

SIGAR

**Special Inspector General for
Afghanistan Reconstruction**

OFFICE OF SPECIAL PROJECTS

**USAID SUPPORTED HEALTH FACILITIES IN KANDAHAR
PROVINCE, AFGHANISTAN: OBSERVATIONS FROM 9
SITE VISITS**



JUNE 2018

SIGAR-18-55-SP



June 7, 2018

The Honorable Mark Green
Administrator
U.S. Agency for International Development

Dear Administrator Green:

I am writing to report the results of site inspections to verify the locations and operating conditions at 9 USAID-supported public health facilities in Kandahar province, Afghanistan. The facilities we reviewed are supported by USAID through the World Bank-administered System Enhancement for Health Action in Transition (SEHAT) program.¹ Previously, the Ministry of Public Health (MoPH) received funds through direct bilateral assistance from USAID to fund operations at these health facilities.²

SIGAR found that all nine facilities were open and operational, but there were substantial inaccuracies in the geospatial coordinates USAID provided for five of these nine health facilities, including four facilities that were more than 10 kilometers away from coordinates USAID provided. We also found that not all facilities had access to reliable electricity and most had minor structural issues, including cracked walls and leaking roofs.

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. USAID's Automated Directive System (ADS) lists the World Bank as a Category 1 Public International Organization (PIO).³ 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."⁴ 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.⁵ 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.

This is the eighth in a series of reports we have issued examining health facilities supported by USAID in Afghanistan.⁶ We are making one recommendation to USAID to help ensure that USAID

¹ The SEHAT program represents 52 percent of the USAID/Afghanistan health budget and is scheduled to run through June 2018.

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."

³ 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).

⁴ USAID, *ADS 308, Awards to Public International Organizations*, September 20, 2011.

⁵ A recent USAID Office of Inspector General audit found several shortcomings in USAID's monitoring and evaluations of its contributions to the ARTF (see, USAID OIG, *USAID planning and Monitoring Gaps Weaken Accountability for Results through the Afghanistan Reconstruction Fund*, August 16, 2017).

⁶ SIGAR, *USAID Supported health Facilities in Khost Province: Observations from 20 Site Visits*, SIGAR 18-13-SP, November 27, 2017; SIGAR, *USAID Supported Health Facilities in Takhar Province: Observations from Site Visits to 35 Locations*, SIGAR 17-51-SP, July 6, 2017; 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*

support to provide medical services in Afghanistan delivers necessary services to intended communities. We recommend that USAID work with the MoPH and the World Bank to confirm and update the coordinates for the nine clinics we visited (see appendix II)—particularly those facilities that were more than 10 kilometers away from the coordinates provided by MoPH.

We provided a draft of this report to USAID for comment on May 17, 2018. USAID provided comments on May 28, 2018. In its comments, USAID stated that it is, “pleased to receive confirmation that the nine health facilities visited by SIGAR in Kandahar Province are open, operational and benefiting the local community.” USAID also noted that all the community members we interviewed reported the health facilities were “somewhat or very useful.” USAID acknowledged that some of the location data it maintained for the facilities was inaccurate. USAID’s response stated that it would share SIGAR GPS data with the MoPH and inform the World Bank and the MoPH of SIGAR findings. We find USAID’s actions to be responsive to our recommendation. USAID’s comments are reproduced in appendix I.

We conducted this Special Project in Washington, D.C.; Kandahar, Afghanistan; and Kabul, Afghanistan, from July 2017 through March 2018 in accordance with the Council of the Inspectors General on Integrity and Efficiency (CIGIE) Quality Standards for Inspection and Evaluation. SIGAR performed this special project under the authority of Public Law No. 110-181 and the Inspector General Act of 1978, as amended, and the Inspector General Reform Act of 2008. 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

CC:

Joakim Parker Assistant Administrator for Afghanistan and Pakistan Affairs
U.S. Agency for International Development

Mr. Herbert B. Smith
USAID Mission Director for Afghanistan

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.

