

SIGAR

**Special Inspector General for
Afghanistan Reconstruction**

SIGAR-14-10 Inspection Report

Walayatti Medical Clinic: Facility Was Not
Constructed According to Design Specifications
and Has Never Been Used



OCTOBER
2013

SIGAR

Special Inspector General for
Afghanistan Reconstruction

WHAT SIGAR REVIEWED

On February 1, 2011, Joint Task Force Kabul, within U.S. Forces-Afghanistan, awarded a \$194,572 Commander's Emergency Response Program contract to Bonyad Watan Limited Construction Company. The contract called for a 180-day period of performance to construct a new medical clinic consisting of three structures—a single-story, 11-room medical clinic; a guard tower; and a latrine—in the village of Walayatti in Kabul province.

For this inspection, SIGAR assessed whether (1) construction was completed in accordance with contract requirements and applicable construction standards and (2) the facilities were being used as intended and sustained.

SIGAR reviewed available contract documents to prepare for its site inspection on February 23, 2013. SIGAR conducted its work in Kabul province, Afghanistan from January through September 2013, in accordance with the *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

October 2013

Walayatti Medical Clinic: Facility Was Not Constructed According to Design Specifications and Has Never Been Used

SIGAR-14-10 INSPECTION REPORT

WHAT SIGAR FOUND

SIGAR's inspection found that none of the three structures constructed for the Walayatti clinic—the 11-room medical clinic, latrine, or guard house—was constructed according to the design specifications. For example, the latrine was built as one room with four stalls, instead of two separate rooms with two stalls each, which would have allowed for simultaneous use by both genders. In addition, a 120-kilowatt generator and two hot water heaters were missing, and critical documents were missing from the project's construction files, including approvals of deviations from contract specifications and documentation of project oversight. SIGAR has previously reported on the problem of missing Commander's Emergency Response Program (CERP) project documentation and, while some improvements have been made in project accountability, missing documents for this project indicate that it is still a problem.

SIGAR also found that the clinic was empty and had never been used. Joint Task Force Kabul and the Afghan Ministry of Public Health (MOPH) signed an agreement for MOPH to staff and equip the clinic upon official transfer of the facility to the Afghan government. However, an MOPH official told SIGAR that he was unaware of the existence of a signed agreement. Moreover, the official said that the clinic was not included in the MOPH's operation and maintenance plan because the U.S. government had failed to coordinate with MOPH's Policy and Planning directorate and had not officially transferred the facility to the Afghan government. The project's files contain no documentation of the project's transfer to the Afghan government after construction was completed.

WHAT SIGAR RECOMMENDS

SIGAR recommends that the Commanding General, U.S. Forces-Afghanistan (1) take steps to assist the Afghan government in installing the equipment for this facility required under the CERP contract or suitable alternative equipment; and (2) determine whether Walayatti medical clinic has been officially transferred to the Afghan MOPH and, if not, take immediate action to do so; and (3) work with MOPH to take appropriate action to equip, staff, and sustain the medical clinic for the Walayatti village inhabitants. In commenting on a draft of this report, USFOR-A generally concurred with SIGAR's recommendations and detailed steps it took after receiving the draft report to implement them. USFOR-A's comments and SIGAR's responses to them are reproduced in appendix IV.



SIGAR

Office of the Special Inspector General
for Afghanistan Reconstruction

October 30, 2013

General Lloyd J. Austin III
Commander, U.S. Central Command

General Joseph F. Dunford, Jr.
Commander, U.S. Forces-Afghanistan, and
Commander, International Security Assistance Force

Lieutenant General Mark A. Milley
Commander, International Security Assistance Force Joint Command, and
Deputy Commander, U.S. Forces-Afghanistan

Major General James M. Richardson
Deputy Commander, Joint Operational Corps Headquarters-Afghanistan, and
Commander, U.S. National Support Element Command-Afghanistan

This report discusses SIGAR's inspection of the Walayatti medical clinic in Kabul province, Afghanistan. This report recommends that the Commanding General, U.S. Forces-Afghanistan (USFOR-A), (1) take steps to assist the Afghan government in installing the equipment for this facility required under the Commander's Emergency Response Program contract or suitable alternative equipment; (2) determine whether Walayatti medical clinic has been officially transferred to the Afghan Ministry of Public Health (MOPH) and, if not, take immediate action to do so; and (3) work with MOPH to take appropriate action to equip, staff, and sustain the medical clinic for the Walayatti village inhabitants.

In commenting on a draft of this report, USFOR-A generally concurred with our recommendations and provided information on steps it took after receiving our draft report to implement them. For example, USFOR-A provided SIGAR information to demonstrate that its staff inspected the clinic and met with various Afghan public health officials and local community leaders on October 22, 2013. USFOR-A's comments and our responses to them are reproduced in appendix IV.

