



SIGAR

Office of the Special Inspector General
for Afghanistan Reconstruction

December 12, 2016

The Honorable Gayle E. Smith
Administrator
U.S. Agency for International Development

Dear Administrator Smith:

I am writing to inform you of the results of site inspections conducted by SIGAR to verify the locations and operating conditions at 30 public health facilities in Baghlan province, Afghanistan. These facilities are supported by the U.S. Agency for International Development (USAID) through the World Bank-administered Afghanistan Reconstruction Trust Fund (ARTF). Previously, the Afghan Ministry of Public Health (MoPH) received funds through direct bilateral assistance from USAID to fund operations at these health facilities.¹ SIGAR found substantial inaccuracies in the geospatial coordinates USAID previously provided for many of these 30 health facilities, and observed that not all facilities had access to electricity and drinking water. This is the fourth in a series of health facility reviews SIGAR is conducting in provinces throughout Afghanistan.²

All of the 30 facilities we inspected were supported by USAID's \$259.6 million Partnership Contracts for Health (PCH) program from July 2008 through June 2015. The PCH program provided funding to support the operations of approximately 600 health facilities in 13 Afghan provinces, including 50 in Baghlan province.³ As you know, a key component of the PCH program in Baghlan 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 and provided the local population with needed health services. SIGAR selected 30 of the 50 facilities to visit and observe operational conditions based on initial findings from geospatial analysis and site security assessments.

Following the conclusion of the PCH program on June 30, 2015, USAID began immediately 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 2018.⁴ The total USAID contribution to the SEHAT program is expected to be approximately \$228 million.⁵ USAID contributes funds to the ARTF, and these funds are “preferenced” (earmarked)

¹ 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.

² 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.

³ USAID sought to expand access to basic public health care and increase the number of health clinics and health workers available for the Afghan people through a two-tiered system: 1) provision of a Basic Package of Health Services—such as immunizations and prenatal care—at small and rural health clinics, and 2) provision of the Essential Package of Hospital Services, which supported general medical services at hospitals and provided staff, equipment, diagnostic services, and medications.

⁴ 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.

⁵ 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.

to support the SEHAT program, specifically to support the same health care facilities in the 13 provinces where USAID previously administered its PCH program.⁶

Since 2014, my office has expressed concern regarding the oversight of facilities supported by PCH, and those concerns have continued with the administration of SEHAT. Over the past year, we have issued multiple letters calling into question the accuracy of the geospatial coordinates of PCH- (now SEHAT-) supported health facilities throughout Afghanistan.⁷

In response to our initial Alert Letter on the topic of GPS coordinates, USAID stated that the MoPH was “...currently collecting new coordinates for its health facilities.”⁸ As part of our June 2016 review of health facilities in Badakhshan province we requested updated data from USAID. However, an agency official stated that USAID no longer maintained such data and that obtaining it would require a specialized request to the Afghan government, which USAID was unwilling to make.⁹

We maintain that accurate location-specific information, including geospatial coordinates, is critical to effective oversight. To test the accuracy of USAID’s information, we used data USAID provided in July 2015 to conduct limited site inspections and verify the location and condition of 30 USAID-supported health facilities in Baghlan province.

At each site inspection, our team took time-, date-, and location-stamped photographs.¹⁰ 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 from October 26 through December 1, 2015, using the most recent location data provided by USAID. We conducted limited site inspections lasting 1–2 hours and focused on the location of the health facility, whether the health facility was open or active at the time of the visit, and the physical structures and systems.

⁶ 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 SEHAT was intended to continue supporting the clinics previously supported by PCH.

⁷ 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; SIGAR, *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015; SIGAR, *Alert Letter: PCH Health Facilities Coordinates Response*, SIGAR 15-82-SP, August 18, 2015; and SIGAR, *Inquiry Letter: Geospatial Coordinates for PCH Health Facilities*, SIGAR 15-67-SP, June 25, 2015.

⁸ USAID response to SIGAR, *Alert Letter: PCH Health Facilities Coordinates Response*, SIGAR-15-82-SP, June 25, 2015.

⁹ SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR 16-40-SP, June 30, 2016.

¹⁰ Nearly all photographs contained time, date, and location stamps; however, at some locations, there were individual photographs that did not contain geospatial stamping.

