

Liberty University

Limits and Possibilities of the United States Military in Post-Conflict Reconstruction and
Stabilization

A Thesis Submitted to
the Faculty of the Helms School of Government
in Candidacy for the
Master of Science in International Relations

Helms School of Government

by

Alcir Florentino dos Santos Neto

Lynchburg, Virginia

May 7, 2020

Limits and Possibilities of the United States Military in Post-Conflict Reconstruction and
Stabilization

by Alcir Florentino dos Santos Neto

A Thesis Submitted to
the Faculty of the Helms School of Government
in Candidacy for the
Master of Science in International Relations

Lynchburg, Virginia

May 7, 2020

APPROVED BY

David Holt, Ph.D., Committee Chair

Mary Prentice, Ph.D., Committee Member

Abstract

This study probes the limits and possibilities of US military efforts to facilitate the transition from warfighting to nation-building. Most comparative studies conceive the complexity of this transition along a spectrum from conflict to humanitarian assistance to post-conflict stabilization. While the last two stages have often been interpreted as a coordinated act of civil-military ‘*nation-building*’; the spectrum, in fact, represents an *ideal type* simplification. At one level, outcomes depend on the players involved, including: sovereign nations, national militaries, international and regional institutions, UN peacekeepers, private security contractors, and non-governmental humanitarian providers, among others. On the other hand, because the number, types, and causes of case outcomes are highly diverse and contingent upon many possible factors (among them for example: political, economic, military, organizational, humanitarian, cultural, and religious), institutions like the US military face serious difficulties both planning and coordinating post-conflict scenarios. Assuming this complex backdrop, the present study offers a qualitative analysis of two recent US government reports by the Special Inspector General for Afghanistan Reconstruction (SIGAR) and the Special Inspector General for Iraq Reconstruction (SIGIR) on US military engagement in Afghanistan and Iraq. In both cases, the US government sought to ‘nation-build’ by facilitating post-war stabilization and humanitarian assistance, detailing its genuine efforts to record both processes. While results indicate some limited successes in both cases, they also indicate a familiar pattern of uneven performance failures consistent with other cases internationally. The analysis concludes with recommendations for further research that may better control the contingencies of post-conflict management.

Acknowledgments & Dedication

I would like to thank the staff of the Helms School of Government at Liberty University; without them, this study would not have been possible. I would like to thank Dr. David Holt, Ph.D., Committee Chair, for his continuous support throughout the entire process of this research. His expertise, experience and mentorship proved extremely helpful in guiding me throughout my studies at Liberty University and in the development of this thesis. I would also like to thank Dr. Mary Prentice, Ph.D., Committee Member, for her invaluable assistance and insight into the dynamics of this topic. Her contribution to this project has been prized. I would also like to thank my family and friends for their motivation and support. They have been with me since the beginning, teaching, guiding and motivating me to achieve the unthinkable.

Most importantly, above all, I want to thank God for His unfailing love and grace upon my life. I recognize my dependence on Him and glorify Jesus Christ - the rock of my salvation. He has been the center of my life, and for Him and through Him are all things. May this be the first of many opportunities to point to Him alone. I would like to dedicate this thesis to all my fellow brothers and sisters in Christ who are directly impacted by this topic all over the world: refugees, internally displaced people and the persecuted church.

Contents

Abstract	3
Dedication/Acknowledgement.....	4
Contents	5
List of Abbreviations	6
Introduction.....	7
Methodology	13
US Actors in Post-Conflict Reconstruction	15
Special Inspector General for Afghanistan Reconstruction (SIGAR)	16
Special Inspector General for Iraq Reconstruction (SIGIR)	19
Lessons Learned	22
Recommendations for Future Post-Conflict Reconstruction	28
Conclusion	33
References	36
Appendix	56

List of Abbreviations

ANA	Afghan National Army	MOS	Military Occupational Specialty
ARTF	Afghanistan Reconstruction Trust Fund	NGO	Nongovernmental Organizations
CA	Civil Affairs	OAPA	Office of Afghanistan and Pakistan Affairs
CERP	Commander's Emergency Response Program	PCH	Partnership Contracts for Health
COIN	Counterinsurgency	PMC	Private Military Companies
DoD	Department of Defense	R2P	Responsibility to Protect
DoS	Department of State	PRTs	Provincial Reconstruction Teams
IBC	International Building Code	SEHAT	System Enhancement for Health Action in Transition
IDP	Internally Displaced Personnel	SIGAR	Special Inspector General for Afghanistan Reconstruction
INGO	International Nongovernmental Organization	SIGIR	Special Inspector General for Iraq Reconstruction
IPCH	Iraq Primary Healthcare Center	UN	United Nations
MEDCAPs	Medical Civic Action Projects	US	United States
MOPH	Ministry of Public Health	USAID	United States Agency for International Development
		USACE	United States Army Corps of Engineers

Introduction

In the last thirty years, the international community has witnessed an exponential rise in conflict; inducing the diaspora of refugees across vast continents, the dislocation of millions of internally displaced personnel (IDPs) within warzones, the massacres and slavery of unarmed civilians, and the unprecedented emergence of epidemics instigated by targeted destruction of humanitarian efforts (Ryan 2013; The Armed Conflict Location & Event Data Project 2019; Uppsala Conflict Data Program 2019). The aftermath of conflict presents a strategic window of opportunity for stabilization operations that is contingent upon the adaptability of involved humanitarian actors to the degree of security in unpredictable environments (UN General Assembly and Security Council 2000, 2009). Without assistance or intervention, countries can collapse into failed states or relapse into conflict, which in turn can exacerbate the magnitude of security and humanitarian fallout in the region (Lamb 2015; Logan & Peble 2011; Walter 2010). Such disastrous occurrences have not hampered the international response.¹

While national and international organizations, religious institutions, and private actors have not been indifferent to the suffering caused by so much conflict—both inter-and intrastate—their desire for humanitarian intervention is no match for the threats they face under conditions of violence where they often become targets of the various combatants involved (Myerson 2012; Seybolt 2012). In effect, attempting to deliver humanitarian assistance in various post-conflict environments often confront humanitarian actors with unprecedented security challenges that threaten the continuity and stability of their international operations. Not surprisingly as a short-term fix, they have lobbied for state or international authorities to provide some measure of stability in the form of military intervention meant to serve as an instrument of

¹ The World Bank reported a 3,700% increase in aid received since 1960 (Organization for Economic Co-operation and Development 2017).

transition from conflict suppression to security stabilization and finally, to post-conflict reconstruction – the foundational components that define nation-building (Ryan 2003).

It is essential to recognize that there is no agreed-upon definition of nation-building, rather there are abstract subcomponents that have been ascertained by scholars and practitioners (Azimi 2019; Berger & Scowcroft 2005; Suhrke 2007). James Dobbins (2003), senior fellow and distinguished chair in Diplomacy and Security at the RAND Corporation, identified critical factors challenges that influence the level of success in nation-building into a hierarchy of seven essential subcomponents or tasks.² The inherent objectives of nation-building are beyond the scope of the US military, even though the military has attempted to control all variables and subcomponents of nation-building through a top-down approach. Due to the nature of the SIGAR and SIGIR reports—the actual mission of the post-conflict experience in both Afghanistan and Iraq—this paper will only focus on the tangible post-conflict reconstruction of the development and infrastructure as pillars of nation-building.³

Military to the Rescue?

Has this approach to pacifying and reconstructing war zones been effective or justified the expectations of humanitarian aid organizations? Answers have been and remain diverse, partial, and contingent. Despite the high cost of conflict and the humanitarian impulse to alleviate human suffering, militaries are generally reluctant warriors in the business of humanitarian affairs. Despite their history of occasional mission successes, modern militaries

² There is no agreed-upon definition of nation-building with academic circles; however, the idealtype of state-building is a multifaceted, multilevel, and multistage process to rebuild and strengthen a state's *raison d'être* as a functioning state, without any restrictions on a time frame. Seven subcomponents of nation-building published in published by the RAND Corporation, titled *The Beginner's Guide to Nation-Building and America's Role in Nation-Building from Germany to Iraq*: 1) rule of law, 2) governance, 3) security, 4) humanitarian, 5) economic stabilization, 6) democratization, and 7) development and infrastructure (Dobbins 2003, 2007).

³ Post-conflict reconstruction is the rebuilding and development of security and infrastructure to increase the efficiency and effectiveness of the system as a whole; as a result, it contributes to the strengthening of the economy, health, security, government infrastructure, and many others sectors that assists in legitimizing the government institution. It is one of many components that advance the concretization of the rule of law and facilitations the democratization of both political and economic institutions – leading to the idea of nation-building (Kaldor & Rangelov 2014, pp.265-281). Thus, post-conflict reconstruction is not interchangeable with nation-building, rather it is a process that leads to its ultimate purpose.

face many obstacles that limit their effectiveness, make them unwilling participants, or worse, explain their failures. One can compose a laundry list of factors here that make militaries reluctant warriors in humanitarian missions, but they can fairly be summarized as fears stemming from a lack of political, institutional, and ultimately operational control over mission planning, logistics, and implementation, whether the source of the fear is rooted in their own states or other supervising international authorities.

Indeed, whether related to humanitarian intervention or not, both states and international organizations all calculate their interests carefully when asked to engage in war. Both are as likely to cooperate with other states in avoiding a particular mission than to participate in it, since the risks of failure are high for domestic political leaders as well as international bodies whose credibility diminishes with each institution-sponsored failure.⁴ Like their militaries, states are also hesitant to place sovereign militaries under UN authority, especially given its history of peacekeeping failures.⁵ Understandably, when the economic, political, and national security interests of a state do not align with justifications for assistance and intervention, they may either decide to ignore pleas for help or get other states to ‘cooperate’ with them in a kind of collective inaction to avoid commitment (Holmes 2014; Fenton, 2009; Paris 2014). In the search to remedy state and international failure to act in a crisis, some advocate in privatizing military functions with PMCs.⁶ For many reasons, however, this solution has not proven a viable option.

⁴ The 1993 United Nations Assistance Mission for Rwanda (UNAMIR), the 1995 United Nations Mission in Bosnia-Herzegovina (UNMIBH), the 1999 United Nations Mission in Sierra Leone (UNAMSIL), the 2003 genocide in Darfur, failed state-hood in Somalia, and the lack of involvement in the 2011 Syrian Civil War (Kurth 2005; Mayer 2009).

⁵ Inaction led to the symptomatic emergence of The Right to Protect (R2P), obligating states with the responsibility to protect civilians and provide humanitarian intervention in parallel to security stabilization. However, enforcing R2P is difficult due to the veto power as a component in the voting system of the Security Council. Many look to the UN Peacekeepers as an enforcer of R2P amid conflict; however, the operational, administrative and security limitations of the UN Peacekeepers substantially impairs their response as a capable force for security stabilization in post-conflict nation-building (Berdal 2018; Gregg et al. 2015; Østensen 2001; UN Department of Public Information, 1999, 2005a, b, 2018; UN General Assembly and Security Council, 2000; UN Security Council 1946, 2008; UN Office of Genocide Prevention and the Responsibility to Protect, n.d.; UN Peacekeeping 2008, 2019; Serafino 2007; Sheehan 2008; Siobhán, 2018; Smit 2018; Welsh 2013).

⁶ The international community has considered post-conflict outsourcing from UN Peacekeepers to PMCs. PMCs can provide specialized and cost-effective services, as well as offering operational; however opponents point to their history of criminal activities, unethical behavior, limited

The US Military as Humanitarian Facilitator

The picture we have painted thus far confirms the rather conventional argument that neither states nor international bodies like the UN are models of how to achieve post-conflict humanitarian stabilization. And yet as suggested, some form of military security—whether state or international sponsored—is not only necessary to any such endeavors, but has arguably demonstrated its success on occasion. Like other states facing calls to use its military for humanitarian purposes, the US has relevant experience worth examining here. The US has been actively involved in post-conflict security stabilization over the last 20 years, despite a conventional history of hesitation and reluctance to engage in military intervention and peacebuilding operations since the failures of the Clinton Administration (Day 1997; Dotson 2016; Friedman & Gordon 1993; Holt & Mackinnon 2008; NPR 2013; Reuters 1993; Reyntjens 1996). Notwithstanding the reluctance of the US to engage in humanitarian intervention, particularly under the auspices of UN authority, the exponential rise of conflict and its destabilizing effects requires that states maintain a certain level of military readiness to repress and stabilize post-conflict environments where its international or regional interests require it. That all changes with the rise of non-state actors.

The introduction of non-state actors as destabilizing entities in a conflict has threatened international security and US interests abroad; however, the driving force behind the change of American intervention priorities were the September 11 attacks on American soil. These terrorist attacks reshaped the operational purpose and capability of the US military. The US rapidly deployed troops in offensive operations in Iraq and later Afghanistan, while American diplomats

transparency, minimal accountability on contract oversight, human rights violations and access to sensitive operational information (e.g., Eric SA in Algeria in 1992, Ronco during the 1994 Rwanda Genocide, MPRI in Liberia in 1995, ATS Tactical, and Select Armor in Somalia from 2006 through 2008, among many others) (Akcinaroglu & Radziszewski 2013; Mobley 2004).

sought support and justification of military invasion in the UN (Holt & Mackinnon 2008). President Bush indicated in his speech at the Virginia Military Institute, *the National Security Strategy of 2002*, that to ensure the long-term success of American military intervention in the Middle East, post-conflict reconstruction needed to become a priority and bedrock of both military and foreign policy efforts of the 21st century (Bush 2002a, b; Holt and Mackinnon, 2008; Miller 2010).