SIGAR conducted this inspection under the authority of Public Law No. 110-181, as amended; the Inspector General Act of 1978, as amended; and in accordance with the *Quality Standards for Inspection and Evaluation*, published by the Council of the Inspectors General on Integrity and Efficiency.

A handwritten signature in black ink, appearing to read "John F. Sopko".

John F. Sopko
Special Inspector General
for Afghanistan Reconstruction

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ABBREVIATIONS & ACRONYMS

CERP	Commander's Emergency Response Program
CIDNE	Combined Information Data Network Exchange
DOD	Department of Defense
USFOR-A	U.S. Forces-Afghanistan
MOPH	Ministry of Public Health

The Department of Defense's (DOD) Commander's Emergency Response Program (CERP) provides funding to unit commanders that enables them to respond quickly to urgent humanitarian relief and reconstruction needs by carrying out programs to immediately assist the Afghan population.¹ 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 Afghan Ministry of Public Health (MOPH).

For this inspection, we assessed whether (1) construction was completed in accordance with contract requirements and applicable construction standards and (2) the facilities were being used as intended and sustained.

We conducted this inspection in Kabul province, Afghanistan, from January through September 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 a professional engineer in accordance with the National Society of Professional Engineers' *Code of Ethics for Engineers*. Appendix I contains a more detailed discussion of our scope and methodology.

BACKGROUND

On February 1, 2011, Joint Task Force Kabul, within U.S. Forces-Afghanistan (USFOR-A), awarded a \$194,572 firm fixed-price contract (CERPCAP1D069AA) to Bonyad Watan Limited Construction Company. This CERP-funded contract, with a 180-day period of performance, called for construction of a new medical clinic in the village of Walayatti in Kabul province's Bagrami District. The contract required, among other items, the building of three structures—a single-story, 11-room medical clinic; a guard building; and a latrine.² Photo 1 shows the medical clinic building.

The medical clinic was built to provide basic health care for Walayatti's 7,000 inhabitants so they would not have to travel five miles to the nearest medical facility in the town of Bannasar. In April 2013, we reported on the construction of a similar medical clinic in the village of Qala-I-Muslim, which is also located in Kabul province.³ We reported that the Qala-I-Muslim clinic facilities were well built and were being used by the 4,000 villagers and sustained by the MOPH. At the time of our inspection in November 2012, the Qala-I-Muslim clinic had been open for 15 months and records showed 1,565 outpatient consultations, 63 prenatal patients, and 63 newborn deliveries.

Photo 1 - Medical Clinic in Walayatti



Source: SIGAR, February 23, 2013.

¹ Money as a Weapons System-Afghanistan, the primary guidance on CERP for U.S. forces in Afghanistan, notes that 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 the project quickly.

² Appendix II provides a building plan for the three structures.

³ SIGAR Inspection 13-7, *Qala-I-Muslim Medical Clinic: Serving the Community Well, But Construction Quality Could Not Be Fully Assessed*, April 17, 2013.

CONSTRUCTION WAS NOT COMPLETED IN ACCORDANCE WITH CONTRACT REQUIREMENTS, AND REQUIRED DOCUMENTATION WAS MISSING FROM THE PROJECT'S FILES

We conducted our inspection on February 23, 2013. Although we did not observe any major construction flaws, such as large foundation cracks or non-functioning windows and doors, none of the three structures—the medical clinic, latrine, or guard building—had been constructed in compliance with the contract's design specifications. The design specifications called for an 11-room clinic with an "L" shaped hallway, a two-section, two-room latrine for simultaneous use by both genders, and a one-room guard house.⁴ Although the clinic building had 11 rooms as specified in the contract, the entryway and certain walls and doors were installed in different locations than the design specified. Moreover, although the contract required three hot water heaters, we found only one had been installed. Also, the latrine was built as one large room with four stalls, instead of two separate sections each with two stalls.⁵ As a result, only one gender can use the latrines at a given time. The guard house, which should have been constructed as a single room, consisted of two separate rooms, one of which housed a small generator. Design plans called for a 120-kilowatt generator to provide electricity, but it had not been provided. Instead, a portable generator, estimated by our engineer to be no more than 24-kilowatts, was in the generator room of the guard house. However, because the clinic was not being used, the generator was not operating during our inspection.⁶ Further, the contractor had not built, as required, a well house for the water pump.⁷

A draft of our report, which we transmitted to USFOR-A on October 8, 2013, recommended that USFOR-A compare the "as-built" construction to the contract requirements and, using a professional engineer, determine whether the facilities are structurally sound. According to USFOR-A's comments on the draft report, an Air Force engineer conducted a site visit at the Walayatti clinic on October 22, 2013, and determined that the facilities were structurally sound and ready for occupation. As such, we deleted this recommendation from the final report.