GEOSPATIAL COORDINATES REPORTED BY USAID FOR 13 OF THE FACILITIES RANGED FROM MORE THAN 1 KILOMETER TO MORE THAN 10 KILOMETERS FROM 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 and basic operation for all 30 facilities selected for a site inspection, including 8 facilities for which USAID did not provide coordinates in its July 2015 response. Therefore, SIGAR could not compare the USAID coordinates for these eight facilities against the coordinates SIGAR's inspection team acquired during their site visit. Our site visits of the remaining 22 facilities revealed that the actual geospatial coordinates for 7 of those 22 facilities were more than 5 kilometers away from the coordinates provided by USAID.¹¹ Specifically, we found that:

- 9 facilities were less than 1 kilometer from the USAID coordinates;
- 6 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.¹²

In cases where the facilities were not near the coordinates provided to SIGAR, 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, and accurate location-specific information is critical to ensure that the correct population is receiving the intended services.¹³ Please see Enclosure II for a list of the specific coordinates associated with each of the 30 facilities for which we performed a site inspection.¹⁴ **Note: Due to safety and security concerns, SIGAR is withholding Enclosure II from public release.**

USAID DOCUMENTATION REGARDING THE 20 CLINICS NOT INSPECTED BY SIGAR 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.”¹⁵ To support its assertion, on July 31, 2015, USAID provided us with data that the agency claimed demonstrated the physical location and existence of all 50 PCH- (now SEHAT-) supported facilities in Baghlan province, including the 20 facilities for which geographic hardship and security conditions prevented us from performing a site inspection. The files provided by USAID as evidence of the location and basic operations of the health facilities only included 1–2 photos for each facility, none of which included any embedded

¹¹ We used the province, district, name, and geospatial coordinates for each facility provided to us by USAID in July 2015.

¹² One facility was located more than 3,500 kilometers from the coordinates USAID provided.

¹³ SIGAR's previous reports include: *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR 16-40-SP, June 30, 2016; *Review Letter: USAID-Supported Health Facilities in Kabul*, SIGAR- 16-09-SP, January 5, 2016; *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015; and *Alert Letter: PCH Health Facilities Coordinates Response*, SIGAR-15-82-SP, June 25, 2015.

¹⁴ The embedded geospatial coordinate stamps varied slightly for the photographs we took at each location, depending on where at the facility the photo was taken. For purposes of consistency, the coordinates reported in Enclosure II reflect the coordinates associated with the facility signage.

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

geospatial data. Generally, the files included one picture of the facility signage (including facility name and district) and another photo purportedly depicting a building and or grounds at the health facility.

In a February 2016 email, which was later quoted in our June 2016 review of health facilities in Badakhshan province, one USAID official 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 SIGAR has stressed previously, unlike the PCH program, which provided funding to the Afghan government to support these health facilities, the SEHAT program is administered by the World Bank.¹⁷

USAID's Automated Directive System (ADS) lists the World Bank as a Category 1 Public International Organization (PIO).^{18, 19} 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."²⁰ ADS 308 also states, "In the case of general contributions, the transfer of funds to the PIO clearly constitutes a disbursement that 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..." During a February 18, 2016, teleconference with SIGAR, USAID officials added that, under SEHAT, the MoPH (not USAID) also selects which health facilities, serving which populations, receive funding and that the MoPH receives feedback regarding health facility operations from district and provincial health officials.

Nevertheless, 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. In the case of SEHAT, that means, in part, ensuring that the correct populations are receiving intended health care services through the use of accurate GPS data. Furthermore, USAID's implementation letter with the Afghan government concerning SEHAT also 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 Public Health, states:

Performance monitoring by USAID will be accomplished through field visits, analysis of Health Management Information System (HMIS) data, results of

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

¹⁷ USAID provides the World Bank with funding to support these health facilities through SEHAT via the Afghanistan Reconstruction Trust Fund.

¹⁸ USAID, ADS 308maa, List of Public International Organizations, A Mandatory Reference for ADS 308, September 20, 2011.

¹⁹ 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).

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

baseline and follow-on household surveys...third party verification of the HMIS data....²¹

As we have previously reported, maintaining accurate GPS coordinates for the health facilities it supports is one important way USAID can help ensure its field visits are successful in locating the facilities and could be another tool USAID can use when analyzing and verifying HMIS data.²² 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.

In addition, analysis indicates that some of the data currently available to USAID regarding individual facilities supported by SEHAT is poor and would not fully allow the agency to rely on reporting by health officials at the district and provincial level because available data places health facilities in incorrect districts, provinces, or even in a neighboring country. SIGAR coordinated with the Army Geospatial Center to map the last known GPS coordinates of the 47 health facilities in Baghlan provided by USAID to SIGAR.²³ According to Army Geospatial Center analysis, 13 percent of the health facilities coordinates (6 of 47) were not located in the districts listed in the most recent information available to USAID, including:

- Five health facilities were incorrectly listed in the wrong districts.
- One health facility was incorrectly listed in the Mediterranean Sea.

