



Department of Defense **INSTRUCTION**

NUMBER 2205.02

June 23, 2014

Incorporating Change 1, May 22, 2017

USD(P)

SUBJECT: Humanitarian and Civic Assistance (HCA) Activities

References: See Enclosure 1

1. PURPOSE. This instruction:

a. Reissues DoD Instruction (DoDI) 2205.02 (Reference (a)), in accordance with the authority in DoD Directives (DoDDs) 5100.01 and 5111.1 (References (b) and (c)) and the Deputy Secretary of Defense Memorandum (Reference (d)), to establish policy, assign responsibilities, and provide procedures for the conduct of HCA activities governed by section 401 of Title 10, United States Code (Reference (e)).

b. Incorporates and cancels DoDI 2205.3 (Reference (f)).

2. APPLICABILITY. This instruction applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff (CJCS) and the Joint Staff, the Combatant Commands (CCMDs), the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this instruction as the "DoD Components").

3. POLICY. It is DoD policy that:

a. HCA activities:

(1) Are conducted in conjunction with authorized operations and exercises of the Military Services in a foreign country (including deployments for training).

(2) Are conducted with the approval of the host nation's (HN) national and local civilian authorities.

(3) Complement, and do not duplicate, other forms of social or economic assistance provided to the HN by the Department of State (DoS) and the U.S. Agency for International Development (USAID).

(4) Serve the basic economic and social needs of the HN.

(5) Promote, as determined by the Secretary of Defense or the Secretary of the Military Department concerned:

(a) The security and foreign policy interests of the United States.

(b) The security interests of the country in which the activities are to be performed.

(c) The specific operational readiness skills of the Service members who participate in the HCA activities.

(6) Are nominated through the appropriate geographic Combatant Commander (CCDR) and approved by the Assistant Secretary of Defense for Special Operations/Low Intensity Conflict (ASD(SO/LIC)), other than Command-approved HCA projects, as defined in section 3 of Enclosure 3.

(7) Require approval of the Secretary of State or designee.

(8) Will be incorporated into the security cooperation (SC) annex of a CCDR's theater campaign plan (TCP).

(9) Will be assessed to determine their initial and long-term effects within the HN.

b. HCA may:

(1) Involve cooperation with HN military or paramilitary elements (including the participation of third-party organizations such as non-governmental or private or voluntary groups) to establish trust and enhance relations with the entities.

(2) Not be provided directly or indirectly to any individual, group, or organization engaged in military or paramilitary activity. For example, an HCA engineering project cannot build barracks or buildings for the sole or primary use of military or paramilitary forces, but it can involve cooperation with HN military or paramilitary elements to drill a well for use by the local civilian population.

c. HCA activities should be distinguished from those activities that a CCDR undertakes to accomplish an operation or exercise that may also result in incidental benefit to the local population. Purpose and intent are the key factors in determining whether a specific activity constitutes HCA covered by Reference (e). For example, a Service unit may construct a road through a jungle for the purpose of servicing a base camp that will benefit that unit. If the local populace incidentally benefits by the use of this same road, the road construction activity would

not constitute HCA because the established purpose and intent were not to benefit the local populace.

d. Service personnel participate in HCA activities to create strategic, operational, or tactical effects that support CCDR objectives in security cooperation or designated contingency plans, while at the same time reinforcing skills required for the operational readiness of the personnel who participate in the HCA activities.

(1) Military Service personnel primarily provide services relevant to their military occupational specialty training requirements. For example, medical HCA activities could include doctors, dentists, nurses, pharmacists, or health administrators, as appropriate, to the HCA activity.

(2) HCA activities should include the involvement of a sufficient number of linguists or personnel with proficiency in the local language to enable clear communication and coordination when working with HN populace.

e. Expenses incurred as a direct result of providing HCA to a foreign country are paid for with funds specifically appropriated for such purposes from the Military Department's operation and maintenance (O&M) accounts.

(1) Authorized expenses include the direct costs of consumable materials, supplies, and services reasonably necessary to provide the HCA.

