



SIGAR

Office of the Special Inspector General
for Afghanistan Reconstruction

January 05, 2016

The Honorable Gayle E. Smith
Administrator
U.S. Agency for International Development

Dear Administrator Smith:

I am writing to inform you of the results of recent site inspections conducted by SIGAR to verify the locations and operating conditions at 32 USAID-funded public health facilities in Kabul province, Afghanistan. SIGAR found substantial inaccuracies in the geospatial coordinates USAID provided for many of these 32 health facilities and observed that not all had access to electricity and running water. This is the second in a series of health facility inspections SIGAR is conducting in provinces throughout Afghanistan. Our October 2015 Alert Letter provided information on the location and operating status of 63 USAID-supported facilities in Herat province, Afghanistan.¹

All of the 32 site inspections we conducted were of facilities in Kabul province funded by USAID's \$259.6 million Partnership Contracts for Health (PCH) program that began in July 2008 and ended in June 2015. The program provided funding for approximately 600 health facilities in 13 Afghan provinces, including 42 in Kabul province.² As you know, a key component of the PCH program in Kabul was the use of detailed geospatial location information—in the form of global positioning system (GPS) coordinates—to ensure health facilities were in the appropriate locations and providing the local population with needed health services.³ Immediately following the conclusion of the PCH program, USAID began providing funding to support the same health facilities through the World Bank-administered System Enhancement for Health Action in Transition (SEHAT) program, which is scheduled to run through June 2018.⁴

Since 2014 my office has expressed concern regarding the oversight of facilities supported by PCH, and those concerns have continued with the administration of SEHAT. In April 2014, SIGAR testified before the Subcommittee on National Security, Committee on Oversight and Government Reform, U.S. House of Representatives, about potential vulnerabilities associated with USAID's provision of funding to the Ministry of Public Health (MoPH) to support these facilities.⁵ In recent months, we have issued multiple letters calling into question the accuracy of USAID and Afghan government-maintained geospatial coordinates of PCH- (now SEHAT-) supported health facilities throughout Afghanistan.⁶

¹ SIGAR-16-1, *Alert Letter: USAID-Supported Health Facilities in Herat*, October 20, 2015.

² SIGAR sought to conduct site inspections at 32 of 42 facilities in Kabul. Security conditions prohibited SIGAR from conducting site inspections the remaining 10 facilities.

³ Afghan Ministry of Public Health contracted with BRAC for implementation of the PCH program in Afghanistan (Contract Number: PCH-12-KBUL-BRAC-BPHS), Annex A.

⁴ Service delivery in the 13 provinces supported through PCH ended on June 30, 2015. SEHAT service delivery for the previously PCH-supported provinces commenced on July 1, 2015. The total USAID contribution to the SEHAT program is expected to be approximately \$238 million.

⁵ Statement of John F. Sopko, Special Inspector General for Afghanistan Reconstruction before the Subcommittee on National Security, Committee on Oversight and Government Reform, U.S. House of Representatives, *Lessons Learned from Oversight of the U.S. Agency for International Development's Efforts in Afghanistan*, April 2014.

⁶ SIGAR-15-82-SP, *Alert Letter: PCH Health Facilities Coordinates Response*, August 18, 2015; SIGAR-15-67-SP, *Inquiry Letter: Geospatial Coordinates for PCH Health Facilities*, June 25, 2015.

In response to our letters, USAID stated that it is working with the MoPH to obtain more accurate location-specific information for the health facilities it supports. We believe that accurate location-specific information, including geospatial coordinates, is critical to effective oversight. To test the accuracy of USAID location information, we are verifying the location and condition of U.S. government built or supported facilities in several provinces in Afghanistan. As part of this effort, we conducted limited site inspections of 32 USAID-supported health facilities in Kabul province.

At each site inspection, our team took a minimum of 34 time-, date-, and location-stamped photographs.⁷ Where possible, we also completed the following activities during the course of each site inspection:

- An overall assessment of the facility (internal and external), 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;
- An interview with a facility staff member; and,
- An interview with a member of the community served by the health facility.

