

# SIGAR

**Special Inspector General for  
Afghanistan Reconstruction**

## OFFICE OF SPECIAL PROJECTS

### USAID SUPPORTED HEALTH FACILITIES IN GHAZNI PROVINCE: OBSERVATIONS FROM SITE VISITS TO 30 LOCATIONS



# MARCH 2017

SIGAR-17-34-SP



**SIGAR**

Office of the Special Inspector General  
for Afghanistan Reconstruction

March 30, 2017

The Honorable Wade Warren  
Acting Administrator  
U.S. Agency for International Development

Dear Acting Administrator Warren:

I am writing to report the results of site inspections to verify the locations and operating conditions at 30 USAID-supported public health facilities in Ghazni province, Afghanistan. SIGAR found substantial inaccuracies in the geospatial coordinates USAID provided for many of these 30 health facilities including 15 facilities that were at least 10 kilometers away from coordinates USAID provided, and observed that not all facilities we visited had access to electricity and running water. This is the fifth in a series of health facility reviews SIGAR has conducted in provinces throughout Afghanistan.<sup>1</sup>

The facilities we reviewed are supported by USAID through the World Bank-administered Afghanistan Reconstruction Trust Fund (ARTF). Previously, the Ministry of Public Health (MoPH) received funds through direct bilateral assistance from USAID to fund operations at these health facilities.<sup>2</sup>

We provided a draft of this review to USAID for comment on March 9, 2017. USAID provided comments on March 20, 2017. In its comments, USAID stated that it welcomed feedback on the 30 health facilities visited by SIGAR and that all were open, operational, and benefiting the community and observed that this information is consistent with monitoring information USAID receives from the World Bank. USAID also stated that, "While global positioning system (GPS) coordinates are a useful tool for locating sites, they are not regularly used in the health sector to locate facilities in Afghanistan. Alternative means by which clinics can be located are available." However, USAID added, "At the same time, USAID/Afghanistan appreciates the utility offered by strong geospatial datasets and has issued guidance for the Mission to project managers and implementing partners to standardize the collection of geospatial data where possible." USAID's comments are reproduced in appendix I.

We conducted this special project in Washington, D.C.; Ghazni, Afghanistan; and Kabul, Afghanistan from April 2016 through January 2017 in accordance with SIGAR's quality control standards. These

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<sup>1</sup> SIGAR, *Review Letter: USAID-Supported Health Facilities in Baghlan*, SIGAR 17-18-SP, December 12, 2016; SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016; SIGAR, *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015; and SIGAR, *Review Letter: USAID-Supported Health Facilities in Kabul*, SIGAR 16-19-SP, January 5, 2016.

<sup>2</sup> For the purposes of this report, the term "direct bilateral assistance" refers to funding given directly by the U.S. government to the Afghan government.

standards require that we carry out work with integrity, objectivity, and independence, and provide information that is factually accurate and reliable. For more information on the policies and procedures and quality control standards for conducting special project work, please see SIGAR's website ([www.SIGAR.mil](http://www.SIGAR.mil)). SIGAR performed this special project under the authority of Public Law No. 110-181 and the Inspector General Act of 1978, as amended. Should you or your staff have any questions about this project, please contact Mr. Matthew Dove, Director of Special Projects, at (703) 545-6051 or [matthew.d.dove.civ@mail.mil](mailto:matthew.d.dove.civ@mail.mil).

Sincerely,



John F. Sopko  
Special Inspector General  
for Afghanistan Reconstruction

CC:

William Hammink  
Assistant Administrator for Afghanistan and Pakistan Affairs  
U.S. Agency for International Development

Mr. Herbert B. Smith  
USAID Mission Director for Afghanistan

Encl: I- Realized Geospatial Coordinates for 30 Inspected Health Facilities (under separate cover)

