



DEFENSE SECURITY COOPERATION AGENCY

2800 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-2800

23 SEPT 2024

MEMORANDUM FOR DEPUTY UNDER SECRETARY OF THE AIR FORCE FOR
INTERNATIONAL AFFAIRS
DEPUTY ASSISTANT SECRETARY OF THE ARMY FOR
DEFENSE EXPORTS AND COOPERATION
DEPUTY ASSISTANT SECRETARY OF THE NAVY FOR
INTERNATIONAL PROGRAMS
DIRECTOR, DEFENSE CONTRACT MANAGEMENT AGENCY
DIRECTOR, DEFENSE INFORMATION SYSTEMS AGENCY
DIRECTOR, DEFENSE LOGISTICS AGENCY
DIRECTOR, DEFENSE THREAT REDUCTION AGENCY
DIRECTOR, MISSILE DEFENSE AGENCY
DIRECTOR, NATIONAL GEOSPATIAL-INTELLIGENCE
AGENCY
DIRECTOR FOR SECURITY ASSISTANCE, DEFENSE FINANCE
AND ACCOUNTING SERVICE – INDIANAPOLIS
OPERATIONS
DIRECTOR OF CYBERSECURITY DIRECTORATE AND DEPUTY
NATIONAL MANAGER FOR NATIONAL SECURITY
SYSTEMS, NATIONAL SECURITY AGENCY

SUBJECT: Defense Security Cooperation Agency Policy Memorandum 24-66, Provision of
Humanitarian Assistance to Partner Security Forces [SAMM E-Change 712]

This memorandum implements a revision to Section C12.3.4.6. of the Security Assistance Management Manual (SAMM) Chapter 12 to clarify requirements for the use of a humanitarian assistance (HA) project to support ally and partner security forces.

DoD HA activities shall not benefit foreign security forces (to include militaries or paramilitary groups) unless the ultimate beneficiary of the activity is the civilian populace, and the security force has an official role in providing humanitarian services directly to the public. Further, providing Overseas Humanitarian, Disaster, and Civic Aid (OHDACA) funded equipment, supplies or construction services to a security force poses both policy and legal concerns if the security force's use of the provided assistance includes non-humanitarian activities. Whenever possible, OHDACA-procured equipment, supplies, and facilities will be transferred to a partner's civil government agency rather than a partner

security force. In limited circumstances, HA support can be provided to a security force if DoD can establish that the security force will exclusively use the assistance for a humanitarian purpose; and the same humanitarian objective cannot be achieved by supporting the partner's government agency with primary responsibility for civilian services. Revised SAMM guidance instructs combatant commands with geographic responsibility on how to factually establish these conditions. The policy in the attachment is incorporated into the DSCA SAMM at <https://samm.dsca.mil>.

If you have questions concerning this guidance, please contact DSCA (Office of International Operations, Global Execution Directorate, Humanitarian Assistance and Demining Division (IOPS/GEX/HDD)) dsca.ncr.iops.list.ohdaca@mail.mil. Please reference the DSCA Policy Number and Memo Subject. For general questions about the SAMM, please contact DSCA (Office of Strategy, Plans, and Policy, Execution Policy and Analysis Directorate (SPP/EPA)) at dsca.ncr.spp.mbx.epa@mail.mil.

A handwritten signature in black ink, appearing to read 'DF', with a stylized flourish at the end.

David Ferrari
Assistant Director
Strategy, Plans and Policy

Attachment: SAMM E-Change 712

Security Assistance Management Manual E-Change 712

Use of Supplemental Overseas Humanitarian, Disaster, and Civic Aid Funding

- 1) Update SAMM Chapter 12 by replacing Section C12.3.4.6. and subsections as follows:

Existing SAMM text:

C12.3.4.6. Assistance to PN Security Forces. OHDACA-funded activities shall not benefit foreign security forces (to include militaries or paramilitary groups) unless the ultimate beneficiary of the activity is the civilian populace and the security force has an official role in providing humanitarian services directly to the public, such as an emergency response, medical mission, or humanitarian demining mission. Restriction of HA to non-military organizations minimizes risk that the assistance might be diverted by the PN for a non-humanitarian purpose. DoD must be unable to accomplish the same humanitarian objective by assisting a non-security force; and the assisted security force will exclusively use the provided equipment or facility for humanitarian purposes (see [Section C12.3.4.1.](#)). Whenever possible, OHDACA-procured equipment, supplies, and facilities will be transferred to a PN civilian agency rather than a PN security force. CCMDs must identify the PN military unit or personnel to receive the training or equipment in the PSF. Also, the training should not be limited to only military participants. HRV of assisted security force individuals and units must be completed before the CCMD provides the proposed assistance (See [Section C12.3.5.2.](#)).

