



June 25, 2015

The Honorable Alfonso E. Lenhardt  
Acting Administrator  
U.S. Agency for International Development

Dear Acting Administrator Lenhardt:

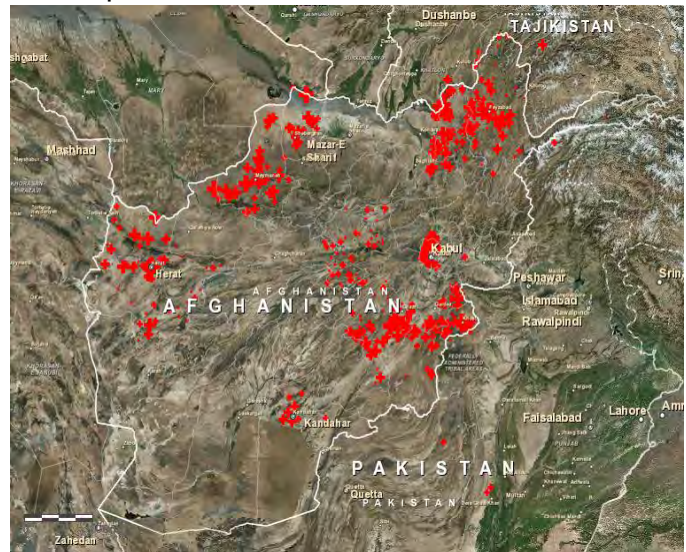
I am writing to request additional information about the U.S. Agency for International Development’s (USAID) Partnership Contracts for Health (PCH) program, which USAID funds through on-budget assistance to the Afghan Ministry of Public Health (MOPH). The program is intended to support the MOPH’s efforts to deliver basic health services to the Afghan people. As of March 2015, USAID had disbursed over \$210 million to support this program. My office’s initial analysis of USAID data and geospatial imagery has led us to question whether USAID has accurate location information for 510—nearly 80 percent—of the 641 health care facilities funded by the PCH program.<sup>1</sup>

In May 2014, USAID provided us a list of 641 healthcare facilities operated under the PCH program. This data included geospatial coordinates for 551 of the 641 listed facilities.<sup>2</sup>

In an attempt to verify the accuracy of the location data for the 551 facilities, we obtained and analyzed geospatial imagery for these locations, shown in figure 1.<sup>3</sup> We found the following weaknesses in the data for 56 of those locations:

- Thirteen coordinates were not located within Afghanistan:
  - six were located in Pakistan,
  - six were located in Tajikistan, and
  - one was located in the Mediterranean Sea.

**Figure 1 - USAID-Reported Geospatial Coordinates for 551 Partnership Contracts for Health Facilities**



Source: Army Geospatial Center/DigitalGlobe Inc.  
Note: Coordinates shown in Pakistan and Tajikistan are as reported by USAID. An additional facility, reportedly located in the Mediterranean Sea, is not depicted on the map above.

<sup>1</sup> This total includes 90 facilities lacking location data, 56 facility locations SIGAR did not analyze geospatially because they were considered “erroneous” or “duplicated,” 19 coordinates located in a different district than the one reported, 189 locations showing no building within 400 feet, 154 locations that do not clearly identify a specific building, and 2 locations that identified a specific building in our analysis of geospatial imagery but are included in enclosure II because they are duplicate coordinates.

<sup>2</sup> The data did not include coordinates for 90 facility locations.

<sup>3</sup> Enclosure I summarizes our methodology for reviewing the data from USAID and analyzing the corresponding geospatial imagery.

- Coordinates for 30 facilities were located in a province different from the one USAID reported.
- In 13 cases, USAID reported two different funded facilities at the same coordinates (see figure 2 for sample imagery).

**Figure 2 - Geospatial Imagery for Two Clinics Reported in the Same Location**



Source: Army Geospatial Center/DigitalGlobe Inc. image dated March 15, 2015

**Figure 3 - Geospatial Imagery for a Reported Hospital Compound Location**



Source: Army Geospatial Center/DigitalGlobe Inc. image dated October 7, 2014

For the remaining 495 locations, we analyzed geospatial imagery to assess whether there was a structure potentially serving as a health facility present.<sup>4</sup> Of the 495 locations we reviewed:

- 152 coordinates clearly identified a specific structure or compound in the reported location (see figure 3 for a sample image).<sup>5</sup>
- 189 showed no physical structure within 400 feet of the reported coordinates, and a subset of 81, or just under half of these locations, showed no physical structure within a half mile of the reported coordinates (see figure 4 for a sample image).
- 154 coordinates did not clearly identify a specific building (see figure 5 for a sample image).