(2) Expenses not authorized to be paid from HCA funds include costs associated with the military operation or exercise (e.g., transportation; personnel expenses; petroleum, oil, and lubricants; and repair of equipment). These costs are covered by funds available for the military operation or exercise.

(3) Other unauthorized expenses include salaries of HN participants and *per diem* expenses of Service personnel conducting the HCA.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. INFORMATION COLLECTION REQUIREMENTS. The "DoD Humanitarian and Civic Assistance Program Annual Report," referred to in paragraph 2.d. of Enclosure 2 and section 7 of Enclosure 3 of this instruction, is submitted to Congress in accordance with Reference (e) and is coordinated with the Assistant Secretary of Defense for Legislative Affairs in accordance with the procedures in DoDI 5545.02 (Reference (g)).

7. RELEASABILITY. **Cleared for public release**. This instruction is available on the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

8. SUMMARY OF CHANGE 1. The changes to this issuance are administrative and update references for accuracy.

9. EFFECTIVE DATE. This instruction is effective June 23, 2014:



Michael Lumpkin
Performing the Duties of Under Secretary of
Defense for Policy

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ENCLOSURE 1

REFERENCES

- (a) DoD Instruction 2205.02, "Humanitarian and Civic Assistance (HCA) Activities," December 2, 2008 (hereby cancelled)
- (b) DoD Directive 5100.01, "Functions of the Department of Defense and Its Major Components," December 21, 2010
- (c) DoD Directive 5111.1, "Under Secretary of Defense for Policy (USD(P)),," December 8, 1999
- (d) Deputy Secretary of Defense Memorandum, "Delegations of Authority," November 30, 2006
- (e) Section 401 of Title 10, United States Code
- (f) DoD Instruction 2205.3, "Implementing Procedures for the Humanitarian and Civic Assistance (HCA) Program," January 27, 1995 (hereby cancelled)
- (g) DoD Instruction 5545.02, "DoD Policy for Congressional Authorization and Appropriations Reporting Requirements," December 19, 2008
- (h) DoD Directive 5100.03, "Support of the Headquarters of Combatant and Subordinate Unified Commands," February 9, 2011
- (i) DoD Instruction 5160.70, "Management of the Defense Language, Regional, Expertise, and Culture (LREC) Program," December 30, 2016
- (j) DoD Directive 5160.41E, "Defense Language, Regional Expertise, and Culture (LREC) Program," August 21, 2015, as amended
- (k) DoD Directive 1322.18, "Military Training," January 13, 2009

ENCLOSURE 2

RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR POLICY (USD(P)). The USD(P) develops policies and procedures within the DoD to coordinate and oversee policy implementation for humanitarian assistance (HA) activities, including HCA, as authorized in Reference (b).

2. ASD(SO/LIC). Under the authority, direction, and control of the USD(P), the ASD(SO/LIC) serves as the OSD policy lead for HCA activities and:
 - a. Coordinates with the Joint Staff, Strategic Plans and Policy Directorate, Partnership Strategy Deputy Directorate (J5 DDPS) in the development of policy and procedure guidance.
 - b. Reviews and approves proposed HCA project nominations, submitted by J5 DDPS, to ensure adherence to policy and program guidance.
 - c. Coordinates proposed HCA activities with other relevant officials under the authority, direction, and control of the USD(P).
 - d. Reviews annual assessments of HCA activities provided by the Joint Staff in conjunction with the annual report to Congress.
 - e. Establishes the threshold for Command-approved HCA projects.

3. DIRECTOR, DEFENSE SECURITY COOPERATION AGENCY (DSCA). Under the authority, direction, and control of the USD(P), the Director, DSCA, provides database support for coordinating and managing HCA activities.

4. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). The USD(P&R) develops and provides oversight of:
 - a. Policies and programs as they apply to HCA activities to ensure the readiness of the Military Departments for peacetime contingencies, crises, stability operations, and warfighting.
 - b. DoD training policies and programs, including the cost effective application of training systems and technologies, as they apply to HCA activities.
 - c. Training policies and programs to ensure that resources are sufficient to produce ready forces.

d. Policies regarding the professional conduct and standards of Military Health System personnel in the planning, conduct, and evaluation of health-related HCA activities.

5. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments:

a. Include, in their programming and budget requests, amounts for HCA activities conducted by the CCMDs for which the Secretaries have program and budgetary responsibilities, pursuant to DoDD 5100.03 (Reference (h)).

b. Allocate approved funds for HCA activities to the CCMDs through the established budgetary process.

c. Review and recommend to the Joint Staff changes, as appropriate, to HCA activities proposed by the CCMDs to ensure that those activities enhance the specific operational readiness skills of the Service personnel who participate in such activities.

d. Integrate foreign language and regional proficiency capabilities in support of HCA pre-deployment training and preparation in accordance with DoDI 5160.70 and DoDDs 5160.41E and 1322.18 (References (i) through (k)).

6. CJCS. The CJCS:

a. Assists the ASD(SO/LIC) in developing, coordinating, implementing, and managing HCA policy and procedures.

b. Coordinates on, provides recommendations about, and forwards nominations for HCA activities from the CCMDs to the ASD(SO/LIC).

c. Coordinates with the ASD(SO/LIC) to provide guidance for CCMDs to measure effectiveness of HCA activities and monitor the results (including after action reports (AARs)).

d. Reviews HCA project submissions for adherence to applicable policy and program guidance.

e. Monitors execution of HCA projects to ensure conformity with established procedures and policy guidelines.

f. Coordinates responses to congressional inquiries, and prepares and submits reports to Congress in compliance with statutory requirements.

7. CCDRs. In accordance with issued guidance and policy oversight of the ASD(SO/LIC), via the CJCS, CCDRs:

- a. Develop, coordinate, and nominate HCA activities within their areas of responsibility (AORs) in support of their SC programs and overall TCP and theater strategy objectives.
- b. Coordinate with USAID to ensure that HCA projects are consistent with the appropriate embassy's strategy and are complementary to USAID's strategy.
- c. Execute HCA activities in their AORs.
- d. Ensure that HCA activities in their AORs conform to U.S. policy and program guidance.
- e. Ensure that HCA activities are conducted with the approval of the Secretary of State or designee accredited to the country in which the activity is intended to take place (typically the U.S. Ambassador, Chief of Mission (COM), or Deputy COM).
- f. Monitor results of HCA activities, and submit AARs to the CJCS on the overall effectiveness in achieving DoD security cooperation objectives and other relevant DoD purposes.
- g. Submit to the relevant Military Departments cost and obligation data pertaining to these projects.
- h. In accordance with procedures established by the CJCS, identify and report foreign language and regional proficiency requirements in accordance with References (i), (j), and (k).
- i. Approve Command-approved HCA projects in their area of responsibility when costs are at or below the threshold established by the ASD(SO/LIC).

ENCLOSURE 3

PROCEDURES

1. HCA ACTIVITIES (GENERAL). Examples of HCA projects include:

a. Medical, surgical, dental, and veterinary care provided in rural, isolated, or under-served areas of a country, including education, training, and technical assistance related to the care provided. Units conducting these activities must ensure that they do not drastically exceed the standard of care already provided by the HN. Providing care that exceeds the standards of the HN or USAID projects may undermine the HN government and can negatively affect perceptions toward the United States if the populace expects follow-up visits or improved services from the HN or additional development assistance from USAID. When HCA activities involve direct patient or animal care, units conducting the engagement must be mindful of and take steps to mitigate unintended consequences of such engagement, including: discrediting national and local governance; discrediting national and local medical providers and facilities; and the economic displacement caused by such activities.

b. Construction of rudimentary surface transportation systems.

c. Well drilling and construction of basic sanitation facilities.

d. Rudimentary repair and construction of public facilities.

e. Units conducting activities in paragraphs 1.b. through 1.d. must ensure that they do not drastically exceed HN standards. Exceeding the standards of the HN or equivalent USAID projects may undermine the HN government and negatively affect perceptions by the populace toward the United States if the projects cannot be sustained by the HN.