C12.3.4.6.1. Medical Engagements with PN Security Forces. Project nominations which will involve PN military or security force personnel receiving medical training, equipment, or supplies will include written verification from the PN Ministry of Health (MoH) that the security force personnel are responsible for providing medical assistance to the civilian population. Equipping or support to military hospitals may be permissible if the facility is the primary medical treatment facility available to civilian populations and the facility provides medical services to the entire population without regard to the patient's military status or relationship to a military member (i.e., civilian patients must not be served on a space-available basis). Military hospital renovation or equipping project nominations should include a written statement from the PN MoH confirming that the military facility is responsible for providing care to the civilian population and is the most appropriate facility to receive the intended equipment or support.

Revised SAMM text:

C12.3.4.6. Assistance to Partner Security Forces. Whenever possible, legal title/ownership of OHDACA-procured equipment and supplies will be transferred to a partner civil government agency rather than a partner security force; and OHDACA-funded construction services will support a partner civil government agency facility rather than a partner security force facility. Provision of HA to non-military organizations minimizes risk that the assistance might be diverted by the partner away from a

humanitarian purpose. OHDACA-funded activities shall not benefit foreign security forces (to include militaries or paramilitary groups) unless the ultimate beneficiary of the activity is the civilian populace and the security force has an official role in providing humanitarian services directly to the public, such as emergency response, medical and public health services, or humanitarian demining. DoD must be unable to accomplish the same humanitarian objective by assisting civil authorities; and the assisted security force must exclusively use the provided equipment or facility for humanitarian purposes (see [Section C12.3.4.1.](#)). CCMDs must identify the partner military unit or personnel to receive the proposed support in the PSF. Provision of OHDACA-funded training to military participants should also be open to civil agency participants. Human rights vetting (HRV) must be completed of assisted security force units or individuals before the CCMD provides the proposed assistance (See [Section C12.3.5.2.](#)).

C12.3.4.6.1. Support to partner Security Force Healthcare Facilities. CCMDs shall prioritize building the capacity of partner Ministry of Health (MoH) and municipal/local civil government agencies to provide healthcare services over supporting security force or military healthcare facilities. A CCMD proposal to provide equipment, supplies, or facility renovation services to a partner security force healthcare facility is only permissible if (1) the security force facility provides equitable access to healthcare services to civilian populations without regard to the patient's military status or relationship to a military member and (2) DoD assistance to the specified security force or medical healthcare facility is the only feasible means to support the MoH's responsibility to provide health services to civilians in that geographic area. For example, DoD support to a military healthcare facility which provides equitable access to all persons may be the only feasible means for supporting the partner's ability to provide health services if there are no civilian government healthcare facilities in the area. Except for repair-by-replacement construction in which a replacement facility is to be constructed in the same location as the facility to be replaced, construction efforts in support of a security force or military healthcare facility will be limited to repair of existing facilities. A proposal to provide equipment, supplies, or construction services to a PN security force healthcare facility will include:

C12.3.4.6.1.1. A factual validation by the SCO that the specified security force healthcare facility provides healthcare services equitably to all members of the population and without regard to a patient's military status or relationship to a military member (i.e., all civilians, including civilians unaffiliated with the military are provided the same access to treatment as the partner's military and their family members); and

C12.3.4.6.1.2. A written statement from the partner MoH confirming that the proposed U.S. DoD support to the specified security force healthcare facility will enable the partner to provide essential healthcare to the civilian population in a geographic area which lacks civilian government healthcare agency facilities; and (if repair-by-replacement construction is proposed) that the MoH or civilian government healthcare agency is unable to accept ownership of a U.S. DoD-funded healthcare facility at any location for the benefit of that civilian population. Obtaining such a statement from the MoH may be challenging and pursuit of repair-by-replacement construction of a PN security force healthcare facility should be rare.