Our review of the Combined Information Data Network Exchange (CIDNE) database—used by U.S. Central Command to manage theater-wide operational reporting and quality assurance in Afghanistan—did not show any design modifications or approval to support the construction changes that we observed. In addition, we found that some documents were not contained in the CIDNE database, as required by USFOR-A standard operating procedures. Specifically, 1 of 14 project execution documents and 2 of 7 project closure documents required by CERP standard operating procedures were missing from the CIDNE database. This included post-construction "as-built" drawings; evidence of project oversight, including quality assurance reports; and documents related to Walayatti medical clinic's official transfer to the Afghan government.

The missing project documentation raises questions about the quality of oversight USFOR-A conducted on the project. The village elder who accompanied us on our site inspection stated that coalition forces had visited the clinic only one time—when construction of the project had been completed. Without adequate project monitoring and oversight there could be latent construction defects, which over time could negatively affect the safety and integrity of the facilities. It also precludes verification that all the CERP funds were used for the purposes for which they were appropriated and in compliance with federal law. For example, because we could not locate oversight reports, we were not able to determine whether the contractor knew what size, length, and amount of rebar to use in the concrete structures, as well as where to place them. These factors are essential to ensuring that the clinic is structurally sound and safe to use.

⁴ See appendix II for original design plans and actual construction diagrams.

⁵ Based on project documentation, the latrine was constructed as an outhouse, with no plumbing or sewage connections.

⁶ Our review of the CIDNE database did not indicate that the generator had been purchased as part of the project.

⁷ The statement of work required the contractor to install a 10-horsepower submersible pump. Due to the lack of project documentation, we were not able to determine whether the pump had been installed.

Missing project documentation is not a new issue. For example, we reported in April 2013 that CERP program officials were not complying with requirements to enter project information into the CIDNE database.⁸ The report noted that the lack of project documentation prevented us from performing a full inspection of the facility. In their written comments on a draft of that report, USFOR-A officials stated that they periodically sample Regional Command project files to look for incomplete information. They also noted that the Army Budget Office samples CERP projects in CIDNE and conducts monthly training and review sessions with USFOR-A and Regional Command CERP program managers. These are positive steps to help improve the CERP documentation requirements for CIDNE. However, based on the number of missing documents in the file for the Walayatti medical clinic, the problem of missing documentation persists.

A draft of this report recommended that USFOR-A ensure that project documentation related to this CERP project complies with CERP guidance and is uploaded into the CIDNE database. In commenting on the draft, USFOR-A reported that the project files were uploaded to CIDNE in accordance with applicable guidance. We rechecked CIDNE after receiving USFOR-A's comments and found that the primary documents we cited in our draft report as missing had been uploaded. While some specific site visit documents had still not been input into CIDNE, the personnel who would have made these site visits and documented them are likely no longer in Afghanistan. As such, we have deleted this recommendation, as well as an appendix identifying the missing documents, from this final report.

MEDICAL CLINIC WAS COMPLETED IN JANUARY 2012, BUT HAS NEVER BEEN USED, STAFFED, OR EQUIPPED

Photo 2 - Interior Hallway in Unused Clinic



Source: SIGAR, February 23, 2013.

Our inspection on February 23, 2013, found that the 11-room Walayatti medical clinic was empty, aside from a few tables and chairs. The clinic had never been used since it was completed in January 2012.

In the CIDNE database, we found a signed, but undated, memorandum of agreement between Joint Task Force Kabul and MOPH, which stated that MOPH would be responsible for the operation and maintenance of the clinic, including staffing, supplies, and routine maintenance once construction had been completed and the clinic transferred to the Afghan government. The memorandum is reproduced in appendix III.

However, there was no documentation in the CIDNE database showing that the clinic had been officially transferred to the Afghan government.⁹ Furthermore, while we found records showing that all contractor payments were made on the project, no documents showed that the contract had been formally completed and construction work approved and accepted. An MOPH official told us in July 2013 that he was unaware of the existence of a signed memorandum of agreement between Joint Task Force Kabul and MOPH for the Walayatti medical clinic. He further stated that the clinic was not included in the MOPH operation and maintenance plan because the U.S. government had failed to take two required actions: (1) coordinate with MOPH's Policy and Planning directorate, and (2) upon completion of

⁸ SIGAR Inspection 13-7, *Qala-I-Muslim Medical Clinic: Serving the Community Well, But Construction Quality Could Not Be Fully Assessed*, April 17, 2013.