Since 2014, my office has expressed concern regarding the oversight of facilities supported by USAID's \$259.6 million Partnership Contracts for Health (PCH) program, which operated from July 2008 through June 2015. The program supported the Afghan Ministry of Public Health (MoPH) in its delivery of health services to local Afghan clinics and hospitals in 13 provinces. Following the conclusion of the PCH program on June 30, 2015, 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.<sup>3</sup> The total USAID contribution to the SEHAT program is expected to be approximately \$228 million.<sup>4</sup> To support the program, USAID contributes funds to the World Bank-administered Afghanistan Reconstruction Trust Fund (ARTF), and these funds are "preferenced" (earmarked) to support the SEHAT program, specifically to support the same health care facilities in the 13 provinces where USAID previously administered its PCH program, including 70 facilities in Ghazni province.<sup>5</sup>

A key component of the PCH program in Ghazni 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 to provide the intended population with needed health services. We maintain that accurate location-specific information, including geospatial coordinates, is critical to effective oversight. This is the fifth in a series of USAID-supported health facility reviews SIGAR is conducting in provinces throughout Afghanistan.<sup>6</sup> To test the accuracy of USAID's information, we used location data USAID provided in July 2015 to conduct limited site inspections and verify the location and operating condition of 30 of the 70 USAID-supported health facilities in Ghazni province.<sup>7</sup> All of the 30 facilities we inspected were supported by USAID's PCH program through June 2015, and are now supported by the SEHAT program.

At each site inspection, our team took time-, date-, and location-stamped photographs.<sup>8</sup> Where possible, the following activities were also completed during the course of each site inspection:

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

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<sup>3</sup> 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.

<sup>4</sup> USAID, *Implementation Letter Number 43-01: the Ministry of Public Health System Enhancement for Health Action in Transition (SEHAT) Program: USAID agreement to support SEHAT*, January 15, 2014.

<sup>5</sup> USAID, *Implementation Letter Number 43-01: the Ministry of Public Health System Enhancement for Health Action in Transition (SEHAT) Program: USAID agreement to support SEHAT*, January 15, 2014. In response to SIGAR inquiries, USAID has stated that SEHAT was intended to continue supporting the clinics previously supported by PCH.

<sup>6</sup> SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016; SIGAR, *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015; SIGAR *Review Letter: USAID-Supported Health Facilities in Baghlan*, SIGAR 17-18-SP, December 12, 2016, and SIGAR, *Review Letter: USAID-Supported Health Facilities in Kabul*, SIGAR 16-19-SP, January 5, 2016.

<sup>7</sup> SIGAR selected 30 facilities to inspect based on initial findings from geospatial analysis and site security assessments.

<sup>8</sup> Nearly all photographs contained time, date, and location stamps; however, at some locations, there were individual photographs that did not contain geospatial stamping.

Site inspections were conducted from April 9, 2016, through May 7, 2016, using the most recent location data provided by USAID. Our site inspections lasted 1- 2 hours and focused on the location of the health facility, whether the health facility was open/active at the time of the visit, and observation and recording of information about the physical structures and internal resources. The site inspections were limited in scope to minimize our visibility and potential impact on facility operations. The site inspections 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.

## GEOSPATIAL COORDINATES REPORTED BY USAID FOR 15 OF THE FACILITIES WERE MORE THAN 10 KILOMETERS FROM THE ACTUAL FACILITY LOCATION

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Using the province, district, facility name, and geospatial coordinates for each facility as a starting point, we were able to confirm the existence and basic operation of all 30 facilities selected for a site inspection, including four facilities for which USAID did not provide coordinates in its July 2015 response (SIGAR could not compare the USAID coordinates for these four facilities against the coordinates SIGAR's inspection team acquired during their site visit). Our site visits of the remaining 26 facilities, revealed that the actual geospatial coordinates for 18 of those 26 facilities were more than 5 kilometers away from the coordinates provided by USAID.<sup>9</sup> Specifically, we found that:

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

In cases where USAID did not provide coordinates or the facilities were not near the coordinates provided to SIGAR, site inspectors used available information, including facility name and district, and relied on their knowledge of the area and the assistance of local residents to locate the 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 correct population is receiving the intended services.<sup>10</sup> Please see Enclosure I for a list of the specific coordinates associated with each of the 30 facilities for which we performed a site inspection.<sup>11</sup> **Note: Due to safety and security concerns, SIGAR is withholding Enclosure I from public release.**

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<sup>9</sup> We used the province, district, name, and geospatial coordinates for each facility provided to us by USAID in July 2015.

