

Effective Monitoring and Evaluation of Military Humanitarian Medical Operations

Stephen G. Waller, MD¹, Clydette Powell, MD, MPH², Jane B. Ward, MD³, and Kevin Riley, PhD⁴

¹Division of Global Health, Department of Preventive Medicine and Biometrics
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Bethesda, MD 20814

²Division of Infectious Disease
Office of Health, Infectious Disease, and Nutrition
Bureau for Global Health
US Agency for International Development
Washington, DC 20523

³School of Public Health and Health Services
The George Washington University, Ross Hall
2300 Eye Street, NW, Washington, DC 20037

⁴Center for Disaster and Humanitarian Assistance Medicine
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Bethesda, MD 20814

ABSTRACT

Non-military government agencies and non-governmental organizations (NGOs) have made great strides in the evaluation of humanitarian medical work, and have learned valuable lessons regarding monitoring and evaluation (M&E) that may be equally as valuable to military medical personnel. We reviewed the recent literature by the worldwide humanitarian community regarding the art and science of M&E, with focus toward military applications. The successes and failures of past humanitarian efforts have resulted in prolific analyses. Alliances of NGOs set the standard for humanitarian quality and M&E standards. Military medical personnel can apply some of these standards to military humanitarian M&E in complex and stability operations. The authors believe that the NGO community's M&E standards should be applied to improve evaluation of U.S. military medical humanitarian operations.

LEARNING OBJECTIVES:

1. Understand that humanitarian relief is one of the key components of stability operations, which has been given priority equivalent to combat operations.
2. Know that consortia of non-governmental organizations, with United Nation (UN) agencies, the World Bank, the United States (U.S.) Agency for International Development (USAID), and others, have made substantial efforts to evaluate the effectiveness of their programs and created robust sets of international standards for humanitarian work.
3. Comprehend that the Department of Defense (DoD) affords opportunities for similar progression in evaluating its humanitarian activities that can be accomplished without new appropriations, new agencies, or detracting from important security operational priorities.

KNOWLEDGE EVALUATION:

1. Name three ways in which the culture of the NGO humanitarian community can clash with the culture of military humanitarian organizations.
2. Which organization created the first outcome assessment program for humanitarian activities?
3. What U.S. government humanitarian program has set a high standard for evaluating its effectiveness?
4. Define the characteristics of a 'SMART' indicator.
5. Describe the use of the disability-adjusted life year in creating health intervention priorities.
6. What is the counterfactual method of evaluation?
7. Name five humanitarian consortia that developed widely accepted performance and evaluation standards.
8. How do SPHERE standards apply to military humanitarian crisis actions?
9. Name five groups who are 'stakeholders' in a typical military humanitarian mission.
10. How can outcome and impact evaluation of a military humanitarian activity provide value to DoD?

INTRODUCTION

Delivery of humanitarian medical care should be effective, sustainable, and efficient. In these areas, the Department of Defense (DoD) can learn lessons from civilian governmental and non-governmental organizations. We will discuss some of these lessons and the opportunities for their implementation within the DoD.

The Department of Defense has unmatched capabilities to respond to humanitarian crises and to support national security goals; some within the humanitarian community welcome DoD and these capabilities.¹ Over a decade ago, Philip Johnston, the longtime president of Cooperative for Assistance and Relief Everywhere (CARE) “Envisioning a role for the military in relief work is a major breakthrough that could provide dramatic improvements in the ability of the humanitarian community to respond.”²

Despite this, others have been less enthusiastic about DoD involvement, as the DoD can be out-of-step with civilian, NGO humanitarian community. The cultures of NGOs and the military are starkly different, for example, even supply and training mismatches exist between DoD and NGOs, the health care approach to measles-diarhea-respiratory illness within a refugee camp is unlike the treatment of fit young adults (i.e., Soldiers) injured by an improvised explosive device or a high-velocity bullet. Cases of malnutrition and tropical disease, commonly seen in developing countries, are rarely present at stateside military sick call. Despite these differences, the Special Operations Forces (SOF) medical community’s mission is to care for host-nation (HN) and indigenous people is in concert and similar to NGO medical missions. Therefore, it is important to note that most of the conflicts between military-NGO medical operations are more applicable to the conventional side of the U.S. military, whose medical elements are not operationally designed to provide care for local nationals.