⁹ CERP procedures require that a Project Clearance Memo and final Afghan Development Report for completed CERP projects be included in the project file. A Project Clearance Memo, dated January 12, 2012, certified that all required documentation had been included in the CIDNE database. However, the final Afghan Development Report in the CIDNE database, dated November 20, 2012, included an incomplete closure section and was unsigned. In addition, the CIDNE database did not contain an acceptance memorandum, signed by representatives of the local government, the U.S. government supervising engineer, and the contractor, which is required to properly close out the contract.

construction, officially transfer the facility to the Afghan government. The official stated that, until these conditions were met, MOPH would not assume responsibility for operating and maintaining the clinic.

The memorandum of agreement in the project file noted that after construction and transfer of the facilities were completed, U.S. forces would return periodically to check on the medical clinic's condition. In addition, CERP standard operating procedures required that quality assurance site visits be conducted at 60, 120, and 365 day intervals after project completion to ensure that the clinic was being sustained and achieving desired objectives.¹⁰ One document in the project files noted that a 120-day post-construction quality assurance visit had been made. This document stated that there were "no issues and everything is going well." We find this statement puzzling when, in fact, 120 days after construction was completed, the clinic had never been equipped or used.

A village elder who accompanied us during our site inspection stated that he had visited MOPH on several occasions seeking staff and supplies for the clinic, but he said that MOPH had not been responsive. As a result, the clinic remains empty and unused. Meanwhile, the village inhabitants keep a guard at the clinic to prevent vandalism.

In commenting on a draft of this report, USFOR-A stated that MOPH has been attempting to staff and equip the facility since 2012, when the project was completed. For example, MOPH tried to staff the clinic with personnel from the neighboring community of Bini Hissar, which caused a conflict. The locals from Bini Hissar protested the movement of MOPH staff from their community and the personnel transfer was cancelled. According to USFOR-A's comments, MOPH, the Kabul Public Health Department, local leadership, and the Ministry of Education have now agreed that the clinic will be used as a library and administrative facility until MOPH can staff and equip the facility as a medical clinic.

CONCLUSION

A crucial factor in the selection and the success of a CERP-funded construction project is whether the facilities built will be used as intended by the communities they were meant to serve. By this criterion, Walayatti medical clinic cannot be considered a success. Given that the project is (1) not being used more than 20 months after it was completed, (2) not currently benefiting the Afghan people, (3) only highly visible because it is not being utilized, and (4) does not have the present support of the Afghan MOPH, it is failing to meet the measures of success implied by CERP's funding criteria. Although we did not observe any major construction deficiencies, there were important differences between the contract's design specifications and the final "as-built" facilities. In addition, documentation detailing the extent of oversight on the project while under construction was missing.

More importantly, the facility shows no evidence of ever having been used since its completion in January 2012. At the time of our inspection, it lacked any medical equipment and had not been staffed. In fact, at the time this draft report was submitted to USFOR-A for comment, there was inadequate evidence that the facility had ever been properly transferred to the appropriate Afghan government unit or that the MOPH plans to supply and staff the clinic. As a result, the almost \$200,000 of U.S. taxpayer funds spent to date on the Walayatti clinic appears to have been wasted, unless the facility is used as intended.

¹⁰ CERP Standard Operating Procedure *Money as a Weapons System-Afghanistan (MAAWS-A)*, November 2010.

RECOMMENDATIONS

To ensure that CERP construction projects are planned, designed, and completed in accordance with contract design standards and technical specification requirements, and to help protect the U.S. government's investment, we recommend that the Commanding General, USFOR-A

- 1. Take steps to assist the Afghan government in installing the equipment for this facility required under the CERP contract or suitable alternative equipment.**
- 2. Determine whether Walayatti medical clinic has been officially transferred to the Afghan MOPH and, if not, take immediate action to do so.**
- 3. Work with MOPH to take appropriate action to equip, staff, and sustain the medical clinic for the Walayatti village inhabitants.**

AGENCY COMMENTS

USFOR-A provided written comments on a draft of this report, which are reproduced in appendix IV. USFOR-A generally concurred with our recommendations and provided information on steps it has taken to implement them.

Regarding our first recommendation, USFOR-A stated that during its October 22, 2013, site visit, it observed two water heaters, but found only brackets and welded pipes where a third water heater should have been. As such, it concluded that the third water heater was either installed and stolen or never fully installed. USFOR-A did not mention any plans to have the third water heater installed. USFOR-A also stated that Afghan officials and local community members told them the generator currently on site was sufficient to power the facility. However, given the capacity difference between the 120-kilowatt generator called for in the design specifications and the much smaller 24-kilowatt unit observed by SIGAR, we question the sufficiency of the existing generator. We continue to recommend that USAFOR-A take steps to assist the Afghan government in installing the required equipment for this facility.

