



# SIGAR

Special Inspector General for  
Afghanistan Reconstruction

## WHAT SIGAR REVIEWED

In September 2010, Joint Task Force Kabul, within U.S. Forces-Afghanistan, awarded a \$160,000 Commander's Emergency Response Program (CERP) contract to Zwakman Nabizai Construction Company. The contract involved building a medical clinic in the village of Qala-I-Muslim, Kabul province. As part of its inspection program, the Special Inspector General for Afghanistan Reconstruction (SIGAR) conducted a site inspection at the facility to determine whether construction was completed in accordance with contract requirements and applicable construction standards, and whether facilities were being used as intended and sustained.

SIGAR reviewed available contract documents to prepare for its site inspection on January 23, 2013. Based on limited project documentation, SIGAR was unable to review technical specifications, design submittals, geotechnical reports, and quality assurance reports. SIGAR conducted its work in Kabul province, Afghanistan from September 2012 through March 2013, in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

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April 2013

## Qala-I-Muslim Medical Clinic: Serving the Community Well, But Construction Quality Could Not Be Fully Assessed

SIGAR Inspection 13-7

### WHAT SIGAR FOUND

The CERP-funded construction of the Qala-I-Muslim medical clinic appears to be a success story. The community of 4,000 people supported the clinic's construction, a villager donated the land, and the facilities are being used daily. The clinic consists of three structures—a single-story, multiple-room medical clinic, a pharmacy, and a latrine—and primarily provides basic medical care for women and children, including immunizations. At the time of our inspection, available records showed 1,565 outpatient consultations, 63 prenatal patients, and 63 newborn deliveries since the clinic opened in September 2011.

Our inspection also showed that the facilities are being well sustained. The Ministry of Public Health signed an agreement as part of the project approval process to sustain the clinic upon completion and it has fulfilled its commitment to do so. Our inspection showed that the heating system worked, floors were clean, bedding was plentiful and well kept, and the pharmacy was well stocked.

Although we did not observe any major construction deficiencies during our inspection, we were not able to fully assess whether the clinic's construction met contract requirements and construction standards. The assessment was unattainable because more than half of the required project documents, such as blueprints and quality assurance reports, were missing from the Department of Defense's Combined Information Data Network Exchange (CIDNE) database. SIGAR has previously reported on the problem of missing CERP project documentation, and the missing documents for this project indicate that it is still a problem.

### WHAT SIGAR RECOMMENDS

SIGAR recommends that the Commanding General, U.S. Forces-Afghanistan, direct the appropriate force elements to (1) ensure that project documentation related to CERP projects complies with CERP guidelines and (2) periodically review the CIDNE database to ensure that all required project files are uploaded. In commenting on a draft of this report, U.S. Forces-Afghanistan concurred with our recommendations. U.S. Forces-Afghanistan's comments are presented in appendix IV.



Qala-I-Muslim  
Medical Clinic  
Entrance.

Source: SIGAR,  
January 23, 2013



**SIGAR** | Office of the Special Inspector General  
for Afghanistan Reconstruction

April 17, 2013

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Lieutenant General James L. Terry  
Commander, International Security Assistance Force Joint Command, and  
Deputy Commander, U.S. Forces-Afghanistan

Major General Kenneth R. Dahl  
Deputy Commander-Support, U.S. Forces-Afghanistan, and  
Commander, U.S. National Support Element Command-Afghanistan

This report discusses the results of SIGAR's inspection of the Qala-I-Muslim medical clinic in Kabul province, Afghanistan. The clinic was constructed as part of the Commander's Emergency Response Program (CERP) and completed in September 2011. This inspection report is one in a series of several reports that will focus on military, police, medical, educational, and agricultural facilities in Kabul province.

This report contains two recommendations to the Commanding General, U.S. Forces-Afghanistan to direct the appropriate force elements to (1) ensure that CERP project documentation complies with CERP guidelines and (2) periodically review the Combined Information Data Network Exchange database to ensure that complete project files are uploaded.

In commenting on a draft of this report, the U.S. Forces-Afghanistan concurred with both recommendations. The comments are presented, in their entirety, in appendix IV. SIGAR conducted this inspection under the authority of Public Law No. 110-181, as amended, and the Inspector General Act of 1978, as amended.

