

SIGAR

**Special Inspector General for
Afghanistan Reconstruction**

OFFICE OF SPECIAL PROJECTS

HEALTH FACILITIES IN KANDAHAR PROVINCE, AFGHANISTAN: OBSERVATIONS FROM VISITS TO THREE FACILITIES



FEBRUARY 2018

SIGAR-18-30-SP



SIGAR

Office of the Special Inspector General
for Afghanistan Reconstruction

February 5, 2018

The Honorable Jim Mattis
Secretary of Defense

General John W. Nicholson, Jr.
Commander, U.S. Forces–Afghanistan and
Commander, Resolute Support

Dear Secretary Mattis and General Nicholson:

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 three public health facilities in Kandahar province, Afghanistan. All three facilities were constructed or rehabilitated using funds from the Commander's Emergency Response Program (CERP) between 2011 and 2013. CERP was established to enable local U.S. commanders in Afghanistan to respond to urgent humanitarian and relief and reconstruction requirements.¹ We found that the location information maintained in DOD systems was accurate and we successfully located each facility in close proximity to its documented location. We also found that all three facilities were operational, equipped with supplies, electrified, and had access to running water.

SIGAR provided a draft of this report to the Department of Defense for comment on January 10, 2018. The Department of Defense provided technical comments to the draft version of the report, which we incorporated, as appropriate.

SIGAR conducted this special project in Washington, D.C. and Kandahar, Afghanistan from June 2016 to January 2018 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. 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.

Sincerely,

John F. Sopko
Special Inspector General
for Afghanistan Reconstruction

¹ 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).

DOD established the Commander's Emergency Response Program (CERP) in Afghanistan in fiscal year 2004 to enable U.S. commanders in the field to respond to urgent humanitarian relief and reconstruction requirements. Since November 2003, Congress has appropriated approximately \$3.69 billion for CERP. As of September 30, 2017, DOD had obligated and disbursed nearly \$2.28 billion of these funds.²

In Afghanistan, DOD disbursed CERP funds 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.³ 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. CERP funds were intended to be used for small projects estimated to cost less than \$500,000 each. CERP projects that cost more than \$500,000 were also authorized when approved at the appropriate level within DOD.

This report presents our assessment of the current condition and usage of health care facilities constructed or rehabilitated in Kandahar province using CERP funds. Based on available data and security conditions in Kandahar, we decided to conduct site inspections at three health facilities, corresponding with four CERP projects, in that province that were constructed or rehabilitated in 2011 and 2013 at a cost of \$774,938.16 in CERP funding.

To carry out our assessment, 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; 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
- 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 THREE CERP-FUNDED HEALTH FACILITIES WE VISITED IN KANDAHAR PROVINCE

Using the geospatial coordinates for the three projects, we were able to locate and conduct site visits to all three health facilities. We found that the geospatial coordinates maintained in the CIDNE database were generally accurate. The three facilities were all one kilometer or less from their

² SIGAR, *Quarterly Report to the United States Congress*. October 30, 2017, p.84.

³ DoD 7000.14-R, Financial Management Regulation, Volume 12, Chapter 27, January 2009.

expected locations. In addition, we found that all three health facilities were open, appeared well maintained, and had access to power and clean water. In addition, the two health clinics were perceived as very useful by community members. The third facility is not a clinic but a medical storage facility which is not used by community members.⁴

Kandahar Medical Storage Facility

DOD records indicate that CERP provided \$204,196 in funds to construct this facility for storage, accountability and distribution of controlled drugs and medical equipment to different clinics in southern Afghanistan. This health facility is not a clinic or hospital, but rather a storage facility for medicines, medical equipment, and food. The facility was open and in use during the time of our inspection. The section of the facility that stores medicines was climate controlled.⁵ The facility used the local grid and a generator for electricity; had access to clean, running water; and we did not observe any structural deficiencies. Photos 1-4 show the inside and outside of the facility.

Photo 1 – Front of Storage Facility



Source: SIGAR, June 5, 2016.

Photo 2 – Stockpile at Storage Facility



Source: SIGAR, June 5, 2016.

Photo 3 - Family Health Kits Stock



Source: SIGAR, June 5, 2016.

Photo 4 - Blankets and Other Supplies



Source: SIGAR, June 5, 2016.

⁴ Photographed equipment and systems were not necessarily purchased using CERP funds, but rather selected to be photographed to illustrate basic functionality and inventory of each facility.

⁵ Our inspectors found four functioning HVAC units at the facility.

Health Facility 747

DOD records indicate that USFOR-A used \$136,138 in CERP funds to construct health facility 747, adjacent to an established clinic, because the established facility was reportedly not meeting the needs of the local community. According to facility staff, the facility serves a community of 7,235 households and sees approximately 150 patients on a normal day. The facility employs 11 medical staff, four of whom are female. The facility had access to electricity 24 hours per day, appeared to be in good operational and structural condition, 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 inside and outside of the facility.

Photo 5 – Front of Facility 747



Source: SIGAR, June 2, 2016.

Photo 6 – Main Hall Inside Facility 747



Source: SIGAR, June 2, 2016.

Photo 7 - Facility 747's Electrical Equipment



Source: SIGAR, June 2, 2016.

Photo 8 - Incinerator at Facility 747



Source: SIGAR, June 2, 2016.

Health Facility 735

DOD records indicate that USFOR-A spent \$377,316 to construct health facility 735. Two years later, USFOR-A provided an additional \$57,288 to make additional improvements at the facility. According to facility staff, facility 735 serves a community of 5,000 households and sees approximately 200 patients daily. The facility employs 12 medical staff, three of whom are female. The health facility has access to electricity 24 hours per day, appeared to be in good operational and structural condition and was 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. 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 inside and outside of the facility.

Photo 9 – Water Well at Facility 735



Source: SIGAR, June 1, 2016.

Photo 10 - Treatment Room at Facility 735



Source: SIGAR, June 1, 2016.

Photo 11 –In-Patient Care at Facility 735



Source: SIGAR, June 1, 2016.

Photo 12 - Solar Panels at Facility 735



Source: SIGAR, June 1, 2016.

CONCLUSION

We found that each of the three health facilities that were constructed or rehabilitated using CERP funds in 2011 and 2013 was still open, operational, and viewed as very important to the communities they serve. We also found that the facilities were located where DOD records indicated they should be, continued to benefit the local population, had access to power and clean water, and appeared structurally sound.

AGENCY COMMENTS

SIGAR provided a draft of this report to the Department of Defense for comment on January 10, 2018. The Department of Defense provided technical comments to the draft version of the report, which we incorporated, as appropriate.

This project was conducted
under project code SP-136.

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). 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
- Email: sigar.pentagon.inv.mbx.hotline@mail.mil
- Phone Afghanistan: +93 (0) 700-10-7300
- Phone DSN Afghanistan: 318-237-3912 ext. 7303
- Phone International: +1-866-329-8893
- Phone DSN International: 312-664-0378
- U.S. fax: +1-703-601-4065

Public Affairs

Public Affairs Officer

- Phone: 703-545-5974
- Email: sigar.pentagon.ccr.mbx.public-affairs@mail.mil
- Mail: SIGAR Public Affairs
2530 Crystal Drive
Arlington, VA 22202