<sup>10</sup> SIGAR's previous reports include: Alert Letter: *PCH Health Facilities Coordinates Response*, SIGAR15-82-SP, June 25, 2015; Review Letter, *USAID-Supported Health Facilities in Kabul*, SIGAR 16-09-SP, January 5, 2016; Alert Letter, *USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015; and Review Letter, *USAID-Supported Health Facilities in Badakhshan*, SIGAR 16-40-SP, June 30, 2016, Alert Letter: Review Letter, *USAID Supported Health Facilities in Baghlan*, SIGAR 17-18-SP.

<sup>11</sup> 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 I reflect the coordinates associated with the facility signage.

## OPERATIONAL CONDITIONS AT THE 30 HEALTH FACILITIES WE VISITED

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All 30 of the health facilities we visited were open and operational. At each location we sought input from a community member near the facility to determine whether the facility was generally benefiting the population. Each of the 30 community members we spoke with had visited the facility either for treatment themselves or in connection with the treatment of a family member. Twenty-seven of those community members stated that the health facility was somewhat or very useful for the community, while three stated that the health facility was not useful.

Our site inspections identified concerns with the operational condition of several facilities that suffered from poor maintenance and basic operational challenges, including a lack of reliable power and water. For example, we found that six of the 30 facilities did not have electricity<sup>12</sup>, and staff at 10 facilities<sup>13</sup> stated their sites did not have adequate or consistent power required for proper lighting and refrigeration of some pharmaceuticals and vaccines.<sup>14</sup> Nine of the 30 facilities did not have running water at the time of the inspection.<sup>15</sup>

Our site inspectors also observed some basic structural concerns at a few of the facilities, such as cracked walls, leaking roofs, broken doors, exposed wiring, and shattered windows. While, in most cases, these concerns did not appear to be negatively affecting operations, they do raise concerns regarding the sanitation and safety of the facilities. Electrical deficiencies, such as broken generators, improper wiring connections, exposed live wires, and poor installation pose potentially serious hazards that could endanger the safety of patients and staff. Photo 1 shows a damaged and inoperable generator at facility 2039 and Photo 2 shows structural damage at facility 2476. Photos 3 and 4 show the damage from a leaking roof on the ceiling and walls of Health facility 2616.

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**Photo 1 - Damaged and Inoperable Generator at Health Facility 2039**



Source: SIGAR April 26, 2016

**Photo 2 - Structural Damage at Health Facility 2476**



Source: SIGAR April 28, 2016

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<sup>12</sup> 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. Health facilities 1607, 2039, 2476, 2613, 2616, and 2632 did not appear to have electricity.

<sup>13</sup> Staff at health facilities 255, 263, 266, 267, 1623, 1738, 2038, 2052, 2453, and 3014 stated that those health facilities have inconsistent or inadequate power despite having equipment such as generators, solar panels, and fuse boxes.

<sup>14</sup> All 30 health facilities appeared to have pharmacies.

<sup>15</sup> Health facilities 263, 1623, 1738, 2191, 2319 2476, 2613, 2616, and 2632 do not appear to have running water.

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**Photo 3 - Leaking Roof and Saturated Walls at Health Facility 2616**



Source: SIGAR, May 1, 2016

**Photo 4 – Leaking Roof and Saturated Walls at Health Facility 2616**



Source: SIGAR May 1, 2016

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Finally, our site inspections found that at least 28 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.<sup>16</sup> Photos 5 and 6 show easily accessible, open-air kilns used to dispose of waste at two facilities.

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**Photo 5 – Open-air kiln at Facility 1623**



Source: SIGAR May 5, 2016

**Photo 6 - Open-air kiln at Facility 2037**



Source: SIGAR April 20, 2016

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<sup>16</sup> The Council of State Governments, *Model Guidelines for State Medical Waste Management*, 1992.