In response to our second recommendation, USFOR-A provided a memorandum from the Kabul Province Public Health Directorate, dated October 24, 2013, accepting handover of the Walayatti medical clinic. However, in a July 2013 telephone conversation with an MOPH representative, we were told that acceptance by the Kabul Province Public Health Directorate was insufficient for MOPH support of the facility, and that transfer must be to the MOPH Policy and Planning (Property Directorate). The MOPH representative also told us the Walayatti medical clinic had been built at the request of the local residents and was not included in the MOPH support plan. Indeed, the October 24 memorandum indicates that the provincial health directorate continues to face challenges getting support for the clinic from MOPH. Specifically, the memorandum states that "Since two years we are requesting MOPH to higher [sic] new staff for [the Walayatti clinic] but we could not get any final answer from them." Therefore, we continue to recommend that USFOR-A determine whether the Walayatti medical clinic has been officially transferred to the Afghan MOPH and, if not, take immediate action to do so.

Regarding our final recommendation, USFOR-A noted the interim agreement among MOPH, the Kabul Public Health Department, local leadership, and the Ministry of Education to use the building as a library and administrative facility until the MOPH can staff and equip it as a medical clinic. We commend these efforts to find a temporary use for the facility. However, we continue to recommend that USFOR-A work with MOPH find a way to equip, staff, and sustain the medical clinic for its intended use.

USFOR-A and CENTCOM also provided technical comments on a draft of this report, which we incorporated into the final report, as appropriate.

APPENDIX I - SCOPE AND METHODOLOGY

This report provides the inspection results of a Commander's Emergency Response Program (CERP) funded contract (CERPCAP1D069AA) to construct a medical clinic in the village of Walayatti, located in the Bagrami district, Kabul province. To determine whether construction had been completed in accordance with contract requirements and applicable construction standards as well as whether the facilities were being used as intended and sustained, we

- reviewed available contract documents to understand project requirements and contract administration;
- interviewed cognizant U.S. and Afghan government officials involved in the construction project; and
- conducted a physical inspection and photographed the project site to observe the current status and quality of construction.

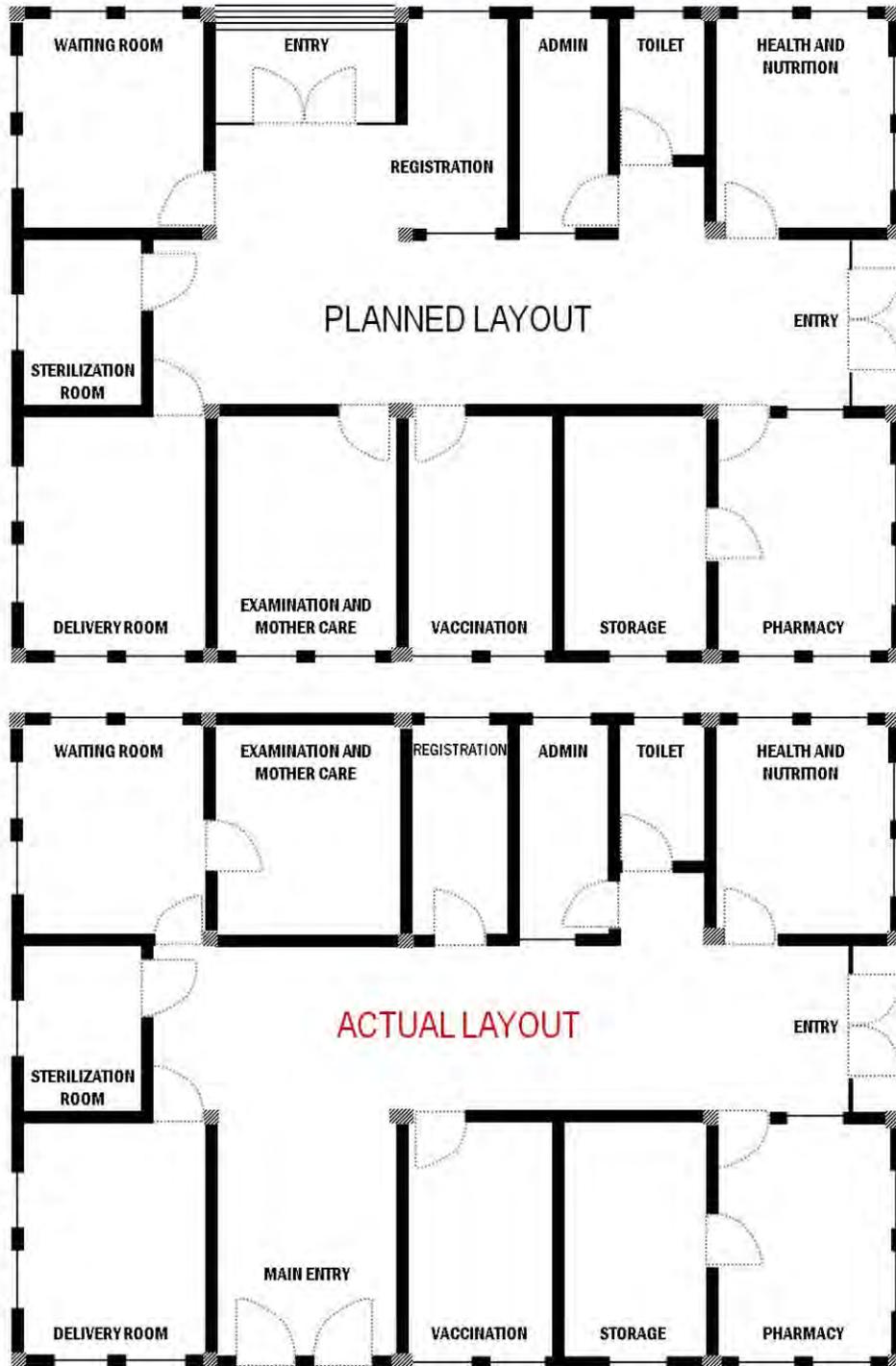
During our inspection, we noted that project documentation in the Department of Defense's Combined Information Data Network Exchange (CIDNE) database was incomplete and did not comply with CERP requirements. As a result, we were unable to fully assess whether construction of the facilities was conducted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