This brings into question the level of readiness of the US military to serve as an effective intervener of post-conflict security stabilization and reconstruction based on previous lessons learned (Pei & Kasper 2003). While certain studies seek to evaluate the unilateral performance of the US military in nation-building (Bowen & Collier 2012; Burkett 2012; Carson 2003), a new trend in scholarship has emerged from analyzing the impact of the war in Iraq and Afghanistan on the intricacies of civil-military partnerships with a *lessons-learned* approach. Many focus on the relationship between the US military, the Department of State (DoS), and the United States Agency for International Development (USAID) as actors in post-conflict reconstruction (Ballou 2014; Dobbins 2008; Rathmell 2005; Suhrke 2007). However, within this discourse community, an insignificant amount of attention has been given on the detailed accounts published by the Special Inspector General for Iraq Reconstruction (SIGIR) and the Special Inspector General for Afghanistan Reconstruction (SIGAR) as primary evaluators of the degree of American military success (Abdullah 2017; Chwastiak 2013; Coyne 2016; Jabareen 2012; Marchesi 2014; Samad 2016). Various studies have recognized the overwhelming failures and limited success of nation-building conducted by the American military in Iraq and Afghanistan when conducting different analyses (Ballou 2014; Coady 2002; Dodge 2005; Institute for Defense & Government Advancement 2013; Pollack 2006; Rashid 2009).

This analysis focuses on the current limits and possibilities encountered by the US military in establishing a continuous, working partnership with American humanitarian institutions (e.g., USAID or other private International Nongovernmental Organizations - INGOs) to stabilize conflict zones in order to implement humanitarian aid and assistance to affected populations. While the complexities of involving militaries as a tool of stabilization and post-conflict reconstruction are global in scope, it is imperative to note that it involves both State and non-state actors across many cases. The US will continue to engage in post-conflict nation-building, and it is crucial to retrospectively analyze previous outcomes and formulate a more adaptive and dynamic strategy. The US will also continue to experiment and modify nation-building strategies to meet mission objectives. This will only be possible by answering questions that encompass a comparative analysis of each case; how can the US effectively and systematically improve its future nation-building efforts in post-conflict regions? What dynamics are present in military-humanitarian cooperation (USAID) that needs to be reanalyzed? How can both the military and American government departments invoke ownership of the respective country and local stakeholders to solidify the continuity of nation-building efforts after withdrawal? This paper seeks to answer these critical questions that will unfold the multifaceted complexity of American efforts abroad, as well as derive factors that can directly impact the success of future efforts. Thus, the purpose of this paper is to learn how the US military experience in Iraq and Afghanistan might inform its future efforts to continue its partnership with USAID and other humanitarian organizations in order to facilitate lifesaving stabilization in the wake of ongoing or post-conflict scenarios.

Methodology

As the framework of this research will consist of conducting a comparative analysis of Iraq and Afghanistan as two recent US civilian-military cooperation and coordination cases, USAID will symbolize the possibilities of other humanitarian organizations that can be involved with the US military in future nation-building. To achieve the above proposition, this study will first dissect individual actors primarily involved with nation-building in Iraq and Afghanistan. Secondly, this analysis will scrutinize each case to provide valuable insight into the overall status of nation-building in Iraq and Afghanistan through insights offered by the SIGAR and SIGIR reports. Finally, the lessons learned from these reports will offer lessons learned from these two cases and propose strategic recommendations for future post-conflict humanitarian intervention and nation-building. Each section showcases the strengths of the selected methodology.

This research contains key advantages within the selection of this methodology. First, the small sample of the extent of US military-humanitarian efforts has primarily occurred within the last 20 years. This will allow for a detailed and contemporary account of each reconstruction effort. Secondly, SIGAR and SIGIR have published extensively detailed reports on the outcomes of military-facilitated post-reconstruction efforts in each case. These reports prove to be useful in comprehending lessons learned, as well as the limits and possibilities of moving forward with recommendations for future joint projects. Despite its advantages, one limitation of this analysis is the paucity of cases encompassing military-humanitarian cooperation and coordination that will not allow for any statistically robust quantitative conclusion; consequently, causing this study to rely upon both qualitative and quantitative analysis. A final limitation encompasses the questionable success of counterinsurgency (COIN) contingent upon reliable leadership and various operational factors (Schlosser & Caiella 2011; The Department of the Army 2014; The

United States Army Maneuver Center of Excellence 2018). A study conducted by RAND Corporations reports an idealistic multifaceted list of nation-building tasks in which the military has little to no control over all factors. The SIGAR and SIGIR reports account for the fact the military has done conflict suppression to some degree during the post-conflict scenario and so achieved a critical phase in the transition towards the quixotic objectives nation-building. Rather than addressing all seven tasks, the focus of the SIGIR and SIGAR reports were to analyze and recommend alterations to primarily one of seven subcomponents of nation-building; post-conflict reconstruction of development and infrastructure. To achieve that, it is imperative to observe one critical factor.

A critical factor worth noting is that there is a lack of well-defined intervals or milestones of the spectrum that measures the level of nation-building, limiting the ability of this study to establish clear boundaries between the functions of humanitarian intervention and post-conflict reconstruction. Humanitarian intervention historically occurs amid conflict. Even when state security stabilization is not fully achieved, humanitarian intervention tends to develop towards the idea of nation-building. Post-conflict reconstruction are steps taken towards the monumental idea of nation-building – these two concepts are not identical. As a result, post-conflict reconstruction can happen without total territorial control, which this study will address in the case of Afghanistan and Iraq. However, security implications could lead to a relapse into a conflict that would require humanitarian intervention once again – a continuous cycle dependent on security stabilization. Thus, there is no agreed-upon metrics to define phases and clear transition from humanitarian intervention to post-conflict reconstruction within the idealistic spectrum of nation-building.

US Actors in Post-Conflict Reconstruction

While there are no concrete metrics to measure success, there are identifiable essential actors addressed by SIGAR and SIGIR throughout the post-conflict reconstruction process. The United States Army Corp of Engineers (USACE) was the chief national-level actor in post-conflict reconstruction in Iraq and Afghanistan (Petraeus 2017). The national mission of the USACE was to build, manage, monitor and subcontract services to maximize the infrastructure of Afghanistan and Iraq to support military operations, as well as reconstruct and modernize different sectors (USACE 2019a, b).⁷ Estimated at \$9 billion in construction and oversight at 1,162 sites from 2002 to 2018, USACE built health facilities, roads, schools, military bases, housing, government facilities, and many other facilities encompassing all sectors (SIGAR 2018a; USACE 2019c, d). Despite its efforts, USACE was not able to achieve DoD objectives alone. As a result of the departmental mission directives, the Integrated Civil-Military Affairs Group, a joint Department of Defense (DoD) and USAID initiative, implemented a plan that “operationalized the concept of stabilization and described how civilian and military organizations would work side-by-side in Afghanistan to stabilize priority areas from the bottom up,” while considering security and institutional challenges – Appendix B (SIGAR 2018c, 39).

The second actor analyzed in this study is USAID. Traditionally, USAID’s involvement in nation-building was contingent on the degree of involvement of DoD and the level of security provided by the US military in Iraq and Afghanistan. Mission priorities changed according to the unpredictable realities of post-conflict reconstruction, and along with it, financial obligations – Appendix C (Hammink 2017; USAID 2019a, b). USAID reported that its mission objective was

⁷ According to the US Army, Section 886 of Public Law 110-181 (2008) empowered USACE to procure services and materials “using other than full and open competition for Acquisitions in support of Operations in Iraq and Afghanistan”.

to contextualize and integrate programs with the long-term development objective of stabilization and growth (Hammink 2017; USAID 2018a, 2019a, b). That was mainly conducted through job creation, poverty reduction and counterinsurgency support through the reconstruction and development of the infrastructure as a tool for economic growth and innovation (USAID 2012, 2015). As military interests in Iraq and Afghanistan began to dissipate, American politicians began to question the next step in the stabilization and sustainability of nation-building efforts – the mantle of post-conflict reconstruction and development was passed to USAID (Schlosser 2017). USACE indirectly maintained its involvement in a consultant capacity on construction projects, or at minimum, assisting in procuring subcontractors (Dobbins 2019). Civil-military partnerships, such as USAID and USACE, required third-party oversight to ensure the integrity and transparency of nation-building projects – oversight was delegated to SIGAR and SIGIR.⁸

Special Inspector General for Afghanistan Reconstruction (SIGAR)

As the US military focused on security and capacity building of the Afghan National Army (ANA) as an objective of Operation Freedom’s Sentinel, USAID became the humanitarian arm of the American government tasked with spearheading post-conflict reconstruction in partnership with USACE (USAID 2018 a, b). To ensure accountability and transparency of funds allocated for nation-building, Congress mandated and empowered SIGAR to provide oversight of USAID and US military projects. Throughout its operations, SIGAR has uncovered critical deficiencies that saved over \$3 billion of taxpayers’ money by conducting over “600 audits, inspections, and other reports”, leading to “more than 1,000 criminal and civil investigations”

⁸ Former US Secretary of State, Hilary Clinton, saw civilian-military partnerships alternative to locals for a better future: “The military campaign must proceed hand-in-hand with a robust civilian effort that helps the Afghan government build credibility with its own people, offer alternatives to the insurgency and provide incentives for all afghans to renounce violence and work toward a better future” (USAID 2012).

(SIGAR 2018b; 2020a, e, 2).⁹ SIGAR uncovered three main critical deficiencies in the US military nation-building efforts in Afghanistan that threatened operational objectives and the lives of people.

First, SIGAR discovered a lack of compliance with standards, including the International Building Code (IBC) and basic health regulations. In 2013, SIGAR submitted a letter to the Lieutenant General Thomas P. Bostick, the Commanding General and Chief of Engineer of USACE to alert of potential life-threatening fire and safety risks of the 1,002 K-Span structures either directly built or subcontracted by USACE for ANA (SIGAR 2013a). The insulation and thermal barrier systems used in K-Span structures did not comply with IBC standards, which has caused past fires that resulted in almost \$1 million in property damage (SIGAR 2013a). On the other hand, SIGAR also uncovered the lack of compliance with basic health regulations when physically inspecting 269 of 664 USAID-supported health facilities in nearly 75% of the provinces in Afghanistan – Appendix H (SIGAR 2020c). Clinics faced serious structural deficiencies: exposed wires, cracked walls, shattered windows, intermittent potable water and electricity, leaking roofs, limited sanitation, and waste management (some facilities were never used – Appendix H). The lack of compliance threatened the lives of soldiers and civilians.

Secondly, investigations uncovered inaccurate and incomplete data reports of joint USACE and USAID monitoring and evaluation activities. For example, from 2007 through 2009, SIGAR reported that over half of CERP files were incomplete; as a result, the US Army Audit Agency conducted an independent investigation and discovered that “92.6 percent of the records reviewed—212 of 229—were not complete, and the gaps were often important documents” of the 3,000 incomplete projects (SIGAR 2018c, 100). Discrepancies in data

⁹ The National Defense Authorization Act of 2008 empowered SIGAR to conduct investigations and audits of US initiatives in Afghanistan to “1) promote efficiency and effectiveness of reconstruction programs and, 2) detect and prevent waste, fraud, and abuse” (SIGAR 2020d).

reporting hinder measuring the impact of funds that focused on improving the livelihoods of the local population in post-conflict reconstruction and strengthening ANA. Incomplete contractual data decreased the accuracy of USACE reports; however, SIGAR also published various reports on the inaccuracy of the monitoring and evaluation practices of The Partnership Contracts for Health (PCH) Program and the System Enhancement for Health Action in Transition (SEHAT) Program under joint USACE and USAID operations.¹⁰

The monitoring and evaluation activities inspected by SIGAR consisted of three stages: confirmation, evaluation and reporting.¹¹ As part of the first step, SIGAR John F. Sopko submitted a letter in 2015 to the Acting Administrator of USAID, Alfonso E. Lenhardt, requesting additional information to confirm the locations of PCH and SEHAT facilities (SIGAR 2015a). In partnership with the US Army's Geospatial Center and Digital Globe Imagery, SIGAR investigated all reported data and geospatial imagery of coordinates to confirm the location of 641 health care facilities. Numerous inconsistencies were found. SIGAR reported 13 duplicated coordinates, 43 erroneous coordinates (six coordinates located in Pakistan, six in Tajikistan, and one in the Mediterranean Sea), and 120 mismatched districts - Appendix F and G (SIGAR 2015a,b). Multiple facility locations were either reported with a structure far from a respective coordinate or with no structure at all. In response, the USAID Assistant to the Administrator for the Office of Afghanistan and Pakistan Affairs (OAPA), Donald L. Sampler,

¹⁰ The PCH and the SEHAT programs funded assistance to the Afghan Ministry of Public Health (MOPH) to deliver essential health services to approximately 10.6 million Afghans in 13 provinces – Appendix E (SIGAR 2018c; 2019b). The activities of this program consisted of increasing functioning primary health care facilities, supporting Community Midwifery Education contracts, establishing public health public-private partnerships and creating a monitoring system at the provincial level (USAID 2019a,b).

¹¹ The first stage of inspections consists of confirming the location and the data provided by USAID. The second stage in SIGAR's investigation process consisted of a 1-2 hours inspection by a team that annotated the date, time, coordinate verification, and photographed every facility visited and analyzed the "overall assessment of the facility" (SIGAR 2016d). This overall assessment included: "(outside and inside), recording, among other information, the geospatial coordinates of the facility, whether the facility appeared to be open and operational, and whether the facility had reliable access to electricity and water, and an on-site pharmacy," as well as sanitation and safety concerns" (SIGAR 2016d). The final stage consisted of publishing detailed findings that accounted for deficiencies and recommendations of each facility (SIGAR 2019a,b).

responded to Sopko's first letter by assuring that USAID was now working with the Afghanistan MOPH to rectify the discrepancies (SIGAR 2015b).¹² However, after SIGAR analyzed the second submitted updated list, Sopko still discovered multiple errors (SIGAR 2015b). Inaccuracy leads to errors, but it also exacerbates the level of impact of fraud and waste.

