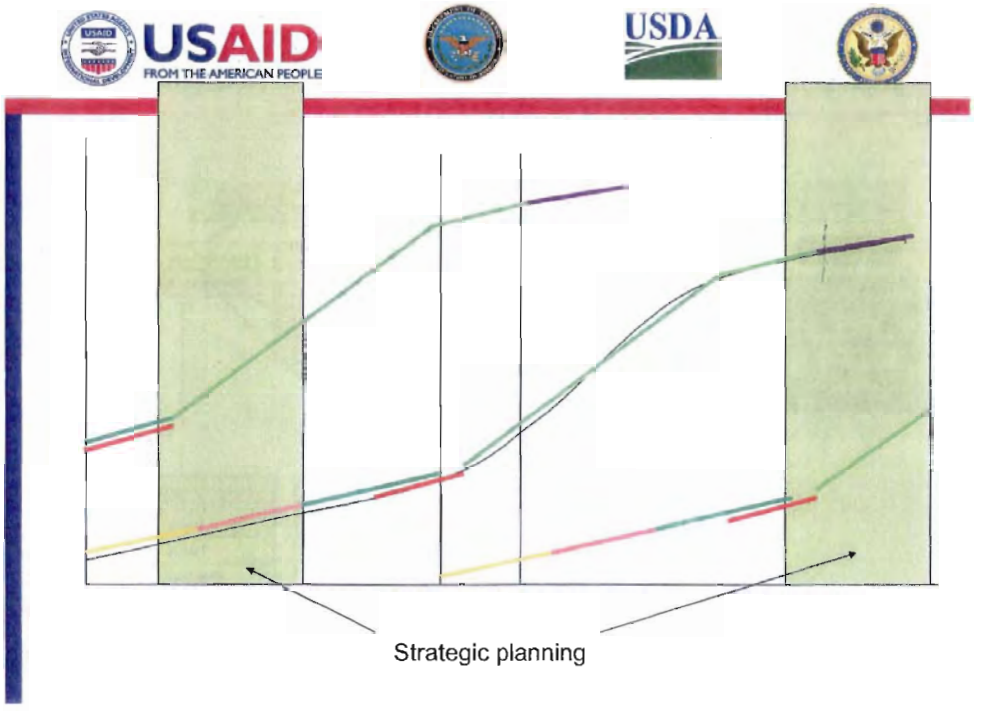
USDA
Closeout





BEST AVAILABLE


USAID
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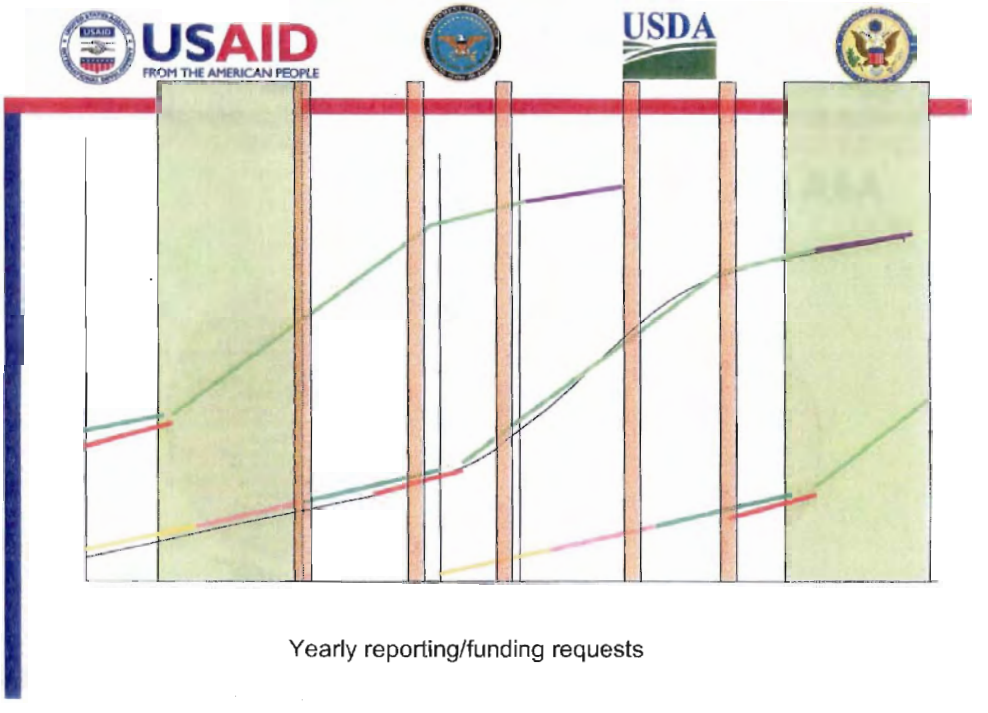
Strategic planning


USAID
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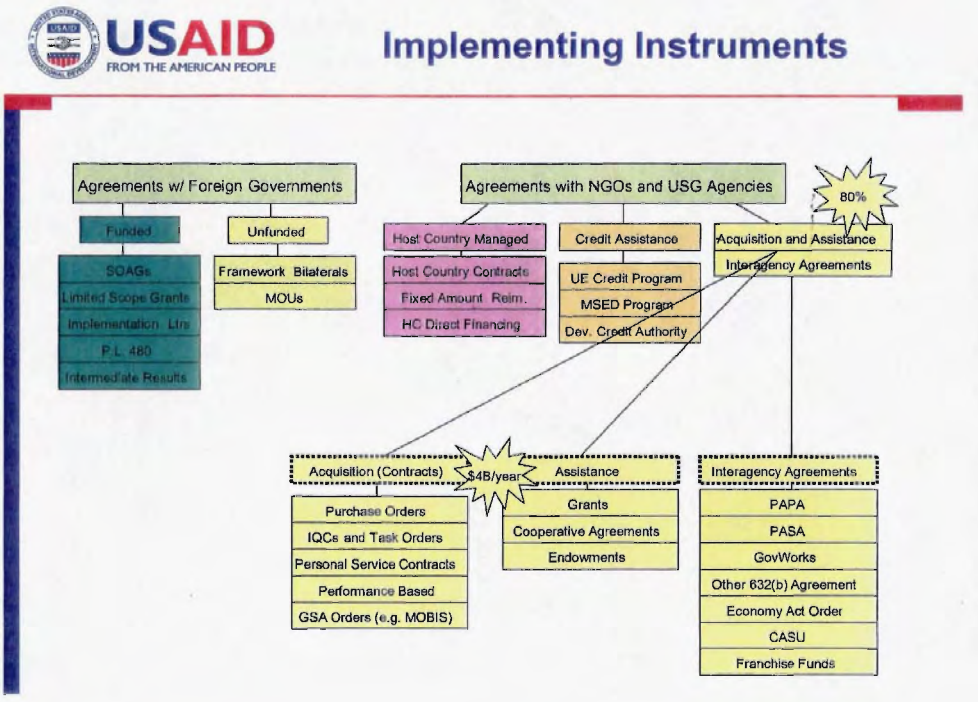
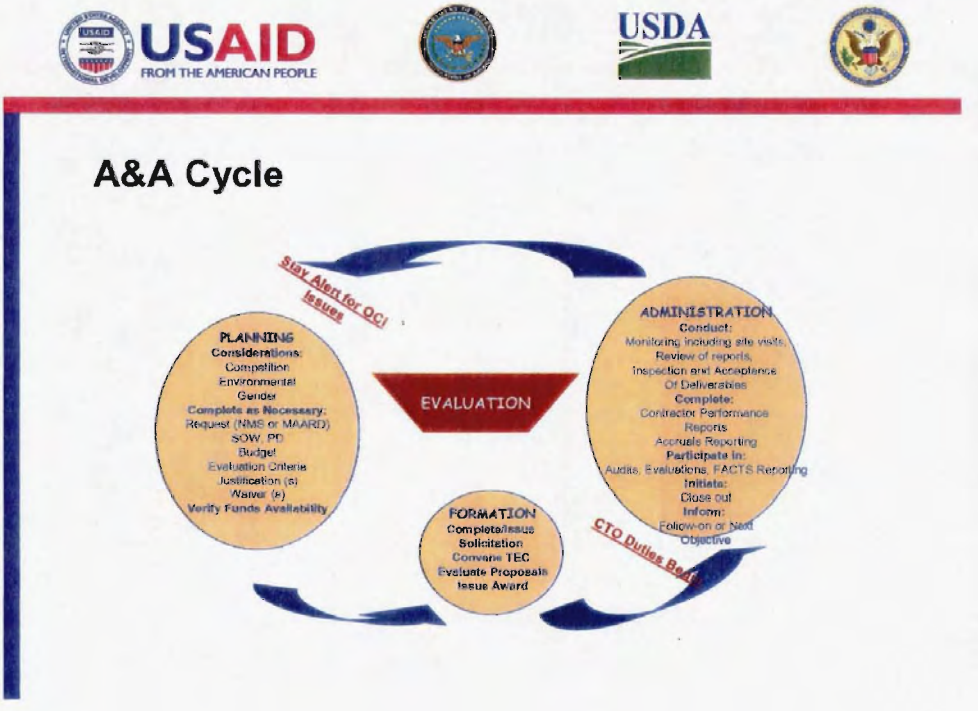
USDA
Yearly reporting/funding requests


USAID
FROM THE AMERICAN PEOPLE
Implementing Instruments
Agreements w/ Foreign Governments
Funded
Unfunded
SOAGs
Limited Scope Grants
Implementation Ltrs
P.L. 480
Intermediate Results
Framework Bilaterals
MOUs
Agreements with NGOs and USG Agencies
80%
Host Country Managed
Host Country Contracts
Fixed Amount Reim.
HC Direct Financing
Credit Assistance
UE Credit Program
MSED Program
Dev. Credit Authority
Acquisition and Assistance
Interagency Agreements
Acquisition (Contracts)
$4B/year
Assistance
Interagency Agreements
Purchase Orders
IQCs and Task Orders
Personal Service Contracts
Performance Based
GSA Orders (e.g. MOBIS)
Grants
Cooperative Agreements
Endowments
PAPA
PASA
GovWorks
Other 632(b) Agreement
Economy Act Order
CASU
Franchise Funds


USAID
FROM THE AMERICAN PEOPLE
USDA
A&A Cycle
Stay Alert for OCI Issues
PLANNING
Considerations:
Competition
Environmental
Gender
Complete as Necessary:
Request (NMS or MAARD)
SOW, PD
Budget
Evaluation Criteria
Justification (s)
Waiver (s)
Verify Funds Availability
EVALUATION
ADMINISTRATION
Conduct:
Monitoring including site visits,
Review of reports,
Inspection and Acceptance
Of Deliverables
Complete:
Contractor Performance
Reports
Accruals Reporting
Participate in:
Audits, Evaluations, FACTS Reporting
Initiate:
Close out
Inform:
Follow-on or Next
Objective
FORMATION
Complete/Issue
Solicitation
Convene TEC
Evaluate Proposals
Issue Award
CTO Duties Begin

Organizational Conflict of Interest

- OCI always concerns a conflict that firm has with a specific contract or pending contract
- OCI is avoided if a contractor is not involved in the planning of upcoming competitive actions
- The existence of an OCI is likely to force the USG to elminate the contractor from competition.

USAID Afghanistan PRT Training

Module 4
Provincial Packages as a Program Planning and Management Tool

1

Provincial Package

- ❑ Snapshot of province
- ❑ Programs in the province
- ❑ PRT priorities
- ❑ Priority districts
- ❑ Conflict map
- ❑ Strategy and program interventions

Local Governance and Community Development

- Support to Public Administration and Governance
- Community Development and Mobilization
- Local Stability Initiatives
- Provide Sector Expertise to PRTs

Working with the Contractor

- Clear and constant communication
- Information exchange
- Program design
- Monitoring and evaluation
- Post-kinetic operations

Post-Kinetic: Tagab Valley and Farah

- Pre-operation planning
- Lines of communication
- Post-kinetic site visits
- Proposed interventions and planning
- Evaluation

MODULE IV HANDOUTS

PRT Strategic Planning

Focus on

Integrated Development and Security Planning & Operations

Strengthening the PRT Mission & Organization

USAID/Kabul
Afghanistan
September 15-20, 2007

Integrated Development and Security Mission Statement

We are guardians of Afghanistan's future development , and of the Afghan people's aspirations for security, good governance and economic opportunities.

Our Mission is ...

What: **To assist IRoA to provide to the people of Afghanistan:**

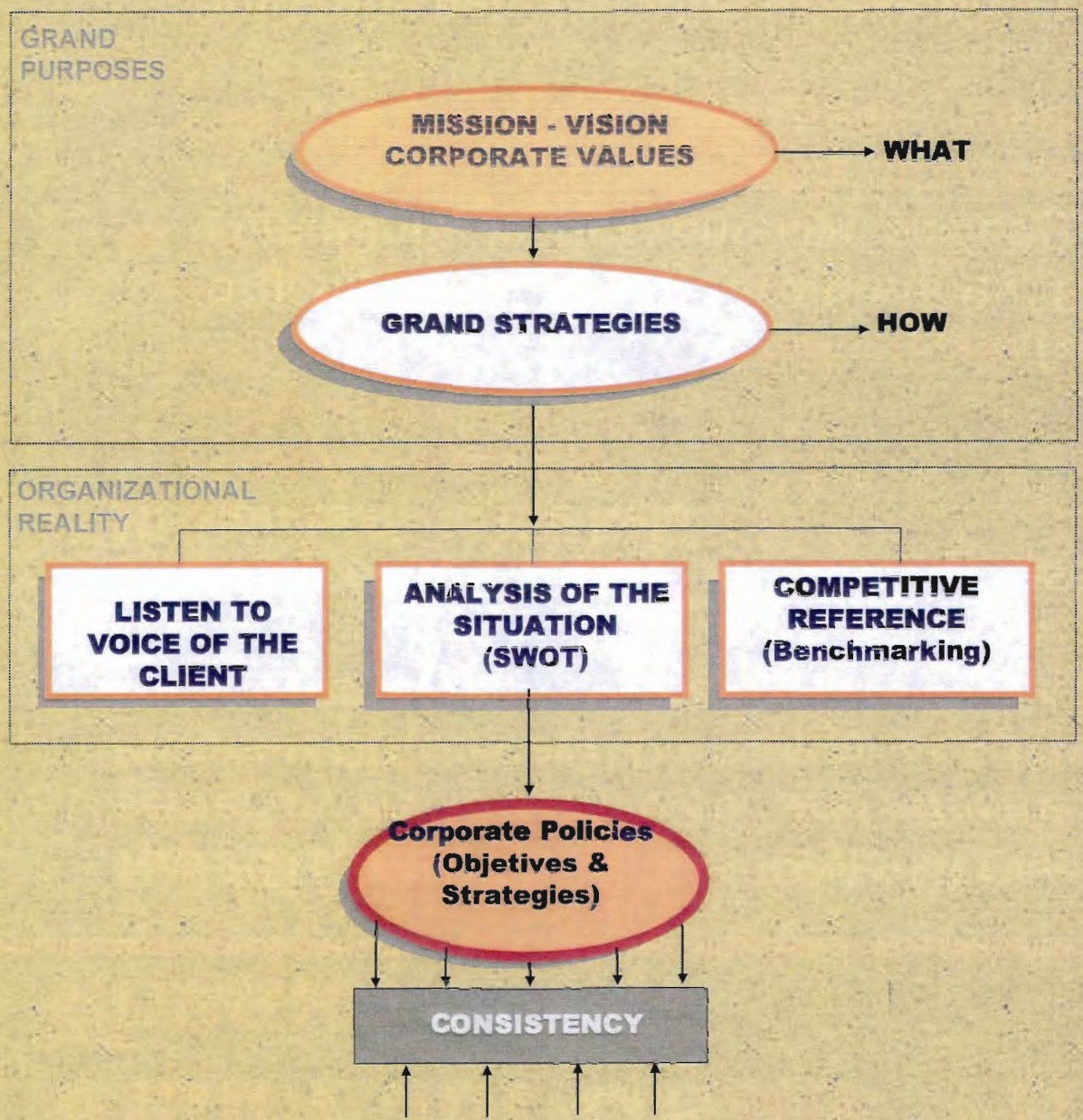
- **Security,**
- **Governance, Rule of Law, Human Rights;**
- **Economic and Social Development***

How: **through *integrated development and security planning* and operations (IDSP&O) that are able to create and sustain "*development spaces*" providing stability and effective governance enabling sustainable development activities.**

Why: **to preserve the public's trust and confidence in their government and democratic processes.**

*Three Pillars of Activity, from "Building on Success", the London Conference on Afghanistan, Jan 31 – 1 feb 2006.

Strategic Orientation



Vision for USAID PRT Mission

The PRTs, Task Forces and Regional Commands will be served by *reliable, dynamic and effective* USAID Field Program Officers and Development Advisors with a vocation of service; recognized for their capacity to:

Professionally integrate into and represent the US Mission team in the field:

- Assess expertly;
- Plan rigorously ;
- Engage and partner productively (with other USG organizations, the int'l community, GoA and local community leaders and civil society);
- Foster and achieve timely inter-agency and inter-institutional coordination and cooperation.

And thus help the Afghanistan government *earn* the trust and confidence of citizens as a result of citizen focused -- service delivery capable -- democratic governance.

Strategic & Operational Concerns

Governance -

- capacity building before effective partnering with local officials
- corruption eroding public confidence
- basic service delivery vulnerable to the above
- citizen partnerships for good governance

Creating Economic Opportunities –

- create viable alternatives to joining of Illegal Armed Groups

Security challenges –

- creating and holding "development space"
- eroding security disrupts development environments/opportunities
- The "police we need" (...backfill and ethics)

Managing expectations –

with IRoA, Provincial/local officials, military commanders, and local populations

PRT Inter-agency Org. Strengthening

Complete the civilian-military integration process –

- **Effective and timely recruitment of qualified individuals**
- **Integrated ops and development assistance planning**
- **US Civ-mil and multi-donor development data bases**
- **Interagency PRT pre-deployment handover and training:**
  - *"integrated, relevant and evaluated "*
  - *validate: individual, organizational, interagency skills*
  - *common ops picture and best practices handover, incorporate into predeployment training*

Administration and Logistics –

- **Institutionalize administration and logistics support:**
  - *Break down interagency civ-mil barriers (e.g. ID cards, secure comms, staff access to FOBs)*
- ***Logistics support improved:***
  - *protection, mobility, billets/housing*

Institutional Mission

USAID Provincial Reconstruction Teams

One Overarching Mission
To Strengthen and Safeguard Representative Democracy in Afghanistan

Three USAID *Time Phased* Objectives
Stage III (2011 ...) *Sustainable Development*
Stage II (2006-2010) *Reconstruction*
Stage I (2001-2005) *Relief and Stabilization*

Four "Reconstruction" Phase Modes
- *Stabilize Environment for Development*
- *Thriving Licit Economy Led by the Private Sector*
- *Democratic Governance with Broad Citizen Participation*
- *Better Educated & Healthier Population*

Four PRT Modes
- *Articulation point for Integrated Development & Security Planning and Ops at PRT (IDSP&O)*
- *USAID "Reach-back to Tech Offices"*
- *SMEs on Best Development Practices*
- *Managers of Local Governance & Community Development (LGCD) program*

Six Organizational Values
- *Faithfully Represent US Mission Team*
- *Professionalism*
- *Leadership*
- *Team Work*
- *Integrity*
- *Accountability*

Six PRT Process Values
- *Rigorous Planning*
- *Active Coordination*
- *Effective Oversight*
- *Meaningful Interagency Participation*
- *Timeliness of Program Delivery*
- *Uphold "Do No Harm"*

Pillars
USAID Development officers subscribe to and promote USAID Development Principles:
Ownership, Capacity Building, Sustainability, Assessment, Results, Partnership, Flexibility and Accountability.

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Contracting in Conflict Countries

Michael Walsh
Director, Office of Acquisition and Assistance

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Acquisition and Assistance

a. Assistance supports a public program vs. contracts which purchase Goods/Services

b. Choice of Assistance or Acquisition takes into consideration:

1. Nature of the activity;,
2. Type of organization- what area do the type of organizations usually work with;
3. Achieving results-necessary in both but remedies for failure differ;
4. Sector and Stakeholder considerations-issues that support one instrument over the other like host government stance on reform, and;
5. USAID resources-management oversight efforts.

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Conclusion: The choice of a contract or grant should not come down to simply how much control you need/want.

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Lessons Learned

- ✓ Planning for a procurement- especially in conjunction with the CO is critical;
- ✓ Security is always a concern in these countries- needs to be managed in the instrument;
- ✓ Conflict countries are highly visible- compliance is highly important in this context.

Importance of Planning

Planning is usually compressed and lacks involvement of Contracting Officers. The essence of the plan is in the planning, enabling participants in the process to rapidly change in response to changed circumstances or directives on the ground. Contract Officers should be brought in at the

beginning

of any procurement.

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Scope of Work

- Involve CO in writing of program descriptions and scopes of work.
- Scopes of work are a strength of USAID, yet they remains a challenge and an obstacle to timely implementation:

- In writing a scope of work/program description, try to focus on the results you wish to accomplish;

- Clear requirements can be managed more readily by the implementing partner;

- Realistic in terms of program budget, timeframe, conditions in the field, capacity to achieve objectives, and;

- Issue solicitation based on known requirements. Speculation or uncertainty makes it difficult, if not impossible to price and manage- a recipe for failure and cost overruns.

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Scope of Work

- Think about the short-term, medium, and long-term requirements. Do YOU have an exit strategy for the implementor?
- If the scene is too uncertain, allow contractors to perform incremental work based on approved technical direction letters.
- NGOs/PVOs have a role to play in reconstruction as well.
- Be sure to invest in the capacity building of selected host government partners. At some point, you'll need them to take over and own the results.

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Other Issues

- Insurance, indemnification, 3rd party liability: The issues are accentuated in conflict areas and must be resolved early to avoid "show-stoppers".
- Local economy (Inflation, currency conversion, financing of local firms, capacity of local firms and government.)
- (Workweek. Permit employees to work as long as needed to finish the job, but must confine allowances and benefits to 40 hour weeks to be consistent with State's Standardized Regulations.)

Mitigating the political crosswinds and their impact on program scope (avoid scope creep) and expectations (get it done now!).

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Security

Security is a major factor affecting success:

- Be realistic in assessing current and future conditions;
- Be sure the assessment is fairly represented in the solicitation and subsequent award;
- Allocation of responsibility/risk for maintaining security of project activities should be with the contractor.
- Cost implications are significant and must be explicit in the budget and negotiations.
- Provide a mechanism in the award for managing changes in threat

Plans in event of serious threats;

Who is authorized to approve actions;

Regular communications and briefings.

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Security and Oversight

How do you monitor performance of implementing partners in a non-permissive environment;

- Other agencies (e.g. UN, host Government, etc.)
- U.S. military (downsides)
- Proxy indicators

Need to lower expectations about what development results can be accomplished in a war zone.

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Compliance

- Despite the challenges placed on you in achieving results in a conflict zone, you must still manage the tax payers money!
- Competition is good;
- AIDAR and ADS authorities provide flexibilities to respond to foreign assistance priorities, but:
- Can't wave political fallout: Iraq case
- Transparency is good. Kudos for USAID when we posted contracts to the web- should continue this practice.

Reconstruction: USAID's Role

Lack of consensus on USAID's model;

- Over emphasis on large infrastructure projects that are slow, generate little employment and are often taken for granted by the beneficiaries;
- USAID not staffed and lacks pre-positioned reconstruction mechanisms;
- Lack of consensus on use of design/build contract structure for urgent reconstruction activities;
- Uncertain role of sustainability and capacity building.

Office of Transition Initiatives

- Grants under Contracts- large volumes of small-scale grants issued by contractor to assist local/grass roots groups for high visibility and quick-impact results.
- Small grants for various purposes (e.g. basic supplies/furniture, neighborhood community groups for common goals, materials for small infrastructure repair, computers/communication equipment for civil society organizations, etc.

  - Quick impact community projects improve lives, generate employment, take advantage of short window of opportunity

  - Demonstrates something being done; generating trust, local ownership, building a basis for continued effort and more profound reconstruction.

(ex. Iraq case study of OTI highly effective collaboration with the 1st Calvary)

MODULE V: MENTOR SESSIONS

MODULE AT A GLANCE

Content	Approx. Time	Instructional Activity
USAID mentors	30 minutes	1-on-1 meetings
Provincial mentors	30 minutes	small group meetings
Wrap-up	15 minutes	seminar
Total Time	75 minutes	

Lesson Objectives	• LO1: ***State*** your mentor's name, and contact information • LO2: ***Describe*** concerns, issues and skill gaps (as discussed with mentor) • LO3: ***Discuss*** a significant piece of information that you learned today • LO4: ***Explain*** how you will use this information in the course of your PRT duties
Participants	USAID PRT members
Context	Adult Learning Environment
Content Overview	This module allows students structured time to meet with their mentors to do checks on learning and set up a roadmap.
Room Setup	Main room (with projector) and 2-3 additional rooms (without projectors)
Materials Needed	• Mentor and buddy contact info • HTE login • Provincial Briefers
Staff Needed	Facilitator & Mentors (TBD)
Delivery	Meetings
Potential Issues	The setup of mentors may change depending on the number and makeup of the mentors. A meeting needs to be held before this session (possible during lunch) to provide them how to act and what to cover, specifically what topics not to spend time on. Also make sure that the differences between PRTs are mentioned.

MODULE V LESSON PLAN

MENTOR SESSIONS

1. LESSON OVERVIEW

a. **Methodology:** This module is mix of 1-on-1 and small group meetings to pair students up with mentors on USAID and provincial issues.

b. **Subject Matter Overview:** This module is structured around breakout sessions in which each student receives an individual, 1-on-1 meeting between with a USAID staff member that has recently returned from Afghanistan and then breaks into provincially-based mentored groups.

c. **Lesson Objectives (LO)**

- LO1: ***State*** your mentor's name, and contact information
- LO2: ***Articulate*** concerns, issues and skill gaps (as discussed with mentor)
- LO3: ***Discuss*** a significant piece of information that you learned today
- LO4: ***Explain*** how you will use this information in the course of your duties on a PRT

d. **Outcomes Expected:** At the completion of the module, the student will be able to chart out a path for their individual needs and put together a list of additional resources and contacts.

e. **Linkage to Other Lessons:** This module introduces students to their mentors and provides a check on learning from the past day of material.

f. Module POC: Tony Pryor

g. Subject Matter POC: Rick Ferrer

2. STUDENT REQUIREMENTS

h. Required Readings: none

i. Handouts:

- Mentor and buddy contact info
- HTE login
- Provincial Briefers

3. TEACHING PLAN

j. **Background:**

- Scope: This is a mix of 30 minute (per student) 1-on-1 meetings and 30 minute (per group) small group meetings with USAID and provincial mentors (respectively).
- Instructional Notes: Make sure that the mentors know how to act and what to cover, specifically what topics not to spend time on. Also make sure that the differences between PRTs are mentioned.

k. **Lesson Sections:**

- USAID mentor

- Duration: 30 minutes
- Location: main room
- Mentor: TBD
- Facilitator: Dana Stinson
- Content:
    - What the student learned
    - What they didn't learn
    - Questions they have

– Provincial mentor

- Duration: 30 minutes
- Location: Location: KM suite
- Mentor: TBD
- Facilitator: Dana Stinson
- Content:
    - What information is different from the modules for their particular province
    - Key issues for their province
    - Questions they have

– Wrap-up

- Duration: 15 minutes
- Location: main room
- Presenter: n/a
- Facilitator: Dana Stinson
- Content:
    - Address "parking lot" questions
    - Revise the Participant's Workbook with handouts
    - Site additional resources on the HTE for further learning on this topic

4. SLIDES

USAID Afghanistan PRT Training

Module 5
Mentor Sessions

Subject Matter Overview

This module allows students structured time to meet with their mentors to do checks on learning and set up a roadmap.

Lesson Objectives (LO)

- *LO1: **State** your mentor's name, and contact information*
- *LO2: **Describe** concerns, issues and skill gaps (as discussed with mentor)*
- *LO3: **Discuss** a significant piece of information that you learned today*
- *LO4: **Explain** how you will use this information in the course of your PRT duties*

MODULE V HANDOUTS

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FACT SHEET

Bamyan Province

OVERVIEW

USAID estimated support for Bamyan from January 2002-September 2007: $30.1 million
Note: New Zealand-led PRT

The mainly Hazara-populated province of Bamyan is situated on the ancient Silk Road and is most famous for the Buddhist monastery and Buddhas of Bamyan statues destroyed by the Taliban in 2001. The province is considered one of the most progressive for women's rights, and in 2005 elected Afghanistan's first female governor. Bamyan's economy is dependent upon animal husbandry and agriculture for survival. Although the mountainous region has poor soil quality, its farmers are able to cultivate wheat, barley, and potatoes. There remains some hope that the tourism industry will be revitalized as the Afghan government has vowed to rebuild the Buddhist statues.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Promote and accelerate rural economic development through increasing commercial agriculture opportunities, improving agricultural productivity, creating rural employment, and improving family incomes and well-being.

Summary: USAID focuses on preparing farmers to participate in a modern agricultural economy through improved agricultural opportunities, veterinary services, financial systems, and training. USAID also promotes natural resource and biodiversity conservation in Bamyan province.

Historical Activities:

- In order to strengthen local knowledge of agricultural techniques, USAID supported five training sessions to increase farmers' agricultural knowledge and provided 1,000 **women** with training in poultry production, egg marketing, and association capacity building.
- Funded four **micro-credit institutions** to assist in restoring rural financial systems and to encourage commercial banks to extend revolving agricultural loans for agri-business.
- To expand produce varieties and promote agricultural production, USAID introduced new **potato production** and **seed replication**.
- Healthier animals lead to increased income, food security, and improved local economies. USAID, in partnership with the Afghan Veterinary Association, trained **para-veterinarians** and established one self-sustaining **veterinary field unit** in the province. USAID also provided **vaccinations and medicines** for 165,000 animals throughout the province.
- To determine which lands should be classified as protected areas, conducted a rangeland and biodiversity assessment in the **Ajar Valley** and **Band-i-Amir** travertine lake area. Results of these assessments will provide input into the Government of Afghanistan's draft of the legal instrument necessary to designate the identified area as protected and to assist in the development of a protected area management plan. The management plan is a precursor to establishing the Band-e-Amir lake region as a provincial national park.

Ongoing Activities:

FACT SHEET

Bamyan Province

- Supporting the 14 **veterinary field units** in Bamyan that have provided over 314,000 vaccinations, medications, and treatments to date. Providing new para-veterinarian training and refresher training.
- USAID is helping establish nine private, full-service **farm stores** that supply agricultural products such as seeds, equipment, crop protection products, and drip irrigation tools that target key crops in the area, as well as animal health products such as medicine and nutritional supplements.
- Supporting the establishment of the AgNet office within the Ministry of Agriculture, Irrigation and Livestock that provides a government agricultural database program to supply market, growing, and **weather information** to farmers. Providing training for a Ministry AgNet technician.
- Working with the democratically elected **Band-e-Amir Protected Area Committee** to establish operational guidelines and implement trash collection services for the proposed protected area.
- Training **park rangers** in Band-i-Amir to conduct biodiversity assessments and enforce operational guidelines established by the Band-i-Amir Protected Area Committee to protect the ecological integrity of the region.

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality of government services to Afghan citizens. Support independent media institutions and advocacy groups.

Summary: USAID supports building the capacity of government institutions and civil society in Bamyan through activities that include support to the justice sector, media, and civil society.

Historical Activities:

- In order to expand governance infrastructure, USAID funded the construction of **three district buildings**, rehabilitated three regional offices, including the Ministry of Foreign Affairs, Ministry of Rural Rehabilitation and Development, and the Afghan Independent Human Rights Commission offices.
- In support of **justice sector development**, distributed of the 2nd Edition of the Judicial Reference Law Sets, trained four judicial candidates, and organized a Judicial Conference. These activities provide judges with the tools necessary to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.

Ongoing Activities:

- To support independent media institutions, USAID helped establish and provides ongoing support to a **radio station** in Bamyan. As part of a joint DG/PRT effort, the radio station will be upgraded this year.
- To increase public use of the formal justice sector, USAID is promoting **legal and human rights awareness** through training and workshops. Under the Initiative to Promote Afghan Civil Society, USAID funded numerous workshops for 470 students on **peace and reconciliation**.
- To build local governance capacity, USAID is supporting provincial council efforts to hold public hearings and is facilitating **consensus-building** efforts through civic education training and dialogue sessions with mullahs and sharia teachers.
- Supporting **justice sector development** through providing support to four additional judicial candidates participating in the judicial practicum, implementing a Supreme Court case tracking and management system, supporting a women's rights advocacy campaign, and raising awareness of domestic violence through a national campaign.
- Providing ongoing institutional capacity building to seven **Afghan Civil Society Organizations** focusing on issues such as rights of women and children and social services.

FACT SHEET

Bamyan Province

ECONOMIC GROWTH

Goal: Promote a thriving, legal economy led by the private sector.

Summary: USAID promotes economic development in Bamyan through automating banking services, expanding access to telecommunications, and supporting business associations.

Historical Activities:

- Three **District Communications Network** facilities and seven **satellite-based communications stations** have been installed in the province. Telecommunications centers, operated by Afghan Telecom, provide telephones, Internet, and photocopying services to both the district government officials and the public at large.
- Three provincial branches of **Da Afghanistan Bank** were expanded and refurbished. The bank operates as the paying agent for the government and disburses all social, payroll, and procurement payments. Services such as these increase the effectiveness and efficiency of the social and economic infrastructure of Afghanistan, contributing to the development of the public and private sectors.

Ongoing Activities:

- USAID is providing economic opportunities and self-sustainability for women through support of **entrepreneurship training** for Women's Business Associations.
- As part of the land titling and economic restructuring project, USAID is assessing **assets and liabilities** of the Mortgage and Construction Bank in Bamyan province and is drafting a liquidation plan.

EDUCATION

Goal: Improve systems that sustain quality teaching; provide instructional materials; support basic and higher education, literacy, and vocational skills training; construct schools.

Summary: USAID has invested in Bamyan through nationwide education programs including textbook printing, school construction/refurbishment, training of education faculty professors, and the provision of radio-based teacher training.

Historical Activities:

- Funded the construction or refurbishment of 16 **schools**.
- Supported 30 **community-based schools** for over 690 students in order to expand access and quality of education in areas where there are no formal schools.
- USAID funded the printing and distribution of over 200,000 primary education **textbooks,** as well as basic education learning materials and classroom supply kits for teachers and students.

Ongoing Activities:

- USAID is supporting **radio-based teacher training** in order to improve teachers' skills and their performance in the classroom.
- To **increase higher education opportunities** and the exchange of ideas, USAID supports the Higher Education Project (HEP) which provides a Professional Development Center at Bamyan University. The center employs three staff and is comprised of a **training and resource room** and a **computer room** for use by members of the faculty. All members of the faculty are undergoing computer training through HEP.

FACT SHEET

Bamyan Province

HEALTH

Goal: Improve the access to and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health.

Summary: USAID's principal health investments in Bamyan come through nationwide programs, including the construction and support of health facilities and provision of refresher training courses for nurses and physicians.

Historical Activities:

- Improved access to healthcare through the construction/refurbishment of 31 **health facilities**.
- Trained over 100 people, including doctors, midwives, pharmacists and NGO staff, on safe drinking water, **oral rehydration salts,** and birth spacing.
- Funded the **distribution of pharmaceuticals** to local health clinics province-wide in order to address the immediate health care needs of Bamyan's population.

Ongoing Activities:

- Supporting the Provincial Public Health Office and the Provincial Public Health Coordination Committee to strengthen the technical, leadership, and management capacity of the **Provincial Health team** and to ensure information exchange between the field and policy-making levels of the Ministry of Public Health.
- Providing support to **increase the technical and managerial skills** of medical staff; conducting health, hygiene, and water safety awareness training; and funding a community **midwifery training** program.
- Supporting a healthier Afghanistan through the national **Polio Eradication Initiative.**
- Supporting social marketing of **health and family planning products** such as contraceptives, water purification agents, and oral rehydration salts for sale through the private sector.

INFRASTRUCTURE

Goal: Improve transportation infrastructure in order to increase mobility, trade, and security; increase access to energy and water supply.

Summary: The infrastructure program focuses on constructing road, energy, and water networks, building the capacity of local workers, and investing in the local economy by using locally available materials.

Historical Activities:

- Increased **water management capacity** and **energy** through construction of 400 meters of drainage system and retaining walls, as well as the refurbishment of water mills into **hydro-electric stations**.
- Refurbished the 2km **Bamyan Airport Road** and rehabilitated five bridges, shortening travel time, improving economic opportunities, and providing access to health services and educational institutions.

Ongoing Activities:

- A 2km extension of the Bamyan Airport Road through the Bazaar will be completed in 2008.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization.

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FACT SHEET

Bamyan Province

Summary: The PRT program in Bamyan focuses on training, infrastructure projects, and community development.

Historical Activities: The PRT Quick Impact Project created linkages and built confidence between communities and the district, provincial, and central levels of government primarily through infrastructure projects.

- Partnered with UNOPS to support the construction of **district government buildings** in the Khamard, Panjab, and Waras districts of Bamyan.

Ongoing Activities: The Local Governance and Community Development Program emphasizes activities that: 1) strengthen the capacity of local government to deliver services and address the needs of citizens living in Afghanistan's provinces; 2) encourage meaningful community participation in the identification and implementation of development projects and strengthen ties between these communities and local government officials; and 3) address development issues that are driving local instability and support for insurgency. Activities include:

- Providing a **technical advisor** for the Department of Economy.
- Supporting the **Provincial Development Council.**
- Providing **commodities** and renovations as needed.
- Constructing **potato storage facilities** which will benefit around 30,000 households.

Note: All assistance figures are estimates and do not reflect exact calculations.

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FACT SHEET

Farah Province

OVERVIEW

USAID estimated support for Farah from 2002-2007: $108 million
Note: US-led PRT in RC-West

The fourth largest of Afghanistan's provinces, Farah is a largely undeveloped and sparsely populated area with between 400-500,000 residents. Situated in the west of Afghanistan, Farah's arid landscape is traversed by a single river which remains dry much of the summer. Although its predominately agricultural community cultivates wheat and barley, Farah's limited water supply and low water table complicate the task of crop generation. As a result, Farah ranks fourth in poppy production. Much of the remaining provincial economy is funded by an increasing amount of marijuana in addition to seasonal wages earned in nearby Iran or in neighboring provinces. Many of Farah's mainly Pashtun (Barakazai and Noorzai) residents lived in Iran during Afghanistan's wars. These returnees, including recent returnees evicted from Iran, have struggled to find adequate employment in this manufacturing and industry poor province. This situation has been aggravated in recent months as Taliban and criminal insurgents have moved their operations into Farah from neighboring Helmand province. In sum, Farah's residents are increasingly suffering from economic marginalization and heightened criminal and insurgent activity disrupting progress in governance activities and aid operations.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Create legal alternatives to poppy production by promoting and accelerating rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID is preparing farmers to participate in a modern agricultural economy through veterinary services, improved water management, and training.

Historical Activities:

- To provide improved **water supply** to farmers, USAID rehabilitated and developed one canal.
- In order to strengthen commercial agricultural opportunities, USAID has provided **training** to increase farmers' agricultural knowledge and to promote direct linkages between food brokers and farmers.

Ongoing Activities:

- There are six **veterinary field units** (VFU) in Farah that have delivered more than 700,000 vaccinations and medications since January 2007. USAID partners are training veterinarians and para-veterinarians on basic veterinary services and helping VFUs to expand their services to include cashmere trading and delivering extension messages on improved cashmere harvesting techniques such as combing versus cutting.
- Installing an AgNet **Internet communications system and weather station** in the provincial Ministry of Agriculture, Irrigation and Livestock (MAIL) office that will provide access to the National Agriculture Information System (NAIS) geospatial database.
- **Training** the provincial AgNet Officer and establishing baseline conditions for the agriculture sector. By the second quarter of 2008, AgNet staff will be routinely collecting and transmitting local weather, market price, and agricultural production information to ministry headquarters.

FACT SHEET

Farah Province

- Providing assistance to an feed mill program and **women's poultry project** to assist women with poultry production, egg marketing, and business skills as part of USAID's program to promote sustainable agriculture.

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality of government services to Afghan citizens. Support independent media institutions and advocacy groups.

Summary: USAID supports democracy and governance in Farah through activities that include support to the justice sector, media, civil society, and governance development.

Historical Activities:

- Promoted participation in governance through a number of programs, including civic education, **voter registration, and election monitoring** activities for 2004-2005 elections and, more recently, civic education training and dialogue sessions with government officials and mullah and Sharia teachers.
- Supported justice sector development through the distribution of **Judicial Reference Law Sets** produced by USAID to all judges in the province and the **training** of seven sitting judges, providing them with access to the tools necessary to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.

Ongoing Activities:

- Supporting the implementation of the **Afghanistan Court Administration System** in all Farah provincial courts in April 2008.

ECONOMIC GROWTH

Goal: Promote a thriving, legal economy led by the private sector.

Summary: USAID promotes economic development in Farah through expanding access to telecommunications, automating banking services, and providing grants to small businesses.

Historical Activities:

- Supported establishment and installation of six **District Communications Network** centers in Farah province. These centers, operated by Afghan Telecom, provide telephones, Internet, and photocopying services to both the district government officials and the public at large.
- The provincial branch of **Da Afghanistan Bank** was expanded, refurbished, and fully automated – the bank operates as the paying agent for the government and disburses all social, payroll, and procurements payments. Services such as these increase the effectiveness and efficiency of the social and economic infrastructure of Afghanistan, contributing to the development of the public and private sectors. The manager of the Farah branch received training at the Reserve Bank of India Staff College in May 2007.
- The Appeals and Litigation advisor conducted intensive training sessions on **customs legislation** for 97 customs officials from Herat, Farah, and Nimruz provinces. The sessions focused on the duties and responsibilities of customs officers, including customs code topics such as exemptions, valuation, certificates of origin, smuggling and penalties.

Ongoing Activities:

- Assessing assets and liabilities of Afghan Fertilizer Enterprise in preparation for drafting a **liquidation plan**.

FACT SHEET

Farah Province

- Providing grants to **small and medium businesses** such as Sheewan Bazar Construction and Ken Generators as part of USAID's program to provide loans to micro-businesses in order to stimulate the private sector.

EDUCATION

Goal: Improve systems that sustain quality teaching; provide instructional materials; support basic and higher education, literacy, and vocational skills training; construct schools.

Summary: USAID has invested in Farah through nationwide education programs including textbook printing, school construction/refurbishment, and training.

Historical Activities:

- Funded the printing and distribution of over 145,600 primary education **textbooks**, as well as basic education learning materials and classroom supply kits for teachers and students.
- Funded the construction or refurbishment of 26 **schools**.
- Provided **radio-based teacher training** in order to improve teachers' skills and performance.

Ongoing Activities:

- Supporting an **adult literacy** program to educate Farah residents who did not have the opportunity to pursue a formal education under the Taliban.

HEALTH

Goal: Improve the access to and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health.

Summary: USAID's principal investments in Farah come through nationwide programs, including support for health and family planning products and construction of health facilities.

Historical Activities:

- Improved access to health care through the construction or refurbishment of three **health facilities** in Farah.

Ongoing Activities: .

- Supporting social marketing of **health and family planning products** such as contraceptives, water purification agents, and oral rehydration salts for sale through the private sector.

INFRASTRUCTURE

Goal: Improve transportation infrastructure in order to increase mobility, trade, and security; increase access to energy and water supply.

Summary: The infrastructure program focuses on constructing road, water, and energy networks; building the capacity of local workers; and investing in the local economy by using locally available materials.

Historical Activities:

- Renovated the Farah portion of the **Kandahar–Herat Highway** and constructed the 68-km road from Farah to the Ring Road, shortening travel time and providing access to economic opportunities.

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FACT SHEET

Farah Province

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization.

Summary: The PRT program in Farah focuses on training, infrastructure projects, and community development.

Historical Activities: The PRT Quick Impact Project created linkages and built confidence between communities and the district, provincial, and central levels of government primarily through infrastructure projects.

- Rehabilitated 125 wells in Lash Jowan district in order to provide a more stable **water supply**.
- To improve local transportation, constructed four **bridges** and rehabilitated a bypass road.

Ongoing Activities: The Local Governance and Community Development Program emphasizes activities that: 1) strengthen the capacity of local government to deliver services and address the needs of citizens living in Afghanistan's provinces; 2) encourage meaningful community participation in the identification and implementation of development projects and strengthen ties between these communities and local government officials; and 3) address development issues that are driving local instability and support for insurgency.

- In order to build provincial government capacity, USAID provides technical support to the Provincial Development Council and its secretariat in conducting the sub-national consultation process for the advancement of the **Provincial Development Plan**.
- Contributing to building farmers' skills and knowledge of modern farming techniques through creating **demonstration plots** and building capacity with **extension agents** who advise farmers.
- Refurbishing **Farah Agricultural High School**.
- Constructing and cleaning canals to ensure a stable **water supply**. Canal cleaning creates **employment opportunities** through cash-for-work projects in at-risk districts of Farah including Delaram and Balabolok.

Note: All assistance figures are estimates and do not reflect exact calculations.

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FACT SHEET

Ghazni Province

OVERVIEW

USAID estimated support for Ghazni from January 2002- September 2007: $176.4 million
Note: U.S.-led PRT

The southern province of Ghazni, strategically located on the route between Kabul and Kandahar, was once the center of the Ghaznavian Empire which ruled much of India, Central Asia, and Persia. One of the more densely populated provinces of Afghanistan, Ghazni's majority population is Pashtun with Tajik and Hazara minorities. Although not as volatile as neighboring provinces, Ghazni's development has been hindered by political instability and the presence of the Taliban. This mountainous province has also seen a number of natural disasters in recent years, including both severe drought and flooding.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Create legal alternatives to poppy production by promoting and accelerating rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID prepares farmers to participate in a modern agricultural economy through improved agricultural opportunities, road rehabilitation, and training.

Historical Activities:

- In order to strengthen commercial agricultural opportunities, USAID provided three village-based seed enterprises, **six greenhouses,** and 30 demonstration farms.
- Farm-to-market transportation is key to in promoting agricultural growth. To this end, USAID funded the construction/rehabilitation of over 120 km of **farm-to-market roads** and rehabilitated a bridge connecting Ghazni-Hazarajat market centers, resulting in decreased transport time for farmers and providing employment and training for local workers.
- Trained 3,700 women in **poultry production and marketing**.

Ongoing Activities:

- Identifying and exploiting market niches that can be profitably served by the **agricultural enterprises** in the P2KG region (Paktia, Paktika, Khost, and southeast Ghazni).
- Increasing production and improving quality of **horticultural, livestock, and agroforestry** products through improved genetics, management practices and use of inputs.
- Mobilizing the services and supplying industries to create opportunities for P2KG **rural enterprises** to improve storage, handling and processing of agricultural products.
- Rehabilitating **community irrigation and market infrastructure** to improve production, handling and marketing of horticultural, livestock, and agroforestry products.
- Establishing **associations** and other agricultural support institutions to provide services and support to agribusiness in P2KG.

FACT SHEET

Ghazni Province

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality of government services to Afghan citizens. Support independent media institutions and advocacy groups.

Summary: USAID supports democracy and governance in Ghazni through activities including legislative strengthening, electoral support, justice sector reform, media, and civil society development.

Historical Activities:

- USAID constructed/rehabilitated one **justice facility**, the **Provincial Appeals Court,** and the Ghazni **Public Library** in order to strengthen administrative infrastructure.
- USAID promoted participation in governance and civic education through a number of programs, including funding **civic education, election candidate training, and election monitoring** activities for 2004-2005 elections.

Ongoing Activities:

- Supporting independent media institutions by the establishment and continued support of **three independent radio stations** in Ghazni.
- Providing ongoing **institutional capacity building** to nine civil society organizations in Ghazni focusing on women's services, education, and social services.
- Supporting **justice sector development** through the distribution of Judicial Reference Law Sets produced by USAID to all judges in the province; a one-month training course for six sitting judges; and a nine-month training course for two judicial candidates. These activities provide judges with access to the tools necessary to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.

ECONOMIC GROWTH

Goal: Promote a thriving, legal economy led by the private sector.

Summary: USAID promotes economic development in Ghazni through supporting micro-lending, expanding access to telecommunications, and automating banking services.

Historical Activities:

- The provincial branch of **Da Afghanistan Bank** was expanded, refurbished, and fully automated. The bank operates as the paying agent for the government and disburses all social, payroll, and procurement payments. Services such as these increase the effectiveness and efficiency of the social and economic infrastructure of Afghanistan, contributing to the development of the public and private sectors. The branch staff received 240 hours of on-site training.
- **Land titling** documentation was reorganized to enable the land administration office to properly document land transfers, provide proof of ownership documents, and prevent the registration of fraudulent deeds. With new cost efficient technology, Afghans can more easily access their property documents.
- Supported establishment and installation of fifteen District Communications Network facilities that provide **telephones, Internet, and photocopying services** to the government and the public-at-large in nine district capitals in Ghazni province.

FACT SHEET

Ghazni Province

Ongoing Activities:

- Promoting economic expansion by supporting **micro-lending**. To date, the project has disbursed US$150,000 in Ghazni and stimulated the private sector through micro-enterprise development.
- Establishing an additional two District Communications Network facilities. Local entrepreneurs, using USAID-provided equipment, are pilot-testing a franchise approach for delivering telephone services to five remote villages under the government's **Village Communications Network** effort.

EDUCATION

Goal: Improve systems that sustain quality teaching; provide instructional materials; support basic and higher education, literacy, and vocational skills training; construct schools.

Summary: USAID supports nationwide education programs including textbook printing, school construction/refurbishment, and the provision of radio-based teacher training.

Historical Activities:

- Funded the printing and distribution of over 787,800 primary education **textbooks** in Ghazni, as well as basic education learning materials and classroom supply kits for teachers and students.
- Funded the construction or refurbishment of **26 schools**, providing capacity for up to 8,460 students.
- Supported 117 **community-based schools** in four districts of the province in order to expand access and quality of education in areas where there are no formal schools.

Ongoing Activities:

- USAID is providing **radio-based teacher training** to improve teachers' skills and performance in the classroom.

HEALTH

Goal: Improve the access and quality of health service delivery and increase the overall health care practices of individuals, families, and communities.

Summary: USAID's assistance to Ghazni is delivered through nationwide programs, including the construction and support of health facilities and the social marketing of health and family planning products.

Historical Activities:

- Helped **increase basic health coverage** in Ghazni by funding the construction or refurbishment of 69 **health facilities**.
- Funded the **distribution of pharmaceuticals** to local health clinics province-wide in order to address the immediate health care needs of Ghazni's population.
- Trained over 380 pharmacists, shura members, and community health workers on safe drinking water, **oral rehydration salts**, and birth spacing.

Ongoing Activities:

- Providing the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS).
- Supporting the Provincial Public Health Office and the Provincial Public Health Coordination Committee to strengthen the technical, leadership and management capacity of the **provincial health team** and to ensure the flow of information between the field and policy-making levels of the Ministry of Public Health.

FACT SHEET

Ghazni Province

- Providing support to **increase the technical and managerial skills** of medical staff; also conducting health, hygiene, and water safety awareness training.
- Supporting the national **Polio Eradication Initiative** and funding the **Diseases Early Warning System** for Avian Influenza and other infectious diseases.
- Supporting social marketing of **health and family planning products** such as contraceptives, water purification agents, and oral rehydration salts for sale through the private sector.

INFRASTRUCTURE

Goal: Improve transportation infrastructure in order to increase mobility, trade, and security; increase access to energy and water supply.

Summary: The infrastructure program focuses on constructing road, water, and energy networks; building the capacity of local workers; and investing in the local economy by using locally available materials.

Historical Activities:

- Rehabilitated 122km of the **Kabul-Kandahar regional highway** (sections C & D) including one bridge, shortening shorten travel time between two major cities, improving economic opportunities, and providing access to health services and educational institutions.
- Completed over 230 rural **water sanitation projects** that improved hygiene and sanitation for residents, including digging 12 wells and providing 24 hand pumps. USAID also trained 20 personnel on the use of well-digging equipment and water sanitation technology usage. Increased access to water supply improves the health of people and livestock and increases crop yields due to irrigation.
- Provided additional **power and water system** capability through the construction of two dams, the Ghazni reservoir, and the Ghazni Transmission Pipeline.
- Implemented the windmill/**wind power generation test project** in order to explore new energy possibilities.

Ongoing Activities:

- Constructing over 100km of road from **Ghazni to Gardez,** shortening travel time and providing access to economic opportunities.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization.

Summary: The PRT program in Ghazni focuses on training, infrastructure projects, and community development.

Historical Activities:

- Constructed four **secondary roads** in Ghazni to improve local transportation.
- Worked to protect environmental assets by conducting a wind energy generation project, exploring possibilities for **renewable energy** in the province.
- Supported **sustainable forestry** through tree-grafting projects.
- Promoted **better governance and transparency** by providing human rights, community mobilization, and needs assessments workshops.

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Ghazni Province

Ongoing Activities:

- Coalition Forces in Ghazni are working with USAID to establish a 3-digit IED hotline. This program will be piloted in Ghazni and Wardak and then expanded nationwide in close cooperation with ISAF.
- Conducting **community level programming** in key districts in Ghazni province.
- Providing **capacity building training** and mentoring in support of the Governor's office and Provincial Development Council.
- Conducting **vocational training for women**.

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FACT SHEET

Kapisa Province

OVERVIEW

USAID estimated support for Kapisa from 2002-2006: $12.3 million

The province of Kapisa sits at the feet of the Hindu Kush and is traversed by the Panjshir and Gorband Rivers. Kapisa's mixed Tajik and Pashtun population benefit from the province's talc mine and fertile agricultural land. The regions' farmers grow cereal crops, onions, and potatoes, and also cultivate orchards with a diversity of fruit and nuts. Although there are few good roads in Kapisa, the newly paved road connecting Parwan Province to other eastern provinces has played an important part in boosting Kapisa's economy. While the province continues to lack many basic services, there are several good educational opportunities for its residents, with the newly built Al Biruni University now in operation.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Create licit alternatives to poppy production by promoting and accelerating rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID focuses on helping farmers develop a dynamic agricultural economy capable of adapting to market forces through support of market linkages and improved farm technology.

Historical Activities:

- Exported 1000kg of Tagab **pomegranates** to India for broad promotion of the fruit with Indian supermarket buyers, the wholesale auction, and the India International Trade Fair.

Ongoing Activities:

- Establishing nine **AgDepots**, which are private, full service farm stores that supply appropriate agriculture services that target key crops in the area and complement other value chain development efforts.
- Training technicians for **AgNet**, a government agricultural database housed within the Ministry of Agriculture, Irrigation and Livestock that supplies market, growing, and weather information to farmers.
- Supporting the 13 **Veterinary Field Units** in Kapisa that provided over 351,000 vaccinations, medications, and treatments during 2007.

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality and quantity of government services to Afghan citizens. Support independent media institutions and advocacy groups.

Summary: USAID builds the capacity of government institutions and civil society to improve the accountability of government, as well as the quality and quantity of government services to citizens in Kapisa through activities that include support to the justice sector, media, civil society, and governance development.

Historical Activities:

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Kapisa Province

- In order to promote effective **local governance**, USAID provided training to **provincial council organizations** and civic education training and dialogue sessions with government officials, mullahs, and Sharia teachers. These activities served to improve professionalism, knowledge, and skills, resulting in more effective and transparent leadership.
- In order to improve the lives of women in Kapisa, USAID funded **community learning systems** for women and girls not enrolled in school and supported the commemoration of **International Women's Day**. These activities served to inform women of issues such as health, education, and women's rights, and to encourage them to take an active role in their communities.
- In order to promote community participation and promote legal awareness, USAID sponsored 18 **legal awareness radio programs** throughout the province and four legal rights awareness workshops in three districts of Kapisa.
- Supported **justice sector development** through providing training for 15 judicial candidates and seven sitting justices; distributing the second edition of the Judicial Reference Sets; and constructing/rehabilitating the Kohistan District Administrative Building (Court of Law) and the Kapisa Provincial Judicial Facility.
- Funded civic education for 200,000 citizens in the 2004-2006 elections, **election candidate training, and election monitoring** activities for the 2004-2005 elections.
- Provided three **grants**: 1) a community development grant to the Welfare Association for the development of Afghanistan through training students; 2) a grant to Voice of Afghan Woman Radio to encourage women's rule and participation in society; and 3) an advocacy and skills building grant to the Agency on Working with Gender in Afghanistan for developing concepts and skills for women's advocacy.

Ongoing Activities:

- Providing ongoing **institutional capacity building** to six Afghan Civil Society Organizations in Kapisa including Shurai Qarai Ushtugram Hesa Awal Kohistan, Shurai Kochai Sanglagh Kohistan, Shurai Warai Ghulam Mohammad Hesae Awal Kohistan, Shurai Sarband Bala Hesa Awal Kohistan, Shurai Sarband Mutawasat Hesae Awal Kohistan and Shurae Sarbande Miran councils.
- Funding Afghan **Program Management Advisors** to train and mentor staff of the provincial office of the Ministry of Education to improve management and payroll processes; Internal Auditors to increase the transparency of financial transactions; School Protection & Community Liaison Officers to organize Parent-Teacher Shuras and work with communities to increase the security of schools; and Engineers to oversee and monitor school construction activities.
- Providing **English as Second Language Training** for Law and Sharia Professors of Al Biruni University.
- Distributing 25,000 **Comic Book Sets**, 16,000 pamphlets, 8,000 bumper stickers, 4,000 CDs with video and radio materials.
- Funding the **national women's rights advocacy campaign** and the national campaign to raise awareness of domestic violence.

ECONOMIC GROWTH

Goal: Promote a thriving, licit economy led by the private sector.

Summary: USAID promotes a licit economy in Kapisa through expanding access to telecommunications and modern banking services.

Historical Activities:

FACT SHEET

Kapisa Province

- Six **District Communications Network** centers have been commissioned and are operational. These centers, operated by Afghan Telecom, provide telephones, Internet, and photocopying services to both the district government officials and the public at large.
- The provincial branch of **Da Afghanistan Bank** was expanded, refurbished, and fully automated. The bank operates as the paying agent for the government and disburses all social, payroll, and procurement payments. Services such as these increase the effectiveness and efficiency of the social and economic infrastructure of Afghanistan, contributing to the development of the public and private sectors. The branch staff received 240 hours of on-site training.
- In order to pave the way for **future economic development**, USAID funded an assessment of Afghan Textile Corporation's assets.

Ongoing Activities:

- Promoting economic expansion by supporting **micro-lending;** established five micro-finance institutions throughout the province for enterprise development.

EDUCATION

Goal: Improve systems that sustain quality teaching; provide instructional materials; support basic and higher education, literacy, and vocational skills training; construct schools.

Summary: USAID has invested in Kapisa through nationwide education programs including textbook printing and school construction/refurbishment.

Historical Activities:

- Funded the rehabilitation/construction of 14 **schools.**
- Supported **community-based school classes** in three districts of the province in order to expand access and quality of education in areas where there are no formal schools.
- Funded the printing and distribution of over 603,000 primary and secondary education **textbooks** as well as basic education learning materials and classroom supply kits for teachers and students.

Ongoing Activities:

- Providing **radio-based teacher training** in order to improve teachers' skills and their performance in the classroom.

HEALTH

Goal: Improve the coverage and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health.

Summary: USAID's principal investments in Kapisa come through nationwide programs, including social marketing of health and family planning products through the private sector and the construction of health facilities.

Historical Activities:

- Improved access to healthcare through the construction or refurbishment of five **clinics** in Kapisa.
- Trained nearly 300 pharmacists, doctors, midwives, shura members and community health workers on **safe drinking water, oral rehaydration salts, and birth spacing**.

FACT SHEET

Kapisa Province

Ongoing Activities:

- Supporting the social marketing project, Communication for Behavior Change: Expanding Access to Private Sector Health Products and Services in Afghanistan (COMPRI-A), which promotes **health and family planning products** through the private sector and provides training to front line health workers.
- Supporting the national **Polio Eradication Initiative** and funding the **Diseases Early Warning System** for Avian Influenza and other infectious diseases.

INFRASTRUCTURE

Goal: Improve transportation infrastructure in order to increase mobility, trade, and security; increase access to energy and water supply.

Summary: The infrastructure program builds the capacity of local workers and invests in the local economy by using locally available materials.

Historical Activities:

- Funded an electric power generation/hydroelectric power model and rehabilitated 20 water mills into **micro-hydro power plants** to increase access to water supply and provide energy across Kapisa province.
- Constructed three **bridges** and rehabilitated the Koh Band District Center Road, shortening travel time, improving economic opportunities, and providing access to health services and educational institutions.
- Constructed or refurbished **wells** in Allasai and Nijrab districts to increase access to water supply, improving the health of people, livestock, and crops.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization.