John F. Sopko  
Special Inspector General  
for Afghanistan Reconstruction

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## ABBREVIATIONS & ACRONYMS

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CERP	Commander’s Emergency Response Program
CIDNE	Combined Information Data Network Exchange
SIGAR	Special Inspector General for Afghanistan Reconstruction

A key goal of the Civil-Military Strategic Framework for Afghanistan is to focus on socio-economic development that will provide the country with long-term and sustainable initiatives. To support these efforts, the Department of Defense's Commander's Emergency Response Program (CERP) provides funding to unit commanders to enable them to respond quickly to urgent humanitarian relief and reconstruction needs by carrying out programs to immediately assist Afghan communities.<sup>1</sup> CERP funds have been used for a variety of projects including public roads, schools, and medical clinics. This CERP project, a new medical clinic, was requested by the village elders in Qala-I-Muslim, Kabul province.

Our objectives for this inspection were to assess the quality of the facility's construction, determine whether the facility was being used as intended, and determine whether the facility was being sustained.

We conducted this inspection in Kabul province, Afghanistan, from September 2012 through March 2013, in accordance with the *Quality Standards for Inspection and Evaluation*, published by the Council of the Inspectors General on Integrity and Efficiency. The engineering assessment was conducted by Professional Engineers in accordance with the National Society of Professional Engineers' *Code of Ethics for Engineers*. Appendix I contains more detail on our scope and methodology.

## BACKGROUND

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Joint Task Force Kabul, within U.S. Forces-Afghanistan, awarded a firm fixed-price contract (CERPOMKBTTP194) on September 21, 2010, for \$160,024, to Zwakman Nabizai Construction Company. This CERP-funded contract, with a 360-day period of performance, called for a new medical clinic to be built in the village of Qala-I-Muslim. The clinic facility consists of three separate structures: a single-story, multiple-room medical clinic; a one-room pharmacy; and a latrine.<sup>2</sup> Photo 1 shows the three structures.

The village of Qala-I-Muslim, consisting of about 4,000 people, already had a small store-front medical clinic that served about 80 people per month. The new clinic was not intended to replace the existing clinic but instead to provide additional services to the community. The local elders placed a high priority on the medical clinic, with one of the elders donating the land on which the clinic was built.

**Photo 1 - Medical Clinic (left), with Pharmacy and Latrine**



Source: SIGAR, January 23, 2013.

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<sup>1</sup> USFOR-A's Money As A Weapon System-Afghanistan (MAAWS-A) provides guidance on the use of CERP funds in Afghanistan. CERP funding criteria for project selection includes (1) sustainability by the local community, an Afghan agency, or the Afghan government; (2) benefit to the Afghan population; (3) high visibility to the local populace; (4) support for local, community, and national member employment; and (5) ability to execute quickly.

<sup>2</sup> Appendix II provides a building plan for the medical clinic.

## QALA-I-MUSLIM COMMUNITY IS USING THE MEDICAL CLINIC

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**Photo 2 - Post-Natal Room**



Source: SIGAR photo, January 23, 2013.

Our site visit to the medical clinic showed that the facility was being used for its intended purposes. We reviewed available clinic records which showed that 1,565 outpatient consultations, 63 prenatal patient visits, and 63 newborn deliveries had taken place since the clinic opened in September 2011. The clinic director told us that the medical clinic currently serves about 200 to 300 patients per month. He also stated that the clinic is a more modern facility than the store-front clinic and that it has been well received by village residents.

Clinic officials told us that the medical clinic was staffed with doctors and nurses who primarily provide health care to women and children.<sup>3</sup> Photo 2 shows the mother and infant beds in the post-natal room. We also noted other basic healthcare services, such as various immunizations, including polio and tuberculosis, for children. The Ministry of Public Health is responsible for stocking the clinic with medical and pharmaceutical supplies and the clinic director informed us that high-risk medication, such as pain killers, was kept in a secured area with limited access. We also observed U.S. Agency for International Development educational information on pre- and post-natal care that was accessible to all patients.