Third, fraud and waste directly tied to subcontractors and US soldiers directly diminished the view of the US military as a competent actor. For example, Mercury Development, a subcontractor of USACE, received \$3.1 million of the \$3.4 million of their contract before completing the Sheberghan Teacher Training Facility building project. As a result, Mercury Development abandoned the project and USACE had to terminate "the contract and released the company from further contractual liability," (SIGAR 2017d, 2). Fraud and waste served as opportunities for various criminal convictions of US soldiers directly impacting the legitimacy of military efforts in post-conflict reconstruction – Appendix D. Thus, SIGAR investigations concluded joint USACE and USAID operations faced critical systematic deficiencies.¹³

Special Inspector General for Iraq Reconstruction (SIGIR)

Much like USACE operations in Afghanistan, the Gulf Region Division of USACE served as the primary construction administrator and manager of all sectors in Iraq that supported contracts designated to the Task Forces to Restore Iraqi Oil and Iraqi Electricity funds (SIGIR 2013a).¹⁴ SIGIR reported that USACE completed over 5,000 projects estimated at \$8.27 billion (SIGIR 2013a).¹⁵ The approach of USAID and USACE in Iraq was different from Afghanistan

¹² Sopko's first letter can be found in the SIGAR report 15-67-SP, Inquiry Letter: Geospatial Coordinates for PCH Health Facilities.

¹³ SIGAR concluded that "USAID and DoD stabilization efforts in Afghanistan were marked by poor situational awareness, a lack of reliable data, a mismatch between short project timelines and highly ambitious long-term goals, and frequent shifts in priorities" (SIGAR 2018c).

¹⁴ The National Security President Directive 36 empowered the Gulf Region Division of USACE (SIGIR 2013a).

¹⁵ The purpose of USACE in Iraq was to rebuild critical infrastructure and "restore Iraq's oil infrastructure so that it could reach pre-war production and export levels" since the Iraq invasion caused approximately \$457 million from military conflict and \$943 million due to depreciation (SIGIR 2013a).

because the focus was mostly on security and the rule of law; however, funds directed towards infrastructure development targeted water, sanitation, energy, and the health sector – Appendix J (SIGIR 2013a). To ensure that the funds allocated to nation-building were appropriately utilized, SIGIR was mandated with the responsibility to provide oversight, investigations and audits of the reconstruction efforts in Iraq, targeting misuse of all funds associated with American nation-building (SIGIR 2013b).¹⁶ Throughout the entire US military involvement in Iraq, SIGIR conducted over 220 audits and 170 investigations that reported mishaps that directly impacted the credibility of the DoD and USAID as effective actors in post-conflict reconstruction – Appendix I (SIGIR 2013a).¹⁷ SIGIR reported two main critical issues as a result of their investigations: structural deficiencies and inaccurate reported data.

First, many facilities encountered structural flaws. For example, it is estimated that over \$1.65 billion was allocated for the construction and maintenance of military buildings, barracks, and dining facilities (SIGIR 2013a). USACE invested over \$165 million to expand the prison capacity in Iraq by awarding contracts to build the Nassiriya and Khan Bani Sa’ad prisons (SIGIR 2013a).¹⁸ After both the contract and the project were terminated due to deficiencies, SIGIR inspected several sections of each facility and concluded that the construction done by Parsons Delaware Inc did not meet safety standards and recommended for the facilities never to be used (SIGIR 2006a, 2013a). Structural deficiencies were also discovered in the health sector.

As another example, USACE and USAID recognized that Iraq’s underdeveloped public health system was a threat to long-term sustainability and decided to actively participate in

¹⁶ Public Law 108-106 created the office of the Special Inspector General for Iraq Reconstruction.

¹⁷ Iraq faced severe limitations superimposed by corruption, waste, fraud, and lack of proficient management and administrative skills by the US military and the Iraqi government. SIGIR investigations led to 82 convictions and saved over \$1.6 billion of taxpayers’ money (SIGIR 2013a).

¹⁸ The original plan was to expand the facilities to accommodate over 3,600 beds; however, Parsons Delaware Inc. faced cost overruns, delayed the construction schedule, and did not adhere to specifications in the contract (SIGIR 2013a).

rebuilding the health sector (SIGIR 2013a).¹⁹ The Iraq Primary Healthcare Center (IPCH) program was developed to impact over 4 million Iraqis by building 150 clinics around the country at the total \$362 million – Appendix K (SIGIR 2013a). Similar to the SEHAT and PCH program in Afghanistan, USACE was in charge of oversight and management in Iraq and subcontracted Parsons Delaware, Inc. to provide design and construction services in the building, housing and health care (SIGIR 2006b, 2013a).²⁰ Throughout the entire contract with Parsons, SIGIR physically audited the status of 109 facilities and discovered various shortcomings in the structural integrity of buildings (39 facilities), the plumbing (37 facilities) and sewage systems (29 facilities), the electrical systems (36 facilities), and many others areas (SIGIR 2013a). Over \$9 million was spent on maintenance and structural corrections (SIGIR 2013a). Areas of priority included the generator and electrical systems (\$3.9 million), the interior and exterior of facilities (\$1.3 million), plumbing and septic system (\$465,000), along with others (SIGIR 2013a).

A second critical area uncovered by SIGIR inspections was inaccurate reported data. Similar to the incorrect GPS coordinates reported by SIGAR, SIGIR randomly selected ten PHC facilities and discovered that four of the ten facilities were located in an empty field – no construction was done (SIGIR 2009a).²¹ The results of the SIGIR inspections reported similar findings to those of SIGAR in Afghanistan – inaccuracy and mismanagement have diminished the impact and effectiveness of financial resources that could have been reallocated to other vital

¹⁹ From 2003 to 2012, approximately \$934 million was designated for the creation of health projects (SIGIR 2013a).

²⁰ Part of the project included the procurement and furnishing of medical equipment to the clinics that were built by Parsons: x-ray equipment, blood analyzers, examination tables, defibrillators, ventilators, and incubators, as well as office supplies and furniture (SIGIR 2010).

²¹ SIGAR concluded that the IPCH program had “cost substantially more than planned, taken much longer to complete, and produced fewer facilities...unless flawed policies, plans, procedures, and accounting for the status of completed and turned over assets is improved, US funded infrastructure projects will remain highly vulnerable to become wasted” (SIGIR 2009a).

projects.²² The US military needs to restructure and re-strategize by considering lessons learned in these two cases to better prepare for future nation-building efforts.²³

Lessons Learned

While it is acknowledged that post-conflict reconstruction is a long-term process, the normative response and management system of the US military and other US government departments are well-established (Dobbins et al. 2005; Hammink 2017). Post-conflict reconstruction in Iraq and Afghanistan exemplified these systematic norms over the last two decades, showcasing the fragility and complexity of projects contingent upon the fragile balance of US interests and the socio-economic and political realities of each country. SIGIR and SIGAR highlighted the shortcomings of these norms as well as exposed the fundamental challenges associated with post-conflict reconstruction. In contribution, this study offers five lessons learned which can be applied to future post-conflict reconstruction efforts.

Lesson One: Compliance with Infrastructure Standards and Regulations

National, regional, and international standards in health and infrastructure are essential for personnel safety, as well as critical for ensuring the sustainable and long-term viability of projects. Post-conflict reconstruction efforts in Afghanistan and Iraq often disregarded standards and regulations; consequently, facilities faced continuous degradation to the point that it would require extensive maintenance to ensure the perpetual use of those buildings. For example, USAID-funded and USACE built health care facilities were not in compliance with public health care standards and regulations of the Center for Disease Control (CDC), The Joint Commission

²² USAID encountered various contracting challenges that led to “project delays and, ultimately, charges for overhead with no work being carried out” (SIGIR 2013a).

²³ DoS veteran and author concluded that, “of the many lessons to be drawn from Iraq reconstruction, the most compelling speaks to the need to develop an agreed-upon doctrine and structure for contingency relief and reconstruction operations to guide the use of military and economic power so that the United States is ready when it next must intervene in a failed or failing state” (Buren 2011; Murphey 2013).

(JCO), and the World Health Organization (WHO) – basic standards that primary care and urgent care clinics, as well as hospitals, are required to follow in the US. The lack of monitoring and evaluation, including minimal regulatory compliance, can be life-threatening to the patient population. Water contaminants²⁴, waste disposal²⁵ and intermittent electricity are three critical issues that need to be resolved to impede the spread of noncommunicable diseases (Gayer et al. 2007). Thus, the first lesson for future post-conflict reconstruction is the importance of compliance with national, regional, and international professional standards and regulations for all infrastructure and health projects. Noncompliance will only exacerbate issues that post-conflict reconstruction was attempting to resolve in the first place, decreasing safety, increasing damage, exacerbating health issues, and crippling long-term health and economic development.

Lesson Two: The Cycle of Fraud, Waste, and Mismanagement

Whenever tens of thousands of projects and billions of dollars are injected in post-conflict reconstruction, resources are susceptible to fraud, waste, and mismanagement. Subcontractors, soldiers, and government employees attempt to illegally take advantage of contracts and systems to result in personal, financial, or political gain. This seems to be uniform in both Afghanistan and Iraq, despite the level and intention of involvement in post-conflict reconstruction (SIGAR 2019a,b).²⁶ Limited financial resources are allocated to critical programs

²⁴ The use of unfiltered water in medical facilities exposes patients and staff to various strands of bacteria, including *Pseudomonas*, gram-negative bacteria, and the nontuberculous mycobacteria (NTM). This can lead to “pulmonary disease in adults; cervical lymph node disease in children; skin, soft tissue, and bone infections; and disseminated disease in immunocompromised patients” (Schulster et al. 2004).

²⁵ Improper waste disposal procedures and exposure to biohazard waste, as addressed by JCO’s 3.3.1.3 recommendation, can be life-threatening (Braun et al., 2012). It can lead to Gastroenteric infections caused by Enterobacteria (e.g., *Salmonella*, *Shigella* spp., *Vibrio cholerae*, *Clostridium difficile*, etc.), respiratory infections caused by *Mycobacterium tuberculosis* (e.g., *Streptococcus pneumoniae* and the severe acute respiratory syndrome - SARS), as well as many other forms of infections (Chartier et al. 2014). On the other hand, intermittent electricity is a precarious problem for Neonatal and Intensive Care Unit (NICU and ICU) patients, emergency rooms, and immunization and pharmaceutical storage that depend on a reliable source of electricity for life-saving interventions (Roberts, Patel, & Mckee 2012).

²⁶ Despite the limited resources of the PHC and SEHAT programs, SIGAR reported that an 11-room medical clinic built in the Walayatti village in the Khandahar province has never been used - \$200,000 of taxpayer funds have been wasted (SIGAR 2013b). Similarly, USACE and USAID subcontracted a local construction company to build the Salang Hospital in the Parwan province for over \$500,000, resulting in merely 35% of the facility being used and reported to have various structural deficiencies (SIGAR 2016b).

that seek to further economic development, post-conflict stabilization, and improve public health in underdeveloped regions. Similarly, SIGIR also concluded that USACE and DoD lack proper management of funds distributed for reconstruction projects by mishandling contracts of subcontractors and not maintaining a database of contractual commitments (SIGIR 2009b).²⁷ Therefore, the second lesson in post-conflict reconstruction is that the vicious cycle of fraud, waste, and mismanagement is inevitable, but strict oversight and mitigation measures may decrease the extent of illicit activities before it exponentially grows. Decreasing the impact of fraud, waste, and mismanagement is necessary to maximize the use of funds to impact post-conflict reconstruction and its move towards stabilization positively.

Lesson Three: Inaccurate Reporting

The accurate and timely monitoring and evaluation of post-conflict reconstruction projects are essential for measuring the efficiency and effectiveness of projects, as well as to provide post-conflict reconstruction leaders with correct data to assist in policymaking and funds reallocation. Unfortunately, this was not the case in Afghanistan and Iraq. The monitoring and evaluation process in those two countries is complex, multilayered, and dependent on multiple private and public organizations, as well as hundreds of individuals (SIGAR 2015b). For example, USACE and USAID subcontracted third-party foreign nationals' staff in Kabul to visit, monitor, and evaluate an estimated 2,331 facilities in 13 provinces with active projects, but various deficiencies in the monitoring, evaluation, and reporting process led to incorrect GPS coordinates, crumbling infrastructure, and decaying projects (SIGAR 2015b).²⁸

²⁷ In 2007 alone, USACE approximately "\$3.0 million in DFI [Development Fund for Iraq] funds for potential liabilities associated with open reconstruction contracts, and one USACE contractor has about \$2.2 million it said was for work that had been completed but not yet approved for payment" (SIGIR 2009b).

²⁸ There are three leading subcontractors in charge of monitoring and evaluation (M&E) for USACE and USAID projects: 1) Measuring Impacts of Stabilization Initiatives (MISTI), 2) Checchi and Company Consulting, Inc (\$52.2 million contracts), 3) Versar Inc (\$90 million contracts) (SIGAR, 2015b; SIGAR, 2019c; USAID, 2012). To ensure proper mitigation of deficiencies in M&E, Sampler asserted that USAID meets with a

Furthermore, DoD and USAID also inaccurately reported information on the success of post-conflict reconstruction programs that impacts the direction of policymaking and fund reallocation. The accuracy of data reported by USACE and USAID is unconvincing; the reliability²⁹ of monitoring is also debatable. SIGAR was able to identify that USAID never disclosed the baseline data to measure the reported increases, but auditors found that estimates came from reports from the World Health Organization that was not conducted with USAID (SIGAR, 2020b).³⁰ Claims by USAID consisted of no baseline data for comparison, increased the correct data reported that came from WHO, and at times has a limited population impact survey that miscalculated the true extent of the impact in the entire country (SIGAR, 2020b).³¹

Post-conflict reconstruction is an extensive and monumental task, increasing the difficulty of monitoring and reporting; however, while acknowledging this intricate task, the third lesson from post-conflict reconstruction is that the muddled monitoring and evaluation processes impair any accurate reporting. Without settled metrics, a learned and simplified reporting process, and oversight in data quality management, the reliability of data that represents the effectiveness and efficiency of projects will never be conclusive.

consultant from the Grants Contract Management Unit (GCMU) at least every two months, or immediately if an urgent situation arises, to present findings and resolve issues (SIGAR 2015b).