The high-tech capabilities that have saved the lives of many service members in the past decade in the Central Command theater, are not applicable for most NGO humanitarian medical care initiatives. Military presence near an NGO operation within environments of political conflict, even in the military healthcare personnel, can imply that the NGO supports the goals of the U.S. military, and thereby make working more dangerous for the NGO. Finally, NGOs often work well together, but the interagency process of collaboration has not been a historical strength of the DoD; in seeking to achieve better coordination, we sometimes find that “the most serious problems are internal to the U.S. government.”³ Although none of these cultural mismatches is impossible to overcome, the issues cannot be ignored if a successful military humanitarian medical mission depends on working with the NGO community, or using the NGOs methods and standards.

The best practices, standards, and M&E methods of the NGO community have a proven record of success, and can guide the evaluation of military humanitarian missions, in spite of the different cultural approaches. Let us examine some of the history and the policies, which may be applicable.

ABOVE ALL, DO NO HARM

Within the humanitarian assistance community, the term “humanitarian actor” means an organization that supports the provision of

humanitarian assistance.⁴ These organizations best operate when they have a clear understanding that “good intentions are no longer enough – if they ever were.”⁵ Beyond a basic desire to help, humanitarian actors must grasp a deeper understanding of their mission and its impact. Professor David Kennedy’s book, *The Dark Side of Virtue: Reassessing International Humanitarianism*, definitively describes how well-intentioned humanitarian action can have negative consequences.⁶ The long list of potential ‘sins’ that humanitarian actors can commit often reflects a self-oriented agenda, rather than a view of addressing the immediate or long-term needs of the recipient population.⁷ Other authors, writing about the complexity of the relief situation in Afghanistan, note that “...aid is inherently disruptive and potentially destabilizing, and development does not necessarily translate into pro-American or pro-Afghan government sentiments.”⁸ When the humanitarian actor is a military force, the risk of unintended consequences increases. Controversy regarding the presence and role of Provincial Reconstruction Teams in Afghanistan speaks to the heart of this issue.⁹

EVALUATION APPROACHES AND SYSTEM

In the 1960s, the leadership in Congress and the State Department came to the realization that not all social and humanitarian problems could be solved, and subsequently re-examined U.S. foreign aid programs. It became clear that ‘the scientific method’, with its controlled trials and levels of statistical significance, was not ideal for assessing the quality of humanitarian assistance. To address this dilemma, the U.S. Agency for International Development (USAID) created an objectives-oriented outcome assessment system called the Logical Framework (Logframe).¹⁰ The Logframe model was focused at the individual project level, identifying assumptions, inputs/outputs, and risks that may influence project success or failure. Although rarely used today, the model was adopted throughout the humanitarian community for monitoring and evaluation (M & E) activities.

The principles of development and reconstruction assistance at USAID are assessment, accountability, results, partnership, ownership, capacity-building, and sustainability.¹¹ Measures of effectiveness remain a large part of the essential elements inherent in its development assistance programs. For many years but more intentionally since the formation of the Department of State’s Office of the Director for Foreign Assistance and in 2009 with President Obama’s Global Health Initiative, USAID has been an advocate for gathering input from all stakeholders – interagency partners, implementing NGOs, host nation beneficiaries, bilateral and multi-lateral donors, community providers, and other interested parties – throughout each phase of any development action.^{12,13} There have been concerns from stakeholders that some output-level performance data did not provide meaningful information for program or policy decisions, so USAID implemented major reforms in its M&E program.

One prominent government program that emphasizes M&E is the President’s Emergency Plan for AIDS Relief (PEPFAR). In the area of Monitoring, Metrics, and Research, PEPFAR activities and indicators were developed to support sustainable, country-led systems, as well as to strengthen and integrate that nation’s broader healthcare system.¹⁴ A main focus of PEPFAR is to build the host country’s capacities in implementing and maintenance of comprehensive data

same operational space – with clear implications for facilitating M&E efforts on both sides.