## AFGHAN GOVERNMENT IS SUSTAINING THE MEDICAL CLINIC

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Our inspection showed that clinic facilities were being well sustained. CERP guidelines require that projects funded under the program be sustained by the Afghans. The Ministry of Public Health is responsible for the Qala-I-Muslim clinic, and as part of the project approval process, it signed an agreement stating that it would operate and maintain the clinic upon completion.

Based on our inspection, the Ministry of Public Health is fulfilling its commitment to sustain the medical clinic. For example, light switches worked, floors were clean, bedding was plentiful and well kept, heating system worked, windows and doors were operable, and the pharmacy was well stocked. Photo 3 shows the pharmacy's stocked supply room.

**Photo 3 - Pharmaceutical Supply Room**



Source: SIGAR, January 23, 2013

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<sup>3</sup> We were not able to observe working medical staff due to privacy concerns.

## NO MAJOR CONSTRUCTION ISSUES WERE IDENTIFIED, BUT MISSING DOCUMENTATION PREVENTED A COMPLETE INSPECTION

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During our site visit, we inspected two of the three buildings associated with the clinic: the medical clinic building and pharmacy. We did not observe any major construction issues, such as large foundation cracks, major cracks in the walls or ceilings, or non-functioning windows or doors. The medical clinic had heat, electricity, and water and was wheel chair accessible, via a ramp at the front of the clinic.

Although we noted no major construction issues, we were not able to fully assess the quality of construction or construction oversight, due to missing project documentation.<sup>4</sup> Our inspections would normally include the review of project design, planning, construction, oversight, and related documents. However, we found that more than half of the construction documents had not been uploaded, as required by USFOR-A CERP guidance, into the Combined Information Data Network Exchange (CIDNE) database.<sup>5</sup>

Overall, we found that 16 of the 30 documents (53.3 percent) required to support the medical clinic project were missing from the CIDNE database. For example, the statement of work, land-use agreement, blueprints and drawings, quality assurance reports, and a completed “punch list” were missing from CIDNE. Appendix III contains more detail on the missing project documents. As a result of the missing documents, we were not able to evaluate the contractor’s adherence to technical specification requirements and contracted design standards. USFOR-A CERP guidance requires projects to be properly documented, and continually monitored and maintained from project nomination to closure or turnover, to include uploading project files into the CIDNE database.<sup>6</sup>

Missing project documentation is not a new issue. In 2009, SIGAR reported that CERP program officials were not complying with requirements to enter project information into the database.<sup>7</sup> In response, U.S. Forces-Afghanistan officials stated that they planned to improve access to project information by requiring that project documents be uploaded into the database. However, based on the lack of documents found in CIDNE for the Qala-I-Muslim medical clinic project, the completeness of project files is still a problem.

The CIDNE database contained some of the required documents for our inspection. For example, we found a Joint Task Force Kabul oversight report, dated May 2011, stating that the project was proceeding on schedule. The report noted there were no major construction issues and that the local elders were pleased with the quality of construction. We also found close-out documentation that stated that construction was completed within budget and that the facility was turned over to the Ministry of Public Health within the period of performance.

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<sup>4</sup> Based on our observations of similar CERP projects, this project should have included site improvements and the design and construction of a health clinic and unattached pharmacy. In addition, the scope of work should have included the management, design, material, labor, and equipment to design and construct the facility.

<sup>5</sup> CIDNE is a Department of Defense database that U.S. Central Command uses to manage theater-wide operational reporting, quality assurance, and quality control in Afghanistan.

<sup>6</sup> See USFOR-A Money As A Weapon System–Afghanistan (MAAWS-A).

<sup>7</sup> SIGAR Audit 09-05, *Increased Visibility, Monitoring, and Planning Needed for Commander’s Emergency Response Program in Afghanistan*, September 2009. The report noted that, while the Department of Defense had required monthly input on CERP projects into the DOD electronic data management system, this was often not done.

## CONCLUSION

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The CERP-funded construction of the Qala-I-Muslim medical clinic appears to be a success story. The community supported the clinic's construction, the land was donated by a local elder, and the facilities are being used by the community. In addition, the Afghan government should be commended for properly sustaining the medical clinic and pharmacy.