²⁹ USAID reported substantial improvements in the status of women in Afghanistan, spending over \$850 million on 17 projects; however, the lack of the evaluation of metrics led USAID officials not to be able to tell SIGAR auditors how much of the money invested directly supported Afghan women (SIGAR 2020b).

³⁰ Of the \$1 billion invested in rule-of-law projects in Afghanistan, SIGAR discovered that “while the 2009 US rule-of-law strategy for Afghanistan contained 27 specific performance measures, the 2013 strategy contained no performance measures at all” (SIGAR, 2020b). In 2014, the USAID Administrator asserted that “3 million girls and 5 million boys are enrolled in school—compared to just 900,000 when the Taliban ruled Afghanistan”, as well as “child mortality has been cut [in Afghanistan] by 60 percent, maternal mortality has declined by 80 percent, and access to health services has been increased by 90 percent”, referring to the positive impacts of USAID programs (SIGAR 2020b).

³¹ SIGAR reported that “MISTI concluded that stabilization programming led to an increase in support for the Taliban in 13 of the 72 villages that were Taliban controlled, had no government or coalition presence, but still received a USAID stabilization project during the period studied” (SIGAR 2018c).

Lesson Four: Security versus Development

SIGIR and SIGAR reports illustrate that the cost of proper maintenance required to maintain the safety standards expected in any high-quality roads and facilities are high. Without a stable region, states can collapse into failed states or relapse into conflict, which will be detrimental to the long-term viability of the infrastructure by creating a continuous cycle of reconstruction and destruction. Consequently, instability brings uncertainty to the financial viability of attracting investments for maintenance due to the increase in political and economic risk caused by the damage of the infrastructure (Mardirosian 2010). Another aspect to consider is the transfer of maintenance responsibility from the US military to the host country. If the host country is financially unable to maintain the upkeep of the infrastructure, the government will be dependent on foreign funding. This defeats the fundamental purpose of rebuilding a country to be sustainable. Thus, it is clear that any sustainable long-term infrastructure development requires a stable and secure region, and that directly impacts the efficiency of health programs and intervention as a tool of development.

Provincial Reconstruction Teams (PRTs) carried out by the US military provided short-term medical intervention with no intention of establishing long-term medical development (Dziedzic & Seidl 2005; Hammink 2017; Keane & Wood 2015; McHugh & Gostelow 2004; McNerney 2006; Perito 2005; Waller et al. 2011). Both long-term development in the health sector and medical intervention is contingent upon the extent of security stabilization. The SIGIR and SIGAR report analyzed focused on the infrastructure aspect of USAID and USACE projects; however, sustainable health development can only happen when the entirety of the sector can function to meet demand. This includes the supply chain of medical equipment and pharmaceuticals, continuous maintenance of facilities, accountability in patient safety and

infection control, capacity building of the MOPH and medical providers, and the long-term capacity to treat chronic health conditions that require long-term and specialized care. Not only does the lack of security threaten the system of healthcare, but it risks the lives of medical providers – attacks on medical neutrality continue to be a significant issue (Chrappova et al. 2017; Elamein et al. 2017; Fouad et al. 2017; Heisler et al. 2015; International Committee of the Red Cross 2018). Any viable long-term sustainable development of the health sector depends on the stabilization of security.

Finding a balance between development and security is essential to impede long-term dependency because other countries would not participate in burden-sharing. This balance seeks to spur development and strengthen the rule of law. These factors are necessary to work towards Democratization, and as the end result, achieve peace as supported by the Democratic Peace Theory. Therefore, the fourth lesson in post-conflict reconstruction is that while short-term humanitarian intervention can temporarily alleviate the detriments of conflict, long-term development in infrastructure and health cannot happen without security stabilization (Coady 2002). Countries need to be both financially and administratively ready to be autonomous to receive the responsibility of maintenance required to maintain a viable long-term infrastructure to influence health and economic growth, clearly exemplified in the IPHC program.

Lesson Five: Inconsistency in Leadership

As previously addressed, post-conflict reconstruction requires a multifaceted, multilevel, and multistage process from multiple actors within the US government and abroad. Each leader serves as a fundamental block that builds the overarching post-conflict reconstruction system. Regardless of the depth of impact, each leader serves a critical role to fulfill the overall objective. In a utopian post-conflict reconstruction response, leaders that represent each stakeholder are the

same in the planning, execution, monitoring, and evaluation process in post-conflict reconstruction; however, that is not the case in Afghanistan and Iraq. Local, national, and international actors, including different departments of the US government, have a high turnover rate.³² The inconsistency presents a critical challenge in establishing and adhering to uniform institutional objectives. New leaders have dissimilar skillsets, selected new personnel, and implement distinct strategies to obtain different goals. This applies to all stakeholders who are invested in obtaining favorable results.

The issue of consistency of leadership also impacts the strategy design for post-conflict reconstruction – that was the problem in Afghanistan and Iraq. Rather than tailoring a post-conflict reconstruction response unique to the socio-economic, political, cultural, ethnic, religious challenges and opportunities of that country, post-conflict reconstruction in Afghanistan and Iraq attempted a multifunctional, or a one-size-fits-all approach that proved to be disastrous (Myerson, 2012; SIGAR, 2018c).³³ Afghanistan and Iraq are considerably different in the condition of functioning infrastructure, level of urbanization, income disparities, health inequalities, unemployment, demographics breakdown, educational opportunities, and government capacity for security and delivering services.³⁴

Recommendations for Future Post-Conflict Reconstruction

The nature of nation-building is heavily contingent upon the inimitable realities of the socio-economic, political, organizational, humanitarian, ethnic, religious, and security

³² Deployments for military personal generally range from 90 days to 15 months, whereas military leadership at the Pentagon changes multiple times over 5-10 years (Lubold & Youssef, 2019; Military Leadership Diversity Commission, 2011; United States Army, 2020). In the case of subcontractors, project managers of the IPHC program changed six times over the project life-cycle (SIGIR, 2009a).

³³ The Center for Strategic and International Studies concluded that “The challenge in Iraq is essentially one of rebuilding, whereas in Afghanistan it is one of building from scratch. . . . [In Iraq,] there was some tradition of central authority and organization on which a new, more reasonable order might take root and grow” (Nelson et al., 2009).

³⁴ For example, in Afghanistan, SIGAR reported that the strategy to drive out Taliban forces, which can be integrated into COIN operations, could be different. In essence, one community may require physical security, whereas the other might need an increase in government oversight in services (SIGAR, 2018c).

implications of the evaluated country or region; hence, it is both incongruous and unrealistic to provide tangible and standardized solutions to unknown future efforts. It is imperative to note that this study reflects a small sample of two conflicts in the last 20 years; therefore, as previously mentioned, the paucity of cases encompassing military-humanitarian cooperation and coordination that will not allow for any statistically robust quantitative conclusion. However, after scrutinizing both qualitative and quantitative factors of US military nation-building efforts in Iraq and Afghanistan through reports published by SIGAR and SIGIR, there are five broad recommendations to be considered for future military nation-building efforts.

1. Fortifying Monitoring and Evaluation Systems

An underlying theme in the published SIGAR and SIGIR reports the necessity to develop, strengthen, and maintain monitoring and evaluation systems to facilitate proper mitigation of fraud, waste, corruption, and mismanagement in local and international contractors, government officials, and US agencies. Bolstering funding and expanding the staff of Inspector General's offices appointed by Congress is essential to combat the elements that weaken the legitimacy of the nation-building conducted. Appointed US Inspector Generals should also provide capacity-building technical advisors to concretize the institutional strategies and mechanisms needed for the host government to be prepared and capable of providing oversight in future projects. Another possibility is to invite watchdog INGOs, such as Transparency International, the UN, and other reputable third-party monitors, to preserve the integrity of the nation-building process. However, the US military could be hesitant to welcome external monitors, as it possibly will halt covert methods and proprietary information used in operations, as well as potentially increase the bureaucracy involved to carry out projects. Overall,

the US military needs to consider welcoming oversight authorities to detect and prevent fraud, waste, corruption, and mismanagement – potentializing funds for post-conflict reconstruction.

2. Unified Objectives

Continuous institutional leadership throughout the entirety of the nation-building endeavor can be considered utopian, as military leaders, public administrators, and government officials do not maintain their leadership positions during the entire process. Consistency is threatened by turnover rates, term limits, and, at times, inconsistent leadership objectives. Consequently, each actor, government departments/agencies, militaries, and stakeholders could have different objectives (rooted in economic and political goals) that can impact the realization of a sustainable response to nation-building. There is a lack of unified objectives by each entity responding in nation-building programs throughout every stage of the response. Future US military post-conflict reconstruction efforts need to establish an overarching and multisectoral executive strategy that will last throughout the entire nation-building process: including security, economic, political, and organizational. Without such a plan, stakeholders will continue to seek autonomy and potentially fall short of post-conflict reconstruction objectives.

3. Planning for Continuous Maintenance

Dependency on foreign assistance exponentially diminishes self-reliance that can result in a long-term yoke of disproportional diplomatic and economic consequences to both the donor and the recipient. A post-conflict reconstruction strategy needs to account for the immediate population need, as well as the realities involved in the continuous maintenance of the infrastructure and programs by the host government once the US military and agencies withdraw from the region.³⁵ If the government is unable to incur the maintenance cost, then any post-

³⁵ For example, if the US military builds a new hospital to increase access to medical services, it begs the question if the local or federal government of the host nation has the financial ability and public policy flexibility to incur a new longstanding expense of maintenance. If they

conflict reconstruction efforts will degrade. Consequently, the government will depend on foreign assistance to rebuild and refinance the maintenance of previous projects. This was a critical dilemma uncovered by SIGAR with health facilities projects developed by joint US military and USAID programs. Therefore, post-conflict reconstruction is more than merely building new facilities – it is strategizing and reconstituting both financial and public policies to become financially self-reliant.

4. Sustainable Localization and Contextualization

An effective nation-building strategy is tailored to the unique realities of a post-conflict environment. The contextualization of post-conflict strategies needs to carefully and respectfully reconcile the sensitivity of both local customs and traditions with the elements that lead to economic and political progress. Contextualization is imperative to eliminate the harmful connotation of American Imperialism or Westernization in post-conflict reconstruction efforts.³⁶ Another aspect of contextualization is the approach in which the military influences local perception of their involvement in nation-building. Winning the *hearts and minds* should not be achieved with US military personnel but accomplished through localization.

Localization is the involvement of national entities and local stakeholders to provide local solutions to local problems. A localized approach to nation-building should instill accountability and compel locals to be invested in regional outcomes. Local government, national Nongovernmental Organizations (NGOs), faith and cultural organizations, and other influential

are unable, then that facility will deteriorate, face supply shortages, and shortly become incapable of financially maintain the staff – it becomes a future abandoned hospital, relapsing and reestablishing a need that was initially resolved during post-conflict reconstruction. This is applicable across every sector: roads, schools, waste management services, government facilities, military bases, and others.

³⁶ For example, the rule of law and government legitimacy is essential to combat corruption and fraud, and that can be achieved through effective democratization – a subcomponent of nation-building; however, the legitimization of the judicial system needs to overcome the barriers of the *Maslaha* and other faith and traditionally-based jurisprudence systems that challenge the acceptance of democracy and the rule of law. Once the legitimization of the judicial system is achieved, locals would be liable for criminal offenses that threaten the success of post-conflict reconstruction, such as fraud, waste, corruption, and other financial offenses.

institutions need to be prepared to provide long-term support to the local population. That is why capacity-building in a contextualized and localized approach is essential for the viability of any long-term sustainable program. This, as a result, will decrease the long-term dependency of the local population on foreign support. If further specialized support is needed, embedding technical advisors can be a plausible long-term solution to ensure a viable outcome. Therefore, the US military should utilize USAID to advise on contextualized and localized approaches and prioritize award contracts to local companies to promote a sustainable solution.

5. Security Stabilization versus Reconstruction Efforts

The co-dependency of security stabilization and long-lasting post-conflict reconstruction is evident. Proper risk evaluation and mitigation are needed to ensure the proper level and type of security response, including physical, psychological, and cybersecurity. As seen with insurgents, terrorist organizations, and other combatants, if a country-wide security stabilization is not achieved, it is possible for subnational jurisdictions to relapse from post-conflict reconstruction and once again require emergency humanitarian intervention. This cycle of relapse will continue until total security stabilization is reached or if unforeseen external factors, such as environmental disasters, are in play. As a result, the lack of security leads to extensive damages in project infrastructure, disrupts supply chains, burdens the fragile healthcare system, exacerbates economic, ethnic, and religious divides, multiplies the cost of a security force, increases the number of lives lost, and widens the gap of socio-economic disparity – totaling in an overall weakening of political, economic, and diplomatic competitiveness in the region. Therefore, the US military needs to find a balance between security stabilization operations and reconstruction objectives to maximize the efficiency and efficacy of future nation-building, whether that is achieved through the restructuring of internal system structures and

institutionalizing nation-building training for each subdivision or the concretization of congruent joint-USAID and military response by facilitating a unified policy approach.

Conclusion

The limits and possibilities of US military efforts in nation-building are substantially contingent upon the individual actors and stakeholders directly involved at each operational level, the gravity of security concerns and unpredictability interconnected with any causal elements (e.g., economic, political, ethnic, religion, among others), the underlying reason for American intervention, as well as autonomy and expectations superimposed by the host government. In order to provide a focused comparative analysis, this study comprehensively examined SIGAR and SIGIR reports in light of nation-building efforts by the US military, which in turn, concluded that it is interdependent with USAID. The deficiencies uncovered the audits conducted by SIGAR and SIGIR solidified the limitations contingent upon the balance of long-term development and security stabilization. Military efforts in Iraq focused on the reconstruction of a semi-operational government system, whereas, Afghanistan led to the rise of extensive and unprecedented development and infrastructure projects with a clean slate (Monten 2014; Nelson et al. 2009).

