



SIGAR

Office of the Special Inspector General
for Afghanistan Reconstruction

October 20, 2015

The Honorable Alfonso E. Lenhardt
Acting Administrator
U.S. Agency for International Development

Donald L. "Larry" Sampler
Assistant Administrator for Afghanistan and Pakistan Affairs
U.S. Agency for International Development

Mr. Herbert B. Smith
USAID Mission Director for Afghanistan

Dear Gentlemen:

I am writing to advise you of the results of recent site inspections conducted by SIGAR to verify the accuracy of USAID locational data and operating conditions at 23 USAID-funded public health facilities in Herat Province, Afghanistan. SIGAR found substantial inaccuracies in the geospatial coordinates USAID provided for many of these 23 health facilities and observed inadequate or sporadic access to electricity, water, and needed pharmaceuticals. This is the first of a series of site inspections SIGAR is planning to conduct in provinces throughout Afghanistan.

USAID's \$259.6 million Partnership Contracts for Health (PCH) program began in July 2008 and ended in June 2015. The program provided funding for approximately 600 health facilities in 13 Afghan provinces, including 63 in Herat province. As you know, a key component of the PCH program in Herat was the use of detailed geospatial location information—in the form of global positioning system coordinates—to ensure health facilities were in the appropriate locations and providing the local population with needed health services.¹ Immediately following the conclusion of the PCH program, 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 2018.²

In recent months, we have issued multiple letters calling into question the USAID and Afghan government-maintained geospatial coordinates of PCH (now SEHAT) supported health facilities throughout Afghanistan.³ In April 2014, I testified before the Subcommittee on National Security, Committee on Oversight and Government Reform, U.S. House of Representatives, about potential

¹ Afghan Ministry of Public Health contract with Bakhtar Development Network for implementation of the PCH program in Afghanistan (Contract Number: PCH-10-HRT-C1-BDN-BPHS), Annex A.

² Service delivery in the 13 provinces supported through PCH ended on June 30, 2015. SEHAT service delivery for the previously PCH supported provinces commenced on July 1, 2015. The total USAID contribution to the SEHAT program is expected to be approximately \$238 million.

³ SIGAR-15-82-SP, *Alert Letter: PCH Health Facilities Coordinates Response*, August 18, 2015; SIGAR-15-67-SP, *Inquiry Letter: Geospatial Coordinates for PCH Health Facilities*, June 25, 2015.

vulnerabilities associated with USAID’s provision of funding to the Ministry of Public Health (MoPH) to support these facilities.⁴

In response to our letters, USAID stated that it is working with the MoPH to obtain more accurate location-specific information for the health facilities it supports. We believe that accurate location-specific information is critical to effective oversight. To test the accuracy of USAID locational information, we are engaged in verifying the location and condition of U.S. government built or supported facilities in several provinces in Afghanistan. As part of this effort, we conducted limited site inspections of 23 USAID-supported health facilities in Herat province.⁵

At each site inspection, our team took a minimum of 25 time, date, and location-stamped photographs⁶ and completed the following activities:

- An overall assessment of the facility (internal and external), 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.

Our site inspections were limited in scope to minimize our visibility and potential impact on facility operations, and thus did not include engineering evaluations of structures, testing of system (electrical or water) quality, or evaluation of the quality of care being provided.

USAID’S GEOSPATIAL COORDINATES FOR 12 OF 23 FACILITIES WERE WITHIN ONE KILOMETER OF THE ACTUAL FACILITY LOCATION

Using the province, district, facility name, and geospatial coordinates for each facility as a starting point, we were able to confirm the existence of each of the 23 facilities selected for a site inspection.⁷ However, our site inspections revealed that the actual geospatial coordinates for 7 of the 23 facilities were more than five kilometers away from the coordinates provided by USAID and MoPH. Specifically, we found that:

- 12 facilities were within 1 kilometer from the USAID coordinates;
- 4 facilities were within 1–5 kilometers from the USAID coordinates;
- 3 facilities were within 5–10 kilometers from the USAID coordinates; and,
- 4 facilities were more than 10 kilometers from the USAID coordinates.

