

SIGAR

**Special Inspector General for
Afghanistan Reconstruction**

OFFICE OF SPECIAL PROJECTS

USAID SUPPORTED HEALTH FACILITIES IN TAKHAR PROVINCE: OBSERVATIONS FROM SITE VISITS TO 35 LOCATIONS



JULY 2017

SIGAR-17-51-SP



July 6, 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 35 USAID-supported public health facilities in Takhar province, Afghanistan. SIGAR found substantial inaccuracies in the geospatial coordinates USAID previously provided for many of these 35 health facilities, including 24 facilities that were at least 10 kilometers away from coordinates USAID provided. We also found that not all facilities had access to running water. This is the sixth in a series of health facility reviews SIGAR is conducting in provinces throughout Afghanistan.¹

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.²

We provided a draft of this review to USAID for comment on June 21, 2017. USAID provided comments on July 6, 2017. In its comments, USAID stated that it welcomed feedback on the 35 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, “finds SIGAR’s continued focus on the inaccuracy of the geospatial coordinates misleading” and, “the responsibility for management and oversight of these health centers, including the storage and potential use of geospatial coordinates, now lies fully with the Ministry of Public Health (MoPH), with the support of the World Bank-administered System Enhancement for Health Action in Transition (SEHAT) project.” While we agree that both the MoPH and World Bank have critical oversight roles for the SEHAT program, USAID’s comments appear to directly contradict the oversight responsibilities outlined in its implementation letter with the Afghan government concerning SEHAT. As previously detailed, USAID’s implementation letter for the SEHAT program require it to perform several monitoring and oversight activities, including field visits and household surveys, that would be made easier by maintaining accurate location information for the clinics it supports. USAID’s comments are reproduced in appendix I.

We conducted this special project in Washington, D.C.; Takhar, Afghanistan; and Kabul, Afghanistan, from April 2016 through March 2017, in accordance with SIGAR’s quality control standards. These standards require that we carry out work with integrity, objectivity, and independence, and provide information that is factually accurate and reliable. For more

¹ SIGAR, *Review: USAID Supported Health Facilities in Ghazni Province*, SIGAR 17-34-SP, March 30, 2017; 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, *Review Letter: USAID-Supported Health Facilities in Kabul*, SIGAR 16-19-SP, January 5, 2016; and SIGAR, *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015.

² 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. This is sometimes referred to as “G2G.”

information on the policies and procedures and quality control standards for conducting special project work, please see SIGAR's website (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.

Sincerely,

A handwritten signature in black ink, appearing to read 'John F. Sopko', written in a cursive style.

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 35 Inspected Health Facilities (under separate cover)

Since 2014, SIGAR has expressed concern regarding the oversight of facilities supported by USAID's \$259.6 million Partnership Contracts for Health (PCH) program. The PCH program operated from July 2008 through June 2015 and supported the Afghan Ministry of Public Health (MoPH) in its delivery of health services to local Afghan clinics and hospitals in 13 Afghan 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 2018.³ The total USAID contribution to the SEHAT program is expected to be approximately \$228 million.⁴ To support the program, USAID contributes funds to the World Bank-administered Afghanistan Reconstruction Trust Fund (ARTF), and these funds are "preferenced" (earmarked) for the SEHAT program. The funds are used to support the same health care facilities in the 13 provinces where USAID previously administered its PCH program, including 66 facilities in Takhar province.⁵

A key component of the PCH program in Takhar 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 sixth in a series of USAID-supported health facility reviews SIGAR is conducting in provinces throughout Afghanistan.⁶ 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 35 USAID-supported health facilities in Takhar province.⁷ All of the 35 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.⁸ 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,

³ 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.

⁴ 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.

⁵ 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.

⁶ SIGAR, *Review: USAID Supported Health Facilities in Ghazni Province*, SIGAR 17-34-SP, March 30, 2017; 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, *Review Letter: USAID-Supported Health Facilities in Kabul*, SIGAR 16-19-SP, January 5, 2016; and SIGAR, *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015.

⁷ SIGAR selected 35 facilities to inspect based on initial findings from geospatial analysis and site security assessments. We also obtained updated location information from the MoPH in May 2017.

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

- An interview with a member of the community served by the health facility.