Furthermore, the analysis of SIGAR and SIGIR facilitated this study to offer four unique lessons learned from post-conflict reconstruction in Iraq and Afghanistan. First, compliance with standards and regulations in infrastructure is essential for the health and safety of all actors. Secondly, a vicious cycle of fraud, waste, and mismanagement is inevitable, but stricter mitigation measures should be firmly established before financing any projects. Third, the muddled monitoring and evaluation processes impair accurate reporting of the efficiency and effectiveness of nation-building. Reliable data is needed in order to maximize efforts and

reallocate funds accordingly. Fourth, the imbalance between security and long-term development directly impacts infrastructure and health – they are directly contingent upon each other.

As a result of the limitations revealed in the five lessons learned, this study offered essential recommendations that can impact the future possibilities of nation-building by the US military. First, it is essential to invest in fortifying monitoring and evaluation systems to combat fraud, waste, corruption, and mismanagement. Secondly, capacity building should realistically match the public policy and financial capabilities for the continuous maintenance of each project. The host nation should be able to take over all administrative and financial responsibilities to maintain each project. Third, localization and contextualization are imperative for a sustainable response. Socio-economic, political, ethnic, and religious factors are a driving force that can positively strengthen the probability of a sustainable response. Fourth, it is critical to have unified objectives by each responding entity throughout every stage of the response. Different objectives by different actors seeking different results will only exacerbate the root of the problem. Lastly, security stabilization is as important as reconstruction efforts. Continuous conflict and instability will undermine the integrity of nation-building projects, driving up the cost and time necessary to achieve expected goals.

The cases utilized in this study, despite its contingent limitations, contribute to a clearer understanding of the possibilities offered by the US military, as well as other militaries, nation-building focused on post-conflict reconstruction and stabilization. Further investigations on SIGAR and SIGIR reports are needed to focus on the other seven components of nation-building not discussed in this study. Each subcomponent of a nation-building strategy should be scrutinized for its compatibility with the above recommendations. Therefore, the US military is not prepared or capable of successfully engaging in all subcomponents of nation-building in

post-conflict reconstruction. Civilian-military cooperation continues to be critical in order to provide specialized intervention. As a result, any improvements in future nation-building efforts are dependent on the adapting, restructuring, and accepting of recommended amendments on a post-conflict reconstruction by SIGAR and SIGIR at each response level. Unless the US military alters its planning, execution, and coordination strategies, failure will be the recognized brand and expected outcome of any future military nation-building efforts.

References

- Abdullah, Sarwar Mohammed. 2017. "Corruption Protection: Fractionalization and the Corruption of Anti-Corruption Efforts in Iraq after 2003." *British Journal of Middle Eastern Studies* 46 (3): 358–74. doi:10.1080/13530194.2017.1403309.
- Akcinaroglu, S., & Radziszewski, E. (2012). Private Military Companies, Opportunities, and Termination of Civil Wars in Africa. *Journal of Conflict Resolution*, 57(5), 795–821. <https://doi:10.1177/0022002712449325>.
- Azimi, N. (n.d.). *Challenges of Post-conflict Reconstruction: What Have We Learned in the Past Decade?*. The United Nations Institute for Training and Research Hiroshima Office for Asia and the Pacific. <https://home.hiroshima-u.ac.jp/heiwa/cons/Azimi/03.pdf>.
- Ballou, B. (2014). Why America's Nation Building Office Failed and What Congress Had to Do With It. *Stability: International Journal of Security & Development*, 3(1). <https://doi:10.5334/sta.ec>.
- Berdal, M. (2018). What Are the Limits to the Use of Force in UN Peacekeeping? In Coning, C. D. & Peter, M. (Eds.), *United Nations Peace Operations in a Changing Global Order*, 113–32. Palgrave Macmillan, Cham.
- Berger, S. R., & Scowcroft, B. (2005). *In the Wake of War: Improving US Post-Conflict Capabilities; Report of An Independent Task Force*, 1-53. Council for Foreign Relations.
- Bowen, S, W., & Collier J.R., C. (2012). Reconstruction Leaders' Perceptions of CERP in Iraq: Report Overview. *Prism : A Journal of the Center for Complex Operations*, 4(1), 119-25. <http://ezproxy.liberty.edu/login?url=https://search-proquest.com.ezproxy.liberty.edu/docview/1266005745?accountid=12085>.
- Braun, B., Riehle, A., Donofrio, K., Hafiz, H., & Loeb, J. M. (2012). *Improving Patient and*

- Worker Safety: Opportunities for Synergy, Collaboration and Innovation*. The Joint Commission Mission. <https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/patient-safety/tjc-improvingpatientandworkersafety-monograph.pdf>.
- Buren, P. V. (2011). *We Meant Well: How I Helped Lose the Battle for the Hearts and Minds of the Iraqi People*, (1st ed., 1-286). Metropolitan Books.
- Burkett, E. K. (2012). Foreign Health Sector Capacity Building and the US Military. *Military Medicine*, 177(3), 296–301. <https://doi:10.7205/milmed-d-11-00087>.
- Bush, G. W. (2002a). *A Nation Challenged; Bush Says America Sees a 'Greater Hope'*. The New York Times. <https://www.nytimes.com/2002/04/18/world/a-nation-challenged-bush-says-america-sees-a-greater-hope.html>.
- _____. (2002b). *The National Security Strategy of the United States of America*. <https://history.defense.gov/LinkClick.aspx?fileticket=vGEKP5eXB3A%3d&tabid=9115&portalid=70&mid=20231>.
- Carson, J.A. (2003). *Nation-Building, The American Way*. United States Army War College. <https://fas.org/man/eprint/carson.pdf>.
- Chartier, Y., Emmanuel, J., Pieper, U., Prüss, A., Rushbrook, P., Stringer, R., ... & Zghondi, R. (2014). *Safe Management of Wastes From Health-care Activities*. World Health Organization, Second Edition (2nd ed.). https://www.who.int/iris/bitstream/10665/85349/1/9789241548564_eng.pdf?ua=1.
- Chrappova, J., Schwendt, P., & Marek, J. (2017). Health Workers and the Weaponisation of

- Health Care in Syria: A Preliminary Inquiry for The Lancet–American University of Beirut Commission on Syria. *The Lancet Journal*, 390, 2516-526.
[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)30741-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30741-9.pdf).
- Chwastiak, M. (2013). Profiting from Destruction: The Iraq Reconstruction, Auditing and the Management of Fraud. *Critical Perspectives on Accounting*, 24(1), 32–43.
<https://doi:10.1016/j.cpa.2011.11.009>.
- Coady, C. A. J. (2002). *The Ethics of Armed Humanitarian Intervention*. United States Institute of Peace. <https://www.usip.org/sites/default/files/pwks45.pdf>.
- Coyne, C. J., Michaluk, C., & Reese, R. (2016). Unproductive Entrepreneurship in US Military Contracting. *Journal of Entrepreneurship and Public Policy*, 5(2), 221–39.
<https://doi:10.1108/jep-12-2015-0037>.
- Day, C. E. (1997). Critical Analysis on the Defeat of Task Force Ranger. *Air Command and Staff College*, 1–46. <https://nsarchive.gwu.edu/NSAE/NSAE63/doc10.pdf>.
- Dobbins, J. G., Jones, S. C., Crane, K. C., & DeGrasse, B. C. (2007). *The Beginner’s Guide to Nation-Building*. Santa Monica, CA: RAND National Security Research Division.
- Dobbins, J., Campbell, J. H., Mann, S., & Miller, L. E. (2019). *Consequences of a Precipitous US Withdrawal from Afghanistan*. RAND Corporation.
https://www.rand.org/content/dam/rand/pubs/perspectives/PE300/PE326/RAND_PE326.pdf.
- Dobbins, J., McGinn, J. G., Crane, K., Jones, S. G., Lal, R., Rathmell, A., ... & Timilsina, A. R. (2003). *Americas Role in Nation Building: From Germany to Iraq*, 1-280. RAND Corporation.
- Dobbins, J., Jones, S. G., Crane, K., Rathmell, A., Steele, B., Teltschik, R., & Timilsina, A.

- (2005). *The UNs Role in Nation-Building: From the Congo to Iraq*, 1-318. RAND Corporation.
- Dobbins, J. (2008). Europe's Role in Nation Building. *Survival*, 50 (3), 83–110.
<https://doi.org/10.1080/00396330802173115>.
- Dodge, T. (2003). *Inventing Iraq: The Failure of Nation Building and a History Denied*, (1st ed., 1-288). Columbia University Press.
- Dotson, P. (2016). The Successes and Failures of the Battle of Mogadishu and Its Effects on US Foreign Policy.” *Channels: Where Disciplines Meet*, 1(1), 179–200.
<https://doi.org/10.15385/jch.2016.1.1.3>.
- Dziedzic, M. J., & Seidl, M. K. (2005). *Provincial Reconstruction Teams and Military Relations with International and Nongovernmental Organizations in Afghanistan*. United States Institute of Peace. <http://www.usip.org/sites/default/files/sr147.pdf>.
- Elamein, M., Bower, H., Valderrama, C., Zedan, D., Rihawi, H., Almilaji, K., Abdelhafeez, M., Tabbal, N., Almhawish, N., Maes, S., & Abouzeid, A. (2017). Attacks against Health Care in Syria, 2015–16: Results from a Real-time Reporting Tool. *The Lancet*, 390, 2278-286. [https://doi.org/10.1016/s0140-6736\(17\)31328-4](https://doi.org/10.1016/s0140-6736(17)31328-4).
- Fenton, A. (2009). *Haiti and The Dangers of Responsibility to Protect*. Global Policy Forum.
<https://www.globalpolicy.org/component/content/article/154/26083.html>.
- Fouad, F. M., Sparrow, A., Tarakji, A., Alameddine, M., El-Jardali, F., Coutts, A. P., Arnaout, N. E., Karroum, L. B., Jawad, M., Roborgh, S., Abbara, A., Alhalabi, F., AlMasri, I., & Jabbour, S. (2017). Health Workers and the Weaponisation of Health Care in Syria: a Preliminary Inquiry for The Lancet –American University of Beirut Commission on Syria. *The Lancet*, 390, 2516–26. [https://doi.org/10.1016/s0140-6736\(17\)30741-9](https://doi.org/10.1016/s0140-6736(17)30741-9).

- Gayer, M., Legros, D., Formenty, P., & Connolly, M. A. (2007). Conflict and Emerging Infectious Diseases. *Emerging Infectious Diseases*, 13(11), 625–31.
<https://doi:10.3201/eid1311.061093>.
- Gregg, D. W., Rothwell, D. R., Rubentein, K., & Zagor, M. (2015). Responsibility to Protect. *Australian Yearbook of International Law*, 33, 448–52. ISSN: 0084-7658.
- Hammink, W. (2017). *USAID in Afghanistan: Challenges and Successes*. United States Institute of Peace. <https://www.usip.org/sites/default/files/2017-12/sr417-usaid-in-afghanistan-challenges-and-successes.pdf>.
- Heisler, M., Baker, E., & McKay, D. (2015). Attacks on Health Care in Syria — Normalizing Violations of Medical Neutrality?. *New England Journal of Medicine*, 373 (26) 2489-491. <https://doi:10.1056/nejmp1513512>.
- Holmes, J. (2014). Responsibility to Protect. *Global Responsibility to Protect*, 6(2), 126–45.
<https://doi:10.1163/1875984x-00602003>.
- Holt, V. K., & Mackinnon, M. G (2008). The Origins and Evolution of US Policy Towards Peace Operations. *International Peacekeeping*, 15(1), 18–34.
<https://doi:10.1080/13533310701879860>.
- Institute for Defense & Government Advancement. (2013). *The Doctrine of Failure in Afghanistan: Rethinking nation building and the punitive expedition*. Institute for Defense & Government Advancement. <https://www.idga.org/special-operations/news/the-doctrine-of-failure-in-afghanistan-rethinkin>.
- International Committee of the Red Cross. (2018). *Practice Relating to Rule 25. Medical Personnel*. https://ihl-databases.icrc.org/customary-ihl/eng/docs/v2_rul_rule25.
- Jabareen, Y. (2012). Conceptualizing ‘Post-Conflict Reconstruction’ and ‘Ongoing Conflict

- Reconstruction' of Failed States. *International Journal of Politics, Culture, and Society*, 26(2), 107–25. <https://doi:10.1007/s10767-012-9118-3>.
- Kaldor, M., & Rangelov, I. (2014). *The Handbook of Global Security Policy*. Chichester, West Sussex, UK: John Wiley & Sons Inc.
- Keane, C., & Wood, S. (2015). Bureaucratic Politics, Role Conflict, and the Internal Dynamics of US Provincial Reconstruction Teams in Afghanistan. *Armed Forces & Society*, 42(1), 99–118. doi: 10.1177/0095327x15572113.
- Kurth, J. (2006). Humanitarian Intervention After Iraq: Legal Ideals vs. Military Realities. *Orbis*, 50 (1), 87–101. <https://doi:10.1016/j.orbis.2005.10.007>.
- Lamb, R. D. (2015). *Fragile States Cannot Be Fixed with State-Building*. Center for Strategic and International Studies. <https://www.csis.org/analysis/fragile-states-cannot-be-fixed-state-building>.
- Logan, J., & Peble, C. (2011). Fixing Failed States: A Dissenting View. In Christopher J. Coyne & Rachel L. Mathers (Eds.), *The Handbook on the Political Economy of War* (pp. 379-396). Edward Elgar Publishing.
- Marchesi, J. M. (2014). Pass the Sigar: Cutting through the Smoke of Lessons Learned in Simplified Contingency Contracting Operations. *Military Law Review*, 219, 53–82. <https://search-ebsohost-com.ezproxy.liberty.edu/login.aspx?direct=true&db=tsh&AN=97347213&site=ehost-live&scope=site>.
- Mardirosian, R. C. (2010). *Infrastructure Development in the Shadow of Conflict: Aligning Incentives and Attracting Investment*. Collaboratory for Research on Global Projects at Stanford University. https://gpc.stanford.edu/sites/g/files/sbiybj8226/f/wp058_0.pdf.

