



USAID
FROM THE AMERICAN PEOPLE

Perspectives on health programming in conflict/post-conflict settings

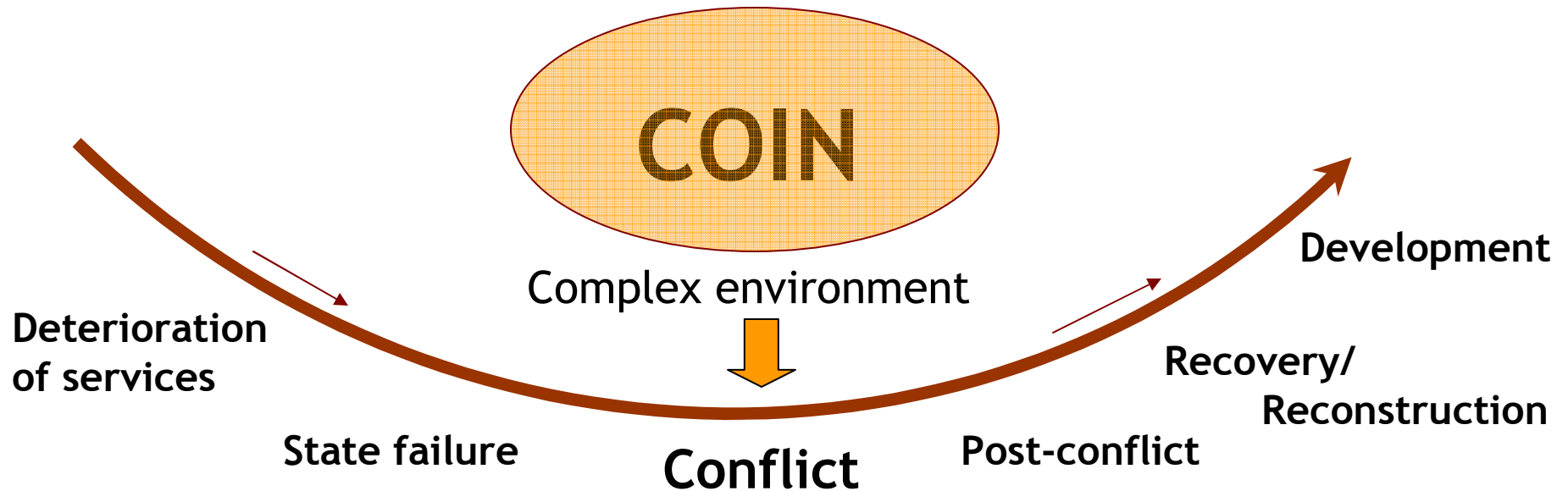
Carl Abdou Rahmaan
Senior Country Affairs Officer
USAID Afghanistan-Pakistan Task Force

September 30, 2009



USAID
FROM THE AMERICAN PEOPLE

Changing approach to USAID health programming





USAID
FROM THE AMERICAN PEOPLE

Evolution of USAID's thinking

- Early thinking : 'Smile' curve
- Now : Smile + **COIN**
 - More complex environment on the ground
 - Structured transition approaches
 - Civ-mil engagement
- Re-thinking core elements of our approach
 - Parallel-ism
 - Coordination
 - Endpoints



USAID
FROM THE AMERICAN PEOPLE

Parallel-ism in program approaches

Conventional health programming:

- High burden (*major diseases/conditions*)
- High coverage (*core interventions*)
- High impact (*improved health outcomes*)

VS

Redefined approach:

- Focus on immediate needs & local empowerment
- Speed/flexibility to respond
- High value (*community sees visible change*)
- High impact (*restored governance/public administration*)



USAID
FROM THE AMERICAN PEOPLE

Coordination

- Multiple actors and assets
 - USAID, State, DHHS, military, USDA, others
- Role agreement
 - Effective interagency processes for coordination
 - *it's not about who's in charge*
 - Planning, resourcing, and implementation
 - Structuring transition/hand-off strategies across phases (COIN → longer term development) and to government or other partners



USAID
FROM THE AMERICAN PEOPLE

What are the endpoints?

- Objectives often different from traditional objectives
- Ambiguities regarding appropriate metrics
 - Measuring health i.e. systems inputs, coverage, quality, morbidity/mortality outcomes

VS

- Measuring progress/effectiveness in addressing complex social political problems underlying conflict - not public health centric audience



USAID
FROM THE AMERICAN PEOPLE

THANK YOU