2. HCA EXPENSES. HCA expenses incurred as a direct result of providing HCA to a foreign country are paid for with funds specifically appropriated for such purposes.

a. Authorized expenses include:

(1) Services necessary to plan, prepare, execute, and assess the HCA.

(2) Direct costs of consumable materials, supplies, and services reasonably necessary to provide the HCA. CCMDs should procure, to the maximum extent possible, pharmaceuticals, supplies, and services locally.

(3) Costs associated with conducting project assessments. See section 6 of this enclosure for specific assessment details.

b. Expenses not authorized to be paid from HCA funds include:

(1) Costs associated with the military operation or exercise (e.g., transportation; personnel expenses; petroleum, oil, and lubricants; and repair of equipment), deployment, or redeployment.

(2) As a general practice, the U.S. Government does not pay taxes or government fees on these projects. In some cases, after consultation with their Staff Judge Advocate, CCMD authorities may determine it is necessary and proper to pay these expenses to accomplish the project. Issues concerning the potential payment of such taxes are to be stated and addressed in the beginning of the HCA project nomination process to ensure proper policy and legal oversight.

(3) Salaries of HN participants and *per diem* expenses of military personnel conducting the HCA.

3. COMMAND-APPROVED HCA PROJECTS. Command-approved HCA projects are held to the same standards and requirements for coordination and policy compliance as other HCA projects. Project splitting is not authorized. If actual or estimated costs exceed the threshold established by the ASD (SO/LIC), which is currently \$15,000, the CCMD will notify the Joint Staff immediately to determine the appropriate action. Command-approved HCA projects are approved at the CCMD level, unless otherwise directed.

4. INFORMATION MANAGEMENT AND COLLABORATION. The Overseas Humanitarian Assistance Shared Information System (OHASIS) provides a convenient means to coordinate and collaborate at various organizational levels, starting from the project manager deployed forward, to the component command, U.S. embassy, DoS, USAID, Security Cooperation Organization (SCO), CCMD, Joint Staff, DSCA, and ASD(SO/LIC). However, OHASIS does not contravene established staffing requirements and processes at any level as directed by that echelon of command. Where such actions are required by the command, unclassified documentation of the internal coordination (i.e., staff coordination forms with attachments) and other items pertinent to a given project (e.g., briefings, funding documents, photographs, contracts, e-mails) may be uploaded to OHASIS.

a. Project managers, CCMD personnel, and DoD oversight personnel responsible for performing HCA responsibilities will establish OHASIS accounts. Certain coordinating representatives (USAID, country desk officers, etc.) may elect not to establish an OHASIS account. In such cases, primary HCA personnel will coordinate through their unclassified e-mail accounts.

b. Nominations, coordination comments, and documents uploaded to OHASIS constitute the official record for an HCA projects. This information is used for decision making, for report generation, and to brief senior leaders at all levels. Accordingly, the same attention to detail used for other formal staff correspondence will be used for activities conducted in OHASIS.

c. HCA stakeholders will provide comments in OHASIS and upload supporting documents any time they accomplish a required coordination action or have a significant input concerning a project.

d. All HCA project nominations will be submitted through OHASIS.

5. PLANNING, DEVELOPMENT, COORDINATION, AND APPROVAL

a. Strategic Planning. Fiscal budgets for HCA are set through Military Department operation and maintenance (O&M) budget processes. CCMDs typically have more HCA projects than their budget is able to fund. Therefore, CCMDs are encouraged to evaluate their projects and assign prioritization to achieve objectives outlined in the CCMD's TCP.

(1) Between September 1 and 15 each year, CCMDs will submit to the Joint Staff a listing of HCA projects they anticipate funding during the upcoming fiscal year. The listing will be in a template provided by the Joint Staff, and will typically include project location, dates, anticipated costs, and a short project description. This will provide the Joint Staff and the Office of the USD(P) a strategic overview of the CCMDs' HCA programs and an initial sense of the program direction in achieving strategic objectives.