Summary: USAID creates linkages and builds confidence between communities and the district, provincial, and central levels of government primarily through infrastructure projects.

Historical Activities:

- Over $652,000 in programming was completed by the International Organization for Migration in Kapisa province, including **water and sanitation** projects and strengthening the transportation infrastructure.
- Improved **transportation** in Kapisa through the construction of two bridges and one village road.
- To improve health and sanitation, supported two **drinking water** projects, including rehabilitating one canal.
- Over $90,500 in community development projects have been completed, including cash-for-work programs dealing with **canal cleaning** and road graveling.
- Improved **transportation** in Kapisa through the construction of two bridges and one village road.
- Provided **computer equipment** and IT support to Kapisa's Civil Service Commission.

Ongoing Activities:

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Kapisa Province

- Providing **technical support** to the Provincial Development Council and its secretariat in conducting the sub-national consultation process for the development of the Provincial Development Plan.
- Training Provincial Development Council members in **participatory planning techniques** and media relations.
- Funding **cash for work** and community development projects in Kapisa Province's Tagab District, involving road culvert and irrigation canal construction and cleaning and road graveling.
- Planning to construct a **multi-purpose building** in the provincial center which will house the Civil Service Commission training center and provide office space for the Directorate of the Economy.
- Planning to build two new **district centers** for Kohband and Alasay Districts.

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FACT SHEET

Khost Province

OVERVIEW

USAID estimated support for Khost from 2002-2007: $23.6 million
Note: U.S.-led PRT

Situated in the southeast of Afghanistan, this mountainous province shares a border and tribal identity with neighboring Waziristan area in Pakistan. This province has been a main passing point for internally displaced peoples and continues to host a number of refugee camps. As a result, much emergency aid has been focused on the region in recent years as the international community works to return displaced Afghans to their homes.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Create licit alternatives to poppy production by promoting and accelerating rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID focuses on preparing farmers to participate in a modern agricultural economy through improved agricultural inputs, irrigation, veterinary services, finance, and training.

Historical Activities:

- Healthier animals lead to increased income, food security, and improved local economies. USAID, in partnership with the Afghan Veterinary Association, trained para-veterinarians and established one self-sustaining **veterinary field unit** in the province.
- Provided improved **irrigation, road rehabilitations, and training** in order to strengthen commercial agricultural opportunities, promote direct linkages between food brokers and farmers, increase farmers' agricultural knowledge.

Ongoing Activities:

- Restoring **rural financial systems** and encouraging commercial banks to extend revolving agricultural loans for agribusiness through rural investment programs that provide economic opportunities and expanded access to sustainable rural financial services.
- Identifying and exploiting **market niches** that can be profitably served by the agricultural enterprises in the Paktia, Paktika, Khost, and Southeast Ghazni (P2KG) region.
- Increasing production and improve quality of **horticultural, livestock, and agroforestry** products through improved genetics and management practices in P2KG.
- Mobilizing the services and supply industries to create opportunities for P2KG rural enterprises to improve **storage, handling, and processing of agricultural products**.
- Rehabilitating **community irrigation and market infrastructure** to support improved production, handling, and marketing of horticultural, livestock, and agroforestry products in P2KG.
- Establishing **associations** and other agricultural support institutions to provide services and support to agribusiness in P2KG.

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FACT SHEET

Khost Province

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality and quantity of government services to Afghan citizens. Support independent media institutions and advocacy groups.

Summary: USAID builds the capacity of government institutions and civil society to improve the accountability of government, as well as the quality and quantity of government services to citizens in Khost through activities that include support to the justice sector, media, civil society, and governance development.

Historical Activities:

- In order to promote effective **local governance**, USAID provided training to **provincial council organizations** and **civic education training and dialogue** sessions with mullahs and Sharia teachers. These activities served to improve professionalism, knowledge, and skills, resulting in more effective and transparent leadership.
- Supported justice sector development through the distribution of the second edition of the **Judicial Reference Law Sets,** produced by USAID, to all judges in the province. The reference sets equip judges with the necessary tools to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.
- Supported the promotion and protection of human rights through UNDP's "Implementing the Human Rights Provisions of the Bonn Agreement: A National Human Rights Program for Afghanistan: Program of the Afghan Independent Human Rights Commission." The **Afghan Independent Human Rights Commission**, supported through a grant from USAID, was established under the Bonn Process and is charged with the national mandate of promoting and protecting human rights in Afghanistan.

Ongoing Activities:

- Supporting **independent media institutions** by the establishment and continued support of Radio Suli Paygham in Khost and Shamshad TV in Khost. Access to independent news and information is critical to the development of Afghan society.
- Providing on-going institutional **capacity building** to five civil society organizations in Khost including Da Matun Tolana, Medio Tech Sherkat, Da Madnee Tolana Bunyad, Da Khost Da Journalistona Tolana and Zadran Community Shura Council.
- Strengthening the **Ministry of Women's Affairs'** lobbying and policy advocacy influence on central government through strategic planning, communications, and institution building.
- Funding **Afghan Program Management Advisors** to train and mentor staff of the 1) provincial office of the Ministry of Education to improve management and payroll processes; 2) school protection and community liaison officers to organize parent-teacher shuras and work with communities to increase the security of schools; and 3) engineers to oversee and monitor school construction activities.
- Improving the ability of local mayors and municipalities to provide essential **public services** such as water and power management, sanitation, safe roads, parks, solid waste management, ditch cleaning, and youth activities.
- Supporting the participation of two judges in the April Foundation Judicial Training course.

ECONOMIC GROWTH

Goal: Promote a thriving, licit economy led by the private sector.

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FACT SHEET

Khost Province

Summary: USAID promotes a licit economy in Khost through expanding access to telecommunications and modern banking services and through supporting small and medium enterprises.

Historical Activities:

- Expanded and refurbished the Khost branch of **Da Afghanistan Bank** and established the **National Payment System** through Da Afghanistan Bank, which operates as the paying agent for the government and disburses all social, payroll, and procurement payments in the province. It also acts as the revenue collecting agent and transfers the resulting monies into the central Ministry of Finance account in Kabul using USAID-funded technology. Establishing and strengthening the banking system has resulted in improved payment systems, allowing clients such as the Afghan National Police to efficiently receive and send money, reducing the need for in-person money transfers. Services such as these increase the effectiveness and efficiency of the social and economic infrastructure of Afghanistan, contributing to the development of the public and private sectors.
- Conducted a six-day basic training course on **customs legislation** to Khost customs staff. Training for this province was stalled due to security concerns and poor access to transportation, but through the perseverance of the Afghan Customs Department and USAID advisors, these officers arrived in Kabul for their first introduction to a reformed customs system. Training focused on relevant procedures for dealing with the Pakistan border, such as the importation of perishable goods from Pakistan. This course also marked a total of 200 officers trained on Customs Legislation by the USAID Appeals and Litigation Team.
- Nine **District Communications Network** centers have been commissioned and are operational. These centers, operated by Afghan Telecom, provide telephones, Internet, and photocopying services to both the district government officials and the public at large.
- Reorganized **land titling** documentation at the court register. Before the reorganization, the land administration office was unable to properly document land transfers, provide proof of ownership documents, or prevent the registration of fraudulent deeds. With new cost efficient technology, Afghans can easily access their property documents.
- Provided **private sector economic opportunities** through capacity building for the Afghanistan International Chamber of Commerce and other national, regional, and local business.

Ongoing Activities:

- Supervising training of local staff to implement the rollout of the **Government Communications Network**. Also developed the technical specifications for the system.
- Da Afghan Bank in Khost is a target branch for the implementation of the **Central Banking System**, which is scheduled to be completed with USAID assistance in summer 2008.

EDUCATION

Goal: Improve systems that sustain quality teaching; provide instructional materials; support basic and higher education, literacy, and vocational skills training; construct schools.
Summary: USAID has invested in Khost through nationwide education programs including textbook printing, school construction/refurbishment, and training.

Historical Activities:

- Improved access to and quality of education through funding the rehabilitation/construction of 48 **schools.**

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Khost Province

- Funded the **Accelerated Learning Program**, providing educational opportunities for those with no previous education and increasing overall school enrollment.
- Funded the printing and distribution of over 452,000 **textbooks**.

Ongoing Activities:

- Working with the Ministry of Education (MOE) to improve the quality of education by building Ministry capacities in education planning, management, and policy-making.
- Assisting the Ministry of Education to strengthen and expand **community-based education** in selected areas where there are no MOE schools. Supporting 193 community-based classes in six districts of the province.
- Financing DANIDA (Danish Aid Agency) to act as the fiduciary agent for the printing of new curriculum **textbooks** for Ministry of Education primary schools for grades 1 - 6.
- Improving access to quality education throughout Afghanistan by building capacity of administrators and faculty to deliver quality teacher education for future **secondary school teachers**. Working with faculty of education in Khost province to improve the teaching skills of **professors** through training in pedagogy, subject knowledge, and professional attitudes.
- Providing **radio-based teacher training**, face-to-face training, and capacity building for over 3,600 teachers by 2010 in order to improve teachers' skills and their performance in the classroom.
- Planning the construction of a **Teacher Training Center** near Khost University.

HEALTH

Goal: Improve the coverage and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health.

Summary: USAID's principal health investments in Khost come through nationwide programs, including social marketing of health and family planning products through the private sector and the construction of health facilities.

Historical Activities:

- Improved access to healthcare through the construction or refurbishment of **27 health care facilities**.
- Supported **livelihood services** to the disabled through the National Action for Disability Program, as Khost's disabled and war-affected youth have long lacked access to the basic services needed to function in wider society.

Ongoing Activities:

- Supporting the national **Polio Eradication Initiative** and funding the **Disease Early Warning System** for Avian Influenza and other infectious diseases.
- Upgrading the technical and managerial skills of medical staff and supporting the **distribution of essential pharmaceuticals** to local clinics.
- Funding a community **midwifery training** program which has graduated 60 midwives to date.
- Supporting social marketing of **health and family planning products** such as contraceptives, water purification agents, and oral rehydration salts for sale through the private sector.
- **Training** doctors, midwives, shopkeepers and shura members on safe drinking water, oral rehydration salts, and birth spacing.

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Khost Province

- Supporting the Provincial Public Health Office and the Provincial Public Health Coordination Committee to strengthen the technical, leadership, and management capacity of the **Provincial Health Team** to ensure the flow of information between the field and policy making levels of the MOPH.
- Providing **technical assistance** and implementation support to improve the planning, management, implementation, and monitoring of the delivery of quality health and hospital services in collaboration with Ministry of Public Health.
- Planning the construction of a **Midwife Education Center** near Khost University.

INFRASTRUCTURE

Goal: Improve transportation infrastructure in order to increase mobility, trade, and security; increase access to energy and water supply.

Summary: USAID creates infrastructure in Khost primarily through projects focused on water and roads.

Historical Activities:

- Constructed or refurbished 247 **wells** to increase access to water supply, improving the health of people, livestock, and crops.
- Constructed or refurbished 440 **latrines,** improving hygiene and sanitation for Khost residents.
- Provided stability and protection from floods through the construction of three **retaining walls**, including the Khost to Gardez Road retaining wall.
- To boost Khost's governance infrastructure, USAID funded the construction /rehabilitation of eight **district administration buildings**.

Ongoing Activities:

- Conducting **aerial surveys** of 1,700 km of existing roads throughout the country, including in Khost. Accomplishing preliminary design with plans to initiate construction of three gravel roads in 2008.
- Planning to pave the 98 km **Khost to Gardez Road**.
- The Gardez to Khost (103 Km) paved **national highway** road project is in the final stages of the contractor selection process with a construction start planned for May 2008.
- Will begin constructing the Tani to Shekhamir (10 Km) **gravel road** and the the Musa Khel to Khost Mela (10Km) gravel road in summer 2008.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization.

Summary: USAID creates linkages and builds confidence between communities and the district, provincial, and central levels of government primarily through infrastructure projects, training, and community development.

Historical Activities:

- In order to ease overcrowding and improve the effectiveness of government, USAID, under QIP, partnered with the United Nations Office for Project Services (UNOPS) to construct six **new district centers** and the Khost Provincial Assembly Jirga Hall.

FACT SHEET

Khost Province

- To advance **transportation** in Khost, USAID purchased crushed stone for provincial gravel road projects, provided training and materials for cobblestone road construction, and funded construction of the Khost-Gardez Road retaining wall.
- Funded the following employment generation and **dam and canal rehabilitation** projects: Chulan Village Diversion Dam/Canal Rehabilitation Project (Matun); Khalisa Village Diversion Dam/Canal Rehabilitation Project (Matun); Kachi Village Diversion Dam/Canal Rehabilitation Project (Nader Shah Kot); Landara Village Diversion Dam Construction Project (Qalandar); and the Nakam Kalay Village Canal/Karez Rehabilitation Project (Sabari).
- To provide **medical support** to members of the nomadic Kuchi tribe, USAID provided Emergency Medical Training to 14 Kuchi tribe members, including women, living in rural areas of the province.
- Provided support to the governors' office through the Governor's Office Provincial Implementation Unit Project, including **governance capacity building training** for local officials and additional small infrastructure projects.
- Assisted the **Afghanistan National Development Strategy** (ANDS) process by providing support for the ANDS Sub-National Consultation and Provincial Development Plan facilitators.

Ongoing Activities:

- Building the capacity of **provincial leaders** through support to the Provincial Development Committee Capacity Building project and the Provincial Conflict Mediation Seminar in Khost City as well as by providing office supplies for Provincial Director of RRD.

Planned Activities:

- Enhancement and improvement of an existing **Governor's office facility** in Khost City, through the City on the Hill project.
- Expansion of the **Kuchi Emergency Medical Training** project for nomadic Kuchi tribes.
- Additional refurbishment and reconstruction of the **Chulan Canal**.
- Provide **office supplies and equipment** for the Department of Agriculture and the Provincial Development Committee.
- Several communities within the LGCD priority districts are soon to receive **Community Small Grants** for small-scale, community-led development projects, including a program to assist local ex-combatants find jobs and reintigrate into society.

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FACT SHEET

Kunar Province

OVERVIEW

USAID estimated support for Kunar from 2002-2007: $40.3 million
Note: U.S.-led PRT

The small province of Kunar is located in the rugged mountains along the border with Pakistan. This area is rich in mineral resources and holds more than 1,000 tourmaline, kunzite, and aquamarine mines. The area is also heavily forested, and although forestry and mining are not yet streamlined or regulated activities, they represent a potentially high source of revenue for the province. At present, Kunar's economy is driven by agriculture and animal husbandry and hosts a mainly Pashtun population, with minority Gujar and Mushwani groups.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Promote and accelerate rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID focuses on enabling farmers to transition from subsistence to surplus farming through providing seeds and fertilizers, livestock development, training, and improved irrigation and market infrastructure.

Historical Activities:

- To provide improved access to **irrigation** in Kunar province, USAID constructed/rehabilitated two canals and four flood protection walls (74km) resulting in over 4,600 hectares of improved irrigation.
- **Farm-to-market transportation** and efficiencies are key in promoting agricultural growth. USAID funded the construction/rehabilitation of 54 km of farm-to-market roads, decreasing transport time for farmers and providing employment and training for local workers.
- Developed skills and boosted the economy through the creation of employment opportunities through **cash-for-work projects** for over 2,600 men and women who worked 202,500 employment days worth $823,900.
- Many of Kunar's **orchards and agricultural lands** were badly damaged over decades of war. To promote expansion and growth, established two orchard projects on 49 hectares of land and distributed over 19,700 of fruit and nut trees among over 50 farm families.
- To improve the **quality of crops**, funded nine extensive wheat seed and fertilizer distribution projects, targeting 12,840 farmers who received nearly 1,300 MT of improved wheat seeds and fertilizers.
- To increase agricultural capacity, funded six agriculture **marketing and production support** projects, including the distribution of 570 MT of high-yield vegetable seeds and fertilizers among 15,000 farmers of 130 villages. Provided training to over 130 farmers and agriculture extension workers in crop production, post-harvest handling, packaging, and marketing for okra, tomato, eggplant, cucumber, and watermelon.
- Targeted over 6,500 farmers who received over 300 MT of **improved vegetable seeds and fertilizers** in six districts of the province.

FACT SHEET

Kunar Province

- USAID, in collaboration with the International Center for Agricultural Research in the Dry Areas (ICARDA), established 70 **demonstration plots** in four districts of Kunar. ICARDA's work also includes the establishment of four Village-Based Seed Enterprises and training of more than 830 farmers under the farmer field day program.
- Promoted **healthy livestock** through support of avian influenza detection and outbreak management and a livestock management program, as well as the establishment of one self-sustaining veterinary field unit in the province.
- Trained over 640 Afghans in various **technical and business skills** in Kunar province.
- Sponsored gender and micro-enterprise in order to strengthen commercial agricultural opportunities for women. This program supported a women-run fish farm by constructing five ponds and stocking them with 10,000 fingerlings.
- Created economic opportunities through an income-generating training course for 90 disabled and vulnerable women in order to allow them to participate in, and benefit from, economic development.

Ongoing Activities:

- Para-veterinarians have trained over 210 rural women in Kunar through USAID's program to support small livestock development, which works mainly with women farmers and complements USAID's other activities in support of development of the livestock sub-sector.
- The **Agriculture and Livestock Radio Program** targets farmers in Kunar province and provides extension messages, market information, and answers to specific questions about crop production and animal husbandry.
- Initiated the collection of price information at wholesale and retail levels for fruit, vegetables, and meats using wireless business systems. This constitutes the first step towards establishing a comprehensive **market information system** for the eastern region to be housed in the Jalalabad Business Development Center. A crucial element of this initiative has been the identification of grades and standards for commodities as a mechanism to ensure the reliability and usefulness of the data.

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality of government services to Afghan citizens. Support independent media institutions and advocacy groups.

Summary: USAID supports democracy and governance Kunar through activities that include support to the justice sector, media, and civil society.

Historical Activities:

- Provided **training** to provincial councils and civil society organizations in order to improve professionalism, knowledge, and gender awareness, resulting in more effective and transparent leadership.
- Distributed **Judicial Reference Law Sets** produced by USAID to all judges in the province.
- Supported a nine-month **training for judicial candidates**, providing judges with access to the tools necessary to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.

FACT SHEET

Kunar Province

Ongoing Activities:

- Providing ongoing institutional capacity building training to six civil society organizations in Kunar.
- Supporting the Kunar Construction Trade Training Center, which opened on March 1, 2008, with more than 100 trainees enrolled. The Center also has the backing of the Provincial Reconstruction Team, which constructed the buildings.
- Providing training for four judicial candidates from Kunar.

ECONOMIC GROWTH

Goal: Promote a thriving, legal economy led by the private sector.

Summary: USAID promotes economic growth in Kunar through providing business skills training, expanding access to telecommunications, and automating banking services.

Historical Activities:

- Supported establishment and installation of eight **District Communications Network** centers in Kunar province. These centers, operated by Afghan Telecom, provide telephones, Internet, and photocopying services to both the district government officials and the public at large.
- The provincial branch of **Da Afghanistan Bank** was expanded, refurbished, and fully automated. The bank operates as the paying agent for the government and disburses all social, payroll, and procurement payments. Services such as these increase the effectiveness and efficiency of the social and economic infrastructure of Afghanistan, contributing to the development of the public and private sectors. The branch staff received 240 hours of on-site training.
- Established a **new microfinance branch** and disbursed more than US$800,000 to micro enterprises in Kunar.
- In order to promote private sector development, funded **vegetable and marketing programs** in four separate districts.
- To enhance the capacity for economic growth in Kunar, USAID funded **business skills training** in nine different districts for both men and women.

Ongoing Activities:

- Assessing assets and liabilities of the Afghan Carpentry Enterprise in Kunar in preparation for drafting a **liquidation plan.**
- Providing **Marketplace Development Grants** to the Kandagal and Nangalam District Bazaars. Also provided a grant to build a latrine in the Asadabad Marketplace. Two other Marketplace Development Grants are underway for the Kandagal District Bazaar and Nangalam district.

EDUCATION

Goal: Improve systems that sustain quality teaching; provide instructional materials; support basic and higher education, literacy, and vocational skills training; construct schools.

Summary: USAID has invested in Kunar through nationwide education programs including textbook printing, training, and school construction/refurbishment.

Historical Activities:

- Funded the construction or rehabilitation of ten **schools** province-wide.

FACT SHEET

Kunar Province

- Funded the printing and distribution of over 179,600 primary education **textbooks**, as well as basic education learning materials and classroom supply kits for teachers and students.

Ongoing Activities:

- Providing **radio-based teacher training** in order to improve teachers' skills and their performance in the classroom.

HEALTH

Goal: Improve the access to and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health.

Summary: USAID's principal health investments in Kunar are through nationwide programs, including support for health and family planning products and the construction of health facilities.

Historical Activities:

- Contributed to improved access to healthcare through the construction or refurbishment of four **health facilities** in Kunar.

Ongoing Activities:

- Supporting national **Polio Eradication Initiative** and funding the **Diseases Early Warning System** for Avian Influenza and other infectious diseases.
- Supporting social marketing of **health and family planning products** such as contraceptives, water purification agents, and oral rehydration salts for sale through the private sector.

INFRASTRUCTURE

Goal: Improve transportation infrastructure in order to increase mobility, trade, and security; increase access to energy and water supply.

Summary: The infrastructure program focuses on constructing road, energy, and water networks, building the capacity of local workers, and investing in the local economy by using locally available materials.

Historical Activities:

- Rehabilitated one rural **sanitation system**, improving hygiene and sanitation for Kunar residents.
- Improved the 121km **Jalalabad to Asmar Provincial Road**, shortening travel time, improving economic opportunities, and providing access to health services and educational institutions.
- Provided training to local workers on **cobblestone road construction**, boosting local capacity to strengthen Kunar's transportation infrastructure.
- Constructed one **provincial building** and one **district government building** and rehabilitated the Asadabad Shura Hall and Community Center in order to expand governance capabilities in Kunar.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization.

Summary: The PRT program in Kunar focuses on infrastructure projects and community development.

FACT SHEET

Kunar Province

Historical Activities:

- Under the Quick Impact Project, constructed two **administrative buildings** (Asadabad Provincial Government Building and Asmar District Center) and one shura hall/community center in Asadabad.

Ongoing Activities:

- The Local Governance and Community Development program in Kunar focuses on governance capacity building training and small infrastructure projects implemented through engagement with communities in the target districts of Pech, Chapa Dara, Marawara, and Sarkani. USAID has completed ten projects and is currently implementing eleven projects; an additional nine projects are in development.

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FACT SHEET
Laghman Province

OVERVIEW
USAID estimated support for Laghman from 2002-2007: $23.6 million
Note: U.S.-led PRT

The province of Laghman, once the site of a great battle between the Muslim Ghaznavids and the Hindu Shahis, is today comprised of a Dari- and Pashto-speaking Pashtun majority, with Kochi nomads bringing their herds to graze in the winter months. While much of the province's economy was destroyed during the war with the Soviets, the region continues to hosts both agricultural and mining activities. The paved Jalalabad highway connects the province to major commercial centers, which has recently boosted the economy. While most of the area lacks a modern infrastructure, hydro-electric stations provide electricity to approximately half the population.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE
Goal: Create legal alternatives to poppy production by promoting and accelerating rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID focuses on enabling farmers to transition from subsistence to surplus farming through the provision of seeds and fertilizers, livestock development, improvement of irrigation and market infrastructure, and training.

Historical Activities:

- To provide improved access to **irrigation** in Laghman province, the Alternative Development Program/East program constructed/rehabilitated 15 canals and 19 flood protection walls, resulting in over 6,860 hectares of improved irrigation.
- Farm-to-market **transportation** and efficiencies are key in promoting agricultural growth. USAID funded the construction/rehabilitation of 34 km of farm-to-market roads, decreasing transport time for farmers and providing employment and training for local workers.
- Developed **skills** and boosted the economy through the creation of employment opportunities through cash-for-work projects for over 11,000 men and women who worked 735,490 employment days worth $2.8 million.
- Many of Laghman's orchards and agricultural lands were badly damaged over decades of war. To promote expansion and growth, established three orchard projects on 560 hectares of land and distributed 173,900 of **fruit trees** among nearly 1,000 farmers.
- To increase the quality of crops and promote licit means of livelihood, funded three extensive **wheat seed and fertilizer distribution** projects targeting 12,800 farmers who received 1,280 MT of improved wheat seeds and fertilizers.
- To increase agricultural capacity and promote the cultivation of legal crops, funded two agriculture **marketing and production support services**, including the distribution of over 950 MT of high yield

vegetable seeds and fertilizers among 25,000 farmers of 78 villages. Training was provided to 108 farmers and agriculture extension workers in crop production, post harvest handling, packaging, and marketing for okra, tomato, eggplant, cucumber, and watermelon.

- Targeted over 6,200 farmers who received 311 MT of **improved vegetable seeds and fertilizers** in four districts of the province.
- USAID, in collaboration with the International Center for Agricultural Research in the Dry Areas (ICARDA), established 70 **demonstration plots** in four districts of Laghman. ICARDA's work also includes establishing four village-based Seed Enterprises and training more than 400 farmers under the farmer field day program.
- Promoted **livestock health** through support of avian influenza detection and outbreak management, support of a livestock management program, and establishment of one self-sustaining veterinary field unit in the province.
- Trained 1,280 Afghans in various **technical and business skills** in Laghman province.
- In order to strengthen commercial agricultural opportunities for women, USAID sponsored the **Gender and Micro-Enterprise Development** program. This program supported a women-run fish farm by constructing five ponds and stocking them with 10,000 fingerlings. Additionally, disabled women gained self-sufficiency through Afghanistan's Blind Migration program, a USAID-funded income-generating training course for 90 women.

Ongoing Activities:

- The Small Livestock Development Program works mainly with women farmers and complements USAID's other activities in support of the development of the livestock sub-sector. The program, led by a team of **women para-veterinarians,** has trained over 768 rural women in Laghman.
- Initiated the collection of price information at wholesale and retail levels for fruit, vegetables, and meats using wireless business systems. This constitutes the first step towards the establishment of a **comprehensive market information system** for the eastern region to be housed in the Jalalabad Business Development Center. A crucial element of this initiative has been the identification of grades and standards for each of the concerned commodities as a mechanism to ensure the reliability and usefulness of the data.

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality and quantity of government services to Afghan citizens.

Summary: USAID builds the capacity of government institutions to improve the quality and quantity of government services to citizens in Laghman through activities including supporting the justice sector, media, civil society, and governance development.

Historical Activities:

- Provided training to the Provincial Council and **institutional capacity building** to both the Council and four local civil society organizations in order to improve their professionalism, knowledge, and skills, resulting in more effective and transparent leadership. Previous training included organizing dialogues among Mullahs and Sharia teachers on the rights of women in Islam and local council capacity building.

FACT SHEET
Laghman Province

Ongoing Activities:

- Supporting justice sector development through distributing **Judicial Reference Law Sets** produced by USAID to all judges in the province; **training** seven judicial candidates; and renovating one courthouse. These activities provide judges with access to the tools necessary to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.

ECONOMIC GROWTH

Goal: Promote a thriving, licit economy led by the private sector.

Summary: USAID promotes a licit economy in Laghman through expanding access to telecommunications and modern banking services.

Historical Activities:

- Four District Communications Network centers have been commissioned and are operational in the province. These centers, operated by Afghan Telecom, provide telephones, Internet, and photocopying services to both the district government officials and the public at large.
- The provincial branch of **Da Afghanistan Bank** was expanded, refurbished, and fully automated. The bank operates as the paying agent for the government and disburses all social, payroll, and procurement payments. Services such as these increase the effectiveness and efficiency of the social and economic infrastructure of Afghanistan, contributing to the development of the public and private sectors. The branch staff received 240 hours of on-site training.
- In order to promote private sector development, funded **vegetable marketing programs** in Qarghayi and Mihtarlam districts.
- Women in Afghanistan have traditionally had few economic opportunities. In Qarghayi District, supported vocational and business skills **training for women**.

Ongoing Activities:

- Training over 170 participants from various small and medium enterprises in **business development and management** from October to December 2007; also funded a latrine in the Mehtralam Marketplace in September 2007.
- Established a new Investment and Finance Cooperative (IFC) and disbursing more than US$2.5 million to rural enterprises through the IFC and other microfinance institutions.

EDUCATION

Goal: Improve teaching and institutional systems that sustain quality teaching, provide instructional materials, and construct learning spaces. Support basic education, literacy, and vocational skills training.

Summary: USAID has invested in Laghman through nationwide education programs including textbook printing and school construction/refurbishment.

Historical Activities:

- USAID funded the rehabilitation/construction of twenty **schools** in the province.
- Printed and distributed over 1,021,000 primary education **textbooks** as well as basic education learning materials and classroom supply kits for teachers and students.

FACT SHEET

Laghman Province

Ongoing Activities:

- Providing **radio-based teacher training** in order to improve teachers' skills and their performance in the classroom.

HEALTH

Goal: Improve the coverage and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health.

Summary: USAID's principal investments in Laghman come through nationwide programs, including social marketing of health and family planning products through the private sector and the construction of health facilities.

Historical Activities:

- Provided improved access to healthcare through the construction or refurbishment of **seven clinics and one provincial hospital** in Laghman.
- Trained 128 female Shura members on **safe water systems and malaria prevention**.

Ongoing Activities:

- Supporting social marketing of health and family planning products such as contraceptives, water purification agents, and oral rehydration salts for sale through the private sector.
- Supporting the national **Polio Eradication** Initiative and funds the Diseases Early Warning System for **Avian Influenza** and other infectious diseases.

INFRASTRUCTURE

Goal: Improve transportation infrastructure in order to increase mobility, trade, and security; increase access to energy and water supply.

Summary: The infrastructure program in Laghman focuses on road and water networks, building the capacity of local workers, and investing in the local economy by using locally available materials.

Historical Activities:

- Increased **power output management** province-wide through funding the Department of Power and Energy addition.
- Rehabilitated **Abizai Bridge, road and culvert** in Doronta (Nangarhar) and Qarghayi districts, shortening travel time and decreasing wear and tear on vehicles.
- Provided stability and protection from floods through the construction of two **retaining walls**, including the Alishing District bazaar protection wall.
- Constructed or refurbished 137 **wells** to increase access to water supply and improve the health of people, livestock, and crops.
- Constructed Alishing, Alingar, and Dawlat Shah **District Government Buildings**.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization.

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FACT SHEET

Laghman Province

Summary: The PRT program in Laghman focuses on development of provincial government capacity and development projects that build community cohesion.

Historical Activities:

- **$775,300 in programming** was completed by the United Nations Office for Project Services (UNOPS) in Laghman province.
- Improved environmental assets through the construction of three **erosion barriers** and one retaining wall, ensuring a stable water supply throughout the province.
- Completed construction of a **district center** at Alingar.
- Contributed to building farmers' livelihoods and ensured a **stable water supply** through constructing and cleaning three canals.
- Provided technical support to the Provincial Development Council and its secretariat in conducting a **sub-national consultation process** for the development of the Provincial Development Plan.

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FACT SHEET

Logar Province

OVERVIEW

USAID estimated support for Logar from 2002-2006: $37.1 million

Logar province, located 60 miles south of Kabul, is a Pashtun area periodically crossed by nomadic tribes. Logar is lined to the south and east by the rugged Kharwar mountain range where miners dig for copper. Agriculture drives the economy in this region, and its farmers cultivate a variety of grains and fruits. Although residents continue to have limited access to basic services, Logar province has seen a considerable amount of reconstruction since the fall of the Taliban. Every district now has a health facility, and the province has recently seen the completion of a major road, several schools, radio stations and municipal buildings.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Create legal alternatives to poppy production by promoting and accelerating rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID prepares farmers to participate in a modern agricultural economy through crop revitalization, livestock development, improvement of irrigation and roads, and training.

Historical Activities:

- Improved irrigation, rehabilitated roads, and provided training to **rebuild agricultural markets**.
- Promoted livestock health in partnership with the Afghan Veterinary Association by establishing a **veterinary field unit**.
- To provide a reliable **water supply** for farmers, USAID rehabilitated and developed one dam in Logar.
- Funded five training sessions to **increase agricultural capacity** and local knowledge.
- Supported the revitalization of **local vineyards** to boost agricultural capacity.

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality and quantity of government services to Afghan citizens. Support independent media institutions and advocacy groups.

Summary: USAID supports democracy and governance in Logar through activities including supporting the justice sector, media, civil society, and governance development.

Historical Activities:

- Supported two independent **radio stations** in Logar, providing access to news and information on subjects such as human rights and gender equity.

FACT SHEET

Logar Province

- Constructed the **Logar Provincial Judicial Facility** and one administrative building in order to enhance governance infrastructure in the province.
- Funded civic education for over 152,800 citizens, provided **election candidate training**, and election monitoring activities for the 2004-2005 elections.
- Funded **civic education training** and dialogue sessions with maliks and Sharia teachers to promote effective local governance. These activities focused on improving professionalism, knowledge and skills, resulting in more effective and transparent leadership.

Ongoing Activities:

- Providing training to nine judicial candidates and thirteen sitting judges and distributing **Judicial Reference Law Sets** produced by USAID to all judges in the province. These activities provide judges with access to the tools necessary to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.
- Providing institutional capacity building training to four local **civil society organizations** to improve their professionalism, knowledge, and skills, resulting in more effective and transparent leadership.

ECONOMIC GROWTH

Goal: Promote a thriving, legal economy led by the private sector.

Summary: USAID promotes economic growth in Logar through expanding access to telecommunications, automating banking services, and supporting small and medium enterprises.

Historical Activities:

- Three **District Communications Network** facilities and six **satellite-based communications stations** have been installed in Logar. These centers, operated by Afghan Telecom, provide telephones, Internet, and photocopying services to both the district government officials and the public at large.
- The provincial branch of **Da Afghanistan Bank** was expanded and refurbished. The bank operates as the paying agent for the government and disburses all social, payroll, and procurement payments. Services such as these increase the effectiveness and efficiency of the social and economic infrastructure of Afghanistan, contributing to the development of the public and private sectors.
- **Land titling** documentation at the court register was reorganized. Before the reorganization, the land administration office was unable to properly document land transfers, provide proof of ownership documents, or prevent the registration of fraudulent deeds. With new cost efficient technology, Afghans can easily access their property documents.

Ongoing Activities:

- Promoting economic expansion by supporting **micro-lending** for rural enterprise development through projects that have disbursed over US$140,000 to micro-enterprises in Logar.

EDUCATION

Goal: Improve systems that sustain quality teaching; provide instructional materials; support basic and higher education, literacy, and vocational skills training; and construct learning spaces.

FACT SHEET

Logar Province

Summary: USAID has invested in Logar through nationwide education programs including textbook printing and school construction/refurbishment.

Historical Activities:

- Funded the rehabilitation/construction of 19 **schools** in Logar.
- Funded the printing and distribution of over 386,200 primary education **textbooks**, as well as basic education learning materials and classroom supply kits for teachers and students.

Ongoing Activities:

- Supporting **community-based classes** in four districts of the province to expand access to and improve the quality of education for out-of-school children in areas where there is no access to government schools.
- Providing **radio-based teacher training** in order to improve teachers' skills and their performance in the classroom.

HEALTH

Goal: Improve access to and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health.

Summary: USAID's principal health investments in Logar come through nationwide programs.

Historical Activities:

- Improved access to healthcare through the construction or refurbishment of **21 health facilities** and **one hospital** in Logar.
- Trained 223 Community Health Workers on **safe drinking water**, oral rehydration salts, and birth spacing.

Ongoing Activities:

- Supporting social marketing of **health and family planning products** such as contraceptives, water purification agents, and oral rehydration salts for sale through the private sector.
- Supporting the national **Polio Eradication** Initiative and funding the **Diseases Early Warning System** (DEWS) for Avian Influenza and other infectious diseases.

INFRASTRUCTURE

Goal: Improve transportation infrastructure in order to increase mobility, trade, and security; increase access to energy and water supply.

Summary: The infrastructure program focuses on constructing road and water networks, building the capacity of local workers, and investing in the local economy by using locally available materials.

Historical Activities:

- Reconstructed 42km of the Logar portion of the **Kabul-Gardez Road**, 35km of the Puli Amam Ring Road, and one district center road and bridge.
- Supported **de-mining** efforts for the Kabul-Gardez road, increasing the safety of transportation through Logar province.

FACT SHEET

Logar Province

- Rehabilitated one **dam** to increase access to water supply, improving the health of people, livestock, and crops.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization.

Summary: The PRT program in Kandahar focuses on training, infrastructure projects, and community development.

Historical Activities:

- Financed the construction of one **canal** and two **intakes**, ensuring reliable sources of water and irrigation for many of Logar's residents.
- To strengthen Logar's governance infrastructure, supported the refurbishment of the Logar **Department of Communications**.
- Refurbished ten **health facilities**.

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FACT SHEET

Nangarhar Province

NANGARHAR OVERVIEW

USAID estimated support for Nangarhar from 2002-2007: $113.7 million
Note: US-led PRT

Located in eastern Afghanistan, densely populated Nangarhar is rich in natural resources, including high quality marble, an abundance of forests and substantial water resources. Nangarhar was a center of opium production until 2005 when the Afghan government launched a major eradication initiative, and the province provides a significant amount of grains, fruits, and vegetables throughout the country. Nanagarhar has a majority Pashtun population and a nomadic Kuchi minority. Jalalabad, the capital city, has several functioning educational institutions and receives some electricity (8 MW) from the nearby Darunta dam.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Create licit alternatives to poppy production by promoting and accelerating rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID focuses on enabling farmers to transition from subsistence to market-oriented farming through the provision of seeds and fertilizers, livestock development, improvement of irrigation and market infrastructure, and training.

Historical Activities:

- To provide improved access to **irrigation** in Nangarhar province, the USAID-funded Alternative Development Program/East constructed/rehabilitated 154 canals, 108 flood protection walls, ten reservoirs, and two drainage systems resulting in nearly 121,700 hectares with improved irrigation.
- To increase the **quality of crops** and promote licit means of livelihood, funded 13 wheat seed and fertilizer distribution projects targeting 47,300 farmers who received 4,730 MT of improved seeds and fertilizers.
- To increase agricultural capacity and promote the cultivation of **legal crops**, USAID funded 12 agriculture marketing and production support services, including the distribution of 2,350 MT of high yielding vegetable seeds and fertilizers among 52,950 farmers in 333 villages. USAID trained 122 progressive farmers and agricultural extension workers in crop production, post harvest handling, packaging, and marketing for okra, tomato, eggplant, cucumber, and watermelon.
- USAID, in collaboration with the International Center for Agricultural Research in the Dry Areas (ICARDA), established 163 **demonstration plots** in nine districts of Nangarhar. ICARDA's work also includes the establishment of nine village-based seed enterprises and has trained more than 569 farmers under the farmer field day program.

FACT SHEET

Nangarhar Province

- Promoted **healthy poultry and livestock** production through support for avian influenza detection and outbreak management and a livestock management program, as well as the establishment of one self-sustaining veterinary field unit in the province.
- Trained 5,373 Afghans in various **technical and business skills**.
- **Disabled women** have gained self-sufficiency through a USAID-funded income-generating training course for 90 women.
- In order to strengthen commercial agricultural opportunities for women, sponsored the **Gender and Micro-Enterprise Development program.** This program supported a women-run fish farm by constructing ten ponds and stocking them with 20,000 fingerlings.

Ongoing Activities:

- **Farm-to-market transportation** and efficiencies are keys to promoting agricultural growth. Funded the construction/rehabilitation of more then 500 km of farm-to-market roads, decreasing transport time for farmers and providing employment and training for local workers.
- Targeted over 11,000 farmers who received 555 MT of **improved vegetable seeds and fertilizers** in 10 districts of the province.
- Developed skills and boosted the economy through the creation of employment opportunities through **cash-for-work** projects for over 160,000 men and women.
- Many of Nangarhar's **orchards and agricultural lands** were badly damaged over decades of war. To promote expansion and growth, established 15 orchard projects on 2,900 hectares of land and distributed 900,000 of fruit and nut trees among over 5,000 farmers.
- The **Small Livestock Development Program** works mainly with women farmers and complements USAID's other activities in support of the development of the livestock sub-sector. This popular program, led by a team of women para-vets, has trained over 1,500 rural women in Nangarhar.
- Initiated the collection of price information at wholesale and retail levels for fruit, vegetables, and meats. This constitutes the first step towards the establishment of a comprehensive **market information system** for the Eastern Region to be housed in the Jalalabad Business Development Center. A crucial element of this initiative has been the identification of grades and standards for each of the concerned commodities as a mechanism to ensure the reliability and usefulness of the data.

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality and quantity of government services to Afghan citizens. Support independent media institutions and advocacy groups.

Summary: USAID builds the capacity of government institutions to improve the quality and quantity of government services to citizens in Nangarhar through activities including supporting the justice sector, media, civil society, and governance development.

Historical Activities:

- In order to promote effective **local governance**, established and trained **provincial council organizations,** human rights advocacy leadership, and supported capacity building for the Ministry of Rural Rehabilitation and Development. These activities focused on improving professionalism, knowledge, and skills, resulting in more effective and transparent leadership.
- Strengthened governance infrastructure through funding the construction/rehabilitation of seven **judicial facilities** and two district administrative buildings.

FACT SHEET

Nangarhar Province

- Supported two independent **radio stations** in Nangarhar, providing access to unbiased news and information on subjects such as human rights and gender equity. Access to independent news and information is critical to the development of an Afghan society willing and able to make well-informed, thoughtful choices on the path their community will follow on the issues of individual rights, security, and governance.
- Promoted participation in governance and civic education through a number of programs through funding civic education for Nangarhar's citizens, including **voter registration**, **election candidate training, and election monitoring** activities.

Ongoing Activities:

- Providing institutional capacity-building to four **local civil society organizations** and the Provincial Council to improve their professionalism, knowledge, and skills, resulting in more effective and transparent leadership. Previous training was provided to the provincial council and dialogues were organized among Mullahs and Sharia teachers on the rights of women in Islam and local council capacity-building.
- Providing training to 19 judicial candidates as part of the "Stage" training course, providing English and computer training to judicial personnel, and distributing **Judicial Reference law sets** produced by USAID to all judges in the province. These activities help provide justices with access to the tools necessary to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.

ECONOMIC GROWTH

Goal: Promote a thriving, licit economy led by the private sector.

Summary: USAID promotes a licit economy in Nangarhar through expanding access to telecommunications and modern banking services.

Historical Activities:

- Nineteen **District Communications Network** centers have been commissioned and are operational in the province. These centers, operated by Afghan Telecom, provide telephones, internet, and copying services to both the district government officials and the public at large.
- The provincial branch of **Da Afghanistan Bank** was expanded, refurbished, and fully automated. The bank operates as the paying agent for the government and disburses all social, payroll, and procurement payments. Services such as these increase the effectiveness and efficiency of the social and economic infrastructure of Afghanistan, contributing to the development of the public and private sectors. The branch staff received 240 hours of on-site training.
- In order to ensure effective and regulated commerce in Nangarhar, helped establish the Nangarhar **Chamber of Commerce**.
- In order to build private sector capacity, provided **training** for over 1,600 people from various small and medium enterprises. Training covered skills from customs house procedures and association development management, to beekeeping and fish production. Donated grants for 16 **marketplace development projects.**
- USAID supported approximately 20 existing business and agricultural associations, and has helped start nine new associations. Under its capacity building component, USAID trained and provided work opportunities to 40 students under its internship program and 90 students under its mentorship program.

FACT SHEET

Nangarhar Province

USAID also conducted **market assessment surveys** to gather market information for milk, yogurt, candies, cakes, industrial bread, and flour products.

Ongoing Activities:

- Establishing a **new microfinance branch** and a community development investment and finance cooperative and disbursing more than US $11.2 million to micro, small, and medium enterprises.

EDUCATION

Goal: Improve teaching and institutional systems that sustain quality teaching, provide instructional materials, and construct learning spaces. Support basic education, higher education, literacy, and vocational skills training.

Summary: USAID invested in Nangahar through nationwide education programs including textbook printing, school construction/refurbishment, and the provision of radio-based teacher training.

Historical Activities:

- Funded the rehabilitation/construction of 22 **schools** province-wide.
- Funded the printing and distribution of over 1.8 million primary and secondary education **textbooks** as well as basic education learning materials and classroom supply kits for teachers and students.

Ongoing Activities:

- USAID-funded **community-based school classes** are operating in four districts in Nangahar, in order to expand access and quality of education in areas where there are no formal schools.
- Providing **Radio-Based Teacher Training** to improve teachers' skills and their performance in the classroom.
- The USAID-funded **Higher Education Program** is currently working with the Faculty of Education at Nangarhar University to improve the teaching and technical skills of professors through **training** in pedagogy, internet and IT systems, subject knowledge, and professional attitudes.
- Supporting the **Youth Empowerment Program** in one district of Nangarhar to empower youth through models of youth participation and civic education for reconstruction, building democracy, and development.

HEALTH

Goal: Improve the coverage and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health.

Summary: USAID's principal investments in Nangahar come through nationwide programs, including the construction of health facilities.

Historical Activities:

- To date, USAID has constructed/rehabilitated 11 **health facilities.**
- Supported Institute of Health Science for **midwifery education program** which has graduated 23 midwives to date.
- Trained 202 doctors and midwives on **Safe Water System and Malaria**.

FACT SHEET

Nangarhar Province

Ongoing Activities:

- Nangarhar's disabled and war-affected youth have long lacked access to the basic services needed to function in wider society. Supporting **livelihood services** to the disabled through the National Action for Disability Program.
- Support for social marketing of **health and family planning products** (such as condoms and contraceptives). These products are sold throughout the province.
- Supporting the national **Polio Eradication** Initiative and funding the **Diseases Early Warning System** (DEWS) for Avian Influenza and other infectious diseases.

INFRASTRUCTURE

Goal: USAID creates transportation infrastructure throughout Nangarhar in order to increase mobility, trade, and security. Constructing/refurbishing wells increases access to water supply, raises agricultural yields, and improves hygiene and sanitation through restoring the water supply for local communities.

Summary: The infrastructure program builds the capacity of local workers and invests in the local economy by using locally available materials.

Historical Activities:

- Constructed or refurbished 165 **water and sanitation** facilities, as well as two dams and four reservoirs, to increase water supply, improving the health of people, livestock, and crops.
- Improved the 121 km **Jalalabad-Asmar Provincial Road**, six District Center roads, and three rural roads, shortening travel time, decreasing wear and tear on vehicles, and providing protection from floods. Provided **training** to local workers in 17 districts on the construction of cobblestone roads.

Ongoing Activities:

- Rehabilitation of the Duranta dam to expand electricity production to 12 MW.
- Construction of three provincial roads totaling 102 kms.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization. Specifically: 1) Build the capacity of provincial and local government officials to deliver services and address citizen needs; 2) Encourage local communities to take an active role in their own development by linking USAID and other resources to local development needs; and 3) Promote stability by addressing the underlying causes of local conflict and support for insurgency.

Summary: USAID creates linkages and builds confidence between communities and the district, provincial, and central levels of government primarily through infrastructure projects.

Historical Activities:

- In order to ease overcrowding and improve the effectiveness of government, funded three **new administrative buildings** in Jalalabad City. USAID also focused on strengthening governance through the capacity building **training** for four government officials and the Nangarhar Civic Education Program.
- Supported the construction of the university **Veterinary Medicine Building**, building capacity over the long term through training farmers in livestock maintenance.
- To improve transportation, supported the construction/rehabilitated of three **roads**.

FACT SHEET

Nangarhar Province

- Improved health and hygiene and ensured a stable water supply by rehabilitating four district **water systems**, including the Jalalabad City Water Supply.
- In order to improve the lives of women in Nangarhar, supported the commemoration of **International Women's Day** and **Women's Civic Education Day**. These activities served to inform women of issues such as health, education, and women's rights, and to encourage them to take an active role in their communities.

USAID | AFGHANISTAN
FROM THE AMERICAN PEOPLE

FACT SHEET

Nuristan Province

OVERVIEW

USAID estimated support to Nuristan from 2002-2007: $6.9 million
Note: U.S.-led PRT

In 2002, the Interim Government of Afghanistan created a separate province for the Nuristani peoples, today known as Nuristan. Located deep within the Hindu Kush, this sparsely-populated area is the home of an Indo-European tribal community which speaks five unique languages. The harsh terrain and remote location of the region made it one of the last areas to be converted to Islam, and the Nuristanis practiced animism until the late 19th century. The alpine landscape makes Nuristan's land difficult to cultivate and many villagers rely on livestock as their source of livelihood. Additionally, the forests of the region provide economic opportunities for woodworking and crafts. Women are responsible for crop production in Nuristan, while the men generally focus on livestock.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Create legal alternatives to poppy production by promoting and accelerating rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID focuses on preparing farmers to participate in a modern agricultural economy through improved irrigation, agricultural opportunities, veterinary services, and training.

Historical Activities:

- **Farm-to-market transportation** and efficiencies are key in promoting agricultural growth. USAID funded the construction/rehabilitation of nearly 8 km of farm-to-market roads, decreasing transport time for farmers and providing employment and training for local workers.
- Developed skills and boosted the economy through the creation of **employment opportunities** through cash-for-work projects for over 600 men and women who worked over 79,000 employment days worth nearly $289,800.
- Many of Nuristan's **orchards and agricultural lands** were badly damaged over decades of war. To help revitalize Nuristan's forests, USAID donated 4,000 walnut trees and 50 ha of apple trees in 2007. In the spring of 2008, over 170,000 fruit tree and nut saplings were planted in 5 districts covering 652 hectares.
- To increase the **quality of crops** and promote licit means of livelihood, funded four extensive wheat seed and fertilizer distribution projects targeting 4,000 farmers who received 400 MT of improved wheat seeds and fertilizers.
- Launched a number of training programs, including 60 trainings to **strengthen commercial agricultural opportunities**, increase farmers' agricultural knowledge, and promote direct linkages between food brokers and farmers. USAID also developed several women-focused programs, training 75 women in Paroun on handicraft production and marketing and employing women in the rehabilitation of local nurseries.
- Trained 22 Afghans in various **technical and business skills** in the Nuristan province.

FACT SHEET

Nuristan Province

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality and quantity of government services to Afghan citizens.

Summary: USAID builds the capacity of government institutions to improve the quality and quantity of government services to citizens in Nuristan through activities including supporting the justice sector, media, civil society, and governance development.

Historical Activities:

- USAID supported effective **local governance** by providing institutional capacity building training to three Afghan **civil society organizations** and provided capacity building services to **provincial council organizations**. These activities focused on improving professionalism, knowledge, and skills, resulting in more effective and transparent leadership.
- USAID funded **civic education** for Nuristan's citizens for the 2004-2005 elections.

Ongoing Activities:

- In order to improve the lives of children and women in Nuristan, USAID is providing a grant to promote children's rights awareness and is providing province-wide training and support to **increase participation of Afghan women in political processes**. These activities inform women of issues such as health, education, and women's rights, and encourage them to take an active role in their communities.
- Supporting justice sector development through distributing **Judicial Reference Law Sets** produced by USAID to all judges in the province, providing a one-month **Foundation Training** for thirteen sitting judges, and a nine-month **Supreme Court Stage Training** for four judicial-candidates. These activities provide judges with access to the tools necessary to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.

ECONOMIC GROWTH

Goal: Promote a thriving, licit economy led by the private sector.

Summary: USAID promotes a licit economy in Nuristan through expanding access to telecommunications and modern banking services and through supporting small and medium enterprises.

Historical Activities:

- Three **District Communications Network** centers have been commissioned and are operational in the province. These centers, operated by Afghan Telecom, provide telephones, Internet, and copying services to both the district government officials and the public at large.
- The provincial branch of **Da Afghanistan Bank** was expanded and refurbished and local staff were trained. The bank operates as the paying agent for the government and disburses all social, payroll, and procurement payments. Services such as these increase the effectiveness and efficiency of the social and economic infrastructure of Afghanistan, contributing to the development of the public and private sectors.

Ongoing Activities:

- Providing economic opportunities and self-sustainability for women through establishing and providing training for the **Afghanistan Women's Business Federation**.

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FACT SHEET

Nuristan Province

EDUCATION

Goal: Improve teaching and institutional systems that sustain quality teaching, provide instructional materials, and construct learning spaces. Support basic education, higher education, literacy, and vocational skills training.

Summary: USAID is investing in Nuristan through nationwide education programs including textbook printing, school construction/refurbishment, and the provision of radio-based teacher training.

Historical Activities:

- Funded the rehabilitation/construction of three **schools**.
- Funded the printing and distribution of over 509,000 primary education **textbooks** as well as basic education learning materials and classroom supply kits for teachers and students.

Ongoing Activities:

- Providing **radio-based teacher training** in order to improve teachers' skills and their performance in the classroom.

HEALTH

Goal: Improve the coverage and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health

Summary: USAID's principal health investments in Nuristan come through nationwide programs, including the construction of health facilities.

Ongoing Activities:

- Constructing/rehabilitating one **health facility**.
- Supporting the national **Polio Eradication Initiative** and funding the **Diseases Early Warning System** for Avian Influenza and other infectious diseases.

INFRASTRUCTURE

Goal: Improve transportation infrastructure in order to increase mobility, trade, and security; increase access to energy and water supply.

Summary: The infrastructure program in Nuristan focuses on road and water networks, building the capacity of local workers, and investing in the local economy by using locally available materials.

Historical Activities:

- Constructed or refurbished **water and sanitation** facilities, installed latrines, and provided hygiene education. These activities served to increase access to water supply and improve the health of people, livestock, and crops.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization.

FACT SHEET

Nuristan Province

Summary: The PRT program in Nuristan focuses on development of provincial government capacity and development projects that build community cohesion.

Ongoing Activities:

- In the spring of 2008 USAID began activities in Nuristan province through the Local Governance and Community Development (LGCD) program. Activities will include governance capacity building training for provincial and district level personnel.
- Two animal husbandry projects trained 32 lead farmers in improved animal care, disease identification, and vaccination technique in two districts. This program is being expanded into a third district with current funding.
- Three community small grants in Waygal are addressing immediate needs for repair of irrigation and drinking water systems.
- An assessment of the Kamdeshi vs. Kushtozi conflict is completed.
- A 120-member Dairy Association has been established for western Nuristan.
- Gemstone traders of Nuristan have joined the Eastern Gemstone Association formed earlier this year in Jalalabad.
- Additional infrastructure repair projects and activities to expand the agricultural potential of southern Nurgram are in the design stage.

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FACT SHEET

Paktia Province

OVERVIEW

USAID estimated support for Paktia from 2002-2007: $43.3 million
Note: U.S.-led PRT

The mountainous province of Paktia has borders with Pakistan's north Waziristan and Kurram, and there is ease of movement in the cavernous regions. Its main sources of revenue come from forestry and the mining of chromites and natural gas. The mainly Pashtun population also cultivates grain crops and orchards of apples, walnuts, and apricots. The region continues to experience political unrest which has hindered some development efforts. While the Afghan central government has set up an authority in the province, local commanders still retain much of the regional power in the region, making national authority difficult to enforce.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Create licit alternatives to poppy production by promoting and accelerating rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID focuses on preparing farmers to participate in a modern agricultural economy through veterinary services, irrigation, and training.

Historical Activities:

- Provided improved access to **irrigation** in Paktia province through constructing a dam in Omna district and building an irrigation canal and flood control/protection walls.
- USAID, in partnership with the Afghan Veterinary Association, trained para-veterinarians and established one self-sustaining **veterinary field unit** in the province.
- Provided **agri-input dealer training** in order to strengthen commercial agricultural opportunities, increase farmers' agricultural knowledge, and promote direct linkages between food brokers and farmers.
- Sponsored training programs for women on how to grow kitchen gardens, as a result enhancing self-sufficiency of women in food production.

Ongoing Activities:

The recently started Community Agriculture Development Program in Paktia, Paktika, Khost (P2K) and Southeast Ghazni provinces focuses on the following:

- Identify and exploit **market niches** that can be profitably served by the agricultural enterprises in the P2K region.
- Increase production and improve quality of **horticultural, livestock and agroforestry** products through improved genetics, management practices and use of inputs.
- Mobilize the services and supply industries to create opportunities for P2K rural enterprises to improve **storage, handling and processing** of agricultural products.

FACT SHEET

Paktia Province

- Rehabilitate community **irrigation and market infrastructure** to support improved production, handling and marketing of horticultural, livestock and agroforestry products.
- Establish **associations** and other agricultural support institutions to provide services and support to agribusiness in P2K.

DEMOCRACY AND GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality of government services to Afghan citizens. Support independent media institutions and advocacy groups.

Summary: USAID supports building the capacity of government institutions and civil society in Paktia through activities that include support to the justice sector, media, and civil society.

Historical Activities:

- Constructed one **courthouse**, one district administration building, and the Jaji customs house.
- Rehabilitated the Chamkani district building, the Governor's office building, and the Communications Department of Gardez.
- Distributed **Judicial Reference Law Sets** produced by USAID to all judges in the province.
- Conducted training for a women's shura, civic education workshops/dialogue sessions for Mullahs and Sharia teachers, and a judicial conference in collaboration with the Supreme Court.

Ongoing Activities:

- Provincial council **training** and institutional capacity building to the Provincial Council and five Afghan civil society organizations have improved their professionalism, knowledge, and skills, resulting in more effective and transparent leadership.
- Currently distributing the second edition of the **Judicial Reference Law Sets** to all judges in the province, providing justices with access to the tools necessary to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.
- Supporting the independent Chamkani Ghag **radio station** and planning to establish a radio station in Zurmat, providing access to unbiased news and information on subjects such as human rights and gender equity.

ECONOMIC GROWTH

Goal: Promote a thriving, legal economy led by the private sector.

Summary: USAID promotes economic development in Paktia through automating banking services, expanding access to telecommunications, and supporting business associations.

Historical Activities:

- **District Communications Network** equipment has been installed in ten centers in Paktia; five of these sites have been fully commissioned. The centers operated by Afghan Telecom provide telephones, Internet, and copying services to both the district government officials and the public at large.
- The provincial branch of **Da Afghanistan Bank** was expanded and refurbished – the bank operates as the paying agent for the government and disburses all social, payroll, and procurements payments.

Services such as these increase the effectiveness and efficiency of the social and economic infrastructure of Afghanistan, contributing to the development of the public and private sectors.

- **Land titling** documentation at the court register was reorganized – before the reorganization, the land administration office was unable to properly document land transfers, provide proof of ownership documents, or prevent the registration of fraudulent deeds. With new cost efficient technology, Afghans can easily access their property documents.
- Assisting the **Gardez Apples Growers Association** to finalize their bi-laws and establish itself as the first association of its kind in the region, through its inaugural Association Seed Grant mechanism. USAID also gave Marketplace Development Grants to the Gardez Apples Growers Association and for the clean-up of the Chamkani marketplace.

EDUCATION

Goal: Improve systems that sustain quality teaching; provide instructional materials; support basic and higher education, literacy, and vocational skills training; construct schools.

Summary: USAID has invested in Paktia through nationwide education programs including textbook printing, school construction/refurbishment, training of education faculty professors, and the provision of radio-based teacher training.

Historical Activities:

- Funded construction or refurbishment of **29 schools**.
- Funded the printing and distribution 384,000 primary education **textbooks** as well as basic education learning materials and classroom supply kits for teachers and students.

Ongoing Activities:

- Continued support to five USAID-funded **community-based school classes** operating in Paktia in order to expand access and quality of education in areas where there are no formal schools.
- Supporting the **Higher Education Program** for faculty of education in Paktia University to improve the teaching skills of professors through training in pedagogy, subject knowledge and professional attitudes.

HEALTH

Goal: Improve the access to and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health.

Summary: USAID's principal health investments in Paktia come through nationwide programs, including the construction and support of health facilities and provision of refresher training courses for nurses and physicians.

Historical Activities:

- Trained over 200 doctors and midwives on **safe water drinking, oral rehydration salts, and birth spacing**.
- Constructed/refurbished 43 **clinics** including one district and one provincial hospital.

Ongoing Activities:

FACT SHEET

Paktia Province

- Supporting the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) in Paktia province.
- Supporting the Provincial Public Health Office and the Provincial Public Health Coordination Committee to strengthen the technical, leadership, and management capacity of the Provincial Health team to ensure the flow of information between the field and policy making levels of the Ministry of Public Health (MOPH).
- Providing support to increase the technical and managerial skills of the staff, conducts health and hygiene awareness training, and funds a community **midwifery training** program which has graduated 25 midwives to date.
- In order to address the immediate health care needs of Paktia's population, supporting the **distribution of pharmaceuticals**, throughout the province.
- Paktiya's disabled and war-affected youth have long lacked access to the basic services needed to function in wider society; USAID is supporting **livelihood services** to the disabled through the National Action for Disability Program.
- Supporting the social marketing project, Communication for Behavior Change: Expanding Access to Private Sector Health Products and Services in Afghanistan (COMPRI-A), which promotes **health and family planning products** through the private sector and provides training to front line health workers.
- Supporting the national **Polio Eradication Initiative** and funding the **Diseases Early Warning System** for Avian Influenza and other infectious diseases.