We conducted work in Kabul, Afghanistan, and at the Walayatti medical clinic in Kabul province from January through September 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*. We did not rely on computer-processed data in conducting this inspection. However, 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. We conducted this inspection under the authority of Public Law 110-181, as amended; and the Inspector General Act of 1978, as amended.

APPENDIX II - WALAYATTI MEDICAL CLINIC BUILDING PLAN

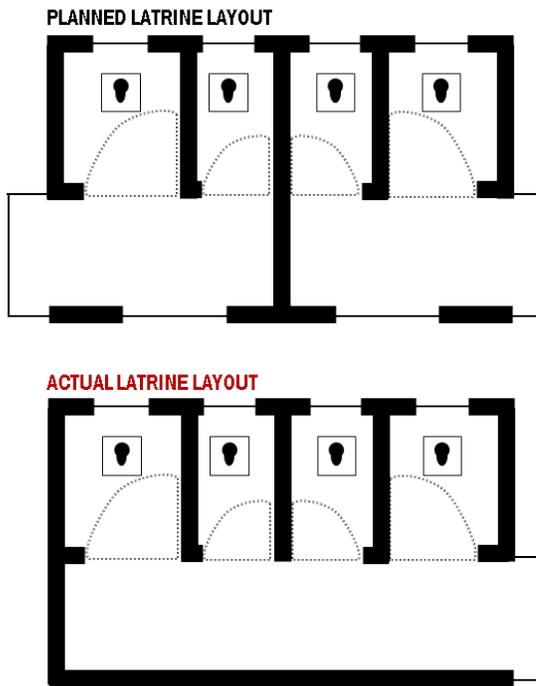
Figure I - Main Clinic Building-Planned Layout and Actual Layout



Note: Not to scale

Source: SIGAR Analysis

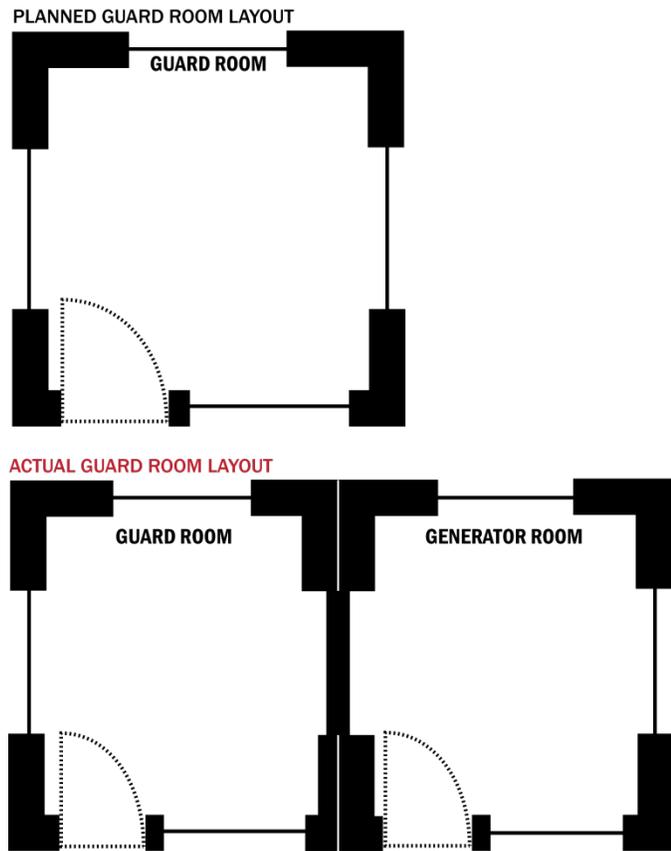
Figure II - Latrine-Planned Layout and Actual Layout