- Mayer, D. (2009). Peaceful Warriors: Private Military Security Companies and the Quest for Stable Societies". *Journal of Business Ethics*, 89(4), 387-401. <https://10.1007/S10551-010-0400-X>.
- McHugh, G., & Gostelow, L. (2004). *Provincial Reconstruction Teams and Humanitarian–Military Relations in Afghanistan*. Save the Children.
[https://docs.unocha.org/sites/dms/Documents/Save the Children- PRTs and Humanitarian Military Relations in Afghanistan \(2004\).pdf](https://docs.unocha.org/sites/dms/Documents/Save%20the%20Children-%20PRTs%20and%20Humanitarian%20Military%20Relations%20in%20Afghanistan%20(2004).pdf).
- McNerney, M. J. (2006). Stabilization and Reconstruction in Afghanistan: Are PRTs a model or a muddle? *Parameters*, 35(4), 32-46. <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/198173983?accountid=12085>.
- Gordon, M.R., & Friedman T. L. (1993). *Details of US Raid in Somalia: Success So Near, a Loss So Deep* Thomas L. Friedman. The New York Times.
<https://www.nytimes.com/1993/10/25/world/details-of-us-raid-in-somalia-success-so-near-a-loss-so-deep.html>.
- Miller, P. D. (2010). *Bush on Nation Building and Afghanistan*. Foreign Policy.
<https://foreignpolicy.com/2010/11/17/bush-on-nation-building-and-afghanistan/>.
- Mobley, B. W. (2004). Outsourcing Post-Conflict Operations: Designing a System for Contract Management and Oversight. *Journal of Public and International Affairs*, 15, 21-37.
<https://jpia.princeton.edu/sites/jpia/files/2004-2.pdf>.
- Monten, J. (2014). Intervention and State-Building: Comparative Lessons from Japan, Iraq, and Afghanistan. *The Annals of the American Academy of Political and Social Science*, 656, 173-191. <http://www.jstor.org/stable/24541769>.

- Murphey, D. D. (2013). We Meant Well: How I Helped Lose the Battle for the Hearts and Minds of the Iraqi People. *The Journal of Social, Political and Economic Studies*, 38(1), 99+.
https://link-gale-com.ezproxy.liberty.edu/apps/doc/A331169745/ITOF?u=vic_liberty&sid=ITOF&xid=e92f896b.
- Myerson, R. B. (2012). Standards for State-Building Interventions. *University of Chicago*.
<http://home.uchicago.edu/~rmyerson/research/std4sb.pdf>.
- Nelson, R. O., Leed, M., & Freier, N. (2009). Iraq versus Afghanistan: A Surge Is Not a Surge Is Not a Surge. *Center for Strategic and International Studies*.
<https://www.csis.org/analysis/iraq-versus-afghanistan-surge-not-surge-not-surge>.
- NPR. (2013). *What A Downed Black Hawk In Somalia Taught America*.
<https://www.npr.org/2013/10/05/229561805/what-a-downed-black-hawk-in-somalia-taught-america>.
- Organization for Economic Co-operation and Development. (2017). *Net Official Development Assistance and Official Aid Received (Current US\$)*. The World Bank Group. Last modified 2017. <https://data.worldbank.org/indicator/dt.oda.all.d.cd>.
- Østensen, A. G. (2001). UN Use of Private Military and Security Companies. *The Geneva Centre for the Democratic Control of Armed Forces*, 3, 1–84.
https://www.dcaf.ch/sites/default/files/publications/documents/SSR_PAPER3.pdf.
- Paris, R. (2014). The ‘Responsibility to Protect’ and the Structural Problems of Preventive Humanitarian Intervention. *International Peacekeeping*, 21(5), 569–603.
<https://doi:10.1080/13533312.2014.963322>.

- Pei, M., and Kasper, S. (2003). *Lessons from the Past: The American Record on Nation Building*. Carnegie Endowment for International Peace.
<https://carnegieendowment.org/files/Policybrief24.pdf>.
- Perito, R. M. (2005). *The US Experience with Provincial Reconstruction Teams in Afghanistan*. United States Institute of Peace.
http://nsp_intro.golearnportal.org/rawmedia_repository/2dfd8c34f5e65c5b6cc5cac0ebb68efb.pdf.
- Petraeus, D. (2017). Reflections by General David Petraeus, USA (ret.) on the wars in Afghanistan and Iraq. *Prism: A Journal of the Center for Complex Operations*, 7(1), 150-167. <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/1944517566?accountid=12085>.
- Pollack, K. M. (2006). *The Seven Deadly Sins of Failure in Iraq: A Retrospective Analysis of the Reconstruction*. The Brookings Institution. <https://www.brookings.edu/articles/the-seven-deadly-sins-of-failure-in-iraq-a-retrospective-analysis-of-the-reconstruction/>.
- Rashid, A. (2008). *Descent into chaos: the US and the disaster in Pakistan, Afghanistan, and Central Asia*, 1-556. Penguin Books.
- Rathmell, A. (2005). Planning Post-Conflict Reconstruction in Iraq: What Can We Learn?. *International Affairs*, 81 (5), 1013–38. <https://doi:10.1111/j.1468-2346.2005.00500.x>.
- Reuters. (1993). *The Somalia Mission; Clinton's Words on Somalia: 'The Responsibilities of American Leadership'*. The New York Times.
<https://www.nytimes.com/1993/10/08/world/somalia-mission-clinton-s-words-somalia-responsibilities-american-leadership.html>.

- Reyntjens, F. (1996). Rwanda: Genocide and Beyond. *Journal of Refugee Studies*, 9(3), 240–51.
<https://doi:10.1093/jrs/9.3.240>.
- Roberts, B., Patel, P., & Mckee, M. (2012). Noncommunicable Diseases and Post-Conflict Countries. *Bulletin of the World Health Organization*, 90(1), 1-2.
<https://doi:10.2471/blt.11.098863>.
- Ryan, J. (2013). *Conflict Has Changed, and This Needs to Be Reflected in the Future Development Agenda*. The United Nations.
<https://www.undp.org/content/undp/en/home/ourperspective/ourperspectivearticles/2013/08/02/conflict-has-changed-and-this-needs-to-be-reflected-in-the-future-development-agenda-jordan-ryan.html>.
- Ryan, M. (2003). The military and reconstruction operations. *Parameters*, 37(4), 1–37.
https://go-gale.com.ezproxy.liberty.edu/ps/i.do?p=AONE&u=vic_liberty&id=GALE%7CA174282097&v=2.1&it=r&sid=summon.
- Samad, K. A. B. A. R. M. N. (2016). The Challenges and Prospects in Rebuilding Post-Conflict Afghanistan (2001-2014). *The Journal of Defense and Security*, 7(1), 80–92.
<http://ezproxy.liberty.edu/login?url=https://search-proquest.com.ezproxy.liberty.edu/docview/2296130241?accountid=12085>.
- Schlosser, N. J. (2017). *The Surge: 2007-2008*. United States Army: Center of Military History.
https://history.army.mil/html/books/078/78-1/cmhPub_078-1.pdf.
- Schlosser, N. J., & Caiella, J. M. (2011). *Counterinsurgency Leadership in Afghanistan, Iraq, and Beyond*, (Vol. 1). Marine Corps University Press.
- Sehulster L. M., Chinn R. Y. W., Arduino M. J., Carpenter J., Donlan R., Ashford D., Besser R.,

- Fields B., McNeil M. M., Whitney C., Wong S., Juranek D., & Cleveland J. (2004). *Guidelines for Environmental Infection Control in Health-Care Facilities. Recommendations from CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)*. American Society for Healthcare Engineering/American Hospital Association. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>
- Serafino, N. M. (2007). *Peacekeeping and Related Stability Operations: Issues of US Military Involvement*. Congressional Research Service: Foreign Affairs, Defense, and Trade Division. <https://fas.org/sgp/crs/natsec/IB94040.pdf>.
- Seybolt, T. B. (2012). *Humanitarian Military Intervention: The Conditions for Success and Failure*, (1st Ed., 1-314). SIPRI Publication.
- Sheehan, N. (2008). United Nations Peacekeeping: Limitations and Prospects. *The Economics of Peace and Security Journal*, 3(2), 74–80.
<https://doi:http://dx.doi.org/10.15355/epsj.3.2.74>.
- Siobhán, W. (2018). Use of Deadly Force by Peacekeepers Operating Outside of Armed Conflict Situations: What Laws Apply? *Human Rights Quarterly*, 40(3), 683.
<https://doi:10.1353/hrq.2018.0036>.
- Smit, T. (2018). *7 Charts That Show How Peacekeeping Is Changing*. World Economic Forum. <https://www.weforum.org/agenda/2018/06/how-the-role-of-peacekeeping-is-changing-in-7-charts/>.
- Special Inspector General for Afghanistan Reconstruction. (2013a). *SIGAR-13-3-SP:*

Management Safety Alert Letter (K-Span ANA facilities). The United States Congress.

[https://www.sigar.mil/pdf/alerts/SIGAR%20SP%20Alert%20Letter%2013-](https://www.sigar.mil/pdf/alerts/SIGAR%20SP%20Alert%20Letter%2013-3%20April%204%202013.pdf)

[3%20April%204%202013.pdf](https://www.sigar.mil/pdf/alerts/SIGAR%20SP%20Alert%20Letter%2013-3%20April%204%202013.pdf).

_____. (2013b). *SIGAR 14-10-IP: Walayatti Medical Clinic: Facility Was Not Constructed According to Design Specifications and Has Never Been Used*. The United States Congress. https://www.sigar.mil/pdf/inspections/SIGAR_14-10_IP.pdf.

_____. (2015a). *SIGAR-15-67-SP: Inquiry Letter: Geospatial Coordinates for PCH Health Facilities*. The United States Congress. <https://www.sigar.mil/pdf/special%20projects/SIGAR-15-67-SP.pdf>.

_____. (2015b). *SIGAR-15-82-SP: Alert Letter: PCH Health Facilities Coordinates Response*. The United States Congress. <https://www.sigar.mil/pdf/special%20projects/SIGAR-15-82-SP.pdf>.

_____. (2016a). *SIGAR 16-09-SP: Review Letter: USAID-Supported Health Facilities in Kabul*. The United States Congress. <https://www.sigar.mil/pdf/special%20projects/SIGAR-16-09-SP.pdf>.

_____. (2016b). *SIGAR 16-22-IP: Department of Defense Reconstruction Projects: Summary of SIGAR Inspection reports Issued from July 2009 through September 2015*. The United States Congress. <https://www.sigar.mil/pdf/inspections/SIGAR-16-22-IP.pdf>.

_____. (2016c). *SIGAR 16-40-SP: Review Letter: USAID-Supported Health Facilities in Badakhshan*. The United States Congress. <https://www.sigar.mil/pdf/special%20projects/SIGAR-16-40-SP.pdf>.

_____. (2016d). *SIGAR 17-18-SP: Review Letter: USAID-Supported Health Facilities in Baghlan*. The United States Congress. <https://www.sigar.mil/pdf/special%20projects/>

SIGAR-17-18-SP.pdf.

_____. (2017a). *SIGAR-17-34-SP: Review: USAID Supported Health Facilities in Ghazni Province*. The United States Congress. <https://www.sigar.mil/pdf/special%20projects/SIGAR-17-34-SP.pdf>.

_____. (2017b). *SIGAR-17-51-SP: Review: USAID Supported Health Facilities in Takhar Province*. The United States Congress. <https://www.sigar.mil/pdf/special%20projects/SIGAR-17-51-SP.pdf>.

_____. (2017c). *SIGAR-17-67-SP: Review of CERP Health Facilities in Nangarhar*. The United States Congress. <https://www.sigar.mil/pdf/special%20projects/SIGAR-17-67-SP.pdf>.

_____. (2017d). *SIGAR 18-08-IP: Department of State and USAID Reconstruction Projects in Afghanistan: Analysis of SIGAR Inspection Reports Issued from August 2009 through March 2017*. The United States Congress. <https://www.sigar.mil/pdf/inspections/SIGAR-18-08-IP.pdf>.

_____. (2017e). *SIGAR 18-13-SP: Review: USAID Supported Health Facilities in Khost Province*. The United States Congress. <https://www.sigar.mil/pdf/special%20projects/SIGAR-18-13-SP.pdf>.

_____. (2018a). *SIGAR 18-29-AR: Afghan National Defense and Security Forces: DOD Cannot Fully Account for US-funded Infrastructure Transferred to the Afghan Government*. The United States Congress. <https://www.sigar.mil/pdf/audits/SIGAR-18-29-AR.pdf>.

_____. (2018b). *SIGAR-18-46-AR: Testimony Before the Homeland Security and Governmental Affairs Committee (HSGAC) Subcommittee on Federal Spending Oversight and Emergency Management (FSO) US Senate. Oversight of US Spending in*

Afghanistan. The United States Congress. <https://www.sigar.mil/pdf/testimony/SIGAR-18-46-TY.pdf>.

_____. (2018c). *SIGAR-18-48-LL*:

Stabilization: Lessons from the US Experience in Afghanistan. The United States Congress. <https://www.sigar.mil/pdf/lessonslearned/SIGAR-18-48-LL.pdf>.

_____. (2018d). *SIGAR 18-55-SP: Review*:

USAID Supported Health Facilities in Kandahar Province. The United States Congress. <https://www.sigar.mil/pdf/special%20projects/SIGAR-18-55-SP.pdf>.

_____. (2019a). *SIGAR 19-20-SP: USAID*

Supported Health Facilities in Faryab Province, Afghanistan: Observations From 17 Site Visits. The United States Congress.

<https://www.sigar.mil/pdf/special%20projects/SIGAR-19-20-SP.pdf>.