The International Initiative for Impact Evaluation (3ie) is a consortium of donors and research institutions from 36 countries, founded in 2008.²³ Created in response to a perceived ‘evaluation gap’ in humanitarian development work, 3ie awards grants to developing country agencies that agree to perform high-quality impact evaluations to inform better program and policy design. Establishing causes and effects between program activities and specific outcomes – called ‘the attribution challenge’ by 3ie – is a key goal of grant awards. The 3ie donor group encourages evidence-based policy-making, engagement of key host-nation stakeholders from an early stage, and innovative impact evaluation methodologies. Last year, 3ie and InterAction partnered to improve their members’ impact evaluations and program designs.

The UN’s Interagency Standing Committee (IASC) was formed in 1992 to strengthen the inter-agency coordination of humanitarian response worldwide.²⁴ Led by the Office for Coordination of Humanitarian Assistance (OCHA), the IASC includes various UN agencies like World Health Organization (WHO), UNDP, UN High Commission on Refugees (UNHCR), as well as InterAction, the World Bank, and a small group of established NGOs like CARE, the International Committee of the Red Cross (ICRC), and Oxfam. This group also produced guidelines for civil-military coordination, which are essential to effective humanitarian operations, and in facilitating the M&E of military humanitarian activity in complex and stability operations.

Another widely respected coalition is the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP), founded in 1997 by a large and diverse group of donors, UN agencies, NGOs and academic institutions. Its focus is to better learning and accountability by identifying common approaches to improved performance, and a well-known annual meta-evaluation of humanitarian action reports.²⁵

The Sphere Project was created in 1997 by the Red Cross and a group of humanitarian NGOs working in disaster response. A set of minimum standards for assistance quality and accountability of the humanitarian system is published under the Sphere Project name.²⁶ Minimum Sphere standards have key indicators, or ‘signals,’ that demonstrate whether the standards have been met. These focus on specific levels of achievement in water supply and sanitation, nutrition, food distribution, shelter and site planning, and health services. The Sphere Project assessment and analysis process is divided into three phases: initial assessment, M&E, and participation of stakeholders.

Clearly, the important reference work and its international standards from the Sphere Project represent an essential guide to humanitarian work of deployed military personnel. More specifically, SPHERE’s standards are applicable to the SOF community. Since the 1990s, Congress has viewed Special (SF) as “the military mainstay of the United States for the purpose of nation-building...” (p.3).²⁷ The Department of Defense’s (DoD) Title 10 authorization delineates the humanitarian assistance SF provides, which is medical, dental, and veterinary care in rural areas (p. 5).²⁷ When not

in direct military action with enemy combatants, the mission for the SF Soldier is to capacity-build in the host nation and ameliorate oppression experienced by those citizens.

The Emergency Capacity Building Project, funded significantly by the Bill and Melinda Gates Foundation, published a 2007 handbook, *The Good Enough Guide: Impact Measurement and Accountability in Emergencies*. By the term “good enough,” the handbook’s authors assert that the simple solution is not simply the second best choice.²⁸ The basic elements of accountability and impact measurement are clearly defined. The pertinent highlight for military humanitarian operation participants is its concise discussion of how to communicate with host nation recipients of humanitarian aid. Among the many tools in this guide is a comprehensive list of “how to say goodbye”- in military parlance, an exit strategy. Another useful tool is “how to start using indicators”, with common-sense advice on implementing usage of minimum numbers of indicators, balances between qualitative and quantitative indicators, and using indicators to make informed decisions.

Each of these group quality initiatives has played a key role in the development of the recently-published Humanitarian Accountability Partnership International (HAP) Standard.²⁹ The HAP Standard is designed for humanitarian organizations to improve their performance and obtain certification by HAP, and is based on six “good practice” benchmarks: quality management systems, information flow to stakeholders, beneficiary participation, staff competencies, mechanism for handling complaints, and learning/continual improvement.