INFRASTRUCTURE

Goal: Improve transportation infrastructure in order to increase mobility, trade, and security; increase access to energy and water supply.

Summary: The infrastructure program focuses on constructing road, energy, and water networks, building the capacity of local workers, and investing in the local economy by using locally available materials.

Historical Activities:

- Constructed or refurbished 57 **wells** to increase access to water supply, improving improve the health of people, livestock, and crops.
- Rehabilitated the **sanitation system** through the Zardan Arc Stabilization Initiative, improving hygiene and sanitation for Paktia residents. Also upgraded the Gardez water supply system.
- Improved the 36 km Kabul - Gardez **road**, more effectively connecting residents to the country and region.
- Increased the capacity of the **Paktia Department of Power and Energy** by expanding the office space, enabling more staff to work more efficiently.
- Helped Gardez City to increase the **energy** output capability.

Planned Activities:

- Both the 49 km Gardez to Khost Road and the 61 km Gardez to Ghazni road are under design.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization.

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FACT SHEET

Paktia Province

Summary: The PRT program in Paktia focuses on training, infrastructure projects, and community development.

Historical Activities:

- $3.3 million in programming was completed by the International Organization for Migration (IOM) in Paktia province.
- Refurbished the Chamkani District Hospital and Gardez Wadan Drug Addiction Center.
- Improved the Zurmat District Center Road, and the Gardez City road shortening travel time, decreasing wear and tear on vehicles, and providing protection from floods.

Ongoing Activities:

- Two employment generation projects are underway:
  - Taweez Villlage Canal Intake rehabilitation (Jaji District)
  - Kellay Check Dam rehabilitation (Lija Mangal District)
- Under a subgrant to the Tribal Liaison Office, the Jaji Forest tribal conflict study is underway.
- Subnational governance capacity building support is in development for the Provincial Development Council, the Governor's office, and the Line Ministry of Agriculture and Irrigation.

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FACT SHEET

Paktika Province

OVERVIEW

USAID estimated support for Paktika from 2002-2007: $20.8 million
Note: U.S.-led PRT

The remote, arid province of Paktika has remained nearly unchanged since antiquity. Paktika's Pashto-speaking populations consist mainly of Ghilzai and Kurlani tribal communities. While the high desert landscape has been deforested over time, subsistence farming and animal husbandry continue to be the main forms of livelihood. In addition, Paktika's 400-mile border with Pakistan is a porous conduit for the Taliban activity which has hindered full development efforts.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Create legal alternatives to poppy production by promoting and accelerating rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID focuses on preparing farmers to participate in a modern agricultural economy through improved irrigation, agricultural opportunities, veterinary services, and training.

Historical Activities:

- Healthier animals lead to increased income, food security, and improved local economies. Working with the Afghan Veterinary Association, USAID trained para-veterinarians who established nine self-sustaining **veterinary field units** in the province.
- To provide a reliable **water supply** to farmers, rehabilitated two canals and two dams in the province.
- Provided seven training sessions in order to strengthen commercial agricultural opportunities.
- To increase the quality of crops and promote legal means of livelihood, funded **seed and fertilizer distribution** projects.

Upcoming Activities:

- Identifying and exploiting **market niches** that can be profitably served by the agricultural enterprises in the P2KG region (Paktia, Paktika, Khost, and Southeast Ghazni).
- Increasing production and improving quality of **horticultural, livestock, and agroforestry** products through improved genetics, management practices and use of inputs.
- Mobilizing services and supplying industries to create opportunities for P2KG **rural enterprises** to improve storage, handling and processing of agricultural products.
- Rehabilitating community **irrigation and market infrastructure** to support improved production, handling and marketing of horticultural, livestock and agroforestry products.
- Establishing **associations** and other agricultural support institutions to provide services and support to agribusiness in P2KG.

FACT SHEET

Paktika Province

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality of government services to Afghan citizens. Support independent media institutions and advocacy groups.

Summary: USAID supports the justice sector, media, and civil society in Paktika.

Historical Activities:

- Supported **justice sector development** through distributing Judicial Reference Law Sets to all judges in the province, providing them with access to the tools necessary to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.

Ongoing Activities:

- Funding civic education projects and providing **capacity building** to the Office of the Governor, the Provincial Council, and the Provincial Development Council.
- Supporting the independent Sharana **FM radio station**, providing access to news, as well as information on subjects such as human rights and gender equity.
- Working with the Sharana Mayor's office to improve public services in the city through the Municipal Strengthening Program.

ECONOMIC GROWTH

Goal: Promote a thriving, legal economy led by the private sector.

Summary: USAID promotes economic development in Paktika through supporting small and medium enterprises and expanding access to telecommunications.

Historical Activities:

- Supported establishment and installation of three District Communications Networks in Paktika province. **Telecommunications centers**, operated by Afghan Telecom, provide telephones, Internet, and photocopying services to both the district government officials and the public at large.
- Provided **Marketplace Development Grants** to three associations/businesses in Paktika province.
- Trained officers on **customs legislation** and relevant procedures for monitoring the Pakistan border, such as the importation of perishable goods from Pakistan.

Ongoing Activities:

- Providing ongoing **Marketplace Development** support in Paktika province.

EDUCATION

Goal: Improve systems that sustain quality teaching; provide instructional materials; support basic and higher education, literacy, and vocational skills training; construct schools.

Summary: USAID has invested in Paktika through nationwide education programs including textbook printing, school construction/refurbishment, and training.

Historical Activities:

- Funded the **construction or refurbishment** of six schools province-wide.

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Paktika Province

- Supported 80 **community-based school classes** in four districts of the province.

Ongoing Activities:

- Providing **radio-based teacher training** in order to improve teachers' skills and their performance in the classroom.
- Distributing over 258,700 primary and secondary education **textbooks**, as well as basic education learning materials and classroom supply kits for teachers and students.

HEALTH

Goal: Improve the access to and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health.

Summary: USAID's principal investments in Paktika come through nationwide programs, including training of medical professionals and construction of health facilities.

Historical Activities:

- Rehabilitated 21 **health facilities**, including one district hospital and one provincial hospital.

Ongoing Activities:

- Providing both the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) in Paktika Province.
- Supporting the Provincial Public Health Office and the Provincial Public Health Coordination Committee to strengthen the technical, leadership, and management capacity of the **Provincial Health team** to ensure information exchange between the field and policy making levels of the Ministry of Public Health.
- Supporting the distribution of **pharmaceuticals** in order to address the immediate health care needs of Paktika's population.
- Funding capacity building programs to **increase the managerial and technical skills** of the Provincial Ministry of Public Health and Afghan NGOs that deliver health services in the province.
- Supporting the national **Polio Eradication Initiative** and funding the **Diseases Early Warning System** for Avian Influenza and other infectious diseases.

Planned Activities:

- In accordance with the national health strategy of the Ministry of Public Health, USAID plans to build two new district **hospitals** in the Bermel and Waza Kwa districts.

INFRASTRUCTURE

Goal: Improve transportation infrastructure in order to increase mobility, trade, and security; increase access to energy and water supply.

Summary: The infrastructure program in Paktika focuses on road and water networks, shelter, building the capacity of local workers, and investing in the local economy by using locally available materials.

Historical Activities:

- Constructed or refurbished 57 **wells** to increase access to water supply, improving the health of people, livestock, and crops.

FACT SHEET

Paktika Province

- Improved the Sharan **Airstrip**, more effectively connecting residents to the country and region.
- Constructed the 63km asphalt Ghazni-Sharana **road**, shortening travel time, improving economic opportunities, and providing access to health services and educational institutions.
- Supported displaced people returning to Paktika through providing shelter and **reconstruction of houses** for refugee-returnees in Southeast Afghanistan.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization.

Summary: The PRT program in Paktika focuses on training, infrastructure projects, and community development.

Historical Activities:

- To improve Paktika residents' education and build economic capacity, oversaw the construction of five **schools** and provided **vocational training** for women.
- In response to Paktika's pressing health care needs, funded the construction/rehabilitation of eight **clinics**.
- In order to ease overcrowding and improve government effectiveness, USAID funded **three administrative buildings** in Paktika: the Barmal District Government Building, the Paktika Provincial Guest House, and the Sharana City Municipality Office Building.
- To improve **transportation**, supported the rehabilitation of the Sharana City Center Road.

Ongoing Activities:

- The USAID Local Governance and Community Development Program (LGCD) works to extend the reach of the central government to the provincial and district levels by focusing on **governance capacity building, community development council (CDC) capacity building, local stability initiatives, and community development programs**.
- Under LGCD, USAID has rehabilitated two **irrigation canals** and a karez in Sharana, Gyan, and Sarobi districts and is implementing a gravity-flow **potable water** project in Orgun district.
- USAID is providing **vocational and technical training** programs for young men and women in cooperation with CDCs in Sharana and Orgun districts (4 separate projects in total); technical training for provincial government officials in computers, management, and English (6-month training program); and training to both district governors and the members of the Provincial Development Committee.
- A tractor repair and welding vocational training program for at-risk young men has already taken place in Waza Kwa district.
- **Technical/capacity building** advisers are providing support to the Office of the Governor, the Provincial Development Committee, the Director of Agriculture, and the Director of Administration and Finance.
- The LGCD project assisted in the construction of border control checkpoint in Bermel district on the Afghan/Pakistan border.
- USAID conducted an assessment of the current state of the **agriculture sector** in Northern Paktika to assist the provincial Director of Agriculture, the PRT, and USAID in planning priority projects.
- Planned projects include the **Our Children, Our Future** project, a program which will assist orphaned children in enrolling in school and obtaining an education, and will assist families who rely upon the income generated from their children working instead of attending school by providing vocational skills training to parents in return for enrolling their children in school.

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FACT SHEET

Panjshir Province

OVERVIEW

USAID estimated support for Panjshir from 2002-2007: $25.9 million
Note: U.S.-led PRT

Panjshir, Afghanistan's most recently created province, is a mountainous area of green valleys, running steams and high mountain peaks. This province was the home base of Afghan national hero, Ahmed Shah Massoud and his militia. Massoud, in cooperation with indigenous intelligence networks, helped make Panjshir the only Afghan region unconquered by Soviet, Taliban, and Mujahadin invaders. Panjshir's economy today is driven mainly by agriculture, and irrigation canals feed groves of walnut, mulberry, and almond trees, as well as fields of potatoes, beans and grapes. The region is also rich in gemstones and there is potential to further exploit the mining of lapis, emerald, and crystals.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Promote and accelerate rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID focuses on preparing farmers to participate in a modern agricultural economy through improved agricultural inputs, irrigation, veterinary services, market information, and training.

Historical Activities:

- Provided improved access to **irrigation** in Panjshir province through the construction of three irrigation canals.

Ongoing Activities:

- Establishing an AgNet office within the Ministry of Agriculture, Irrigation and Livestock that provides access to a ministry database to supply **market, extension, and weather information** to farmers. USAID is also training a Ministry AgNet technician and conducting District Profiles.
- Healthier animals lead to increased income, food security, and improved local economies. USAID, in partnership with the Dutch Committee for Afghanistan, trained para-veterinarians and supports eight self-sustaining **veterinary field units**. They have delivered more than 114,000 vaccinations and medications since January 2007 on a fee-for-service basis.
- Providing training in dried mulberry and dried apricot production and marketing.
- Supporting the establishment of 6 **rural farm stores** that supply agricultural products such as seeds, equipment, crop protection products, and drip irrigation tools that target key crops in the area, as well as animal health products such as medicine and nutritional supplements. The farm stores, operating under the name "AgDepot," also increase public awareness of the benefit of purchasing from reputable dealers.

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality and quantity of government services to Afghan citizens. Support independent media institutions and advocacy groups.

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FACT SHEET

Panjshir Province

Summary: USAID builds the capacity of government institutions to improve the quality and quantity of government services to citizens in Panjshir through supporting the justice sector, media, civil society, and governance development.

Historical Activities:

- Provided provincial council **training** and institutional capacity building to the provincial councils and seven Afghan civil society organizations to improve their professionalism, knowledge, and skills, resulting in more effective and transparent leadership. USAID implemented an eleven-month program targeting provincial councils to fulfill their legal mandate to advise the government.
- Supported the efforts of the International City/County Management Association's (ICMA) CityLinks Afghanistan, a program which works to strengthen Panjshir's municipality through the maintenance of **small urban infrastructure projects** and **mentoring of municipal officials**.
- Funded civic education for over 67,000 citizens, **election candidate training, and election monitoring** activities for 2004-2005 elections.
- Distributed **Judicial Reference Law Sets** produced by USAID to all judges in the province and trained six sitting judges and eleven judicial candidates. These activities provide judges with access to the tools necessary to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.

Ongoing Activities:

- Improving the ability of provincial mayors and municipalities to provide essential **public services** such as water and power management, sanitation, safe roads, parks, solid waste management, ditch cleaning, and youth activities.
- Supporting the independent Panjshir **radio station**, providing access to unbiased news and information on subjects such as human rights and gender equity. Access to independent news and information is critical to the development of Afghan society.
- Funding **Afghan Program Management Advisors** to train and mentor 1) staff of the provincial office of the Ministry of Education to improve management and payroll processes; 2) school protection and community liaison officers to organize parent-teacher shuras and work with communities to increase the security of schools; and 3) engineers to oversee and monitor school construction activities.
- Providing on-going institutional capacity building trainings to seven **civil society organizations** in Panjshir including Shurai Jangalak Bazarak, Shurai Qalai Meeran Shah, Shurai Deh Kalan Shutel Panjshir, Shurai Kowarba Shutel Panjshir, Shurai Zanan Abdawa Unaba, Shurai Bustan Shutul Panjshir and Shurai Inkishafi Zanane Bazarak Panjshir councils.
- Working with **Provincial Councils** to support constituency outreach, effective participation in the development of provincial development plans, and political development.
- Supporting **women representatives** to effectively interact with legislative institutions, parliamentary offices, the media, and their constituents.
- Training two judges in the upcoming 20th Foundation **Judicial Training** that will be held in Kabul.
- Distributing 25,000 **comic book sets**, 16,000 pamphlets, 8,000 bumper stickers, and 4,000 CDs with video and radio materials to inform the public about the rule of law.
- Supporting the **national women's rights advocacy campaign** and the national campaign to raise awareness of domestic violence.

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FACT SHEET

Panjshir Province

ECONOMIC GROWTH

Goal: Promote a thriving, licit economy led by the private sector.

Summary: USAID promotes a licit economy in Panjshir through expanding access to telecommunications and automating land titling documentation.

Historical Activities:

- Supported establishment and installation of six **District Communications Network** centers in Panjshir province. These centers, operated by Afghan Telecom, provide telephones, Internet, and photocopying services to both the district government officials and the public at large.
- Provided **marketplace development grants** to three associations/businesses in Panjshir province.
- **Land titling** documentation at the Panjshir Makhzan (court register) was rehabilitated, reorganized, and digitized with USAID assistance. Before the reorganization, the land administration office was unable to properly document land transfers, provide proof of ownership documents, or prevent the registration of fraudulent deeds. With new cost efficient technology, Afghans can easily access their property documents.

EDUCATION

Goal: Improve teaching and institutional systems that sustain quality teaching, provide instructional materials, and construct learning spaces. Support basic education, higher education, literacy, and vocational skills training.

Summary: USAID has invested in Panjshir through nationwide education programs including textbook printing, school construction/refurbishment, and the provision of radio-based teacher training.

Historical Activities:

- Funded the construction or refurbishment of four **schools**, in order to expand access and quality of education in Panjshir.
- Funded the printing and distribution of over 75,000 primary education **textbooks** as well as basic education learning materials and classroom supply kits for teachers and students.

Ongoing Activities:

- Providing **radio-based teacher training** in order to improve teachers' skills and their performance in the classroom; providing continuous face-to-face training and capacity building of over 1,000 teachers of 73 schools.
- Supporting 30 **community-based classes** in three districts of this province.

HEALTH

Goal: Improve the coverage and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health.

Summary: USAID's principal health investments in Panjshir come through nationwide programs, including social marketing of health and family planning products through the private sector and the construction of health facilities.

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FACT SHEET

Panjshir Province

Historical Activities:

- Rehabilitated/constructed five **health care facilities** in Panjshir in order to expand access to and quality of health care in the province.

Ongoing Activities:

- Supporting social marketing of **health and family planning products** such as contraceptives, water purification agents, and oral rehydration salts for sale through the private sector.
- **Training** pharmacists, community health workers and 53 retail dealers in birth spacing.
- Supporting the national **Polio Eradication Initiative** and funding the **Diseases Early Warning System** for Avian Influenza and other infectious diseases.

INFRASTRUCTURE

Goal: USAID creates transportation infrastructure throughout Panjshir in order to increase mobility, trade, and security.

Summary: The infrastructure program builds the capacity of local workers and invests in the local economy by using locally available materials to build roads.

Historical Activities:

- Constructed the 67 km **Panjshir Valley Road**, as well as one **vehicular bridge**, shortening travel time and increasing access to health care, education, and economic opportunities.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization.

Summary: USAID creates linkages and builds confidence between communities and the district, provincial, and central levels of government primarily through infrastructure projects, training, and community development.

Historical Activities:

- Nearly $270,000 in programming was completed by the International Organization for Migration in Panjshir province, including the refurbishment of the **Mala Saia Hydroelectric Dam** which provides energy to much of the population.
- Supported Women's Day Events, conducted a micro-hyrdo power training, supported a **Road Safety Campaign**, and provided support to the IRoA for emergency response.

Ongoing Activities:

- Providing a technical advisor for the Department of Economy, supporting the **Provincial Development Council**, and providing commodities and renovations as needed.

Note: All assistance figures are estimates and do not reflect exact calculations.

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FACT SHEET

Parwan Province

OVERVIEW

USAID estimated support for Parwan from 2002-2007: $27 million
Note: U.S.-led PRT

The province of Parwan is situated on the Salong road, the main route from Kabul to the northern provinces. The province sits at the feet of the Hindu Kush mountains and the Parwan river plain receives significant water and snowmelt from the mountains. Farmers cultivate cereal crops, fruits, and vegetables in the fertile valley and often sell their goods in the Kabul market. In addition, the Salang River is famous for its fish, and many tourists come from Kabul to Parwans' riverside restaurants.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Create legal alternatives to poppy production by promoting and accelerating rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID focuses on preparing farmers to participate in a modern agricultural economy through improved agricultural inputs, irrigation, veterinary services, market information, and training.

Historical Activities:

- Healthier animals lead to increased income, food security, and improved local economies. With our partner, the Afghan Veterinary Association, USAID trained para-veterinarians who are supporting 25 self-sustaining **veterinary field units** in the province and conducted **individual training visits** to provide local farmers support in hygiene and care of livestock. Funded **vaccinations and medicines** for over one million animals province-wide.
- Rehabilitated six canals and two dams to provide a **reliable water supply to farmers**.
- In order to strengthen commercial agricultural opportunities, provided eight **agri-input dealer trainings** and established 14 **market collection centers** to increase farmers' agricultural knowledge and to promote direct linkages between food brokers and farmers.
- **Exported** 2,000 kg of Parwan grapes to India for market testing and product promotion. These grapes were sold retail and wholesale very profitably, with some lots selling at more than double their purchase cost.

Ongoing Activities:

- Funding three **micro-credit institutions** to assist in restoring rural financial systems and encourage commercial banks to extend revolving agricultural loans for agribusiness.
- Establishing ten **AgDepots** which are private, full service farm stores that supply appropriate agriculture inputs and services that target key crops in the area and provide complementarities to other value chain development efforts.

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Parwan Province

- Supporting the **para-veterinarian training center** in Charikar, which has trained several hundred veterinarians, paravets, and basic veterinary workers this year in the Training Center refurbished by USAID in Charikar.
- Establishing 40 hectares of private **trellised vineyards** and planning to trellis an additional 250 hectares of vineyards in Parwan. Trellised vineyards yield twice the amount as the traditional vines and bring a premium price for their extra select quality.
- Helped establish the AgNet office within the Ministry of Agriculture, Irrigation and Livestock that provides a government agricultural database program to supply **market, growing and weather information** to farmers; providing training for a Ministry AgNet technician.

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality and quantity of government services to Afghan citizens. Support independent media institutions and advocacy groups.

Summary: USAID builds the capacity of government institutions to improve the quality and quantity of government services to citizens in Parwan through supporting the justice sector, media, civil society, and governance development.

Historical Activities:

- Enhanced **local governance capacity** through the construction/rehabilitation of the Sharan Police Headquarters and one judicial and two administrative buildings.
- Provided civic education for over 364,900 citizens prior to the 2004-2005 elections and, more recently, supported **civic education training** and dialogue sessions with government officials and mullah and Sharia teachers.
- USAID provided provincial council **training** and institutional capacity building training to the provincial council and three Afghan civil society organizations to improve their professionalism, knowledge, and skills, resulting in more effective and transparent leadership.
- Provided a grant titled Doshiza Wa Ijtemah (Young Women and Society) to Voice of Afghan Women Radio (VAWR) to encourage women's rule and participation in society (November 2006 – October 2007).
- In collaboration with Charikar Municipality and the Department of Women's Affairs, USAID opened a women's market in the center of Charikar, Parwan.

Ongoing Activities:

- Supporting justice sector development through publishing and distributing **Judicial Reference law sets** to all judges in the province, and providing a one-month foundation **judicial stage training** for seven sitting judges and a nine-month **Supreme Court Stage Training** for 19 judicial-candidates. These activities provide justices with access to the tools necessary to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.
- Supporting the independent Sada-i-Solh **radio station**, providing access to unbiased news and information to Afghans on subjects such as human rights and gender equity. USAID also worked to boost community awareness of legal rights through the broadcast of **legal awareness radio programs**. Access to independent news and information is critical to the development of an Afghan society willing and able to make well-informed, thoughtful choices on the path their community will follow on the issues of individual rights, security, and governance.

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FACT SHEET

Parwan Province

ECONOMIC GROWTH

Goal: Promote a thriving, licit economy led by the private sector.

Summary: USAID promotes a licit economy in Parwan through expanding access to telecommunications and modern banking services.

Historical Activities:

- Three provincial branches of **Da Afghanistan Bank** were expanded, refurbished, and fully automated. The bank operates as the paying agent for the government and disburses all social, payroll, and procurement payments. Services such as these increase the effectiveness and efficiency of the social and economic infrastructure of Afghanistan, contributing to the development of the public and private sectors. The branch staff received 240 hours of on-site training.
- Da Afghanistan Bank Parwan successfully implemented the **Core Banking System** (CBS) in June 2008. Parwan has been a strong performer in adopting, operating, and sustaining the new systems and payment services.
- **Land titling** documentation at the court register was reorganized. Before the reorganization, the land administration office was unable to properly document land transfers, provide proof of ownership documents, or prevent the registration of fraudulent deeds. With new cost efficient technology, Afghans can easily access their property documents.
- In order to promote private sector development, funded the construction of the Kohi Safi market.
- Parwan province experienced **lower unemployment rates** after USAID established an Employment Assistance Center.
- Established five telecommunications centers (District Communication Networks – DCNs), operated by Afghan Telecom, provide telephones, Internet, and copying services to both the district government officials and the public at large.

Ongoing Activities:

- Promoting economic expansion by supporting lending for rural enterprise development.

EDUCATION

Goal: Improve teaching and institutional systems that sustain quality teaching, provide instructional materials, and construct learning spaces. Support basic education, higher education, literacy, and vocational skills training.

Summary: USAID has invested in Parwan through the Agency's nationwide education programs including textbook printing, school construction/refurbishment, and the provision of radio-based teacher training.

Historical Activities:

- Funded the construction or refurbishment of 29 **schools**, in order to expand access and quality of education in Parwan.
- Funded the printing of over one million primary and secondary education **textbooks** as well as basic education learning materials and classroom supply kits for teachers and students.

FACT SHEET

Parwan Province

Ongoing Activities:

- Providing **community-based school classes** in three districts of the province.
- Supporting the **Higher Education Program** for faculty of education in the Parwan Pedagogy Institute to improve the teaching skills of professors through training in pedagogy, subject knowledge, and professional attitudes.
- Providing **Radio-Based Teacher Training** in order to improve teachers' skills and their performance in the classroom.

HEALTH

Goal: Improve the coverage and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health.

Summary: USAID's principal health investments in Parwan come through nationwide programs, including social marketing of health and family planning products through the private sector and the construction of health facilities.

Historical Activities:

- Rehabilitated eight **clinics** and one **provincial hospital** in Parwan.
- Trained over 240 doctors, midwives, shura members and Community Health Workers on **drinking water safety, Oral Rehydration Salts (ORS), and birth spacing.**

Ongoing Activities:

- Parwan's disabled and war-affected youth have long lacked access to the basic services needed to function in wider society. USAID is supporting **livelihood services** to the disabled through the National Action for Disability Program.
- Supporting the Communication for Behavior Change: Expanding Access to Private Sector Health Products and Services in Afghanistan (COMPRI-A) project, which includes social marketing of **health and family planning products** (such as condoms and contraceptives) throughout the province, and has also provided training and support to 120 community health workers, 59 doctors and **midwives** and 65 female shura members.
- Supporting the national **Polio Eradication Initiative** and funding the **Diseases Early Warning System** (DEWS) for Avian Influenza and other infectious diseases.

INFRASTRUCTURE

Goal: USAID creates transportation infrastructure throughout Parwan in order to increase mobility, trade, and security. The energy program boosts economic growth and connects rural Afghans to services through providing sufficient electrical power for residents, industries, and commerce. Constructing/refurbishing wells increases access to water supply, raises agricultural yields, and improves hygiene and sanitation through restoring the water supply for local communities.

Summary: The infrastructure program builds the capacity of local workers and invests in the local economy by using locally available materials.

FACT SHEET

Parwan Province

Historical Activities:

- Rehabilitated the **sanitation system in** Kohi Safi District, improving hygiene and sanitation for Parwan residents.
- Boosted energy output through the rehabilitation of 20 **water mills into hydro-electric plants**, and funded the construction of the Mahgir, Akhtachi and Matak **dams** to increase access to water supply, improving improve the health of people, livestock, and crops.
- Rehabilitated the Jabalsaraj - Gulbahar **district road** and the Chaharikar to Gulbahar **provincial road**, shortening travel time, decreasing wear and tear on vehicles, and providing protection from floods.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization. Specifically: 1) Build the capacity of provincial and local government officials to deliver services and address citizen needs; 2) Encourage local communities to take an active role in their own development by linking USAID and other resources to local development needs; and 3) Promote stability by addressing the underlying causes of local conflict and support for insurgency.

Summary: USAID creates linkages and builds confidence between communities and the district, provincial, and central levels of government primarily through infrastructure projects.

Historical Activities:

Quick Impact Project (QIP)

- Over $407,000 in programming was completed by the International Organization for Migration (IOM) in Parwan province.
- Funded the Kohi Safi **Drinking Water Project**, improving basic health and sanitation for Parwan's residents.
- In order to **improve transportation** in the province, constructed/rehabilitated three major bridges and widened and reinforced the Danesewak Village road, resulting in ease of transportation and less wear and tear on vehicles.

Ongoing Activities:

Local Governance & Community Development (LGCD)

- USAID is providing training, technical assistance, commodities and needed refurbishment to the departments of Women's Affairs, Education, Public Works, and Economy, as well as the Civil Service Commission Recruitment Committee.
- USAID has identified Shinwari, Ghorband, Sheikh Ali, and Sorkh Parsa districts for local community development projects.

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FACT SHEET

Zabul Province

OVERVIEW

USAID estimated support for Zabul from 2002-2007: $145.4 million
Note: U.S.-led PRT

One of the most remote and sparsely populated areas of Afghanistan, the arid province of Zabul is traversed by the Arghandab and Tarnak rivers. Agriculture communities are established along these waterways, and the region has traditionally produced wheat, almonds, grapes, and apricots. Severe drought has reduced the overall fertility of the land. The mainly Pashtun residents of Zabul are deeply conservative and their infrastructure has remained largely unchanged over the centuries. Although Zabul has several hospitals and health clinics, only Qalat city has electricity and only the Ring Road is paved.

ALTERNATIVE DEVELOPMENT AND AGRICULTURE

Goal: Create legal alternatives to poppy production by promoting and accelerating rural economic development. Increase commercial agriculture opportunities, improve agricultural productivity, create rural employment, and improve family incomes and well-being.

Summary: USAID is preparing farmers to participate in a modern agricultural economy through distribution of seeds and fertilizer, improved irrigation, and training. USAID has also sponsored a number of livestock management and gender-focused programs to maintain capacity for licit agricultural activity in Zabul.

Historical Activities:

- To provide a reliable **water supply** to farmers, USAID installed two new drip-irrigation systems and a canal protection wall in Zabul.
- To improve the quality of produce and to promote the farming of legal crops, USAID introduced three **new crop varieties** in the province and helped to establish micro-nurseries and orchards.
- To strengthen commercial agricultural opportunities, USAID provided **training** to 30 farmers and five traders to improve the quality of dried apricots. As a result, farmers produced more than 87 metric tons of dried apricots.
- With the Afghan Veterinary Association, USAID established one self-sustaining **veterinary field unit** and four para-veterinarian units and trained para-veterinarians who provided **disease diagnosis** for 75,000 animals in the province.

DEMOCRACY & GOVERNANCE

Goal: Build the capacity of government institutions to improve the quality of government services to Afghan citizens. Support independent media institutions and advocacy groups.

Summary: USAID supports democracy and governance in Zabul through activities that include support to the justice sector, media, civil society, and governance development.

Historical Activities:

FACT SHEET

Zabul Province

- Funded **civic education, voter registration, and election monitoring** activities for 2004-2005 elections.
- To promote effective **local governance**, USAID established the Zabul Provincial Department of Women's Affairs and provided training and support to the **provincial council** and to the provincial municipality. These activities focused on improving professionalism, knowledge, and skills, resulting in more effective and transparent leadership.

Ongoing Activities:

- Supporting justice sector development in Zabul by producing and distributing **Judicial Reference Law Sets** to all judges in the province, as well as constructing the **Zabul courthouse** and **prosecutor's office**. These activities provide justices with access to the tools necessary to officiate over the courts, manage cases, and provide due process in the courts, leading to more effective and transparent rule of law.
- Supporting independent media institutions by establishing a **radio station** in Qalat.

ECONOMIC GROWTH

Goal: Promote a thriving, legal economy led by the private sector.

Summary: USAID promotes economic development in Zabul through expanding access to telecommunications and modern banking services.

Historical Activities:

- Supported establishment and installation of two **District Communications Network** centers in Zabul province (Shahri Safa and Shajoy Districts). These centers, operated by Afghan Telecom, provide telephones, Internet, and photocopying services to both the district government officials and the public at large.
- The provincial branch of **Da Afghanistan Bank** was expanded, refurbished, and fully automated – the bank operates as the paying agent for the government and disburses all social, payroll, and procurement payments. Services such as these increase the effectiveness and efficiency of the social and economic infrastructure of Afghanistan, contributing to the development of the public and private sectors. The branch staff received 240 hours of on-site training.

EDUCATION

Goal: Improve systems that sustain quality teaching; provide instructional materials; support basic and higher education, literacy, and vocational skills training; construct schools.

Summary: USAID has invested in Zabul through nationwide education programs including textbook printing, school construction/refurbishment, and training.

Historical Activities:

- Funded the construction of one **school** and supported five **community-based school classes** to expand access to and improve quality of education in areas where there are no formal schools.
- Funded the printing and distribution of nearly 165,000 primary education **textbooks,** as well as basic education learning materials and classroom supply kits for teachers and students.
- Provided **radio-based teacher training** to improve teachers' skills and their performance in the classroom.

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FACT SHEET

Zabul Province

HEALTH

Goal: Improve the access to and quality of health service delivery and increase the abilities of individuals, families, and communities to protect their health.

Summary: USAID's principal investments in Zabul come through nationwide programs, including support for health and family planning products and construction of health facilities.

Historical Activities:

- Improved access to healthcare through the construction or refurbishment of two **clinics** in Zabul (Qalat Hospital and Shinkay Clinic refurbishment).

Ongoing Activities:

- Supporting social marketing of **health and family planning products** such as contraceptives, water purification agents, and oral rehydration salts for sale through the private sector.

INFRASTRUCTURE

Goal: Improve transportation infrastructure in order to increase mobility, trade, and security; increase access to energy and water supply.

Summary: The infrastructure program focuses on constructing road, water, and energy networks; building the capacity of local workers; and investing in the local economy by using locally available materials.

Historical Activities:

- Helped Zabul increase the **energy** output capability through the Qalat Electrification Project, providing 24,000 people with access to electricity.
- Improved the 170km Zabul portion of the **Kabul-Kandahar Road**, shortening travel time, decreasing wear and tear on vehicles, and providing protection from floods.
- Constructed or refurbished 65 **wells** to increase access to water supply, improving the health of people, livestock, and crops.

PROVINCIAL RECONSTRUCTION TEAM

Goal: Improve security, extend the reach of the Afghan government, and facilitate reconstruction to contribute to building the foundations of stabilization.

Summary: The PRT program in Zabul focuses on training, infrastructure projects, and community development.

Historical Activities: The PRT Quick Impact Project (QIP) created linkages and built confidence between communities and the district, provincial, and central levels of government primarily through infrastructure projects.

- Funded two new **courthouses** and one new government administration building in Zabul to ease overcrowding and improve the effectiveness of government.
- Increased basic health care services through the refurbishment of the Shinkay Health Clinic and the Qalat **Hospital**.

FACT SHEET

Zabul Province

- Oversaw the construction of the Daub Pass Road and the Tarmak River **bridge** in order to improve transportation in Zabul province. USAID also supported the construction of the Qalat **airstrip**, increasing Zabul's air accessibility.

Ongoing Activities: The Local Governance and Community Development Program emphasizes activities that: 1) strengthen the capacity of local government to deliver services and address the needs of citizens living in Afghanistan's provinces; 2) encourage meaningful community participation in the identification and implementation of development projects and strengthen ties between these communities and local government officials; and 3) address development issues that are driving local instability and support for insurgency.

- Providing technical and **training** assistance to core civil service personnel, enhancing their management and administrative capacities. The Offices of the Provincial and District Governor, Provincial Development Committees and key line ministry departments have been targeted for specific support.
- Rehabilitating **government facilities** and multi-purpose meeting spaces to enable government officials to work in a professional environment.
- Agriculture Department staff extension training and establishment of **demonstration plots** will provide needed support to farmers and expose them to simple, low cost technology.
- Rehabilitation of **irrigation** and water systems community projects will improve water use and management, resolve water access rights, and bring irrigation and potable water to schools and clinics.
- Community development projects are involving **local communities** in the decision-making and planning process, generating buy-in, building capacity, and ensuring sustainability over the long-term. These local projects and development needs are being de-conflicted with national programs through involving line ministries and district representatives in the planning and monitoring.

MODULE VI: TAKING A SHORT CUT (EXERCISE)

MODULE AT A GLANCE

Content	Approx. Time	Instructional Activity
View "Taking a Short Cut" Vignette	15 minutes	demo
Break into small groups to discuss section of story	45 minutes	small group meetings
Group presentations	30 minutes	demo
Wrap-up	15 minutes	seminar
Total Time	105 minutes	

Lesson Objectives	• LO-1: ***Discuss*** key processes that an Activity Manager must undertake as part of his/her project management responsibilities. • LO-2: ***Discuss*** the advantages of communicating and coordinating relevant project details with other USG and non-USG entities.
Participants	USAID PRT members
Context	Adult Learning Environment
Content Overview	This module presents students with a scenario presentation using a computer-aided vignette, and follows up with small group exercises and seminar-style presentations.
Room Setup	Main room (with projector) and 4 additional smaller rooms (without projector)
Materials Needed	none
Staff Needed	Presenters x 2, Facilitator
Delivery	Demo and small group meetings
Potential Issues	Ensuring that we have the AV set up to play the vignette, and the space for the groups to talk about it.

MODULE VI LESSON PLAN

TAKING A SHORT CUT (EXERCISE)

1. LESSON OVERVIEW

a. **Methodology:** This module is a mix of demos, starting with the viewing of the vignette and ending with group demos of how sections should have gone. There are small group meetings interspersed to build the group demos.

b. **Subject Matter Overview:** This module presents students with a scenario presentation using a computer-aided vignette, and follows up with small group exercises and seminar-style presentations.

c. **Lesson Objectives (LO)**

- LO-1: ***Discuss*** key processes that an Activity Manager must undertake as part of his/her project management responsibilities.
- LO-2: ***Discuss*** the advantages of communicating and coordinating relevant project details with other USG and non-USG entities.

d. **Outcomes Expected:** At the completion of the module, the student will be able to articulate how small details matter and understand that poor decisions snowball into programs that fail.

e. **Linkage to Other Lessons:** This module pulls together all the lectures of the course into a hands-on group activity that reinforces learning, and prepares students for working together.

f. Module POC: Tony Pryor

g. Subject Matter POC: Rick Ferrer

2. STUDENT REQUIREMENTS

h. Required Readings: none

i. Handouts: none

3. TEACHING PLAN

j. **Background:**

- Scope: This starts with the vignette (15 minutes) then launches students into small groups to discuss key sections specific to their group which takes 45 minutes, and then ends with each group giving a demo on their section in 20 minutes.
- Instructional Notes: none

k. **Lesson Sections:**

- View "Taking a Short Cut" Vignette
  - Duration: 15 minutes
  - Location: main room
  - Presenter: Tony Pryor & Barbara Brocker
  - Facilitator: Dana Stinson
  - Content: vignette

- Break into small groups to discuss section of story
  - Duration: 45 minutes
  - Location: main room
  - Presenter: Tony Pryor & Barbara Brocker
  - Facilitator: Dana Stinson
  - Content: n/a
- Group presentations
  - Duration: 30 minutes
  - Location: main room
  - Presenter: Tony Pryor & Barbara Brocker
  - Facilitator: Dana Stinson
  - Content: n/a
- Wrap-up
  - Duration: 15 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Dana Stinson
  - Content:
    - Discuss outcomes of the vignette process
    - Address "parking lot" questions
    - Revise the PRT Guide with handouts
    - Site additional resources on the HTE for further learning on this topic

4. SLIDES

USAID FROM THE AMERICAN PEOPLE

USDA

USAID Afghanistan PRT Training

Module 6
Taking a Short Cut

USAID FROM THE AMERICAN PEOPLE

USDA

Subject Matter Overview

This module presents students with a scenario presentation using a computer-aided vignette, and follows up with small group exercises and seminar-style presentations.

USAID FROM THE AMERICAN PEOPLE

USDA

Lesson Objectives (LO)

- *LO-1: **Discuss** key processes that an Activity Manager must undertake as part of his/her project management responsibilities.*
- *LO-2: **Discuss** the advantages of communicating and coordinating relevant project details with other USG and non-USG entities.*

MODULE VII: PREPARING FOR DEPLOYMENT

MODULE AT A GLANCE

Content	Approx. Time	Instructional Activity
Security Clearance	15 minutes	seminar
Medical Clearance	15 minutes	seminar
Visa	10 minutes	seminar
Diplomatic or Official Passport	10 minutes	seminar
Training	10 minutes	seminar
Travel Authorization	10 minutes	seminar
Travel Itinerary Packing	10 minutes	seminar
Wrap-up	10 minutes	seminar
Total Time	90 minutes	

Lesson Objectives	• LO-1: ***Describe*** the importance of a pre-departure checklist. • LO-2: ***Develop*** a pre-departure checklist.
Participants	USAID PRT members
Context	Adult Learning Environment
Content Overview	This module provides concrete, logistical information about getting ready to leave for deployment, including getting security and medical clearances, applying for a visa and diplomatic/official passport, getting the proper trainings, finalizing travel authorization, and packing. The floor is then opened to students for questions about these topics.
Room Setup	Projector
Materials Needed	• PRT Packing List
Staff Needed	Facilitator
Delivery	Seminar
Potential Issues	Being able to capture all the questions and provide responses in a timely fashion (within or shortly after the course)

MODULE VII LESSON PLAN

PREPARING FOR DEPLOYMENT

1. LESSON OVERVIEW

a. **Methodology:** This module is seminar style, in which each topic is presented and the students are able to ask questions.

b. **Subject Matter Overview:** This module begins with an overview of each section and then opens the floor to questions students have about these topics when they are getting ready to leave for deployment.

c. **Lesson Objectives (LO)**

- LO-1: ***Describe*** the importance of a pre-departure checklist.
- LO-2: ***Develop*** a pre-departure checklist.

d. **Outcomes Expected**: At the completion of the module, the student will be able to come away with concrete, logistical information about getting ready to leave for deployment and should have all their questions answered, or at least should be directed to sites for more information that can answer their questions.

e. **Linkage to Other Lessons**: This module provides linkages to the HTE website and to discussion with the provincial mentors.

f. Module POC: Tony Pryor

g. Subject Matter POC: Rick Ferrer

2. STUDENT REQUIREMENTS

h. Required Readings: none

i. Handouts:

- PRT Packing List

3. TEACHING PLAN

j. **Background:**

- Scope: This module gives a short intro to each section (roughly 2 minutes) then opens the floor to students to discuss each topic in a structured fashion (for roughly 8 minutes).
- Instructional Notes: n/a

k. **Lesson Sections:**

- Security Clearance
  - Duration: 15 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Claire d'Emic

- Content: presentation

– Medical Clearance
  - Duration: 15 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Claire d'Emic
  - Content: presentation

– Visa
  - Duration: 10 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Claire d'Emic
  - Content: presentation

– Diplomatic or Official Passport
  - Duration: 10 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Claire d'Emic
  - Content: presentation

– Training
  - Duration: 10 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Claire d'Emic
  - Content: presentation

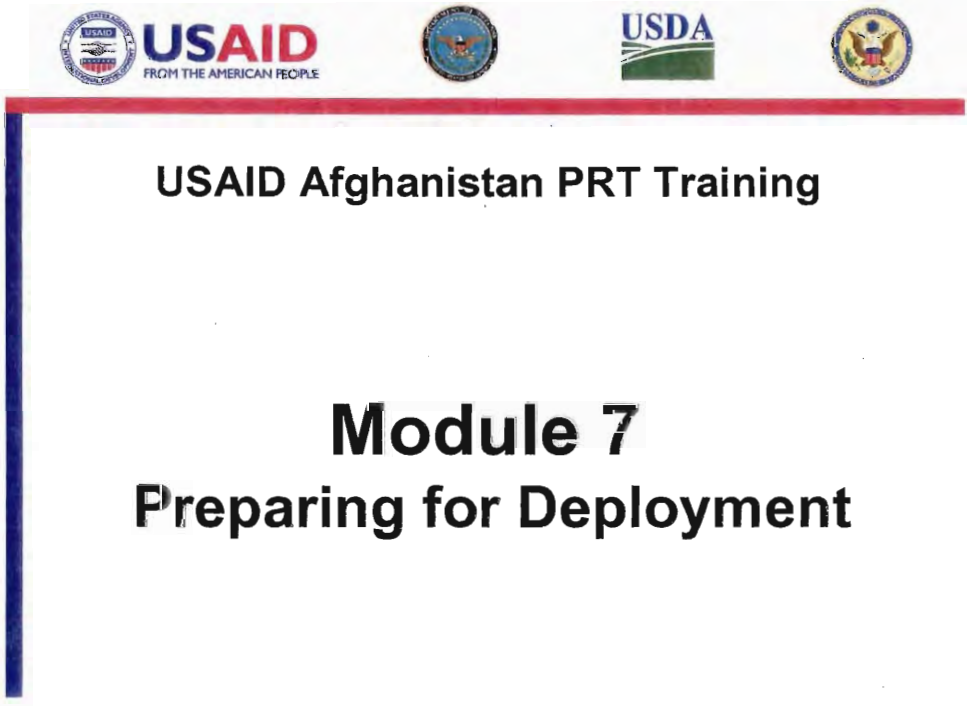
– Travel Authorization
  - Duration: 10 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Claire d'Emic

- Content: presentation

– Travel Itinerary Packing
  - Duration: 10 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Claire d'Emic
  - Content: presentation

– Wrap-up
  - Duration: 10 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Dana Stinson
  - Content:
    - Address "parking lot" questions
    - Revise the PRT Guide with handouts
    - Site additional resources on the HTE for further learning on this topic

4. SLIDES



Subject Matter Overview

This module provides concrete, logistical information about getting ready to leave for deployment, including getting security and medical clearances, applying for a visa and diplomatic/official passport, getting the proper trainings, finalizing travel authorization, and packing. The floor is then opened to students for questions about these topics.

Lesson Objectives (LO)

- *LO-1: **Describe** the importance of a pre-departure checklist.*
- *LO-2: **Develop** a pre-departure checklist.*

Security Clearance

- Necessary for all personnel beginning an assignment in Afghanistan.
- Personal Service Contractors (PSC) – Executive Officer at Post submits a request for security action.
- Foreign Service Limited (FSL) – Office of Human Resources initiates request.
- Security clearance is the first step in the deployment process. May take weeks to months to complete.
- Individual may update or revalidate an existing clearance.

Medical Clearance

- Travel to Afghanistan requires a Class 1 Medical Clearance.
- PSCs -- Work with Contracting Officer to obtain a medical clearance.
- FSL Employees -- Apply for clearance through the Office of Human Resources.
- Process may take up to 60 days, usually longer in the summer months.
- PSCs should take advantage of Medical Evacuation Services (medevac) offered by MEDEX Assistance Corporation.

You must have a valid class one medical clearance before departing for Afghanistan. Failure to secure a medical clearance prior to your departure will result in denial of access to Health Unit privileges while in Afghanistan.

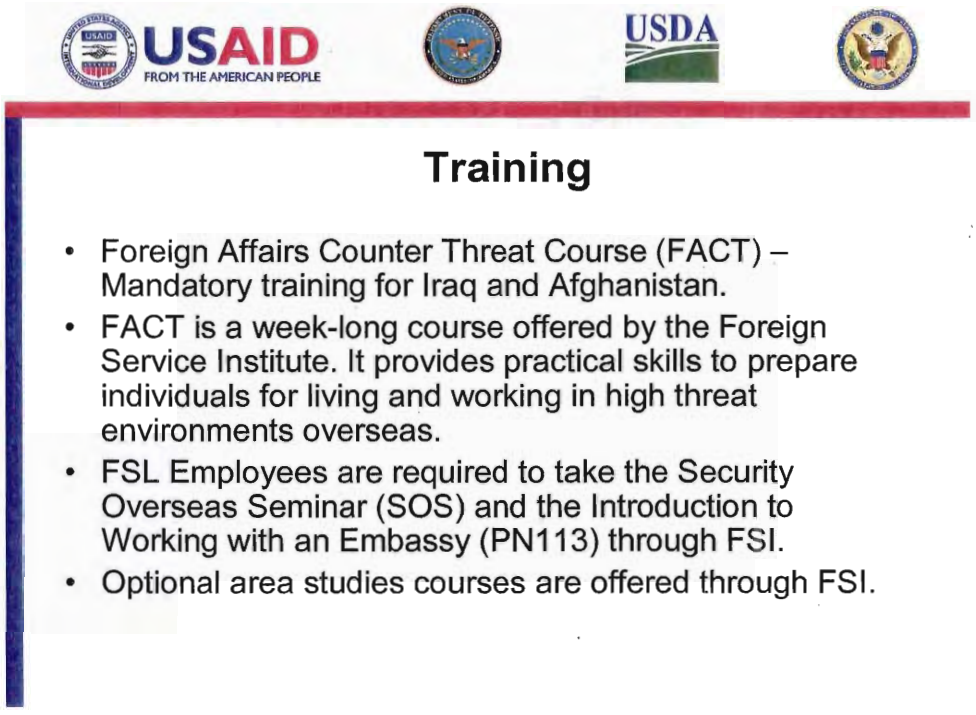
Although the process typically takes 60 days or longer, applications may be expedited if the need is urgent.

Usually, the Consulate will process a visa application within 24 to 48 hours. There is no fee associated with this application. You may request a letter of introduction from the Afghanistan Desk or from the Mission. When requesting the document, you should provide your passport number.

Diplomatic or Official Passport

- USG Employees and PSCs should hold a diplomatic passport, to be used only for official government travel.
- Apply for the passport in enough time to apply for a visa.
- Apply through Elite Travel, the official passport service of USAID.
- To Apply – Submit a completed DS-82 Passport Application, two identical passport photos, proof of citizenship and Elite Passport Request Form.
- PSCs must also submit a copy of their contract signature page and a copy of the Chessman/Nygaard Memo.

It may take 7 to 10 days to process a passport application through Elite Travel, although expedited processing is available. Currently, the cost of obtaining a diplomatic passport through Elite is $59.30, or $79.57 for Rush Processing.



The Office of Human Resources handles the enrollment of FSLs into FACT, SOS and PN113. FSLs should be in contact with HR to schedule the courses.

USAID Kabul HR is responsible for enrolling PSCs in FACT. PSCs should be in contact with the EXO HR Office at the Mission to discuss availability for the training.

If you have taken the Diplomatic Security Anti-Terrorism Course (DSAC), you do not need to take FACT.

USAID FROM THE AMERICAN PEOPLE USDA

Travel Authorization

- Lists the funding source for all aspects of government travel.
- Authorizes travel dates, funding for transportation, shipping and training costs.
- The Bureau of Travel and Transportation approves all Travel Authorizations (TAs). The Division must approve the TA before travel arrangements may be made.
- HR will not issue a TA until the employee has received their security and medical clearance and their contract is signed.

USAID FROM THE AMERICAN PEOPLE USDA

Travel Itinerary & Packing

- Travelers should make reservations through Carlson Wagonlit Travel (CWT), the official travel agency of USAID.
- There are no direct flights between the United States and Kabul, transit generally requires an overnight rest-stop in Dubai, UAE.
- CWT can only book travel from the US to the transit city. The Kabul AID Travel Office will reserve the connecting flight.
- The Travel and Transportation Division will schedule a pack-out once the TA has been fully approved.

As the Mission is closed on Fridays, you are not permitted to arrive in Afghanistan on this day. Do not schedule a Wednesday departure from the United States.

Three airlines operate between Dubai and Kabul. Two are commercial flights and one is a charter flight operated by UNHAS. Once you receive your TA and reserve your flight to Dubai, send a copy of your TA and flight itinerary to the Kabul AID Travel Office. They will reserve your connecting flight as well as your accommodation in Dubai.

Travel Officers are available to assist you as you transit through Dubai.

You may transit to Kabul from the United States through Dubai, Islamabad or Delhi. Due to security concerns, travelers are urged to transit through Dubai.

MODULE VII HANDOUTS

FOR INCOMING PRT-ers

PRT Packing List – (Boldfaced items are essential, others are more optional)

- ☐ **Cash for overweight baggage on UNHAS (will be reimbursed on TA)**
- ☐ **Cash ($1s) for baggage fees in Kabul ($1 per bag as of Sept 2007)**
- ☐ Clothing for 2-3 months (If shipping UAB, it might not get there until later)
- ☐ **Earphones, noise canceling**
- ☐ **Sunglasses (Polarized)**
- ☐ **Watch**
- ☐ **Camera**
- ☐ Binoculars
- ☐ GPS (wrist-GPS devices are great for plotting project sites, villages, etc., and are hands-free)
- ☐ Any special food or consumables (APO will take liquids)
- ☐ **ANSI Eye Pro – Oakley protective sunglasses or Wiley X ballistic mini goggles (Cavalry or Brigade are good vendors online)**
- ☐ Milspec 1 ¾" BDU nylon belt
- ☐ Tactical vest (goes over IBA and has lots of webbing straps to hook stuff to – recommend waiting to see what kind of IBA you get, then shopping at BAF)
- ☐ Map – Afghanistan 1:1M International Travel Maps, Vancouver, BC, Canada (www.itmb.com)
- ☐ **SPF Chapstick**
- ☐ **Packtowls** – several sizes
- ☐ **Ear plugs** (you can get containers of 50pr. at Target, Walmart, etc.)
- ☐ Nasal mist for dust storms (Ocean Nasal Spray)
- ☐ **Pre-Sun Ultra Gel (SPF 30) or other sweatproof/waterproof sunscreen**
- ☐ Wet Ones baby wipes
- ☐ **Smartwool socks or similar hiking socks that wick**
- ☐ **Non-goretex boots** for summer
- ☐ Goretex boots for winter (if at mountain post – if in desert post, disregard)
- ☐ **Green, red, or blue micron light (2-3)**
- ☐ **Headlamp**
- ☐ **Small backpack** (to pack and use as go-bag)
- ☐ **Light cheap flip flops**/shower shoes
- ☐ **Sharpie markers** (10-12)
- ☐ Mesh laundry bag
- ☐ Voltage converter – 220/110 Franzus ($20) (or just make sure your electronics are 110-240 VAC and 50/60 Hz. "Imation" makes a small, 1.5-lb ipod speaker that has dual-voltage and is easy to pack, for example.)
- ☐ **Shell**
- ☐ **Fleece**
- ☐ **Under layers**
- ☐ Shortwave (check Universal Radio Ohio website)
- ☐ AA/AAA rechargeable batteries
- ☐ Dry Gatorade (many posts provide dry gatorade packets and liquid gatorade bottles)
- ☐ **One-hand-operable tourniquet**

- ☐ **Leatherman/Swiss Army**
- ☐ Waterproof wallet or badge holder
- ☐ **Nomex aviator gloves** and hood
- ☐ Plastic carabiners (check mil supply)
- ☐ **EMT scissors**
- ☐ Rescue belt
- ☐ Motorola radios (issued at post)
- ☐ Anti-bac hand lotion
- ☐ **Wool cap**
- ☐ **Chem stick-lights** (tape one to your door / keep one or more in go-bag – available at base)
- ☐ **Rescue blanket** (thermal blanket folds down to about 2" x 1.5" and is available in any first aid section of a superstore or military supply store – many athletic stores also carry these – it's what they give marathon runners at the finish)
- ☐ **Cliff/Luna/Zone/Whatever Bars**
- ☐ Extra ration cell phone cards (issued in Kabul for Thuraya – not a bad idea to get a scratch-off card for a competing cell phone service as well. Cell coverage often goes down, or the network fails temporarily. Prepaid scratch cards can keep you covered.
- ☐ **3x5 cards**
- ☐ **Family photo** in wallet
- ☐ Tampons for wounds
- ☐ **Small med kit** (recommend: Adventure Medical Kits – available at REI or outfitter shop)
- ☐ Coffee (already ground)
- ☐ French press
- ☐ **Milspec sleeping bag exterior (Gore-tex)**
- ☐ **Sleeping bag and compression sack** &thermarest or foam mat/pad
- ☐ **Moisturizer, shampoo, conditioner, face wash, face lotion, makeup, toiletries**
- ☐ **Refills of Prescriptions**
- ☐ Headset for computer/Skype
- ☐ Travel alarm clock(s)
- ☐ Your own sheets (the PRT often provides sheets, but NOT a blanket. Check about a pillow. Consider also a mattress pad. What doesn't fit in your luggage can come by APO)
- ☐ Scanner – Recommend the Canon LiDE 500F flatbed that is very thin and can fit in a box of books very easily. Not too fragile, thinner than most books, can be stored sideways or flat.
- ☐ For women: long tunic-style shirts. Below-the-crotch in length. If you can't find stateside, have someone on the base pick up material locally for you – many bases have a tailor who will know how to make shirts (the top half of "shalwar kameez")
- ☐ For women: 1-2 scarves. You will get more while you're here.

MODULE VIII: STRESS & EMERGENCY MANAGEMENT

MODULE AT A GLANCE

Content	Approx. Time	Instructional Activity
Stress management	15 minutes	lecture
Living in Afghanistan	15 minutes	lecture
Family issues	15 minutes	lecture
Emergency management	15 minutes	lecture
Wrap-up	15 minutes	seminar
Total Time	75 minutes	

Lesson Objectives	• LO-1: ***List*** three causes and symptoms of stress. • LO-2: ***Describe*** how stress affects you. • LO-3: ***Outline*** how you would deal with an emergency.
Participants	USAID PRT members
Context	Adult Learning Environment
Content Overview	This module provides information on knowing how to deal with stress, tips and tactics; knowing the symptoms of stress and stress-related issues; dealing with family issues while at post; and emergencies and their effects on physical and mental health.
Room Setup	Projector
Materials Needed	• Psychosocial Security 101 • Psychosocial Dos and Don'ts • IASC Guidelines on Mental Health & Psychosocial Support • Post Morale
Staff Needed	Presenter & Facilitator
Delivery	Lecture
Potential Issues	none

MODULE VIII LESSON PLAN

STRESS AND EMERGENCY MANAGEMENT

1. LESSON OVERVIEW

a. **Methodology:** This module is lecture style with a multipart, panel presentation.

b. **Subject Matter Overview:** This module provides information on knowing how to deal with stress, tips and tactics; knowing the symptoms of stress and stress-related issues; dealing with family issues while at post; and, emergencies and their effects on physical and mental health.

c. **Lesson Objectives (LO)**

- LO-1: ***List*** three causes and symptoms of stress.
- LO-2: ***Describe*** how stress affects you.
- LO-3: ***Outline*** how you would deal with an emergency.

d. **Outcomes Expected**: At the completion of the module, the learner will be able to understand what stress is and how it effects them individually; understand how to recover from stress-issues; and, how to deal with emergencies.

e. **Linkage to Other Lessons**: This module provides linkages to the HTE website and to discussion with peers.

f. Module POC: Tony Pryor

g. Subject Matter POC: Rick Ferrer

2. STUDENT REQUIREMENTS

h. Required Readings: none

i. Handouts:

- Psychosocial Security 101
- Psychosocial Dos and Don'ts
- IASC Guidelines on Mental Health & Psychosocial Support
- Post Morale

3. TEACHING PLAN

j. **Background:**

- Scope: This is a 75 minute lecture that covers how students deal with stress, issues surrounding working in Afghanistan, family relationship issues, and how to deal with emergencies.
- Instructional Notes: none

k. **Lesson Sections:**

- Stress Management
  - Duration: 15 minutes
  - Location: main room

- Presenter: Martha Rees
- Facilitator: Dana Stinson
- Content: presentation (TBD)

– Living in Afghanistan
  - Duration: 15 minutes
  - Location: main room
  - Presenter: Martha Rees
  - Facilitator: Dana Stinson
  - Content: presentation (TBD)

– Language
  - Duration: 10 minutes
  - Location: main room
  - Presenter: Martha Rees
  - Facilitator: Dana Stinson
  - Content: presentation (TBD)

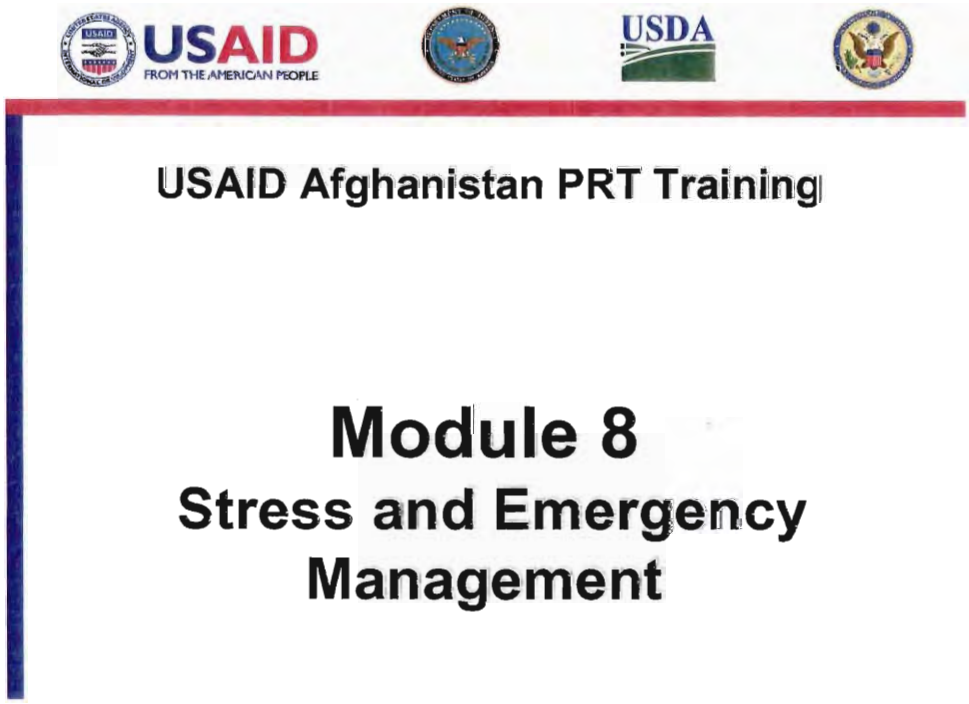
– Family Issues
  - Duration: 10 minutes
  - Location: main room
  - Presenter: Martha Rees
  - Facilitator: Dana Stinson
  - Content: presentation (TBD)

– Emergency Management
  - Duration: 10 minutes
  - Location: main room
  - Presenter: Martha Rees
  - Facilitator: Dana Stinson
  - Content: presentation (TBD)

– Wrap-up
  - Duration: 15 minutes
  - Location: main room

- Presenter: n/a
- Facilitator: Dana Stinson
- Content:
    - Address "parking lot" questions
    - Revise the PRT Guide with handouts
    - Site additional resources on the HTE for further learning on this topic

4. SLIDES



Subject Matter Overview

This module provides information on knowing how deal with stress, tips and tactics; knowing the symptoms of stress and stress related issues; dealing with family issues while at post; and emergencies and their effects on physical and mental health.