USAID's \$259.6 million Partnership Contracts for Health (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 Afghans 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 2018.⁷ The total USAID contribution to the SEHAT program is expected to be approximately \$228 million.⁸ To support the program, USAID contributes funds to the World Bank-administered Afghanistan Reconstruction Trust Fund (ARTF), and these funds are "preferenced" for the SEHAT program.⁹ The funds are used to support the same health care facilities in the 13 provinces where USAID previously administered its PCH program, including 46 facilities in Kandahar province.¹⁰

A key component of the PCH program in Kandahar 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. Accurate location-specific information, including geospatial coordinates, is critical to effective oversight. This is the eighth in a series of reviews that SIGAR is conducting in provinces throughout Afghanistan examining USAID-supported health facilities, and it contains information on the location, operational status, and condition on nine of the 46 USAID-supported health facilities in Kandahar.¹¹ Security concerns prevented us from travelling to the remaining facilities.

To test the accuracy of USAID's information related to the facilities it supports, we used location data USAID provided in July 2015 to conduct limited site inspections and verify the location and operating condition of nine USAID-supported health facilities in Kandahar province.¹² All nine facilities we inspected were supported by USAID's PCH program, through June 2015, and are now supported by the SEHAT program.

⁷SEHAT service delivery for the previously PCH-supported provinces commenced on July 1, 2015. The SEHAT program is scheduled to conclude at the end of June 2018. The follow up program to SEHAT is currently being developed and is called Sehatmandi. Specific details to this program are still being worked out, but, according to USAID, it will encourage the use of GPS coordinates for the Sehatmandi program. As of the writing of this report, USAID has not signed an implementation letter for the program.

⁸ 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.

⁹ In the coming weeks, SIGAR will issue a performance audit examining the World Bank's monitoring and oversight mechanisms for the ARTF.

¹⁰ 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 its funding for SEHAT would be used to continue supporting the clinics previously supported by PCH.

¹¹ SIGAR, *USAID Supported health Facilities in Khost Province: Observations from 20 Site Visits*, SIGAR 18-13-SP, November 27, 2017; SIGAR, *USAID Supported Health Facilities in Takhar Province: Observations from Site Visits to 35 Locations*, SIGAR 17-51-SP, July 6, 2017; 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.

¹² SIGAR selected nine 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.

At each site inspection, our team took time-, date-, and location-stamped photographs.¹³ 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.

Site inspections were conducted in July 2017, using the most recent location data provided by USAID. Our inspectors conducted 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, complete testing of system (electrical or water) quality, or an evaluation of the quality of care being provided.

GEOSPATIAL COORDINATES REPORTED BY USAID FOR 4 OF THE 9 FACILITIES WERE MORE THAN 10 KILOMETERS FROM THE ACTUAL FACILITY LOCATION

Using the province, district, facility name, and geospatial coordinates provided by USAID for each facility as a starting point, we were able to confirm the existence and basic operation of all nine facilities selected for a site inspection. Our visits to the nine facilities revealed that the actual geospatial coordinates for four of them were more than ten kilometers away from the coordinates provided by USAID. Specifically, we found that:

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

In cases where the facilities were not near the coordinates provided to SIGAR, site inspectors used other information, including the facility name and reported district, and relied on their knowledge of the area and the assistance of local residents to locate the facilities.

USAID Relies on the MoPH and the World Bank to Monitor the Facilities it Supports through the SEHAT Program in Kandahar

Since August 2015, we have issued multiple letters and reports highlighting safety and operational issues, and raising concerns about the inaccuracy of the location information, including the geospatial coordinates, maintained by USAID and MoPH of PCH- (now SEHAT-)

¹³ Nearly all photographs contained time, date, and location stamps; however, at some locations, there were individual photographs that did not contain geospatial stamping.

supported health facilities throughout Afghanistan.¹⁴ 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.”¹⁵

In 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 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.¹⁶

As previously stated, we used the GPS coordinates USAID maintained under PCH to assess the accuracy of its data related to these nine clinics that it has supported in Kandahar since 2008. USAID’s data was inaccurate and USAID officials have acknowledged that its SEHAT location information is flawed. In January 2018, USAID told us that its lack of accurate GPS data has not been an issue because it relies on other information, such as province, district, and facility identification name and number to locate the facilities it supports. USAID also stated that it obtains facility information through its monitoring activities for other programs and through MoPH’s third party monitor that verifies Health Management Information System data. However, USAID did not provide any updated information regarding the nine facilities we visited in Kandahar.