Site inspections were conducted in April and May of 2016, using the most recent location data provided by USAID. Our site inspectors conducted limited site inspections lasting 1- 2 hours and focused on the location of the health facility, whether the facility was open/active at the time of the visit, and observing and recording 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 24 OF THE 35 FACILITIES WERE MORE THAN 10 KILOMETERS FROM THE ACTUAL FACILITY LOCATION WHILE GEOSPATIAL COORDINATES REPORTED BY MOPH WERE MUCH MORE ACCURATE

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 35 facilities selected for a site inspection. Our site visits of the 35 facilities revealed that the actual geospatial coordinates for 26 of those 35 facilities were more than 5 kilometers away from the coordinates provided by USAID.⁹ Specifically, we found that:

- 5 facilities were less than 1 kilometer from the USAID coordinates;
- 4 facilities were within 1–5 kilometers from the USAID coordinates;
- 2 facilities were within 5–10 kilometers from the USAID coordinates; and,
- 24 facilities were more than 10 kilometers from the USAID coordinates.

Similarly, we compared geospatial information from our site visits to geospatial coordinates provided by MoPH. We determined that only 3 of the 35 facilities were more than 5 kilometers away from the coordinates provided by MoPH. Specifically, we found that:

- 26 facilities were less than 1 kilometer from the MoPH coordinates;
- 6 facilities were within 1–5 kilometers from the MoPH coordinates;
- 3 facilities were within 5–10 kilometers from the MoPH coordinates; and,
- No facilities were more than 10 kilometers from the MoPH coordinates.

In cases where 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.

Since USAID submitted geospatial coordinates to SIGAR in 2015, MoPH has undertaken efforts to update and improve the location information it maintains for its health facilities. SIGAR obtained MoPH's location information for the health facilities we visited in Takhar and found MoPH's data to be much more accurate when compared with those maintained by USAID. SIGAR commends MoPH on its efforts to improve oversight and data quality.

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

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.¹⁰ Please see Enclosure I for a list of the specific coordinates associated with each of the 35 facilities for which we performed a site inspection. **Note: Due to safety and security concerns, SIGAR is withholding Enclosure I from public release.**

OPERATIONAL CONDITIONS AT THE 35 HEALTH FACILITIES WE VISITED

All 35 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. We were able to conduct interviews with community members at 33 of the 35 facilities.¹¹ 32 of 33 community members we spoke with had visited the facility either for treatment themselves or in connection with the treatment of a family member. Thirty-two of those community members stated that the health facility was very useful for the community, and one community member stated they did not know.

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 electricity and water. Although all 35 facilities had electricity, staff at 14 of the facilities¹² reported that their sites did not have adequate or consistent power required for proper lighting and refrigeration of some pharmaceuticals and vaccines.¹³ Nine of the 35 facilities did not have running water at the time of the inspection.¹⁴

Our site inspectors also observed some basic structural concerns at some of the facilities, such as cracked walls, leaking roofs, broken doors, and exposed wiring. While, in most cases, these problems did not appear to be negatively affecting operations, they do raise concerns regarding the sanitation and safety of the facilities. Photos 1, 2, and 3 show structural damage at facilities 431, 434, and 2869. Photo 4 shows Roof Damage at Health Facility 2386.

¹⁰ 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.

¹¹ No community members were present in the immediate vicinity of facilities 2871 and 2872 so SIGAR was unable to conduct interviews.

¹² Health Facilities 427, 2869, 1688, 434, 454, 456, 2947, 436, 1689, 1690, 1694, 449, 452, and 428 do not appear to have consistent sources of power despite having electrical equipment.

¹³ All 35 health facilities appeared to have pharmacies.

¹⁴ Health facilities 438, 1694, 2387, 2534, 2869, 2870, 2872, 2884, and 2947 do not appear to have running water.

Photo 1 - Cracked Walls at Facility 431



Source: SIGAR April 21, 2016

Photo 2 - Cracked Walls at Facility 434



Source: SIGAR April 13, 2016

Photo 3 - Damage at Facility 427



Source: SIGAR, April 11, 2016

Photo 4 - Damage at Facility 2386



Source: SIGAR April 18, 2016

Finally, we observed that at least 27 facilities disposed of medical waste in open-air kilns, some of which were publicly accessible. In addition, when clinic staff from the other eight facilities were asked about medical waste disposal, all eight indicated the waste was burned. 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.¹⁵ Photos 5 and 6 show easily accessible, open-air kilns used to dispose of waste at two facilities.