_____. (2019b). *SIGAR-19-34-SP: USAID*

Supported Health Facilities in Bamyan Province, Afghanistan: Observations from 44 Site Visits. The United States Congress.

<https://www.sigar.mil/pdf/special%20projects/SIGAR-19-34-SP.pdf>.

_____. (2019c). *SIGAR-19-60-AR: USACE's*

Local National Quality Assurance Program: USACE Used Qualified Personnel to Monitor Construction in Afghanistan and Is Taking Steps to Improve Contractor

Reporting. The United States Congress. <https://www.sigar.mil/pdf/audits/SIGAR-19-60-AR.pdf>.

_____. (2020a). *SIGAR-20-19-TY: US*

Lessons Learned in Afghanistan, Testimony Before the Committee on Foreign Affairs US House of Representatives. The United States Congress.

<https://www.sigar.mil/pdf/testimony/SIGAR-20-19-TY.pdf>.

_____. (2020b). *SIGAR-20-26-TY: US*

Lessons Learned in Afghanistan: Testimony Before the Subcommittee on Federal Spending Oversight and Emergency Management Committee on Homeland Security and Governmental Affairs US Senate. The United States Congress.

<https://www.sigar.mil/pdf/testimony/SIGAR-20-26-TY.pdf>.

_____. (2020c). *SIGAR-20-28-SP: Health*

Facilities in Afghanistan: Observations from Site Visits at 269 Clinics and Hospitals. The United States Congress. <https://www.sigar.mil/pdf/special%20projects/SIGAR-20-28-SP.pdf>.

_____. (2020d). *About SIGAR.* The *United*

States Congress. <https://www.sigar.mil/about/>.

_____. (2020e). *Criminal Cases.* The United

States Congress.

<https://www.sigar.mil/investigations/criminalcases/index.aspx?SSR=3&SubSSR=20&WP=CriminalCases>.

Special Inspector General for Iraq Reconstruction. (2006a). *SIGIR-06-011: Management of the*

Primary Healthcare Centers Construction Projects. The United States Congress.

<https://cybercemetery.unt.edu/archive/sigir/20131001084734/http://www.sigir.mil/files/audits/06-011.pdf#view=fit>.

_____. (2006b). *SIGIR-06-016: Interim Audit Report*

on the Review of the Equipment Purchased for Primary Healthcare Centers Associated with Parsons Global Services, Contract Number W914NS-04-D-0006. The United States Congress.

<https://cybercemetery.unt.edu/archive/sigir/20131001084734/http://www.sigir.mil/files/audits/06-016.pdf#view=fit>.

_____. (2009a). *SIGIR-09-015: Construction of Primary Healthcare Centers Reported Essentially Complete, but Operational Issues Remain.* The United States Congress.

<https://cybercemetery.unt.edu/archive/sigir/20131001084734/http://www.sigir.mil/files/audits/09-015.pdf#view=fit>.

_____. (2009b). *SIGIR-10-006: Development Fund for Iraq: Policy Guidance Needed To Enhance Accountability of USACE-managed Funds.* The United States Congress.

<https://cybercemetery.unt.edu/archive/sigir/20131001084734/http://www.sigir.mil/files/audits/10-006.pdf#view=fit>.

_____. (2010). *SIGIR-10-015: Health Center Sustainment Contract Resulted in Some Repairs, but Iraqi Maintenance Capability Was Not Achieved.* The United States Congress. Health Center Sustainment Contract Resulted in Some Repairs, but Iraqi Maintenance Capability Was Not Achieved.

_____. (2013a). *Learning From Iraq: A Final Report From the Special Inspector General for Iraq Reconstruction.* The United States Congress.

https://cybercemetery.unt.edu/archive/sigir/20131001083907/http://www.sigir.mil/files/learningfromiraq/Report_-_March_2013.pdf#view=fit.

_____. (2013b). *About SIGIR*. The United States Congress.

<https://cybercemetery.unt.edu/archive/sigir/20131001084048/http://www.sigir.mil/about/index.html>.

Suhrke, A. (2007). Reconstruction as Modernisation: The ‘Post-Conflict’ Project in Afghanistan.” *Third World Quarterly*, 28(7), 1291–1308.

<https://doi:10.1080/01436590701547053>.

The Armed Conflict Location & Event Data Project. (2019). *Data Export*. The Armed Conflict Location & Event Data Project. <https://www.acleddata.com/data/>.

The Department of the Army. (2014). *Insurgencies and Countering Insurgencies (FM 3-24)*. <https://fas.org/irp/doddir/army/fm3-24.pdf>.

The United Nations Department of Peacekeeping (2008). *Capstone – United Nations Peacekeeping Operations*.

https://peacekeeping.un.org/sites/default/files/capstone_eng_0.pdf.

_____. (2019). *Our History*.

<https://peacekeeping.un.org/en/our-history>.

The United Nations Department of Public Information. (1999). *Secretary-General Presents His Annual Report to General Assembly*.

<https://www.un.org/press/en/1999/19990920.sgsm7136.html>.

_____. (2005a). *Report of the Secretary-*

General, In larger Freedom: Towards Development, Security and Human Rights for All.

<https://www.ohchr.org/Documents/Publications/A.59.2005.Add.3.pdf>.

_____. (2005b). *Resolution adopted by the*

General Assembly.

https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_60_1.pdf.

_____. (2018). *Calls for Greater Inclusion of*

Elected Security Council Members, Limited Veto Use in Addressing Atrocity Crimes Dominate Open Debate on Working Methods.

<https://www.un.org/press/en/2018/sc13197.doc.htm>.

The United Nations General Assembly and Security Council. (2000). *Report of the Panel on*

United Nations Peace Operations. <https://undocs.org/A/55/305>.

_____. (2009). *Report of the Secretary-*

General on Peacebuilding in the Immediate Aftermath of Conflict.

http://www.un.org/ruleoflaw/files/pbf_090611_sg.pdf.

The United Nations Office of Genocide Prevention and the Responsibility to Protect. (n.d.).

Responsibility to Protect. <https://www.un.org/en/genocideprevention/about-responsibility-to-protect.shtml>.

The United Nations Security Council. (1946). *Military Staff Committee.*

[https://undocs.org/S/RES/1\(1946\)](https://undocs.org/S/RES/1(1946)).

_____. (2008). *Chapter IV - Voting.*

https://www.un.org/en/sc/repertoire/46-51/46-51_04.pdf.

The United States Agency for International Development. (2012). *Fact Sheet: Measuring*

Impacts of Stabilization Initiatives (MISTI).

[https://www.usaid.gov/sites/default/files/documents/1871/MISTI Fact Sheet - Dec 2012 - FINAL.pdf](https://www.usaid.gov/sites/default/files/documents/1871/MISTI_Fact_Sheet_-_Dec_2012_-_FINAL.pdf).

_____. (2015). *Fact Sheet: Fiscal Year 2015*

Budget Request for Development and Humanitarian Assistance.

<https://www.usaid.gov/sites/default/files/documents/1869/USAIDFY2015DevelopmentBudgetFactSheet.pdf>.

_____. (2018a). *USAID coordinates closely*

with other US government agencies and the military to ensure that federal expertise, capabilities and resources are best leveraged to meet development goals.

<https://www.usaid.gov/partnership-opportunities/us-government-and-military>.

_____. (2018b). *Annual Performance*

Monitoring Report FY18.

https://www.usaidassist.org/sites/default/files/usaid_assist_fy18_performance_monitoring_report_15nov2018ada.pdf.

_____. (2019a). *About the USAID ASSIST*

Project. <https://www.usaidassist.org/about>.

_____. (2019b). *Partnership Contracts for*

Health (PCH). <https://www.usaid.gov/news-information/fact-sheets/partnership-contracts-health-pch-0>.

The United States Army Maneuver Center of Excellence. (2018). *Counterinsurgency.*

<https://www.benning.army.mil/MSSP/Counterinsurgency/>.

The US Army Corps of Engineers. (2019a). *Afghanistan District Mission.*

<https://www.tad.usace.army.mil/About/Afghanistan-District/Mission/>.

_____. (2019b). *Doing Business with the Afghanistan District*.

<https://www.tad.usace.army.mil/About/Afghanistan-District/Contracting-With-U.S/>.

_____. (2019c). *The Corps Oversaw the Construction of Much of Afghanistan's Modern Road Network*.

<https://www.usace.army.mil/About/History/Historical-Vignettes/Civil-Engineering/039-Afghanistans-Roads/>.

_____. (2019d). *USACE History in Afghanistan*.

<https://www.tad.usace.army.mil/About/Afghanistan-District/History/>.

Uppsala Conflict Data Program. (2019). *Charts, Graphs and Maps*. Department of Peace and Conflict Research at Uppsala University. https://www.pcr.uu.se/research/ucdp/charts-graphs-andmaps/#tocjump_4215166737487017_0.

Waller, S. G., Ward, J. B., Montalvo, M., Cunliffe, C., Beadling, C., & Riley, K. (2011). A new paradigm for military humanitarian medical operations: mission-generic metrics. *Military Medicine*, 176(8), 845–851.

<http://search.ebscohost.com.ezproxy.liberty.edu/login.aspx?direct=true&db=mnh&AN=21882771&site=ehost-live&scope=site>.

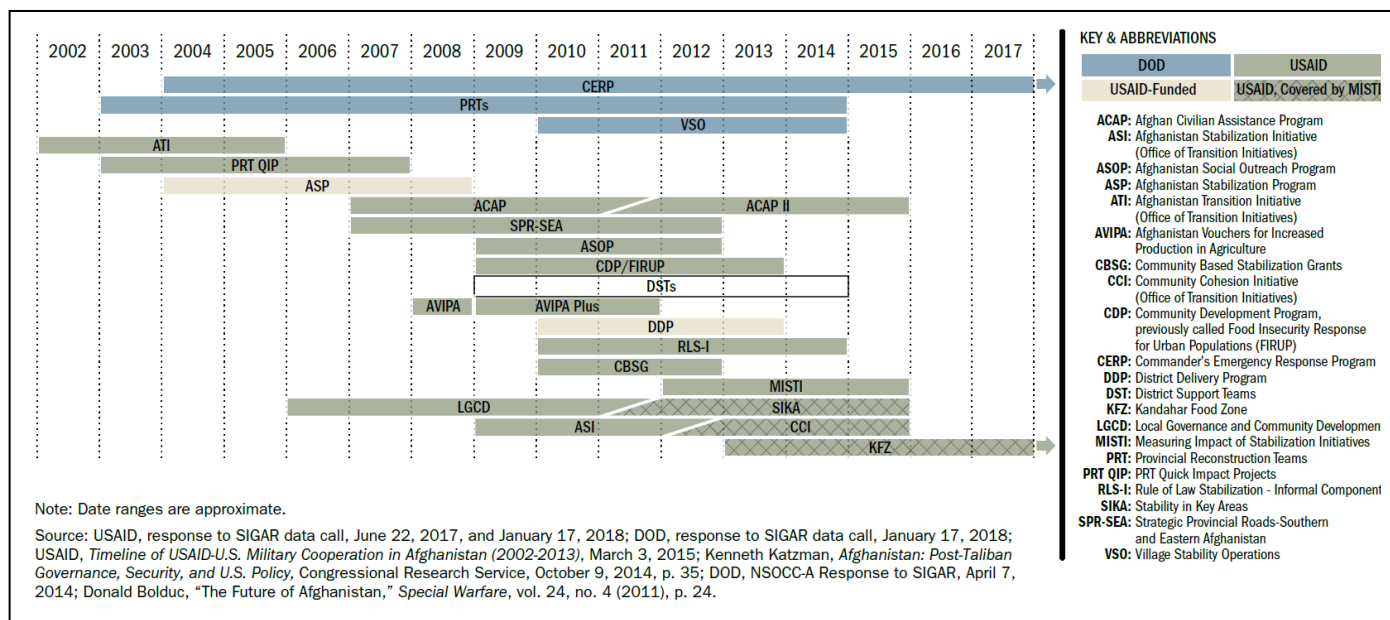
Walter, B. F. (2010). Conflict Relapse And The Sustainability of Post-Conflict Peace. *The World Bank Group*, 1–41.

<http://documents.worldbank.org/curated/en/128031468182669586/pdf/620260WP0Confli0BOX0361475B00PUBLIC0.pdf>.

Welsh, J. M. (2013). Norm Contestation and the Responsibility to Protect. *Global Responsibility to Protect*, 5(4), 365–96. <https://doi:10.1163/1875984x-00504002>.