Lesson Objectives (LO)

- *LO-1: **List** three causes and symptoms of stress.*
- *LO-2: **Describe** how stress affects you.*
- *LO-3: **Outline** how you would deal with an emergency.*

MODULE VIII HANDOUTS

Crisis and Recovery Training (CRT-3)
Psychosocial Security 101

Types of Stress

Acute Events—events that are dangerous, frightening or life-threatening (e.g., car accident, sexual assault, living in a conflict zone)
Chronic Events—events of an on-going nature that tax our ability to cope (e.g., marital problems, constantly having too much work to do, being separated from family and friends)
Vicarious Events—seeing or hearing about other people's difficult experiences (e.g., working with tsunami survivors, working with survivors or gender-based violence)

Consequences of Stress

Here is a list of many ways that we are changed in our bodies, thoughts and feelings, relationships and spirit because of stress. The list is not exhaustive, but can be used to better understand yourself and others.

Bodies	Thoughts/Feelings
Muscle tension	Depression
Stomachaches	Anger
Headaches	Anxiety
Sweating	Loss of emotional control
Rapid heartbeat	Irritability/hostility
High blood pressure	Tendency to cry
Fatigue	Impatience
Feeling jumpy	Emotional "numbing" (not feeling anything)
Difficulty sleeping	Volatile/intense emotions
Increased alcohol, drug or tobacco use	Intrusive thoughts
General physiological arousal	Difficulty concentrating
	Poor problem solving
	Forgetfulness
	Diminished productivity
Relationships	**Spirit**
Scapegoating	Loss of faith
Back-biting	Cynicism
Withdrawal	Disillusion
Domestic violence	Looking for magic
Loss of pleasure in things you enjoy	Apathy
Isolation	Loss of meaning
Marital problems	Hopelessness
Manipulation	Discouragement
Not following through on obligations to others	No longer practice your faith or traditions
Aggressive	Loss of spirit
	Moral ambiguity

Psychosocial Security 101
General Principles for Managing Stress

If our bodies, thoughts and feelings, relationships and spirit change due to stress, then it is logical that we need to take action in each of those domains to manage stress. The box below shares one global stress management strategy for each domain affected by stress. The table below it offers several specific stress management strategies within each of the four domains.

Bodies (Physical/Behavioral)	**Thoughts/Feelings (Cognitive/Emotional)**
Help your body process stress hormones and reduce arousal	Reflect and refresh
Relationships (Relational/Social)	**Spirit (Spiritual)**
Strengthen social support and connection with others	Make meaning of stressful, distressing and disturbing experiences

Specific Strategies for Managing Stress

Physical/Behavioral	Cognitive/Emotional
Exercise	Have realistic expectations
Getting enough sleep	Use appropriate humor
Drinking water	Challenge negative thinking
Deep breathing	Journaling
Limiting consumption of caffeine, alcohol, tobacco and other substances	Meditation
Massage	When traveling, bring small objects that remind you of home
Progressive muscle relaxation	Make time for activities or hobbies that you enjoy
Yoga/Tai-chi	Take time off
Dance	Selective ignoring
Relational/Social	**Spiritual**
Nurture one or two close friendships aside from spouse/partner	Meditation
Stay in touch with family and friends when traveling through email, letters, Skype/VOIP	Actively participate in a community of meaning
Periodic counseling	Prayer, spiritual reading or music
Practice gratitude	Solitude
Perform random acts of kindness	Infusing a common activity with deeper purpose
During particularly demanding times, make an extra effort to check in with colleagues and see how they're doing	Practice traditions/rituals that are consistent with your belief system
Celebrate special occasions	Talk with friends and family about matters of meaning and purpose.

Psychosocial Security 101
General Principles for Supervisors

Following are seven good managerial practices that can create an environment where staff feel supported and cared for. These are especially relevant in an emergency or conflict context where security may be a concern.

1. Provide timely, accurate information.
   Emergencies tend to destabilize channels of information and communication. Rumors and the absence of credible and accurate information tend to be major sources of anxiety for those affected by an emergency and can create confusion and insecurity. The need for timely, accurate information is heightened in volatile operating environments. In addition to providing accurate and timely information, managers should communicate through multiple channels (e.g., telephone, meetings, emails) and avoid assuming that "once is enough." In times of stress, people's ability to concentrate may be impaired and they may be distracted. Repeating messages is a helpful communication strategy.

2. Aggressively address safety and security concerns
   Feeling safe and secure is one of the most basic needs that humans have. One of the most important ways to promote the well-being of staff working in difficult environments is to aggressively address safety and security. Staff should know how to avoid harm and what actions to take to protect oneself when faced with a threat or risk.

3. Model good self-care
   If a manager isn't practicing good self-care and stress management techniques, it may be difficult for staff to "give themselves permission" to take care of themselves. So don't just say that USAID encourages staff wellness—practice it! Not only will you create a positive environment for your staff, but you may find that you are better able to cope with the additional challenges of managing in a difficult environment.

4. Actively support staff efforts to take care of themselves
   Move beyond words to action. Provide all staff, in languages they understand, information about the consequences of stress and practical coping strategies. Encourage staff in engage in individual and collective self-care activities.

5. Provide outlets for expression of fear and anxiety
   In situations of insecurity, staff may feel afraid and anxious. Provide fora for staff to express those emotions, normalize them, and take positive action in response.

6. Creative HR/administrative policies
   Flexibility is a virtue in emergency or conflict situations. Policies need to adapt to rapidly changing realities and the psychosocial needs of staff that may emerge in difficult working environments. Do R&R policies need to be revised? Can leave policies be creatively interpreted to provide staff additional time off?

7. Provide resources when additional help is needed.
   In difficult working environments, there may be some staff that need additional support –for example, some may wish to seek counseling, others may develop alcohol problems and need treatment. Helping staff identify, access, and pay for such services is one sign of a caring organization.

Crisis and Recovery Response Skills Training (CRT-2)
Psychosocial Issues

TEN DO'S AND DON'TS OF PSYCHOSOCIAL PROGRAMMING

- DO meet mental health and psychosocial needs through non-psychological interventions
- DON'T always intervene
- DO provide ongoing, reliable information to affected populations
- DON'T unceremoniously dispose of corpses
- DO widely disseminate reassuring information about common reactions to distressing events
- DO support positive traditional coping mechanisms, including traditional healers
- DON'T support programs that do not properly train and supervise paraprofessionals
- DO consider the value of interventions at multiple societal levels such as individual, household, and group levels
- DO ground programs in deep understanding of local culture
- DO provide access to care and treatment for those with urgent mental health and psychological disorders

IASC
Inter-Agency Standing Committee

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

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IASC

Inter-Agency Standing Committee

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The Inter-Agency Standing Committee (IASC) was established in 1992 in response to General Assembly Resolution 46/182, which called for strengthened coordination of humanitarian assistance. The resolution set up the IASC as the primary mechanism for facilitating inter-agency decision-making in response to complex emergencies and natural disasters. The IASC is formed by the heads of a broad range of UN and non-UN humanitarian organisations. For further information on the IASC, please access its website at: http://www.humanitarianinfo.org/iasc

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Foreword

The Inter-Agency Standing Committee (IASC) issues these Guidelines to enable humanitarian actors to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency.

Populations affected by emergencies frequently experience enormous suffering. Humanitarian actors are increasingly active to protect and improve people's mental health and psychosocial well-being during and after emergencies. A significant gap, however, has been the absence of a multi-sectoral, inter-agency framework that enables effective coordination, identifies useful practices, flags potentially harmful practices and clarifies how different approaches to mental health and psychosocial support complement one another.

The Guidelines offer essential advice on how to facilitate an integrated approach to address the most urgent mental health and psychosocial issues in emergency situations.

I would like to thank the members of the IASC Task Force on Mental Health and Psychosocial Support in Emergency Settings and specifically the Task Force co-chairs, WHO and InterAction, for achieving inter-agency consensus on minimum responses in this important area of humanitarian aid.

I call upon all those who are involved in humanitarian assistance to implement these Guidelines.

Kasidis Rochanakorn

Chair, Inter-Agency Standing Committee Working Group
Director, OCHA Geneva

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CHAPTER 1

Introduction

Background

Armed conflicts and natural disasters cause significant psychological and social suffering to affected populations. The psychological and social impacts of emergencies may be acute in the short term, but they can also undermine the long-term mental health and psychosocial well-being of the affected population. These impacts may threaten peace, human rights and development. One of the priorities in emergencies is thus to protect and improve people's mental health and psychosocial well-being. Achieving this priority requires coordinated action among all government and non-government humanitarian actors.

A significant gap, however, has been the absence of a multi-sectoral, inter-agency framework that enables effective coordination, identifies useful practices and flags potentially harmful practices, and clarifies how different approaches to mental health and psychosocial support complement one another. This document aims to fill that gap.

These guidelines reflect the insights of practitioners from different geographic regions, disciplines and sectors, and reflect an emerging consensus on good practice among practitioners. The core idea behind them is that, in the early phase of an emergency, social supports are essential to protect and support mental health and psychosocial well-being. In addition, the guidelines recommend selected psychological and psychiatric interventions for specific problems.

The composite term *mental health and psychosocial support* is used in this document to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. Although the terms *mental health* and *psychosocial support* are closely related and overlap, for many aid workers they reflect different, yet complementary, approaches.

Aid agencies outside the health sector tend to speak of *supporting psychosocial well-being*. Health sector agencies tend to speak of mental health, yet historically have also used the terms *psychosocial rehabilitation* and *psychosocial treatment* to describe non-biological interventions for people with mental disorders. Exact definitions of these terms vary between and within aid organisations, disciplines and countries. As the current document covers intersectoral, inter-agency guidelines, the composite term *mental health and psychosocial support (MHPSS)* serves to unite as

broad a group of actors as possible and underscores the need for diverse, complementary approaches in providing appropriate supports.

Scientific evidence regarding the mental health and psychosocial supports that prove most effective in emergency settings is still thin. Most research in this area has been conducted months or years after the end of the acute emergency phase. As this emerging field develops, the research base will grow, as will the base of practitioners' field experience. To incorporate emerging insights, this publication should be updated periodically.

Mental health and psychosocial impact of emergencies

Problems

Emergencies create a wide range of problems experienced at the individual, family, community and societal levels. At every level, emergencies erode normally protective supports, increase the risks of diverse problems and tend to amplify pre-existing problems of social injustice and inequality. For example, natural disasters such as floods typically have a disproportionate impact on poor people, who may be living in relatively dangerous places.

Mental health and psychosocial problems in emergencies are highly interconnected, yet may be predominantly social or psychological in nature. Significant problems of a predominantly social nature include:

- Pre-existing (pre-emergency) social problems (e.g. extreme poverty; belonging to a group that is discriminated against or marginalised; political oppression);
- Emergency-induced social problems (e.g. family separation; disruption of social networks; destruction of community structures, resources and trust; increased gender-based violence); and
- Humanitarian aid-induced social problems (e.g. undermining of community structures or traditional support mechanisms).

Similarly, problems of a predominantly psychological nature include:

- Pre-existing problems (e.g. severe mental disorder; alcohol abuse);
- Emergency-induced problems (e.g. grief, non-pathological distress; depression and anxiety disorders, including post-traumatic stress disorder (PTSD)); and
- Humanitarian aid-related problems (e.g. anxiety due to a lack of information about food distribution).

Thus, mental health and psychosocial problems in emergencies encompass far more than the experience of PTSD.

People at increased risk of problems

In emergencies, not everyone has or develops significant psychological problems. Many people show resilience, that is the ability to cope relatively well in situations of adversity. There are numerous interacting social, psychological and biological factors that influence whether people develop psychological problems or exhibit resilience in the face of adversity.

Depending on the emergency context, particular groups of people are at increased risk of experiencing social and/or psychological problems. Although many key forms of support should be available to the emergency-affected population in general, good programming specifically includes the provision of relevant supports to the people at greatest risk, who need to be identified for each specific crisis (see Chapter 3, Action Sheet 2.1).

All sub-groups of a population can potentially be at risk, depending on the nature of the crisis. The following are groups of people who frequently have been shown to be at increased risk of various problems in diverse emergencies:

- Women (e.g. pregnant women, mothers, single mothers, widows and, in some cultures, unmarried adult women and teenage girls);
- Men (e.g. ex-combatants, idle men who have lost the means to take care of their families, young men at risk of detention, abduction or being targets of violence);
- Children (from newborn infants to young people 18 years of age), such as separated or unaccompanied children (including orphans), children recruited or used by armed forces or groups, trafficked children, children in conflict with the law, children engaged in dangerous labour, children who live or work on the streets and undernourished/understimulated children;
- Elderly people (especially when they have lost family members who were care-giver);
- Extremely poor people;
- Refugees, internally displaced persons (IDPs) and migrants in irregular situations

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(especially trafficked women and children without identification papers);

- People who have been exposed to extremely stressful events/trauma (e.g. people who have lost close family members or their entire livelihoods, rape and torture survivors, witnesses of atrocities, etc.);
- People in the community with pre-existing, severe physical, neurological or mental disabilities or disorders;
- People in institutions (orphans, elderly people, people with neurological/mental disabilities or disorders);
- People experiencing severe social stigma (e.g. untouchables/dalit, commercial sex workers, people with severe mental disorders, survivors of sexual violence);
- People at specific risk of human rights violations (e.g. political activists, ethnic or linguistic minorities, people in institutions or detention, people already exposed to human rights violations).

It is important to recognise that:

- There is large diversity of risks, problems and resources within and across each of the groups mentioned above.
- Some individuals within an at-risk group may fare relatively well.
- Some groups (e.g. combatants) may be simultaneously at increased risk of some problems (e.g. substance abuse) and at reduced risk of other problems (e.g. starvation).
- Some groups may be at risk in one emergency, while being relatively privileged in another emergency.
- Where one group is at risk, other groups are often at risk as well (Sphere Project, 2004).

To identify people as 'at risk' is not to suggest that they are passive victims. Although at-risk people need support, they often have capacities and social networks that enable them to contribute to their families and to be active in social, religious and political life.

Resources

Affected groups have assets or resources that support mental health and psychosocial well-being. The nature and extent of the resources available and accessible may vary with age, gender, the socio-cultural context and the emergency environment. A common error in work on mental health and psychosocial well-being is to ignore these resources and to focus solely on deficits – the weaknesses, suffering and pathology – of the affected group.

Affected individuals have resources such as skills in problem-solving, communication, negotiation and earning a living. Examples of potentially supportive social resources include families, local government officers, community leaders, traditional healers (in many societies), community health workers, teachers, women's groups, youth clubs and community planning groups, among many others. Affected communities may have economic resources such as savings, land, crops and animals; educational resources such as schools and teachers; and health resources such as health posts and staff. Significant religious and spiritual resources include religious leaders, local healers, practices of prayer and worship, and cultural practices such as burial rites.

To plan an appropriate emergency response, it is important to know the nature of local resources, whether they are helpful or harmful, and the extent to which affected people can access them. Indeed, some local practices – ranging from particular traditional cultural practices to care in many existing custodial institutions – may be harmful and may violate human rights principles (see Action Sheets 5.3, 6.3 and 6.4).

The guidelines

Purpose of these guidelines

The primary purpose of these guidelines is to enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency. The focus of the guidelines is on implementing minimum responses, which are essential, high-priority responses that should be implemented as soon as possible in an emergency. Minimum responses are the first things that ought to be done; they are the essential first steps that lay the foundation for the more comprehensive efforts that may be needed (including during the stabilised phase and early reconstruction).

To complement the focus on minimum response, the guidelines also list concrete strategies for mental health and psychosocial support to be considered mainly before and after the acute emergency phase. These 'before' (emergency preparedness)

and 'after' (comprehensive response) steps establish a context for the minimum response and emphasise that the minimum response is only the starting point for more comprehensive supports (see Chapter 2).

Although the guidelines have been written for low- and middle-income countries (where Inter-Agency Standing Committee (IASC) member agencies tend to work), the overall framework and many parts of the guidelines apply also to large-scale emergencies in high-income countries.

Target audience

These guidelines were designed for use by all humanitarian actors, including community-based organisations, government authorities, United Nations organisations, non-government organisations (NGOs) and donors operating in emergency settings at local, national and international levels.

The orientation of these guidelines is not towards individual agencies or projects. Implementation of the guidelines requires extensive collaboration among various humanitarian actors: no single community or agency is expected to have the capacity to implement all necessary minimum responses in the midst of an emergency. The guidelines should be accessible to all humanitarian actors to organise collaboratively the necessary supports. Of particular importance is the active involvement at every stage of communities and local authorities, whose participation is essential for successful, coordinated action, the enhancement of local capacities and sustainability. To maximise the engagement of local actors, the guidelines should be translated into the relevant local language(s).

These guidelines are not intended solely for mental health and psychosocial workers. Numerous action sheets in the guidelines outline social supports relevant to the core humanitarian domains, such as disaster management, human rights, protection, general health, education, water and sanitation, food security and nutrition, shelter, camp management, community development and mass communication. Mental health professionals seldom work in these domains, but are encouraged to use this document to advocate with communities and colleagues from other disciplines to ensure that appropriate action is taken to address the social risk factors that affect mental health and psychosocial well-being. However, the clinical and specialised forms of psychological or psychiatric supports indicated in the guidelines should only be implemented under the leadership of mental health professionals.

An overview of the guidelines

The structure of these IASC Guidelines is consistent with two previous IASC documents: the *Guidelines for HIV/AIDS Interventions in Emergency Settings* (IASC, 2003) and the *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings* (IASC, 2005). All three of these IASC documents include a matrix, which details actions for various actors during different stages of emergencies, and a set of action sheets that explain how to implement minimum response items identified in the middle column (Minimum Response) of the matrix. The current guidelines contain 25 such action sheets (see Chapter 3).

The matrix (displayed in Chapter 2) provides an overview of recommended key interventions and supports for protecting and improving mental health and psychosocial well-being. The three matrix columns outline the:

- Emergency preparedness steps to be taken before emergencies occur;
- Minimum responses to be implemented during the acute phase of the emergency; and
- Comprehensive responses to be implemented once the minimum responses have been implemented. Typically, this is during the stabilised and early reconstruction phases of the emergency.

The action sheets emphasise the importance of multi-sectoral, coordinated action. Each action sheet therefore includes (hyper-)links, indicated by turquoise text, relating to action sheets in other domains/sectors.

Each action sheet consists of a rationale/background; descriptions of key actions; selected sample process indicators; an example of good practice in previous emergencies; and a list of resource materials for further information. Almost all listed resource materials are available via the internet and are also included in the accompanying CD-ROM.

How to use this document

Reading the document from cover to cover may not be possible during an emergency. It may be read selectively, focusing on items that have the greatest relevance to the reader's responsibilities or capacities. A good way to begin is to read the matrix,

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focusing on the centre column of minimum response, look for the items of greatest relevance and go directly to the corresponding action sheets. It is important to remember that no single agency is expected to implement every item in the guidelines.

The guidelines aim to strengthen the humanitarian response in emergencies by all actors, from pre-emergency preparedness through all steps of response programme planning, implementation and evaluation. They are especially useful as a tool for strengthening coordination and advocacy.

Coordination

In emergencies, coordination of aid is one of the most important and most challenging tasks. This document provides detailed guidance on coordination (see Action Sheet 1.1) and is a useful coordination tool in two other respects. First, it calls for a single, overarching coordination group on mental health and psychosocial support to be set up when an emergency response is first mobilised. The rationale for this is that mental health supports and psychosocial supports inside and outside the health sector are mutually enhancing and complementary (even though in the past they have often been organised separately by actors in the health and protection sectors respectively). Because each is vital for the other, it is essential to coordinate the two. If no coordination group exists or if there are separate mental health coordination and psychosocial coordination groups, the guidelines can be used to advocate for the establishment of one overarching group to coordinate MHPSS responses.

Second, the guidelines – and in particular the matrix – provide reference points that can be used to judge the extent to which minimum responses are being implemented in a given community. Any items listed in the matrix that are not being implemented may constitute gaps that need to be addressed. In this respect, the matrix offers the coordination group a useful guide.

Advocacy for improved supports

As an advocacy tool, the guidelines are useful in promoting the need for particular kinds of responses. Because they reflect inter-agency consensus and the insight of numerous practitioners worldwide, the guidelines have the support of many humanitarian agencies and actors. For this reason, they offer a useful advocacy tool in addressing gaps and also in promoting recommended responses – i.e. minimum, priority responses – even as the emergency occurs. For example, in a situation where non-participatory sectoral programmes are being established, the guidelines could be used to make the case with different stakeholders for why a more participatory approach would be beneficial. Similarly, if very young children are at risk and receiving no support, Action Sheet 5.4 could be used to advocate for the establishment of appropriate early child development supports.

Working with partners to develop appropriate mental health and psychosocial supports is an important part of advocacy. Dialogue with partners, whether NGO, government or UN staff, may help steer them, where needed, toward the kinds of practices outlined in this document. The guidelines may also be used for advocacy in other ways. For example, the inclusion of a comprehensive response column in the matrix facilitates advocacy for long-term planning (e.g. for the development of mental health services within the health system of the country concerned).

However, these guidelines should not be used as a cookbook. Although the matrix suggests actions that should be the minimum response in many emergencies, a local situation analysis should be conducted, to identify more precisely the greatest needs, specify priority actions and guide a socially and culturally appropriate response.

The guidelines do not give details for implementation, but rather contain a list of key actions with brief explanations and references to further resource materials regarding implementation.

Core principles

1. Human rights and equity

Humanitarian actors should promote the human rights of all affected persons and protect individuals and groups who are at heightened risk of human rights violations. Humanitarian actors should also promote equity and non-discrimination. That is, they should aim to *maximise fairness* in the availability and accessibility of mental health and psychosocial supports among affected populations, across gender, age groups, language groups, ethnic groups and localities, according to identified needs.

2. Participation

Humanitarian action should maximise the participation of local affected

populations in the humanitarian response. In most emergency situations, significant numbers of people exhibit sufficient resilience to participate in relief and reconstruction efforts. Many key mental health and psychosocial supports come from affected communities themselves rather than from outside agencies. Affected communities include both displaced and host populations and typically consist of multiple groups, which may compete with one another. Participation should enable different sub-groups of local people to retain or resume control over decisions that affect their lives, and to build the sense of local ownership that is important for achieving programme quality, equity and sustainability. From the earliest phase of an emergency, local people should be involved to the greatest extent possible in the assessment, design, implementation, monitoring and evaluation of assistance.

3. Do no harm

Humanitarian aid is an important means of helping people affected by emergencies, but aid can also cause unintentional harm (Anderson, 1999). Work on mental health and psychosocial support has the potential to cause harm because it deals with highly sensitive issues. Also, this work lacks the extensive scientific evidence that is available for some other disciplines. Humanitarian actors may reduce the risk of harm in various ways, such as:

- Participating in coordination groups to learn from others and to minimise duplication and gaps in response;
- Designing interventions on the basis of sufficient information (see Action Sheet 2.1);
- Committing to evaluation, openness to scrutiny and external review;
- Developing cultural sensitivity and competence in the areas in which they intervene/work;
- Staying updated on the evidence base regarding effective practices; and
- Developing an understanding of, and consistently reflecting on, universal human rights, power relations between outsiders and emergency-affected people, and the value of participatory approaches.

4. Building on available resources and capacities

As described above, all affected groups have assets or resources that support mental health and psychosocial well-being. A key principle – even in the early stages of an emergency – is building local capacities, supporting self-help and strengthening the resources already present. Externally driven and implemented programmes often lead to inappropriate MHPSS and frequently have limited sustainability. Where possible, it is important to build both government and civil society capacities. At each layer of the pyramid (see Figure 1), key tasks are to identify, mobilise and strengthen the skills and capacities of individuals, families, communities and society.

5. Integrated support systems

Activities and programming should be integrated as far as possible. The proliferation of stand-alone services, such as those dealing only with rape survivors or only with people with a specific diagnosis, such as PTSD, can create a highly fragmented care system. Activities that are integrated into wider systems (e.g. existing community support mechanisms, formal/non-formal school systems, general health services, general mental health services, social services, etc.) tend to reach more people, often are more sustainable, and tend to carry less stigma.

6. Multi-layered supports

In emergencies, people are affected in different ways and require different kinds of supports. A key to organising mental health and psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups. This may be illustrated by a pyramid (see Figure 1). All layers of the pyramid are important and should ideally be implemented concurrently.

i. Basic services and security. The well-being of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases). In most emergencies, specialists in sectors such as food, health and shelter provide basic services. An MHPSS response to the need for basic services and security may include: advocating that these services are put in place with responsible actors; documenting their impact on mental health and psychosocial well-being; and influencing humanitarian actors to deliver them in a way that promotes mental health and psychosocial well-being. These basic services should be established in participatory, safe and socially appropriate

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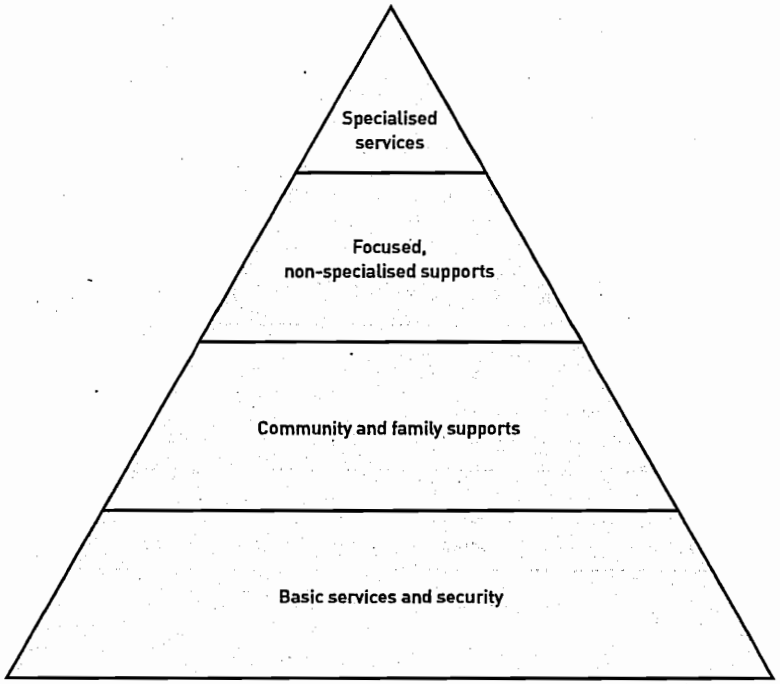
Figure 1. Intervention pyramid for mental health and psychosocial support in emergencies. Each layer is described below.



ways that protect local people's dignity, strengthen local social supports and mobilise community networks (see Action Sheet 5.1).

ii. Community and family supports. The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. In most emergencies, there are significant disruptions of family and community networks due to loss, displacement, family separation, community fears and distrust. Moreover, even when family and community networks remain intact, people in emergencies will benefit from help in accessing greater community and family supports. Useful responses in this layer include family tracing and reunification, assisted mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive parenting programmes, formal and non-formal educational activities, livelihood activities and the activation of social networks, such as through women's groups and youth clubs.

iii. Focused, non-specialised supports. The third layer represents the supports necessary for the still smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialised care). For example, survivors of gender-based violence might need a mixture of emotional and livelihood support from community workers. This layer also includes psychological first aid (PFA) and basic mental health care by primary health care workers.

iv. Specialised services. The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include psychological or psychiatric supports for people with severe mental disorders whenever their needs exceed the capacities of existing primary/general health services. Such problems require either (a) referral to specialised services if they exist, or (b) initiation of longer-term training and supervision of primary/general health care providers. Although specialised services are needed only for a small percentage of the population, in most large emergencies this group amounts to thousands of individuals.

The uniqueness of each emergency and the diversity of cultures and socio-historic contexts makes it challenging to identify universal prescriptions of good practice. Nevertheless, experience from many different emergencies indicates that some actions are advisable, whereas others should typically be avoided. These are identified below as 'Do's' and 'Don'ts' respectively.

Do's	Don'ts
Establish one overall coordination group on mental health and psychosocial support.	Do not create separate groups on mental health or on psychosocial support that do not talk or coordinate with one another.
Support a coordinated response, participating in coordination meetings and adding value by complementing the work of others.	Do not work in isolation or without thinking how one's own work fits with that of others.
Collect and analyse information to determine whether a response is needed and, if so, what kind of response.	Do not conduct duplicate assessments or accept preliminary data in an uncritical manner.
Tailor assessment tools to the local context.	Do not use assessment tools not validated in the local, emergency-affected context.
Recognise that people are affected by emergencies in different ways. More resilient people may function well, whereas others may be severely affected and may need specialised supports.	Do not assume that everyone in an emergency is traumatised, or that people who appear resilient need no support.
Ask questions in the local language(s) and in a safe, supportive manner that respects confidentiality.	Do not duplicate assessments or ask very distressing questions without providing follow-up support.
Pay attention to gender differences.	Do not assume that emergencies affect men and women (or boys and girls) in exactly the same way, or that programmes designed for men will be of equal help or accessibility for women.
Check references in recruiting staff and volunteers and build the capacity of new personnel from the local and/or affected community.	Do not use recruiting practices that severely weaken existing local structures.
After trainings on mental health and psychosocial support, provide follow-up supervision and monitoring to ensure that interventions are implemented correctly.	Do not use one-time, stand-alone trainings or very short trainings without follow-up if preparing people to perform complex psychological interventions.
Facilitate the development of community-owned, managed and run programmes.	Do not use a charity model that treats people in the community mainly as beneficiaries of services.
Build local capacities, supporting self-help and strengthening the resources already present in affected groups.	Do not organise supports that undermine or ignore local responsibilities and capacities.

Do's	Don'ts
Learn about and, where appropriate, use local cultural practices to support local people.	Do not assume that all local cultural practices are helpful or that all local people are supportive of particular practices.
Use methods from outside the culture where it is appropriate to do so.	Do not assume that methods from abroad are necessarily better or impose them on local people in ways that marginalise local supportive practices and beliefs.
Build government capacities and integrate mental health care for emergency survivors in general health services and, if available, in community mental health services.	Do not create parallel mental health services for specific sub-populations.
Organise access to a range of supports, including psychological first aid, to people in acute distress after exposure to an extreme stressor.	Do not provide one-off, single-session psychological debriefing for people in the general population as an early intervention after exposure to conflict or natural disaster.
Train and supervise primary/general health care workers in good prescription practices and in basic psychological support.	Do not provide psychotropic medication or psychological support without training and supervision.
Use generic medications that are on the essential drug list of the country.	Do not introduce new, branded medications in contexts where such medications are not widely used.
Establish effective systems for referring and supporting severely affected people.	Do not establish screening for people with mental disorders without having in place appropriate and accessible services to care for identified persons.
Develop locally appropriate care solutions for people at risk of being institutionalised.	Do not institutionalise people (unless an institution is temporarily an indisputable last resort for basic care and protection).
Use agency communication officers to promote two-way communication with the affected population as well as with the outside world.	Do not use agency communication officers to communicate only with the outside world.
Use channels such as the media to provide accurate information that reduces stress and enables people to access humanitarian services.	Do not create or show media images that sensationalise people's suffering or put people at risk.
Seek to integrate psychosocial considerations as relevant into all sectors of humanitarian assistance.	Do not focus solely on clinical activities in the absence of a multi-sectoral response.

Frequently asked questions

1. **What is meant by mental health and psychosocial support?**
   Mental health and psychosocial support (MHPSS) is a composite term used in these guidelines to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.

2. **Why do the guidelines use the overlapping terms *mental health* and *psychosocial support*?**
   For many aid workers these closely-related terms reflect different, yet complementary, approaches. Agencies outside the health sector tend to speak of *supporting psychosocial well-being*. People working in the health sector tend to speak of *mental health*, but historically have also used the terms *psychosocial rehabilitation* and *psychosocial treatment* to describe non-biological interventions for people with mental disorders. Exact definitions of these terms vary between and within aid organisations, disciplines and countries.

3. **Are these guidelines for mental health professionals only?**
   No, this publication offers guidance on how a wide range of actors in diverse sectors can protect and improve mental health and psychosocial well-being. However, some action sheets cover clinical interventions that should be implemented only under the leadership of mental health professionals.

4. **Why do these guidelines cover sectors that are not within the traditional concern or expertise of mental health professionals?**
   There is increasing inter-agency consensus that psychosocial concerns involve all sectors of humanitarian work, because the manner in which aid is implemented (e.g. with/without concern for people's dignity) affects psychosocial well-being. A parallel may be drawn with multi-sectoral efforts to control mortality. Mortality rates are affected not only by vaccination campaigns and health care but also by actions in the water and sanitation, nutrition, food security and shelter sectors. Similarly, psychosocial well-being is affected when shelters are overcrowded and sanitation facilities put women at risk of sexual violence.

5. **The guidelines focus on minimum responses in the midst of emergencies, but what is an *emergency* and what is a *minimum response*?**
   The annual IASC Consolidated Appeal Process (CAP) documents (www.reliefweb.int) provide useful examples of the situations that the IASC considers to be *emergencies*. These include situations arising from armed conflicts and natural disasters (including food crises) in which large segments of populations are at *acute* risk of dying, immense suffering and/or losing their dignity.

   Minimum responses are essential, high-priority responses that should be implemented as soon as possible in an emergency. Comprehensive responses should only be implemented after ascertaining that the population has access to at least the minimum response.

6. **These guidelines are overwhelming. How can any one humanitarian actor (agency, community) do everything? Do all the action sheets have to be implemented in every emergency?**
   No single community or agency is expected to have the capacity to implement all necessary minimum response interventions in the midst of an emergency. The orientation of the guidelines is not towards individual agencies or projects. Because these guidelines are *inter-agency*, they require coordinated action by different actors to implement their various elements. Furthermore, the actions described as minimum response in the guidelines are likely to be *minimum responses* in most, but not all, emergencies. Local situation analyses are essential to determine what specific actions are priorities in the local context and at different points in time.

7. **Why is there no timeline for when to implement actions?**
   Although the humanitarian aftermath of some disasters (e.g. earthquakes, cyclones) is predictable to some extent, many emergencies, such as those which arise from armed conflict, are unpredictable and defy a linear timeline. Also, most complex emergencies persist for years.

8. **What is the role of emergency-affected individuals, groups or communities in implementing these guidelines?**
   Although the document is written by aid organisations in the language of humanitarian aid, affected populations should be involved to the greatest extent

possible in the design and implementation of all aid, and should play a lead role insofar as this is possible (see Action Sheets 5.1 and 5.2). For this reason, the guidelines should be translated into relevant local languages.

9. Why do the guidelines not focus on traumatic stress and post-traumatic stress disorder (PTSD)?

The types of social and psychological problems that people may experience in emergencies are extremely diverse (see the section on 'Problems' on page 2). An exclusive focus on traumatic stress may lead to neglect of many other key mental health and psychosocial issues. There is a wide range of opinion among agencies and experts on the positive and negative aspects of focusing on traumatic stress. The present guidelines aim to provide a balanced approach of recommended minimum actions in the midst of emergencies. The guidelines include (a) psychological first aid for people in acute trauma-induced distress by a variety of community workers (see Action Sheets 4.3, 4.4, 5.2 and 6.1) and (b) care for people with severe mental disorders, including severe PTSD, by trained and supervised health staff only (see Action Sheet 6.2).

10. Does this document aim to set standards? What is the relationship between these guidelines and the Sphere Handbook?

This document outlines *guidelines* for minimum responses but does not set *standards* for minimum response. This document is nevertheless consistent with Sphere Project (2004) standards. Implementing the guidelines is likely to contribute to achieving relevant Sphere standards, including the standard on Mental and Social Aspects of Health.

11. How do these IASC intersectoral guidelines relate to the IASC Cluster approach?

The IASC Cluster Approach is a new IASC mechanism intended to improve the coordination and overall performance of sectors. Whenever necessary in an emergency, Clusters are instituted to fill gaps in aid (see http://www.humanitarianinfo.org/iasc/content/Cluster). The following IASC Clusters have relevance to these mental health and psychosocial support guidelines: Camp Coordination and Camp Management; Early Recovery; Education; Emergency Shelter; Health; Nutrition; Protection; and Water, Hygiene and Sanitation.

During an emergency, each Cluster should take responsibility for implementing the interventions covered in these guidelines that are relevant to its own domain of work. Moreover, in any large emergency, one intersectoral, inter-agency mental health and psychosocial support coordination group should be established and should aim to secure compliance with guidelines such as those outlined in this document (see Action Sheet 1.1 on coordination).

12. What is the IASC?

The Inter-Agency Standing Committee (IASC), established by the United Nations General Assembly, is an inter-agency forum for coordination, policy development and decision-making by the executive heads of key humanitarian agencies (UN agencies, Red Cross and Red Crescent societies, and consortia of non-government humanitarian organisations. See http://www.humanitarianinfo.org/iasc/content/about/default.asp.

References

1. Anderson, M. (1999). *Do No Harm: How aid can support peace – or war.* Boulder, CO: Lynne Rienner.

2. IASC (2003). *Guidelines for HIV/AIDS Interventions in Emergency Settings.* Geneva: IASC. http://www.humanitarianinfo.org/iasc/content/products/docs/FinalGuidelines17Nov2003.pdf

3. IASC (2005). Guidelines on Gender-Based Violence Interventions in Humanitarian Settings. Geneva: IASC. http://www.humanitarianinfo.org/iasc/content/products/docs/tfgender_GBVGuidelines2005.pdf

4. Sphere Project (2004). Humanitarian Charter and Minimum Standards in Disaster Response. Geneva: Sphere Project. http://www.sphereproject.org/handbook/

CHAPTER 2

Matrix of Interventions

This chapter provides a matrix (shown on the following pages, and also available in poster format), which provides guidelines on key actions for protecting and promoting mental health and psychosocial support in emergency settings. The matrix contains 11 rows that describe the relevant functions and domains of humanitarian action. For purposes of coherence and readability, the matrix rows are grouped into cross-cutting functions, core mental health and psychosocial support domains, and social considerations in specific sectors. In addition, the matrix contains three columns that explain the types of response:

1. Emergency Preparedness

The left-hand column of the matrix summarises key recommended actions for emergency preparedness. Taking these actions should enable rapid implementation of minimum responses.

2. Minimum Response

Interventions to be conducted in the midst of emergencies are described in the middle column of the matrix. Minimum responses are defined as high-priority responses that should be implemented as soon as possible in an emergency. These responses may be seen as providing the *minimum* supports to which affected populations are entitled. For each action listed in this middle column, there is a corresponding Action Sheet in Chapter 3, which details the actions that in many emergencies comprise the minimum response.

3. Comprehensive Response

The right-hand column in the matrix outlines a summary of recommended key interventions that form part of a comprehensive response. These interventions should be considered only once it is clear that the vast majority of communities are engaged in/are receiving the locally defined minimum response. These interventions are most often implemented during the stabilised phase and early reconstruction period following an emergency.

Mental Health And Psychosocial Support (MHPSS)
In Emergency Settings: Matrix of Interventions

Function or Domain	Emergency Preparedness	Minimum Response *(to be conducted even in the midst of an emergency, but also as part of a comprehensive response)*	Comprehensive Response *(potential additional response for stabilised phase and early reconstruction)*
Part A. Common functions across domains			
1 Coordination	• Identify qualified organisations and resource persons • Develop agency and inter-agency national policies and plans for MHPSS emergency response • Determine coordination mechanisms, roles and responsibilities at local, regional, national and international levels • Identify MHPSS focal points for emergencies in each region and from various agencies • Fundraise for MHPSS, including for MHPSS coordination • Integrate MHPSS considerations into all sectoral emergency preparedness plans • Advocate for MHPSS at all stages of humanitarian action	1.1 Establish coordination of intersectoral mental health and psychosocial support	• Develop sustainable coordination structures, including government and civil society stakeholders • Develop inter-agency strategic plans and promote joint MHPSS programming and fundraising • Enhance information sharing among humanitarian actors • Link MHPSS emergency activities with development activities • Integrate MHPSS activities into national policies, plans and programmes and ensure that programmes utilise existing policies, plans and capacities
2 Assessment, monitoring and evaluation	• Build capacity in MHPSS assessment, monitoring and evaluation • Review and generate information on capacities and vulnerabilities of communities • Assess emergency MHPSS response capacity of organisations • Develop inter-agency, culturally appropriate, rapid assessment plans and tools for emergencies • Collate and disseminate assessment information and tools • Develop or adapt strategies, indicators and tools for monitoring and evaluation • Review previous MHPSS responses and identify good practices, challenges and gaps	2.1 Conduct assessments of mental health and psychosocial issues 2.2 Initiate participatory systems for monitoring and evaluation	• Conduct regular assessments and implement further in-depth situation analyses as appropriate • Monitor and evaluate programmes in relation to planned activities with pre-defined indicators • Monitor and evaluate MHPSS activities in relation to these guidelines • Disseminate results and lessons from assessment, monitoring and evaluation activities • Develop inter-agency indicators for MHPSS work in the transition phase
3 Protection and human rights standards	• Promote human rights, international humanitarian law and related good practices • Review existing policies and laws related to protection • Develop mechanisms to monitor, report and seek redress for human rights violations • Work with people at risk to identify priorities and develop capacities and strategies for protection and security • Train armed forces on international protection standards • Implement strategies to prevent violence, including gender-based violence	3.1 Apply a human rights framework through mental health and psychosocial support 3.2 Identify, monitor, prevent and respond to protection threats and failures through social protection 3.3 Identify, monitor, prevent and respond to protection threats and abuses through legal protection	• Strengthen national capacity to create awareness of, monitor, report, prevent and seek redress for violations of human rights and humanitarian law • Strengthen accountability for human rights violations • Strengthen capacities for social protection • Review data and address gaps in services for people with specific needs (at-risk groups) • Institutionalise training on protection for workers across all sectors, including armed forces and the justice system

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Function or Domain	Emergency Preparedness	Minimum Response *(to be conducted even in the midst of an emergency, but also as part of a comprehensive response)*	Comprehensive Response *(potential additional response for stabilised phase and early reconstruction)*
	• In the case of political violence, facilitate externally monitored agreements between opposing parties to protect civilians • Promote ratification and support implementation of international human rights/humanitarian law instruments • Promote the adoption and implementation of national legislation that supports human rights/humanitarian standards		• Support safe community reintegration for people affected by all forms of violence • Limit easy access to alcohol in camp settings • Take steps to prevent human trafficking • Provide appropiate psychological, social, economic, educational and medical support to survivors of rights violations and their families, and to witnesses, inculding trial witnesses • Assist justice systems to implement laws according to international standards
4 Human resources	• Map existing human resource capacity and training resources, including within the local population • Build awareness of need for workers who understand local culture and language • Train all workers on international protection standards and codes of conduct • Train workers in different sectors on how to integrate MHPSS into emergency work following these guidelines • Expand the pool of available emergency workers trained in MHPSS • Encourage educational institutions to incorporate MHPSS training into professional programmes • Expand MHPSS in emergency preparation courses worldwide • Develop organisational policies and plans for the prevention and management of MHPSS problems in humanitarian workers • Develop organisational policies to maximise worker security and safety in the field	4.1 Identify and recruit staff and engage volunteers who understand local culture 4.2 Enforce staff codes of conduct and ethical guidelines 4.3 Organise orientation and training of aid workers in mental health and psychosocial support 4.4 Prevent and manage problems in mental health and psychosocial well-being among staff and volunteers	• Develop a description of essential worker competencies that is locally relevant • Institutionalise, monitor and enforce codes of conduct and ethical standards, strengthening them as needed • Map the distribution and extent of training and supervision received • Scale up training and supervision and build sustainable capacity by institutionalising training • Review response to MHPSS issues in workers and adhere to organisations' MHPSS policies for staff and volunteers
Part B. Core mental health and psychosocial support domains			
5 **Community mobilisation** and support	• Conduct participatory mapping and context analysis of local communities (current situation, resources, divisions, services and practices) • Conduct risk analysis, develop a community response plan, including an early warning system, and strengthen local capacity to implement such plans • Develop mechanisms for mobilisation of internal MHPSS resources and integration of external resources • Train and supervise existing community workers on how to provide appropriate emergency MHPSS support • Develop community-owned and -managed social support activities • Develop community plans on protecting and supporting early childhood development in emergencies	5.1 Facilitate conditions for community mobilisation, ownership and control of emergency response in all sectors 5.2 Facilitate community self-help and social support 5.3 Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices 5.4 Facilitate support for young children (0–8 years) and their care-givers	• Facilitate strengthening of community ownership of response • Strengthen livelihoods and support implementation of community and economic development initiatives • Provide the space for victims and survivors to discuss issues of reparation (economic, judicial, symbolic) to be addressed by responsible parties • Facilitate recording of historical memory of how the community has dealt with the emergency • Review mobilisation of community resources and facilitate expansion and improvement of quality of community social supports and self-help • Strengthen the MHPSS system, including referral mechanisms • Explore possibilities to deinstitutionalise orphanages and custodial homes and facilitate alternative community-based care • Develop conflict resolution and peace-building programmes

Function or Domain	Emergency Preparedness	Minimum Response *(to be conducted even in the midst of an emergency, but also as part of a comprehensive response)*	Comprehensive Response *(potential additional response for stabilised phase and early reconstruction)*
			• Facilitate community-based reintegration of children recruited or used by armed forces or groups • Exhume mass graves in a culturally appropriate manner, supporting relatives and friends • Organise discussions on helpful and harmful traditional practices • Build capacities to provide quality care for young children and their care-givers
6 **Health services**	• Strengthen the national capacity of health systems for providing MHPSS in emergencies • Map existing formal and non-formal resources and practices • Promote gender- and age-disaggregated health information systems that cover essential mental health data • Train staff in culturally appropriate clinical care of survivors of gender-based and other violence • Orient health staff in psychological first aid • Bring the national essential drug list in line with the WHO Model Essential Drug List and prepare emergency stocks of essential psychotropic medications • Develop emergency preparedness plans for institutions • Implement strategies for reducing discrimination and stigma of people with mental illness and/or mental disability • Develop capacity to prevent and address harm related to alcohol and other substance use	6.1 Include specific psychological and social considerations in provision of general health care 6.2 Provide access to care for people with severe mental disorders 6.3 Protect and care for people with severe mental disorders and other mental and neurological disabilities living in institutions 6.4 Learn about and, where appropriate, collaborate with local, indigenous and traditional health systems 6.5 Minimise harm related to alcohol and other substance use	• Initiate updating of mental health policy and legislation, as appropriate • Develop the availability of mental health care for a broad range of emergency-related and pre-existing mental disorders through general health care and community-based mental health services • Work to ensure the sustainability of newly established mental health services • Continue to foster collaborative relationships with local healing systems, as appropriate • For people in psychiatric institutions, facilitate community-based care and appropriate alternative living arrangements • Conduct regular assessments of the accessibility and quality of mental health care • Expand efforts to prevent harm related to alcohol and other substance use
7 **Education**	• Map existing resources for formal and non-formal educational practices • Determine levels of education and vocational options for girls, boys and adults who may have missed out on education • Using participatory methods, train and supervise teachers in basic psychosocial support, children's rights, participatory methods, positive discipline and codes of conduct • Strengthen the capacity of national education systems for school-based MHPSS in emergencies • Establish general and psychosocial crisis plans for schools • Strengthen emergency education capacities, addressing prominent protection issues in the curriculum	7.1 Strengthen access to safe and supportive education	• Expand educational opportunities for adolescent girls and boys, including vocational training, and start adult literacy courses • Ensure that education curricula are sensitive to culture, diversity and gender issues • Monitor and improve the quality of education • Expand educational opportunities for girls and boys and start adult literacy courses • Provide livelihood and other necessary supports to enable participation in education and prevent drop-out • Expand capacities for psychosocial support within formal and non-formal education settings • Strengthen prevention of and response to violence and other forms of abuse and exploitation in schools • Integrate peace-building and life skills into education

Function or Domain	Emergency Preparedness	Minimum Response *(to be conducted even in the midst of an emergency, but also as part of a comprehensive response)*	Comprehensive Response *(potential additional response for stabilised phase and early reconstruction)*
8 **Dissemination of information**	• Map existing information-related resources and gaps in resources • Educate staff on ethical aspects of information gathering • Make information accessible to different target audiences • Prepare a 'risk communication' strategy for disseminating essential information during emergencies • Distribute information on how to prevent problems such as family separation in emergencies • Advocate against media use of harmful images and the distribution of inappropriate information • Involve key stakeholders in developing, pilot-testing and distributing information on positive coping	8.1 Provide information to the affected population on the emergency, relief efforts and their legal rights 8.2 Provide access to information about positive coping methods	• Support reliable and accessible systems of accurate dissemination of information • Strengthen community participation in validating and disseminating information • Provide continuous access to information on the availability of assistance • Conduct information campaigns on supporting people with mental health and psychosocial problems • Monitor and evaluate use of communication materials
Part C. Social considerations in sectoral domains			
9 **Food security and nutrition**	• Assess the population's pre-existing food preparation habits, beliefs and main staples • Monitor access to key micronutrients known to influence child psychological development • Plan and develop equitable distribution according to needs	9.1 Include specific social and psychological considerations (safe aid for all in dignity, considering cultural practices and household roles) in the provision of food and nutritional support	• Review and organise regular assessments on social and psychological considerations in provision of food security and nutrition • Encourage and support food self-sufficiency
10 **Shelter and site planning**	• Map social dimensions of existing resources, gaps, practices and at-risk groups regarding shelter and site planning • Conduct participatory assessments on safety and appropriateness of potential sites • Plan to provide emergency shelter for all people (with appropriate targeting of people at risk) in a manner that supports safety, dignity, privacy and empowerment • Plan to prevent people being placed in camps long-term • Plan for the heating of shelters (in emergencies involving cold climates)	10.1 Include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision, in a coordinated manner	• Review and organise regular assessments of social considerations in shelter and site planning • Address equity issues in distributing land and in legislation on land rights • Build community and government capacities for integrating social considerations into longer-term shelter and site planning
11 **Water and sanitation**	• Map social dimensions of existing resources, gaps and at-risk groups regarding water and sanitation • Plan to provide water and sanitation for all people (with appropriate targeting of people at risk) in a manner that supports safety, dignity, privacy and non-violent problem solving	11.1 Include specific social considerations (safe and culturally appropriate access for all in dignity) in the provision of water and sanitation	• Review and organise regular assessments of social considerations in the provision of water and sanitation • Build community and government capacities for integrating social considerations into longer-term water and sanitation supports

CHAPTER 3

Action Sheets for Minimum Response

This chapter contains the Action Sheets for minimum response. There is one Action Sheet for each action covered in the middle (Minimum Response) column of the matrix provided in Chapter 2.

Function or Domain	Title of Action Sheet
A. Common functions across domains	
1 **Coordination**	1.1 Establish coordination of intersectoral mental health and psychosocial support
2 **Assessment, monitoring and evaluation**	2.1 Conduct assessments of mental health and psychosocial issues
	2.2 Initiate participatory systems for monitoring and evaluation
3 **Protection and human rights standards**	3.1 Apply a human rights framework through mental health and psychosocial support
	3.2 Identify, monitor, prevent and respond to protection threats and failures through social protection
	3.3 Identify, monitor, prevent and respond to protection threats and abuses through legal protection
4 **Human resources**	4.1 Identify and recruit staff and engage volunteers who understand local culture
	4.2 Enforce staff codes of conduct and ethical guidelines
	4.3 Organise orientation and training of aid workers in mental health and psychosocial support
	4.4 Prevent and manage problems in mental health and psychosocial well-being among staff and volunteers
B. Core mental health and psychosocial support domains	
5 **Community mobilisation and support**	5.1 Facilitate conditions for community mobilisation, ownership and control of emergency response in all sectors
	5.2 Facilitate community self-help and social support
	5.3 Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices

Function or Domain	Title of Action Sheet
	5.4 Facilitate support for young children (0–8 years) and their care-givers
6 Health services	6.1 Include specific psychological and social considerations in provision of general health care
	6.2 Provide access to care for people with severe mental disorders
	6.3 Protect and care for people with severe mental disorders and other mental and neurological disabilities living in institutions
	6.4 Learn about and, where appropriate, collaborate with local, indigenous and traditional health systems
	6.5 Minimise harm related to alcohol and other substance use
7 Education	7.1 Strengthen access to safe and supportive education
8 Dissemination of information	8.1 Provide information to the affected population on the emergency, relief efforts and their legal rights
	8.2 Provide access to information about positive coping methods
C. Social considerations in sectoral domains	
9 Food security and nutrition	9.1 Include specific social and psychological considerations (safe aid for all in dignity, considering cultural practices and household roles) in the provision of food and nutritional support
10 Shelter and site planning	10.1 Include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision, in a coordinated manner
11 Water and sanitation	11.1 Include specific social considerations (safe and culturally appropriate access for all in dignity) in the provision of water and sanitation

Establish coordination of intersectoral mental health and psychosocial support

Function: Coordination
Phase: Minimum Response

Background

Effective mental health and psychosocial support (MHPSS) programming requires intersectoral coordination among diverse actors, as all participants in the humanitarian response have responsibilities to promote mental health and psychosocial well-being. MHPSS coordination must include health, education, protection and social services, and representatives of affected communities. It must also engage with the food, security, shelter, and water and sanitation sectors.

Coordination helps to ensure that (a) all aspects of the humanitarian response are implemented in a way that promotes mental health/psychosocial well-being; (b) specific mental health and psychosocial supports are included in the humanitarian response. In order to do this, MHPSS actors must agree on an overall strategy and division of labour that equitably support emergency-affected communities. Poor coordination can lead to ineffective, inefficient, inappropriate or even harmful programming.

A number of key difficulties exist in ensuring appropriate coordination. Bridging the gap between 'mental health' and 'psychosocial' programming (often associated, respectively, with the health and protection sectors) is a key challenge in many emergencies. Coordination has been especially challenging in high-profile emergencies involving large numbers of actors. Affected populations can be overwhelmed by outsiders, and local contributions to mental health and psychosocial support are easily marginalised or undermined. Building common understandings among actors with diverse views on MHPSS (for instance, national governments, donors, international organisations, local communities and NGOs) and ensuring timely resolution of shared problems are key to effective coordination.

Key actions

1. Activate or establish an intersectoral MHPSS coordination group.

- Form a group to coordinate MHPSS action and jointly develop a plan stating what will be done and by whom. Forming a single intersectoral MHPSS coordination group, including actors traditionally associated with both the health and protection

sectors, is recommended. This is the most effective way to reduce fragmentation and to ensure that all aspects of MHPSS, from community-based social support to treatment for severe mental disorders, are addressed in an integrated manner. However, it can be helpful to establish sub-groups to address specific issues (e.g. psychosocial support in schools, mental health care in health services). The MHPSS coordination group should coordinate with all relevant sectors or IASC Clusters to ensure that their activities are conducted in a way that promotes mental health and psychosocial well-being and that relevant MHPSS actions are undertaken in these Clusters.

- Include in the MHPSS coordination group representatives from key government ministries (such as ministries of health, social welfare and education), UN agencies and NGOs. Participants from other organisations, such as government ministries, professional associations and universities, religious or community-based organisations and Red Cross/Red Crescent movements, should be included when they are active in MHPSS. Community consultation and input should be actively encouraged at all levels of coordination.
- Use existing coordination groups if available. If not, ad hoc groups should be established. The MHPSS coordination group should coordinate with the Protection and Health Clusters and, where appropriate, with any additional national coordinating mechanisms, including relevant websites (e.g. the Humanitarian Information Centre, www.humanitarianinfo.org).
- Establish MHPSS coordination groups at the sub-national and/or national level. In addition, encourage information exchange between organisations at the international level. There must be communication between national and sub-national coordination groups, with clear definition of their respective roles.
- MHPSS coordination groups should be led where possible by one or more national organisation(s), with appropriate technical support from international organisations. Lead organisations should be knowledgeable in MHPSS and skilled in inclusive coordination processes (e.g. avoiding dominance by a particular approach/ sector or, in situations of armed conflict, perceived as impartial by key actors).
- Work to reduce power differences between members of the coordination group and to facilitate the participation of under-represented or less powerful groups (e.g. by using local languages and considering the structure and location of meetings).
- All organisations have a responsibility to coordinate their responses (provided this is not contradictory to the principle of 'do no harm'). Organisations should make efforts to ensure that their representatives have the authority, knowledge and skills to participate effectively in coordination.

2. Coordinate programme planning and implementation.

- The coordination group is responsible for coordinating programme planning and implementation in relation to these guidelines. This includes ensuring that minimum MHPSS actions are carried out as appropriate in the local situation and that they reach emergency-affected communities equitably and in a timely manner.
- Facilitation of the process of intersectoral, inter-agency MHPSS strategic planning includes:
  - Coordinating assessments and communicating findings (see Action Sheet 2.1);
  - Establishing agreed programming and geographical priorities;
  - Identifying and working to fill gaps in responses;
  - Ensuring a functional division of labour amongst actors;
  - Facilitating inter-agency cooperation on joint actions (such as referral mechanisms or joint trainings);
  - Coordinating the dissemination of information about the emergency, relief efforts, legal rights and self-care amongst the affected population (see Action Sheets 8.1 and 8.2);
  - Documenting and sharing information on agency approaches, materials and lessons learned;
  - Monitoring and evaluation and communicating findings (see Action Sheet 2.2).

  If appropriate, an inter-agency strategic plan should be developed.

3. Develop and disseminate guidelines and coordinate advocacy.

- The MHPSS coordination group should lead the process of adapting these and other relevant guidelines to the local context. It should develop additional MHPSS guidelines/policies when needed. This process should be as inclusive as possible. Mechanisms to ensure broad awareness of and commitment to guidelines and policies need to be developed (e.g. formal adoption by national authorities and organisations working on MHPSS).

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- The group should coordinate advocacy for MHPSS. Key minimum actions are: (1) agree upon key advocacy issues by determining which factors have the greatest impact on MHPSS and which are most likely to be changed through advocacy; (2) identify key stakeholders such as government, armed groups, media, donors, NGOs, policy-makers and other coordinating bodies, and develop targeted key messages for each; and (3) determine roles and responsibilities for advocacy by different organisations.

4. Mobilise resources.

- Coordination of fundraising includes ensuring that MHPSS is appropriately included in any Consolidated Appeals Process, as well as identifying and mobilising funds for coordination activities and joint advocacy to donors.

Key resources

1. Inter-Agency Working Group on Separated and Unaccompanied Children (2005). *Psychosocial Care and Protection of Tsunami Affected Children: Inter-Agency Guiding Principles.* http://www.iicrd.org/cap/node/view/383

2. The Mangrove: Psychosocial Support and Coordination Unit, Batticaloa, Sri Lanka. http://www.themangrove.blogspot.com/

3. Psychosocial/Mental Health Coordination. Inter-governmental Meeting of Experts Final Report, Annex V, Jakarta, 4-5 April 2005. http://www.who.int/mental_health/emergencies/mh_key_res/en/index.html

4. Palestinian Code of Conduct for Psycho-Social Interventions, 4 October 2001. http://www.who.int/mental_health/emergencies/mh_key_res/en/index.html

5. World Health Organization (2003). *Mental Health in Emergencies: Mental and Social Aspects of Health in Populations Exposed to Extreme Stressors.* Geneva: WHO. http://www.who.int/mental_health/media/en/640.pdf

Sample process indicator

- An MHPSS coordination group is established at the local and/or national level, integrating actors from various sectors, including health, protection and education.

Example: Aceh, Indonesia, 2005

- During the humanitarian operations following the December 2004 tsunami, the province's health authorities were collaboratively assisted by two UN organisations in coordinating all efforts related to mental health and psychosocial support.
- An Aceh Inter-Agency Psychosocial Working Group was established. More than 60 agencies working in the social, health and protection sectors participated in weekly meetings. The psychosocial group reported to both health and child protection coordination groups.
- The Aceh Inter-Agency Psychosocial Working Group drafted the 'Psychosocial Programme Principles for Aceh, Indonesia', which were widely promoted and used.