¹⁵ The Council of State Governments, *Model Guidelines for State Medical Waste Management*, 1992.

Photo 5 – Open-air kiln at Facility 427



Source: SIGAR April 11, 2016

Photo 6 - Open-air kiln at Facility 1689



Source: SIGAR April 21, 2016

USAID RELIES ON THE WORLD BANK TO MONITOR THE FACILITIES IT SUPPORTS THROUGH THE SEHAT PROGRAM IN TAKHAR

Over the past several years, we have issued multiple letters highlighting safety and operational concerns, and have also called into question the accuracy of the geospatial coordinates of PCH- (now SEHAT-) supported health facilities throughout Afghanistan.¹⁶ 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.”¹⁷ To support its assertion, USAID provided us with data that the agency claimed demonstrated the physical location and operation of all 66 PCH- (now SEHAT-) supported facilities in Takhar province, including 31 facilities for which location and security conditions prevented us from performing a site inspection.¹⁸

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 a February 2016, 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

¹⁶ 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.

¹⁷ USAID, *Response to the Inquiry Letter in PCH Health Facilities Coordinates (SIGAR Inquiry Letter-15-67-SP)*, July 1, 2015.

¹⁸ USAID did not provide any photos or documentation to support the physical location and existence of two of the health facilities.

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.¹⁹

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 [USAID was] 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.²⁰ 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. Despite USAID’s concerns regarding the difficulties of making a specialized request to the Afghan government, SIGAR made such a request in May 2017 and was able to quickly obtain the information from the MoPH.

USAID’s Automated Directive System (ADS) lists the World Bank as a Category 1 Public International Organization (PIO).²¹ 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.”²² 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.²³ 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:

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

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

²¹ USAID, ADS 308maa, List of Public International Organizations, A Mandatory Reference for ADS 308, September 20, 2011. 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).

²² USAID, ADS 308, Awards to Public International Organizations, September 20, 2011.

²³ 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.

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....²⁴

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 & Nutrition (IHSAN), Challenge TB (CTB), Health Sector Resiliency (HSR) and Helping Mothers and Children Thrive (HEMAYAT).²⁵

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 reported, 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.²⁶ 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. Our analysis of May 2017 MoPH data showed it to be more reliable than the location information maintained by USAID. Any future efforts USAID undertakes to fulfill the obligations outlined in its implementation letter for SEHAT would be bolstered if it maintained more accurate information, such as the location information maintained by the MoPH, regarding the health facilities it supports.

In January 2017, the World Bank, the entity USAID has entrusted to carry out oversight of its planned approximately \$228 million investment in SEHAT, told us that, "The World Bank is not involved in collecting or maintaining geospatial coordinates of health facilities."²⁷ 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

²⁴ 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.

²⁵ USAID email response (January 19, 2017) to SIGAR email (January 13, 2017).

²⁶ SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016.

²⁷ World Bank email response (January 21st, 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.

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.²⁸

Our analysis, supported by the Army Geospatial Center (AGC), indicates that some of the data currently available to USAID regarding individual facilities supported by SEHAT is poor and would not allow the agency to rely on reporting by health officials at the district and provincial level because available data places health facilities in incorrect provinces. SIGAR coordinated with the AGC to map the last known GPS coordinates of the 66 health facilities in Takhar provided by USAID to SIGAR. According to information provided by USAID:

- Three facilities' coordinates place those clinics in Baghlan Province.²⁹
- Two facility's coordinates place that clinic in Kunduz Province.³⁰
- One facility's coordinates place that clinic in Tajikistan.³¹

CONCLUSION

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. 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 documents that highlight reliable project location data as a critical tool in providing effective oversight and mitigating corruption. 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. Our analysis of May 2017, MoPH data showed it to be far more reliable than the location information maintained by USAID. Any future efforts USAID undertakes to fulfill the obligations outlined in its implementation letter for SEHAT would be bolstered if it maintained more accurate information, such as the location information maintained by the MoPH, regarding the health facilities it supports.