One of the prerequisite “qualifying norms” that a humanitarian agency must meet before seeking HAP certification is to develop a humanitarian accountability framework. The agency must examine the quality of its internal and external commitments to the following properties: relevance to the agency’s expertise, measurement by indicators (preferably the SMART scheme), and achievability under most circumstances. Achievement must be unambiguous, prioritized, and attributable to the agency itself – not external factors. Since there are multiple standards for humanitarian agencies to consider, a framework requires the agency to avoid overlap and contradiction that can arise from supporting different standards. These benchmarks can inform military medical planners and participants in humanitarian operations.

LESSONS LEARNED FOR DOD HUMANITARIAN EFFORT

There is a large and engaged community that is interested and supports M&E of humanitarian efforts. The past twenty years has produced significant progress in effective planning, impact measurement, and focus on strategic goals. This progress is in diametric contrast to the simplistic Cold War-era models based on the assumption that “any effort must be good.” Humanitarian actors of the past did not fully consider the consequences of their good intentions, however unintentional. The perceptions of other stakeholders were often ignored in the past. Many of the lessons learned that later shaped more effective M&E policies were both startling and painfully earned.

Some lessons from NGO and civilian agency experience may be used to improve the impact of military humanitarian efforts. Mil-

usage strategies, and to reduce the reporting burden on partner countries. While supporting transition to a single, streamlined national M&E system, the PEPFAR program seeks to expand publicly available data to both policymakers and host nation citizens.

M&E often starts with data or statistics, which form the basis for indicators. Good indicators are either quantitative or qualitative standards, and are used to measure the input, output, outcome, and impact of a project, program, or a military humanitarian mission. The United Nation High Commissioner for Refugees (UNHCR) *Handbook for Emergencies* recommends that indicators should be “SMART”: specific, measurable, achievable, relevant, and time-bound.¹⁵ The preference is for indicators that reflect change or impact.

The World Bank, in its 2004 publication, *Ten Steps to a Results-Based Monitoring and Evaluation System*, states that good performance indicators should follow the “CREAM” acronym: clear, relevant, economical (reasonably priced), adequate, and “monitorable”.¹⁶ The assessment process begins with a readiness assessment, buy-in from all stakeholders on proposed outcomes, then setting performance indicators and gathering baseline data – all before the M&E actually begins. This publication largely ignores the Logical Framework system, discussing it only briefly in an appendix.

One of the best overarching health indicators is the World Bank’s disability-adjusted life-year (DALY) metric. Defined as the present value of future years that are free of disability lost due to a particular disease or injury. DALYs are calculated for national level perspective on some public health interventions.¹⁷ Reference to DALY data allows government leaders to make a more equitable comparison between interventions, to re-prioritize where indicated, and to improve cost-effectiveness. Public health interventions such as immunizations, traffic speed bumps to reduce motor-vehicle collisions and pedestrian injuries, and cataract surgery are among the best returns on investment (ROIs) in the developing world, when calculated as DALYs. It should be noted, however, that DALYs do not provide the level of detail at a project or individual intervention level to distinguish whether one approach is superior to another in decreasing morbidity and mortality within a targeted population.

The World Bank, whose economic mission is at times implemented by support of health programs, has focused more on “Country Assistance Evaluations” than on the evaluation of individual projects.¹⁸ The Bank’s leadership believes the country-level evaluations give a more accurate and complete picture of outcomes from their assistance. The country-level context allows observable progress on reform implementation to be monitored more effectively. When engaged in public health initiatives, the Bank largely focuses on health systems strengthening, including health care financing, human resources strategies and plans. The Bank also uses the counterfactual method of evaluation, in which the evaluator hypothesizes (“what if...”) about other possible outcomes – including no progress at all – then determines if the Bank program led to an improvement.

The UN Development Program (UNDP) publishes a *Handbook on Planning, Monitoring and Evaluating for Development Results*,

which emphasizes close relationships between three essential processes in humanitarian assistance: planning, monitoring, and evaluation.¹⁹ Citing the repeatedly proven dictum that “failing to plan is planning to fail”, the Handbook clarifies the essential nature of each three processes in relation to each other and to mission accomplishment: proper planning facilitates M&E, which then informs better planning. The cycle of careful monitoring creates effective evaluation, which can improve the quality of subsequent monitoring. When implemented properly, the total impact of such planning should be greater than the sum of the parts.