Although we did not observe any major construction deficiencies, we were not able to fully assess whether the medical clinic's construction met the terms of the contract and construction standards. Our full assessment was unattainable because more than half of the required project documents were missing from the CIDNE database. Missing CERP project documentation has been noted before and, given the absence of such a large number of documents associated with the medical clinic, it continues to be a problem.

## RECOMMENDATIONS

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To ensure that CERP construction projects are planned, designed, and completed in accordance with contract design standards and technical specification requirements, and to help ensure effective quality assurance and project oversight, we recommend that the Commanding General, U.S. Forces-Afghanistan, direct the appropriate force elements to

- 1. ensure that project documentation related to CERP projects complies with CERP guidance and**
- 2. periodically review the CIDNE database to ensure that all required project documents are uploaded into the database.**

## COMMENTS

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In commenting on a draft of this report, the U.S. Forces-Afghanistan command concurred with our recommendations and noted actions it has taken to implement them. For example, consistent with our recommendations, the Commanding General, U.S. Forces-Afghanistan, has directed that personnel ensure that documentation complies with CERP guidance and periodically review the CIDNE database. The full text of the U.S. Forces-Afghanistan's comments is reproduced in appendix IV.

## APPENDIX I - SCOPE AND METHODOLOGY

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This report provides the inspection results of a Commander's Emergency Response Program (CERP)-funded contract (CERPOMKBTPP194) to construct a medical clinic in the village of Qala-I-Muslim, located in Kabul province. To determine whether construction was completed in accordance with contract requirements and applicable construction standards, deficiencies were corrected before acceptance and transfer, and facilities were being used as intended and sustained, we

- reviewed relevant contract documents that were available to understand project requirements and contract administration;
- interviewed cognizant Afghan officials concerning the operation and maintenance of the completed facility; and
- conducted an inspection at the medical clinic to observe the quality of construction and determine the sustainability of the facility.

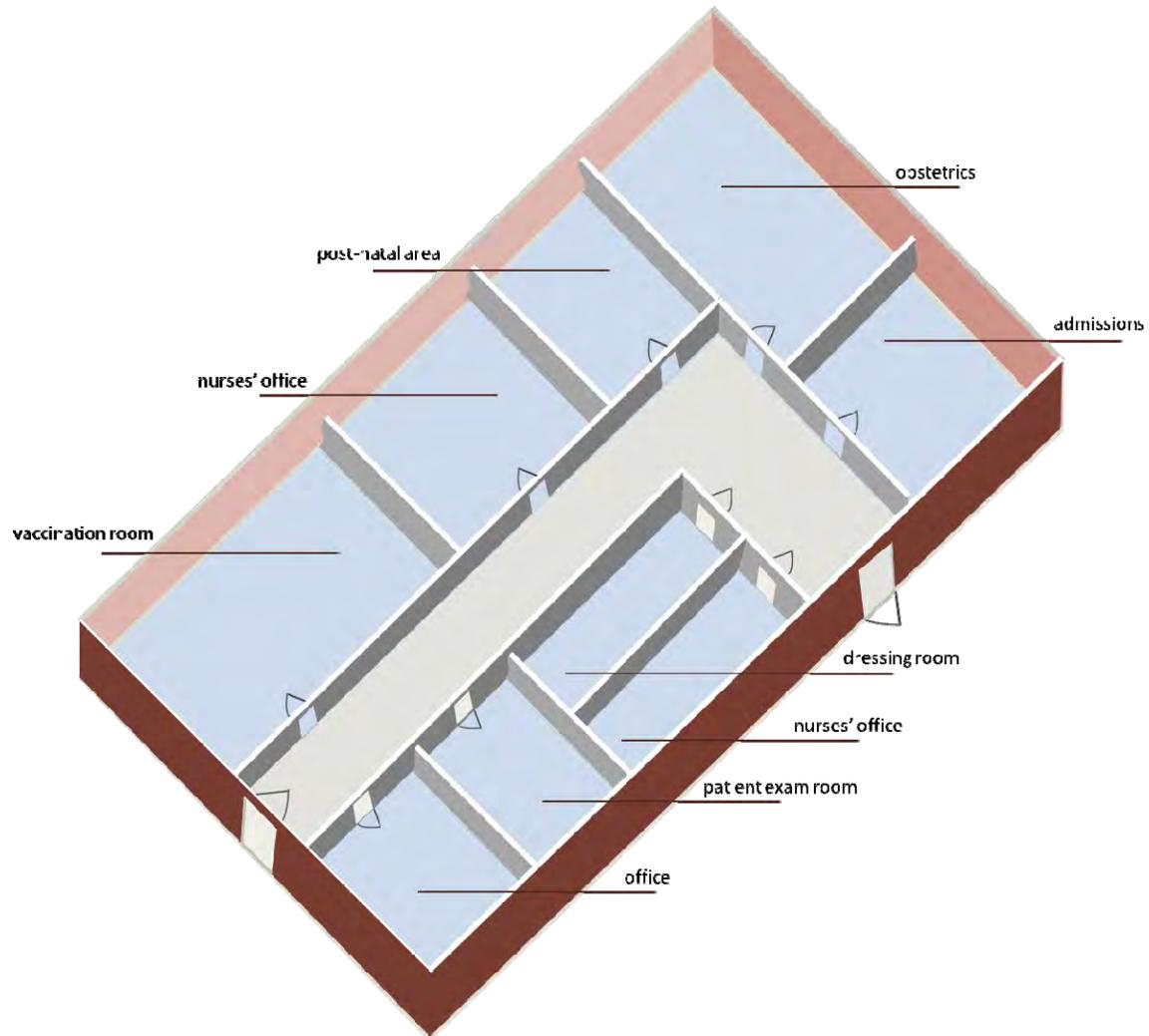
During our inspection, we noted that project documentation in the Department of Defense's Combined Information Data Network Exchange (CIDNE) database was incomplete and did not comply with CERP requirements. As a result, we were unable to assess whether the construction of the facility was conducted and completed in accordance with the terms and conditions of the contract and construction standards.