SIGAR encourages USAID to work with the MoPH and the World Bank to confirm and update the coordinates for the 35 facilities detailed in Enclosure I—particularly those facilities that

²⁸ World Bank email response (January 21st, 2017) to SIGAR email (January 6: 2017).

²⁹ Health facilities 435, 1697, and 1929.

³⁰ Health facilities 1162 and 2884.

³¹ Health facility 1709.

were more than 10 kilometers away from the coordinates provided by MoPH. **As noted above, 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 Afghan populations is actually reaching the intended communities.

AGENCY COMMENTS

We provided a draft of this review to USAID for comment on June 21, 2017. USAID provided comments on July 6, 2017. In its comments, USAID stated that it welcomed feedback on the 35 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, “finds SIGAR’s continued focus on the inaccuracy of the geospatial coordinates misleading” and, “the responsibility for management and oversight of these health centers, including the storage and potential use of geospatial coordinates, now lies fully with the Ministry of Public Health (MoPH), with the support of the World Bank-administered System Enhancement for Health Action in Transition (SEHAT) project.” While we agree that both the MoPH and World Bank have critical oversight roles for the SEHAT program, USAID’s comments appear to directly contradict the oversight responsibilities outlined in its implementation letter with the Afghan government concerning SEHAT. As previously detailed, USAID’s implementation letter for the SEHAT program require it to perform several monitoring and oversight activities, including field visits and household surveys, that would be made easier by maintaining accurate location information for the clinics it supports. USAID’s comments are reproduced in appendix I.




USAID | **AFGHANISTAN**
FROM THE AMERICAN PEOPLE

MEMORANDUM

July 5, 2017

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

FROM: Herbert Smith, Mission Director 

SUBJECT: Mission Response to Draft SIGAR Review Letter titled:
“USAID Supported Health Facilities in Takhar Province:
Observations From Site Visits to 35 Locations” (SIGAR
Draft Review SP-150, SIGAR-17-XX-SP)

REF: SIGAR Transmittal email dated June 21, 2017

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

In its sixth report on the status of Afghanistan’s public health facilities, SIGAR has once again provided positive feedback on the functionality and perceived usefulness of government health clinics that are supported by USAID and other donors. As SIGAR highlights in this review, SIGAR located all health facilities and found all of them to be operational and benefiting the local community two years after USAID stopped its direct oversight of these facilities.

However, USAID finds SIGAR’s continued focus on the inaccuracy of the geospatial coordinates misleading.

USAID is pleased to note that all 35 health facilities visited by SIGAR are open, operational, and benefiting the local community. In this review, 32 of 33 community respondents reported to SIGAR that the health facility was “very useful” for the community, yet these important results are not found until page six of the report.

The findings in this review, as with prior findings in this series, are positive. Out of a total 172 community members SIGAR interviewed in the six inspected provinces, 161 community members, or approximately 93 percent

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of those who had visited one of the inspected facilities either for treatment themselves or in connection with the treatment of a family member, found the facility somewhat or very useful for the community.

These findings on the functionality and perceived usefulness of USAID-funded public health clinics are consistent with the monitoring information USAID receives from the World Bank and demonstrate that USAID resources, through the support we now provide 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.

As noted in prior reviews, the responsibility for management and oversight of these health centers, including the storage and potential use of geospatial coordinates, now lies fully with the Ministry of Public Health (MoPH), with the support of the World Bank-administered System Enhancement for Health Action in Transition (SEHAT) project. USAID is pleased that the MoPH was able to provide SIGAR with current and accurate location data for the public health facilities in Takhar during this review. USAID echoes SIGAR's commendation of the MoPH for "its efforts to improve oversight and data quality."

USAID remains committed to helping Afghans receive high-quality health care services through the World Bank-administered SEHAT program. We appreciate 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: Ravi Suaris, Controller, USAID/Afghanistan
Joan Simon Bartholomaus, U.S. Embassy/Kabul
OAPA Audit

APPENDIX II - ACKNOWLEDGEMENTS

Kevin Streeeter, Senior Analyst
Kyra Murphy, Analyst
Rafael Diaz, Student Intern
Kevin Macar, Student Intern
Omar Sharif, Student Intern

This project was conducted
under project code SP-150.

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

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