

# SIGAR

**Special Inspector General for  
Afghanistan Reconstruction**

**OFFICE OF SPECIAL PROJECTS**

## HEALTH FACILITIES IN NANGARHAR PROVINCE, AFGHANISTAN: OBSERVATIONS FROM VISITS AT FOUR FACILITIES



# SEPTEMBER 2017

SIGAR-17-67-SP



**SIGAR**

Office of the Special Inspector General  
for Afghanistan Reconstruction

September 18, 2017

The Honorable Jim Mattis  
Secretary of Defense

Dear Secretary Mattis:

I am writing to inform you of the results of the recent site inspections conducted by SIGAR to verify the locations and operating conditions of four public health facilities in Nangarhar province, Afghanistan. All four facilities received funds from the Commander's Emergency Response Program (CERP) in 2011. As you know, CERP was established to enable local U.S. commanders in Afghanistan to respond to urgent humanitarian and relief and reconstruction requirements.<sup>1</sup> We found that the location information maintained in DOD systems was accurate and we successfully located each facility within one kilometer of its expected location.<sup>2</sup> We also found that all four facilities were operational and well equipped, electrified, and had access to running water.

SIGAR provided a draft of this review to DOD for comment on August 24, 2017. SIGAR worked closely with DOD subject matter experts to verify the projects and data associated with the health facilities reviewed in this report. DOD did not provide formal comments, but did provide technical comments to a draft version of the report. We incorporated DOD's technical comments, as appropriate.

SIGAR conducted this special project in Washington, D.C. and Nangarhar, Afghanistan from June 2016 to August 2017 and 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 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, as amended, 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

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<sup>1</sup> Emergency Supplemental Appropriations Act for Defense and for the Reconstruction of Iraq and Afghanistan, 2004, Pub. L. No. 108-106, § 1110, 117 Stat. 1209, 1215 (2003).

<sup>2</sup> The Afghan Ministry of Public Health (MoPH) maintains location information for health facilities. MoPH has undertaken efforts to update their records to provide more accurate locations.

DOD established the Commander's Emergency Response Program (CERP) in Afghanistan in fiscal year 2004. The purpose of CERP is to enable U.S. commanders in the field to respond to urgent humanitarian relief and reconstruction requirements. In Afghanistan, CERP funds were used in all 34 provinces. According to DOD's Financial Management Regulation, there are 20 approved categories of CERP projects including transportation, education, agriculture/irrigation, economic development, water and sanitation, and healthcare. Funding under this program was intended for small projects that were estimated to cost less than \$500,000 each.<sup>3</sup> CERP projects that cost more than \$500,000 were also authorized when approved at the appropriate level within DOD.

Congress appropriated approximately \$3.7 billion since November 2003 for CERP. As of April 30, 2017, DOD had obligated nearly \$2.29 billion of these funds and disbursed nearly \$2.28 billion.<sup>4</sup> According to DOD data, the category of "healthcare" ranked eighth both in total number of projects and estimated cost among the 20 approved CERP project categories.

This review presents our assessment of the current condition and usage of health care facilities in Nangarhar province that received CERP funds. Based on available data and security conditions in Nangarhar, we decided to conduct site inspections at four health facilities in that province that received CERP funding in 2011.

To carry out our review, we reviewed relevant information such as contracts, statements of work, and payment records contained in the Combined Information Data Network Exchange (CIDNE) database. CIDNE is a project management system used by U.S. Forces-Afghanistan to document and monitor CERP project status from project nomination to project closure. CIDNE contains information, such as the unit responsible for the project; the project document reference number; the description of the project; the amounts committed, obligated, and disbursed for the project; and the project status, including the project completion date. We also conducted site inspections to:

- 1) Determine whether a health care facility was located at or near the location identified in CERP records;
- 2) Determine whether that facility is open/active at the time of the visit;
- 3) Observe external physical structure(s) as well as internal resources; and
- 4) Obtain information from on-site personnel about facility operations.

We worked jointly with an Afghan civil society organization to perform limited inspections of these health facilities. Our site visits were limited to 1-2 hours and were limited in scope to minimize the impact on facility operations. The site inspections did not include comprehensive engineering evaluations of structures, testing of systems (electrical or water) quality, or an evaluation of the quality of care being provided.

## LOCATION INFORMATION AND OPERATIONAL CONDITIONS AT THE FOUR CERP-FUNDED HEALTH FACILITIES WE VISITED IN NANGARHAR PROVINCE

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Using the geospatial coordinates for the four projects, we were able to locate and conduct site visits to all four health facilities. We found that the actual geospatial coordinates for all four of the projects were less than one kilometer away from the coordinates maintained in the CIDNE database. As SIGAR has stressed previously, robust program oversight requires specific knowledge of the project location, and accurate specific location information is critical to ensuring that a project is being

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<sup>3</sup> SIGAR, *Quarterly Report to the United States Congress*. April 30, 2017. P 65, 72.