Action Sheet 2.1

Conduct assessments of mental health and psychosocial issues

Function: Assessment, monitoring and evaluation
Phase: Minimum Response

Background

Mental health and psychosocial support (MHPSS) assessments in emergencies provide (a) an understanding of the emergency situation; (b) an analysis of threats to and capacities for mental health and psychosocial well-being; and (c) an analysis of relevant resources to determine, in consultation with stakeholders, whether a response is required and, if so, the nature of the response.[1]

An assessment should include documenting people's experiences of the emergency, how they react to it and how this affects their mental health/psychosocial well-being. It should include how individuals, communities and organisations respond to the emergency. It must assess resources, as well as needs and problems. Resources include individual coping/life skills, social support mechanisms, community action and government and NGO capacities. Understanding how to support affected populations to more constructively address MHPSS needs is essential. An assessment must also be part of an ongoing process of collecting and analysing data in collaboration with key stakeholders, especially the affected community, for the purposes of improved programming.

Key actions

1. Ensure that assessments are coordinated.

- Coordinate assessments with other organisations that are assessing psychosocial/mental health issues. Coordinating assessments is essential to ensure efficient use of resources, achieve the most accurate and comprehensive understanding of the MHPSS situation and avoid burdening a population unnecessarily with duplicated assessments.
- Organisations should first determine what assessments have been done and should review available information (e.g. conduct a desk review, interview other organisations, review existing information on the country, such as relevant pre-existing ethnographic literature and data on the mental health system). They should design further field assessments only if they are necessary.

[1] Definition adapted from the Sphere Handbook (2004).

- Organisations should inform the coordination group (see Action Sheet 1.1) on which issues they are conducting assessments, as well as where and how, and should be prepared to adapt their assessments if necessary and to share information.
- In most emergencies, different groups (government departments, UN organisations, NGOs, etc.) will collect information on different aspects of MHPSS (as outlined in the table on pages 40-41) in a range of geographical areas. The coordination group should help to identify which organisations will collect which kinds of information, and where, and ensure as far as possible that all the information outlined in the table is available for the affected area. It should support organisations to do this in an appropriate and coordinated manner (e.g. by standardising key tools). This assessment information should be regularly collated, analysed and shared among the various organisations involved.
- Specific social considerations should be included in assessments carried out by all sectors, including community services, protection, health, education, shelter, food, and water and sanitation (see relevant Action Sheets for each sector/domain).

2. Collect and analyse key information relevant to mental health and psychosocial support.

The table overleaf outlines the main information that needs to be available to organisations working on MHPSS (note that individual organisations will focus on specific aspects particularly relevant to their work).

- The assessment should collect information disaggregated by age, sex and location whenever possible. This includes identifying at-risk groups in the community and their particular needs/capacities. Groups commonly at risk are described in Chapter 1.
- Address both the needs and resources of different sections of the affected population, from distressed people who are functioning well to those who are not functioning because of severe mental disorder.

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Type of information	Including
Relevant demographic and contextual information	• Population size and size (and, where relevant, location) of relevant sub-groups of the population who may be at particular risk (see Chapter 1) • Mortality and threats to mortality • Access to basic physical needs (e.g. food, shelter, water and sanitation, health care) and education • Human rights violations and protective frameworks (see Action Sheets 3.1, 3.2 and 3.3) • Social, political, religious and economic structures and dynamics (e.g. security and conflict issues, including ethnic, religious, class and gender divisions within communities) • Changes in livelihood activities and daily community life • Basic ethnographic information on cultural resources, norms, roles and attitudes (e.g. mourning practices, attitudes towards mental disorder and gender-based violence, help-seeking behaviour)
Experience of the emergency	• People's experiences of the emergency (perceptions of events and their importance, perceived causes, expected consequences)
Mental health and psychosocial problems	• Signs of psychological and social distress, including behavioural and emotional problems (e.g. aggression, social withdrawal, sleep problems) and local indicators of distress • Signs of impaired daily functioning • Disruption of social solidarity and support mechanisms (e.g. disruption of social support patterns, familial conflicts, violence, undermining of shared values) • Information on people with severe mental disorders (e.g. through health services information systems) (see Action Sheet 6.2 for details)
Existing sources of psychosocial well-being and mental health	• Ways people help themselves and others i.e. ways of coping/healing (e.g. religious or political beliefs, seeking support from family/friends) • Ways in which the population may previously have dealt with adversity

Type of information	Including
	• Types of social support (identifying skilled and trusted helpers in a community) and sources of community solidarity (e.g. continuation of normal community activities, inclusive decision-making, inter-generational dialogue/respect, support for marginalised or at-risk groups)
Organisational capacities and activities	• Structure, locations, staffing and resources of psychosocial support programmes in education and social services and the impact of the emergency on services • Structure, locations, staffing and resources for mental health care in the health sector (including policies, availability of medications, role of primary health care and mental hospitals etc. – see WHO *Mental Health Atlas* for baseline data on 192 countries) and the impact of the emergency on services • Mapping psychosocial skills of community actors (e.g. community workers, religious leaders or counsellors) • Mapping of potential partners and the extent and quality/content of previous MHPSS training • Mapping of emergency MHPSS programmes
Programming needs and opportunities	• Recommendations by different stakeholders • Extent to which different key actions outlined in these IASC guidelines are implemented • Functionality of referral systems between and within health, social, education, community and religious sectors

3. Conduct assessments in an ethical and appropriately participatory manner.

- **Participation** Assessments must, as far as is possible, be a participatory and collaborative process with the relevant stakeholders, including governments, NGOs and community and religious organisations, as well as affected populations. Participatory assessment is the first step in a dialogue with affected populations, which, if done well, not only provides information but may also help people to take control of their situation by collaboratively identifying problems, resources and potential solutions (see Action Sheets 5.1 and 5.2). Feedback on the results and process of the assessment should be sought from participants. The affected population should also be involved in defining well-being and distress.

- **Inclusiveness** The assessment must involve diverse sections of the affected population, including children, youth, women, men, elderly people and different religious, cultural and socio-economic groups. It should aim to include community leaders, educators and health and community workers and to correct, not reinforce, patterns of exclusion.
- **Analysis** Assessments should analyse the situation with a focus on identifying priorities for action, rather than merely collecting and reporting information.
- **Attention to conflict** When operating in situations of conflict, assessors must be aware of the parties involved in the conflict and of their dynamics. Care must be taken to maintain impartiality and independence and to avoid inflaming social tensions/conflict or endangering community members or staff. Participatory assessments may not be advisable in some situations, where asking questions may endanger interviewers or interviewees.
- **Cultural appropriateness** Assessment methodologies (including indicators and instruments) should be culturally and contextually sensitive and relevant. The assessment team should include individuals familiar with the local context, who are – as far as is known – not distrusted by interviewees, and should respect local cultural traditions and practices. Assessments should aim to avoid using terminology that in the local cultural context could contribute to stigmatisation.
- **Ethical principles** Privacy, confidentiality and the best interests of the interviewees must be respected. In line with the principle of 'do no harm', care must be taken to avoid raising unrealistic expectations during assessments (e.g. interviewees should understand that assessors may not return if they do not receive funding). Intrusive questioning should be avoided. Organisations must make every effort to ensure that the participation of community members in the assessment is genuinely voluntary. Persons interviewing children or other groups with particular needs (such as survivors of gender-based violence) should possess appropriate skills and experience. Whenever possible, support must be given to respondents in need to access available MHPSS services.
- **Assessment teams** Assessors should be trained in the ethical principles mentioned above and should possess basic interviewing and good interpersonal skills. Assessment teams should have an appropriate gender balance and should be knowledgeable both in MHPSS and the local context.
- **Data collection methods** Relevant qualitative methods of data collection include literature review, group activities (e.g. focus group discussions), key informant interviews, observations and site visits. Quantitative methods, such as short questionnaires and reviews of existing data in health systems, can also be helpful. As far as is possible, multiple sources of data should be used to cross-check and validate information/analysis. Surveys that seek to assess the distribution of rates of emergency-induced mental disorders (psychiatric epidemiological surveys) tend to be challenging, resource-intensive and, too frequently, controversial – and, as such, they are beyond minimum response (see page 45). Using existing data from the literature to make approximate projections can be a useful alternative (see Action Sheet 6.2 for an example of such projections).
- **Dynamism and timeliness** Assessments should be sufficiently rapid for their results to be used effectively in the planning of emergency programming. It is often appropriate to have a dynamic, phased assessment process consisting, for instance, of two phases:

  1. *Initial ('rapid') assessment* focusing mostly on understanding the experiences and the current situation of the affected population, together with community and organisational capacities and programming gaps. This should normally be conducted within 1–2 weeks.

  2. *Detailed assessments:* more rigorously conducted assessments addressing the various issues outlined in the table above are conducted as the emergency unfolds.

4. Collate and disseminate assessment results.

- Organisations should share the results of their assessments in a timely and accessible manner with the community, the coordination group and with other relevant organisations. Information that is private, that could identify individuals or particular communities, or that could endanger members of the affected population or staff members should not be disclosed publicly. Such information should be shared only in the interest of protecting affected people or staff members, and then only with relevant actors.
- The coordination group should document, collate, review and disseminate assessment results to all stakeholders (e.g. post assessments on the internet and conduct feedback sessions with communities).

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- MHPSS actors must use assessments as a resource and guide for planning, monitoring and evaluating programming (see Action Sheet 2.2).

Key resources

1. Action by Churches Together (ACT) Alliance, Lutherhjalpen, Norwegian Church Aid and Presbyterian Disaster Services (2005). *Community Assessment of Psychosocial Support Needs.* Chapter 6, Community Based Psychosocial Services: A Facilitator's Guide. http://www.svenskakyrkan.se/tcrot/lutherhjalpen/psychosocialservices/pdf/psychosocialservices.pdf

2. Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) (2003). *Participation of Crisis-Affected Populations in Humanitarian Action: A Handbook for Practitioners.* Assessments, Chapter 3. http://www.odi.org.uk/ALNAP/publications/gs_handbook/gs_handbook.pdf

3. Bolton P. (2001). Cross-Cultural Assessment of Trauma-Related Mental Illness (Phase II). CERTI, Johns Hopkins University, World Vision. http://www.certi.org/publications/policy/ugandafinahreport.htm

4. Médecins Sans Frontières (2005). Field Assessments. Chapter 1, Part III, *Mental Health Guidelines: A Handbook for Implementing Mental Health Programmes in Areas of Mass Violence.* http://www.msf.org/source/mentalhealth/guidelines/MSF_mentalhealthguidelines.pdf

5. Silove D., Manicavasagar V., Baker K., Mausiri M., Soares M., de Carvalho F., Soares A. and Fonseca Amiral Z. (2004). 'Indices of social risk among first attenders of an emergency mental health service in post-conflict East Timor: an exploratory investigation'. *Australian and New Zealand Journal of Psychiatry.* 38:929-32. http://www.who.int/mental_health/emergencies/mh_key_res/en/index.html

6. Sphere Project (2004). *Humanitarian Charter and Minimum Standards in Disaster Response.* Initial Assessment, pp.29-33. http://www.sphereproject.org/handbook/

7. UNICEF East Asia and Pacific Office and Regional Emergency Psychosocial Support Network (2005). *Handbook of Psychosocial Assessment for Children and Communities in Emergencies.* http://www.crin.org/docs/Handbook%20new%20update.pdf

8. World Health Organization (2005). *Mental Health Atlas.* http://www.who.int/mental_health/evidence/atlas/

Sample process indicators

- Organisations design their assessments taking into account and building upon the psychosocial/mental health information already collected by other organisations.
- Assessment information on MHPSS issues from various organisations (as outlined in the table pages 40-41) is collated and disseminated (e.g. by the coordination group).

Epidemiological surveys of mental disorder and distress

Epidemiological surveys in the general population can (a) provide population-level rates of different mental disorders and signs of distress and (b) identify associated risk factors (e.g. being female), protective factors (e.g. having work), service utilisation rates and factors affecting help-seeking. Such surveys, if well conducted, can be used for programme planning, advocacy, developing an improved evidence base for programmes and advancing scientific knowledge. Moreover, if repeated, they can monitor whether natural recovery (spontaneous recovery without planned intervention) is occurring for many people in the population.

However, there are many challenges in conducting useful and valid epidemiological surveys in emergencies. To date, the vast majority of such surveys have been unsuccessful in distinguishing between mental disorders and non-pathological distress. The instruments used in such surveys have usually been validated only outside emergency situations in help-seeking, clinical populations, for whom distress is more likely a sign of psychopathology than it would be for the average person in the community in an emergency. As a consequence, many surveys of this type appear to have overestimated rates of mental disorder, suggesting incorrectly that substantial proportions of the population would benefit from clinical psychological or psychiatric care. Similarly, the instruments used in the vast majority of past surveys have not been validated for the culture in which they have been applied, which creates further uncertainty over how to interpret results.

Experience has shown that it requires considerable expertise to conduct sound psychiatric surveys in a sufficiently rapid manner to substantially influence programmes in the midst of an emergency. Although well-conducted psychiatric surveys may be part of a *comprehensive response*, such surveys go beyond *minimum responses*, which are defined in these guidelines as essential, high-priority responses that should be implemented as soon as possible in an emergency (see Chapter 1).

If psychiatric epidemiological surveys are conducted in emergency-affected contexts, special attention should be given to (a) validating the instruments for the local situation (see Key resource 3 above) and (b) including assessment of indicators that are potentially related to severe mental health problems (e.g. suicidal tendencies; inability to provide life-sustaining care of self/family; bizarre behaviour; dangerousness to others; and locally defined indicators of severely impaired daily functioning: see Key resource 5).

Action Sheet 2.2
Initiate participatory systems for monitoring and evaluation

Function: Assessment, monitoring and evaluation
Phase: Minimum Response

Background

Assessment, planning, monitoring and evaluation are part of the same programme cycle. Monitoring in emergencies is the systematic process of collecting and analysing information to inform humanitarian decision-making related to ongoing or potential new activities. Evaluation includes the analysis of the relevance and effectiveness of ongoing or completed activities. In short, the aim of monitoring and evaluation (M&E) in emergencies is to improve humanitarian action by collecting information on the implementation and impact of aid and using it to guide programme improvements in a changing context.

M&E should preferably be based on participatory approaches (see Key resources below). This means that affected communities should participate to the maximum extent possible in all aspects of the M&E process, including the discussion of results and their implications (see Action Sheet 5.1 for a description of different levels of community involvement).

Action Sheet 2.1 focuses on assessment and describes the kinds of data to be collected as part of an initial assessment. This Action Sheet focuses on subsequent monitoring and evaluation activities.

Key actions

1. **Define a set of indicators for monitoring, according to defined objectives and activities.**

- The exact choice of indicators depends on the goals of the programme and on what is important and feasible in the emergency situation.
- Process, satisfaction and outcome indicators should be formulated consistent with pre-defined objectives.
  - **Process indicators** describe activities and cover the quality, quantity, coverage and utilisation of services and programmes (e.g. number of self-help meetings).
  - **Satisfaction indicators** describe the satisfaction of the affected population with the activity (e.g. the number of people expressing a negative, neutral or positive opinion of a programme). Satisfaction indicators may be seen as a sub-type of process indicators.
  - **Outcome indicators** describe changes in the lives of the population according to pre-defined objectives. These indicators aim to describe the extent to which the intervention was a success or a failure. Although certain outcome indicators are likely to be meaningful in most contexts (e.g. level of daily functioning), deciding what is understood by 'success' in a psychosocial programme should form part of participatory discussions with the affected population.

  Although process and satisfaction indicators are useful tools for learning from experience, outcome indicators provide the strongest data for informed action.
- Collecting data on indicators in the midst of emergencies provides baseline information not only for minimum responses (such as those outlined in this document) but also for long-term, comprehensive humanitarian action.
- Indicators should be SMART (Specific, Measurable, Achievable, Relevant and Time-bound).
- Typically, only a few indicators can feasibly be monitored over time. Indicators should therefore be chosen on the principle of 'few but powerful'. They should be defined in such a way that they can be easily assessed, without interfering with the daily work of the team or the community.
- Data on indicators should be disaggregated by age, gender and location whenever possible.

2. **Conduct assessments in an ethical and appropriately participatory manner.**

- For monitoring and evaluation, the same measurement principles apply as for assessment. See Key action 3 of Action Sheet 2.1 for a detailed discussion of issues related to participation, inclusiveness, analysis, conflict situations, cultural appropriateness, ethical principles, assessment teams and data collection methods, including psychiatric epidemiology.
- For monitoring and evaluating interventions, indicators need to be measured first *before* and then *after* the intervention to see if there has been any change. However, a much more rigorous design would be required to determine whether the intervention has *caused* the change. Such designs tend to go beyond minimum response, which in this document is defined as essential, high-priority responses that should be implemented as soon as possible in an emergency.
- Quantitative data should be complemented with relevant qualitative data (e.g. testimonials of people's experiences of the intervention).

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3. Use monitoring for reflection, learning and change.

- Data on selected indicators may be collected periodically, starting during an emergency, with ongoing follow-up in subsequent months or years. For instance, if a specific type of assessment and analysis is conducted in the midst of an emergency, the same process can be repeated at later intervals (e.g. at six, 12 and 18 months) to investigate changes and to help stakeholders rethink actions as necessary.
- Key conclusions from monitoring and evaluation should be distributed to all relevant stakeholders, including the government, coordination bodies and the affected population. Information for the affected population should be distributed in an accessible form (e.g. in local languages and intelligible to people with low levels of literacy).
- To facilitate reflection, learning and change, participatory dialogues are useful as a means of stepping back and reflecting on what the data mean and how to adjust activities in light of what has been learned.

Key resources

1. Action Aid International. *Participatory Vulnerability Analysis: A step-by-step guide for field staff.* http://www.actionaid.org.uk/wps/content/documents/PVA%20final.pdf

2. Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP). Chapter 6: 'Monitoring'; Chapter 7: 'Evaluation'. In *Participation by Crisis-Affected Populations in Humanitarian Action: A Handbook for Practitioners*, pp.193-227. http://www.globalstudyparticipation.org/index.htm

3. Bolton P. and Tang A.M. (2002). 'An alternative approach to cross-cultural function assessment'. *Social Psychiatry and Psychiatric Epidemiology*. 37:537-43. http://www.who.int/mental_health/emergencies/mh_key_res/en/index.html

4. Bragin M. (2005). 'The community participatory evaluation tool for psychosocial programmes: A guide to implementation'. *Intervention: International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict* 3, 3-24. http://www.interventionjournal.com/downloads/31pdf/03_24%20Bragin%20.pdf

5. Cohen R.N. (2004). *Introducing Tracer Studies: Guidelines for Implementing Tracer Studies in Early Childhood Programmes* (available in English and Spanish). Bernard van Leer Foundation. http://www.bernardvanleer.org/publications/Browse_by_series/publications_results?getSerie=Books%20and%20Monographs

6. International Institute for Environment and Development (IIED). *Participatory Learning and Action (PLA Notes).* http://www.iied.org/NR/agbioliv/pla_notes/backissues.html (see specifically notes 31 and 42, which cover PRA monitoring and evaluations)

7. Psychosocial Working Group (2005). *Reflections on Identifying Objectives and Indicators for Psychosocial Programming.* http://www.forcedmigration.org/psychosocial/papers/PWG_01_.pdf

8. Perez-Sales P. (2006). 'Repensar Experiencas. Evaluación de programas psicosociales y de salud mental. Metodologías y técnicas'. *Ed Popular.* (www.psicosocial.net) ('Rethinking experiences. Assessment of mental health and psychosocial programmes. Methods and techniques', in Spanish)

Sample process indicators

- SMART process and outcome indicators are defined for mental health and psychosocial support programmes.
- Indicators are regularly assessed, as appropriate.
- Key stakeholders, including the affected population, are involved in all aspects of the M&E process, including the discussion of results and their implications.

Example: El Salvador, 2001

- Local authorities and a psychosocial community team from a local university and an international NGO set up an M&E system in a camp of 12,000 people affected by an earthquake.
- The system gathered quantitative and qualitative data on mutual support, solidarity, security, leadership, decision-making processes, access to updated information, perception of authorities, employment, normalising activities, perception of community cohesion and perception of the future. The system involved a baseline survey with regular three-month follow-ups in a random sample of 75 tents. On each occasion, data were collected within a 24-hour period by five volunteers.
- After three months, the M&E system detected a substantial decrease in perceived mutual support and solidarity. Appropriate measures were taken (e.g. rearrangement of the distribution of tents and cooking facilities, group activities). Three months later the survey showed an increase in confidence in leadership and decision-making processes, indicating that the trend had been reversed.

Action Sheet 3.1

Apply a human rights framework through mental health and psychosocial support

Function: Protection and human rights standards
Phase: Minimum Response

Background

Human rights violations are pervasive in most emergencies. Many of the defining features of emergencies – displacement, breakdown in family and social structures, lack of humanitarian access, erosion of traditional value systems, a culture of violence, weak governance, absence of accountability and a lack of access to health services – entail violations of human rights. The disregard of international human rights standards is often among the root causes and consequences of armed conflict. Also, human rights violations and poor governance can exacerbate the impact of natural disasters. Groups who may be at particular risk in emergencies are outlined in Chapter 1 and include people who are under threat for political reasons. Such people are more likely to suffer rights violations and to face increased risks of emotional distress, psychosocial problems and mental disorder.

In emergency situations, an intimate relationship exists between the promotion of mental health and psychosocial well-being and the protection and promotion of human rights. Advocating for the implementation of human rights standards such as the rights to health, education or freedom from discrimination contributes to the creation of a protective environment and supports social protection (see Action Sheet 3.2) and legal protection (see Action Sheet 3.3). Promoting international human rights standards lays the ground for accountability and the introduction of measures to end discrimination, ill treatment or violence. Taking steps to promote and protect human rights will reduce the risks to those affected by the emergency.

At the same time, humanitarian assistance helps people to realise numerous rights and can reduce human rights violations. Enabling at-risk groups, for example, to access housing or water and sanitation increases their chances of being included in food distributions, improves their health and reduces their risks of discrimination and abuse. Also, providing psychosocial support, including life skills and livelihoods support, to women and girls may reduce their risk of having to adopt survival strategies such as prostitution that expose them to additional risks of human rights violations. Care must be taken, however, to avoid stigmatising vulnerable groups by targeting aid only at them.

Because promoting human rights goes hand-in-hand with promoting mental health and psychosocial well-being, mental health and psychosocial workers have a dual responsibility. First, as indicated in key actions 1–3 below, they should ensure that mental health and psychosocial programmes support human rights. Second, as indicated in actions 4–5 below, they should accept the responsibilities of all humanitarian workers, regardless of sector, to promote human rights and to protect at-risk people from abuse and exploitation.

Key actions

1. Advocate for compliance with international human rights standards in all forms of mental health and psychosocial support in emergencies.

- Promote inclusive and non-discriminatory service delivery, avoid unnecessary institutionalisation of people with mental disorders, and respect freedom of thought, conscience and religion in mental health and psychosocial care.
- Help recipients of mental health and psychosocial support to understand their rights.
- Respect at all times the right of survivors to confidentiality and to informed consent, including the right to refuse treatment.
- Protect survivors of human rights violations from the risk of stigmatisation by including them in broader programmes.

2. Implement mental health and psychosocial supports that promote and protect human rights.

- Make human rights an integral dimension of the design, implementation, monitoring and evaluation of mental health and psychosocial programmes in emergencies, especially for people judged to be at risk. Include human rights sensitisation in psychosocial programmes.
- Work with stakeholders at different levels (family, community, local and national NGOs and government) to ensure that they understand their responsibilities.
- Where appropriate, consider using discussions of human rights as a means of mobilising communities to assert their rights and to strengthen community social support (see example on page 54).
- Analyse the impact of programmes on current or (potential) future human rights violations.

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- Consider, where appropriate, sharing information from these programmes with human rights organisations. This could include sharing voluntary and anonymous testimonies of survivors for advocacy purposes. It is essential to consider the risks for beneficiaries and for local and international staff, and to adhere to strict standards of privacy, data protection, confidentiality and informed consent.

3. Include a focus on human rights and protection in the training of all relevant workers.

- Provide training to local and international humanitarian workers in all sectors and to health and social services staff working in pre-existing services, as well as to government officials, including police and military.
- Make the fundamental rights of the affected population core components of staff training on codes of conduct (see Action Sheet 4.2).
- Promote the inclusion of the psychosocial impact of human rights violations on survivors in training for staff of human rights organisations and for government officials. Emphasise the need for appropriate interview techniques that respect survivors and consider the psychological impact of events.
- Advocate with human rights organisations on the need for psychosocial support for survivors and provide them with information on available support structures.

4. Establish – within the context of humanitarian and pre-existing services – mechanisms for the monitoring and reporting of abuse and exploitation.

- Give particular attention to those people most at risk.
- See Action Sheet 4.2 for guidance.

5. Advocate and provide specific advice to states on bringing relevant national legislation, policies and programmes into line with international standards and on enhancing compliance with these standards by government bodies (institutions, police, army, etc.).

Advocacy should begin as soon as possible in the emergency and should take into account the need for measures to prevent violence and abuse and to ensure accountability for rights violations. Policies that favour the right to truth, justice and reparation should be promoted. Possible points for advocacy are:

- Ending attacks on hospitals, schools and marketplaces;
- Ending discrimination against minority groups;
- Preventing child recruitment into armed forces or armed groups;
- Releasing children from armed groups or illegal detention;
- Preventing and responding to sexual violence (including sexual exploitation and trafficking);
- Facilitating humanitarian access for support and rehabilitation.

Consider how best to respond to non-compliance or to serious violations by raising the issue with the parties involved, at the international level or through the media, balancing the potential impact of any intervention with the risks for beneficiaries and for local and international staff.

Key resources

Relevant universal human rights instruments

1. A detailed overview of the universal human rights instruments, including the full texts and information on their status of ratification, can be found at: http://www.ohchr.org/english/law/index.htm. The website contains the:

- UN International Covenant on Economic, Social and Cultural Rights (1966)
- UN International Covenant on Civil and Political Rights (1966)
- General Comment 14 on the right to the highest attainable standard of health adopted by the Committee on Economic, Social and Cultural Rights in May 2000 (E/C.12/2000/4, CESCR dated 4 July 2000)
- UN Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (1991)
- Geneva Conventions (1949) and the additional Protocols to the Conventions (ICRC, 1977)
- Rome Statute of the International Criminal Court (1998)
- UN Convention on the Rights of the Child (1989) and the Optional Protocols to the Convention (2000)
- UN Convention Relating to the Status of Refugees (1951)
- UN Convention for the Elimination of all Forms of Racial Discrimination (1965)
- UN Convention on the Elimination of All Forms of Discrimination against Women (1979) and the Optional Protocol to the Convention (1999).

Guidelines and manuals

2. Amnesty International, International Human Rights Standards and Organisations, in *Campaigning Manual*, Chapter 6, www.amnesty.org/resources/pdf/campaigning-manual/chapter6.pdf. (To access the full manual: http://web.amnesty.org/pages/campaigning-manual-eng).

3. Health and Human Rights Info. http://www.hhri.org

4. OCHA (forthcoming). *Developing a Humanitarian Advocacy Strategy and Action Plan: A Step-by-Step Manual.*

5. Slim H. and Bonwick A. (2005). *Protection: An ALNAP Guide for Humanitarian Agencies.* http://www.odi.org.uk/ALNAP/publications/protection/alnap_protection_guide.pdf

6. Tearfund. *Setting the Standard: A common approach for child protection in NGOs.* http://tilz.tearfund.org/webdocs/Tilz/Topics/Child%20Protection%20Policy.pdf

7. UN Guiding Principles on Internal Displacement (1998). http://www.unhchr.ch/html/menu2/7/b/principles.htm

8. UNICEF and the Coalition to Stop the Use of Child Soldiers (2003). *Guide to the Optional Protocol on Children in Armed Conflict.* http://www.unicef.org/publications/files/option_protocol_conflict.pdf

9. UNICEF. *A Principled Approach to Humanitarian Action,* e-learning course. www.unicef.org/path

Sample process indicators

- Mental health and psychosocial programmes comply with international human rights standards and are designed with a view to protecting the population against violence, abuse and exploitation.
- Training for staff of psychosocial and mental health programmes contains a focus on human rights.
- Appropriate mechanisms for the monitoring and reporting of instances of abuse and exploitation of civilians are established.

Example: Occupied Palestinian territory, 2000

- A UN agency supported workshops where adolescents discussed their roles in the community, against a background of ongoing conflict that was undermining their rights to education, health, participation and protection from violence, among other rights.
- Many adolescents felt hopeless and some thought that violence was the only option, while others argued for non-violent ways to protect their rights.
- Adolescents agreed to use an adolescents' forum to advocate for their rights with Palestinian decision-makers; to use the media to explain their situation, rights and views on what should be done; to work as trained volunteers in health facilities; to conduct recreational activities for younger children; and to establish a peer-to-peer support system.
- By providing concrete options for youth to contribute to their community and to assert their rights, these programmes provided a sense of purpose, built solidarity and hope, and engaged adolescents as constructive, respected role models in the community.

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Action Sheet 3.2

Identify, monitor, prevent and respond to protection threats and failures through social protection

Function: Protection and human rights standards

Phase: Minimum Response

Background

In emergencies, a complex interplay occurs between protection threats and mental health and psychosocial well-being. Survivors often report that their greatest stress arises from threats such as attack and persecution, forced displacement, gender-based violence, separation from or abduction of family members, extreme poverty and exploitation and ill treatment. Such protection problems produce immediate suffering and may interfere with the rebuilding of social networks and a sense of community, both of which support psychosocial well-being. Emergencies may also exacerbate differences in power within the affected population, increasing the vulnerability of already marginalised people.

Without attention to protection issues, MHPSS can become focused on consequences while ignoring underlying and ongoing causes. Promoting a protective environment, then, is an integral part of psychosocial support. Psychosocial and mental health issues can also contribute to protection threats. For example, children who have lost their families and who are extremely distressed face increased risks of living on the streets, being exploited or, in some emergencies, joining armed groups. In addition, people with severe mental disabilities may wander, exposing themselves to hazards that most other people can avoid.

Protection requires both legal and social mechanisms. Legal protection entails applying international human rights instruments (see Action Sheet 3.1), and international and national laws (see Action Sheet 3.3). Social protection, the focus of this Action Sheet, occurs largely through activating and strengthening social networks and community mechanisms that reduce risks and meet immediate needs. Protection is a collective responsibility of states, affected populations and the humanitarian community (see *Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief*).

Humanitarian workers, whether they are from the affected population or outside agencies or both, can contribute to protection in numerous ways. An essential step is to deliver aid in various key sectors (see Action Sheets 9.1, 10.1 and 11.1) in a way that supports vulnerable people, restores dignity and helps to rebuild social networks. Much of the most effective social protection occurs as local people organise themselves to address protection threats, thereby building a sense of empowerment and the possibility of sustainable mechanisms for protection. Complementing this non-specialist work is work conducted by protection specialists. For example, experienced child protection workers should address the special vulnerabilities of children, and specialised protection workers are also needed to build local capacities for protection. This Action Sheet is aimed at both non-specialists and specialists.

Key actions

1. Learn from specialised protection assessments whether, when and how to collect information on protection threats.

Many protection assessment activities should be carried out by protection specialists who have technical expertise and who understand the local context. Non-specialists should avoid conducting assessments on sensitive issues such as rape, torture or detention. However, there is a role for non-specialist work. For example, educators must learn about protection risks to children and how to make education safe. To succeed, non-specialist work must build upon the work of protection specialists by:

- Learning what protection threats have been identified;
- Talking with protection specialists before initiating social protection activities;
- Learning what channels exist for reporting protection issues;
- Assessing any dangers (for interviewers, interviewees, aid workers, the local population) related to asking questions. Ask trusted key informants from different sub-groups or factions:
  - What is permissible to ask safely?
  - When and where is it safe to ask questions?
  - How to avoid causing harm.

  Before interviewing torture survivors, ask whether doing so will endanger other members of their families; who could conduct interviews safely; where and when to conduct interviews; and what the risks are of post-interview retaliation against survivors.

2. Conduct a multi-sectoral participatory assessment of protection threats and capacities.

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- Conduct a situation analysis of protection concerns:
  - See Action sheet 2.1 for guidance on conducting assessments in an ethical and appropriately participatory manner.
  - Include in the team members of the affected group who are trained and supported, provided they are viewed as impartial and it is safe for all involved.
  - Determine whether it is acceptable to discuss sensitive protection issues either with people individually or in group settings.
  - Identify in a range of settings (e.g. camps, routes followed by people collecting water or firewood, non-formal education sites, markets) protection threats such as gender-based violence (GBV), attacks on civilians, forced displacement, abduction, recruitment of minors, trafficking, exploitation, hazardous labour, landmines, exposure to HIV/AIDS and neglect of people in institutions. However, avoid using a checklist approach, which may 'blind' assessors to other or emerging protection threats.
- Taking care to avoid causing harm, ask questions such as:
  - What factors cause the violence and who are the perpetrators?
  - Are the perpetrators still present and are they intimidating local people or those who would offer protection?
  - Has family separation occurred? Is it still happening?
  - Where are separated or unaccompanied children?
  - What has happened to elderly/disabled people?
  - What has happened to those living in institutions and hospitals?
  - What are the current safety/security concerns?
- Analyse local capacities for protection, asking questions such as:
  - In the past, how did groups in the community handle protection threats such as those present now, and what are people doing at present?
  - How has the crisis affected protection systems and coping mechanisms that were previously active?
  - Where are those who would normally provide protection?
  - Are some of the presumed protective resources – such as police, soldiers or peacekeepers, or schools – creating protection threats?

- Collect age- and gender-disaggregated data whenever possible.
- Establish protocols/guidance relating to informed consent and to the documentation, storage and sharing of confidential information.
- Alert all sectoral and intersectoral assessment teams and coordination mechanisms to identified protection concerns.

3. Activate or establish social protection mechanisms, building local protection capacities where needed.

- As appropriate in the context, mobilise people who have or who previously had a role in organising community-level care or protection, ensuring that women and other key at-risk groups are represented.
- Raise local awareness about how to report protection violations.
- Establish, where feasible, a protection working group (PWG) that builds on existing initiatives whenever possible, incorporates diverse actors (including human rights organisations) and serves as a coordination body regarding protection for humanitarian actors. PWGs help to monitor and respond to protection issues and may be set up for villages, camps or wider geographic areas. They should have defined roles, such as filling protection gaps and sharing best practices.
- Organise training by protection specialists to build the capacity of the PWG if necessary, including material on the risks faced by people with mental disabilities.
- Wherever possible, link the PWG with other protection mechanisms in neighbouring areas, forming regional protection networks that exchange information on threats.
- Provide access to education as a protection measure (see Action Sheet 7.1), ensuring that education personnel understand how to make education safe.

4. Monitor protection threats, sharing information with relevant agencies and protection stakeholders.

- Track protection threats and changes in their nature, intensity, pattern and focus at different venues such as schools and marketplaces.
- Via the PWGs and organisations active on protection issues, regularly share information with protection stakeholders, creating wherever possible a central database accessible by different agencies and offering data disaggregated by age

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and gender.

- Establish places for information exchange (see Action Sheet 8.1) relevant to protection threats and security issues through which members of the affected population and agency workers can provide information, thereby reducing the spread of rumours.
- Protect confidentiality and share information, following guidelines established by the PWG.

5. Respond to protection threats by taking appropriate, community-guided action.

- Ensure that interventions are based on consultation with and, whenever possible, participation of affected communities.
- Learn from and build on community-level successes in responding to threats and, where appropriate, disseminate the strategies that the community (or a relevant segment of the community) has developed to protect itself.
- Organise appropriate social protection responses, such as:
  - Organising safe spaces (see Action Sheet 5.1) where children can play and adults can meet to discuss steps to increase protection and well-being;
  - Establishing systems for the identification, documentation, tracing, reunification and temporary care arrangements of separated children (see *Inter-Agency Guiding Principles on Unaccompanied and Separated Children* in the Key resources below);
  - Providing emergency support at safe spaces, centres or designated areas for extremely vulnerable individuals/families;
  - Activating local processes of dispute resolution;
  - Activating local processes for helping people at greatest risk (see Action Sheet 5.2);
  - Providing small grants, where appropriate, to alleviate economic threats to well-being;
  - Supporting local action to decrease the risks posed by landmines, unexploded ordnance and uncovered wells;
  - Preventing external groups from taking away orphans, young single women or other individuals at risk.

- Organise support for survivors of abuse who are in severe psychological distress (see Action Sheets 5.2 and 6.1).
- Avoid singling out or targeting specific sub-groups for assistance, unless this is critical to prevent further harm. Integrated support helps to reduce discrimination and may build social connectedness. Consider, for example, providing women's groups rather than groups for women who have been raped.
- Integrate protection into all sectors of humanitarian assistance, including:
  - Post-distribution monitoring of food aid to ensure that it reaches children and others in need;
  - Monitoring shelter programmes to ensure that those who may need special assistance receive support in obtaining adequate shelter;
  - Ensuring that sanitation facilities are close to people's living quarters, and that they are well lit and safe for women and children;
  - Developing an intersectoral strategy regarding GBV, where appropriate.

6. Prevent protection threats through a combination of programming and advocacy.

- Enforce codes of conduct for humanitarian workers that protect children and prevent sexual exploitation and abuse (see Action Sheet 4.2).
- Develop an advocacy strategy in collaboration with local people and relevant coordination groups, addressing key issues such as:
  - Measures to protect the physical safety and security of local people;
  - The need for flexible, long-term funding to respond to complex, changing threats;
  - Appropriate care arrangements for children placed in orphanages and institutions.
- Establish procedures concerning media access to at-risk people, recognising that media attention can lead to (a) reprisal attacks against former child soldiers or rape survivors; (b) distress related to violations of confidentiality, multiple interviews or use of inappropriate questions; and (c) stigma on account of being singled out.
- Provide information in ways that people can understand, enabling them to make informed decisions about key protection issues (see Action Sheet 8.1).

Key resources

1. Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) (2005). *Protection: An ALNAP Guide for Humanitarian Agencies.* http://www.alnap.org/publications/protection/index.htm

2. IASC (2002). *Growing the Sheltering Tree: Protecting Rights Through Humanitarian Action.* http://www.icva.ch/files/gstree.pdf

3. IASC (2005). *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings.* Geneva: IASC. http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp

4. IASC (2006). *Protecting Persons Affected By Natural Disasters: IASC Operational Guidelines on Human Rights and Natural Disasters.* http://www.humanitarianinfo.org/iasc/content/products/docs/IASC%200perational%20Guidelines%20final.pdf

5. ICRC, IRC, Save the Children UK, UNICEF, UNHCR and World Vision (2004). *Inter-Agency Guiding Principles on Unaccompanied and Separated Children.* Save the Children UK. http://www.unhcr.org/cgi-bin/texis/vtx/protect/opendoc.pdf?tbl=PROTECTION&id=4098b3172

6. IFRC and ICRC (1994). *The Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief.* http://www.ifrc.org/publicat/conduct/index.asp

7. InterAction (2004). *Making Protection a Priority: Integrating Protection and Humanitarian Assistance.* http://www.interaction.org/campaign/protection_paper.html

8. OCHA (forthcoming). *Developing a Humanitarian Advocacy Strategy and Action Plan: A Step-by-Step Manual.*

9. UNHCR. *Operational Protection in Camps and Settlements: A reference guide of good practices in the protection of refugees and other persons of concern.* http://www.unhcr.org/cgi-bin/texis/vtx/publ/opendoc.pdf?tbl=PUBL&id=448d6c122

10. UNICEF. *Ethical Guidelines for Journalists.* www.unicef.org/ceecis/media_1482.html

Sample process indicators

- Humanitarian workers know they are responsible for reporting violations and know how to report violations.
- In camps, villages or settlement areas, there is a local protection group or mechanism that engages in protection monitoring, reporting and action.
- Steps are taken to protect the most vulnerable people, including those with chronic mental disabilities.

Example: Sierra Leone, 2002

- Following a decade of internal war, girls who had been abducted and sexually exploited by armed groups often experienced stigmatisation, harassment and attack on their return to villages.
- An international NGO organised community dialogues to help local people understand that the girls had been forced to do bad things and had themselves suffered extensively during the war.
- Local villages organised Girls' Well-Being Committees that defined and imposed fines for harassment and mistreatment of the girls.
- This community protection mechanism sharply reduced abuses of the girls and supported their reintegration into civilian life.

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Action Sheet 3.3

Identify, monitor, prevent and respond to protection threats and abuses through legal protection

Function: Protection and human rights standards

Phase: Minimum Response

Background

The breakdown in law and order that occurs in many emergencies increases people's vulnerability to violations of the rights and safeguards afforded by international and national legal systems. In armed conflict, where human rights violations are often widespread and committed with impunity, people may be too afraid to report crimes or may experience retaliation if they do. These conditions rob people of their dignity and respect, as well as their sense of control over their lives and environment. Legal protection is therefore essential in promoting mental health and psychosocial well-being.

Legal protection refers to the application of international humanitarian and human rights laws, which delineate the rights to which all people are entitled, with special protection measures for at-risk groups (see Chapter 1). Under international law, states bear the primary responsibility for protecting people on their territories. As such, national statutory and customary laws should be used as the basis for legal protection, when they are consistent with international legal standards. When protection under national law is weak or is not feasible, efforts should be made to provide legal protection in accordance with established international standards, recognising that these are the minimum applicable standards to which the international community should adhere in an emergency. Legal protection activities must begin at the earliest stages of an emergency, and those involved must understand the sensitivity that such work may require and the need to weigh carefully the relative risks and benefits.

Safety, dignity and integrity are fundamental concepts to both international humanitarian/human rights law and to a psychosocial approach to humanitarian action. Legal protection promotes mental health and psychosocial well-being by shielding people from harm, promoting a sense of dignity, self-worth and safety, and strengthening social responsibility and accountability for actions. However, legal protection efforts may cause harm when they ignore psychosocial considerations. For instance, survivors of crimes such as torture or rape often feel blamed or stigmatised as a result of legal proceedings. It is important to implement legal protection in a way that promotes psychosocial well-being.

To achieve legal protection, there needs to be collaboration at local, national, regional and international levels. In this partnership approach, many different actors play vital roles. While much legal protection work is the work of specialists, all people involved in humanitarian aid have a responsibility to support appropriate legal protection.

Key actions

1. Identify the main protection threats and the status of existing protection mechanisms, especially for people at heightened risk.

- Conduct participatory assessments (see Action Sheet 2.1) with people at increased risk (see Chapter 1) to identify: the main protection risks; people's skills and capacity to prevent and respond to the risks; whether local protection mechanisms are available and how well or how poorly they protect different groups; and what additional support should be provided (see also Action Sheet 3.2).
- Consider the potential harm of such assessments to the population, analysing the potential risks and benefits.

2. Increase affected people's awareness of their legal rights and their ability to assert these rights in the safest possible way, using culturally appropriate communication methods (see Action Sheet 8.1).

Actions may include:

- Working with community leaders and relevant local authorities (such as lawyers, camp leaders, police, etc.) to mobilise and educate members of their community about legal rights and how to achieve these rights in a safe manner. Priority issues may include rights of access to humanitarian aid, special protection for at-risk groups, mechanisms for reporting and their potential risks, etc. Actions may include:
  - Organising group dialogues in socially acceptable ways (i.e. considering age and gender roles, and appropriate communication tools) to discuss rights.
  - Providing age- and gender-appropriate information in public places such as food distribution sites, health clinics, schools, etc.
- Facilitating the use of legal mechanisms to ensure access to humanitarian services and goods, ensuring that there are systems in place for lodging complaints about violations of rights to free and safe access to services and goods.

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3. Support mechanisms for monitoring, reporting and acting on violations of legal standards.

- Identify when and how it is appropriate to report violations. Recognise that in some situations, official mechanisms such as police are appropriate venues for reporting, whereas in other situations reporting to police can create risk of harm.
- Humanitarian actors should report denials of rights, such as access to humanitarian assistance, to the appropriate body (such as Human Rights Commissions or the Protection Cluster) and seek its assistance in identifying possible actions.
- Information sharing must respect confidentiality and minimise risks of retribution or stigmatisation.
- Utilising national and/or international mechanisms (for example, Security Council Resolution 1612 regarding children affected by armed conflict) may be appropriate.

4. Advocate for compliance with international law, and with national and customary laws consistent with international standards.

Actions might include:

- Identifying and disseminating information on the national and international legal frameworks (see Action Sheet 4.2) that protect people at risk;
- Participating in or supporting public education campaigns to end specific abuses such as illegal detentions, *refoulement*, gender-based violence or recruitment of children;
- Orienting national and local legal structures to provide adequate legal protection through capacity-building efforts with, for example, police, judicial and military personnel;
- Conducting legal advocacy against commonly known inappropriate responses in emergencies that can degrade the social fabric of affected populations, such as adoption in emergencies, institutionalisation of vulnerable persons and trafficking of children and women.

5. Implement legal protection in a manner that promotes psychosocial well-being, dignity and respect.

Important steps include:

- Assisting survivors who choose to report violations, and who are seeking protection or redress, to fully understand the implications of their actions, so that they are carried out with informed consent;
- Avoiding causing marginalisation by drawing attention to particular survivors, especially when their experiences are likely to attract social stigma;
- Identifying and supporting mechanisms that end impunity and hold perpetrators accountable for their acts. This includes recognising that punitive justice does not always allow for community-level healing or support community-based restorative justice systems that are consistent with international legal standards and that will lead to forgiveness and reconciliation (e.g. safe release of child and other vulnerable combatants, tracing and reunification, and promoting initial steps in the reintegration process);
- Orienting those working within the legal system – e.g. lawyers, judges, paralegals and court advocates – on how their work affects psychosocial well-being. Key topics may include:
  - The potential positive and negative impacts on psychosocial well-being that judicial proceedings may have on survivors, emphasising approaches that promote safety, dignity and integrity;
  - Sensitive and appropriate techniques for interviewing witnesses and survivors, taking into consideration age, gender and the psychosocial impact of their experiences;
  - The importance of confidentiality in protecting the safety and well-being of survivors (i.e. information storage and management, closed courtroom sessions, etc.);
  - The significance of key legal protection issues in relation to the psychosocial well-being of different groups. Topics may include:
    - Legal processes to determine the fate of disappeared persons, which are particularly important for grieving processes;
    - Ensuring that customary law processes of accountability are followed, as these may be essential to communities' acceptance of children recruited by armed forces;
    - How inheritance and land rights provide essential economic support for widows and children, encouraging self-reliance and resilience;

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- Diversion of people with severe mental disorders from the legal system to appropriate social and health services.

- Conducting advocacy in a way that respects confidentiality, dignity and integrity, and which avoids further distress. Public display of survivors' faces, even to communicate information about humanitarian efforts, can be degrading. Avoid images that display overwhelming and obvious suffering, or which reinforce survivors' sense of victimisation (see Action Sheet 8.1).

6. Provide psychosocial support and legal protection services in a complementary fashion.

Useful steps are to:

- Identify appropriate psychosocial supports for witnesses and people who wish to report violations or seek legal redress.
- Orient social support workers on how to assist survivors through the judicial and accompanying processes (i.e. medical examinations, exhumations, identification of dead, etc.).
- Establish support groups and child care options for witnesses, defendants and others involved in legal processes.
- Identify how to make referrals to specialised mental health and psychosocial supports and services, if needed.
- Recognise the need for legal protection referral for persons encountered in psychosocial and mental health services. For example, survivors of sexual violence often receive medical and psychosocial support, but may continue to be or feel in danger and be unable to fully heal if they know that the perpetrator will not be punished.
- Include essential information on legal protection in orientations and training on mental health and psychosocial support (see Action Sheet 4.1), helping workers to understand what to do, or not to do, when they encounter people who need legal protection, including appropriate referrals.

Key resources

Guidelines and manuals

1. ActionAid (2001). *Learning About Rights – Module three: law and rights in emergencies.* http://www.reliefweb.int/library/library/actionaid-rights-2001.htm

2. Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) (2005). *Protection: An ALNAP Guide for Humanitarian Emergencies.* www.odi.org.uk/alnap/publications/protection/index.htm

3. IRIN (2006). *Justice for a Lawless World: Rights and Reconciliation in a New Era of International Law (Parts I and II).* http://www.irinnews.org/webspecials/RightsAndReconciliation/default.asp

4. Keeping Children Safe (2006). 'Setting the international standards for child protection'. http://www.keepingchildrensafe.org.uk/

5. UNICEF (2003). *Technical Notes: Special Considerations for Programming in Unstable Situations.* http://www.unicef.org/protection/files/Tech_Notes_chap_14_Psychosocial_Dev.pdf

Human rights monitoring and action groups

Amnesty International
http://www.amnesty.org

Human Rights Watch
http://www.hrw.org

Inter-American Commission on Human Rights
http://www.cidh.org/DefaultE.htm

Key international legal instruments

For a list of key international legal instruments, see Action Sheet 3.1.

Sample process indicators

- Key legal protection gaps are identified and action plans are developed to address these appropriately.
- Psychosocial, mental health and orientations/trainings for legal protection workers include information on legal protection and psychosocial well-being, and on the link between the two.
- Survivors of human rights abuses receive complementary support from legal protection workers and from people skilled in providing mental health and psychosocial support.

Example: Democratic Republic of Congo

- In North and South Kivu Province, sexual violence remains widespread and survivors are often rejected by their families and communities.
- International and local NGOs that offer psychosocial assistance to survivors work closely with human rights organisations, sharing data on types and numbers of cases and sensitising communities about the psychosocial impact of sexual violence, women's rights and the need for accountability in instances of rape.
- Survivors and communities are encouraged to report cases in ways that are safe and appropriate, with psychosocial workers ensuring that confidentiality and informed consent are respected and that questioning occurs in a supportive manner.
- Nationally, agencies advocate together for changing the law on sexual violence to better protect survivors.

Action Sheet 4.1

Identify and recruit staff and engage volunteers who understand local culture

Function: Human resources

Phase: Minimum Response

Background

International staff and volunteers may come from different geographic, economic and cultural backgrounds than the affected population in the host country and may have different views and values. Nevertheless, they should have the capacity to respect local cultures and values and to adapt their skills to suit local conditions. The distress of the affected population may be worsened by an influx of humanitarian workers if the latter are not technically competent or if they are unable to handle the predictable stresses of emergency aid work. Local staff and volunteers may be well acquainted with local cultures and traditions, but there can still be large socio-cultural differences, for example between urban and rural populations and between ethnic groups.

People in Aid's *Code of Good Practice in the Management and Support of Aid Personnel* provides overall guiding principles for the management and support of staff working in humanitarian and development agencies. As described in the *Code of Good Practice*, the objective of recruitment is to get the right people (staff and volunteers) to the right place at the right time. In most emergencies this is an enormous challenge, and competition for local staff is common. The key actions described below give specific guidance relevant to recruiting workers to protect and support the mental health and well-being of emergency-affected populations in crisis situations.

Key actions

1. Designate knowledgeable and accountable personnel to undertake recruitment. Such personnel should:

- Be trained in human resource management (according to the People in Aid *Code of Good Practice*);
- Be knowledgeable about the predictable stresses of humanitarian aid work and the policies and practices needed to mitigate them (see Action Sheet 4.4);
- Understand minimum health and mental health requirements for high-risk and high-stress assignments (based on the organisation's own experience and that of similar agencies);

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- Depending on context, be aware of potential conflict based on ethnic, racial or national identity.

2. Apply recruitment and selection principles. The selection process must be fair, transparent and consistent to ensure that the most appropriate and capable personnel are appointed.

- Follow written recruitment procedures that outline in detail how staff and volunteers are recruited and selected.
- Aim to attract the widest pool possible of suitably qualified candidates.
- Reduce 'brain drain' from local to international organisations. International agencies should a) collaborate with local agencies to carry out essential relief tasks, reducing the need to hire large numbers of staff from international organisations and b) avoid offering exceptionally high wages that draw local staff away from organisations already working in the area.
- Maintain appropriate documentation and inform candidates whether or not they have been selected. Feedback should be given to candidates if requested.

3. Balance gender in the recruitment process and include representatives of key cultural and ethnic groups. Mental health and psychosocial support programmes require community input and participation. Women and men in the community often have different needs. To assess these differences, men and women typically need to be interviewed separately by male and female workers. This enables gender-specific and personal issues to be discussed more openly. Similarly, recruiting representatives from key cultural and ethnic groups facilitates inputs from, and the participation of, those groups.

4. Establish terms and conditions for volunteer work. Organisations that work with volunteers to deliver psychosocial support should make clear their expectations of volunteers' roles. Similarly, they should make clear policies on reimbursement, entitlements, training, supervision and management of/support for volunteers. Where possible, volunteers should be recruited and supported by organisations that have experience in managing volunteers.

5. Check references and professional qualifications when recruiting national and international staff, including short-term consultants, translators, interns and volunteers.

- Contact referees to identify/check:
  - The candidate's strengths and weaknesses;
  - The candidate's ability to tolerate high-stress situations;
  - Whether the candidate has presented himself or herself honestly;
  - The candidate's ability to adapt to and respect local culture;
  - That the candidate has no record whatsoever of child abuse (especially relevant when recruiting for work that involves contact with children).
- When hiring professionals, check formal qualifications (proof of completion of professional training, membership of a professional organisation, as appropriate).
- If time allows, check for criminal records. Consider the following:
  - In situations of political repression, people may have a record of having been arrested without having committed any crime.
  - Do not hire persons who have a history of perpetrating any type of violence. A deliberate exception may be made in the case of former soldiers, with the aim of promoting their reintegration into society.

6. Aim to hire staff who have knowledge of, and insight into, the local culture and appropriate modes of behaviour. Clinical or any other interpersonal psychosocial support tasks should be performed mainly by local staff who speak the local language and who have a thorough understanding of social and cultural responses to the emergency situation.

7. Carefully evaluate offers of help from individual (non-affiliated) foreign mental health professionals. Well-intending foreign mental health professionals (who are not affiliated to any organisation) should be discouraged from travelling to disaster-affected regions unless they meet the following criteria:

- They have previously worked in emergency settings.
- They have previously worked outside their own socio-cultural setting.

- They have basic competence in some of the interventions covered in these guidelines.
- They have an understanding of either community psychology or public health principles.
- They have a written invitation from a national or established international organisation to work in the country.
- They are invited to work as part of an organisation that is likely to maintain a sustained community presence in the emergency area.
- They do not focus their work on implementing interventions themselves (e.g. clinical work), but rather provide support to programmes on a general level, including the transfer of skills to local staff, so that interventions and supports are implemented by local staff.

Key resources

1. Antares Foundation (2005). *Managing Stress in Humanitarian Workers: Guidelines for Good Practice.* http://www.antaresfoundation.org/download/Managing%20Stress%20in%20Humanitarian%20Aid%20Workers%20-%20Guidelines%20for%20Good%20Practice.pdf

2. IASC (2005). *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*, Action Sheet 4.1: Recruit staff in a manner that will discourage sexual exploitation and abuse, pp.50-52. Geneva: IASC. http://www.humanitarianinfo.org/iasc/content/products/docs/tfgender_GBVGuidelines2005.pdf.

3. IFRC (1999). *Volunteering Policy: Implementation Guide*. Geneva: IFRC. http://www.ifrc.org/cgi/pdf_pubsvol.pl?volpol_impl.pdf

4. Oxfam (2004). *Recruitment in Humanitarian Work.* http://www.oxfam.org.uk/what_we_do/issues/gender/links/0404humanitarian.htm

5. People in Aid (2003). *Code of Good Practice in the Management and Support of Aid Personnel.* http://www.peopleinaid.org/pool/files/code/code-en.pdf

Sample process indicators

- Organisations apply a written human resource policy that specifies steps relating to recruitment procedures and terms of employment.
- Organisations achieve balanced recruitment in terms of men/women and minority groups.
- Agencies decline help offered by foreign mental health professionals who do not meet the key criteria outlined above.
- Clinical or other interpersonal psychosocial support tasks are provided primarily by national staff who are familiar with the local culture.

Example: Sri Lanka, 2005

- After the December 2004 tsunami, national Red Cross and Red Crescent societies from numerous countries worked with the Sri Lankan Red Cross Society, making extensive use of local volunteers.
- The national Red Cross/Red Crescent societies collaborated to develop a common psychosocial support framework for the Sri Lankan Red Cross Society.
- All relevant staff and volunteers engaged by the movement were trained according to similar principles, including training in working with cultural resources to provide community support. Because resources were invested in hiring and training staff and volunteers, there is now an enhanced understanding in the country of the positive effects of community-based psychosocial work.

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Action Sheet 4.2

Enforce staff codes of conduct and ethical guidelines

Function: Human resources
Phase: Minimum Response

Background

During emergencies, large numbers of people rely on humanitarian actors to meet basic needs. This reliance, together with disrupted or destroyed protection systems (e.g. family networks), contributes to inherently unequal power relationships between those delivering services and those receiving them. Accordingly, the potential for abuse or exploitation of the affected population is high; at the same time, the opportunities for detection and reporting of such abuse tend to diminish. The potential for humanitarian actors to cause harm, either by abusing positions of power or as an unintended consequence of an intervention, must be explicitly recognised, considered and addressed by all humanitarian agencies.

To reduce harm, humanitarian workers should adhere to agreed standards for staff conduct, particularly the *Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse*. This bulletin applies to all UN staff, including separately administered organs and programmes, to peacekeeping personnel and to personnel of all organisations entering into cooperative arrangements with the UN. Donors increasingly require aid organisations to enforce these measures.

In addition, the *Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief* outlines the approaches and standards of behaviour that promote the independence, effectiveness and impact to which humanitarian NGOs and the International Red Cross and Red Crescent Movement aspire. As of 2007, this *Code of Conduct* had been agreed by 405 organisations.

Wider issues of ethical standards that guide the behaviour expected of workers need to be agreed, made explicit and enforced, sector by sector. In all interventions, the potential for causing harm as an unintended, but nonetheless real, consequence must be considered and weighed from the outset. A critical example is the collection of data, which is essential for the design and development of effective services but which also requires the careful weighing of benefits and risks to individuals and communities. Consideration of how not to raise expectations, how to minimise harm, how to obtain informed consent, how to handle and store confidential data and how to provide additional safeguards when working with at-risk populations (such as children and youth) is an essential minimum first step in any assessment, monitoring or research.

The existence of a code of conduct or agreed ethical standards does not in itself prevent abuse or exploitation. Accountability requires that all staff and communities are informed of the standards and that they understand their relevance and application. There must be an organisational culture that supports and protects 'whistle-blowers' and complaints mechanisms that are accessible and trusted through which people, including those who are most isolated and/or most vulnerable (and thus often most at risk of abuse), can report concerns confidentially.

There need to be investigation procedures in place and staff who have been trained to investigate in a sensitive but rigorous manner. Systems also need to be in place that advise when legal action is safe and appropriate and that support individuals who take legal action against alleged perpetrators. Throughout, systems need to take into account the safety and protection needs of everyone concerned in such incidents: victims, complainants, witnesses, investigators and the subject(s) of the complaint, the alleged perpetrator(s).

Key actions

1. Establish within each organisation a code of conduct that embodies widely accepted standards of conduct for humanitarian workers.

2. Inform and regularly remind all humanitarian workers, both current and newly recruited workers, about the agreed minimum required standards of behaviour, based on explicit codes of conduct and ethical guidelines. This applies to all workers, international and national staff, volunteers and consultants, and to those recruited from the affected population. Informing workers of their responsibilities should not be done solely in writing but also through person-to-person dialogue that ensures understanding and allows workers to ask questions.

3. Establish an agreed inter-agency mechanism (e.g. Focal Point Network proposed by the United Nations Secretary-General) to ensure compliance beyond simply having a code of conduct. This mechanism should:

- Share information and lessons learned, to improve the functioning of individual systems;
- Jointly disseminate information about codes of conduct to communities;

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- Coordinate other activities, including staff training, monitoring mechanisms, investigation procedures, etc. to prevent and respond to sexual exploitation and abuse;
- Establish systems that respond appropriately when an allegation of misconduct concerns staff from a number of different organisations, or where the individual and/or organisation cannot be identified immediately.

4. Establish accessible, safe and trusted complaints mechanisms that:

- Demonstrate commitment to confidentiality;
- Are age-, gender-, and culture-sensitive;
- Take into account the safety and well-being of the survivor as the paramount consideration;
- Refer the victim/survivor to appropriate, confidential services, including medical and legal services and psychosocial supports;
- Preserve the complainant's confidentiality.

5. Inform communities about the standards and ethical guidelines, and of how and to whom they can raise concerns confidentially.

6. Ensure that all staff understand that they must report all concerns as soon as they are raised. Their obligation is to report possible violations, not to investigate the allegation.

7. Use investigation protocols that comply with an agreed standard, such as the IASC Model Complaints and Investigations Procedures (see Key resources).

8. Take appropriate disciplinary action against staff for confirmed violations of the code of conduct or ethical guidelines.