⁴ Statement of John F. Sopko, Special Inspector General for Afghanistan Reconstruction before the Subcommittee on National Security, Committee on Oversight and Government Reform, U.S. House of Representatives, *Lessons Learned from Oversight of the U.S. Agency for International Development’s Efforts in Afghanistan*, April 2014.

⁵ Security conditions and time constraints prevented inspection of the other 40 health facilities.

⁶ Nearly all photographs contained time, date, and location stamps; at some locations, there were photographs that did not contain geospatial stamping.

⁷ In each case, we used the province, district, name, and geospatial coordinates for each facility provided to us by USAID in May 2014. Those coordinates all remained the same in USAID’s July 2015 update.

In cases where the facilities were not near the USAID-provided coordinates, site inspectors relied on their knowledge of the area and the assistance of local residents to locate the facilities. As SIGAR has stressed previously, robust program oversight requires specific knowledge of the location where the service is provided. Moreover, accurate location-specific information is critical to ensure that the local population is receiving the intended services. Please see Enclosure I for a list of the discrete coordinates associated with each of the 23 facilities for which we performed a site inspection.⁸

Note: Due to safety and security concerns, SIGAR is withholding Enclosure I from public release.

USAID DOCUMENTATION REGARDING THE REMAINING 40 CLINICS DID NOT INCLUDE ANY GEOSPATIAL-STAMPED PHOTOS OR MONITORING REPORTS

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.”⁹ USAID also provided us with files that the agency stated demonstrates the physical location and existence of all the PCH (now SEHAT) supported facilities in Herat, including 39 of the 40 facilities for which security conditions prevented us from performing a site inspection.¹⁰ The files provided by USAID as evidence of the location and basic operations of the health facilities only include 2–4 photos for each facility, none of which included any embedded geospatial data. Generally, the files included one picture of the facility signage (including the facility name and district) and another 2–3 photos depicting a building and or grounds—purportedly at the health facility.

Our review of the limited information contained in USAID’s files leads us to believe that the USAID photos may support the district location and existence of 19 of the 40 facilities.¹¹ For the remaining 21 facilities, USAID provided old or unclear photographs which did not demonstrate the physical location or existence of the purported facility. None of the USAID files included any site visit reports or other supporting documentation. As a result, we could not determine the basic operation of any of these clinics based on the USAID data.

OPERATIONAL CONDITIONS AT THE 23 HEALTH FACILITIES WE VISITED

All 23 of the health facilities we visited were open and operational. In addition, at each location we sought input from a community member near the facility to determine whether the facility was generally benefiting the population.¹² 20 of the 23 community members we spoke with had visited the facility for treatment—of themselves or a family member—and 18 of those that visited perceived

⁸ The embedded geospatial coordinate stamps varied slightly for photographs at each location, depending on where at the facility the photo was taken. For purposes of consistency, the coordinates reported in Enclosure I reflect the coordinates associated with the facility signage.

⁹ USAID, *Response to the Inquiry Letter in PCH Health Facilities Coordinates (SIGAR Inquiry Letter-15-67-SP*, July 1, 2015.

¹⁰ USAID did not provide any evidence of the location or existence of facility 1593.

¹¹ Our review considered the total contents of the files that USAID stated showed evidence of the location and basic operation of the clinic, including the quality and date of the photos.