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.¹⁷ USAID’s Automated Directive System (ADS) lists the World Bank as a Category 1 Public International Organization (PIO).¹⁸ 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.”¹⁹ ADS 308 also states, “In the case of general contributions, the transfer of funds to the PIO clearly constitutes a disbursement that

¹⁴ SIGAR, *USAID Supported health Facilities in Khost Province: Observations from 20 Site Visits*, SIGAR 18-13-SP, November 27, 2017; SIGAR, *USAID Supported Health Facilities in Takhar Province: Observations from Site Visits to 35 Locations*, SIGAR 17-51-SP, July 6, 2017; 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.

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

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

¹⁷ 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 obtain the information from the MoPH for various facilities throughout the country. However, MoPH did not have any data for the nine facilities we inspected in Kandahar.

¹⁸ 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).

¹⁹ USAID, *ADS 308, Awards to Public International Organizations*, September 20, 2011.

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...”

An August 2017, audit report from the USAID Office of Inspector General stated that, “USAID’s oversight practices have not provided reasonable assurance that ARTF contributions are achieving its objectives” and concluded that, “USAID now has the opportunity to reevaluate its practices regarding ARTF, namely evaluating and reporting on performance, monitoring contributions and payments, and managing pipeline spending.”²⁰ We agree with the USAID Office of Inspector General and maintain 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.²¹ 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....²²

USAID has not performed many of the monitoring activities it committed to under the implementation letter nor conducted analysis and verification of data necessary to ensure SEHAT operates in the manner agreed to with the Afghan government.

USAID does conduct monitoring of its off budget programs throughout Afghanistan, and, as a result of monitoring its other programs in the health sector, USAID’s third party monitoring teams occasionally visit some of the health clinics supported through SEHAT. However, USAID told us in January 2018, that it did not use those site inspections to correct GPS data because, “GPS coordinates are simply not routinely used in the public health system in Afghanistan.” However, SIGAR has learned that MoPH is not only currently updating its GPS database to reflect accurate and current GPS data, but is also “working on geo-mapping of the health facilities, by qualified and well-trained staff with the assistance of BPHS implementers in each province.”²³ These two items seem to contradict USAID’s claim that GPS is not a valued data point to oversee the health sector in Afghanistan. We agree with MoPH and commend them on their efforts to obtain accurate information for its health facilities throughout Afghanistan.

²⁰ USAID Office of Inspector General, USAID planning and Monitoring Gaps Weaken Accountability for Results through the Afghanistan Reconstruction Fund, August 16, 2017, pp. 13-17.

²¹ 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.

²² 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.

²³ According to MoPH, as of March 12, 2018, MOPH has updated GPS coordinates for nine provinces.

We are also pleased to learn that USAID intends to encourage “the documentation of GPS coordinates for the follow-on project to SEHAT, Sehatmandi.”²⁴ Accurate location information allows for safer, more efficient inspections by the oversight community as well as a greater depth and breadth of health indicators that can better inform policy and accessibility mapping.

In addition, according to the USAID Office of Inspector General, “Most USAID officials we interviewed were not aware that evaluations of ARTF-funded activities were permitted because the World Bank is a PIO.”²⁵ 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.

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 Health Management Information System data.²⁶ Relying on less specific location information causes delays in locating facilities, which can add to costs, and also can heighten security risks because it raises the profile of individuals attempting to locate the facility using imprecise data. 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.

The World Bank Relies on the MoPH for Accurate GPS Data

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.” 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

²⁴ USAID written response to SIGAR request for information, January 29, 2018.

²⁵ USAID Office of Inspector General, USAID planning and Monitoring Gaps Weaken Accountability for Results through the Afghanistan Reconstruction Fund, August 16, 2017, p.14.