9. Establish an agreed response in cases in which the alleged behaviour constitutes a criminal act in either the host country or the home country of the alleged perpetrator. As a minimum, this requires that no administrative action is taken that jeopardises legal proceedings, other than those instances in which fair or humane proceedings are very unlikely.

10. Maintain written records of workers who have been found to have violated codes of conduct, to increase the effectiveness of subsequent referral/recruitment checks.

Key resources

1. Horizons, Population Council, Impact, Family Health International (2005). *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings.* www.popcouncil.org/pdfs/horizons/childrenethics.pdf

2. IASC (2004). Model Complaints Referral Form (Sexual Exploitation and Abuse). http://www.icva.ch/cgibin/browse.pl?doc=doc00001187

3. IASC (2004). Model Information Sheet for Communities. http://www.icva.ch/cgi-bin/browse.pl?doc=doc00001186

4. IASC (2004). Terms of Reference for In-Country Focal Points on Sexual Exploitation and Abuse. http://www.icva.ch/cgi-bin/browse.pl?doc=doc00001185

5. IASC (2004). Terms of Reference for In-Country Networks on Sexual Exploitation and Abuse. http://www.icva.ch/cgi-bin/browse.pl?doc=doc00001184

6. International Council of Voluntary Agencies (forthcoming). *Building Safer Organisations.* Geneva: ICVA.

7. IFRC, *Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief.* www.IFRC.org/PUBLICAT/conduct/code.asp

8. Keeping Children Safe (2006). 'Setting the international standards for child protection'. http://www.keepingchildrensafe.org.uk/

9. United Nations (2003). *Secretary-General's Bulletin: Special Measures for Protection from Sexual Exploitation and Sexual Abuse* (ST/SGB/2003/13). http://www.humanitarianinfo.org/iasc/content/products/docs/SGBulletin.pdf

10. United Nations (2004). *Special Measures for Protection from Sexual Exploitation and Sexual Abuse: Report of the Secretary-General* (A/58/777). http://www.un.org/Docs/journal/asp/ws.asp?m=A/58/777

Sample process indicators

- Each organisation has systems in place to inform all staff of the minimum standards of behaviour expected.
- Communities being served by humanitarian actors are informed about the standards and about ways in which they can safely raise concerns about possible violations.

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- Agencies have staff trained and available to undertake investigations of alleged violations, within a reasonable timeframe.

Example: Kenya, 2003

- Agencies working in Kakuma agreed to a common code of conduct that applied to all workers.
- Communities received information about the standards through a range of channels, including video.
- Inter-agency training was conducted on how to investigate allegations of misconduct.

Action Sheet 4.3

Organise orientation and training of aid workers in mental health and psychosocial support

Function: Human resources

Phase: Minimum Response

Background

National and international aid workers play a key role in the provision of mental health and psychosocial support (MHPSS) in emergencies. To be prepared to do so requires that all workers have the necessary knowledge and skills. Training should prepare workers to provide those emergency responses identified as priorities in needs assessments (see Action Sheets 1.1 and 2.1).

Though training content will have some similarities across emergencies, it must be modified for the culture, context, needs and capacities of each situation, and cannot be transferred automatically from one emergency to another. Decisions about who participates in training and about the mode, content and methodology of learning vary according to the conditions of the emergency and the capacities of the workers. Inadequately oriented and trained workers without the appropriate attitudes and motivation can be harmful to populations they seek to assist.

Essential teaching may be organised through **brief orientation and training seminars followed by ongoing support and supervision.** Seminars should accentuate practical instruction and focus on the essential skills, knowledge, ethics and guidelines needed for emergency response. Seminars should be participatory, should be adapted to the local culture and context and should utilise learning models in which participants are both learners and educators.

Key actions

1. Prepare a strategic, comprehensive, timely and realistic plan for training.
All partner organisations involved in MHPSS must have such plans. Plans must be coordinated and integrated between partners and should follow the guidelines established in the overall rapid assessments of problems and resources (see Action Sheets 1.1 and 2.1).

2. Select competent, motivated trainers.
Local trainers or co-trainers with prior experience and/or knowledge of the affected location are preferred when they have the necessary knowledge and skills. Important selection criteria for trainers include:

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- Cultural sensitivity and basic knowledge about local cultural attitudes and practices and systems of social support;
- Emotional stability;
- Good knowledge about MHPSS emergency response, including understanding the value of integrated and collaborative responses;
- Practical field-based experience in providing psychosocial support in previous emergencies;
- Good knowledge of teaching, leading to immediate and practical MHPSS interventions.

3. Utilise learning methodologies that facilitate the immediate and practical application of learning.

- Use a participatory teaching style (e.g. role play, dialogue, drama, group problem solving, etc.) that engages active trainee participation.
- Utilise learning models in which participants are both learners and educators.
- Train participants in local languages or, when this is not possible, provide translation.
- Use audio/visual/reference materials adapted to local conditions (e.g. avoid PowerPoint presentations if electricity is unavailable).
- Use classrooms for theoretical learning and initial practice of skills (e.g. role plays, among other techniques).
- Use hands-on field-based training to practise skills in locations that are in or resemble the emergency-affected area.
- Distribute written reference materials in accessible language, including manuals with specific operational guidelines (if available).
- Complete immediate evaluations of training (by trainers, trainees and assisted populations) to benefit from lessons learned.

4. Match trainees' learning needs with appropriate modes of learning.

Brief orientation seminars (half or full-day seminars) should provide immediate basic, essential, functional knowledge and skills relating to psychosocial needs, problems and available resources to everyone working at each level of response. Orientation seminars should preferably be organised before workers begin their missions.

Possible participants include all aid workers in all sectors (particularly from social services, health, education, protection and emergency response divisions). This includes paid and unpaid, national and international workers from humanitarian organisations and from government. Depending on the situation, orientation seminars can also include elected or volunteer male, female and youth community leaders, including clan, religious, tribal and ethnic group leaders.

Training seminars. More extensive knowledge and skills are recommended for those working on focused and specialised MHPSS (see top two layers of the pyramid in Figure 1, Chapter 1).

- The length and content of training seminars vary according to trainees' needs and capacities. Inexperienced staff will require longer periods of training.
- The timing of seminars must not interfere with the provision of emergency response.
- The use of short, consecutive modules for cumulative learning is recommended, because (a) this limits the need to remove staff from their duties for extended periods and (b) it allows staff to practise skills between training sessions. Each short module lasts only a few hours or days (according to the situation) and is followed by practice in the field with support and supervision, before the next new module is introduced in a few days' or weeks' time.
- Training seminars should always be followed up with field-based support and/or supervision (see key action 7 below).

5. Prepare orientation and training seminar content directly related to the expected emergency response.

The contents of **brief orientation seminars** may include:

- Review of safety and security procedures;
- Methods for workers to cope with work-related problems (see Action Sheet 4.4);
- Codes of conduct and other ethical considerations (see Action Sheet 4.2);
- Human rights and rights-based approaches to humanitarian assistance (see the Sphere Project's Humanitarian Charter and Action Sheet 3.1);
- Importance of empowerment and of involving the local population in relief activities (see Action Sheet 5.1);

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- Basic knowledge on the impact of emergencies on mental health and psychosocial well-being of populations (see Chapter 1);
- Techniques for psychological first aid (see Action Sheet 6.1);
- Methods to promote the dignity of the affected population, using lessons learned from previous emergencies;
- Knowledge about local socio-cultural and historical context, including:
  - Basic knowledge about the crisis and the world view(s) of the affected populations;
  - Basic information about cultural attitudes, practices and systems of social organisation, as well as both effective and detrimental traditional practices, rituals and coping strategies;
  - Basic information on workers' behaviours that might be offensive to the local culture;
- Information about available sources of referral (e.g. tracing, health and protection services, traditional community supports, legal services, etc.);
- Information on how and where to participate in relevant inter-agency coordination.

The content of training seminars may include:

- All information covered in the orientation seminars;
- Emergency individual, family and community psychosocial and mental health assessment skills;
- Emergency psychosocial and mental health response techniques that can be taught quickly, that are based on the existing capacities, contexts and cultures of the trainees and that are known to be effective in related contexts;
- Knowledge and skills necessary for implementing interventions that are (a) part of the minimum response and (b) identified as necessary through assessment (see Action Sheet 2.1). This applies to training of:
  - Health workers (see Action Sheets 5.4, 6.1, 6.2, 6.3, 6.4 and 6.5)
  - Protection workers (see Action Sheets 3.2, 3.3 and 5.4)
  - Formal and non-formal community workers (see Action Sheets 5.1, 5.2, 5.3 and 5.4)
  - Teachers (see Action Sheet 7.1).

6. Consider establishing Training of Trainers (ToT) programmes to prepare trainers prior to training.

ToT programmes educate future trainers so that they can competently train others. Trainers of brief orientation and training seminars can be prepared via a ToT. Skilful ToT programmes can also prepare trainers to transfer information to large groups of people. However, ToT must only be done with careful planning and be taught by experienced and skilled master trainers. Poorly prepared ToTs – in particular those that involve (a) future trainers without any previous experience in training or (b) future trainers with limited experience in the training content – tend to fail and may lead to poor or even harmful MHPSS outcomes. Thus, after a ToT, follow-up support should be provided to the future trainers and to their trainees, to achieve accuracy of training and quality of the aid response.

7. After any training, establish a follow-up system for monitoring, support, feedback and supervision of all trainees, as appropriate to the situation.

Supervision is important to try to ensure that training is actually put into practice. Many training efforts fail because of insufficient follow-up. All training seminars should be followed by continuing monitoring and follow-up training, field-based support, feedback and/or supervision. These follow-up activities should be properly planned before the start of any training. Follow-up can be provided by trainers or alternatively by experienced professionals, well-trained colleagues, a collegial network of peers or related professional institutions (as available). Close supervision is particularly essential for new field staff.

8. Document and evaluate orientation and training to identify lessons learned, to be shared with partners and to enhance future responses.

Key resources

1. Baron N. (2006). 'The "TOT": A global approach for the Training of Trainers for psychosocial and mental health interventions in countries affected by war, violence and natural disasters'. *Intervention: International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, 4, 109-126. http://www.interventionjournal.com/index1.html

2. Jensen S.B. and Baron N. (2003). 'Training programs for building competence in early intervention

skills'. In: *Reconstructing Early Intervention After Trauma*. Editors: Ørner R. and Schnyder U. Oxford: Oxford University Press. http://www.who.int/mental_health/emergencies/mh_key_res/en/index.html

3. Psychosocial Working Group (2006). CD of training manuals from numerous organisations. http://www.forcedmigration.org/psychosocial/

4. Sphere Project (2004). The Humanitarian Charter. *Humanitarian Charter and Minimum Standards in Disaster Response*. Geneva: Sphere Project. http://www.sphereproject.org/handbook/index.htm

5. Van der Veer G. (2006). 'Training trainers for counsellors and psychosocial workers in areas of armed conflict: some basic principles'. *Intervention: International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, 4, 97-108. http://www.interventionjournal.com/index1.html

6. Weine S. et al. (2002). *Guidelines for International Training in Mental Health and Psychosocial Interventions for Trauma Exposed Populations in Clinical and Community Settings*. http://www.who.int/mental_health/resources/training_guidelines_for_trauma_interventions.pdf

Sample process indicators

- Content of training seminars is based on needs assessment.
- Aid workers in all sectors can participate in brief and relevant orientation seminars providing essential functional knowledge and skills about mental health and psychosocial support.
- Trainers have prior knowledge and skills in related work.
- Training is followed up by field-based support and supervision.

Example: Sri Lanka, 2005

- A local NGO with a long history of providing psychosocial support to war-affected populations temporarily refocused its work to support tsunami survivors.
- The NGO organised short action-oriented seminars to teach existing psychosocial field staff essential skills to better support people with specific tsunami-induced mental health and psychosocial problems, together with practical methods of intervention.
- After the seminars, follow-up was provided through the NGO's existing system of weekly supervision.

Action Sheet 4.4

Prevent and manage problems in mental health and psychosocial well-being among staff and volunteers

Function: Human resources

Phase: Minimum Response

Background

Staff members working in emergency settings tend to work many hours under pressure and within difficult security constraints. Many aid workers experience insufficient managerial and organisational support, and they tend to report this as their biggest stressor. Moreover, confrontations with horror, danger and human misery are emotionally demanding and potentially affect the mental health and well-being of both paid and volunteer aid workers, whether they come from the country concerned or from abroad.

The provision of support to mitigate the possible psychosocial consequences of work in crisis situations is a moral obligation and a responsibility of organisations exposing staff to extremes. For organisations to be effective, managers need to keep their staff healthy. A systemic and integrated approach to staff care is required at all phases of employment – including in emergencies – and at all levels of the organisation to maintain staff well-being and organisational efficiency.

The word 'staff' in this action sheet refers to paid and volunteer, national and international workers, including drivers and translators, affiliated with an aid organisation. Support measures should in principle be equal for national and international staff. However, some structural differences exist between the two.

For example, national staff are often recruited from the crisis area and are more likely to have been exposed to extremely stressful events or conditions. In addition, they and their families are often unable to leave the crisis area if the security situation worsens, in contrast with international aid workers, who tend to have good access to evacuation operations. For international workers, on the other hand, particular stressors include separation from their support base, culture shock and adjustment to difficult living conditions. These and other differences are often forgotten or left unaddressed in staff support systems. Humanitarian organisations should work to improve their performance in staff support and to reduce differential support practices for national and international staff.

Key actions

1. Ensure the availability of a concrete plan to protect and promote staff well-being for the specific emergency.

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- While most agencies have a general *policy* on staff welfare in emergencies, for each specific emergency they should also have a concrete *plan* for proactive staff support. The activities within the plan should be part of the overall emergency budget, and should be consistent with the points outlined below.

2. Prepare staff for their jobs and for the emergency context.

- Ensure that national and international staff receive information on (a) their jobs (see key action 4 below) and (b) the prevailing environmental and security conditions and possible future changes in these conditions. Provide to international staff (and, when appropriate, to national staff) information on the local socio-cultural and historical context, including:
  - Basic knowledge of the crisis and the world view(s) of the affected population;
  - Basic information on local cultural attitudes and practices and systems of social organisation;
  - Basic information on staff behaviours that may cause offence in the local socio-cultural context.
- Ensure that all staff receive adequate training on safety and security.
- Ensure that all staff are briefed on a spectrum of stress identification (including but not restricted to traumatic stress) and stress management techniques and on any existing organisational policy for psychosocial support to staff.
- Ensure that experienced field management staff are available.

3. Facilitate a healthy working environment.

- Implement the organisation's staff support policy, including a rest and recuperation (R&R) provision. When the environment provides no opportunities for non-work-related activities, then consider organising a higher frequency of R&R opportunities.
- Ensure appropriate food and hygiene for staff, taking into account their religion and culture.
- Address excessive, unhealthy living practices, such as heavy alcohol use by workers.
- Facilitate some privacy in accommodation (e.g. if possible, provide separate work and living places).

- Define working hours and monitor overtime. Aim to divide the workload among staff. If a 24-hour, seven-days-a-week work pattern is essential in the first weeks of an emergency, then consider rotating staff in shifts. Eight-hour shifts are preferable, but if that is not possible, shifts should be no longer than 12 hours. Twelve hours on and 12 hours off is tolerable for a week or two during emergency situations, but it would be helpful to have an extra half-day added to rest schedules about every five days. The hotter or colder an environment, or the more intense the stress, the more breaks are required.
- Facilitate communication between staff and their families and other pre-existing support mechanisms.

4. Address potential work-related stressors.

- Ensure clear and updated job descriptions:
  - Define objectives and activities;
  - Confirm with staff that their roles and tasks are clear;
  - Ensure clear lines of management and communication.
- Evaluate daily the security context and other potential sources of stress arising from the situation.
- Ensure sufficient supplies for staff security (bullet-proof vests, communication equipment, etc.).
- Ensure equality between staff (national, international, lower and higher management) in the personal decision to accept security risks. Do not force national staff to take risks that international staff are not allowed or not willing to take.
- Organise regular staff or team meeting and briefings.
- Ensure adequate and culturally sensitive technical-supervision (e.g. clinical supervision) for mental health and psychosocial support staff (see also Action Sheet 4.3).
- Build teams, facilitate integration between national and international staff and address intra-team conflict and other negative team dynamics.
- Ensure appropriate logistical back-up and supply lines of materials.
- Ensure that members of senior management visit field projects regularly.

5. Ensure access to health care and psychosocial support for staff.

- Train some staff in providing peer support, including general stress management and basic psychological first aid (PFA) (for a description of basic PFA, see Action Sheet 6.1).
- For national staff who may be unable to leave the emergency area, organise access to culturally appropriate mental health (including psychiatric) and psychosocial support and physical health care.
- Ensure stand-by, specialist back-up for urgent psychiatric complaints in staff (such as suicidal feelings, psychoses, severe depression and acute anxiety reactions affecting daily functioning, significant loss of emotional control, etc.). Consider the impact of stigma on the willingness of staff to access mental health assistance and adjust back-up support accordingly (e.g. international staff may be fearful that they will be sent home if they seek assistance).
- Ensure that staff are provided with prophylactics such as vaccinations and anti-malarials, condoms and (when appropriate) access to post-exposure prophylactics, and ensure adequate availability of medicines for common physical diseases amongst staff.
- Ensure that medical (including mental health) evacuation or referral procedures are in place, including appropriate medically trained staff to accompany evacuees.

6. Provide support to staff who have experienced or witnessed extreme events (critical incidents, potentially traumatic events).

- For all critical incident survivors, make basic psychological first aid (PFA) *immediately* available (for a description of basic PFA, see Action Sheet 6.1). As part of PFA, assess and address the basic needs and concerns of survivors. Although natural opportunities should be provided for sharing among survivors, they should not be pushed to describe events in detail nor should they be pushed to share or listen to details of other survivors' experiences. Existing (positive and negative) coping methods should be discussed, and use of alcohol and drugs as a way of coping should be explicitly discouraged, as survivors are often at increased risk of developing addiction.
- Make available appropriate self-care materials (see Action Sheet 8.2 for guidance on developing culture-appropriate materials). The materials should include contact information for a staff welfare officer/mental health professional in case survivors wish to seek help for any level of distress.
- When survivors' acute distress is so severe that it limits their *basic* functioning (or that they are judged to be a risk to themselves or others), they must stop working and receive immediate care by a mental health professional trained in evidence-based treatment of acute traumatic stress. An accompanied medical evacuation may be necessary.
- Ensure that a mental health professional contacts all national and international staff members (including translators, drivers, volunteers, etc.) who have survived a critical incident one to three months following the event. The professional should assess how the survivor is functioning and feeling and make referral to clinical treatment for those with substantial problems that have not healed over time.

7. Make support available after the mission/employment.

- Staff members should receive a technical debriefing and job evaluation from senior office staff.
- Staff members should obtain an overall health check-up, including a stress review and assessment.
- Staff support mechanisms should be made available upon request.
- Brief informational materials should be provided to help people understand and manage stress. This material should include an updated referral list of mental health professionals as well as opportunities for peer support.

Key resources

1. Action Without Borders/Idealist.org (2004). Website with resources on stress management for aid workers, managers and workers' families. http://www.psychosocial.org

2. Antares Foundation (2005). *Managing Stress in Humanitarian Workers. Guidelines for Good Practice.* Amsterdam: Antares Foundation. www.antaresfoundation.org

3. Headington Institute (2005). Various resources and free online training modules on understanding and coping with the stress associated with humanitarian work. http://www.headington-institute.org

4. McFarlane C. (2004). 'Adjustment of humanitarian aid workers'. *Australasian Journal of Disaster and Trauma Studies*. ISSN: 1174-4707, Volume 2004-1. http://www.massey.ac.nz/~trauma/issues/2004-1/mcfarlane.htm

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5. National Child Traumatic Stress Network and National Center for PTSD (2006). *Psychological First Aid: Field Operations Guide* (Second edition). http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/PFA_2ndEditionwithappendices.pdf (A potential limitation of this resource is that it was specifically developed for Western disaster settings. The guide describes an advanced form of psychological first aid because it was developed for use by previously trained mental health professionals.)

6. People in Aid (2003). *Code of Good Practice in the Management and Support of Aid Personnel.* http://www.peopleinaid.org/pool/files/code/code-en.pdf

Sample process indicators

- The organisation has funded plans to protect and promote staff well-being for the emergency.
- Workers who survive a critical incident have immediate access to psychological first aid.
- Workers who survive a critical incident are systematically screened for mental health problems one to three months following the incident, and appropriate support is arranged when necessary.

Example: unspecified country, 1999

- After a violent hostage situation involving staff of an international NGO, all national and international staff received an operational debriefing and information on how and where to receive support from a national or foreign doctor or mental health worker at any time it was needed.
- In the days following the incident, a staff counsellor organised two meetings to discuss with staff how they were doing. Care (and medical evacuation) was organised for a person with severe anxiety problems.
- One month later, a trained volunteer contacted all national and international staff individually to check their well-being and organised support as necessary.

Action Sheet 5.1

Facilitate conditions for community mobilisation, ownership and control of emergency response in all sectors

Domain: Community mobilisation and support

Phase: Minimum Response

Background

The process of response to an emergency should be owned and controlled as much as possible by the affected population, and should make use of their own support structures, including local government structures. In these guidelines, the term 'community mobilisation' refers to efforts made from both inside and outside the community to involve its members (groups of people, families, relatives, peers, neighbours or others who have a common interest) in all the discussions, decisions and actions that affect them and their future. As people become more involved, they are likely to become more hopeful, more able to cope and more active in rebuilding their own lives and communities. At every step, relief efforts should support participation, build on what local people are already doing to help themselves and avoid doing for local people what they can do for themselves.

There are varying degrees of community participation:

- The community to a large extent controls the aid process and decides on aid responses, with government and non-government organisations providing direct advocacy and support.
- The community or its representative members have an equal partner role in all major decisions and activities undertaken in partnership with various government and non-government organisations and community actors.
- The community or its representative members are consulted on all major decisions.
- The community acts as an implementing partner (e.g. supporting food distribution or self-help activities), while major decisions are made by government and non-government organisations.
- Community members are not involved in designing and only minimally involved in implementing relief activities.

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Critical steps in community mobilisation

- Recognition by community members that they have a common concern and will be more effective if they work together (i.e. 'We need to support each other to deal with this').
- Development of the sense of responsibility and ownership that comes with this recognition ('This is happening to us and we can do something about it').
- Identification of internal community resources and knowledge, and individual skills and talents ('Who can do, or is already doing, what; what resources do we have; what else can we do?').
- Identification of priority issues ('What we're really concerned about is...').
- Community members plan and manage activities using their internal resources.
- Growing capacity of community members to continue and increase the effectiveness of this action.

Adapted from Donahue and Williamson (1999), *Community Mobilization to Mitigate the Impacts of HIV/AIDS*, Displaced Children and Orphans Fund

It is important to note that communities tend to include multiple sub-groups that have different needs and which often compete for influence and power. Facilitating genuine community participation requires understanding the local power structure and patterns of community conflict, working with different sub-groups and avoiding the privileging of particular groups.

The political and emergency aspects of the situation determine the extent of participation that is most appropriate. In very urgent or dangerous situations, it may be necessary to provide services with few community inputs. Community involvement when there is inadvertent mingling of perpetrators and victims can also lead to terror and killings (as occurred, for example in the Great Lakes crisis in 1994). However, in most circumstances, higher levels of participation are both possible and desirable. Past experience suggests that significant numbers of community members are likely to function well enough to take leading roles in organising relief tasks and that the vast majority may help with implementing relief activities. Although outside aid agencies often say that they have no time to talk to the population, they have a responsibility to talk with and learn from local people, and usually there is enough time for this process.

Nevertheless, a critical approach is necessary. External processes often induce communities to adapt to the agenda of aid organisations. This is a problem, especially when outside agencies work in an uncoordinated manner. For example, a year after the 2004 tsunami in southeast Asia, a community of 50 families in northern Sri Lanka, questioned in a door-to-door psychosocial survey, identified 27 different NGOs offering or providing help. One interviewee stated: 'We never had leaders here. Most people are relatives. When someone faced a problem, neighbours came to help. But now some people act as if they are leaders, to negotiate donations. Relatives do not help each other any more.'

As this example indicates, it can be damaging if higher degrees of community participation are facilitated by agencies with their own agendas offering help, but lacking deep bonds with or understanding of the community. It is particularly important to facilitate the conditions in which communities organise aid responses themselves, rather than forcing the community to adhere to an outside agenda.

Key actions

1. Coordinate efforts to mobilise communities.

- Actively identify, and coordinate with, existing processes of community mobilisation (see Action Sheet 1.1). Local people often have formal and non-formal leaders and also community structures that may be helpful in coordination, although care should be taken to ensure that these do not exclude particular people.
- It is important to work in partnership with local government, where supportive government services are present.

2. Assess the political, social and security environment at the earliest possible stage. In addition to reviewing and gathering general information on the context (see Action Sheet 2.1):

- Observe and talk informally with numerous people representative of the affected community;
- Identify and talk with male and female key informants (such as leaders, teachers, healers, etc.) who can share information about (a) issues of power, organisation and decision-making processes in the community, (b) what cultural rules to follow, and (c) what difficulties and dangers to be aware of in community mobilisation.

3. Talk with a variety of key informants and formal and informal groups, learning how local people are organising and how different agencies can participate in the

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relief effort. Communities include sub-groups that differ in interests and power, and these different sub-groups should be considered in all phases of community mobilisation. Often it is useful to meet separately with sub-groups defined along lines of religion or ethnicity, political affinity, gender and age, or caste and socio-economic class. Ask groups questions such as:

- In previous emergencies, how have local people confronted the crisis?
- In what ways are people helping each other now?
- How can people here participate in the emergency response?
- Who are the key people or groups who could help organise health supports, shelter supports, etc.?
- How can each area of a camp or village 'personalise' its space?
- Would it be helpful to activate pre-existing structures and decision-making processes? If yes, what can be done to enable people in a camp setting to group themselves (e.g. by village or clan)?
- If there are conflicts over resources or facilities, how could the community reduce these? What is the process for settling differences?

4. Facilitate the participation of marginalised people.

- Be aware of issues of power and social injustice.
- Include marginalised people in the planning and delivery of aid.
- Initiate discussions about ways that empower marginalised groups and prevent or reduce stigmatisation or discrimination.
- Ensure, if possible, that such discussions take note of existing authority structures, including local government structures.
- Engage youth, who are often viewed as a problem but who can be a valuable resource for emergency response, as they are often able to adapt quickly and creatively to rapidly changing situations.

5. Establish safe and sufficient spaces early on to support planning discussions and the dissemination of information.

Safe spaces, which can be either covered or open, allow groups to meet to plan how to participate in the emergency response and to conduct self-help activities (see Action Sheet 5.2) or religious and cultural activities (see Action Sheet 5.3). Safe spaces can also be used for protecting and supporting children (see Action Sheets 3.2 and 5.4), for learning activities (see Action Sheet 7.1), and for communicating key information to community members (see Action Sheets 8.1 and 8.2).

6. Promote community mobilisation processes.

- Security conditions permitting, organise discussions regarding the social, political and economic context and the causes of the crisis. Providing a sense of purpose and meaning can be a powerful source of psychosocial support.
- Facilitate the conditions for a collective reflection process involving key actors, community groups or the community as a whole regarding:
  - Vulnerabilities to be addressed at present and vulnerabilities that can be expected in the future;
  - Capacities, and abilities to activate and build on these;
  - Potential sources of resilience identified by the group;
  - Mechanisms that have helped community members in the past to cope with tragedy, violence and loss;
  - Organisations (e.g. local women's groups, youth groups or professional, labour or political organisations) that could be involved in the process of bringing aid;
  - How other communities have responded successfully during crises.
- One of the core activities of a participatory mobilisation process is to help people to make connections between what the community had previously, where its members are now, where they want to go, and the ways and means of achieving that. Facilitation of this process means creating the conditions for people to achieve their goals in a manner that is non-directive and as non-intrusive as possible. If needed, it may be useful to organise activities (e.g. based on popular education methodologies) that facilitate productive dialogue and exchange. This reflective process should be recorded, if resources permit, for dissemination to other organisations working on community mobilisation.
- The above process should lead to a discussion of emergency 'action plans' that coordinate activities and distribute duties and responsibilities, taking into account agreed priorities and the feasibility of the actions. Planning could also foresee longer-term scenarios and identify potentially fruitful actions in advance. It should be clearly understood whether the action is the responsibility of the community itself or of external agents (such as the state). If the responsibility is with the

community, a community action plan may be developed. If the responsibility is with external agents, then a community advocacy plan could be put in place.

Key resources

1. Action on the Rights of the Child. *Community Mobilisation*. http://www.savethechildren.net/arc/files/f_commmob.pdf

2. Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) (2003). *Participation by Crisis-Affected Populations in Humanitarian Action: A Handbook for Practitioners*. http://www.odi.org.uk/ALNAP/publications/gs_handbook/gs_handbook.pdf (English); http://www.psicosocial.net (Spanish)

3. Donahue J. and Williamson J. (1999). *Community Mobilization to Mitigate the Impacts of HIV/AIDS*. Displaced Children and Orphans Fund. http://pdf.dec.org/pdf_docs/pnacj024.pdf

4. Norwegian Refugee Council/Camp Management Project (2004, revised 2007). *Camp Management Toolkit*. http://www.flyktninghjelpen.no/?did=9072071

5. Regional Psychosocial Support Initiative (REPSSI) (2006). *Journey of Life – A Community Workshop to Support Children*. http://www.repssi.org/home.asp?pid=43

6. Segerström E. (2001). 'Community Participation' in *The Refugee Experience*, Oxford Refugee Studies Centre. http://earlybird.qeh.ox.ac.uk/rfgexp/rsp_tre/student/commpart/com_int.htm

7. Sphere Project (2004). *Humanitarian Charter and Minimum Standards in Disaster Response*, Common standard 1: participation, pp.28-29. Geneva: Sphere Project. http://www.sphereproject.org/handbook/index.htm

8. UNHCR (2002). *Guide for Shelter Planning* (chapters on Community Participation and Community Organising). http://www.unhcr.org/cgi-bin/texis/vtx/home/opendoc.pdf?tbl=PARTNERS&id=3c4595a64 (English); http://www.acnur.org/index.php?id_pag=792 (Spanish)

9. UNHCR (2006). Tool for Participatory Assessment in Operations. http://www.unhcr.org/publ/PUBL/450e963f2.html

Sample process indicators

- Safe spaces have been established and are used for planning meetings and information sharing.
- Local people conduct regular meetings on how to organise and implement the emergency response.
- Local men, women, and youth – including those from marginalised groups – are involved in making key decisions in the emergency.

Example: Mexico, 1985

- In 1985, following a devastating earthquake in Mexico City – where there were strong, pre-existing community organisations – people from the local community organised the emergency relief efforts.
- Local people did most of the clean-up work, distributed food and other supplies, organised temporary shelters and designed new living quarters.
- The local emergency response developed into a social movement that assisted people for a period of five years.
- Studies conducted three and five years after the earthquake reported no increase in the prevalence of mental health problems.

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Action Sheet 5.2
Facilitate community self-help and social support

Domain: Community mobilisation and support
Phase: Minimum Response

Background

All communities contain effective, naturally occurring psychosocial supports and sources of coping and resilience. Nearly all groups of people affected by an emergency include helpers to whom people turn for psychosocial support in times of need. In families and communities, steps should be taken at the earliest opportunity to activate and strengthen local supports and to encourage a spirit of community self-help.

A self-help approach is vital, because having a measure of control over some aspects of their lives promotes people's mental health and psychosocial well-being following overwhelming experiences. Affected groups of people typically have formal and informal structures through which they organise themselves to meet collective needs. Even if these structures have been disrupted, they can be reactivated and supported as part of the process of enabling an effective emergency response. Strengthening and building on existing local support systems and structures will enable locally owned, sustainable and culturally appropriate community responses. In such an approach, the role of outside agencies is less to provide direct services than to facilitate psychosocial supports that build the capacities of locally available resources.

Facilitating community social support and self-help requires sensitivity and critical thinking. Communities often include diverse and competing sub-groups with different agendas and levels of power. It is essential to avoid strengthening particular sub-groups while marginalising others, and to promote the inclusion of people who are usually invisible or left out of group activities.

Key actions

1. Identify human resources in the local community.

Examples of such resources are significant elders, community leaders (including local government leaders), traditional healers, religious leaders/groups, teachers, health and mental health workers, social workers, youth and women's groups, neighbourhood groups, union leaders and business leaders. A valuable strategy is to map local resources (see also Action Sheet 2.1) by asking community members about the people they turn to for support at times of crisis. Particular names or groups of people are likely to be reported repeatedly, indicating potential helpers within the affected population.

- Meet and talk with identified potential helpers, including those from marginalised groups, and ask whether they are in a position to help.
- Identify social groups or mechanisms that functioned prior to the emergency and that could be revived to help meet immediate needs. These might include collective work groups, self-help groups, rotating savings and credit groups, burial societies and youth and women's groups.

2. Facilitate the process of community identification of priority actions through participatory rural appraisal and other participatory methods.

- Identify available non-professional or professional supports that could be activated immediately or strengthened.
- Promote a collective process of reflection about people's past, present and future that enables planning. By taking stock of supports that were present in the past but which have been disrupted in the emergency, people can choose to reactivate useful supports. By reflecting on where they want to be in several years' time, they can envision their future and take steps to achieve their vision.
- Discuss with key actors or community groups:
  - Organisations that were once working to confront crisis and that may be useful to reactivate;
  - Mechanisms (rituals, festivals, women's discussion groups, etc.) that have helped community members in the past to cope with tragedy, violence or loss;
  - How the current situation has disrupted social networks and coping mechanisms;
  - How people have been affected by the crisis;
  - What priorities people should address in moving towards their vision of the future;
  - What actions would make it possible for people to achieve their priority goals;
  - What successful experiences of organisations have been seen in their and neighbouring communities.
- Share results of this identification process with the coordination group (see Action Sheets 1.1 and 2.1).

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3. Support community initiatives, actively encouraging those that promote family and community support for all emergency-affected community members, including people at greatest risk.

- Determine what members of the affected population are already doing to help themselves and each other, and look for ways to reinforce their efforts. For example, if local people are organising educational activities but need basic resources such as paper and writing instruments, support their activities by helping to provide the materials needed (while recognising the possible problem of creating dependency). Ask regularly what can be done to support local efforts.
- Support community initiatives suggested by community members during the participatory assessment, as appropriate.
- Encourage when appropriate the formation of groups, particularly ones that build on pre-existing groups, to conduct various activities of self-support and planning.

4. Encourage and support additional activities that promote family and community support for all emergency-affected community members and, specifically, for people at greatest risk.

In addition to supporting the community's own initiatives, a range of additional relevant initiatives may be considered. Facilitate community inputs in (a) selecting which activities to support, (b) designing, implementing and monitoring the selected activities, and (c) supporting and facilitating referral processes. Examples of potentially relevant activities are provided in the box below.

Examples of activities that promote family and community support for emergency-affected community members and, specifically, for people at greatest risk

- Group discussions on how the community may help at-risk groups identified in the assessment as needing protection and support (see Action Sheet 2.1);
- Community child protection committees that identify at-risk children, monitor risks, intervene when possible and refer cases to protection authorities or community services, when appropriate (see Action Sheet 3.2);
- Organising structured and monitored foster care rather than orphanages for separated children, whenever possible (see Action Sheet 3.2);
- Family tracing and reunification for all age groups (see Action Sheet 3.2);
- Protection of street children and children previously associated with fighting forces and armed groups, and their integration into the community;
- Activities that facilitate the inclusion of isolated individuals (orphans, widows, widowers, elderly people, people with severe mental disorders or disabilities or those without their families) into social networks;
- Women's support and activity groups, where appropriate;
- Supportive parenting programmes;
- Sports and youth clubs and other recreational activities, e.g. for adolescents at risk of substance abuse or of other social and behavioural problems;
- Re-establishment of normal cultural and religious events for all (see Action Sheet 5.3);
- Ongoing group discussion about community members' mental health and psychosocial well-being;
- Building networks that link affected communities with aid agencies, government and various services;
- Communal healing practices (see Action Sheet 5.3);
- Other activities that help community members gain or regain control over their lives;
- Activities that promote non-violent handling of conflict e.g. discussions, drama and songs, joint activities by members of opposing sides, etc.;
- Structured activities for children and youth (including non-formal education, as in child-friendly spaces: see Action Sheet 7.1);
- Organising access to information about what is happening, services, missing persons, security, etc. (see Action Sheet 8.1);
- Organising access to shelter and basic services (see Action Sheets 9.1, 10.1 and 11.1).

5. Provide short, participatory training sessions where appropriate (see Action Sheet 4.3), coupled with follow-up support.

Where local support systems are incomplete or are too weak to achieve particular goals, it may be useful to train community workers, including volunteers, to perform tasks such as:

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- Identifying and responding to the special needs of community members who are not functioning well;
- Developing and providing supports in a culturally appropriate way;
- Providing basic support, i.e. psychological first aid, for those acutely distressed after exposure to extreme stressors (see Action Sheet 6.1);
- Creating mother-child groups for discussion and to provide stimulation for smaller children (see Action Sheet 5.4);
- Assisting families, where appropriate, with problem-solving strategies and knowledge about child rearing;
- Identifying, protecting and ensuring care for separated children;
- Including people with disabilities in various activities;
- Supporting survivors of gender-based violence;
- Facilitating release and integration of boys and girls associated with fighting forces and armed groups;
- Setting up self-help groups;
- Engaging youth e.g. in positive leadership, organising youth clubs, sports activities, conflict resolution dialogue, education on reproductive health and other life skills training;
- Involving adults and adolescents in concrete, purposeful, common interest activities e.g. constructing/organising shelter, organising family tracing, distributing food, cooking, sanitation, organising vaccinations, teaching children;
- Referring affected people to relevant legal, health, livelihood, nutrition and social services, if appropriate and if available.

6. When necessary, advocate within the community and beyond on behalf of marginalised and at-risk people.

Typically, those who were already marginalised before the start of a crisis receive scant attention and remain invisible and unsupported, both during and after the crisis. Humanitarian workers may address this problem by linking their work to social justice, speaking out on behalf of people who may otherwise be overlooked and enabling marginalised people to speak out effectively for themselves.

Key resources

1. IASC (2005). *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings*. Geneva: IASC. http://www.humanitarianinfo.org/iasc/content/products/docs/tfgender_GBVGuidelines2005.pdf

2. IFRC (2003). 'Promoting community self-help', in *Community-based Psychological Support: A Training Manual*, pp.57-65. Geneva: International Federation of the Red Cross and Red Crescent Societies. Available in English, Arabic, French and Spanish at: http://psp.drk.dk/sw2995.asp

3. Norwegian Refugee Council/Camp Management Project (2004, revised 2007). *Camp Management Toolkit*. http://www.flyktninghjelpen.no/?did=9072071

4. Pretty J.N. and Vodouhê D.S. (1997). 'Using rapid or participatory rural appraisal'. FAO: New York. http://www.fao.org/docrep/W5830E/w5830e08.htm

5. Refugee Studies Centre and UNICEF (2002). 'Addressing the needs of children, their families and communities', in *Working with Children in Unstable Situations – Principles and Concepts for Psycho-social Interventions* (draft), pp.47-79. http://psp.drk.dk/graphics/2003referencecenter/Doc-man/Documents/1Disaster-general/WorkWithChild.UnstableSitua.pdf

6. Regional Psychosocial Support Initiative (REPSSI) (2006). *The Journey of Life* (awareness and action workshops). http://www.repssi.org/

7. Save the Children (1996). *Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement: Principles and approaches*. http://www.savethechildren.org/publications/technical-resources/emergencies-protection/psychsocwellbeing2.pdf

Sample process indicators

- Steps have been taken to identify, activate and strengthen local resources that support mental health and psychosocial well-being.
- Community processes and initiatives include and support the people at greatest risk.
- When necessary, brief training is provided to build the capacity of local supports.

Example: Bosnia, 1990s

- In Bosnia, following the wars of the 1990s, many women in rural areas who had survived rape and losses needed psychosocial support, but did not want to talk with psychologists or psychiatrists because they felt shame and stigma.
- Following a practice that existed before the war, women gathered in knitting groups to knit, drink coffee and also to support each other.
- Outside agencies played a facilitating role by providing small funds for wool and by developing referral supports.

Action Sheet 5.3

Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices

Domain: Community mobilisation and support

Phase: Minimum Response

Background

In emergencies, people may experience collective cultural, spiritual and religious stresses that may require immediate attention. Providers of aid from outside a local culture commonly think in terms of individual symptoms and reactions, such as depression and traumatic stress, but many survivors, particularly in non-Western societies, experience suffering in spiritual, religious, family or community terms.

Survivors might feel significant stress due to their inability to perform culturally appropriate burial rituals, in situations where the bodies of the deceased are not available for burial or where there is a lack of financial resources or private spaces needed to conduct such rituals. Similarly, people might experience intense stress if they are unable to engage in normal religious, spiritual or cultural practices. This action sheet concerns general communal religious and cultural (including spiritual) supports for groups of people who may not necessarily seek care, while Action Sheet 6.4 covers traditional care for individuals and families seeking help.

Collective stresses of this nature can frequently be addressed by enabling the conduct of appropriate cultural, spiritual and religious practices. The conduct of death or burial rituals can ease distress and enable mourning and grief. In some settings, cleansing and healing ceremonies contribute to recovery and reintegration. For devout populations, faith or practices such as praying provide support and meaning in difficult circumstances. Understanding and, as appropriate, enabling or supporting cultural healing practices can increase psychosocial well-being for many survivors. Ignoring such healing practices, on the other hand, can prolong distress and potentially cause harm by marginalising helpful cultural ways of coping. In many contexts, working with religious leaders and resources is an essential part of emergency psychosocial support.

Engaging with local religion or culture often challenges non-local relief workers to consider world views very different from their own. Because some local practices cause harm (for example, in contexts where spirituality and religion are politicised), humanitarian workers should think critically and support local practices and resources only if they fit with international standards of human rights.

Key actions

1. Approach local religious and spiritual leaders and other cultural guides to learn their views on how people have been affected and on practices that would support the affected population.

Useful steps are to:

- Review existing assessments (see Action Sheet 2.1) to avoid the risk of repetitive questioning;
- Approach local religious and spiritual leaders, preferably by means of an interviewer of the same ethnic or religious group, to learn more about their views (see key action 3 below). Since different groups and orientations may be present in the affected population, it is important to approach all key religious groups or orientations. The act of asking helps to highlight spiritual and religious issues, and what is learned can guide the use of aid to support local resources that improve well-being.

2. Exercise ethical sensitivity.

Using a skilled translator if necessary, work in the local language, asking questions that a cultural guide (person knowledgeable about local culture) has indicated are appropriate. It may be difficult for survivors to share information about their religion or spirituality with outsiders, particularly in situations of genocide and armed conflict where their religious beliefs and/or ethnic identities have been assaulted.

Experience indicates that it is possible for humanitarian workers to talk with religious and spiritual leaders if they demonstrate respect and communicate that their purpose is to learn how best to support the affected people and avoid damaging practices. In many emergencies, religious and spiritual leaders have been key partners in educating humanitarian workers about how to support affected people. Ethical sensitivity is needed also because some spiritual, cultural and religious practices (e.g. the practice of widow immolation) cause harm. It is important to maintain a critical perspective, supporting cultural, religious and spiritual practices only if they fit with human rights standards. Media coverage of local practices can be problematic, and should be permitted only with the full consent of involved community members.

3. Learn about cultural, religious and spiritual supports and coping mechanisms.

Once rapport has been established, ask questions such as:

- What do you believe are the spiritual causes and effects of the emergency?

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- How have people been affected culturally or spiritually?
- What should properly happen when people have died?
- Are there rituals or cultural practices that could be conducted, and what would be the appropriate timing for them?
- Who can best provide guidance on how to conduct these rituals and handle the burial of bodies?
- Who in the community would greatly benefit from specific cleansing or healing rituals and why?
- Are you willing to advise international workers present in this area on how to support people spiritually and how to avoid spiritual harm?

If feasible, make repeated visits to build trust and learn more about religious and cultural practices. Also, if possible, confirm the information collected by discussing it with local anthropologists or other cultural guides who have extensive knowledge of local culture and practices.

4. Disseminate the information collected among humanitarian actors at sector and coordination meetings.

Share the information collected with colleagues in different sectors, including at inter-sectoral MHPSS coordination meetings and at other venues, to raise awareness about cultural and religious issues and practices. Point out the potential harm done by e.g. unceremonious mass burials or delivery of food or other materials deemed to be offensive for religious reasons.

5. Facilitate conditions for appropriate healing practices.

The role of humanitarian workers is to facilitate the use of practices that are important to affected people and that are compatible with international human rights standards. Key steps are to:

- Work with selected leaders to identify how to enable appropriate practices;
- Identify obstacles (e.g. lack of resources) to the conduct of these practices;
- Remove the obstacles (e.g. provide space for rituals and resources such as food for funeral guests and materials for burials);
- Accept existing mixed practices (e.g. local and Westernised) where appropriate.

Key resources

1. PAHO/WHO (2004). 'Sociocultural aspects'. In: *Management of Dead Bodies in Disaster Situations*, pp.85-106. Washington: PAHO.
http://www.paho.org/English/DD/PED/DeadBodiesBook.pdf

2. Psychosocial Working Group (2003). *Psychosocial Intervention in Complex Emergencies: A Conceptual Framework*.
http://www.forcedmigration.org/psychosocial/papers/Conceptual%20Framework.pdf

3. Sphere Project (2004). *Humanitarian Charter and Minimum Standards in Disaster Response*. Mental and social aspects of health, pp.291-293. Geneva: Sphere Project.
http://www.sphereproject.org/handbook/index.htm

Sample process indicators

- Local cultural, religious and spiritual supports have been identified, and the information is shared with humanitarian workers.
- Obstacles to the conduct of appropriate practices have been identified and removed or reduced.
- Steps have been taken to enable the use of practices that are valued by the affected people and consistent with international human rights standards.

Example: Angola, 1996

- A former boy soldier said he felt stressed and fearful because the spirit of a man he had killed visited him at night. The problem was communal since his family and community viewed him as contaminated and feared retaliation by the spirit if he was not cleansed.
- Humanitarian workers consulted local healers, who said that they could expel the angry spirit by conducting a cleansing ritual, which the boy said he needed.
- An international NGO provided the necessary food and animals offered as a sacrifice, and the healer conducted a ritual believed to purify the boy and protect the community. Afterwards, the boy and people in the community reported increased well-being.

Action Sheet 5.4

Facilitate support for young children (0–8 years) and their care-givers

Domain: Community mobilisation and support

Phase: Minimum Response

Background

Early childhood (0–8 years) is the most important period in human life for physical, cognitive, emotional and social development. During this period, critical brain development occurs rapidly and depends on adequate protection, stimulation and effective care. Early losses (e.g. the death of a parent), witnessing physical or sexual violence, and other distressing events can disrupt bonding and undermine healthy long-term social and emotional development. However, most children recover from such experiences, especially if they are given appropriate care and support.

In emergencies, the well-being of young children depends to a large extent on their family and community situations. Their well-being may suffer if they have overwhelmed, exhausted or depressed mothers or care-givers who are physically or emotionally unable to provide effective care, routine and support. Children who have been separated from their parents may be placed in temporary care that is unsatisfactory. In the community, both parents and children may be at risk due to disrupted medical services, inadequate nutrition and a range of protection threats.

In emergencies, early childhood programmes should be coordinated (see Action Sheet 1.1) and informed by appropriate assessments (see Action Sheet 2.1), including data estimating the number and ages of children under eight years old, the number of pregnant women and the number of women with newborns. Early childhood programmes should support the care of young children by their families and other care-givers. Early childhood activities should provide stimulation, facilitate basic nutrition (in situations of extreme food shortage), enable protection and promote bonding between infants and care-givers. Such activities aim to meet children's core needs and help to reduce emergency-induced distress in safe, protected and structured settings, while providing relief and support to care-givers.

Key actions

1. Keep children with their mothers, fathers, family or other familiar care-givers.

(a) **Prevent separation.** In emergencies where population movement is likely, support communities and families in developing culturally acceptable and appropriate methods to avoid separation.

- Prioritise keeping breastfeeding mothers and children together.
- Teach older children songs that include their family name, village and contact information.
- Tag children to minimise separation.

(b) **Reunify children and parents** (see Action Sheet 3.2). If children are separated:

- Contact the proper reunification organisation.
- Facilitate tracing and reunification. Record the date and place whenever separated children are found, and collect information from children themselves, using age-appropriate methods such as having them draw where they lived or tell about themselves.
- Keep clothing with the child, as one of the key means of identifying and reunifying separated children with their parents.

(c) **Facilitate alternative care arrangements.** In crises and emergencies where other options of care are not available, it may be necessary to organise temporary centres to protect separated children until a long-term solution is identified. While waiting to be reunited with their families, separated children may be fostered with an individual or a family who can provide appropriate care and protection. Orphanages should be viewed as a last resort, as they usually do not provide appropriate support.

- Decide on care arrangements according to *what is in the best interest of the child within the local cultural context.*
- Keep the child within the extended family and/or community whenever possible and avoid separating siblings from one another.
- Wherever possible, arrange for one continuous foster family, avoiding multiple foster families.
- For newborns who have lost their mother or who have been separated from their parents, meet basic needs for food, warmth and care, remembering that in some cultures female children may be at greater risk of neglect.

If children have already been placed in orphanages or other institutions, there should be a rapid assessment to identify their condition and guide possible steps to promote early childhood development (ECD) activities.

2. Promote the continuation of breastfeeding.

Breastfeeding is optimal for the physical, psychosocial and cognitive well-being of

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infants and toddlers. Breastfeeding supports the child's cognitive development, comforts the child, is likely to strengthen the mother-child bond and is easy to prepare, free and usually very safe (regarding caveats on safety, see UNICEF (2002) under Key resources for guidance on breastfeeding and HIV/AIDS).

- Encourage breastfeeding through individual support and community dialogues.
- Counsel mothers of newborns (and relatives) in newborn care, with regard to exclusive breastfeeding, wrapping and warming their baby, deferred bathing and hygiene.
- Avoid routine distribution of milk formulas as they discourage breastfeeding.
- Make supplemental feeding for pregnant and lactating women a high priority.
- Avoid excessive pressure on mothers to breastfeed. Mothers who refuse to breastfeed, who find it very difficult or who cannot breastfeed should receive proper support.

3. Facilitate play, nurturing care and social support.

A variety of ECD activities should be provided during emergencies. These activities could include parent education, home visits, shared child care and communal play groups, 'safe spaces', toy libraries and informal parent gatherings in safe spaces (see Action Sheet 5.1).

- Organise locally appropriate opportunities for active play, stimulation and socialisation. These may help to mitigate the negative psychosocial impact of crisis situations.
- Tailor the activities to the children's age, gender and culture. To minimise distress, children require a sense of routine and participation in normalising activities, which should reflect their usual daily activities (e.g. a child from a nomadic background who has never been in school may find formal education neither normalising nor comforting). In programme planning and implementation, use culturally relevant developmental milestones such as rites of passage rituals, which may be more appropriate than Western developmental models.
- Include in safe spaces (see Action Sheets 5.1 and 7.1) activities that specifically support very young children. If conditions permit, organise activity groups roughly according to children's age/stage of development: 0–12/18 months (pre-verbal, not ambulatory), 12/18 months to three years, and 3–6 years. (Activities for 6–8-year-olds are addressed in Action Sheet 7.1). Train parents, siblings, grandparents and youth to work with available staff, and also to take learning home to their families on how they can assist in the healthy development of young children. Consider engaging trusted older women and female youth as volunteers in safe spaces.
- Consider using known games, songs and dances and also home-made toys, since these are most practical in an emergency.
- Include an area for care-giver/child play and interaction in all services for younger children, such as therapeutic feeding programmes, hospitals and clinics, as well as in areas for distribution of food and non-food items.
- Facilitate activities for young children that promote social community-building and non-violence in violence-affected communities.
- Include children with special needs in care activities, games and social support at the community level.
- For specific guidance on stimulating young children in food crises, see the WHO (2006) reference under Key resources.

4. Care for care-givers.

In emergencies, it is important to organise meetings at which care-givers of young children can discuss the past, present and future, share problem-solving and support one another in caring effectively for their children.

- In safe spaces (see Action Sheets 5.1 and 7.1), organise support groups in which parents/mothers can talk about their own suffering.
- Advise parents not to talk about the details of horrific events in front of or with their children.
- During small group activities for families and their young children, parents have the opportunity to learn from the interactions of others with their children. When positive parent-child interaction occurs, point this out and encourage other parents to interact with their own children in a similar manner.
- Help parents and care-givers to understand the changes they see in their children following a crisis. Explain that behaviour such as heightened fear of others and withdrawal, or increased fighting with other children, are common reactions to stress and reflect no failure on the care-giver's part.

- Share information with parents and care-givers on how to identify problems and support the psychosocial health of their children, including how to control, regulate and modify aggressive behaviour by children through consistent discipline and limit-setting.
- Identify harmful responses to a child's stress, such as beating, abandonment or stigmatisation, and suggest alternative strategies to parents and community leaders.
- Parents who have difficulties in caring for their children because of severe mental health problems should be referred to receive appropriate support from health services staff (if trained in mental health care; see Action Sheet 6.2). In particular, severe depression may interfere with the ability to care for children.

Key resources

1. Bernard van Leer Foundation (2005). *Early Childhood Matters. Volume 104: Responding to young children in post-emergency situations.* http://www.bernardvanleer.org/publication_store/publication_store_publications/Early_Childhood_Matters_104/file

2. Consultative Group on Early Childhood Care and Development (1996). *Children as Zones of Peace: Working with Children Affected by Armed Violence.* http://www.ecdgroup.com/docs/Children_as_Zones_of_Peace:_Working_with_Children_Affected_by_Armed_Violence-13_05_2001-13_53_24.pdf

3. Emergency Nutrition Network Online (2006). *Infant Feeding in Emergencies.* http://www.ennonline.net/ife/index.html

4. Human Sciences Research Council of South Africa (HSRC). Psychosocial Support Resources: Davids D. (Hesperian Foundation), *Emotional Behaviour Book.* http://www.hsrc.ac.za/research/programmes/CYFD/unicef/other_resources.html

5. ICRC, IRC, Save the Children UK, UNICEF, UNHCR and World Vision (2004). *Inter-Agency Guiding Principles on Unaccompanied and Separated Children.* Save the Children UK. http://www.unhcr.org/cgi-bin/texis/vtx/protect/opendoc.pdf?tbl=PROTECTION&id=4098b3172

6. INFO Reports/Johns Hopkins Bloomberg School of Public Health (2006). *Breastfeeding Questions Answered: A Guide for Providers.* http://www.infoforhealth.org/inforeports/breastfeeding/inforpt5.pdf

7. Save the Children UK (2006). *ECD Guidelines for Emergencies – the Balkans.* http://www.savethechildren.org.uk/scuk/jsp/resources/details.jsp?id=4174&group=resources&section=policy&subsection=details&pagelang=en

8. UNESCO and IIEP (2006). *Guidebook for Planning Education in Emergencies and Reconstruction.* http://www.unesco.org/iiep/eng/focus/emergency/guidebook.htm

9. UNICEF and Macksoud M. (2000). *Helping Children Cope with the Stresses of War: A Manual for Parents and Teachers.* http://www.unicef.org/publications/files/Helping_Children_Cope_with_the_Stresses_of_War.pdf

10. UNICEF (2002). *HIV and Infant Feeding.* http://www.unicef.org/publications/files/pub_hiv_infantfeeding_en.pdf

11. WHO (2006). *Mental health and psychosocial well-being among children in severe food shortage situations.* Geneva: WHO. http://www.who.int/nmh/publications/msd_MHChildFSS9.pdf

12. Women's Commission for Refugee Women and Children (2005). *Field-friendly Guide to Integrate Emergency Obstetric Care in Humanitarian Programs.* http://www.womenscommission.org/pdf/EmOC_ffg.pdf

Sample process indicators

- The *Inter-Agency Guiding Principles on Unaccompanied and Separated Children* are implemented.
- Early childhood development (ECD) activities are organised for young girls and boys (0–8 years) and their care-givers.
- Breastfeeding is promoted.
- Care-givers meet in safe spaces to discuss challenges and to support each other.

Example: Angola, 1999–2000

- Young children in IDP camps had few activities available, and parents spent little time interacting with young children.
- Having identified adults whom local people sought out for advice and help with young children, an international NGO provided training on how to organise age- and gender-appropriate activities that provided stimulation and promoted positive social interaction.
- Although there were no schools or other centres, local participants conducted activities under the shade of trees, engaged mothers in the activities and made referrals for children needing special assistance. These activities benefited several thousand mothers and children.

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Action Sheet 6.1

Include specific psychological and social considerations in provision of general health care

Domain: Health services
Phase: Minimum Response

Background

There is a gap in most emergencies between mental health and psychosocial supports (MHPSS) and general health care. However, the way in which health care is provided often affects the psychosocial well-being of people living through an emergency. Compassionate, emotionally supportive care protects the well-being of survivors, whereas disrespectful treatment or poor communication threatens dignity, deters people from seeking health care and undermines adherence to treatment regimes, including for life-threatening diseases such as HIV/AIDS. Physical and mental health problems frequently co-occur, especially among survivors of emergencies. However, strong inter-relationships between social, mental and physical aspects of health are commonly ignored in the rush to organise and provide health care.

Often general health care settings – such as primary health care (PHC) settings – offer the first point of contact for helping people with mental health and psychosocial problems. General health care providers frequently encounter survivors' emotional issues in treating diseases and injuries, especially in treating the health consequences of human rights violations such as torture and rape. Some forms of psychological support (i.e. very basic psychological first aid) for people in acute psychological distress do not require advanced knowledge and can easily be taught to workers who have no previous training in mental health.

This action sheet covers psychological and social considerations in the overall provision of general health care in emergencies. Action Sheet 6.2 describes the management of severe mental disorder in emergencies. The actions below apply to both pre-existing and emergency-related health services.

Key actions

1. Include specific social considerations in providing general health care.

Develop equitable, appropriate and accessible health care consistent with the Sphere minimum standards on health to preserve life with dignity. The following social considerations apply:

- Maximise participation of the affected male and female population in the design, implementation, monitoring and evaluation of any emergency health services (for guidance, see ALNAP reference under Key resources and Action Sheets 2.1, 2.2 and 5.1).
- Maximise access to health care by locating any new services within safe walking distance of communities. Aim to balance gender and include representatives of key minority and language groups among health staff to maximise survivors' access to health services. Use translators if necessary.
- Protect and promote patients' rights to:
  - Informed consent (for both sexes) before medical and surgical procedures (clear explanations of procedures are especially necessary when emergency health care is provided by international staff, who may approach medicine differently);
  - Privacy (as much as possible – e.g. put a curtain around the consultation area);
  - Confidentiality of information related to health status of patients. Caution is especially needed for data related to human rights violations (e.g. torture, rape).
- Use essential drugs consistent with the *WHO Model List of Essential Medicines* to facilitate affordable and thus sustainable care. Use locally available, generic medicines as far as possible.
- Record and analyse sex- and age-disaggregated data in health information systems.
- Communicate important emergency-related health information to the affected population (see Action Sheet 8.1).

2. Provide birth and death certificates (if needed).

Death certification is important for claims (including inheritance claims) by surviving family members. Birth certification is often essential for identification and citizenship claims and thus for access to government services (e.g. education) and for protection against illegal adoption, forced recruitment and trafficking. If regular authorities are not able to provide these documents, health care workers should provide them.

3. Facilitate referral to key resources outside the health system, including to:

- Locally available social services and supports and protection mechanisms in the community (see Action Sheets 3.2, 3.3 and 5.2);
- Legal support and/or testimony services for survivors of human rights violations, as feasible and appropriate;
- Tracing agencies for those who are unable to locate missing relatives.

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4. Orient general health staff and mental health staff in psychological components of emergency health care.

See also Action Sheet 4.3 for guidance on organising orientations. Provide half-day or, preferably, one-day orientation seminars to national and international health staff. Consider the following contents:

- Psycho-education and general information, including:
  - The importance of treating disaster survivors with respect to protect their dignity;
  - Basic information on what is known about the mental health and psychosocial impact of emergencies (see Chapter 1), including understanding of local psychosocial responses to an emergency;
  - Key conclusions drawn from local mental health and psychosocial support assessments (see Action Sheet 2.1);
  - Avoiding inappropriate pathologising/medicalisation (i.e. distinguishing non-pathological distress from mental disorders requiring clinical treatment and/or referral);
  - Knowledge of any available mental health care in the region to enable appropriate referral for people with severe mental disorders (see Action Sheet 6.2);
  - Knowledge of locally available social supports and protection mechanisms in the community to enable appropriate referrals (see Action Sheets 5.2 and 3.2);
- Communicating to patients, giving clear and accurate information on their health status and on relevant services such as family tracing. A refresher on communicating in a supportive manner could include:
  - Active listening;
  - Basic knowledge on how to deliver bad news in a supportive manner;
  - Basic knowledge on how to deal with angry, very anxious, suicidal, psychotic or withdrawn patients;
  - Basic knowledge on how to respond to the sharing of extremely private and emotional events, such as sexual violence;
- How to support problem management and empowerment by helping people to clarify their problems, brainstorming together on ways of coping, identifying choices and evaluating the value and consequences of choices;
- Basic stress management techniques, including local (traditional) relaxation techniques;
- Non-pharmacological management and referral of medically unexplained somatic complaints, after exclusion of physical causes (see Forum for Research and Development reference under Key resources).