We conducted work in Kabul province from September 2012 through March 2013, in accordance with the *Quality Standards for Inspection and Evaluation*, published by the Council of the Inspectors General on Integrity and Efficiency. These standards were established to guide inspection work performed by all of the Offices of Inspectors General. The engineering assessments were conducted by Professional Engineers in accordance with the National Society of Professional Engineers' *Code of Ethics for Engineers*. We did not rely on computer-processed data in conducting this inspection. We considered the impact of compliance with laws and fraud risk.

We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our inspection objectives. This inspection was conducted by the Office of the Special Inspector General for Afghanistan Reconstruction under the authority of Public Law 110-181, as amended, and the Inspector General Act of 1978, as amended.

## APPENDIX II - QALA-I-MUSLIM MEDICAL CLINIC BUILDING PLAN

Figure I - Medical Clinic Building Plan



Note: Not to scale

Source: SIGAR Analysis

## APPENDIX III - COMMANDER'S EMERGENCY RESPONSE PROGRAM DOCUMENTATION

The Commander's Emergency Response Program (CERP) is governed by Money As A Weapon System–Afghanistan (MAAWS-A). MAAWS-A covers the type of projects that can and cannot be funded by CERP, the approval levels (based upon requested funding amounts), program responsibilities, project management, and other items including the required project documentation. CERP-required documents are to be uploaded into the Combined Information Data Network Exchange (CIDNE) database. Table I provides the results of SIGAR's review of documents for the medical clinic project file that were required to be uploaded into CIDNE.