<sup>4</sup> SIGAR, *Quarterly Report to the United States Congress*. April 30, 2017. P 65, 72.

maintained and used for its intended purpose—including ensuring that intended populations are receiving healthcare.<sup>5</sup>

We found that the four Nangarhar CERP-funded health facilities in Nangarhar province were similar in many respects. For example, all four health facilities were open, generally well maintained, and perceived as very useful by community members.

SIGAR found that the four projects were completed in 2011 and 2012 at a cost of \$199,244.68. While all four health facilities appeared well equipped, and had access to power and clean water, officials at two of the facilities reported that they were in need of additional medical staff and we observed structural deficiencies, including cracked walls and a leaking roof, at another.

### Health Facility 2509

DOD records indicate that USFOR-A spent \$14,147.34 in CERP funds at health facility 2509 for repairs and minor construction.<sup>6</sup> According to DOD documentation supporting the need to complete the repair work, “The current health clinic has both cosmetic and structural damage.” The project’s Operation and Maintenance Memo states, “The estimated recurring Operation and Maintenance costs for this facility are 46,000 Afghani” (approximately \$1069.15 in costs that would be incurred by the Afghan government following the completion of the project).<sup>7</sup>

Interviews we conducted with facility staff as part of our site inspection revealed that health facility 2509 reportedly serves a community of 2,915 households and sees approximately 200 patients on a normal day. On average, two patients per week are referred to a more advanced health facility for additional care. The facility employs eight medical staff, four of whom are female medical personnel. The health facility has access to electricity 18 hours per day and was equipped with an on-site pharmacy, access to wheelchairs and examination tables, chairs and beds for patient use, and functional toilets and handwashing stations. On site, medical waste is disposed of via an incinerator and human waste is disposed of via a septic tank. Photos 1-4 show the facility grounds and interior space.

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<sup>5</sup> Previous SIGAR letters that stressed the importance of accurate geospatial information include: *Review Letter: USAID-Supported Health Facilities in Badakshan*, SIGAR 16-39-SP, June 30, 2016; *Review Letter: USAID-Supported Health Facilities in Kabul*, SIGAR 16-09-SP, January 05, 2016; *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-01-SP, October 20, 2015; *Alert Letter: PCH Health Facilities Coordinates Response*, SIGAR 15-82-SP, August 18, 2015; *Inquiry Letter: Geospatial Coordinates for PCH Health Facilities*, SIGAR 15-67-SP, June 25, 2015.

<sup>6</sup> Throughout this report, we refer to the healthcare facilities using the numbers ascribed by Afghanistan’s Ministry of Public Health.

<sup>7</sup> January 2011 conversion rate. Source <http://www.xe.com/currencytables/?from=AFN&date=2011-01-03>; Documentation does not state if this was to be a yearly, monthly, or weekly sum.

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**Photo 1 – Front Gate of Health Facility 2509**



Source: SIGAR June 1, 2016.

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**Photo 2 – Pharmacy at Health Facility 2509**



Source: SIGAR June 1, 2016.

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**Photo 3 - Maternity Ward Equipment at Health Facility 2509**



Source: SIGAR June 1, 2016.

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**Photo 4 - Open-air Kiln for Waste Disposal at Health Facility 2509**



Source: SIGAR June 1, 2016.

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### Health Facility 1214

DOD records indicate that USFOR-A spent \$55,999.36 in CERP funds at health facility 1214 for, “construction of a privacy wall, new room for medical staff, installation of windows in waiting area for women, and renovation of the guard room.” The July 2011 Statement of Work provided more detail for the work and indicated that the buildings would be painted; the roof would be removed and replaced; the plumbing would be refurbished; a male waiting room, a delivery room, a guard building, sidewalks, and a boundary wall would be constructed; and, a generator would be installed. According to a July 15, 2011 memo the facility upgrades will require 195,650 Afghanis [\$4547.36] for



recurring operations and maintenance (those costs would be incurred by the Afghan government following the completion of the project).<sup>8</sup>

Interviews we conducted with facility staff as part of our site inspection revealed that health facility 1214 reportedly serves a community of 4,093 households and sees approximately 250 patients on a normal day. On average, three patients per week are referred to a more advanced health facility for additional care. The facility employs 12 medical staff, six of whom are female medical personnel. The health facility has access to electricity 12 hours per day and was equipped with an on-site pharmacy, access to wheelchairs and examination tables, chairs and beds for patient use, and functional toilets and handwashing stations. On site, medical waste is disposed of via an incinerator and human waste is disposed of via a septic tank. Photos 5-8 show the facility grounds and interior space.

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**Photo 5 – Front Gate of Health Facility 1214**



Source: SIGAR June 1, 2016.

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**Photo 6 – Guard House Health Facility 1214**



Source: SIGAR June 1, 2016.

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**Photo 7 - Waiting Area at Health Facility 1214**



Source: SIGAR June 1, 2016.

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**Photo 8 - Maternity Ward Equipment at Health Facility 1214**



Source: SIGAR June 1, 2016.