5. Make available psychological support for survivors of extreme stressors (also known as traumatic stressors).

- Most individuals experiencing acute mental distress following exposure to extremely stressful events are best supported without medication. All aid workers, and especially health workers, should be able to provide very basic psychological first aid (PFA). PFA is often mistakenly seen as a clinical or emergency psychiatric intervention. Rather, it is a description of a humane, supportive response to a fellow human being who is suffering and who may need support. PFA is very different from psychological debriefing in that it does not necessarily involve a discussion of the event that caused the distress. PFA encompasses:
  - Protecting from further harm (in rare situations, very distressed persons may take decisions that put them at further risk of harm). Where appropriate, inform distressed survivors of their right to refuse to discuss the events with (other) aid workers or with journalists;
  - Providing the opportunity for survivors to talk about the events, but without pressure. Respect the wish not to talk and avoid pushing for more information than the person may be ready to give;
  - Listening patiently in an accepting and non-judgemental manner;
  - Conveying genuine compassion;
  - Identifying basic practical needs and ensuring that these are met;
  - Asking for people's concerns and trying to address these;
  - Discouraging negative ways of coping (specifically discouraging coping through use of alcohol and other substances, explaining that people in severe distress are at much higher risk of developing substance use problems);
  - Encouraging participation in normal daily routines (if possible) and use of positive means of coping (e.g. culturally appropriate relaxation methods,

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accessing helpful cultural and spiritual supports);

- Encouraging, but not forcing, company from one or more family member or friends;
- As appropriate, offering the possibility to return for further support;
- As appropriate, referring to locally available support mechanisms (see Action Sheet 5.2) or to trained clinicians.

- In a minority of cases, when severe acute distress limits basic functioning, clinical treatment will probably be needed (for guidance, see *Where There is No Psychiatrist* under Key resources). If possible, refer the patient to a clinician trained and supervised in helping people with mental disorders (see Action Sheet 6.2). Clinical treatment should be provided in combination with (other) formal or non-formal supports (see Action Sheet 5.2).
- With regards to clinical treatment of acute distress, benzodiazepines are greatly over-prescribed in most emergencies. However, this medication may be appropriately prescribed for a very short time for certain specific clinical problems (e.g. severe insomnia). Nevertheless, caution is required as use of benzodiazepines may sometimes quickly lead to dependence, especially among very distressed persons. Also, various experts have argued that benzodiazepines may slow down the recovery process after exposure to extreme stressors.
- In most cases, acute distress will decrease naturally, without outside intervention, over time. However, in a minority of cases, a chronic mood or anxiety disorder (including severe post-traumatic stress disorder) will develop. If the disorder is severe, then it should be treated by a trained clinician as part of the minimum emergency response (see Action Sheet 6.2). If the disorder is not severe (e.g. the person is able to function and tolerate the suffering), then the person should receive appropriate care as part of a more comprehensive aid response. Where appropriate, support for these cases may be given by trained and clinically supervised community health workers (e.g. social workers, counsellors) attached to health services.

6. Collect data on mental health in PHC settings.

All PHC staff should document mental health problems in their morbidity data using simple, self-explanatory categories (see Action Sheet 6.2, key action 1 for more detailed guidance).

Key resources

1. Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) (2003). Participation and health programmes. In: *Participation by Crisis-Affected Populations in Humanitarian Action: A Handbook for Practitioners*, pp.315-330. http://www.globalstudyparticipation.org/index.htm

2. Forum for Research and Development (2006). *Management of Patients with Medically Unexplained Symptoms: Guidelines Poster*. Colombo: Forum for Research and Development. http://www.irdsrilanka.org/joomla/

3. Médecins Sans Frontières (2005). *Mental Health Guidelines*. Amsterdam: MSF. http://www.msf.org/source/mentalhealth/guidelines/MSF_mentalhealthguidelines.pdf

4. National Child Traumatic Stress Network and National Center for PTSD (2006). *Psychological First Aid: Field Operations Guide* (Second edition). http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/PFA_2ndEditionwithappendices.pdf (A potential limitation of this resource is that it was specifically developed for Western disaster settings. The guide describes an advanced form of psychological first aid because it was developed for use by previously trained mental health professionals.)

5. Patel V. (2003). *Where There is No Psychiatrist. A Mental Health Care Manual*. The Royal College of Psychiatrists. http://www.rcpsych.ac.uk/publications/gaskellbooks/gaskell/1901242757.aspx

6. Sphere Project (2004). *Humanitarian Charter and Minimum Standards in Disaster Response*. Minimum Standards in Health Services, pp.249-312. Geneva: Sphere Project. http://www.sphereproject.org/handbook/index.htm

7. WHO/UNHCR/UNFPA (2004). *Clinical Management of Survivors of Rape: Developing protocols for use with refugees and internally displaced persons (revised edition)*. Geneva: WHO/UNHCR. http://www.who.int/reproductive-health/publications/clinical_mngt_survivors_of_rape/

Sample process indicators

- General health staff know how to protect and promote their patients' rights to dignity through informed consent, confidentiality and privacy.
- General health staff are able to give psychological first aid (PFA) to their patients as part of their care.
- General health staff make appropriate referrals to (a) community social supports outside the health system, (b) trained and clinically supervised community workers (support workers, counsellors) attached to health services (if available) and (c) clinicians trained and supervised in the clinical care of mental health problems.

Example: Macedonia, 1999

- Large numbers of Kosovar refugees were accommodated in makeshift camps. Community health workers (CHWs) received a brief training on identifying (medically and socially) vulnerable cases and where to refer them. Training included basic knowledge on stress management.
- CHWs worked under the supervision of specialist staff in emergency PHC facilities. They were recruited from the local and refugee populations and were responsible for monitoring, identifying vulnerable people in the camps, referring such people to medical and social organisations, providing follow-up on medical/mental health cases (outreach) and providing information to new arrivals.
- Mental health services (psychiatric and acute crisis psychological support) were attached to the PHC service and addressed referrals from PHC staff. When the emergency stabilised, the CHWs received intense training and supervision and became camp counsellors.

Action Sheet 6.2

Provide access to care for people with severe mental disorders

Domain: Health services

Phase: Minimum Response

Background

Mental disorders account for four of the ten leading causes of disability worldwide, but mental health is among the most under-resourced areas of health care. Few countries meet their clinical mental health needs in normal times, let alone in emergencies. Those clinical mental health services that do exist in low- and middle-income countries tend to be hospital-based in large cities, and are often inaccessible to the wider population.

It has been projected that in emergencies, on average, the percentage of people with a severe mental disorder (e.g. psychosis and severely disabling presentations of mood and anxiety disorders) increases by 1 per cent over and above an estimated baseline of 2–3 per cent. In addition, the percentage of people with mild or moderate mental disorders, including most presentations of mood and anxiety disorders (such as post-traumatic stress disorder, or PTSD), may increase by 5–10 per cent above an estimated baseline of 10 per cent (see WHO, 2005a under Key resources). In most situations natural recovery over time (i.e. healing without outside intervention) will occur for many – but not all – survivors with mild and moderate disorders.

This action sheet describes the **minimum** humanitarian response necessary to care for **severe** mental disorders. Although the language used refers mostly to care of severe mental disorders, it should be noted that many of the recommended actions also apply to the care of selected neurological disorders in countries where care for such disorders is the responsibility of mental health workers.

The severe disorders covered in this sheet may be **pre-existing or emergency-induced** and include the following conditions:

- Psychoses of all kinds;
- Severely disabling presentations of mood and anxiety disorders (including severely disabling presentations of PTSD);
- Severe mental disorders due to the use of alcohol or other psychoactive substances (see Action Sheet 6.5 for guidance on problems related to substance use);
- Severe behavioural and emotional disorders among children and youth;

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- Severe pre-existing developmental disabilities;
- Neuropsychiatric disorders including epilepsy, delirium and dementia and mental disorders resulting from brain injury or other underlying medical conditions (e.g. toxic substances, infection, metabolic disease, tumour, degenerative disease);
- Any other severe mental health problem, including (a) locally defined severe disorders that do not readily fit established international classification systems (see Action Sheet 6.4) and (b) risk behaviours commonly associated with mental disorder (e.g. suicidal feelings, self-harm behaviour).

People with mental disorders may initially present at primary health care (PHC) facilities to seek help for medically unexplained somatic complaints. However, people with severe mental disorders may fail to present at all because of isolation, stigma, fear, self-neglect, disability or poor access. These people are doubly vulnerable, both because of their severe disorder and because the emergency may deprive them of social supports that had previously sustained them. Families are often stressed and stigmatised by the burden of care in normal times. This puts such individuals at an elevated risk of abandonment in emergencies that involve displacement. Once they are identified, however, steps can be taken to provide immediate protection and relief, and to support existing carers. Priority should be given to those at major survival risk or who are living in settings where their dignity and human rights are being undermined, or where social supports are weak and where family members are struggling to cope.

Treatment and support of people with severe mental disorders typically requires a combination of biological, social and psychological interventions. Both under-treating and over-medicalisation can be avoided through staff training and supervision. Typically, people suffering from disaster-induced, sub-clinical distress should not receive medication but will respond well to psychological first aid (see Action Sheet 6.1) and to individual and community social support (see Action Sheet 5.2). Moreover, some mental disorders can be effectively treated by practical psychological interventions alone, and medication should not be used unless such interventions have failed.

While the actions outlined below are the minimum response necessary to address the needs of people with severe mental disorders in emergencies, they can also provide the first steps in a more comprehensive response. They are addressed to local health authorities, local health care workers and local and international medical organisations. If at the outset there is no local health infrastructure or local capacity, outside organisations should provide emergency mental health services. However, services need to be established in such a way that they do not displace existing social and informal means of healing and coping, and in such a way that they can be integrated with government-run health services at a later date.

Key actions

1. Assess. Determine what assessments have been done and what information is available. Design, as needed, further assessments. For guidance on the assessment process and what needs to be assessed, see Action Sheet 2.1. With relevance to the current action sheet, it is important in particular to:

- Determine pre-existing structures, locations, staffing and resources for mental health care in the health sector (including policies, availability of medications, role of primary health care and mental hospitals, etc.) and relevant social services (see WHO *Mental Health Atlas* for data on formal mental health care resources in all countries of the world);
- Determine the impact of the emergency on pre-existing services;
- Determine if local authorities and communities plan to address the needs of people with severe mental disorders who are affected by the emergency, and determine what may be done and what supports may be needed;
- Identify people with severe mental disorders requiring assistance by:
  - Asking all relevant government and non-government agencies (particularly those covering health, shelter, camp management and protection) and community leaders to alert health care providers when they encounter or are informed about people who seem very confused or disorientated, are incoherent, have strange ideas, behave oddly or appear unable to care for themselves, and to register such people;
  - Visiting and, where appropriate, collaborating with existing traditional healers. They are often well informed as to the location of sufferers and may provide cultural information to non-local practitioners (see Action Sheet 6.4);
  - Visiting any formal or informal institutions to assess needs and to ensure the basic rights of those in care (see Action Sheet 6.3);
  - Teaching national and international PHC staff to document mental health problems in PHC data, using simple categories that require little instruction for

recognition. For example, the average primary health worker will require little additional training in use of the following four categories:

- Medically unexplained somatic complaints
- Severe emotional distress (e.g. signs of severe grief or severe stress)
- Severe abnormal behaviour (described on the PHC form in locally understood terms for 'madness')
- Alcohol and substance abuse.

- Share results of assessments with the mental health and psychosocial coordination group (see Action Sheets 1.1 and 2.1) and with the overall health sector coordination group.

2. Ensure adequate supplies of essential psychiatric drugs in all emergency drug kits.

- The minimum provision is one generic anti-psychotic, one anti-Parkinsonian drug (to deal with potential extra-pyramidal side effects), one anti-convulsant/anti-epileptic, one anti-depressant and one anxiolytic (for use with severe substance abuse and convulsions), all in tablet form, from the WHO Model List of Essential Medicines.
- The Interagency Emergency Health Kit (WHO, 2006) does not include (a) an anti-psychotic in tablet form, (b) an anxiolytic in tablet form, (c) an anti-Parkinsonian nor (d) an anti-depressant. Arrangements for either purchasing these four drugs locally or importing them will be necessary if this kit is used.
- Overall, generic medicines from the WHO Model List are recommended, because they tend to be as effective as branded, newly-developed drugs but are much cheaper, and thus enhance sustainable programming.

3. Enable at least one member of the emergency PHC team to provide frontline mental health care. Possible mechanisms for making this happen include:

- National or international mental health professionals attaching themselves to government and/or NGO PHC teams. International workers need to be oriented to local culture and conditions (see Action Sheets 4.3 and 6.1), and should work with competent translators;
- Training and supervising local PHC staff to integrate mental health care, including the rational use of psychotropics, into normal practice and to give it dedicated time (see key action 4 below and Action Sheet 4.3);
- Training and supervising one member of the local PHC team (a doctor or a nurse) to provide full-time mental health care alongside the other PHC services (see key action 4 below and Action Sheet 4.3).

4. Train and supervise available PHC staff in the frontline care of severe mental disorder (see also Action Sheet 4.3).

- Training should involve both theory and practice and can be begun at the outset of the emergency by a national or international mental health supervisor working in collaboration with local health authorities. This training should continue beyond the emergency as part of a more comprehensive response. Training should include all skills mentioned in key action 4 of Action sheet 6.1 plus:
  - Treating all service users and their care-givers with dignity and respect;
  - The mental status examination;
  - Recognition and frontline management of all the severe disorders listed in the background section above;
  - The provision of guidelines and protocols for the above (see Key resources);
  - Time management skills, focusing on how to integrate mental health work into normal clinical work;
  - Simple practical psychological interventions, as covered in *Where There is No Psychiatrist* (see Key resources);
  - Keeping proper clinical records. Give copies to care-givers if possible, as the population may be mobile;
  - Maintaining confidentiality. When confidentiality must be broken for protection reasons, address guardianship and medico-legal issues and inform service users and care-givers;
  - Setting up appropriate lines of referral to supports in the community (see Action Sheets 5.2 and 6.4) and to secondary and tertiary services if they exist and are accessible.
- For personnel authorised to use medication in the affected country, good prescribing practices include:

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- Rational use of essential psychiatric drugs in emergency kits, according to the guidelines in *Essential Drugs in Psychiatry* and consistent with *Where There is No Psychiatrist* (see Key resources);
- How to facilitate continuing access and adherence to prescribed medication for people with chronic disorders (e.g. chronic psychosis, epilepsy);
- How to avoid prescribing psychotropics to people with disaster-induced, non-pathological distress (see Action sheet 6.1) by developing non-pharmacological strategies for stress management;
- How to avoid prescribing placebo medications for medically unexplained somatic complaints;
- Understanding both the risks and benefits of benzodiazepines, particularly the risk of dependence from long-term prescribing;
- How to minimise the unnecessary prescription of multiple medications.

- The management of and support for persons with severe mental disorders who have been chained or physically restrained by care-givers involves the following steps:
  - First, facilitate very basic means of psychiatric and social care e.g. the provision of appropriate medication, family education and support.
  - Promote humane living conditions.
  - Second, consider untying the person. However, in those rare instances where the person has a history of violent behaviour, ensure basic security for others before doing so.

5. Avoid overburdening PHC workers with multiple, different training sessions.

- Trainees should have time to integrate mental health training into their daily practice so that they can deliver mental health care.
- Trainees should not be trained in numerous different skill areas (e.g. mental health, TB, malaria, HIV counselling) without planning how these skills will be integrated and used.
- Theoretical training in short courses is insufficient and may result in harmful interventions. It must always be followed up with extensive on-the-job supervision (see Action Sheet 4.3 and example on page 131).

6. Establish mental health care at additional, logical points of access.
Use general public health criteria (e.g. population coverage, expected caseload of service users with severe disorders, potential sustainability of services) to determine where to establish mental health care. Mobile PHC or community mental health teams may be an effective way of establishing emergency care at different places within an area. Examples of logical points of access are:

- Emergency rooms;
- Outpatient clinics at secondary and tertiary facilities;
- Mental health drop-in centres;
- General hospital wards with a high number of emergency-related hospitalisations;
- Home visits (including visits to tents, collection centres, barracks or any temporary housing location);
- Schools and child-friendly spaces.

7. Try to avoid the creation of parallel mental health services focused on specific diagnoses (e.g. PTSD) or on narrow groups (e.g. widows). This may result in fragmented, unsustainable services and the continuing neglect of people who do not fit the specific diagnostic category or group. It may also contribute to the labelling and stigmatisation of those who do. This does not preclude targeted outreach to broad populations (such as outreach clinics for children at schools) as part of an integrated service.

8. Inform the population about the availability of mental health care.

- Advertise using relevant information sources, such as radio (see Action Sheet 8.1).
- Ensure that all messages are delivered in a sensitive manner that does not result in people viewing normal behaviours and responses to stress as indicative of severe mental disorder.
- Inform the community leadership and, if appropriate, local police of the availability of mental health care.

9. Work with local community structures, to discover, visit and assist people with severe mental disorders (see Action Sheets 5.2 and 6.4).

10. Be involved in all inter-agency coordination on mental health (see Action Sheet 1.1). Engage in strategic longer-term planning processes for mental health services. Emergencies are frequently catalysts for mental health reforms, and improvements can occur rapidly.

Key resources

1. Forum for Research and Development. (2006). *Management of Patients with Medically Unexplained Symptoms: Guidelines Poster*. Colombo: Forum for Research and Development. http://www.irdsrilanka.org/joomla/

2. Médecins Sans Frontières (2005). 'Individual treatment and support'. In *Mental Health Guidelines*, pp. 40-51. Amsterdam: MSF. http://www.msf.org/source/mentalhealth/guidelines/MSF_mentalhealthguidelines.pdf

3. Patel V. (2003). *Where There is No Psychiatrist. A Mental Health Care Manual*. The Royal College of Psychiatrists. http://www.rcpsych.ac.uk/publications/gaskellbooks/gaskell/1901242757.aspx

4. WHO (1993). *Essential Drugs in Psychiatry*. http://whqlibdoc.who.int/hq/1993/WHO_MNH_MND_93.27.pdf

5. WHO/UNHCR (1996). 'Common mental disorders'. In *Mental Health of Refugees*, pp.39-61. Geneva: WHO/UNHCR. http://whqlibdoc.who.int/hq/1996/a49374.pdf

6. WHO (1998). *Mental Disorders in Primary Care: A WHO Educational Package*. Geneva: WHO. http://whqlibdoc.who.int/hq/1998/WHO_MSA_MNHIEAC_98.1.pdf

7. WHO (2001). *The Effectiveness of Mental Health Services in Primary Care: View from the Developing World*. Geneva: WHO. http://www.who.int/mental_health/media/en/50.pdf

8. WHO (2003). *Mental Health in Emergencies: Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors*. Geneva: WHO. http://www.who.int/mental_health/media/en/640.pdf

9. WHO (2005a). *Mental Health Assistance to the Populations Affected by the Tsunami in Asia*. http://www.who.int/mental_health/resources/tsunami/en/index.html

10. WHO (2005b). *Mental Health Atlas*. Geneva: WHO. http://www.who.int/mental_health/evidence/atlas/

11. WHO (2005c). *Model List of Essential Medicines*. Geneva: WHO. www.who.int/medicines/publications/essentialmedicines/en/

12. WHO (2006). *The Interagency Emergency Health Kit: Medicines and Medical Devices for 10,000 People for Approximately 3 Months*. Geneva: WHO. http://www.who.int/medicines/publications/mrhealthkit.pdf

Sample process indicators

- Number of PHC workers trained and supervised, number of training hours, number of on-the-job supervision sessions.
- Essential psychotropic medications in each therapeutic category (anti-psychotic, anti-Parkinsonian, anti-depressant, anxiolytic, anti-epileptic) are purchased and sustainable supply lines are established.
- Number and types of mental health problems seen in PHC clinics and other mental health services.
- Number of referrals made to specialised mental health care.

Example: Aceh, Indonesia, 2005

- An international NGO initiated emergency mental health care in PHC after discussion with relevant authorities, coordination bodies and national and international organisations.
- National PHC staff working from fixed and mobile clinics received mental health training and supervision. A trained and supervised national nurse was added to each PHC team to run a mental health service. Six months' training was needed to enable staff to work unsupervised. Training and supervision continued for a year after the acute phase of the emergency.
- The NGO engaged in the province's strategic mental health planning. Subsequently, the province's mental health strategy included the model of training mental health nurses to be attached to PHC facilities.

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Action Sheet 6.3

Protect and care for people with severe mental disorders and other mental and neurological disabilities living in institutions

Domain: Health services

Phase: Minimum Response

Background

People living in institutions are among the most vulnerable people in society, and they are especially at risk in emergencies. The chaos of the emergency environment adds to their general vulnerability. People in institutions may be abandoned by staff and left unprotected from the effects of natural disaster or conflict.

Severe mental disorder is often met with stigma and prejudice, resulting in neglect, abandonment and human rights violations. Living in an institution isolates people from potential family protection and support, which may be essential for survival in emergencies. Some people with severe mental disorders living in institutions are (too) dependent on institutionalised care to easily go elsewhere during an emergency. Total dependency on institutional care may create further anxiety, agitation or complete withdrawal. Difficulties in reacting adequately to the fast-changing emergency environment may limit self-protection and survival mechanisms.

Local professionals should lead the emergency response whenever possible. Intervention must focus on protection and the re-establishment of basic pre-existing care. Basic care and dignity includes appropriate clothing, feeding, shelter, sanitation, physical care and basic treatment (including medication and psychosocial support). Attention should be given to pre-existing levels of care that fall below medical and human rights standards. In such cases, the emergency intervention should focus not on re-instituting pre-existing care but on meeting general minimum standards and practices for psychiatric care. In most countries, as soon as the worst phase of the emergency is over, sound intervention involves developing community mental health services.

This action sheet focuses mostly on the emergency-related needs of people with mental disorders living in psychiatric institutions. It should be noted, however, that typically these institutions hold not only people with severe mental disorders but often also people with other chronic and severe mental and neurological disabilities, to whom this action sheet also applies. In addition, many of the same needs and recommended actions in this sheet apply to people who have severe mental disorders or other mental and neurological disabilities and who live in prisons, social welfare institutions and other residential institutions, including institutions run by traditional healers (see also Action Sheet 6.4).

Key actions

1. Ensure that at least one agency involved in health care accepts responsibility for ongoing care and protection of people in institutions.

- The primary responsibility for this lies with the government, but the mental health and psychosocial support coordination group (see Action Sheet 1.1) and the health coordinating group/Health Cluster should help identify a health agency if there is a gap in response.
- Emergency action plans should be developed for institutions in line with key actions 2–4 below. If these plans have not been developed before the emergency, then they should be developed during the emergency, as appropriate.

2. If staff have abandoned psychiatric institutions, mobilise human resources from the community and the health system to care for people with severe mental disorders who have been abandoned. When the condition of the patient allows, care should be provided outside the institution.

- Discuss with community leaders the responsibilities of the community in providing a supportive and protective network. The following groups may be mobilised:
  - Health professionals and, if possible, mental health professionals;
  - When appropriate, local non-allopathic health care providers (e.g. religious leaders, traditional healers: see Action Sheet 6.4);
  - Social workers and other community-based mechanisms (e.g. women's groups, mental health consumer organisations);
  - Family members.
- Provide basic training on topics such as ethical use of restraint protocols, crisis (including aggression) management, ongoing care and simple ways to improve patients' self-management.
- Ensure ongoing, close supervision of those mobilised to provide basic care and provide access to information on how to maintain their own emotional health (see Action Sheet 8.2).

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3. Protect the lives and dignity of people living in psychiatric institutions.

- Protect patients against self-harm or abuse by others (e.g. visitors, staff, other patients, looters, fighting factions). Address issues of sexual violence, abuse, exploitation (e.g. trafficking, forced labour) and other violations of human rights at appropriate levels (see Action Sheets 3.1 and 3.3).
- Ensure that patients' basic physical needs are met. These basic needs include potable water, hygiene, adequate food, shelter and sanitation, and access to treatment for physical disorders.
- Monitor the overall health status of patients and implement or strengthen human rights surveillance. This should be done by external review bodies (if available), human rights organisations or protection specialists.
- Ensure that evacuation plans exist for patients in or outside facilities and that staff are trained on evacuation procedures. If the institution contains locked facilities or cells, establish a hierarchy of responsibilities for keys to ensure that doors can be unlocked at any time.
- If an evacuation occurs, keep patients with their families as far as possible. If this is not possible, keep families and carers informed of where people are being moved. Keep records of this.

4. Enable basic health and mental health care throughout the emergency.

- Perform regular medical (physical and psychiatric) examinations.
- Provide treatment for physical disorders.
- Provide ongoing basic mental health care:
  - Ensure that essential medications, including psychotropics, are available in sufficient quantities throughout the emergency. Sudden discontinuation of psychotropics can be harmful and dangerous. Ensure that drugs are rationally prescribed by evaluating medication prescriptions regularly (at least weekly).
  - Ensure safe storage of drugs.
  - Facilitate the availability of psychosocial supports.
- Though physical restraint and isolation are strongly discouraged, these conditions frequently occur in many institutions. Implement a protocol regulating frequent inspections, feeding, treatment and regular evaluation of the necessity of separations.

Key resources

1. WHO (2003). 'Custodial hospitals in conflict situations'. Geneva: WHO.
http://www.who.int/mediacentre/background/2003/back4/en/print.html

2. WHO (2003–2006). *WHO Mental Health Policy and Services Guidance Package*. Geneva: WHO.
http://www.who.int/mental_health/policy/en/. (This package is relevant for comprehensive, post-emergency response. In particular, see the module 'Organisation of Services for Mental Health'.)
http://www.who.int/mental_health/resources/en/Organization.pdf

3. WHO/ICRC (2005). 'Mental health in prisons: Information sheet'. Geneva: WHO/ICRC.
http://www.who.int/mental_health/policy/mh_in_prison.pdf

Sample process indicators

- The basic physical needs of people in psychiatric institutions continue to be addressed.
- People in psychiatric institutions continue to receive basic health and mental health care.
- Human rights for those in psychiatric institutions are monitored and respected.
- Proper evacuation and emergency plans are in place.

Example: Sierra Leone, 1999

- In the midst of conflict, all staff at a psychiatric institution had left, except for two psychiatric nurses. The building was partly damaged and patients were wandering in the community, some returning for the night to sleep. Patients were being used to run errands through the frontline and to smuggle food.
- Community leaders were gathered to discuss the situation. The community agreed to help identify patients, with guidance from the two remaining psychiatric nurses. A regular food supply to both the community and the institution was arranged.
- An international medical NGO supported the medical screening of patients and secured supplies of medicines.
- Family members of patients were approached to help support them, under the supervision of the psychiatric nurses and the NGO's health staff.
- Some basic reconstruction was done and an emergency plan was prepared in case the institution came under subsequent attack.

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Learn about and, where appropriate, collaborate with local, indigenous and traditional healing systems

Domain: Health services
Phase: Minimum Response

Background

Allopathic mental health care (a term used here to mean conventional Western, biomedical mental health care) tends to centre on hospitals, clinics and, increasingly, communities. It is provided by staff trained in medicine, behavioural sciences and formal psychotherapy or social work. However, all societies include non-allopathic i.e. local, informal, traditional, indigenous, complementary or alternative healing systems of health care that may be significant. For example in India, Ayurveda, a traditional system of medicine, is popular and well developed (including medical colleges to train practitioners), while in South Africa traditional healers are legally recognised. In Western societies, many people use complementary medicines, including unorthodox psychotherapies and other treatments (e.g. acupuncture, homeopathy, faith-based healing, self-medication of all kinds) in spite of a very weak scientific evidence base. In many rural communities in low-income societies, informal and traditional systems may be the main method of health care provision.

Even when allopathic health services are available, local populations may prefer to turn to local and traditional help for mental and physical health issues. Such help may be cheaper, more accessible, more socially acceptable and less stigmatising and, in some cases, may be potentially effective. It often uses models of causation that are locally understood. Such practices include healing by religious leaders using prayer or recitation; specialised healers sanctioned by the religious community using similar methods; or healing by specialised healers operating within the local cultural framework. The latter may involve the use of herbs or other natural substances, massage or other physical manipulation, rituals and/or magic, as well as rituals dealing with spirits.

Although some religious leaders may not sanction or may actively proscribe such practices, such local healers are often popular and sometimes successful. In some cultures such beliefs and practices are blended with those of a major religion. In addition, local pharmacies may provide health care by dispensing both allopathic and indigenous medications. Some religious groups may offer faith-based healing.

It should be noted that some traditional healing practices are harmful. They may, for example, include the provision of false information, beatings, prolonged fasting, cutting, prolonged physical restraint or social cleansing rituals that involve the expulsion of 'witches' from the community. In addition some rituals are extremely costly, and in the past some healers have used emergencies to proselytise and exploit vulnerable populations. The challenge in such cases is to find effective, constructive ways of addressing harmful practices, as far as is realistic in an emergency environment. Before supporting or collaborating with traditional cleansing or healing practices, it is essential to determine what those practices involve and whether they are potentially beneficial, harmful or neutral.

Whether or not traditional healing approaches are clinically effective, dialogues with traditional healers can lead to positive outcomes, such as:

- Increased understanding of the way emotional distress and psychiatric illness is expressed and addressed (see Action Sheet 2.1) and a more comprehensive picture of the type and level of distress in the affected population;
- Improved referral systems;
- Continuing relationships with healers to whom many people turn for help;
- Increased understanding of beneficiaries' spiritual, psychological and social worlds;
- Greater acceptance by survivors of new services;
- Identifying opportunities for potential collaborative efforts in healing and thus increasing the number of potentially effective treatments available to the population;
- Establishing allopathic services that may be more culturally appropriate;
- The potential opportunity to monitor and address any human rights abuses occurring within traditional systems of care.

Some traditional healers may seek a physical and symbolic 'distance' from allopathic practitioners, and may avoid collaboration. At the same time, health staff trained in allopathic medicine may be unsympathetic or hostile to traditional practices, or may be ignorant of them. Although in some situations keeping a distance may be the best option, the key actions outlined in this action sheet may be used to facilitate a constructive bridge between different systems of care.

Key actions

1. Assess and map the provision of care.

Identify key local healing systems and their significance, acceptance and role in the community. Information may not be immediately volunteered when people fear

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disapproval from outsiders or consider the practices to be secret or accessible only to those sanctioned by the community. International and national 'outsiders' should take a non-judgmental, respectful approach that emphasises interest in understanding local religious and spiritual beliefs and potential cooperation with the local way of working. Emergencies should never be used to promote outsiders' religious or spiritual beliefs.

- Ask local community representatives of both genders where they go for help with difficulties and to whom they turn for support.
- Ask primary health care providers and midwives what traditional systems exist.
- Visit local pharmacies to assess what drugs and remedies are available and how dispensing takes place.
- Ask people seeking help at health service points how they understand the nature and origin of their problems, and who else they see or have seen previously for assistance.
- Ask local religious leaders whether they provide healing services and who else in the community does so.
- Ask any of the above if they will provide an introduction to local healers and set up a meeting.
- Remember that more than one system of informal care may exist, and that practitioners in one system may not acknowledge or discuss others.
- Be aware that local healers may compete over 'patients' or be in conflict over the appropriate approach. This means that the above processes may need frequent repetition.
- Talk with local anthropologists/sociologists/those with knowledge of local beliefs and customs and read the available relevant literature.
- Observe. Ask permission to watch a treatment session, and visit local shrines or religious sites used for healing. There may be informal systems of institutional care, including those that hold patients in custody (see Action Sheet 6.3).
- Visit places of worship that conduct healing sessions, and attend services.
- Discuss with patients their understanding of the processes involved in illness and healing.
- Determine whether traditional practices include measures that may be harmful or unacceptable.

- Share results of assessments with the coordination group (see Action Sheets 1.1 and 2.1).

2. Learn about national policy regarding traditional healers.

Recognise that:

- Some governments and/or medical authorities discourage or ban health care providers from collaborating with traditional healers;
- Other governments encourage collaboration and have special departments engaged in the formal training of healers, as well as in research and evaluation of traditional medicine. Such a department may be a useful resource.

3. Establish rapport with identified healers.

- Visit the healer, preferably in the company of a trusted intermediary (former patient, sympathetic religious leader, local authority such as a mayor, or friend).
- Introduce oneself; explain one's role and desire to assist the community.
- Show respect for the healer's role and ask if they might explain their work and how this has been affected by the emergency (e.g. are there increased numbers of patients, or difficulties carrying out work because of a lack of necessary materials or the loss of facilities?). Some healers may be concerned about revealing details of their methods, and it will take time to establish trust.
- If appropriate, emphasise interest in establishing a cooperative relationship and a mutual exchange of ideas.

4. Encourage the participation of local healers in information sharing and training sessions.

- Invite healers to community information meetings and training sessions.
- Consider giving healers a role in training, e.g. by explaining their understanding of how illness is caused or their definitions of illness. On occasions when this is incompatible with the approach of local or international organisations involved in the emergency response, an understanding of local healers' models is still essential to good patient care as it may underpin the patient's own understanding of their problem.

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- Try to find points of mutual agreement and discuss opportunities for cross-referral (see key action 5 below).
- Be aware that many traditional healers in many countries may not read or write.

5. **If possible, set up collaborative services.**

- Active collaboration (as opposed to simply exchanging information as described above) is useful if:
  - Traditional systems play a significant role for the majority of the population;
  - The systems are not harmful. (However, in the case of harmful practices, a constructive dialogue is still required for the purposes of education and change.)
- Useful forms of collaboration could include:
  - Invitations to consultations;
  - Cross-referral (for example, problems such as stress, anxiety, bereavement, conversion reactions and existential distress may potentially be better treated by traditional healers, while allopathic healers are better at treating severe mental disorders and epilepsy);
  - Joint assessments;
  - Joint clinics;
  - Shared care: for example, healers may be prepared to learn how to monitor psychotic patients on long-term medication and to provide places for patients to stay while receiving conventional treatment. Traditional relaxation methods and massage can be incorporated into allopathic practice.

Key resources

1. Center for World Indigenous Studies. www.cwis.org

2. *International Psychiatry*, Vol 8, 2005, pp.2-9. Thematic papers on traditional medicines in psychiatry. http://www.rcpsych.ac.uk/pdf/ip8.pdf

3. Save the Children (2006). *The Invention of Child Witches in the Democratic Republic of Congo: Social Cleansing, Religious Commerce And The Difficulties Of Being A Parent In An Urban Culture.* http://www.savethechildren.org.uk/scuk_cache/scuk/cache/cmsattach/3894_DRCWitches1.pdf

4. WHO/UNHCR (1996). 'Traditional medicine and traditional healers', pp.89-99, *Mental Health of Refugees*. Geneva: WHO/UNHCR. http://whqlibdoc.who.int/hq/1996/a49374.pdf

5. WHO (2003). *Traditional Medicine: Fact Sheet*. http://www.who.int/mediacentre/factsheets/fs134/en/

6. WHO (2006). *Traditional Medicine*. http://www.who.int/medicines/areas/traditional/en/index.html.

Sample process indicators

- Assessments of key local healing systems have been conducted and shared with relevant aid coordination bodies.
- Non-allopathic healers are given a role in mental health training sessions (when appropriate in the local context).
- Number of non-allopathic healers attending mental health training sessions.

Example: Eastern Chad, 2005-06

- An international NGO, providing mental health care within primary health services, worked with traditional healers from the Darfurian population in refugee camps.
- NGO staff met healers for discussions in which healers examined the NGO's credibility. Subsequently, healers (a) explained their difficulties in carrying out work because of the absence of prayer books and herbs; (b) identified the whereabouts of people with severe mental illness who had been chained; (c) described their classifications and interventions for people with emotional problems or mental illness; and (d) explained that most refugees sought traditional and allopathic health care concurrently.
- Training seminars were organised in which knowledge and skills were exchanged. Over a period of six months, healers met regularly with NGO staff for discussions that included mutual exchanges of understanding on female circumcision, medical aspects of fasting, nutrition and breastfeeding, emotional stress, trauma and post-traumatic reactions, serious mental disorders, learning disabilities and epilepsy.

Action Sheet 6.5
Minimise harm related to alcohol and other substance use

Domain: Health services
Phase: Minimum Response

Background

Conflict and natural disasters create situations in which people may experience severe problems related to alcohol and other substance use (AOSU). These include far-reaching protection, psychosocial, mental health, medical and socio-economic problems.

- AOSU may increase among emergency-affected populations as people attempt to cope with stress. This may lead to harmful use or dependence.
- Communities have difficulties recovering from the effects of emergencies when:
  - AOSU inhibits individuals and communities from addressing problems;
  - Limited resources in families and communities are spent on AOSU;
  - AOSU is associated with violence, exploitation, neglect of children and other protection threats.
- AOSU is associated with risky health behaviour, such as unsafe sex while intoxicated with alcohol, and it promotes transmission of HIV and other sexually transmitted infections. Sharing injection equipment is a common means of transmitting HIV and other blood-borne viruses.
- Emergencies can disrupt supply of substances and any pre-existing treatment of AOSU problems, causing sudden withdrawal among people dependent on substances. In some cases, particularly with alcohol, such withdrawal can be life-threatening. Moreover, lack of access to commonly available drugs can promote transition to injection drug use as a more efficient route of administration, and may promote unsafe injection drug use.

Harm related to AOSU is increasingly recognised as an important public health and protection issue that requires a multi-sectoral response in emergency settings.

Key actions

1. Conduct a rapid assessment.

- Coordinate assessment efforts. Organise a review of available information on AOSU, and identify a responsible agency or agencies to design and conduct further rapid, participatory assessments as needed (see Action Sheets 1.1 and 2.1).
- As part of further assessments, identify commonly used substances; harms associated with their use; factors promoting or limiting these harms; and the impact of disruption caused by the emergency to supply, equipment and interventions (see box on pages 145–146).
- Reassess the situation at regular intervals. Problems associated with AOSU may change with time, as changes occur in the availability of substances and/or financial resources.
- Share results of assessments with the relevant coordination groups.

2. Prevent harmful alcohol and other substance use and dependence.

- Informed by all assessment information (see also Action Sheet 2.1), advocate for implementing a multi-sectoral response – e.g. as outlined in the matrix (Chapter 2) – to address relevant underlying stressors for harmful use and dependence.
- Advocate or facilitate that educational and recreational activities and non-alcohol-related income-generating opportunities are re-established as soon as possible (see Action Sheets 1.1, 5.2 and 7.1).
- Engage both men and women from the community in AOSU problem prevention and response (see Action Sheets 5.1 and 5.2), as well as members of any existing self-help groups or associations of ex-users.
- Train and supervise health workers, teachers, community workers and other resources in:
  - Early detection and so-called *brief interventions* (see Key resources 6 and 9) to identify and motivate people at risk of harmful or dependent use to reduce AOSU;
  - Non-medical approaches to dealing with acute distress (psychological first aid: see Action Sheet 6.1).
- Train and supervise health workers in:
  - Rational prescription of benzodiazepines and (where available and affordable) use of non-addictive medication alternatives;
  - Detection of hazardous, harmful and dependent AOSU;
  - Identification, treatment and referral of people with severe mental disorders, who are at elevated risk of AOSU problems (see Action Sheet 6.2).

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- Discuss AOSU in stress management training of health and other workers (see Action Sheet 4.4 and Key resources below for guidance on self-help strategies).
- Train and supervise community workers to identify and target at-risk groups for additional support (e.g. survivors of violence, families of dependent users), while avoiding setting up a parallel service (see Action Sheets 4.3 and 5.2).

3. Facilitate harm reduction interventions in the community.

- Ensure access to and information on the use of condoms at sites where people involved in AOSU congregate (such as alcohol sales points) in a culturally sensitive manner (see *IASC Guidelines for HIV/AIDS Interventions in Emergency Settings*).
- Advocate with responsible authorities and community groups to relocate alcohol sales points to minimise disruption to the community.
- Provide risk reduction information to targeted groups (e.g. concerning injection drug use, alcohol use or unsafe sex).
- Ensure access to and disposal of safe injecting equipment for injection drug users, if indicated by assessment.
- Conduct AOSU and harm reduction awareness sessions among male and female community leaders, as appropriate. For example, in some settings interventions to reduce harm from heavy alcohol use have included teaching safe distillation methods for local brewing, restricting sales hours, requiring payment at the time of serving and agreeing to a ban on weapons on premises where alcohol is sold or consumed.

4. Manage withdrawal and other acute problems.

- Develop protocols for clinics and hospitals on the management of withdrawal, intoxication, overdose and other common presentations, as identified in the assessment.
- Train and supervise health workers for the management and referral of withdrawal or other acute presentations, together with provision of sufficient medication, including benzodiazepines, for alcohol withdrawal. Community agencies should train and supervise community workers in the identification, initial management and referral of common acute presentations such as withdrawal.
- In areas where opiate dependence is common, consider establishing low-threshold substitution treatment (such as with methadone or buprenorphine).
- Re-establish pre-existing substitution therapy as soon as possible.

Assessment for alcohol and other substance use (AOSU)

For guidance on assessment methodology, see Action Sheet 2.1 and Key resources below. Relevant data include:

A. Contextual factors and availability of alcohol and other substances

- Pre-emergency cultural norms regarding AOSU and the way that this was addressed by the community (for displaced and host populations, men and women).
- Any available baseline data on AOSU, and other associated psychological, social and medical problems, including HIV prevalence.
- Relevant regulatory and legislative frameworks.

B. Current patterns and trends in AOSU

- Availability and approximate cost of most prevalent psychoactive substances, and other supply chain information, including disruption to supply as a result of the emergency.
- Substances used and method of administration (including changing patterns of use such as transition from smoking to injecting, introduction of new substances) by sub-groups (e.g. age, sex, occupation (e.g. farmer, ex-combatant, sex worker), ethnicity, religion).

C. Problems associated with AOSU

- Associated psychosocial and mental health problems (e.g. gender-based and other violence, suicide, child abuse or neglect; substance-induced (or exacerbated) mental and behavioural disorders; discrimination; criminalisation).
- Associated high-risk behaviours (e.g. unsafe sexual behaviour and/or injection practices).
- Associated medical problems (e.g. transmission of HIV and other blood-borne viruses, overdose events, withdrawal syndromes, particularly life-threatening alcohol withdrawal).

- Socio-economic problems (e.g. households selling essential food and non-food items, drug/alcohol trafficking, drug-related sex trade).

D. Existing resources (see also Action Sheet 2.1)

- Health, psychosocial and community services (including alcohol and other substance abuse services, harm reduction efforts and self-help groups or associations of ex-users, if any). Document disruption to services due to the emergency.
- Basic services including food, water, shelter.
- Functioning community and cultural institutions.
- Safe spaces for those at risk of AOSU-related violence (if any).
- Family and community care for those with substance dependence (if any).
- Educational, recreational and employment opportunities (if any).

Key resources

1. Costigan G., Crofts N. and Reid G. (2003). *The Manual for Reducing Drug Related Harm in Asia*. Melbourne: Centre for Harm Reduction. http://www.rararchives.org/harm_red_man.pdf

2. Inter-Agency Standing Committee (2003). *Guidelines for HIV/AIDS Interventions in Emergency Settings*. 7.3 Provide condoms and establish condom supply, 7.5. Ensure IDU appropriate care, pp.68-70, pp.76-79. Geneva: IASC. http://www.humanitarianinfo.org/iasc/content/products/docs/FinalGuidelines17Nov2003.pdf

3. Patel V. (2003). *Where There is No Psychiatrist. A Mental Health Care Manual*. The Royal College of Psychiatrists. http://www.rcpsych.ac.uk/publications/gaskellbooks/gaskell/1901242757.aspx

4. WHO/UNHCR (1996). 'Alcohol and other drug problems'. In *Mental Health of Refugees*, pp.101-109. Geneva: WHO/UNHCR. http://whqlibdoc.who.int/hq/1996/a49374.pdf

5. WHO (1998). *Rapid Assessment and Response Guide on Injecting Drug Use* (IDU-RAR). Geneva: WHO. http://www.who.int/substance_abuse/publications/en/IDURARguideEnglish.pdf

6. WHO (2001). *Brief Intervention for Hazardous and Harmful Drinking: A Manual for Use in Primary Care*. Geneva: WHO. http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6b.pdf

7. WHO (2001). *What Do People Think They Know of Substance Dependence: Myths and Facts*. Geneva: WHO. http://www.who.int/substance_abuse/about/en/dependence_myths&facts.pdf

8. WHO (2002). SEX-RAR Guide: *The Rapid Assessment and Response Guide on Psychoactive Substance Use and Sexual Risk Behaviour*. Geneva: WHO. http://www.who.int/reproductive-health/docs/sex_rar.pdf

9. WHO (2003). *Brief Intervention for Substance Use: A Manual for Use in Primary Care*. Draft Version 1.1 for Field Testing. Geneva: WHO. http://www.who.int/substance_abuse/activities/en/Draft_Brief_Intervention_for_Substance_Use.pdf

10. WHO (2003). *The Alcohol, Smoking And Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care*. Draft Version 1.1 for Field Testing. Geneva: WHO. http://www.who.int/substance_abuse/activities/en/Draft_The_ASSIST_Guidelines.pdf

11. WHO (2003). *Self-help Strategies for Cutting Down or Stopping Substance Use: A Guide*. Draft Version 1.1 for Field Testing. Geneva: WHO. http://www.who.int/substance_abuse/activities/en/Draft_Substance_Use_Guide.pdf

Sample process indicators

- A recent assessment of harms related to alcohol and substance use (AOSU) has been conducted.
- Condoms are continuously available in areas where people involved in AOSU congregate.
- Estimated proportion of health workers that have been trained to conduct brief interventions for AOSU.

Example: Bam, Iran, 2003–04

- An earthquake occurred in an area where opiate dependence was known to be prevalent. Informally, the government immediately contacted all of the country's hospitals recommending that addicted survivors who had been evacuated received substitution therapy when clinically indicated.
- Ten days later, Iranian researchers conducted an assessment of the substance use situation at the request of the Ministry of Health.
- The assessment confirmed that the earthquake had disrupted supplies to a large number of opiate-dependent men, triggering opiate withdrawal.
- Standard treatment protocols for health facilities for pain management in opiate dependence, clinical management of withdrawal and low-dose substitution therapy were made available.

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Action Sheet 7.1
Strengthen access to safe and supportive education

Domain: Education
Phase: Minimum Response

Background

In emergencies, education is a key psychosocial intervention: it provides a safe and stable environment for learners and restores a sense of normalcy, dignity and hope by offering structured, appropriate and supportive activities. Many children and parents regard participation in education as a foundation of a successful childhood. Well-designed education also helps the affected population to cope with their situation by disseminating key survival messages, enabling learning about self-protection and supporting local people's strategies to address emergency conditions. It is important to (re)start non-formal and formal educational activities immediately, prioritising the safety and well-being of all children and youth, including those who are at increased risk (see Chapter 1) or who have special education needs.

Loss of education is often among the greatest stressors for learners and their families, who see education as a path toward a better future. Education can be an essential tool in helping communities to rebuild their lives. Access to formal and non-formal education in a supportive environment builds learners' intellectual and emotional competencies, provides social support through interaction with peers and educators and strengthens learners' sense of control and self-worth. It also builds life skills that strengthen coping strategies, facilitate future employment and reduce economic stress. All education responses in an emergency should aim to help achieve the *INEE Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction* (see Key resources).

Educators – formal classroom teachers, instructors of non-formal learning and facilitators of educational activities – have a crucial role to play in supporting the mental health and psychosocial well-being of learners. Far too often, educators struggle to overcome the challenges that they and their learners face, including their own emergency-related mental health and psychosocial problems. Training, supervision and support for these educators enable a clear understanding of their roles in promoting learners' well-being and help them to protect and foster the development of children, youth and adult learners throughout the emergency.

Key actions

1. Promote safe learning environments.

Education serves an important protection role by providing a forum for disseminating messages on and skills in protection within a violence-free environment. Immediate steps include the following:

- Assess needs and capacities for formal and non-formal education, considering protection issues, as well as how to integrate and support local initiatives. Formal and non-formal education should be complementary and should be established concurrently where possible.
- Maximise the participation of the affected community, including parents, and of appropriate education authorities (e.g. education ministry officials if possible) in assessing, planning, implementing, monitoring and evaluating the education programme.
- Evaluate safety issues in the location and design of spaces, learning structures or schools:
  - Locate schools away from military zones or installations;
  - Place schools close to population centres;
  - Provide separate male and female latrines in safe places.
- Monitor safe conditions in and around the learning spaces/schools (e.g. by identifying a focal point in the school) and respond to threats to learners from armed conflict.
- Make learning spaces/schools zones of peace:
  - Advocate with armed groups to avoid targeting and recruiting in learning spaces/schools;
  - Ban arms from learning spaces and schools;
  - Provide escorts to children when travelling to or from education activities/school.
- Identify key protection threats external to the educational system (e.g. armed conflict) and those that are internal (e.g. bullying, violent punishment):
  - Identify key protection threats from within the educational system such as gender-based violence (GBV), child recruitment or violence in educational settings;

- Incorporate messages on how to prevent and respond to these and other protection issues (such as separated children and community-based protection measures: see Action Sheet 3.2) in the learning process;
- Set up education/protection monitoring efforts of individual children to identify and support the learners at risk of or experiencing protection threats;
- Use the *IASC Guidelines on Gender-Based Violence Interventions in Humanitarian Settings* to prevent GBV in and around learning spaces and schools.

- Rapidly organise informal education such as child- and youth-friendly spaces (*centres d'animation*) or informal community-based educational groups. Community members, humanitarian aid workers and educators may help organise these without physical infrastructure such as centres while the formal education system is being (re)established or reactivated. The staff of child-friendly spaces should have strong interpersonal skills, the ability to utilise active learning approaches and experience of working with non-formal education or community programmes. A background in formal education is not necessary in these settings.

2. Make formal and non-formal education more supportive and relevant. Supportive, relevant education is important in promoting learners' mental health and psychosocial well-being during an emergency, while simultaneously promoting effective learning.

- Make education flexible and responsive to emergency-induced emotional, cognitive and social needs and capacities of learners. For instance, offer shorter activities if learners have difficulty concentrating; establish flexible schedules to avoid undue stress on learners, educators and their families by offering variable hours/shifts; adapt exam timetables to give learners additional time to prepare.
- Aim to provide education that helps to restore a sense of structure, predictability and normality for children; creates opportunities for expression, choice, social interaction and support; and builds children's competencies and life skills. For instance, establish activity schedules and post these visibly in the education facility/learning space; avoid punishment of learners whose performance in class suffers due to mental health or psychosocial problems; use collaborative games rather than competitive ones; increase the use of active, expressive learning approaches; use culturally appropriate structured activities such as games, song, dance and drama that use locally available materials.

- Include life skills training and provision of information about the emergency. Life skills and learning content that may be particularly relevant in emergencies includes hygiene promotion, non-violent conflict resolution, interpersonal skills, prevention of GBV, prevention of sexually transmitted diseases (e.g. HIV/AIDS), mine or explosive awareness and information about the current situation (e.g. earthquakes, armed conflicts, etc.). The content and facilitation of life skills training should be informed by a risks assessment and by prioritisation of need.
- Utilise participatory methods that involve community representatives and learners in learning activities. Adolescent and youth participation in conducting activities for younger children is particularly valuable. Peer-to-peer approaches should also be considered.
- Use education as a mechanism for community mobilisation (see Action Sheet 5.1). Involve parents in the management of learning and education and engage the community in the (re)construction of education facilities (which may be temporary and/or permanent structures). Organise weekly community meetings with child/youth/community representatives to facilitate activities that are appropriate to the local context and that utilise local knowledge and skills.
- Ensure that any education coordination or working group takes into account mental health/psychosocial considerations. Designate a point person to link the mental health/psychosocial coordination group (see Action Sheet 1.1) to the education coordination mechanism.
- Include opportunities in child- and youth-friendly spaces for children and young people to learn life skills and to participate, for example, in supplementary education, vocational training, artistic, cultural and environmental activities and/or sports.
- Support non-formal learning such as adult education and literacy and vocational training to provide learners with skills that are relevant for the current and future economic environments and that are linked to employment opportunities. For children under 15, non-formal education should serve as a complement to, not a substitute for, formal education.
- Use food-for-education programmes to promote mental health and psychosocial well-being, where appropriate. Providing food (on-site or as take-home rations) in educational settings can be an effective strategy for increasing attendance and retention, which in itself contributes to mental health and psychosocial well-being

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(see Action Sheet 9.1). In addition, food in education can directly benefit psychosocial well-being by increasing concentration, reducing social distinctions between 'rich' and 'poor', etc. The provision of food or feeding programmes in educational settings should occur only when this can be done efficiently, does not harm the nutritional status of the learners and does not significantly undermine social traditions (e.g. the role of the family in providing appropriate nutrition for children).

3. Strengthen access to education for all.

- Rapidly increase access to formal and/or non-formal education. This may require creative and flexible approaches, such as opening schools in phases, double-shifting or using alternative sites.
- Temporarily ease documentation requirements for admission and be flexible about enrolment. Emergency-affected populations may not have certificates of citizenship, birth/age certificates, identity papers or school reports. Age limits should not be enforced for emergency-affected children and youth.
- Support the specific needs of particular learners e.g. provide child-care services for teenage mothers and siblings tasked with caring for younger children; provide school materials to learners in need.
- Make educational spaces accessible to and appropriate for different groups lof children, especially marginalised children (e.g. disabled or economically disadvantaged children, or ethnic minorities). Develop separate activities for adolescents and youth, who often receive insufficient attention.
- Where appropriate, provide catch-up courses and accelerated learning for older children (e.g. those formerly associated with fighting forces or armed groups) who have missed out on education.
- When appropriate, conduct back-to-school campaigns in which communities, educational authorities and humanitarian workers promote access for all children and youth to education.

4. Prepare and encourage educators to support learners' psychosocial well-being. Educators can provide psychosocial support to learners both by adapting the way they interact with learners, creating a safe and supportive environment in which learners may express their emotions and experiences, and by including specific structured psychosocial activities in the teaching/learning process. However, they should not attempt to conduct therapy, which requires specialised skills. Providing support for educators' own psychosocial well-being is an essential component of supporting learners.

- Adapt interaction with students by:
  - Integrating topics related to the emergency in the learning process;
  - Addressing the cause of problem behaviours in the class (e.g. aggressiveness);
  - Helping learners to understand and support one another.
- Provide educators with continuous learning opportunities, relevant training and professional support for the emergency, rather than through one-off or short-term training without follow-up (see Action Sheet 4.3). Key topics may include:
  - Encouraging community participation and creating safe, protective learning environments;
  - Effects of difficult experiences and situations on the psychosocial well-being and resilience of children, including girls and boys of different ages; ethics of psychosocial support (see Action Sheet 4.2);
  - Life skills relevant to the emergency (see key action 2 above for suggestions);
  - Constructive classroom management methods that explain why corporal punishment should not be used and that provide concrete alternatives to the use of violence;
  - How to deal constructively with learners' issues such as anger, fear and grief;
  - How to conduct structured group activities such as art, cultural activities, sports, games and skills building;
  - How to work with parents and communities;
  - How to utilise referral mechanisms to provide additional support to learners who exhibit severe mental health and psychosocial difficulties (see key action 5 below);
  - How to develop plans of action for implementing psychosocial support in educators' work;
  - Helping educators to better cope with life during and following the emergency, including the effects of stress on educators, coping skills, supportive supervision and peer group support.

- Use participatory learning methods adapted to the local context and culture. Ensure that educators have opportunities to share their own knowledge and experience of local child development and helping practices and to practise new skills. The appropriateness and usefulness of training must be evaluated periodically. Ongoing support, including both professional supervision and materials, should be provided to educators.
- Activate available psychosocial support for educators. For instance, bring educators together with a skilled facilitator to start talking about the past, present and future, or put in place a community support mechanism to assist educators in dealing with crisis situations.

5. Strengthen the capacity of the education system to support learners experiencing psychosocial and mental health difficulties.

- Strengthen the capacity of educational institutions to support learners experiencing particular mental health and psychosocial difficulties:
  - Designate focal points to monitor and follow up individual children;
  - If school counsellors exist, provide training on dealing with emergency-related issues.
- Help school staff such as administrators, counsellors, teachers and health workers understand where to refer children with severe mental health and psychosocial difficulties (this may include children who are not directly affected by the emergency but who may have pre-existing difficulties) to appropriate mental health, social services and psychosocial supports in the community (see Action Sheet 5.2) and to health services, when appropriate (see Action Sheet 6.2, including the criteria for referral of severe mental health problems). Ensure that learners, parents and community members understand how to use this system of referral.

Key resources

1. Active Learning Network for Accountability and Performance (ALNAP) (2003). *Participation by Affected Populations in Humanitarian Action: A Handbook for Practitioners*. Chapter 12, 'Participation and Education', pp.331-342. http://www.globalstudyparticipation.org/index.htm

2. Annan J., Castelli L., Devreux A. and Locatelli E. (2003). *Training Manual for Teachers*. http://www.forcedmigration.org/psychosocial/papers/WiderPapers/Widerpapers.htm

3. Crisp J., Talbot C. and Cipollone D. (eds.) (2001). *Learning for a Future: Refugee Education in Developing Countries*. Geneva: UNHCR. http://www.unhcr.org/pubs/epau/learningfuture/prelims.pdf

4. Danish Red Cross (2004). *Framework for School-Based Psychosocial Support Programmes: Guidelines for Initiation of Programmes*. http://psp.drk.dk/graphics/2003referencecenter/Doc-man/Documents/2Children-armed/PSPC.Final.Report.pdf

5. IASC (2005). *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*. http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp

6. Inter-Agency Network on Education in Emergencies (INEE) (2004). *INEE Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction*. http://www.ineesite.org/minimum_standards/MSEE_report.pdf

7. Inter-Agency Network on Education in Emergencies (INEE) (2005). *Promoting INEE Good Practice Guides – Educational Content and Methodology*. http://www.ineesite.org/page.asp?pid=1238, then the following links:
http://www.ineesite.org/page.asp?pid=1134
http://www.ineesite.org/page.asp?pid=1137
http://www.ineesite.org/page.asp?pid=1146

8. Macksoud M. (1993). *Helping Children Cope with the Stresses of War: A Manual for Parents and Teachers*. UNICEF. http://www.unicef.org/publications/index_4398.html

9. Nicolai S. (2003). *Education in Emergencies: A Tool Kit for Starting and Managing Education in Emergencies*. Save the Children UK. http://www.ineesite.org/core_references/EducationEmertoolkit.pdf

10. Save the Children (1996). *Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement: Principles and Approaches*. Geneva. http://www.savethechildren.org/publications/technical-resources/emergencies-protection/psychosocwellbeing2.pdf

11. Sinclair M. (2002). *Planning Education In and After Emergencies*. UNESCO: International Institute for Educational Planning (IIEP). http://www.unesco.org/iiep/eng/focus/emergency/emergency_4.htm

Sample process indicators

- Percentage of learners who have access to formal education.
- Non-formal education venues are open and accessible to girls and boys of different ages.
- Percentage of teachers trained in and receiving follow-up support on how to support learners' psychosocial well-being.
- Teachers and other educational workers refer children with severe mental health and psychosocial difficulties to available specialised services or supports.

Example: Occupied Palestinian territory, 2001

- In response to the second intifada, the Palestinian National Plan of Action for Children (a body of NGOs and INGOs) coordinated the work of national and international organisations to provide safe and supportive formal and non-formal education.
- Organisations conducted back-to-school campaigns and supported summer camps and child- and youth-friendly spaces. The education process was revised to be more protective, relevant and supportive by providing greater opportunities for expression and by developing life skills for protection.
- Educators were trained to understand and respond to students' emotional and behavioural needs; youth-led mentoring programmes for adolescents were introduced; and structured psychosocial sessions were introduced in the schools.

Action Sheet 8.1

Provide information to the affected population on the emergency, relief efforts and their legal rights

Domain: Dissemination of information

Phase: Minimum Response

Background

In addition to lives and health, truth and justice often become casualties in emergency situations. Emergencies tend to destabilise conventional channels of information and communication. Communications infrastructure may be destroyed, and existing communication channels may be abused by those with specific agendas e.g. the spreading of rumours or hate messages, or the fabrication of stories to cover neglect of duties.