## USAID RELIES ON THE WORLD BANK TO MONITOR THE FACILITIES IT SUPPORTS THROUGH SEHAT IN GHAZNI

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Over the past several years, we have issued multiple reviews highlighting safety and operational issues, as well as calling into question the accuracy of the geospatial coordinates of PCH- (now SEHAT-) supported health facilities throughout Afghanistan.<sup>17</sup> 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.”<sup>18</sup> To support its assertion, USAID provided us with data that the agency claimed demonstrated the physical location and operation of the 70 PCH- (now SEHAT-) supported facilities in Ghazni province.

The files provided by USAID as evidence of the location and basic operations of the health facilities included 1–4 photos for each facility, none of which included any embedded geospatial data. Generally, the files included one picture of the facility signage (including facility name and district) and, in most cases, additional photos purportedly depicting a building or grounds at the health facility, though without any associated monitoring reports or embedded geospatial data we could not verify the location at which the pictures were actually taken.

In its February 2016, response to our review of health facilities in Badakhshan, USAID told us:

When USAID was providing funding for PCH as a direct G2G [government-to-government] program we had responsibility for detailed information on the health facilities we were funding. Under SEHAT that responsibility lies with the World Bank and we rely on their systems to provide adequate oversight. As a program support donor, we are not in a position, nor do we desire to make the location of individual facilities our concern.<sup>19</sup>

However, the information USAID maintained regarding the facilities it supported as part of the now-terminated PCH program clearly did not provide, “detailed information on the health facilities we were funding.” As part of our June 2016 review of health facilities in Badakhshan province, Afghanistan, we requested updated GPS data from USAID. However, an agency official stated that USAID no longer maintained such data and that obtaining it would require a specialized request to the Afghan government, which USAID was unwilling to make.<sup>20</sup> USAID has made it clear that since the termination of the PCH program, it now relies almost exclusively on reports from the World Bank to provide oversight for its funds used to support those facilities.

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<sup>17</sup> SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016; SIGAR, *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015; and SIGAR, *Review Letter: USAID-Supported Health Facilities in Kabul*, SIGAR 16-09-SP, January 5, 2016; SIGAR, *Inquiry Letter: Geospatial Coordinates for PCH Health Facilities*, SIGAR 15-67-SP, June 25, 2015; and SIGAR, *Alert Letter: PCH Health Facilities Coordinates Response*, SIGAR 15-82-SP, August 18, 2015.

<sup>18</sup> USAID, *Response to the Inquiry Letter in PCH Health Facilities Coordinates (SIGAR Inquiry Letter-15-67-SP)*, July 1, 2015.

<sup>19</sup> SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016.

<sup>20</sup> SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016.



USAID's Automated Directive System (ADS) lists the World Bank as a Category 1 Public International Organization (PIO).<sup>21, 22</sup> ADS general guidance for grants to approved PIOs states that, "...once funds have been disbursed in accomplishment of a significant purpose of an award, the funds are no longer considered USAID's, and the Agency's policies and procedures...no longer apply."<sup>23</sup> ADS 308 also states, "In the case of general contributions, the transfer of funds to the PIO clearly constitutes a disbursement that fulfills the primary purpose of the grant – to provide funds to the PIO. As such, USAID's policies and procedures no longer apply to the funds post-disbursement..." During a February 18, 2016, teleconference with SIGAR, USAID officials added that, under SEHAT, the MoPH (not USAID) selects which health facilities, serving which populations, receive funding and that the MoPH receives feedback regarding health facility operations from district and provincial health officials.