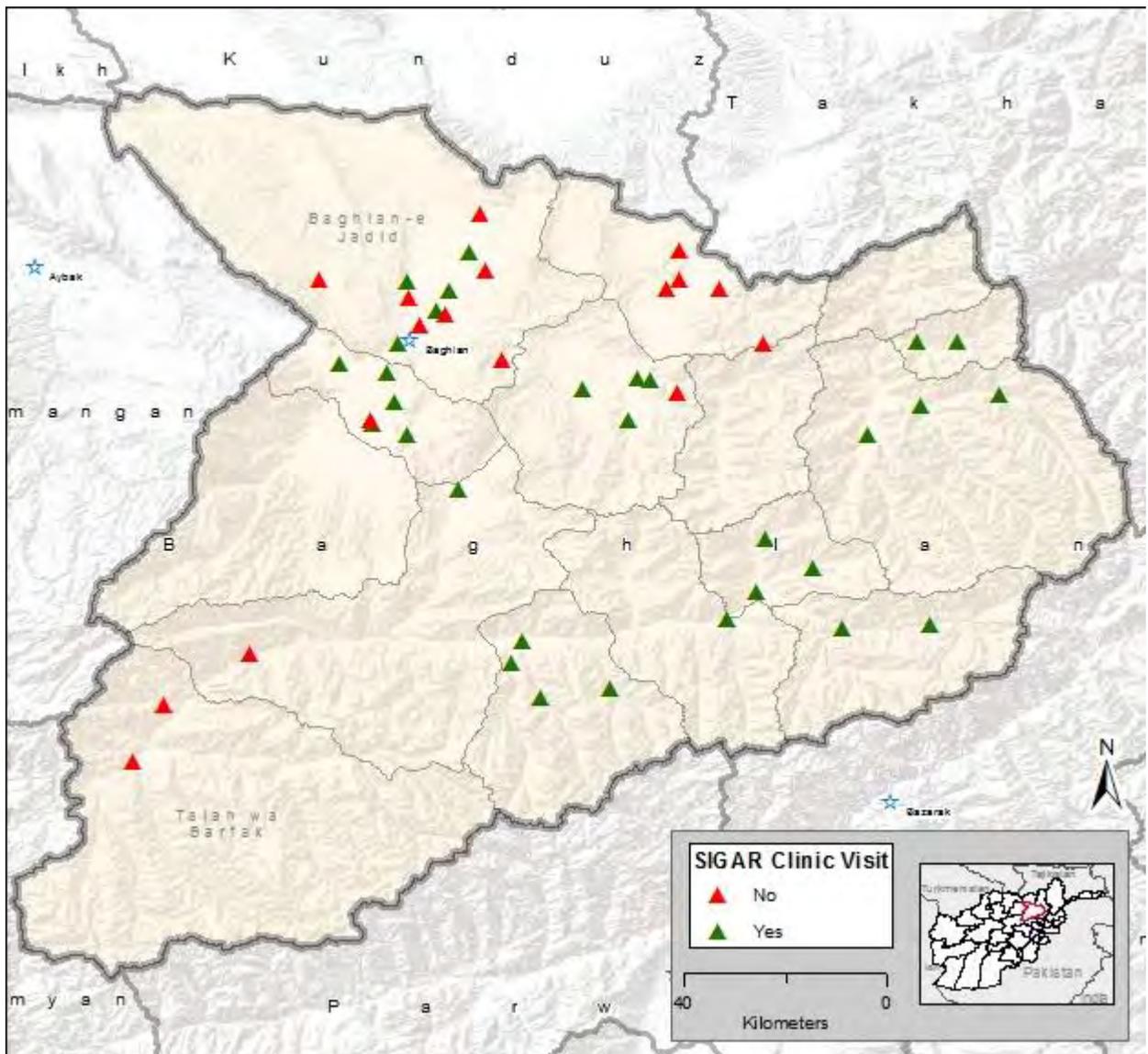
Figure 1 shows the location of the health facilities reported by USAID to be in Baghlan province. Green triangles indicate the 30 health facilities SIGAR visited. Red triangles indicate the 17 health facilities not visited by SIGAR.