Sustainability is a goal of effective humanitarian operations, in both deliberate and crisis-action planning. The host and donor nations benefit most when the “...process, once begun, takes on a dynamic momentum that carries it forward at a self-sustaining rate.”²⁰ Empowering host nation participants by involving them in the initial planning process, creating an equitable and transparent exit strategy, and utilizing a “...people-to-people approach... that cuts through the bureaucracies and excuses”²¹ are all key components to sustainable humanitarian effort and to meeting U.S. Secretary of Defense Robert Gates’ goals of being a reliable humanitarian assistance partner.

QUALITY STANDARDS

The civilian humanitarian community has appropriately experienced anxiety about performance quality and standards, which has led to substantial consensus-based and objective improvements. In part, this focus has been driven and required by the donor community, where results and impact are necessary for further funding tranches and ongoing programmatic and technical assistance. Much soul-searching took place in the wake of humanitarian security challenges during the 1993 Battle of Mogadishu, and also after the 1994 Rwandan genocide. These situations highlighted complicated ethical dilemmas in providing aid, as evidenced by the possibility that direct aid was given in the past to the *genocidaires*- the perpetrators of mass killings- in eastern Zaire (now the Democratic Republic of the Congo).

Several large consortia of NGOs and International Organizations (IOs) have worked diligently to produce consensus quality standards for better humanitarian organization accountability and mission performance. The American Council for Voluntary International Action, formed in 1992 and better known as InterAction, is the largest coalition of U.S.-based international NGOs focused on the poor. InterAction’s nearly 200 members must certify compliance with standards of financial management, governance, and program performance every other year. It sponsors an active Evaluation and Program Effectiveness Working Group (EPEWG).²² Acknowledging the importance of M&E, the EPEWG is focused on impact evaluation and advocacy to influence the United States’ and global aid’s discourse of effectiveness.

InterAction has worked closely with the DoD, Department of State, USAID, and the U.S. Institute of Peace to develop *Guidelines for Relations between the U.S. Armed Forces and Non-Governmental Humanitarian Organizations in Hostile or Potentially Hostile Environments*.²⁸ This recent brochure-sized publication, while not specific to M&E activities, informs both military and non-military groups on effective performance when occupying the

itary humanitarian operations planners can seek host nation ownership from the planning stages of a humanitarian mission. Input from the partner nation for public health priorities (beyond those under the auspices of force protection) should be emphasized. The DoD can work with the partner nation and other USG and NGO partners, as well as IOs, to develop a needs assessment, to determine where the greatest public health impact – possibly measured by DALYs - can be delivered. The assessment could potentially result in recommendations against short-term medical civic action project (MEDCAP) or medical seminars (MEDSEMs) that may have little sustainability and/or impact, but for a combined health training program or access to a clean water system.

Military humanitarian program leaders should engage a wider array of stakeholders to create a more robust, accurate evaluation of a military humanitarian activity. Key stakeholders are not limited to the Combatant Command staff, the U.S. ambassador and his or her military attachés. The host nation Ministry of Health, local hospital directors, local political and civic leaders, and even the patients or direct beneficiaries of the mission are all key stakeholders, and have a valid and important perspective on the success or failure of the missions. M&E by the NGO community and USAID has increasingly sought out diverse stakeholders, and this initiative has shown promise in providing keen insights. For example, understanding of unintended consequences – both positive and negative – of humanitarian activities can be instrumental in designing future successful humanitarian actions. Additionally, the DoD might achieve more accurate evaluation of humanitarian activities by engaging stakeholders in more effective ways.

The DoD can provide services that are consistent with a larger strategic goal, like the priorities in the Theater Security Engagement Plan, and the impact of humanitarian activity can enhance security cooperation for years. The impact of the military humanitarian mission should be measured by benchmarks established by internationally accepted standards for public health value one year or so later, and these outcomes can drive future humanitarian operations planning in ways that are not currently considered under the existing system. Humanitarian activity implemented by the DoD must meet international standards, and this article shows the complexity that has evolved in international humanitarian standards in the past 20 years.