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

the accuracy of information related to GPS coordinates of facilities. However, this remains imperfect.

In January 2018, the World Bank and the MoPH told us that they understood the issues we have been raising since 2015, regarding the utility of accurate GPS data and that they were in the process of documenting accurate GPS coordinates for facilities supported by SEHAT, have completed nine provinces, and are working on geo-mapping SEHAT information in those provinces.²⁷ However, neither the World Bank nor MoPH had any specific data related to the nine facilities we visited in Kandahar at the time of SIGAR's site inspections.

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

OPERATIONAL CONDITIONS AT THE 9 HEALTH FACILITIES WE VISITED

All nine 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 who had visited the facility either for treatment themselves or in connection with the treatment of a family member at all nine facilities, and all nine interviewees stated that the health facility was somewhat or very useful for the community. Our site inspections also identified some concerns and basic operational challenges at several health facilities. For example, while all nine facilities had access to electricity, staff at seven facilities reported concerns with the reliability of the system.²⁸ It is also worth noting that we were only able to inspect facilities in central Kandahar City, where power is most reliable. Security concerns prevented us from inspecting facilities in outlying areas where access to electricity is likely to be much more sporadic.

While none of the facilities showed major signs of structural damage, many of the facilities had cracked walls, leaking roofs, broken windows, broken doors, and exposed wiring. While, these problems did not appear to be negatively affecting operations, they do raise concerns regarding the sanitation and safety of the facilities. Photo 1 shows the infirmary at facility 751, Photo 2 shows evidence of a leaky roof also at facility 751, Photo 3 shows mold and leakage at facility 2963, and Photo 4 shows a crack in the wall of facility 2157.

²⁷ The principal mechanism for updating the GPS data is through MoPH's contract with the Royal Institute of the Tropics, from Amsterdam, Netherlands, to conduct third party verification of Health Management Information System data and inspect health facilities supported by SEHAT.

²⁸ Health Facilities 2926, 2964, 2963, 2960, 2185, 1819, and 2186 reported concerns regarding stable or consistent sources of power.

Photo 1 - Infirmary at Facility 751



Source: SIGAR, July 20, 2017

Photo 2 - Evidence of leaking roof at Facility 751



Source: SIGAR, July 20, 2017

Photo 3 - Mold and leakage at Facility 2963



Source: SIGAR, July 19, 2017

Photo 4 - Crack in wall at Facility 2157



Source: SIGAR, July 18, 2017

Finally, we observed that all 9 facilities disposed of medical waste in open-air kilns. In contrast to our findings at many health facilities in other provinces, all of the kilns at the nine facilities in Kandahar were well marked, appeared sturdily constructed, and were either fenced in or not easily assessable. However, one such kiln at Facility 2157 was within feet of a children's playground, raising health and safety concerns because medical waste was not properly secured and disposed. Unsecured disposal does not adhere to best practices and raises the risk that members of the public seeking treatment or in close proximity to the

incinerator unit could be accidentally exposed to contaminated waste.²⁹ Photos 5 and 6, show an open air kiln within meters of a children's' playground.

Photo 5 – A Children's' Playground in close proximity to kiln at facility 2157



Source: SIGAR, July 18, 2017

Photo 6 - Open-air Kiln at Facility 2157



Source: SIGAR, July 18, 2017

CONCLUSION

All nine of the clinics we visited in Kandahar were open, operational, and had limited structural or systemic deficiencies. However, USAID, MoPH, and World Bank data related to the location of five of the nine clinics in Kandahar is inaccurate, which brings in to question whether the health services provided by the clinics are serving the intended communities. In addition, USAID is not fulfilling its monitoring and oversight responsibilities under its implementation agreement with the Afghan government, and instead relies on the World Bank to monitor the clinics it supports through SEHAT. However, the World Bank does not provide USAID with information related to the specific location and operational condition of individual clinics. For its part, MoPH has begun efforts to collect this critical information, however it had not yet completed the work for the nine clinics we visited in Kandahar at the time of our inspection.