Nevertheless, SIGAR maintains that, given USAID's intention to contribute approximately \$228 million to the World Bank's SEHAT program, USAID should take steps to ensure that its funds are used as intended.<sup>24</sup> In the case of SEHAT, that means, in part, using accurate GPS data to help ensure that the correct populations are receiving intended health care services. USAID's implementation letter with the Afghan government concerning SEHAT affirms that responsibility and establishes the monitoring and reporting structure that USAID will use to oversee SEHAT. That letter, signed by the USAID Mission Director for Afghanistan and Afghanistan's Minister of Finance and Minister of Minister of Public Health, states:

Performance monitoring by USAID will be accomplished through field visits, analysis of Health Management Information System (HMIS) data, results of baseline and follow-on household surveys...third party verification of the HMIS data....<sup>25</sup>

In January 2017, we inquired about USAID's efforts to fulfill its obligations under the SEHAT implementation letter. In response, USAID stated:

For direct monitoring of the SEHAT activity, which is funded by a PIO grant, USAID relies on the World Bank's monitoring policies and systems. The World Bank provides reports to USAID and other donors on SEHAT's performance. USAID indirectly monitors the health sector through information furnished by off-budget projects which provide direct technical assistance to the Ministry of Public Health and SEHAT funded service providers at the national and facility level. Off-budget support includes: the Afghanistan Demographic Health Survey (AfDHS), Strengthening Pharmaceutical Systems (SPS), Initiative to Improve Hygiene, Sanitation &

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<sup>21</sup> USAID, ADS 308maa, List of Public International Organizations, A Mandatory Reference for ADS 308, September 20, 2011.

<sup>22</sup> USAID's Delegated Cooperation Secretariat, which is coordinated and supported by several entities within USAID, including the Office of General Counsel and the Office of Chief Financial Officer, uses its discretion to approve certain organizations as Category 1 PIOs based on criteria, including the quality of the PIO's past performance on U.S. government- and other donor-funded projects, copies of the PIO's most recent audited financial statements, and copies of applicable policies and procedures (for example, financial management, procurement, property management, audits, and human resources).

<sup>23</sup> USAID, ADS 308, Awards to Public International Organizations, September 20, 2011.

<sup>24</sup> USAID, *Implementation Letter Number 43-01: the Ministry of Public Health System Enhancement for Health Action in Transition (SEHAT) Program: USAID agreement to support SEHAT*, January 15, 2014.

<sup>25</sup> USAID, *Implementation Letter Number 43-01: the Ministry of Public Health System Enhancement for Health Action in Transition (SEHAT) Program: USAID agreement to support SEHAT*, January 15, 2014, p.3.

Nutrition (IHSAN), Challenge TB (CTB), Health Sector Resiliency (HSR) and Helping Mothers and Children Thrive (HEMAYAT).<sup>26</sup>

USAID has not performed the monitoring activities it committed to under the implementation letter, and has not conducted field visits to health facilities or analysis and verification of data necessary to ensure SEHAT operates in the manner agreed to with the Afghan government. As we have previously stated, maintaining accurate GPS coordinates for the health facilities it supports is one important way USAID can help ensure any field visits USAID conducts as agreed to with the Afghan government are successful in locating the facilities and could be another tool USAID can use when analyzing and verifying HMIS data.<sup>27</sup> It is also important for USAID to maintain accurate GPS data because the SEHAT oversight reports submitted to USAID by the World Bank do not include any specific location-based information or information concerning the operational status of individual facilities.

In January 2017, the World Bank, the entity USAID has entrusted to carry out oversight of its planned \$228 million investment in SEHAT, told us that, “The World Bank is not involved in collecting or maintaining geospatial coordinates of health facilities.”<sup>28</sup> Instead, the World Bank relies on the Afghan government to conduct oversight of individual facilities. According to the World Bank,

The MOPH has established a robust verification mechanism where the third party monitoring firm visits a sample of health facilities every six months and checks not only if the facility is open but also on availability of key inputs (drugs, staff and equipment) and verifies the accuracy of utilization data reported by the facility. The findings of third party monitor indicates [sic] a remarkable improvement on the quality of data report by health facilities on utilization of targeted health services. Regarding geospatial data, since 2014 MOPH has taken on many efforts to improve the accuracy of information related to GPS coordinates of facilities. However, this remains imperfect.<sup>29</sup>

## CONCLUSION

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USAID officials have previously told SIGAR that their agency is not collecting data on and has no insight as to how the World Bank or the MoPH are recording GPS coordinates for the health facilities supported by USAID through SEHAT.<sup>30</sup> USAID officials also noted that the agency does not intend to maintain coordinates for SEHAT clinics going forward and would instead rely on World Bank publications and the MoPH.