We conducted our site inspections from July through November 2015.⁸ Our site inspections were limited in scope to minimize our visibility and potential impact on facility operations, and thus did not include comprehensive engineering evaluations of structures, testing of system (electrical or water) quality, or an evaluation of the quality of care being provided.

USAID'S GEOSPATIAL COORDINATES FOR 22 OF 32 FACILITIES WERE WITHIN 1 KILOMETER OF THE ACTUAL FACILITY LOCATION

Using the province, district, facility name, and geospatial coordinates for each facility as a starting point, we were able to confirm the existence of each of the 32 facilities selected for a site inspection.⁹ Our site inspections revealed that the actual geospatial coordinates for 7 of the 32 facilities were more than 5 kilometers away from the coordinates provided by USAID and the MoPH.¹⁰ Specifically, we found that:

- 22 facilities were less than 1 kilometer from the USAID coordinates;
- 3 facilities were within 1–5 kilometers from the USAID coordinates;
- 1 facility was within 5–10 kilometers from the USAID coordinates; and,
- 6 facilities were more than 10 kilometers from the USAID coordinates.

⁷ Nearly all photographs contained time, date, and location stamps; however, at some locations, there were individual photographs that did not contain geospatial stamping. Also, at facility 1750 security personnel declined to allow our inspection group to access the facility or grounds, but our team was able to obtain GPS coordinates from outside the gate.

⁸ Facility 1104 and Facility 3 were inspected on November 4, 2015 and November 5, 2015, respectively.

⁹ SIGAR located Facility 1914 and incorporated data from that clinic in this document. While the facility we found was in the correct district and matched the name provided by USAID, we observed several discrepancies at this facility that raise concerns about whether this facility is the facility being supported by USAID. For example, the signage at Facility 1914 does not match other USAID supported clinics or indicate that it is supported by the U.S. government.

¹⁰ In each case, we used the province, district, name, and geospatial coordinates for each facility provided to us by USAID in May 2014. Those coordinates all remained the same in USAID's July 2015 update.

In cases where the facilities were not near the USAID-provided coordinates, site inspectors relied on their knowledge of the area and the assistance of local residents to locate the facilities. As a result, site inspectors were able to locate all 32 facilities. As SIGAR has stressed previously, robust program oversight requires specific knowledge of the location where the service is provided, and accurate location-specific information is critical to ensure that the local population is receiving the intended services. Please see Enclosure II for a list of the specific coordinates associated with each of the 32 facilities for which we performed a site inspection.¹¹ **Note: Due to safety and security concerns, SIGAR is withholding Enclosure II from public release.**

USAID DOCUMENTATION REGARDING THE REMAINING 10 CLINICS DID NOT INCLUDE ANY GEOSPATIAL-STAMPED PHOTOS OR MONITORING REPORTS

In response to our June 25, 2015, letter, USAID stated that “the lack of precise geospatial data in most cases does not interfere with our ability to effectively monitor PCH.”¹² USAID also provided us with files that the agency stated demonstrates the physical location and existence of the PCH- (now SEHAT-) supported facilities in Kabul province, including the 10 facilities for which security conditions prevented us from performing a site inspection.¹³ The files provided by USAID as evidence of the location and basic operations of the health facilities only include 2–4 photos for each facility, none of which included any embedded geospatial data. Generally, the files included one picture of the facility signage (including the facility name and district) and another 2–3 photos purportedly depicting a building and or grounds at the health facility.

Our review of the limited information contained in USAID’s files leads us to believe that the USAID photos may support the district location and existence of 1 of the 10 facilities SIGAR did not inspect.¹⁴ For the remaining 9 facilities, USAID provided undated or unclear photographs which we do not believe demonstrate the physical location or existence of the purported facility. None of the USAID files included any site visit reports or other supporting documentation. As a result we could not determine the basic operation of any of these clinics based on the USAID data.