Rumours and the absence of credible and accurate information tend to be major sources of anxiety for those affected by an emergency and can create confusion and insecurity. Moreover, a lack of knowledge about rights can lead to exploitation. Appropriate information received at an appropriate time may counter this. A responsible mechanism should proactively disseminate such useful information.

Information and communication systems can be designed to help community members play a part in recovery processes and thus be active survivors rather than passive victims. Information and communication technology (ICT) and traditional methods of communication and entertainment – such as sketches, songs and plays – can play a crucial role in disseminating information on survivors' rights and entitlements, while appropriate information about relief and the whereabouts of displaced people can help to reunite families.

In addition to the specific actions described below, ensuring good governance during emergencies through transparency, accountability and participation will help to improve access to information.

Key actions

1. Facilitate the formation of an information and communication team.

- If regular communication systems (in terms of people and infrastructure) are not fully functional, help to constitute a team of communicators to provide information on the emergency, relief efforts and legal rights and to strengthen the voices of marginalised or forgotten groups. The team may be drawn from local media organisations, community leaders, relief agencies, the government or other parties involved in the emergency response. Members of the affected community themselves may play a key role in disseminating information about services.

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2. Assess the situation regularly and identify key information gaps and key information for dissemination.

- Study available assessments and the challenges they highlight (see Action Sheet 2.1).
- Analyse who controls channels of communication, asking whether particular groups are disseminating information in ways that advance specific agendas.
- Conduct, when necessary, further assessments that address the following questions:
  - Which communities/groups of people are on the move and which have settled?
  - Who are the people at risk: are they the commonly recognised vulnerable groups (see Chapter 1) or are they new ones?
  - Are there reports of survivors who have lost mobility? If so, identify where they are located and the existing response.
  - Where can people locate themselves safely and which places are dangerous?
  - If mental health and psychosocial supports are available, who is providing these supports? Which agencies are active in this area? Are they covering all affected communities and segments of the population? Are there sections of the community that have been left out?
  - What opportunities exist to integrate information and communication campaigns with other, ongoing relief efforts?
  - What is the level of literacy among men, women, children and adolescents in the population?
  - Which pre-existing communication channels are functional? Which channels would be the most effective in the current situation to carry messages related to the emergency, relief efforts and legal rights?
  - Which are the population groups that do not have access to media?
  - Which are the groups that have no access to media due to disability (e.g. people with visual or hearing impairments)? What methods may need to be developed for dissemination of information to reach out to such people?
- Collect and collate relevant information on a daily basis. This may include information relating to:
  - Availability and safety of relief materials;
  - Ceasefire agreements, safe zones and other peace initiatives;
  - Recurrence of emergency-related events (e.g. violence or earthquake aftershocks);
  - The location and nature of different humanitarian services;
  - The location of safe spaces (see Action Sheet 5.1) and the services available there (see Action Sheets 5.1, 5.2, 5.4 and 7.1);
  - Key results of assessments and aid monitoring exercises;
  - Major decisions taken by political leaders and humanitarian coordination bodies;
  - Rights and entitlements (e.g. quantity of rice that a displaced person is entitled to, land rights, etc.).
- Monitor relevant information issued by governments or local authorities, in particular information relating to relief packages.
- Ask different stakeholders in the population, as well as relief workers, about the key information gaps that should be addressed (e.g. lack of knowledge about services, entitlements, location of family members, etc.). Work with survivors to identify the kind of messages they would like to disseminate and the appropriate way of doing this, anticipating the public impact it can have.
- Identify on an ongoing basis harmful media practices or abuses of information that should be addressed. Such practices include:
  - Dissemination of prejudicial/hate messages;
  - Aggressive questioning of people about their emotional experiences;
  - Failure to organise access to psychosocial support for people who have been asked about their emotional experiences in the disaster;
  - Stigmatising people by interviewing them in inappropriate ways;
  - Use of images, names or other personally identifying information without informed consent or in ways that endanger survivors.
- Identify on an ongoing basis good media practices, such as:
  - Inviting experienced humanitarian workers (in the area of MHPSS) to give advice through media;
  - Providing specific advice through news briefings.

3. Develop a communication and campaign plan.

- Maximise community participation in the process of developing a communication and campaign plan.
- Develop a system to disseminate useful information that addresses gaps identified.
- Educate local media organisations about potentially helpful and potentially harmful practices, and how to avoid the latter.
- Respect principles of confidentiality and informed consent.

4. Create channels to access and disseminate credible information to the affected population.

- Identify people in the affected population who are influential in disseminating information within communities.
- Generate a media and communications directory, including:
  - A list of local media with the names and contact details of key journalists covering stories relating to health, children and human interest;
  - A list of names and contact details of journalists who are covering the emergency;
  - A directory of personnel in different humanitarian agencies working in communications.
- Communication teams may create channels to disseminate information using local languages. This may include negotiating airtime on local radio stations or space on billboards at main road junctions and in other public places, or at schools, relief camps or toilet sites.
- In the absence of any media, consider innovative mechanisms such as distributing radios.
- Engage local people at every stage of the communication process, and make sure that messages are empathetic (showing understanding of the situation of disaster survivors) and uncomplicated (i.e. understandable by local 12-year-olds).
- Organise press briefings to give information about specific humanitarian activities planned to happen in the next few days i.e. what, when, where, who is organising the activity, etc.
- Ensure that there is no unnecessary repetition of past horrific events in local media (e.g. avoid frequently repeating video clips of the worst moments of the disaster) by organising media briefings and field visits. Encourage media organisations and journalists to avoid unnecessary use of images that are likely to cause extreme distress among viewers. In addition, encourage media outlets to carry not only images and stories of people in despair, but also to print or broadcast images and stories of resilience and the engagement of survivors in recovery efforts.
- Sustain local media interest by highlighting different angles, such as the various dimensions of mental health and psychosocial well-being, survivors' recovery stories, the involvement of at-risk groups in recovery efforts and model response initiatives.
- Disseminate messages on the rights and entitlements of survivors, such as disability laws, public health laws, entitlements related to land for reconstruction, relief packages, etc.
- Consider preparing messages on international standards for humanitarian aid, such as the Sphere Minimum Standards.
- Consider distribution methods that help people to access information (e.g. batteries for radios, setting up billboards for street newspapers).

5. Ensure coordination between communication personnel working in different agencies.

Coordination is important to:

- Ensure the consistency of information disseminated to the affected population;
- Facilitate the development of inter-agency information platforms (e.g. bulletin boards) where survivors can go to receive all essential information, including information on positive ways of coping (see Action Sheet 8.2).

Key resources

1. ActionAid International (forthcoming) *Mind Matters: Psychosocial Response in Emergencies* (video).

2. IASC (2003). *Guidelines for HIV/AIDS Interventions in Emergency Settings.*
Action Sheet 9.1: Provide information on HIV/AIDS prevention and care, pp.91-94. Geneva: IASC.
http://www.humanitarianinfo.org/iasc/content/products/docs/FinalGuidelines17Nov2003.pdf

3. OCHA (forthcoming). *Developing a Humanitarian Advocacy Strategy and Action Plan: A Step-by-Step Manual.*

4. Office of the United Nations Secretary-General Special Envoy for Tsunami Recovery (2006). *The Right to Know: The Challenge of Public Information and Accountability in Aceh and Sri Lanka*. New York: United Nations. http://www.tsunamispecialenvoy.org/pdf/The_Right_to_Know.pdf

5. Sphere Project (2004). *Humanitarian Charter and Minimum Standards in Disaster Response*. Geneva: Sphere Project. http://www.sphereproject.org/handbook/index.htm

6. UNICEF (2005). *Ethical Guidelines for Journalists: Principles for Ethical Reporting on Children*. http://www.unicef.org/ceecis/media_1482.html

7. UNICEF (2005). *The Media and Children's Rights (Second Edition)*. New York: UNICEF. http://www.unicef.org/ceecis/The_Media_and_Children_Rights_2005.pdf

Sample process indicators

- Assessments are conducted to identify whether the affected population is receiving key information on the emergency, relief efforts and their legal rights.
- When there are gaps in key information, the relevant information is disseminated in a manner that is easily accessible and understandable by different sub-groups in the population.

Example: Gujarat earthquake, India, 2001

- National and international NGOs, together with local social action groups, organised a *'Know your entitlements'* campaign. They compiled all government orders, demystified legal jargon and translated the material into simple, local-language information sheets. Sheets provided questions and answers on key entitlements and instructions on how to apply for these.
- Street plays that communicated the entitlements of survivors were enacted by community volunteers. After each play, application forms were distributed, and applicants were supported by volunteers throughout the application process until they received their entitlements.
- People's tribunals were organised to enable survivors to register their grievances and to educate them about their entitlements.

Action Sheet 8.2
Provide access to information about positive coping methods

Domain: Dissemination of information
Phase: Minimum response

Background

In emergency settings, most people experience psychological distress (e.g. strong feelings of grief, sadness, fear or anger). In most situations, the majority of affected individuals will gradually start to feel better, especially if they use helpful ways of dealing with stress – i.e. positive coping methods – and if they receive support from their families and community. A helpful step in coping is having access to appropriate information related to the emergency, relief efforts and legal rights (see Action Sheet 8.1) and about positive coping methods.

Making available culturally appropriate educational information can be a useful means of encouraging positive coping methods. The aim of such information is to increase the capacity of individuals, families and communities to understand the common ways in which most people tend to react to extreme stressors and to attend effectively to their own psychosocial needs and to those of others. Dissemination of information on positive coping methods through printed materials or via radio is one of the most frequently used emergency interventions, and has the potential to reach the vast majority of affected people.

Key actions

1. Determine what information on positive coping methods is already available among the disaster-affected population.

- Coordinate with all relevant organisations to determine (a) whether culturally appropriate information on positive coping methods already exists and (b) the extent to which this information is known to the population. Key action 2 below provides guidance on determining whether the available information is appropriate.

2. If no information on positive coping methods is currently available, develop information on positive, culturally appropriate coping methods for use among the disaster-affected population.

- Coordinate and plan the development of information on positive coping methods with other organisations. Make sure that the messages are simple and consistent to

avoid confusion. To the extent possible, reach an inter-agency consensus about the content of the information and agree on how to share tasks (e.g. dissemination).

- In developing appropriate materials, it is important to identify the range of expected individual and community reactions to severe stressors (e.g. rape) and to recognise culturally specific ways of coping (e.g. prayers or rituals at times of difficulty). To avoid duplicate assessments, review results from existing assessments (see Action Sheets 2.1, 5.2, 5.3 and 6.4). Gaps in knowledge may be filled by interviewing people knowledgeable about the local culture (e.g. local anthropologists) or by conducting focus groups. When selecting participants for focus groups, make sure that different age and gender groups within the community are appropriately represented. Separate male and female groups are usually required to allow different perspectives to be heard.
- It is important to recognise positive methods of coping that tend to be helpful across different cultures, such as:
  - Seeking out social support
  - Providing structure to the day
  - Relaxation methods
  - Recreational activities
  - Gently facing feared situations (perhaps along with a trusted companion), in order to gain control over daily activities.
- Workers should familiarise themselves with helpful coping methods by reviewing examples of self-care information produced by other organisations or through focus group discussions with community members who are coping well. Sometimes giving out messages about how to help others can be effective, as they encourage affected people to take care of others and, indirectly, of themselves.
- The following table offers specific guidance on 'do's and don'ts' in developing information for the general public on positive coping methods:

Do's	Don'ts
Use simple, direct language. Invest the time and energy needed to ensure that concepts are worded in a way that makes sense in the local context and can be understood by a local 12-year-old. Use colloquial expressions when these are clearer (e.g. use local terminology for words such as 'coping').	Do not use complicated or technical language (e.g. psychological/psychiatric terms).
Focus on priorities identified by communities and keep the message short, focused and concrete.	Do not include too many messages at one time, as this can confuse or overwhelm people.
Point out that it is common to experience distress after a stressful event and that people affected by a disaster may notice changes in their feelings, behaviour and thoughts. Emphasise that this is a common and understandable reaction to an abnormal event.	Do not include long lists of psychiatric symptoms in materials for the general population (i.e. materials used outside clinical settings).*
Emphasise positive coping methods, solution-focused approaches and positive expectations of recovery, and warn against harmful ways of coping (e.g. heavy alcohol use). Aim to include community, family and individual coping strategies.	Do not emphasise psychological vulnerability in materials for the general population.*
State that most people will probably feel better over the coming weeks and months. If their distress does not decrease over a period of weeks or if it becomes worse, they should seek help from available community supports or seek professional help (though only include this advice if such help is available). Provide information on how and where people can access these services.	Do not specify a precise timeframe for recovery (e.g. 'You will feel better in three weeks') and do not suggest seeking professional help if such help is unavailable.
Ask members of the local community to review any materials developed. Ensure the accuracy of translated materials.	Do not literally translate written materials into a language that is not commonly used in a written format. It may be better to find a non-written format (e.g. pictures, drawings, songs, dances, etc.) or to translate the materials into a national written language that is understandable by at least one member of each household.

* This 'do not' applies to self-care materials directed to the general population outside clinical settings. Listing and explaining symptoms for materials developed for clinical care settings for those having a diagnosable mental disorder is often appropriate and part of treatment.

3. Adapt the information to address the specific needs of sub-groups of the population as appropriate.

- Different sub-groups within a population may also have particular ways of coping that are different from those of the general population. Develop separate information on positive coping mechanisms for sub-groups as appropriate (e.g. men, women, and (other) specific groups at risk: see Chapter 1). Consider including a special focus on 'children's coping' and 'teenagers' coping', noting in the latter that short-term coping methods such as drinking or taking drugs are likely to cause long-term harm.

4. Develop and implement a strategy for effective dissemination of information.

- Although printed materials (leaflets and posters) are the most common method of disseminating information, other mechanisms such as radio, television, drawings/pictures, songs, plays or street theatre may be more effective. Explore with community and religious leaders ways of delivering non-written information. The most appropriate form of delivery depends on the target group, literacy rates and the cultural context. For example, non-written materials (e.g. comic books depicting well-known characters, drama) may be more effective in communicating with children. A combination of dissemination methods conveying consistent messages may be used to maximise reach within the general population.
- Ask permission to place copies of written materials in community institutions such as churches, mosques, schools and health clinics and on noticeboards in camps. It is helpful to place materials in areas where people can pick them up with appropriate privacy.
- Some NGOs have found that talking to people while providing them with a handout/leaflet is more effective than simply leaving handouts for collection, as often people will not read them.
- If possible, make a copy of written materials available on the internet. While most disaster survivors will not have access to the web, disseminating materials in this way enables them to be shared among organisations, which in turn can increase distribution (see also Action Sheet 8.1).

Key resources

1. American Red Cross (2004). *From Crisis to Recovery, the Road to Resiliency: A Small Pocket Manual.* American Red Cross Psychosocial Group, New Delhi.

http://www.who.int/mental_health/emergencies/mh_key_res/en/index.html

2. International Catholic Migration Commission (ICMC) (2005). *Setelah Musibah (After Disaster).* ICMC, Indonesia. http://www.who.int/mental_health/emergencies/mh_key_res/en/index.html

3. World Health Organization (2005). *Some Strategies to Help Families Cope with Stress.* WHO, Pakistan. http://www.who.int/mental_health/emergencies/mh_key_res/en/index.html

Sample process indicators

- Self-care information that is disseminated has a focus on positive coping methods.
- Estimated proportion of population that has access to the disseminated information.
- Information that is disseminated is culturally appropriate and understandable to most of the population.

Example: Aceh, Indonesia, 2005

- After reviewing existing self-care materials, national staff from an international NGO were trained to conduct focus groups to identify what people were going through (common reactions) and what activities people used to cope with the stress.
- An artist was contracted to draw pictures depicting people from Aceh in local dress, portraying concepts that the community had identified. Another set of pictures illustrated the deep breathing relaxation technique.
- The brochures were explained and distributed during community gatherings, e.g. after evening prayers at the mosque. Brochures were also distributed to other organisations, which in turn distributed them through their intervention programmes.
- Through the psychosocial coordination group, agencies jointly continued producing newsletters with information that represented the concerns of tsunami-affected communities and local civil society. A local NGO was funded and supervised to continue producing relevant newsletters.

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Action Sheet 9.1

Include specific social and psychological considerations (safe aid for all in dignity, considering cultural practices and household roles) in the provision of food and nutritional support

Domain: Food security and nutrition

Phase: Minimum response

Background

In many emergencies, hunger and food insecurity cause severe stress and damage the psychosocial well-being of the affected population. Conversely, the psychosocial effects of an emergency can impair food security and nutritional status. Understanding the interactions between psychosocial well-being and food/nutritional security (see table below) enables humanitarian actors to increase the quality and effectiveness of food aid and nutritional support programmes while also supporting human dignity. Ignoring these interactions causes harm, resulting for example in programmes that require people to queue up for long hours to receive food, treat recipients as dehumanised, passive consumers, or create the conditions for violence in and around food deliveries.

Table: Social and psychological factors relevant to food aid

Factors relevant to food aid	Type of effect and examples
General social factors (including pre-existing factors) related to food security and nutritional status	• Marginalisation of particular groups, reducing their access to scarce resources • Socio-cultural aspects of diet and nutrition (dietary beliefs and practices: what food is eaten; how food is cultivated, harvested, distributed, prepared, served and eaten; cultural taboos)
Emergency-related social and psychological factors that affect food security and nutritional status	• Disruption of gender, household and family roles (e.g. deaths of income earners) • Disorientation and/or disruption of formal and informal community leadership (e.g. death of a community leader who could organise assistance) • Disruption of informal social networks that assist at-risk people (e.g. volunteers providing care to bed-ridden people) • Lack of security (e.g. attacks on women who collect fuel wood) • Reduced capacity of individuals to provide food to dependants (e.g. due to severe depression) • Severe disorientation that prevents or inhibits individuals from accessing food (e.g. due to severe mental or neurological disorder) • Fear that prevents individuals or groups from accessing food (e.g. due to misinformation, political persecution or supernatural beliefs related to emergency) • Loss of appetite (e.g. due to severe grief after the loss of family members)
Impact of hunger and food insecurity on mental health and psychosocial well-being	• Serious mental or cognitive disabilities, especially in young children (e.g. due to chronic nutritional deficits, lack of social/emotional stimulation) • Harmful coping strategies (e.g. selling important assets, exchanging sex for food, taking children out of school, abandoning weaker family members such as a child) • Breakdown of law and order (e.g. fighting over resources) • Loss of hope or perspective for the future (e.g. in situations of protracted armed conflict) • Feelings of helplessness and resignation (e.g. after loss of livelihood) • Aggressive behaviour (e.g. in situations of perceived unfairness of food entitlement or distribution)

The Sphere Handbook outlines the overall standards for food security, nutrition and food aid in emergencies. The key actions described below give guidance on social and psychological considerations relevant to working towards such standards.

Key actions

1. Assess psychosocial factors related to food security, nutrition and food aid.

- Review available assessment data on food and nutrition and on mental health and psychosocial support (see Action Sheet 2.1). If necessary, initiate further assessment on key social and psychological factors relevant to food and nutritional support (see table above).

BEST AVAILABLE

- Food and nutrition assessment reports should be shared with relevant coordination groups (see Action Sheets 1.1 and 2.1) and should indicate:
  - How and to what extent food insecurity/malnutrition affects mental health and psychosocial well-being, and vice versa (see also Sphere general nutrition support standard 2 on at-risk groups and Sphere assessment and analysis standards 1–2 on food security and nutrition);
  - Which psychological and socio-cultural factors should be considered in the planning, implementation and follow-up of food aid and nutritional interventions.

2. Maximise participation in the planning, distribution and follow-up of food aid.

- Enable broad and meaningful participation of target communities during assessment, planning, distribution and follow-up (see Action Sheet 5.1).
- Maximise the participation of at-risk, marginalised and less visible groups (see Chapter 1).
- Make the participation of women a high priority in all phases of food aid. In most societies women are the household food managers and play a positive role in ensuring that food aid reaches all intended recipients without undesired consequences.
- Consider using food assistance to create and/or restore informal social protection networks by, for example, distributing food rations via volunteers providing home-based care (see also Action Sheet 3.2).

3. Maximise security and protection in the implementation of food aid.

- Pay special attention to the risk that food is misused for political purposes or that distributions marginalise particular people or increase conflict.
- Avoid poor planning, inadequate registration procedures and failure to share information, which may create tensions and sometimes result in violence or riots.
- Take all possible measures to guard against the misuse of food aid and to prevent abuse, including the trading of food for sex by aid workers or persons in similar positions (see Action Sheet 4.2 and Action Sheet 6.1 of *IASC Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*).

4. Implement food aid in a culturally appropriate manner that protects the identity, integrity and dignity of primary stakeholders.

- Respect religious and cultural practices related to food items and food preparation, provided that these practices respect human rights and help to restore human identity, integrity and dignity.
- Avoid discrimination, recognising that local cultural norms and traditions may discriminate against particular groups, such as women. Food aid planners have the responsibility to identify discrimination and ensure that food aid reaches all intended recipients.
- Provide suitable, acceptable food together with any condiments and cooking utensils that may have special cultural significance (see also Sphere food aid planning standards 1–2).
- Share important information in suitable ways (see Action Sheet 8.1). If food items are unfamiliar to the recipients, provide instructions for their correct preparation.

5. Collaborate with health facilities and other support structures for referral.

- Use food and nutrition programmes as a possible entry point for identifying individuals or groups who urgently need social or psychological support.
- For specific guidance on facilitating stimulation for young children in food crises, see the WHO (2006) reference under Key resources.
- Ensure that workers in food aid and nutrition programmes know where and how to refer people in acute social or psychological distress.
- Raise awareness among the affected population and food workers that certain micronutrient deficiencies can impair children's cognitive development and harm foetal development.
- Help food aid and nutrition workers to understand the medical implications of severe malnutrition.
- Identify health risks and refer people who are at risk of moderate or acute malnutrition to special facilities (supplementary or therapeutic feeding centres respectively; see also Sphere correction of malnutrition standards 1–3; and Action Sheet 5.4).
- Give pregnant and lactating women special attention regarding the prevention of micronutrient deficiencies.

BEST AVAILABLE

- Consider the potential appropriateness of introducing school feeding programmes to address the risk of malnourishment in children (see Action Sheet 7.1).

6. Stimulate community discussion for long-term food security planning.
Because food aid is only one way to promote food security and nutrition, consider alternatives such as:

- Direct cash transfers, cash-for-work and income-generating activities;
- Community-driven food and livelihood security programmes which reduce helplessness and resignation and engage the community in socio-economic recovery efforts.

Key resources

1. Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) (2003). 'Participation and food security'. In: *Participation by Crisis-Affected Populations in Humanitarian Action: A Handbook for Practitioners*, pp.231-275. http://www.alnap.org/publications/protection/index.htm

2. Engle P. (1999). 'The Role of Caring Practices and Resources for Care in Child Survival, Growth, and Development: South and Southeast Asia'. In: *Asian Development Review*, vol. 17 nos. 1, 2, pp.132-167. http://www.adb.org/Documents/Periodicals/ADR/pdf/ADR-Vol17-Engle.pdf

3. IASC (2005). *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*. Action Sheet 6.1: Implement safe food security and nutrition programmes, pp.50-52. Geneva: IASC. http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp

4. Sphere Project (2004). *Humanitarian Charter and Minimum Standards in Disaster Response*. Minimum Standards in Food Security, Nutrition and Food Aid, pp.103-203. Geneva: Sphere Project. http://www.sphereproject.org/handbook/index.htm

5. WHO (2006). *Mental Health And Psychosocial Well-Being Among Children In Severe Food Shortage Situations*. Geneva: WHO. http://www.who.int/nmh/publications/msd_MHChildFSS9.pdf

Sample process indicators

- Food aid and nutrition assessments and programme planning efforts include social and psychological dimensions.
- Effective mechanisms exist for reporting and addressing security issues associated with food aid and nutrition.
- Food aid coordinators link up with psychosocial coordination mechanisms and take an active role in communicating relevant information to the field.

Example: Afghanistan, 2002

- An international NGO provided food aid to 10,000 war-affected widows, some of whom had severe psychological issues such as depression and were unable to function well as sole breadwinners.
- The NGO partnered with another agency that specialised in counselling, referred the severely affected women for support and continued to include the women in the food aid programme.
- Representatives of the affected population participated in planning and monitoring the food distributions, helping to make adjustments that promoted local people's dignity and identity.

Action Sheet 10.1

Include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision, in a coordinated manner

Domain: Shelter and site planning
Phase: Minimum response

Background

The provision of safe, adequate shelter in emergencies saves lives, reduces morbidity and enables people to live in dignity without excessive distress. The participation of people affected by an emergency in decisions regarding shelter and site planning reduces the helplessness seen in many camps or shelter areas, promotes people's well-being (see Action Sheet 5.1), and helps to ensure that all family members have access to culturally appropriate shelter. The engagement of women in the planning and design of emergency and interim shelters is vital to ensure attention to gender needs, privacy and protection. The participation of displaced people also promotes self-reliance, builds community spirit and encourages local management of facilities and infrastructure.

A range of shelter or camp options should be explored in an emergency. Initial decisions on the location and layout of sites, including self-settled camps, can have long-term effects on protection and the delivery of humanitarian assistance. Although camps or collective centres are often the only option, displaced people, in certain situations, may be hosted with local families who provide shelter and social support. This is a useful option provided that services to the hosting families are strengthened.

The organisation of sites and shelters can have a significant impact on well-being, which is reduced by overcrowding and the lack of privacy commonly found in camps and other settings. Mental health and psychosocial problems can arise when people are isolated from their own family/community group or are forced to live surrounded by people they do not know, who speak other languages or who arouse fear and suspicion. Also at risk are people such as the elderly, single women, people with disabilities and child-headed households, who are not in a position to build, rent or secure their own shelter. Conflicts among displaced people or between displaced people and host communities over scarce resources such as space or water can often be a significant problem, and site planning must minimise such potential risks.

The Sphere Handbook outlines important guidance and overall standards for shelter and settlement in emergencies. The key actions outlined below give guidance on social considerations relevant in working towards such standards.

Key actions

1. Use a participatory approach that engages women and people at risk in assessment, planning and implementation.

- Conduct participatory assessments (see Action Sheet 2.1) with a broad range of affected people, including those at special risk (see Chapter 1).
- Focus initial assessments on core issues, such as the cultural requirements for shelter; where cooking is done and, if inside, how ventilation is provided; privacy issues and proximity to neighbours; accessibility to latrines for those with restricted mobility; how much light is required if income-generating activities are to be carried out inside; etc.
- Identify the best solution to shelter problems for everyone in the community, aiming to reduce potential distress and worry for the inhabitants.
- Organise support for people who are unable to build their own shelters.

2. Select sites that protect security and minimise conflict with permanent residents.

- Consult with local government and neighbouring communities to ensure that the land chosen is not already used by the local community for grazing or crop production and to understand other land tenure issues.
- Ensure that the site identification and selection process includes an environmental survey that analyses the natural resource base in the area and guides proper environmental management. Failure to do this can cause environmental degradation and distress stemming from a lack of natural resources for eating, drinking and cooking. A survey also helps to ensure that permanent residents' access to these resources is not at risk.
- Consult women in particular about privacy and security, including safe, ready access to local resources (e.g. firewood) for cooking and heating and the location of latrines (for guidance see the *IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings*). If centralised cooking facilities must be provided, they should be located close to shelters.
- Select and design sites that enable ready and safe access to communal services (e.g. health facilities, food distribution points, water points, markets, schools, places of worship, community centres, fuel sources, recreational areas and solid waste disposal areas).

BEST AVAILABLE

3. Include communal safe spaces in site design and implementation.
Develop communal safe spaces that offer psychological assurance and enable social, cultural, religious and educational activities (see Action Sheets 5.1 and 3.2) and the dissemination of information (see Action Sheet 8.1). These safe spaces should include child-friendly spaces where children can meet and play (see Action Sheets 5.4 and 7.1).

4. Develop and use an effective system of documentation and registration.
All concerned actors should agree on a common registration and individual documentation system that assists site planners in designing layout and shelter plans, while protecting the confidentiality of data. The documentation system should include provision for age- and gender-disaggregated data.

5. Distribute shelter and allocate land in a non-discriminatory manner.

- Map the diversity (age groups, gender, ethnic groups, etc.) among the affected population in order to address the needs of each group, as appropriate.
- Ensure that shelter distribution and land allocation to all families and households occur in a non-discriminatory manner, without preference based on ethnicity, gender, language, religion, political or other opinion, national or social origin, property, birth or other status.

6. Maximise privacy, ease of movement and social support.

- Emphasise family-size shelters that maximise privacy and promote visibility and ease of movement. If large emergency shelters are used, include partitions to increase privacy and reduce noise.
- Ensure that people can move easily through group shelters or around family dwellings without invading the privacy of other people or causing significant disruption.
- Whenever possible, avoid separating people who wish to be together with members of their family, village, or religious or ethnic group.
- Enable reunited families to live together.
- Facilitate provision of shelter for isolated, vulnerable individuals who are living alone due to mental disorder or disability.

7. Balance flexibility and protection in organising shelter and site arrangements.

- Recognise that camps are necessary in some situations; however, displaced people often prefer to live with host families in their own makeshift dwellings, or sometimes they may choose hotels, schools or other available communal buildings.
- Enable people to choose to the extent possible their own shelter arrangements, neighbours and living areas. This helps people to live according to their own goals, culture and values and to regain a sense of control and livelihood opportunities, all of which support psychosocial well-being.
- Caution people against living in unsafe conditions if safer alternatives exist.

8. Avoid creating a culture of dependency among displaced people and promote durable solutions.

- Establish large-scale camps or semi-permanent camps only when absolutely necessary and ensure, where possible, that there is a proper balance between safety and distance from the area of origin.
- Use familiar and locally available construction materials that allow families to make their own repairs and avoid dependency on external aid, as this can help to avoid distress.
- Encourage early return and resettlement of displaced people as a durable solution and provide support to those families who want to return to their areas of origin and are able to do so.
- Ensure that services are provided not only in camps but also in return areas.
- Care should be taken to ensure that supportive social structures are kept intact.

Key resources

1. Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) (2003). 'Participatory Habitat and Shelter Programmes'. In *Participation by Crisis-Affected Populations in Humanitarian Action: A Handbook for Practitioners*, pp. 295-314.
http://www.odi.org.uk/ALNAP/publications/gs_handbook/gs_handbook.pdf

2. IASC (2005). *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*. Action Sheets 7.1, 7.2, 7.3 on settlement and shelter, pp.53-60. Geneva: IASC.
http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp

3. Sphere Project (2004). *Humanitarian Charter and Minimum Standards in Disaster Response*.

Minimum Standards in Shelter, Settlement and Non-Food Items, pp.203-249. Geneva: Sphere Project.
http://www.sphereproject.org/handbook/index.htm

4. UN Habitat (2003). Toolkit for Mainstreaming Gender in UN-Habitat Field Programmes.
http://www.unhabitat.org/downloads/docs/1267_94527_Iraq_Gender.pdf

5. UNHCR Handbook for Emergencies (2000). Chapter 1.
http://www.unhcr.org/cgi-bin/texis/vtx/publ/opendoc.pdf?tbl=PUBL&id=3bb2fa26b

6. UNHCR Environmental Guidelines (2005). www.unhcr.org/environment

7. UNHCR Tool for Participatory Assessment in Operations (2006).
http://www.unhcr.org/cgi-bin/texis/vtx/publ/opendoc.html?tbl=PUBL&id=450e963f2

8. Women's Commission on Refugee Women and Children (2006). 'Beyond firewood: Fuel alternatives and protection strategies for displaced women and girls'.
http://www.womenscommission.org/pdf/fuel.pdf

Sample process indicators

- Local people, particularly women, participate in the design and layout of shelter and in selecting the materials used for construction.
- People who are unable to build their own shelters receive support in shelter construction.
- Shelter is organised in a manner that maximises privacy and minimises overcrowding.

Example: Liberia, 2004 and East Timor, 2006

- In East Timor (in 2006), Liberia (2004) and several other emergencies, the privacy of displaced people was increased by grouping 10–20 family shelters in a U shape around a common area.
- To reinforce privacy, shelters were placed at an angle to one another. No front door of a shelter directly faced another, and no shelter blocked the direct view of another shelter. Each shelter opened onto the common area, which included cooking and recreational areas and retained trees for shade and environmental protection, and which the community cleaned.
- Each shelter had a private backyard area used for storage, laundry, kitchen gardening, cooking etc. Water points and latrines were located nearby and were kept visible from the common area to prevent the risk of GBV.

Action Sheet 11.1

Include specific social considerations (safe and culturally appropriate access for all in dignity) in the provision of water and sanitation

Domain: Water and sanitation
Phase: Minimum response

Background

In emergencies, providing access to clean drinking water and safe, culturally appropriate hygiene and sanitation facilities are high priorities, not only for survival but also for restoring a sense of dignity. The manner in which humanitarian assistance is provided has a significant impact on the affected population. The engagement of local people in a participatory approach helps to build community cohesion and enables people to regain a sense of control.

Depending on how they are provided, water and sanitation (watsan) supports can either improve or harm mental health and psychosocial well-being. In some emergencies, poorly lit, unlocked latrines have become sites of gender-based violence, including rape, whereas in others, conflict at water sources has become a significant source of distress. Part of the stress experienced in relation to watsan provision has cultural origins. In Afghanistan, for example, girls and women have reported that the lack of separate women's latrines is a major concern, since the exposure of any part of their bodies is punishable and could shame and dishonour their families.

The Sphere Handbook outlines the overall standards for water and sanitation provision in emergencies. The key actions outlined below give guidance on social considerations relevant in working towards such standards.

Key actions

1. Include social and cultural issues in water and sanitation and hygiene promotion assessments.

In many countries, strict cultural norms and taboos influence the usage of latrines and the disposal of human excreta. Inattention to cultural norms can lead to the construction of latrines or water points that are never used. In some cases, water points or latrines are not used because they may have been used to dispose of dead bodies. Attention to social and cultural norms will help to minimise the distress of adjusting to unfamiliar surroundings and different ways of performing daily tasks. For these reasons, assessment teams should not only have core watsan technical expertise but should also be familiar with the psychosocial aspects of emergency response.

BEST AVAILABLE

2. Enable participation in assessment, planning and implementation, especially engaging women and other people at risk.

- Involve members of the affected population, especially women, people with disabilities and elderly people, in decisions on the siting and design of latrines and, if possible, of water points and bathing shelters. This may not always be possible due to the speed with which facilities have to be provided, but community consultation should be the norm rather than the exception.
- Establish a body to oversee watsan work. A useful means of doing this is to facilitate the formation of gender-balanced water committees that consist of local people selected by the community and that include representatives from various sub-groups of the affected population.
- Encourage water committees to (a) work proactively to restore dignified watsan provision, (b) reduce dependency on aid agencies and (c) create a sense of ownership conducive to proper use and maintenance of the facilities. Consider incentives for water committees and user fees, remembering that both have potential advantages and disadvantages and need careful evaluation in the local context.

3. Promote safety and protection in all water and sanitation activities.

- Ensure that adequate water points are close to and accessible to all households, including those of vulnerable people such as those with restricted mobility.
- Make waiting times sufficiently short so as not to interfere with essential activities such as children's school attendance.
- Ensure that all latrines and bathing areas are secure and, if possible, well-lit. Providing male and female guards and torches or lamps are simple ways of improving security.
- Ensure that latrines and bathing shelters are private and culturally acceptable and that wells are covered and pose no risk to children.

4. Prevent and manage conflict in a constructive manner.

- When there is an influx of displaced people, take steps to avoid the reduction of water supplies available to host communities and the resulting strain on resources.
- Prevent conflicts at water sites by asking water committees or other community groups to develop a system for preventing and managing conflict e.g. by rotating access times between families.
- Consider trying to reduce conflict between neighbouring displaced groups or between displaced and permanent residents by encouraging the conflicting groups to cooperate in building a common well.

5. Promote personal and community hygiene.

- Provide access for women to menstrual cloths or other materials (the lack of which creates significant stress) and to appropriate space for washing and drying them. Consult women on the need for special areas for washing menstrual cloths, and provide technical assistance with their design. Where existing water supplies cannot support washing, alternative sanitary materials should be provided (for guidance, see Action Sheet 7.4 of the IASC *Guidelines for Gender-based Violence Interventions in Humanitarian Settings*).
- Encourage community clean-up campaigns and communication about basic hygiene.
- Distribute soap and other hygiene articles, in accordance with advice received from women, men and children, including disabled and elderly people.
- Initiate child-to-child watsan activities that are interactive and fun, such as group hand-washing before meals. These activities can be done in schools or in child-friendly spaces if these are functioning.

6. Facilitate community monitoring of, and feedback on, water and sanitation facilities.

- Enable community monitoring to track safety and to identify and respond to community concerns. Ensure that a feedback mechanism exists for stakeholders to report problems or concerns to the water committee or to relevant agencies responsible for watsan activities. This same mechanism can be used to keep the affected population informed as to what facilities and services they can expect.
- Monitor that sites and facilities are clean and well maintained, as having clean facilities helps to restore stakeholders' dignity.
- Ask the affected population, including children and people at risk (See Chapter 1), about their perceptions of access to, and quality of, watsan supports and also about their concerns and suggestions.

Key resources

1. Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) (2003). 'Participation and water/sanitation programmes'. In: *Participation by Crisis-Affected Populations*

in *Humanitarian Action: A Handbook for Practitioners*, pp.275-294.
http://www.odi.org.uk/ALNAP/publications/gs_handbook/gs_handbook.pdf

2. IASC (2005). *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*. Action Sheet 7.4: Provide sanitary materials to women and girls, p.61. Geneva: IASC.
http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp

3. Jones H. and Reed B. (2005). *Access to Water and Sanitation for Disabled People and Other Vulnerable Groups*. http://wedc.lboro.ac.uk/publications/details.php?book=1%2084380%20079%209

4. Sphere Project (2004). *Humanitarian Charter and Minimum Standards in Disaster Response*. Minimum Standards in Water, Sanitation and Hygiene Promotion, pp.51-102. Geneva: Sphere Project.
http://www.sphereproject.org/handbook/index.htm

5. UNHCR. (2000). *Handbook for Emergencies*.
http://www.unhcr.org/publ/PUBL/3bb2fa26b.pdf

6. University of Wisconsin, Emergency Settlement Project (1996). *Topic 14 – Environmental Health: Water, Sanitation, Hygiene, and Vector Management*.
http://dmc.engr.wisc.edu/es96/Environhealth.html

Sample process indicators

- In a monthly focus group discussion, more than two-thirds of women express satisfaction with the safety and privacy of the sanitation facilities provided.
- Water committees that include women and men are in place and meet regularly.
- There is no reported conflict between host and displaced communities.

Example: Pakistan, 2005

- During the earthquake response in the North-West Frontier Province in 2005, an international NGO built special covered areas for women where they could go to the latrine, bathe and wash children, clothes and menstrual cloths without being seen by outsiders.
- These spaces enabled women to meet and talk in a safe environment that took cultural norms into consideration.
- The women said this greatly reduced the stress and anxiety of living in a displaced persons camp.

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NOTES

IASC
Inter-Agency Standing Committee

The IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings reflect the insights of numerous agencies and practitioners worldwide and provide valuable information to organisations and individuals on how to respond appropriately during humanitarian emergencies.

Specific action sheets offer useful guidance on mental health and psychosocial support, and cover the following areas:

- Coordination
- Assessment, Monitoring and Evaluation
- Protection and Human Rights Standards
- Human Resources
- Community Mobilisation and Support
- Health Services
- Education
- Dissemination of Information
- Food Security and Nutrition
- Shelter and Site Planning
- Water and Sanitation

The Guidelines include a matrix, with guidance for emergency planning, actions to be taken in the early stages of an emergency and comprehensive responses needed in the recovery and rehabilitation phases. The matrix is a valuable tool for use in coordination, collaboration and advocacy efforts. It provides a framework for mapping the extent to which essential first responses are being implemented during an emergency.

The Guidelines include a companion CD-ROM, which contains the full Guidelines and also resource documents in electronic format.

Published by the Inter-Agency Standing Committee (IASC), the Guidelines give humanitarian actors useful inter-agency, inter-sectoral guidance and tools for responding effectively in the midst of emergencies.

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Chapter 12
POST MORALE

Post morale makes a big difference to your overseas tour. Do people enjoy working and socializing together? Is there a feeling of being one team, with an important goal? Do employees and family members feel listened to and valued? Is it clear, no matter what the circumstances, that management is trying to improve the situation?

Post morale can be affected negatively by external factors such as ongoing crisis situations, uncertainty, anti-American sentiments, or limited resources and facilities. However, individual attitudes and actions can temper the impact of these outside influences. Morale can change with the arrival or departure of a single person or family.

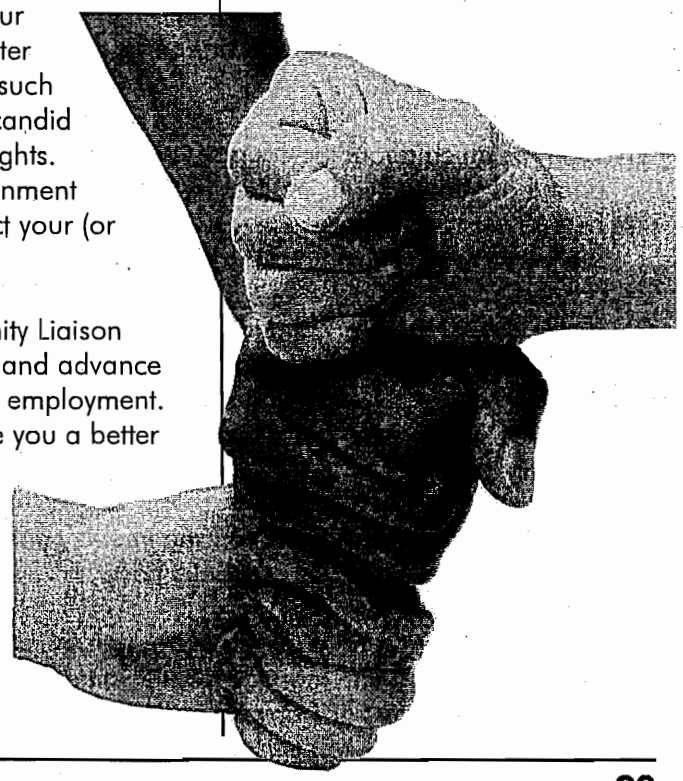
While post leadership perhaps makes the biggest difference, each person affects mission morale. The following checklists suggest ways that everyone can help build and maintain high post morale.

PRIOR TO ARRIVAL AT POST

- ❒ Do your homework! Make sure that every post on your bid list meets your needs. The Overseas Briefing Center can help, offering everything from official resources, such as TMTHREE ("welcome") cables or post reports, to candid anonymous opinions in the form of Personal Post Insights. Pay attention to factors such as availability of entertainment options and freedom of movement if these will impact your (or your family members') well-being.

- ❒ Once you have an assignment, contact the Community Liaison Office (CLO) Coordinator for additional information and advance help with factors such as schools and family member employment. Ask to receive the post newsletter, if available, to give you a better idea about what's happening.

- ❒ Find names and contact information for people who can answer questions for everyone in your family, whether about the new job, life at post, schools, pet supplies, or other factors important to you. Expectations influence your later experiences



Principal Officer List for Enhancing Post Morale

1) Be secure enough not to micromanage, criticize, worry incessantly about your image, or feel that you need to artificially "take charge" to show your leadership skills. Trust your employees and let them do the job they are trained to do.

2) Provide a sense of mission and purpose. Help all to feel that they are making meaningful contributions and are part of a team working for an important goal.

3) Foster a respectful work environment and support community-building activities. Provide positive reinforcement and praise.

4) Listen to employees and family members. Recognize that schools and families are important and allow employees time for them.

and the way you interpret them, so try to clarify on-the-ground conditions.

- ❒ Ask about your housing, with as many details as possible. If you will be staying in temporary quarters, find out what they are like and how long you might expect to remain there. Even if the news initially disappoints, you are better off being mentally prepared.
- ❒ Learn as much about the country and its language as you can. This matters for family members as well as employees. Even a few words of the local language can make a difference.
- ❒ Notify post of your arrival and who will be accompanying you. Let the Management Officer know if you are traveling with a pet. Try to plan your arrival at a time that is convenient for those meeting you.
- ❒ Make personal and financial arrangements prior to leaving the U.S. or your previous post.
- ❒ Pack your carry-on bags, luggage, and air freight wisely so that you can manage even if some of your luggage is lost or delayed.
- ❒ Be sure to let your sponsors (or the CLO Coordinator) know if you have special dietery needs or restrictions, since someone might be planning to purchase basic supplies or prepare a welcoming meal for you.

AS A NEW ARRIVAL

- ❒ Thank everyone who provided pre-arrival information and those who spend time acquainting you with your new office and community. (Bringing small gifts of hard-to-find items might be a much-appreciated gesture.)
- ❒ Don't forget to pay back your sponsor for any expenses incurred on your behalf (yes, even if you never use the instant coffee).
- ❒ Attend briefings and orientation programs. Make sure family members obtain embassy ID cards and get the information they need.
- ❒ Keep an open mind and be flexible. Accept that your new life is different from the old. Try to avoid saying, "In [place name] we...."
- ❒ As the accompanying spouse or partner, remember how important and valuable you are, no matter what impression others give you. Don't hesitate to speak up or ask for help.
- ❒ Practice stress management techniques: eat nutritiously, get enough sleep, exercise, and take plenty of breaks for enjoyable activities.

Management Officer List for Enhancing Post Morale

1) Recognize that the services you provide are essential to post morale.

2) Listen to employees and family members. As one spouse said, "We can put up with poor living conditions if we feel that someone is listening and trying to improve things."

3) Aim for fair treatment and clear communication.

- ❒ Establish a routine or do what you can to gain a sense of stability and control (this is particularly important for family members, since employees have an instant routine).

- ❒ Seek out a local support network and don't allow yourself to become isolated. Make local as well as expatriate friends to enrich your experience.

WHILE AT POST

- ❒ Avoid comparisons of housing and other factors. Benefits vary from one agency to the next and apparent disadvantages in some areas may be balanced by advantages in others.

- ❒ Get to know local customs and courtesies. Try not to judge: things are "different," not necessarily "bad." Develop good communication with nationals at the mission. Practice the language. See the country.

- ❒ Take part in embassy community activities and work with others to create a supportive climate—but develop outside friends and interests as well. This makes life more interesting for everyone.

- ❒ Offer to be a sponsor for new arrivals. Share information and contacts. Loan items they might need while waiting for their shipments.

- ❒ Share books, music, videos or DVDs, catalogs, games, sports equipment, and other items that might be in scarce supply at post.

- ❒ Include colleagues in social functions who might otherwise have limited opportunity to attend such events. Invite others to special holiday events, remembering to include their houseguests, relatives, or other visitors.

- ❒ Send a guest list and, if appropriate, an explanation of purpose to colleagues invited to representational functions. As a guest, share responsibility for the success of representational functions.

- ❒ Help others at post when they go through difficult times. Provide a listening ear when needed.

- ❒ Bring home from the office publications and bulletins of interest if these are not provided via e-mail (being sure to follow adequate security precautions). Maintain good relationships at home and help with daily activities.

- ❒ Know post emergency and security plans (whether you are an employee or family member) and prepare documents and other items needed in the event of an emergency.

- ❒ Give time to the commissary association, school board, American club council, or other organizations that benefit you.

- ❒ Continue to show appreciation to others. Take time to be thankful for extras that not every local resident has: air conditioning, pouch or APO, the IVG phone line, a backup generator, high-speed Internet, inexpensive household help, or whatever makes your life at post more pleasant.

CLO Coordinator List for Enhancing Post Morale

1) *Provide accurate information.*

2) *Plan community building activities and make sure that the sponsor program works well (it should be a very high priority).*

3) *Listen to employees and family members.*

PRIOR TO DEPARTURE FROM POST

- ❒ Follow the steps under "Prior to Arrival at Post," above.

- ❒ Find ways to say goodbye and thank you to the country and the people who helped you throughout your tour.

- ❒ Organize records at work to pass on what you have learned and eliminate discontinuity. Write your successor about the post and answer questions.

- ❒ Leave suggestions for enhancing post morale.

MODULE IX: MENTOR SESSIONS

MODULE AT A GLANCE

Content	Approx. Time	Instructional Activity
USAID mentors	15 minutes	1-on-1 meetings
Provincial mentors	30 minutes	small group meetings
Wrap-up	15 minutes	seminar
Total Time	60 minutes	

Lesson Objectives	• LO1: ***Discuss*** a significant piece of information that you learned today • LO2: ***Explain*** how you will use this information in the course of your duties on a PRT.
Participants	USAID PRT members
Context	Adult Learning Environment
Content Overview	This module allows students structured time to meet with their mentors to do a knowledge check and set up a roadmap.
Room Setup	Main room (with projector) and 2-3 additional smaller rooms (without projectors)
Materials Needed	none
Staff Needed	Facilitator & Mentors
Delivery	Meetings
Potential Issues	Ensuring that there we have enough mentors to students, and that there is space for them to hold the various meetings.

MODULE IX LESSON PLAN

MENTOR SESSIONS

1. LESSON OVERVIEW

a. **Methodology**: This module is mix of 1-on-1 and small group meetings to pair students up with mentors on USAID and provincial issues.

b. **Subject Matter Overview:** This module allows students structured time to meet with their mentors to do checks on learning and set up a plan ahead.

c. **Lesson Objectives (LO)**

- LO1: ***Discuss*** a significant piece of information that you learned today.
- LO2: ***Explain*** how you will use this information in the course of your duties on a PRT.

d. **Outcomes Expected:** At the completion of the module, the student will be able to chart out a path for their individual needs and put together a list of additional resources and contacts.

e. **Linkage to Other Lessons:** This module continues the mentoring process by providing a check on learning from the past day of material.

f. Module POC: Tony Pryor

g. Subject Matter POC: Rick Ferrer

2. STUDENT REQUIREMENTS

h. Required Readings: none

i. Handouts: none

3. TEACHING PLAN

j. **Background:**

- Scope: This is a mix of 15 minute (per student) 1-on-1 meetings and 15 minute (per group) small group meetings with USAID and provincial mentors (respectively).
- Instructional Notes: Make sure that there is enough space for each mentor-student partnership, and for each provincial group.

k. **Lesson Sections:**

- USAID mentor
  - Duration: 15 minutes
  - Location: main room
  - Mentor: various
  - Facilitator: Dana Stinson
  - Content:
    - What the student learned
    - What they didn't learn

    - Questions they have

- Provincial mentor
  - Duration: 30 minutes
  - Location: KM Suite
  - Mentor: various
  - Facilitator: Dana Stinson
  - Content:
    - What information is different from the modules for their particular province
    - Key issues for their province
    - Questions they have
- Wrap-up
  - Duration: 15 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Dana Stinson
  - Content:
    - Address "parking lot" questions
    - Revise the PRT Guide with handouts
    - Site additional resources on the HTE for further learning on this topic

4. SLIDES

USAID FROM THE AMERICAN PEOPLE

USDA

USAID Afghanistan PRT Training

Module 9
Mentor Sessions

USAID FROM THE AMERICAN PEOPLE

USDA

Subject Matter Overview

This module allows students structured time to meet with their mentors to do a knowledge check and set up a roadmap.

Lesson Objectives (LO)

- *LO-1: **Discuss** a significant piece of information that you learned today.*
- *LO-2: **Explain** how you will use this information in the course of your duties on a PRT.*

MODULE X: STUDY HALL

MODULE AT A GLANCE

Content	Approx. Time	Instructional Activity
Free-form reading period	90 minutes	online learning
Conference call	varies	small group meeting
Wrap-up	30 minutes	seminar
Total Time	120 minutes	

Lesson Objectives	• LO-1: ***List*** three things that you didn't know before taking the course which you now realize are key to your ability to serve on a PRT.
Participants	USAID PRT members
Context	Adult Learning Environment
Content Overview	This module is a free-form module in which students will be able to listen to all the streaming audio presentations offered on the HTE site for additional learning. Mentors will be on hand to answer questions and lead small group discussions on topics, as students wish. At regular scheduled intervals provincial groups will be pulled away to go into their conference call with peers in Afghanistan.
Room Setup	Computer lab (space available for up to 10), a room for individual conference calls, and an additional room for small group discussion.
Materials Needed	all online documents – no handouts
Staff Needed	Facilitator x2
Delivery	Online learning and small group meeting
Potential Issues	Usage of a computer lab that has enough access for students, and rooms available for small groups meetings.

MODULE X LESSON PLAN

STUDY HALL

1. LESSON OVERVIEW

a. **Methodology:** This module is a hybrid online and classroom period, in which students log into the HTE site to read and listen to collection of learning resources available there. In addition, at student's requests facilitators can pull together small groups to discuss questions and topics of interest.

b. **Subject Matter Overview:** This module is a free-form module in which students will be able to listen to all the streaming audio presentations offered on the HTE for additional learning. Mentors will also be on hand to answer questions and lead small group discussions on topics as students wish. At regular scheduled intervals provincial groups will be pulled away to go into their conference call with peers in Afghanistan.

c. **Lesson Objectives (LO)**

- LO-1: ***List*** three things that you didn't know before taking the course which you now realize are key to your ability to serve on a PRT.

d. **Outcomes Expected**: At the completion of the module, the student will be able to review material they weren't able to capture in the classroom portions of the course; gain access to small group discussion; and, get practical information about their individual role and province from a person in their position in Afghanistan.

e. **Linkage to Other Lessons**: This module provides additional resources, and a jump off point for students to learn more about topics of interest to them individually.

f. Module POC: Tony Pryor

g. Subject Matter POC: Rick Ferrer

2. STUDENT REQUIREMENTS

h. Required Readings: none

i. Handouts: none

3. TEACHING PLAN

j. **Background:**

- Scope: This is a self-guided time for students (roughly 90 minutes) in which students can read up on material of interest to them and expand their knowledge. Students will be called out at different times to do conference calls throughout this time period.
- Instructional Notes: Make sure that students are taking advantage of the time to self-learn and not surf the web or check email.

k. **Lesson Sections:**

- Free-form reading period
  - Duration: 90 minutes
  - Location: computer lab
  - Presenter: n/a

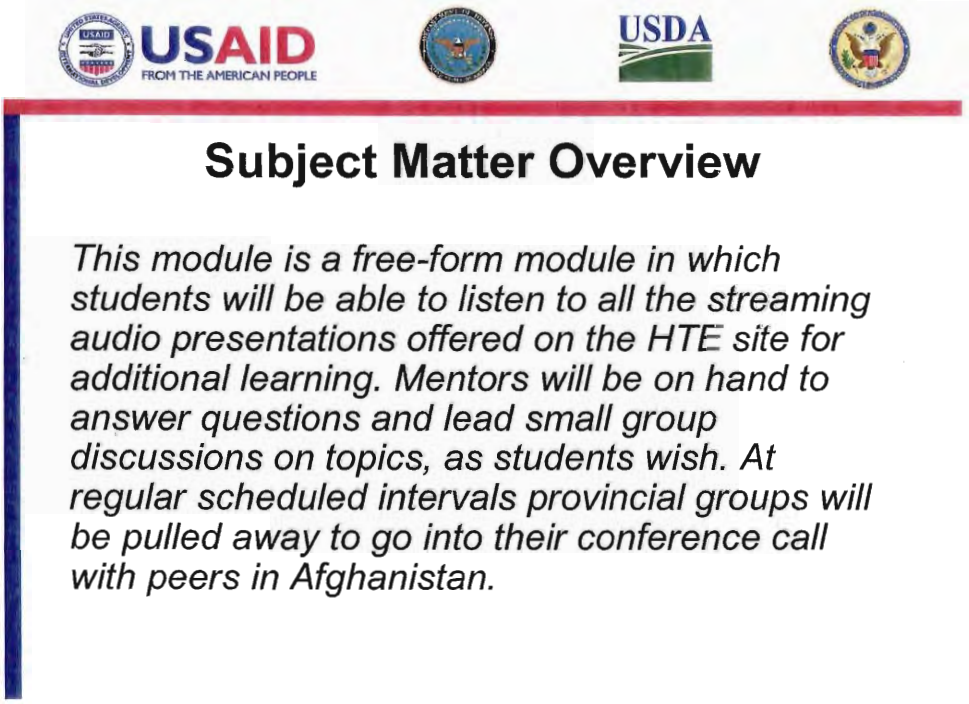
- Facilitator: Dana Stinson
- Content: n/a

– Conference call
  - Duration: up to 15 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Dana Stinson
  - Content: n/a

– Wrap-up
  - Duration: 15 minutes
  - Location: main room
  - Presenter: n/a
  - Facilitator: Dana Stinson
  - Content:
    - Address "parking lot" questions
    - Revise the PRT Guide with handouts
    - Site additional resources on the HTE for further learning on this topic

4. SLIDES

USAID
FROM THE AMERICAN PEOPLE
USDA
USAID Afghanistan PRT Training
Module 10
Study Hall


USAID
FROM THE AMERICAN PEOPLE
USDA
Subject Matter Overview
This module is a free-form module in which students will be able to listen to all the streaming audio presentations offered on the HTE site for additional learning. Mentors will be on hand to answer questions and lead small group discussions on topics, as students wish. At regular scheduled intervals provincial groups will be pulled away to go into their conference call with peers in Afghanistan.

Lesson Objectives (LO)

- *LO-1: **List** three things that you didn't know before taking the course which you now realize are key to your ability to serve on a PRT.*

MODULE XI: COURSE WRAP-UP

MODULE AT A GLANCE

Content	Approx. Time	Instructional Activity
USAID mentor	30 minutes	1-on-1 meeting
Provincial mentor	30 minutes	small group meeting
Wrap-up	30 minutes	seminar
Total Time	90 minutes	

Lesson Objectives	• LO1: Discuss three pieces of information that you learned while at the course. • LO2: Explain how you will use this information in the course of your duties on a PRT.
Participants	USAID PRT members
Context	Adult Learning Environment
Content Overview	This module is to end the course and pull together everything the students have learned over the past 3 days.
Room Setup	Projector
Materials Needed	none
Staff Needed	Facilitator
Delivery	Meetings
Potential Issues	none

MODULE XI LESSON PLAN

COURSE WRAP-UP

1. LESSON OVERVIEW

a. **Methodology:** This module is mix of 1-on-1 and small group meetings.

b. **Subject Matter Overview:** This module is to end the course and pull together everything the students have learned over the past 3 days.

c. **Lesson Objectives (LO)**

- LO1: ***Discuss*** three pieces of information that you learned while at the course.
- LO2: ***Explain*** how you will use this information in the course of your duties on a PRT.

d. **Outcomes Expected:** At the completion of the module, the student will be able to articulate a sense of preparedness in fulfilling his/her role as an USAID staff member and as part of a PRT.

e. **Linkage to Other Lessons:** This module wraps up the entire course.

f. Module POC: Tony Pryor

g. Subject Matter POC: Rick Ferrer

2. STUDENT REQUIREMENTS

h. Required Readings: none

i. Handouts: none

3. TEACHING PLAN

j. **Background:**

- Scope: This is a mix of 30 minute (per student) 1-on-1 meetings and 30 minute (per group) small group meetings with USAID and provincial mentors (respectively).
- Instructional Notes: Make sure that there is enough space for each mentor-student partnership, and for each provincial group.

k. **Lesson Sections:**

- USAID mentor
  - Duration: 30 minutes
  - Location: main room
  - Mentor: various
  - Facilitator: Dana Stinson
  - Content:
    - What the student learned and didn't learn throughout the course
    - How the course can be improved
    - Questions they still have

    - Links to more USAID learning tools

- Provincial mentor
  - Duration: 30 minutes
  - Location: main room
  - Mentor: various
  - Facilitator: Dana Stinson
  - Content:
    - What the student learned and didn't learn about their province and specific PRT throughout the course
    - How the on-the-ground, provincial information can be improved
    - Questions they still have
    - Links to more provincial learning tools
- Wrap-up
  - Duration: 30 minutes
  - Location: main room
  - Presenter: Jim Hanley
  - Facilitator: Dana Stinson
  - Content:
    - Complete "parking lot" questions
    - Fill out the rest of the PRT Guide with handouts
    - Site additional resources on the HTE for further learning on all topics
    - Remind students of the Civilian Interagency training and the other upcoming courses, and give them updates if any
    - Review the logistics for the Ft. Bragg piece of the training cycle

4. SLIDES

USAID FROM THE AMERICAN PEOPLE

USDA

USAID Afghanistan PRT Training

Module 11
Course Wrap-Up

USAID FROM THE AMERICAN PEOPLE

USDA

Subject Matter Overview

This module is to end the course and pull together everything the students have learned over the past 3 days.

Lesson Objectives (LO)

- *LO1: **Discuss** three pieces of information that you learned while at the course.*
- *LO2: **Explain** how you will use this information in the course of your duties on a PRT.*