Note: Not to scale

Source: SIGAR Analysis

Figure III - Guard Room-Planned Layout and Actual Layout



Note: Not to scale

Source: SIGAR Analysis

APPENDIX III - MEMORANDUM OF AGREEMENT



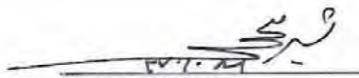
DEPARTMENT OF THE ARMY
HEADQUARTERS, 1st SQUADRON 134TH CAVALRY
TASK FORCE KABUL (FURY)
CAMP PHOENIX, KABUL, AFGHANISTAN
APO AE 09320

MEMORANDUM OF AGREEMENT
BETWEEN
THE COMMANDER, TASK FORCE KABUL
AND
THE DIRECTOR MINISTRY OF PUBLIC HEALTH

SUBJECT: Recurring Operation and Maintenance of the Walayatti Basic Health Clinic (BHIC)

1. The purpose of this document is to memorialize an agreement between the Commander, TF Kabul, and the Director of the Ministry of Public Health.
2. By and through this agreement, the Director of the Ministry of Public Health agrees to be responsible for the operation and maintenance of the Walayatti BHC to include staffing, supplies, and routine maintenance once construction has been completed and the building has been transferred to the GIRoA. The estimated recurring operations and maintenance costs for this facility are \$1800US/81,000 Afghani per month.
3. Nothing in this Memorandum of Agreement authorizes the commitment or obligation of appropriated funds of the United States of America prior to their availability, or in violation of any applicable statute, regulation or policy of the government of the United States of America.
4. This document expresses the participants' intent to achieve the goals of this project. The participants intend for this project to benefit the local community and its people for years to come. It is not, however, a legal instrument that binds the participants under international law. Rather, it embodies the aspirations towards which the participants strive.
5. After the construction and transfer of authority are complete, the United States Armed Forces will return periodically to check on the condition of the facility. If the facility is not in satisfactory condition, future CERP projects may be cancelled in this area.


THOMAS G. RYNDERS
LTC, AR
Commanding


Dr. Sheer Pachar
Deputy Director of
Ministry of Public Health

APPENDIX IV - COMMENTS FROM UNITED STATES FORCES-AFGHANISTAN



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

USFOR-A J9

24 October 2013

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

SUBJECT: SIGAR INSPECTION 14-X, WALAYATTI MEDICAL CLINIC: FACILITY WAS
NOT CONSTRUCTED TO DESIGN SPECIFICATIONS AND HAS NEVER BEEN USED

1. Recommendation: Compare the "as-built" construction to the contract requirements and, using a professional engineer, determine whether the facilities are structurally sound.
 - a. Concur. The 226th MEB and the 83rd CA BN personnel met with the Kabul Public Health Department, local Maliks, Ministry of Education representative, village elders, and Ministry of Public Health (MoPH) on 22 October 2013. During this visit, the Air Force Engineer present concluded that the Walayatti Medical Clinic was structurally sound and ready for occupation (see enclosure 1 for further details on the Engineer's report of the health clinic).

2. Recommendation: Determine the reason(s) for missing equipment such as water heaters and generators required by the contract and take appropriate action to have it installed.
 - a. Two water heaters and one generator were present in the clinic. We also took note of the brackets and welded pipes where a third water heater should have been. We can only conclude that the third water heater was either installed and stolen, or never fully installed. The MOPH representative, local elder, and the caretaker for the facility all expressed that the generator on site would be more than sufficient to accommodate the needs of the health facility. The Air Force Engineer also confirmed that the generator that is on the premises was more than enough to power to the clinic.

3. Recommendation: Ensure that project documentation related to this CERP project complies with CERP guidance and is uploaded into the Combined Information Data Network Exchange (CIDNE) database.
 - a. The project files were uploaded to CIDNE in accordance with Money as a Weapon System – Afghanistan (MAAWS-A). The SF 44's, SF 1034's, and DD 1081's are accurate per the Statement of Work (SOW) payment schedule and are visible in CIDNE.

See SIGAR
comment 1.

See SIGAR
comment 2.

See SIGAR
comment 3.

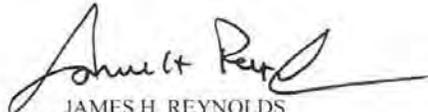
4. Recommendation(s): Determine whether Walayatti medical clinic has been officially transferred to the Afghan government and, if not, take immediate action to do so. Determine whether to work with MoPH to take appropriate action to equip, staff, and sustain the medical clinic for the Walayatti village inhabitants.