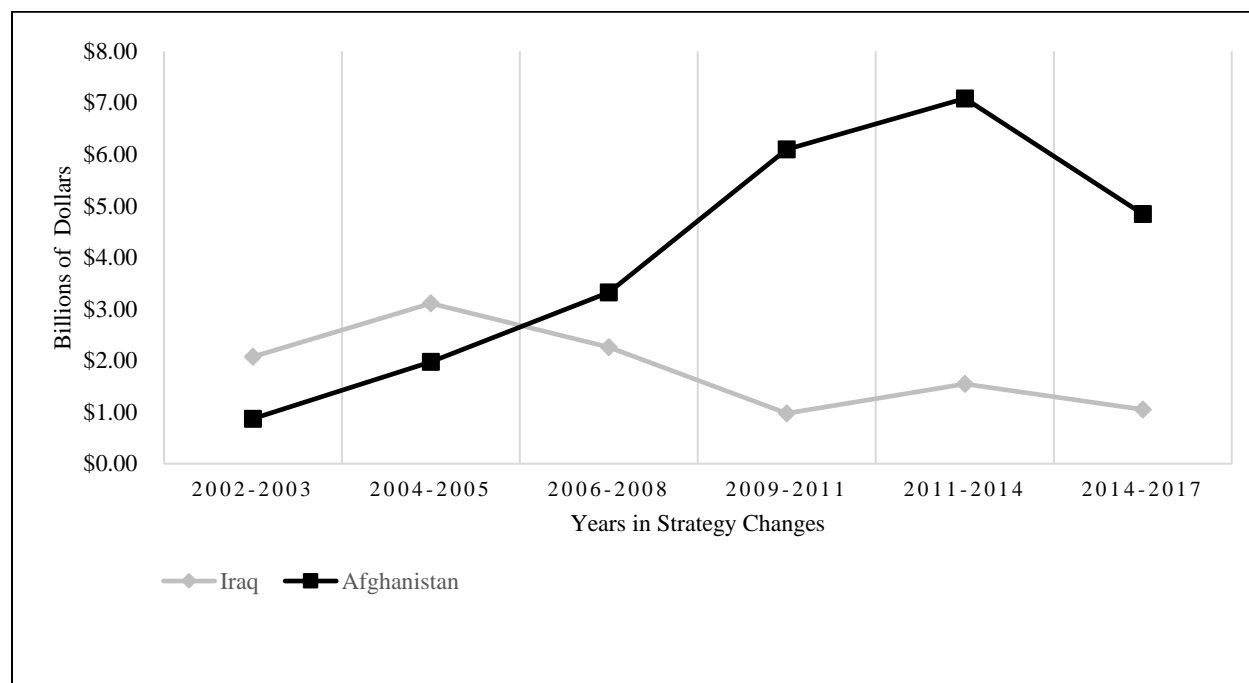
Appendix A

Afghanistan Stabilization Programming from 2002 to 2017



Appendix B

USAID Funds per strategy change in AFGHANISTAN



2002-2003	Complex Humanitarian Crisis, Counterterrorism, and Reconstruction.
2004-2005	Reconstruction and Social Services Provision.
2006-2008	Stabilization, Counter Narcotics, Pivot to Provinces.
2009-2011	Counterinsurgency.
2011-2014	Capacity Building, Energy Infrastructure, Transition.
2014-2015	Support a New Reform-Minded National Unity Following Presidential Elections.

Appendix C

Overview of Two USAID's Global Health Programs

Perpetrator	Offense
Army National Guard Specialist	Accepted numerous payments from \$200 to \$10,000 for accelerating payments of vendor's invoices.
Army Staff Sergeant	Received \$25,000 from several Afghan vendors to move up their firms in the rotation of suppliers and awarding them more profitable contracts.
Navy Senior Chief	Received \$25,000 from several Afghan vendors to move up their firms in the rotation of suppliers and awarding them more profitable contracts.
Army Sergeant First Class	Received a payment of \$100,000 and a Rolex watch for conspiracy to defraud in assisting a US Army first sergeant for conspiracy to commit money laundering.
Source: SIGAR, 2020e	

Appendix D

Summary of SIGAR's Geospatial Analysis of USAID-Reported Facility Locations

		Total Facilities
Geospatial Analysis Results	No structure within 400 feet:	189
	No structure within a half-mile:	81
	Structures present; none clearly indicated:	154
	Structure clearly indicated:	152
	Structure clearly indicated but district mismatched:	19
	Structure clearly indicated by the 2 nd duplicate coordinate:	2
No Geospatial Data Provided:		90
Erroneous & Duplicate Geospatial Data, excluded from Geospatial Analysis:		56
Total Locations of Concern:		510

Appendix E

Overview of Two USAID's Global Health Programs

Programs		
	Partnership Contracts for Health (PCH) Program	System Enhancement for Health Action in Transition (SEHAT) Program
Duration	2008 - 2015	2015 - 2018
Funds	\$259.6 million	\$228 million
Organizations Involved	Afghan Ministry of Public Health (MOPH)	World Bank's Afghanistan Reconstruction Trust Fund (ARTF) and the Afghan Ministry of Public Health (MOPH)
<p><i>Note.</i> These programs directly impact over 540 health facilities, 27 district hospitals, 166 comprehensive health centers, 276 basic health centers, five provincial hospitals, and over 6,000 health posts.</p>		

Appendix F

Summary of SIGAR's Preliminary Analysis of USAID Facilities

		Total Facilities
Total Reported Facilities		641
Location of Data Summary	No location data provided	90
	Location data provided	551
Problems with Location Data	Location data duplicated*	13
	Location data erroneous**	43
	District mismatched^	120
Total Missing or Problematic Coordinates^		266
Total Coordinates for Geospatial Analysis^*		495

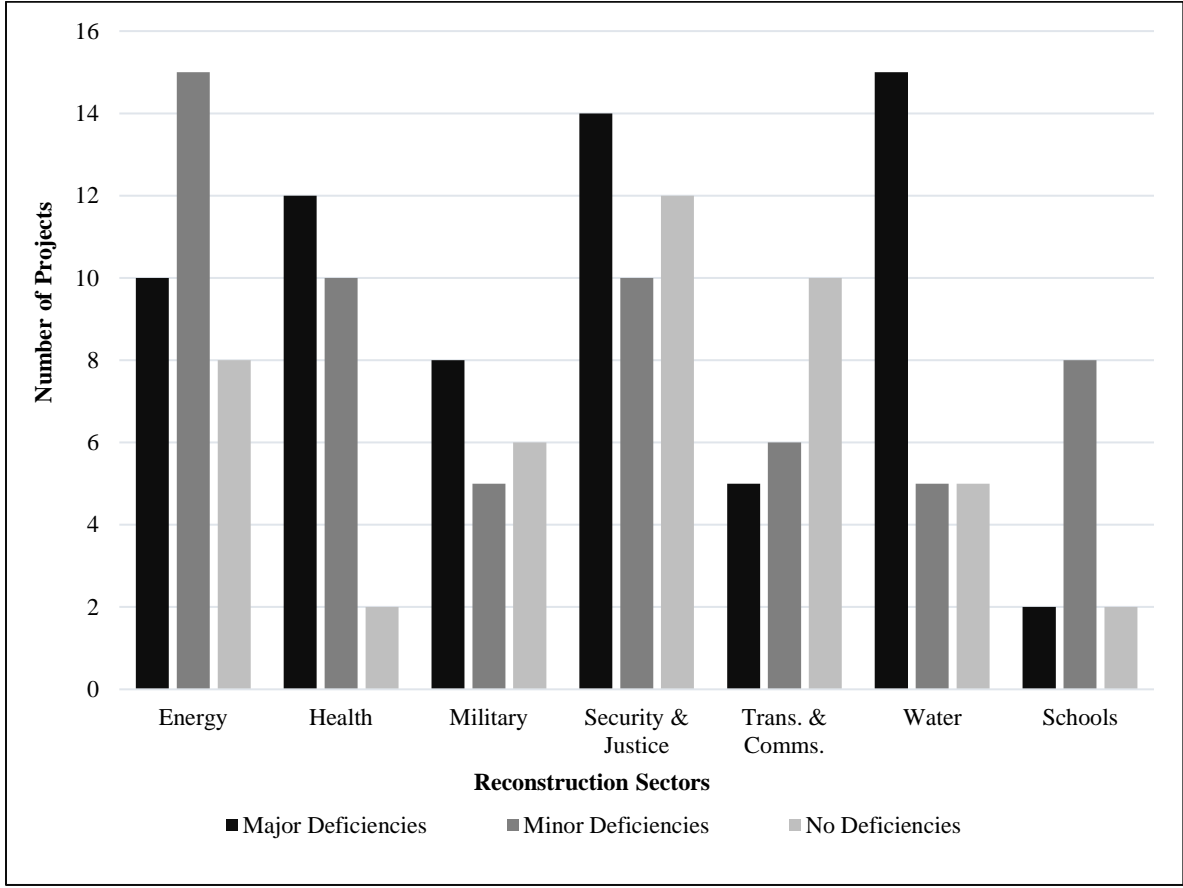
Appendix G

SIGAR Inspection Results Overview

Provinces	Findings	Sources
Badakhshan	29 of the 30 facilities inspected consisted of broken windows, leaking roofs, cracked walls, as well as unreliable access to water and electricity.	SIGAR, 2016c
Baghlan	Of 30 health care facilities, inspection teams reported harsh operational conditions that include poor maintenance of the structure, limited electricity, and water, inadequate lighting (when electricity is available), cracked walls, leaking roofs, shattered windows, and exposed wiring.	SIGAR, 2016c
Bamyan	Various facilities in Bamyan were reported to have structural defects, ranging from leaking roofs and cracked walls, to the lack of access to water and electricity. The construction of one facility was never completed.	SIGAR, 2016d
Faryab	Several health facilities were reported to have minimal access to electricity, with intermittent surges, as well as structural damage, leaking roofs, and exposed wiring.	SIGAR, 2019a
Ghazni	30 of the 70 facilities inspected, SIGAR described a dangerous environment for patient care due to broken generators, exposed live wires, improper wiring connections, leaking roofs, and unsecured disposal of medical waste.	SIGAR, 2017a
Kabul	Kabul Province consists of 32 public health care facilities funded directly by USAID. SIGAR reported that “five facilities did not have running water, three appeared not to have electricity, and eight may not have adequate or consistent power required for proper lighting and to refrigerate some pharmaceuticals and vaccines”.	SIGAR, 2016a
Kandahar	An 11-room medical clinic was built in the village of Walayatti to provide care to its local population. Inspection teams reported that after construction was completed in 2012, the clinic has never been used. SIGAR concluded that “almost \$200,000 of US taxpayer funds spent to date on the Walayatti clinic appears to have been wasted unless the facility is used as intended”.	SIGAR, 2013b; 2018d
Khost	Twenty visited sites suffered from operational and structural deficiencies: lack of reliable electricity, cracked walls, exposed wiring, leaking roofs, exposing patients to critical safety concerns.	SIGAR, 2017e
Nangarhar	Four facilities costing \$199,244.68 that impacted over 30,000 patients: structural deficiencies, leaking roofs, and cracked walls, as well as needing additional medical staff to sustain the influx of the patient population	SIGAR, 2017c
Parwan	The Salang Hospital did not provide the medical services that it was intended to, reported that the staff only utilized 35% of the square footage of the facility employed less than 20% of required staff. Structural deficiencies include “lack of electricity, water, furniture, equipment” – with “hospital staff was washing newborns with untreated river water”. SIGAR inspection team reported that “contractor was paid the full amount of the contract—more than \$500,000”.	SIGAR, 2016b
Takhar	Of the 35 of 66 public health facilities inspected, many did not have reliable electricity and water, had broken doors, cracked walls, exposed wiring, and leaking roofs.	SIGAR, 2017b

Appendix H

Deficiencies for Projects SIGIR Assessed, by Reconstruction Sector



Appendix I

SIGIR - Obligations and Expenditures of Major US Reconstruction Funds (By Area of Use, as of 9/30/2012 in \$ Billions)

Area	Sector	Obligated	Expended
Security and Rule of Law	Ministry of Defense Support	14.41	13.90
	Ministry of Interior Support	9.73	9.35
	Related Activities	1.12	1.08
	Justice	0.77	0.68
	Infrastructure Security	0.67	0.63
	Corrections	0.53	0.46
	Anticorruption	0.07	0.06
	Subtotal	27.30	26.16
Infrastructure	Electricity	5.45	5.36
	Water and Sanitation	2.78	2.71
	Oil and Gas	1.76	1.76
	Transportation & Communications	1.31	1.25
	General Infrastructure	0.58	0.58
	Subtotal	11.8	11.66
Governance	Public Services	3.06	2.55
	Capacity Development	2.45	2.27
	Democracy & Civil Society	1.91	1.82
	Humanitarian Relief	0.89	0.84
	Subtotal	8.32	7.48
Economy	Private Sector Development	0.98	0.87
	Economic Governance	0.84	0.78
	Subtotal	1.82	1.65
Total		49.23	46.96

Appendix J

SIGIR – Major US-funded Healthcare Construction Contracts in \$ Millions

Project	Province	Contractor Name	Award Date	Completion Date		US Cost
				Original	Actual	
Primary Health Care Centers	Many	Parsons Delaware, Inc., Others	3/25/2004	12/26/2005	10/1/2008	\$361.5
Basrah Children's Hospital	Basrah	Bechtel National, Inc.	8/3/2004	12/31/2005	10/21/2010	\$103.9
Missan Surgical Hospital	Missan	Eastern Deffaf Al-Nahraen	9/20/2007	5/19/2009	N/A	\$16.0
Erbil Emergency Hospital	Erbil	Tigris Engineering Consultancy Electric	7/28/2008	12/4/2009	5/31/2010	\$12.9
Ba'quba General Hospital	Diyala	Liqaa al-Mustakbal Co.	11/24/2007	12/2/2008	12/26/2010	\$8.0

Appendix K

Lessons Learned from SIGIR and SIGAR from Reconstruction

SIGIR	SIGAR
<i>Lessons from Iraq</i>	<i>Lessons from Afghanistan</i>
<ol style="list-style-type: none"> 1. Create an integrated civilian-military office to plan, execute, and be accountable for contingency rebuilding activities during stabilization and reconstruction operations. 2. Begin rebuilding only after establishing sufficient security, and focus first on small programs and projects. 3. Ensure full host-country engagement in program and project selection, securing commitments to share costs (possibly through loans) and agreements to sustain completed projects after their transfer. 4. Establish uniform contracting, personnel, and information management systems that all SRO [stabilization and reconstruction operations] participants use. 5. Require robust oversight of SRO activities from the operation's inception. 6. Preserve and refine programs developed in Iraq, like the Commander's Emergency Response Program and the Provincial Reconstruction Team program, that produced successes when used judiciously. 7. Plan in advance, plan comprehensively and in an integrated fashion, and have backup plans ready to go. 	<ol style="list-style-type: none"> 1. Successful reconstruction is incompatible with continuing insecurity. 2. Unchecked corruption in Afghanistan undermined US strategic goals—and we helped to foster that corruption. 3. After the Taliban's initial defeat, there was no clear reconstruction strategy and no single military service, agency, or nation in charge of reconstruction. 4. Politically driven timelines undermine the reconstruction effort. 5. If we cannot end the “annual lobotomy,” we should at least mitigate its impact. 6. To be effective, reconstruction efforts must be based on a deep understanding of the historical, social, legal, and political traditions of the host nation.