For several years, we have reported on the importance of accurate locational information to assist agencies and implementers with oversight and to ensure communities receive intended benefits. USAID has also demonstrated the utility of this information and required its collection as part of both PCH and SEHAT—USAID also told us that maintaining accurate GPS coordinates will likely be a requirement for SEHAT's follow-up program, Sehatmandi. Similarly, the MoPH has taken steps to ensure the accuracy of its information for individual clinics and has requested that we provide them with the information we obtain to help inform their efforts.

²⁹ The Council of State Governments, *Model Guidelines for State Medical Waste Management*, 1992; World Health Organization, *Findings of an Assessment of Small-scale Incinerators for Health-Care Waste*, 2004; Stuart Batterman, *Findings on an Assessment of Small-scale Incinerators for Health-care Waste*, World Health Organization, 2004.

RECOMMENDATIONS

To help ensure that USAID support to provide medical services in Afghanistan delivers necessary services to intended communities, we recommend that USAID work with the MoPH and the World Bank to confirm and update the coordinates for the nine clinics we visited (see appendix II)—particularly those facilities that were more than 10 kilometers away from the coordinates provided by MoPH. **As noted above, we are withholding appendix II from public release due to safety and security concerns related to location information.**

AGENCY COMMENTS


We provided a draft of this report to USAID for comment on May 17, 2018. USAID provided comments on May 28, 2018. In its comments, USAID stated that it is, “pleased to receive confirmation that the nine health facilities visited by SIGAR in Kandahar Province are open, operational and benefiting the local community.” USAID also noted that all the community members we interviewed reported the health facilities were “somewhat or very useful.” USAID acknowledged that some of the location data it maintained for the facilities was inaccurate. USAID’s response stated that it would share SIGAR GPS data with the MoPH and inform the World Bank and the MoPH of SIGAR findings. We find USAID’s actions to be responsive to our recommendation. USAID’s comments are reproduced in appendix I.



MEMORANDUM

May 28, 2018

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 Kandahar
Province, Afghanistan: Observations From Nine Site
Visits” (SIGAR -18-XX-SP)

REF: SIGAR Transmittal email dated 5/17/2018

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

USAID is pleased to receive confirmation that the nine health facilities visited by SIGAR in Kandahar Province are open, operational and benefiting the local community. These are Afghan government run public health facilities supported by USAID through a centrally managed multi-donor trust fund (ARTF). Per SIGAR’s review, all the community members interviewed reported the health facility was “somewhat or very useful” for the community. This information is consistent with the monitoring information USAID receives from the World Bank and other USAID-supported projects in the province and previous SIGAR review from Khost province. The feedback demonstrates that USAID resources continue to provide critical healthcare services, even in remote, difficult-to-reach locations, through the support provided to the World Bank-administered System Enhancement for Health Action in Transition (SEHAT) program.

USAID acknowledges that some Global Positioning System (GPS) coordinates provided by USAID to SIGAR in 2015 in response to a SIGAR inquiry, were inaccurate. It is USAID’s understanding that the Ministry of Public Health (MoPH) has undertaken efforts to update and improve upon the location information it maintains for health facilities, which was provided by the non-governmental organization Information Management and Mine Action

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Programs (iMMAP) in 2017. USAID also appreciates SIGAR's efforts in providing updated GPS coordinates for the health facilities it visited in Kandahar Province. The updated GPS information will be shared with the MoPH. The MoPH has agreed to review SIGAR collected GPS coordinates for nine health facilities in Kandahar and update its list accordingly.

USAID also appreciates the information provided regarding the operational needs for some of the Afghan government-owned facilities. USAID will inform the World Bank and the MoPH of SIGAR findings.

Thank you.

cc: Ravindral Suaris, Controller, USAID/Afghanistan
Ragip Saritabak, Deputy Controller, USAID/Afghanistan
Joan Simon Bartholomaeus, U.S. Embassy to Afghanistan
OAPA Audit

APPENDIX II - ACKNOWLEDGEMENTS

Kevin Streeeter, Senior Analyst
Nicholas McCarty, Student Intern
Omar Sharif, Student Intern

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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