**Table I - Documentation Check List**

Required Documents	Found in CIDNE	Not Found in CIDNE
Nominating Afghan Development Report	X	
Independent Government Cost Estimate		X
Cost Methodology Memorandum		X
Coordination Memorandum	X	
Funding document (DA- 3953, DD-448 or DD-1149)	X	
Statement of Work		X
Draft Contract		X
Legal Review	X	
Letter of Justification	X	
Right of Entry Memorandum	X	
Land Use Agreement		X
Sustainment Memorandum of Agreement	X	
Storyboard Slide		X
Blueprints, Drawings, Maps, and Photos		X
Project Management Plan (>\$1 million)		X
Invoices & Payments (DD-250 or SF-44)	X	
Project Correspondence		X
Project Updates		X
Quality Assurance Reports		X
Quality Assurance Visits (Minimum of Three)		X

As-Built Drawings, Manuals, Spare Parts, and Completed Punch List, As Required by the Contract		X
Project Management and Appointment Forms (Including DD-577)	X	
Project Clearance Letter	X	
Signed Contract	X	
Transfer of Authority Documents, As Appropriate	X	
Completed and Signed Afghan Development Report	X	
Acceptance Memorandum		X
Final Operational Data Storage	X	
Requirement for Upload to CIDNE		X
Post Closure Quality Assurance Visits (60, 120 & 365 Days)		X
<b>Total Documents</b>	<b>14</b>	<b>16 <sup>a</sup></b>

Source: Money As A Weapon System–Afghanistan; November 2010.

Notes:

<sup>a</sup> 16 out of 30 documents missing, or 53.3%.

## APPENDIX IV - COMMENTS FROM U.S. FORCES–AFGHANISTAN

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HEADQUARTERS  
UNITED STATES FORCES-AFGHANISTAN  
KABUL, AFGHANISTAN  
APO AE 09356

USFOR-A J9

28 March 2013

MEMORANDUM FOR Special Inspector General for Afghanistan Reconstruction (SIGAR),  
2530 Crystal Drive, Arlington, Virginia 22202-3940

SUBJECT: SIGAR Inspection 13-7, QALA-I-MUSLIM MEDICAL CLINIC: SERVING THE  
COMMUNITY WELL, BUT CONSTRUCTION QUALITY COULD NOT BE FULLY  
ASSESSED

1. USFOR-A concurs with SIGAR recommendation found on page 4 of this report: To ensure that CERP construction projects are planned, designed, and completed in accordance with contract design standards and technical specification requirements, and to help ensure effective quality assurance and project oversight, we recommend that the Commanding General, USFOR-A, direct the appropriate force elements to 1. Ensure that project documentation related to CERP projects complies with CERP guidance and 2. Periodically review the CIDNE database to ensure that all required project documents are uploaded into the database.
2. The Commanding General, USFOR-A, did direct that appropriate force elements ensure that documentation complies with CERP guidance and that they periodically review the CIDNE database in USFOR-A Money as a Weapons System-Afghanistan (MAAWS-A), March 2012. Specific direction, includes, but is not limited to:
  - a. CERP projects need to be properly documented and continually maintained from project nomination to closure/turnover in the CIDNE database. (Chapter 1, page, 3, para D.)
  - b. The Program Manager will ensure that Project Managers (PMs) are maintaining and properly entering complete project data and closing out projects accurately in CIDNE. (Chapter 2, page 12, para H.1.)
  - c. The PM will be responsible for managing the project from nomination to completion, updating CIDNE as changes occur. . . (Chapter 2, page 13, para I. 2.)
  - d. The Project Manager (PM) must update the Afghanistan Development Report (ADR) in CIDNE as project milestones are reached. (Chapter 2, page 33, para E.5.)

USFOR-A J9

SUBJECT: SIGAR Inspection 13-7. QALA-I-MUSLIM MEDICAL CLINIC: SERVING THE COMMUNITY WELL, BUT CONSTRUCTION QUALITY COULD NOT BE FULLY ASSESSED

- e. (The Project manager will) Maintain the project file to ensure all required documentation is accounted for and uploaded to the ADR in CIDNE, to include periodic QA reports for construction projects. (Chapter 2, page 35, para E.5.c.)
3. USFOR-A J9 periodically samples project files from Regional Commands prior to staff assistance visits and inspections and looks for incomplete information during this sampling. Army Budget Office also samples CERP projects in CIDNE and conducts monthly training and review sessions with USFOR-A and Regional Command CERP program managers.

  
BRYAN GROVES  
COL. CA  
USFOR-A J9

## APPENDIX V - ACKNOWLEDGMENTS

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This inspection report was conducted under  
project code SIGAR-I-005G.

## 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.

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