USAID’s position regarding its monitoring responsibilities is troubling. In previous SIGAR reviews, we have repeatedly cited USAID’s own contracts, Requests for Proposals, and other

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<sup>26</sup> USAID email response (January 19, 2017) to SIGAR email (January 13, 2017).

<sup>27</sup> SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016.

<sup>28</sup> World Bank email response (January 21<sup>st</sup>, 2017) to SIGAR email (January 6 2017). Responsible World Bank officials stated that the MOPH is responsible for updating and maintaining the HMIS database that contains information on such things as GPS coordinates, status, and utilization.

<sup>29</sup> World Bank email response (January 21<sup>st</sup>, 2017) to SIGAR email (January 6 2017).

<sup>30</sup> SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016.

documents that highlight reliable project location data as a critical tool in providing effective oversight and mitigating corruption.<sup>31</sup> Moreover, USAID’s own implementation letter for the SEHAT program clearly calls for the agency to conduct site visits, and to analyze and verify HMIS data (which could include GPS location data). However, our review of World Bank reports submitted to USAID showed that the World Bank is not reporting any specific location-based information or the operational status of individual facilities to USAID.

SIGAR encourages USAID to work with the MoPH and the World Bank to confirm and update the coordinates for the 30 clinics detailed in Enclosure I—particularly those facilities that were more than 10 kilometers away from the coordinates provided by USAID. **As noted earlier, however, we are withholding Enclosure I from public release due to safety and security concerns related to location information.** We also encourage USAID to urge the World Bank and the MoPH monitoring teams and implementing partners to use cameras that are capable of producing photos with embedded geospatial data and to conduct more robust site inspections that include descriptions of facility condition and operations. Finally, we encourage USAID to request and maintain this information, in order to help ensure that funding spent to improve the health of specific populations is actually reaching the intended communities.

## AGENCY COMMENTS

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We provided a draft of this review to USAID for comment on March 9, 2017. USAID provided comments on March 20, 2017. In its comments, USAID stated that it welcomed feedback on the 30 health facilities visited by SIGAR and that all were open, operational, and benefiting the community and observed that this information is consistent with monitoring information USAID receives from the World Bank. USAID also stated that, “it remains committed to helping Afghans receive high-quality health care services through the World Bank-administered SEHAT program.” Regarding the location of the facilities USAID supports through the SEHAT program, USAID states that, “While global positioning system (GPS) coordinates are a useful tool for locating sites, they are not regularly used in the health sector to locate facilities in Afghanistan. Alternative means by which clinics can be located are available.” However, USAID added, “At the same time, USAID/Afghanistan appreciates the utility offered by strong geospatial datasets and has issued guidance for the Mission to project managers and implementing partners to standardize the collection of geospatial data where possible.”

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<sup>31</sup> SIGAR’s previous reports include: Alert Letter: *PCH Health Facilities Coordinates Response*, SIGAR15-82-SP, June 25, 2015, Review Letter, *USAID-Supported Health Facilities in Kabul*, January 5, 2016; Alert Letter, *USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015, and Review Letter, *USAID-Supported Health Facilities in Badakhshan*, SIGAR 16-40-SP, June 30, 2016, Review Letter, *USAID-Supported Health Facilities in Baghlan*, SIGAR 17-18-SP, December 12, 2016.



**MEMORANDUM**

March 20, 2017

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

**FROM:** Herbert Smith, Mission Director 

**SUBJECT:** Mission Response to SIGAR's Draft Report on the  
Review titled "USAID Supported Health Facilities in  
Ghazni Province: Observations From Site Visits to 30  
Locations" (SIGAR SP-151A/SIGAR-17-XX-SP)

**REF:** SIGAR Transmittal email dated 03/09/2017

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

USAID welcomes the feedback that the 30 health facilities visited by SIGAR in Ghazni province are open, operational, and benefiting the local community. According to SIGAR's review, the majority of community respondents reported the health facility was "somewhat or very useful" for the community, and that feedback is helpful. This information is consistent with the monitoring information USAID receives from the World Bank and demonstrates that USAID resources furnished to the World Bank-administered System Enhancement for Health Action in Transition (SEHAT) program, are being used as intended to provide access to healthcare, even in remote, difficult-to-reach locations.