- a. The 226th MEB and 83rd CA BN personnel met with the MoPH representative on 22 October 2013. According to the MoPH official, the facility was in fact properly transferred at the completion of construction, and MoPH was aware of this transfer. MoPH attempted to staff the Walayatti Medical Clinic with personnel from the neighboring community of Bini Hissar, which caused a conflict. The locals from Bini Hissar protested the movement of MoPH staff from their community and the personnel transfer was cancelled. The Ministry of Public Health, with the assistance of the Kabul Public Health Department, has been attempting to staff and equip the facility since 2012 when the project was completed. The MoPH, Kabul Public Health Department, local leadership, and the Ministry of Education have agreed that the building will be used as a Library and Administrative Facility until the MoPH can staff and equip as a Medical Clinic, therefore the building will be utilized and maintained by the government of GIRONA. The MoPH has also submitted a memorandum on 24 October 2013 stating the Walayatti Medical Clinic was transferred to them (see enclosure 2).

Encls

1: Memo, Engineer Report

2: Memo, MoPH Acceptance



JAMES H. REYNOLDS

Colonel, U.S. Army

Stability Operations & Plans Chief

See SIGAR
comment 4.



DEPARTMENT OF DEFENSE
DIRECTORATE OF NATIONAL LOGISTICS
CAMP PHOENIX, KABUL, AFGHANISTAN
APO AE 09320

DNL

24 Oct 2013

MEMORANDUM FOR RECORD

SUBJECT: Wayalatti Basic Health Clinic Site Visit

Introduction:

On 22 Oct 2013 a site visit was conducted to inspect the construction for the Wayalatti Basic Health Clinic. This project included the construction of a new one story clinic, guard house and latrine. Representatives from the MoPH, the adjacent school, local community and TF Tarpon were present during this visit.

Progress of work:

At the time of the site visit work was completed.

Quality of Work:

The facilities are structurally sound and are ready for occupation. The overall quality of work is good. There was minor cosmetic upkeep issues noticed which should be remedied by regular maintenance.

Recommendations:

The completed structures will provide the local community an excellent clinic once MoPH provides medical personnel to occupy the structures.

Michael Stayrook
DNL Chief Engineer





Islamic republic of Afghanistan
Kabul province public health directorate

To: US armed forces located at camp phoenix
From: Kabul province public health directorate
Subject: accepting building for health facility which is constructed by US armed forces in the south part of Kabul(Velayaty)
Date: 24/10/2013

Dear sir/madam

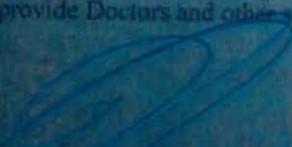
First of all I would like to appreciate what you have done for our country and our people.

The building which is constructed by the financial support of US armed forces around two years back, is not functioning due to the lack of skilled personal(Doctors) we have been not able to provide health services to the people of Velayaty.

About two years back we decided to transfer one of our health facility which is located in Bene-Hesar almost 3-4 km to the east of velayaty, in that time the people of the Bene-Hesar made a demonstration and prevent the transformation of the health facility to Velayaty.

Since two years we are requesting MOPH to higher new staff for Velayaty but we could not get any final answer from them.

right now we (kabul province health directorate) are going to accept hand over of this health facility from US armed forces and we will try our best to provide Doctors and other staff for this HC.


Dr. Mohammad Aslam
Kabul province public nutrition officer

SIGAR'S Response to Comments from U.S. Forces-Afghanistan

1. Because USFOR-A implemented this recommendation, we deleted it from this final report.
2. We continue to question the sufficiency of this generator, given the capacity difference between the 120-kilowatt generator called for in the design specifications and the much smaller 24-kilowatt unit observed by SIGAR. Moreover, we note that USFOR-A's site visit confirmed the absence of the third generator. As such, we maintain that this recommendation needs to be fully implemented.
3. As noted earlier in this report, we have deleted this recommendation from the final report because the primary documents missing have now been uploaded into CIDNE.
4. We revised this recommendation slightly in the final report to delete the phrase "determine whether to," because it is clear from USFOR-A's comments on the draft that it has recognized the value in working with MOPH to address the issues we found at Walayatti. However, the evidence provided by USFOR-A does not show that the clinic has been officially transferred to MOPH or that a plan is in place to equip, staff, and sustain the clinic for its intended purpose. As such, we maintain that this recommendation is needed.

APPENDIX V - ACKNOWLEDGMENTS

Crawford “Les” Thompson, Senior Inspections Manager

Milton Naumann, Auditor-in-Charge

Warren Anthony, Senior Auditor

Lise Pederson, Professional Engineer

Kim Maria Arellano, Investigative Analyst

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- U.S. fax: +1-703-601-4065

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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