(2) The date of project funding determines the fiscal year under which it will be reported.

b. Project Planning. HCA projects are developed and nominated through various means, including the pertinent SCO or CCMD Service Component. The SCO is the primary conduit of interagency coordination and U.S. Ambassador or COM concurrence.

c. Development. This information will be addressed, in unclassified detail, in all HCA project nominations:

(1) Exercise or Operation Bringing U.S. Forces to the Location of the HCA Project. Bringing forces to the area (deployed Joint Task Force, medical program, etc.) in the case of a major named exercise or operation is acceptable as long as HCA funds only pay for authorized expenses, and training of the Military Services is the main objective. In these cases, a positive statement will be made indicating that HCA project funds will not be used for travel or temporary duty and temporary additional duty expenses associated with the HCA project.

(2) Operational Readiness Skills. HCA project nominations must describe who is being trained and the proposed impact on operational readiness training. The Universal Joint Task List, available through the Joint Electronic Library at <http://www.dtic.mil/doctrine>, is used to determine operational readiness training. Those skills listed should also be assessed during the initial assessment.

(3) Objectives. Describe how the project serves U.S. and HN interests and operational readiness skills of U.S. military personnel participating in the HCA activities. These objectives should identify planned tasks, their anticipated effects, and how the effects will be measured.

(4) Local Importance. The local importance section describes to regional experts who review the project why the location was selected. Projects picked for logistical reasons should be described as such.

(5) References. All project nominations must include:

(a) Documentation of coordination with the USAID representative for the Mission or regional designee, for all project nominations. In the absence of a USAID Mission, coordination should be provided by the USAID Mission with regional responsibility for the pertinent country. A USAID non-concurrence does not require overall project disapproval. USAID comments reflecting concurrence or non-concurrence will be included with the nomination. Such documented coordination will be obtained prior to gaining coordination from the Secretary of State (SecState) or designee (per paragraph 5.d. (3)) and submitting the nomination to the CCMD for further review and approval.

(b) Documentation indicating that SecState or designee has approved the project.

(6) HN Sustainability. All nominations will indicate the HN is willing and able to maintain the facility and use it for its intended purpose upon project completion.

(7) Cost Justification

(a) The cost justification will include a listing of all estimated costs necessary to verify that resources are being spent in accordance with Reference (e). For example, engineering projects will list what is needed to build the project and the costs of those items. Likewise, a medical, dental, or veterinary project will have a formulary listing the pharmaceuticals and corresponding cost estimates to execute the project.

(b) The total estimated costs should allow for cost overruns and, subject to legal review, taxes and fees. Historical data may be used when complete project scope is unknown at the time the nomination is submitted.

d. Coordination and Approval

(1) All developed projects are submitted through OHASIS. Command-approved HCA projects will be coordinated in accordance with this instruction and applicable command guidance.

(2) As a minimum, CCMD HCA program managers will conduct a legal and policy review at the CCMD headquarters level.

(3) Projects will have U.S. Ambassador, COM, or Deputy COM approval and coordination through the USAID Mission Director or designee responsible for the HN.

(4) The Joint Staff will indicate approval of a nomination following coordination with pertinent legal, logistics, policy, and DoS personnel. Final approval occurs through the coordination process performed by the Joint Staff. The ASD (SO/LIC) is the final approving authority. Project approval in OHASIS indicates that the CCMD may fund and execute the project.

6. ASSESSMENTS. Project assessments are an essential part of the HCA program; they help to determine whether project objectives were met, identify lessons learned that can be applied to future projects, assess how well projects are being sustained by the HN, and sustain relationships with key HN interlocutors. Project assessments also help promote the effective use of limited resources. All project assessments will be included in OHASIS. These project assessments will not be characterized as HCA projects themselves, in accordance with section 401 of Reference (e). Assessment activities are considered an ordinary and necessary expense of effectively operating and managing HCA projects and the HCA program in general.

a. The project manager evaluates project completion and is responsible for the initial AAR. This initial review is accomplished no later than 30 days after project completion for all HCA projects. The 30-day AARs will be included with the original HCA project nomination.