<sup>4</sup> SIGAR analyzed the remaining coordinates, including one set of duplicated coordinates (13 out of 26) and coordinates located in a district different from the one reported by USAID (120). We did not include 56 coordinates in our analysis. Thirteen of these were excluded because they were located in the wrong country, 30 because they were located in the wrong province, and 13 because they were the second set of duplicated coordinates and would have resulted in double-counting. See enclosure I for a full explanation, with totals, of each phase of the analysis.

<sup>5</sup> Of these 152 facility locations, coordinate locations for 19 facilities did not match the facility district location as reported by USAID and 2 facilities were duplicate coordinates showing no other location discrepancies.

Figure 4 - Geospatial Imagery for a Reported Clinic Location Without Any Nearby Structures



Source: Army Geospatial Center/DigitalGlobe Inc. image dated September 23, 2014

Figure 5 - Geospatial Imagery for a Reported Clinic Location that Does Not Identify a Specific Building



Source: Army Geospatial Center/DigitalGlobe Inc. image dated January 16, 2015

Enclosure II contains a list of the facilities with apparent location discrepancies. We are not making this enclosure public due to the sensitive nature of the information it contains.

To provide meaningful oversight of these facilities, both USAID and MOPH need to know where they are. Accordingly, for all PCH facilities listed in enclosure II, I request that USAID provide correct, updated location coordinates or, as appropriate, non-geospatial confirmation of the physical location and existence of these facilities.

I am submitting this request pursuant to my authority under Public Law No. 110-181, as amended, and the Inspector General Act of 1978, as amended. Please provide this information—or if necessary, a plan for obtaining it—by July 30, 2015. Should you or your staff have any questions about this request, please contact Mr. Jack Mitchell, Director of Special Projects, at [REDACTED]

Thank you in advance for your cooperation in this matter. I look forward to an ongoing dialogue regarding this effort.

Sincerely,

A handwritten signature in black ink, appearing to read 'John F. Sopko'.

John F. Sopko  
Special Inspector General  
for Afghanistan Reconstruction

Enclosure(s):

I – Scope and Methodology

II – MOPH PCH-funded Health Facilities of Concern (under separate cover)

cc:

Mr. William Hammink

Mission Director for Afghanistan

U.S. Agency for International Development

## ENCLOSURE I – SCOPE AND METHODOLOGY

SIGAR received the dataset of Partnership Contracts for Health (PCH) facilities from the U.S. Agency for International Development (USAID) in May 2014. We conducted a preliminary review of the dataset to identify any missing or incorrect data. This initial analysis revealed that 90 facilities lacked corresponding location data, 13 coordinates were duplicated, 13 coordinates did not identify a location within Afghanistan, 30 coordinates did not match the reported province, and 120 coordinates did not match the reported district. These results are summarized in table 1.

**Table 1 - Summary of SIGAR's Preliminary Analysis of USAID Facilities**

		Total Facilities
<b>Total Reported Facilities</b>		<b>641</b>
<b>Location Data Summary</b>	<b>No location data provided</b>	<b>90</b>
	<b>Location data provided</b>	<b>551</b>
<b>Problems with Location Data</b>	<b>Location data duplicated<sup>1</sup></b>	<b>13</b>
	<b>Location data erroneous<sup>2</sup></b>	<b>43</b>
	<b>District mismatched<sup>3</sup></b>	<b>120</b>
	<b>Total Missing or Problematic Coordinates<sup>3</sup></b>	<b>266</b>
<b>Total Coordinates for Geospatial Analysis<sup>4</sup></b>		<b>495</b>

Source: SIGAR analysis of USAID data and Army Geospatial Center/Digital Globe imagery

Notes:

<sup>1</sup> USAID reported 13 pairs of facilities that had coordinates that mapped to a single location. For each pair, we identified one of the two facility locations as a "duplicate" and included the other facility in our geospatial analysis.