OPERATIONAL CONDITIONS AT THE 32 HEALTH FACILITIES WE VISITED

All 32 of the health facilities we visited were open and operational.¹⁵ In addition, at each location we sought input from a community member near the facility to determine whether the facility was generally benefiting the population.¹⁶ Each of the 31 community members we spoke with had visited the facility for treatment—for themselves or a family member—and 28 of those 31 perceived the facilities to be in good working order; however, we did observe some basic structural concerns at most of the facilities, such as cracked walls, leaking roofs, broken doors, and shattered windows. For example, Photos 1 and 2 show the conditions of interior rooms at two clinics.

¹¹ The embedded geospatial coordinate stamps varied slightly for the photographs we took at each location, depending on where at the facility the photo was taken. For purposes of consistency, the coordinates reported in Enclosure II for the photos we took reflect the coordinates associated with the facility signage.

¹² USAID, *Response to the Inquiry Letter in PCH Health Facilities Coordinates (SIGAR Inquiry Letter-15-67-SP)*, July 1, 2015.

¹³ USAID did not provide supporting documentation for Facility 4; however, SIGAR was able to conduct an inspection of this facility and obtain geospatial coordinates.

¹⁴ Our review considered the total contents of the files that USAID stated showed evidence of the location and basic operation of the clinic, including the quality and date of the photos.

¹⁵ SIGAR located but was unable to access and inspect facility 1750 because security personnel at the clinic did not allow the SIGAR team to access the site. As a result, the team was unable to examine the operational condition of the facility or its grounds and did not interview staff or a community member near the facility.

¹⁶ To encourage further Afghan cooperation with our site inspections in other provinces, and to protect sensitive identifying information of each clinic, we are using the unique USAID facility identification number, rather than the facility names, to delineate facilities.

Photo 1 – Apparent Crack in Wall at Facility 40



Source: SIGAR, August 6, 2015

Photo 2 – Possible Water Damage at Facility 1104



Source: SIGAR, November 5, 2015

Our site inspections also revealed some concerns with the operational condition of several facilities that suffered from poor maintenance and basic operational challenges—such as a lack of reliable power or water. For example, we found 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. The PCH program provided funding to implementing partners for basic utilities, including electricity, to provide an adequate storage environment for core stocks of pharmaceuticals.¹⁷ The absence or inconsistency of electricity to refrigerate these basic stocks raises questions about whether the USAID funding is indeed reaching these facilities.

Finally, our site inspections found that at least 16 facilities disposed of medical waste in open-air kilns, some of which were publicly accessible. This method of unsecured disposal does not adhere to best practices and raises the risk that patients seeking treatment—or children we observed playing outside at several facilities—could be accidentally exposed to contaminated waste.¹⁸ Photos 3 and 4 show easily accessible, open-air kilns used to dispose of waste at two facilities.

Photo 3 – Accessible Open-Air Kiln at Facility 27



Source: SIGAR, August 3, 2015

Photo 4 – Accessible Open-Air Kiln at Facility 2921



Source: SIGAR, August 5, 2015

¹⁷ All 31 clinics that we were able to access appeared to have pharmacies on the premises. However, staff at six facilities indicated there may be shortages of medicines.

¹⁸ The Council of State Governments, *Model Guidelines for State Medical Waste Management*, 1992.

CONCLUSION

It is our view that accurate location information for the clinics supported by PCH and SEHAT is necessary to conduct robust program oversight and to ensure that the local communities receive needed health services. SIGAR encourages USAID to confirm and update the coordinates it maintains for the 32 clinics detailed in Enclosure II—particularly those facilities that were more than 5 kilometers away from the coordinates maintained by USAID—and share that information with the MoPH and World Bank. **As noted earlier, however, we are withholding Enclosure II from public release due to safety and security concerns.** We also encourage USAID to require its monitoring teams and partners to use cameras that are capable of producing photos with embedded geospatial data and conduct more robust site inspections that include descriptions of facility condition and operations, and take action to ensure that all of the health facilities it supports in Kabul are operating with the utilities necessary to ensure proper patient care and treatment.