While global positioning system (GPS) coordinates are a useful tool for locating sites, they are not regularly used in the health sector to locate facilities in Afghanistan. Alternate means by which clinics can be located are available. For example, to ensure that clinics were delivering high quality care under the Partnership Contracts for Health (PCH) project, USAID mobilized local Afghan staff and independent monitors familiar with the areas to visit, observe, and evaluate the clinics. The SIGAR inspection teams demonstrated the effectiveness of this method by locating all 30 of the

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<http://afghanistan.usaid.gov>

selected facilities and confirming via interviews that the communities served have received health services. At the same time, USAID/Afghanistan appreciates the utility offered by strong geospatial datasets and has issued guidance for the Mission project managers and implementing partners to standardize the collection of geospatial data where possible. Additionally, the Agency has undertaken organizational steps that institutionalized the use of geospatial data inside USAID and by its U.S. Government and nongovernmental partners.

USAID remains committed to helping Afghans receive high-quality health care services through the World Bank-administered SEHAT program. This program continues the efforts under the USAID-managed PCH project, which ended in June 2015, and previously supported the Ministry of Public Health (MoPH) to deliver basic health services to more than one million Afghans every month. The health facilities in Ghazni province previously funded under the USAID-managed PCH program, including those visited by SIGAR, are now being funded through the World Bank-managed SEHAT program. Thus, the responsibility for management and oversight of these health facilities, including the potential use of geospatial coordinates, has transitioned to the Ministry of Public Health with the support of the World Bank-administered SEHAT project.

Lastly, USAID appreciates the information provided regarding the maintenance needs for several Afghan government-owned facilities. USAID will inform the World Bank and the Ministry of Public Health of these maintenance issues.

cc: Robert Clark, Controller, USAID/Afghanistan  
Daniel Wartko, U.S. Embassy/Kabul  
OAPA Audit

## APPENDIX II – ACKNOWLEDGEMENTS

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Kevin Streeeter, Senior Analyst  
Kevin Macar, Student Intern  
Omar Sharif, Student Intern

This project was conducted  
under project code SP-113H.

## SIGAR's Mission

The mission of the Special Inspector General for Afghanistan Reconstruction (SIGAR) is to enhance oversight of programs for the reconstruction of Afghanistan by conducting independent and objective audits, inspections, and investigations on the use of taxpayer dollars and related funds. SIGAR works to provide accurate and balanced information, evaluations, analysis, and recommendations to help the U.S. Congress, U.S. agencies, and other decision-makers to make informed oversight, policy, and funding decisions to:

- improve effectiveness of the overall reconstruction strategy and its component programs;
- improve management and accountability over funds administered by U.S. and Afghan agencies and their contractors;
- improve contracting and contract management processes;
- prevent fraud, waste, and abuse; and
- advance U.S. interests in reconstructing Afghanistan.

## Obtaining Copies of SIGAR Reports and Testimonies

To obtain copies of SIGAR documents at no cost, go to SIGAR's Web site ([www.sigar.mil](http://www.sigar.mil)). SIGAR posts all publically released reports, testimonies, and correspondence on its Web site.

## To Report Fraud, Waste, and Abuse in Afghanistan Reconstruction Programs

To help prevent fraud, waste, and abuse by reporting allegations of fraud, waste, abuse, mismanagement, and reprisal, contact SIGAR's hotline:

- Web: [www.sigar.mil/fraud](http://www.sigar.mil/fraud)
- Email: [sigar.pentagon.inv.mbx.hotline@mail.mil](mailto:sigar.pentagon.inv.mbx.hotline@mail.mil)
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