b. A subsequent assessment will be accomplished 1 year after project completion. These assessments will be linked to the original HCA project in OHASIS. The OHASIS database will be updated to promote efficient record keeping, simplify and standardize congressional reporting, and standardize practices across the DoD and with other HA programs in OHASIS.

c. CCMDs will fund HCA project assessments with funds allocated for HCA. Other available O&M funds can be used, as appropriate. HCA funds may not be used for costs noted in subparagraphs 3.e.(2) and 3.e.(3), of the main body of this instruction. CCMDs will determine the cost effectiveness of conducting each 1 year assessment, including the impact of travel costs, budgets, and personnel availability. CCMDs will establish criteria (such as project cost threshold, a certain percentage of completed projects to assess, or designating a fixed percentage of funds allocated for HCA) to conduct the assessments. CCMDs will also identify specific criteria or checklists to conduct the assessments that address emphasis areas noted in this paragraph, as well as those of CCMD interest.

7. REPORTING

a. No later than November 1 of each year, the Joint Staff will issue an HCA data call. This data call is the mechanism for congressional reports, annual assessments, and OHASIS database management.

b. Data submitted by CCMDs will be compared against the OHASIS database to determine the accuracy of the OHASIS database and verify that all assessments have been accomplished. Variations will be reconciled before the congressional report is finalized and submitted to

Congress. Incomplete, disapproved, or deferred projects in OHASIS will be archived, within OHASIS, or moved to the next fiscal year.

c. An OHASIS search for the CCMD will illustrate all projects completed, funded, and approved. CCMDs will use final military interdepartmental purchase request (MIPR) costing data for the data call, and the data for the report will use the MIPR data available as of December 1 of each year.

d. By January 1 of each year, the Joint Staff will formally staff the annual report to Congress to the CCMDs for coordination. The congressional report is due to Congress by March 1 of each year. Program and project managers at all levels will coordinate to ensure that data in OHASIS is complete and accurate.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AAR	after action report
AOR	area of responsibility
ASD(SO/LIC)	Assistant Secretary of Defense for Special Operations/Low Intensity Conflict
CCDR	Combatant Commander
CCMD	Combatant Command
CJCS	Chairman of the Joint Chiefs of Staff
COM	chief of mission
DoDD	DoD Directive
DoDI	DoD Instruction
DoS	Department of State
DSCA	Defense Security Cooperation Agency
HA	humanitarian assistance
HCA	humanitarian and civic assistance
HN	host nation
J5 DDPS	Joint Staff Strategic Plans and Policy Directorate, Partnership Strategy Deputy Directorate
MIPR	military interdepartmental purchase request
O&M	operation and maintenance
OHASIS	Overseas Humanitarian Assistance Shared Information System
SC	security cooperation
SCO	Security Cooperation Organization
SECSTATE	Secretary of State
TCP	Theater Campaign Plan

USAID	United States Agency for International Development
USD(P)	Under Secretary of Defense for Policy
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this instruction.

AAR. The AAR is the primary mechanism that the Joint Staff uses to assess impact to operational readiness of the Military Services as a result of HCA activity.

command-approved HCA project. HCA projects that are at or below the approval cost threshold, currently \$15,000, and are approved at the CCMD level. Formerly known as minimal cost projects.

HCA. Assistance to the local populace pursuant to Reference (e) and provided by U.S. forces in conjunction with military operations and exercises.

HCA activities. Activities conducted for the purposes of assisting the HN populace in accordance with the authority of Reference (e) and this instruction and performed in conjunction with authorized military operations. HCA activities include:

Medical, surgical, dental, and veterinary care provided in rural or under-served areas of a country, including education, training, and technical assistance related to the care provided.

Construction of rudimentary surface transportation systems.

Well drilling and construction of basic sanitation facilities.

Rudimentary construction and repair of public facilities.

operational readiness skills. Skills possessed by military personnel enabling them to contribute effectively to the capability of their unit or formation, ship, weapon system, or equipment to perform the missions or functions for which it was organized or designed.

project splitting. Dividing a single project into two or more projects with the intent to remain under the command-approved HCA project upper limit.