<sup>2</sup> Coordinates we categorized as "erroneous" included those that mapped to locations outside of Afghanistan or provinces that were different from those USAID reported. We did not categorize as "erroneous" facilities with coordinates (1) in which latitude and longitude were reversed, (2) in which extra digit(s) appeared, or (3) in which other minor typographical errors did not impact the location.

<sup>3</sup> Although we found that the reported district did not match the coordinates, we included these coordinates in our geospatial analysis.

<sup>4</sup> This total includes one set of duplicated coordinates (13 out of 26), all coordinates showing district mismatches (120), and all remaining coordinates not already categorized as erroneous (362). We did not analyze geospatial imagery for erroneous coordinates, and only analyzed one set of the duplicated coordinates.

We identified 495 coordinates for geospatial analysis. We considered coordinates identifying a location in the wrong country or province as erroneous and did not include these in our geospatial analysis; to avoid double-counting, we analyzed geospatial images for only one set of duplicate coordinates. For 11 of these 13 duplicate coordinates, our analysis identified other data weaknesses; we included the remaining 2 facilities in table 2 below and in enclosure II. We included in our analysis coordinates identifying locations outside the reported districts; of 120 such locations, only 19 clearly identified a structure or compound that may be serving as a healthcare facility. We included those 19 facilities in enclosure II; the remaining 101 are included in the geospatial analytical results below.

We worked with the Army Geospatial Center to obtain geospatial imagery for the 495 coordinates we identified for geospatial analysis. Army Geospatial Center made revisions to the USAID-provided coordinates, including correcting reversed latitude and longitude coordinates, reformatting the coordinates, and completing other minor revisions to render the coordinates usable. Army Geospatial Center used the DigitalGlobe, Inc. platform to obtain imagery for each location. SIGAR analyzed the most recent available image for each location, which was generally labeled in DigitalGlobe as dating from 2014 or 2015, except when the most recent image was obscured or unclear, in which case SIGAR analyzed the most recent clear image. If USAID provided a date on which the facility was established, SIGAR verified that the image provided post-dated the facility establishment date. In our analysis, we divided the 495 locations into the following three categories using imagery analysis: (1) no structure exists within 400 feet of the coordinates; (2) structure(s) exist within 400

feet of the coordinates, but we were unable to identify the facility; or (3) the coordinates clearly indicate a structure or compound.<sup>6</sup> When a location fell into the first category (no structure exists within 400 feet), SIGAR expanded the scope on the imagery to look within a half mile of the given coordinate. The results of this full analysis are summarized in table 2 below. Each healthcare facility location that we consider problematic for any reason is listed in enclosure II.

**Table 2 - Summary of SIGAR's Geospatial Analysis of USAID-Reported Facility Locations**

		<b>Total Facilities</b>
<b>Geospatial Analysis Results</b>	<b>No structure within 400 feet</b>	<b>189</b>
	<b>No structure within a half mile</b>	<b>81</b>
	<b>Structures present; none clearly indicated</b>	<b>154</b>
	<b>Structure clearly indicated</b>	<b>152</b>
	<b>Structure clearly indicated but district mismatched</b>	<b>19</b>
	<b>Structure clearly indicated by second duplicate coordinate</b>	<b>2</b>
<b>No Geospatial Data Provided</b>		<b>90</b>
<b>Erroneous &amp; Duplicate Geospatial Data, excluded from Geospatial Analysis</b>		<b>56</b>
<b>Total Locations of Concern<sup>1</sup></b>		<b>510</b>

Source: SIGAR analysis of USAID data and Army Geospatial Center/DigitalGlobe, Inc. imagery

Notes:

<sup>1</sup> Locations of concern include those with unreported location data, those that were erroneous or duplicates, those for which the reported district did not match the coordinates, those in which geospatial imagery revealed either no structure or no clearly-indicated structure within a radius of 400 feet, and the second duplicate coordinate for which we analyzed geospatial imagery.

<sup>6</sup> See figures 3, 4, and 5 in the body of this inquiry letter for examples of these categories.