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<sup>8</sup> January 2011 conversion rate. Source: <http://www.xe.com/currencytables/?from=AFN&date=2011-01-03>.

## Health Facility 2676

DOD records indicate that USFOR-A spent \$53,469.44 in CERP funds at health facility 2676 for construction of a stone masonry wall (including main and pedestrian gates), construction of male and female waiting rooms, construction of a parking lot. The operation and maintenance budget attached to a letter of intent signed by a line director of the Ministry of Public Health in Nangarhar estimated a cost of \$87,200 annually for maintaining the facility, which would be the responsibility of the Afghan government following the completion of the project.

Interviews we conducted with facility staff as part of our site inspection revealed that health facility 2676 reportedly serves a community of 20,581 households and sees approximately 600-700 patients on a normal day.<sup>9</sup> On average, 22 patients per week are referred to a more advanced health facility for additional care. The medical staff interviewed on site reported that the hospital employs 55 medical staff, 13 of whom are female medical personnel.<sup>10</sup> The facility is equipped with an on-site pharmacy, access to wheelchairs and examination tables, chairs and beds for patient use, functional toilets, handwashing stations, and a generator that provides 18 hours of electricity per day.<sup>11</sup> On site, medical waste is disposed of via an incinerator and human waste is disposed of via a septic tank. Photos 9-12 show the facility grounds and interior space.

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**Photo 9 - Front side of Health Facility 2676**



Source: SIGAR June 2, 2016

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**Photo 10 - Hand Washing Station at Health Facility 2676**



Source: SIGAR June 2, 2016

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<sup>9</sup> Health facility 2676 performs routine surgeries including surgeries related to hernia, appendicitis, hemorrhoids, and laparotomy.

<sup>10</sup> The staff also stated that there are not enough medical staff at the facility and that more female medical personnel are needed.

<sup>11</sup> The staff at the facility indicated that access to additional electricity sources through the city power grid is necessary for 24 hour access to electricity.

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**Photo 11 - Operating Room at Health Facility 2676**



Source: SIGAR June 2, 2016

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**Photo 12 - Operating Room at Health Facility 2676**



Source: SIGAR June 2, 2016

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### Health Facility 307

DOD records indicate that USFOR-A- spent \$75,608.54 to construct a maternal child health unit, male waiting area, boundary wall; complete plumbing, electrical, and roof repairs; and install a new incinerator and generator. According to the project's payment packet, the contract was awarded on August 18, 2011. A memo dated June 10, 2012 declared the project complete. The Operations and Maintenance Memo, dated July 15, 2011, states that the cost of continuing operations for the clinic would be 333,680 Afghanis [\$7755.49], which would be the responsibility of the Afghan government following the completion of construction.<sup>12</sup>

Interviews we conducted with facility staff as part of our site inspection revealed that health facility 307 reportedly serves a community of 2,554 households and sees approximately 350 patients on a normal day. On average, three patients per week are referred to a more advanced health facility for additional care. The facility employs 11 medical staff, four of whom are female medical personnel.<sup>13</sup> The health facility has access to electricity 6 hours per day, and is equipped with an on-site pharmacy, access to wheel chairs and examination tables, chairs and beds for patient use, and functional toilets and handwashing stations.<sup>14</sup> On site, medical waste is disposed of via an incinerator and human waste is disposed of via a septic tank. Health facility 307 is the only clinic visited in the Nangarhar province that showed some signs of structural problems including cracked walls and a leaking roof. Photos 13-16 show the facility grounds and interior space.

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<sup>12</sup> January 2011 conversion rate. Source: <http://www.xe.com/currencytables/?from=AFN&date=2011-01-03>; documentation does not state if this was to be a yearly, monthly, or weekly sum.

<sup>13</sup> The medical staff interviewed on site stated that the total number of medical staff employed is not enough for the facility to adequately provide services to beneficiaries.

<sup>14</sup> The staff at the facility indicated that the facility needed additional electricity because they currently only have 6 hours of power a day. Staff also noted the need for additional personnel.



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**Photo 13** - External Crack at Health Facility 307



Source: SIGAR June 5, 2016

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**Photo 14** - Waiting area at Health Facility 307



Source: SIGAR June 5, 2016

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**Photo 15** - Possible leak or mold at Health Facility 307



Source: SIGAR June 5, 2016

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**Photo 16** - Maternity Ward Equipment Facility 307



Source: SIGAR June 5, 2016

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## CONCLUSION

We found that each of the four facilities we reviewed was still open and operational. Our review also showed that all four were within one kilometer of the coordinates maintained in DOD databases. As SIGAR has stressed previously in many reports, accurate GPS coordinates assist the Afghan government and other donors to accurately monitor and evaluate conditions at health facilities, schools, and other projects. We also found that all the health facilities that SIGAR visited in Nangarhar that had received CERP funding were well equipped, and had access to power and clean water.

## APPENDIX I – ACKNOWLEDGEMENTS

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## 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
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