Military personnel engaged in humanitarian medical missions, whether under hostile conditions or not, are expected by senior DoD leaders to plan and evaluate their activities with sound principles of M&E. Likewise, the development community and the NGO donor community expect this, and much of the current M&E knowledge comes from our civil humanitarian colleagues. The differences in organizational cultures should not be a barrier to understanding how standards, processes, and expertise may be applied to the delivery and M&E of more effective military humanitarian medical assistance.

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ANSWERS TO TEST QUESTIONS

1. supply and training capabilities, typical patients, technology, focus on security, coordination styles, history of evaluation of humanitarian activities
2. U.S. Agency for International Development
3. PEPFAR
4. specific, measurable, achievable, relevant, time-bound
5. allows equitable comparisons between different interventions and diseases
6. what if – hypothetical alternatives or likely outcome with no intervention
7. interaction, 3ie, IASC, ALNAP, SPHERE, ECB, HAP
8. COCOM staff, ambassador, military group at embassy, host nation ministry of health and/or defense, local hospital director, local political leaders, patients, U.S. taxpayers, U.S. Congress.
9. informs future year planning, logistics, training, budgets, in ways that are not presently being done
10. SPHERE standards define minimum levels for achievement in catastrophes where all infrastructure is lost, like in a refugee camp after a devastating earthquake or after a conflict

Stephen G. Waller, MD, FACS, is an Associate Professor at the Uniformed Services University of Health Sciences in Bethesda, MD. He is a board-certified ophthalmologist with over thirty years of U.S. Air Force service as a commander, healthcare provider, and senior contingency planner.

Clydette Powell, MD, MPH, FAAP, serves as Medical Officer in the Office for Health, Infectious Disease, and Nutrition within the Bureau for Global Health (GH) at the U.S. Agency for International Development (USAID) in Washington, DC. Her current responsibilities focus on: (1) global public health strategies for tuberculosis (TB) control and prevention; (2) civilian-military health coordination; and (3) public health implications of human trafficking. As a currently practicing physician, Dr Powell has nearly 35 years of experience in healthcare, both in the U.S. and internationally. She is board-certified in pediatrics, child neurology, and preventive medicine/public health. Her medical degree was awarded from The Johns Hopkins University School of Medicine and her Master's in Public Health (epidemiology) from the University of California School of Public Health (Los Angeles). She trained in pediatrics and child neurology at Children's Hospital of Pittsburgh. She holds a faculty appointment as Associate Professor of Pediatrics, Department of Child Neurology, The George Washington University School of Medicine in Washington, DC.

Jane B. Ward, MD, Colonel (Ret) USAF Medical Corps is an ophthalmologist, currently a Master's of Public Health student at George Washington University School of Public Health. Dr. Ward had a 26 year USAF career as an optometrist, ophthalmologist, and flight surgeon during which she was the USAF Ophthalmology Residency Director, Ophthalmology Consultant to the USAF Surgeon General, and founding Program Director of the USAF International Health Specialist program. Her current professional interests are focused on lifestyle (preventive) medicine and global health.

Kevin Riley, PhD, Lt Col (Ret) serves as the Deputy Director for the Center for Disaster & Humanitarian Assistance Medicine (CDHAM), and is an Assistant Professor of Military Medicine for the Uniformed Services University of the Health Sciences (USUHS). He is responsible for a variety of projects within select Regional Combatant Commands in the areas of disaster preparedness/response, public and environmental health, and civil-military operations. He supervises the oversight of student education programs that include medical student electives, MPH Practicum programs, and Resident electives in disaster preparedness and complex humanitarian emergencies. Dr. Riley retired from the U.S. Air Force after a 26 year career. He has held leadership positions in the field, in academia, and at the strategic level culminating with an assignment as the Chief of Special Operation Forces medical education for U.S. Special Operations Command. He has coordinated and executed over 75 humanitarian assistance missions and served in major contingency operations and served as the Command Surgeon for the Combined Forces Special Operations Component Command during Operation Iraqi Freedom. Dr Riley is board certified in emergency management and is a proud recipient of the U.S. Army Order of Military Medical Merit for his contributions.