This review was prepared by SIGAR's Office of Special Projects, a response team created to examine emerging issues in prompt, actionable reports to federal agencies and the Congress. Special Projects reports are not subject to auditing standards issued by the U.S. Government Accountability Office or the Council of the Inspectors General on Integrity and Efficiency; however, products issued by SIGAR's Office of Special Projects are subject to an internal quality control process to ensure the products are factually accurate and provide impartial, reliable, and credible information. The work was conducted under the authority of Public Law No. 110-181, as amended, and the Inspector General Act of 1978, as amended. Should you or your staff have any questions about this request, please contact Mr. Matthew Dove, Deputy Director of Special Projects, at [REDACTED] or [REDACTED].

Sincerely,



John F. Sopko
Special Inspector General
for Afghanistan Reconstruction

CC:

Donald L. "Larry" Sampler
Assistant Administrator for Afghanistan and Pakistan Affairs
U.S. Agency for International Development

Mr. Herbert B. Smith
USAID Mission Director for Afghanistan

Encl: I—USAID Agency Comments for SIGAR-16-09-SP, dated 4 January 2016
II—Realized Geospatial Coordinates for 32 Inspected Health Facilities (under separate cover)

ENCLOSURE I: USAID AGENCY COMMENTS FOR SIGAR-16-09-SP, DATED 4
JANUARY 2016



USAID | AFGHANISTAN
FROM THE AMERICAN PEOPLE

MEMORANDUM

DATE: January 4, 2016

TO: John F. Sopko
Special Inspector General for
Afghanistan Reconstruction (SIGAR)

FROM: Tamra Halmrast-Sanchez, Acting Mission Director *THS*

SUBJECT: Mission Response to Draft SIGAR Review Letter titled
"USAID-Supported Health Facilities in Kabul" (SIGAR
16-90-SP)

REF: SIGAR Transmittal email dated 12/21/2015

USAID thanks SIGAR for the opportunity to comment on this Review Letter.

USAID welcomes the feedback that all 32 of the visited facilities provide health services to their local communities in a manner that meets or exceeds the expectation of the community members interviewed.

USAID has helped the Afghans receive critical health services over the past decade and is committed to continuing those efforts. The USAID Partnership Contracts for Health (PCH) project which ended June 2015 provided technical assistance to the Afghan Ministry of Public Health (MoPH) to deliver basic health services to more than one million Afghans every month. The World Bank- administered System Enhancement for Health Action in Transition (SEHAT) program continues this effort.

USAID ensures that adequate oversight occurs for all USAID-supported projects. In the past, USAID carried out direct monitoring of the PCH project and currently provides oversight of the World Bank-managed SEHAT program through reviews of third party monitoring reports and Health Management Information System (HMIS) publications. We are pleased that in this review SIGAR located all 32 USAID-supported clinics they inspected in Kabul, and affirmed their importance to the Afghan communities. The MoPH continues to improve GPS accuracy. Recently the MoPH, with support from

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from WHO, conducted a health facility rationalization and functionality assessment where they updated the GPS coordinates in 14 provinces. In all remaining provinces, the HMIS department of the MoPH updated the GPS coordinates.

Under the PCH project, USAID mobilized local Afghan staff and independent monitors familiar with the areas to visit, observe, and evaluate the clinics. USAID's monitoring of the PCH-supported clinics in Kabul identified issues with bathroom cleanliness, access to electricity and site security. MOPH is addressing these. Their efforts are continuing under SEHAT and SIGAR's recognition of maintenance concerns will be brought to the MoPH's and the World Bank's attention so that remediation can occur.

All 32 of the SIGAR-visited facilities are now funded through the World Bank-managed SEHAT program. USAID notes SIGAR's observations that some of these government-owned clinics have structural and maintenance problems. USAID, through our partnership with the World Bank and the European Union, will continue to support the MoPH in maintaining these facilities.

cc: U.S. Embassy/Kabul Coordination Directorate