¹² USAID’s photos did not provide sufficient evidence to determine the operational status of the 40 health facilities at which we were unable to conduct site inspections.

the facilities to be in good working order.¹³ Photos 1 and 2 show the treatment rooms at two of the facilities.¹⁴

Photo 1 - Treatment Room at Facility 2786



Source: SIGAR, July 11, 2015

Photo 2 - Treatment Room at Facility 2933



Source: SIGAR, July 12, 2015

Our site inspections did reveal some concerns with the operational condition of several facilities that suffered from poor maintenance and basic operational challenges—such as a lack of reliable power or water. For example, we found that four of the 23 clinics did not have adequate or consistent power—required for proper lighting and to refrigerate some pharmaceuticals and vaccines. The PCH program provided funding to implementing partners for basic utilities, including electricity, to provide an adequate storage environment for core stocks of pharmaceuticals.¹⁵ The absence or inconsistency of electricity to refrigerate these basic stocks raises questions about whether the allocated funding is indeed reaching these facilities.

Finally, our site inspections found that at least 16 facilities disposed of medical waste in open-air kilns, some of which were publicly accessible. This method of unsecured disposal does not adhere to best practices and raises the risk that patients seeking treatment—or children we observed playing outside at several facilities—could be accidentally exposed to contaminated waste.¹⁶ Photos 3 and 4 show easily accessible, open-air kilns used to dispose of waste at two facilities.

¹³ Community members near two facilities did not provide any response to this question and another respondent had not been to the facility.

¹⁴ To encourage further Afghan cooperation with our site inspections in other provinces, we are using the unique USAID facility identification number, rather than the facility names, to delineate facilities.

¹⁵ All 23 clinics appeared to have pharmacies on the premises, however facility staff at two locations stated that their pharmacies were insufficiently stocked or maintained.

¹⁶ The Council of State Governments, *Model Guidelines for State Medical Waste Management*, 1992.

Photo 3 - Accessible Open-Air Kiln at Facility 1737



Source: SIGAR, July 27 2015

Photo 4 - Accessible Open-Air Kiln at Facility 1595



Source: SIGAR, July 27, 2015

CONCLUSION

MoPH and USAID need accurate location information for the clinics supported by PCH and SEHAT to conduct robust program oversight and to ensure that the local communities receive needed health services. The importance of this information was stressed multiple times in the PCH contract documents for Herat province. Moreover, the recent destruction of the Doctors Without Borders hospital in a battle with the Taliban in Kunduz dramatizes the importance of having accurate GPS coordinates for healthcare facilities.¹⁷ SIGAR encourages USAID to confirm and update the coordinates it maintains for the 23 clinics detailed in Enclosure I—particularly those facilities that were more than five kilometers away from the coordinates maintained by USAID—and share that information with the MoPH and World Bank. **As noted earlier, however, we are withholding Enclosure I from public release due to safety and security concerns.**

Furthermore, the documentation provided by USAID to identify the location and existence of the remaining clinics in Herat was generally quite poor. None of the photographs were embedded with geospatial coordinates, and there were no site visit or other monitoring reports included for any of the facilities. We encourage USAID to require its monitoring teams and partners to use cameras that are capable of producing photos with embedded geospatial data and conduct more robust site inspections that include descriptions of facility condition and operations.

Finally, inadequate or sporadic access to electricity, water, or needed pharmaceuticals at several locations raises concerns that USAID is paying for services that the implementing partner is not providing. We encourage USAID to take action to ensure that all of the health facilities it supports in Herat are operating with the utilities and pharmaceutical stores necessary to provide the intended level of health services to the target population.

¹⁷ While it is unclear at this point the extent to which accurate locational data may have played a role at Kunduz, it illustrates how important GPS data can be, far beyond the needs of agency oversight.

This review was prepared by SIGAR's Office of Special Projects, a response team created to examine emerging issues in prompt, actionable reports to federal agencies and the Congress. The work was conducted under the authority of Public Law No. 110-181, as amended, and the Inspector General Act of 1978, as amended. Should you or your staff have any questions about this request, please contact Mr. Matthew Dove, Deputy Director of Special Projects, at [REDACTED]

Sincerely,

A handwritten signature in black ink, appearing to read 'John F. Sopko', with a long horizontal flourish extending to the right.

John F. Sopko
Special Inspector General
for Afghanistan Reconstruction

Enclosure I: Realized Geospatial Coordinates for 23 Inspected Health Facilities