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

²³ USAID did not provide SIGAR with GPS coordinates for eleven facilities. Using the facility name, district, and local knowledge, SIGAR was able to locate eight of these facilities and map their location. SIGAR did not attempt to locate and visit three facilities for which USAID did not provide coordinates. As a result, SIGAR could not map the locations for three facilities and computations are based on the 47 health facilities documented rather than the 50 total health facilities in Baghlan.

Figure 1 - GPS Location of 45 USAID-Supported Health Facilities in Baghlan Province



Source: Army Geospatial Center, November 7, 2016

Notes: USAID did not provide GPS coordinates for 3 of the 50 facilities in Baghlan province, and as a result, SIGAR could not map those sites.

SIGAR used the actual GPS coordinates obtained during our site inspections for the green triangles and mapped the red triangles using USAID-provided GPS coordinates.

OPERATIONAL CONDITIONS AT THE 30 HEALTH FACILITIES WE VISITED

All 30 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. We spoke to 29 community members who had visited the facility either for treatment themselves or in connection with the treatment of a family member.²⁴ Twenty-two of those community members stated that the health facility was very useful for the community, while five stated the health facility was somewhat useful, and one had no opinion. One community member stated the health facility was not useful because the doctors had irregular hours and did not have a good working relationship with the community.²⁵

Our site inspections and analysis revealed concerns about the operational condition of several facilities and indicated that several suffer from poor maintenance and basic operational challenges. These challenges include lack of reliable power and water. For example, we concluded that nine facilities did not have electricity at the time of our site visit and that others did not have adequate or consistent power required for proper lighting and refrigeration of some pharmaceuticals and vaccines.²⁶ We further concluded that 6 of the 30 facilities did not have running water at the time of our site visit.²⁷

Our site inspectors also observed some basic structural concerns at most of the facilities, such as cracked walls, leaking roofs, exposed wiring, and shattered windows. While, in most cases, these concerns did not appear to be negatively affecting operations, they do raise concerns regarding the sanitation and safety of the facilities. Electrical deficiencies, such as exposed live wires, pose serious hazards that could endanger the safety of patients and staff. Improper wiring connections and installation and wiring are a potential shock hazard. Photos 1 and 2 show apparent structural damage at a facility 459. Photo 3 shows a leaky roof at facility 2385. Photo 4 shows a series of broken windows at facility 1804.

Photo 1 - Apparent Structural Damage at Health Facility 459



Source: SIGAR, October 31, 2015

Photo 2 - Apparent Structural Damage at Health Facility 459



Source: SIGAR, October 31, 2015

²⁴ Personal security concerns prevented SIGAR's inspection team from speaking with a community member at facility 2986.

²⁵ This community member was interviewed at facility 478.

²⁶ All 30 health facilities have pharmacies.

²⁷ Four of these facilities are basic health centers, and two of these facilities are sub-health center clinics.

Photo 3 - Leaking Roof at Health Facility 2385



Source: SIGAR, November 3, 2015

Photo 4 - Broken Windows at Health Facility 1804



Source: SIGAR, October 28, 2015

CONCLUSION

USAID officials have previously told SIGAR that their agency is not collecting data on, not asking for, and has no insight as to how the World Bank or the MoPH are recording GPS coordinates for the health facilities supported by USAID through SEHAT.²⁸ USAID officials also noted that the agency does not intend to maintain coordinates for SEHAT clinics going forward, would not submit specialized data requests to obtain updated GPS coordinates, and would instead rely on World Bank publications and the MoPH.

USAID's position regarding its monitoring responsibilities is troubling. In previous SIGAR letters, we have repeatedly cited USAID's own contracts, Requests for Proposals, and other documents that highlight reliable project location data as a critical tool in providing effective oversight and mitigating corruption.²⁹ Moreover, USAID's own implementation letter for the SEHAT program clearly calls for the agency to conduct site visits, and to analyze and verify HMIS data (which could include GPS location data). However, our review of World Bank reports submitted to USAID showed that the World Bank is not reporting any specific location-based information or the operational status of individual facilities to USAID.

SIGAR encourages USAID to work with the MoPH and the World Bank to confirm and update the coordinates for the 30 clinics detailed in Enclosure II—particularly those facilities that were more than 10 kilometers away from the coordinates provided by USAID. **As noted earlier, however, we are withholding Enclosure II from public release due to safety and security concerns related to location information.** We also encourage USAID to urge the World Bank and the MoPH monitoring teams and implementing partners to use cameras that are capable of producing photos with embedded

²⁸ SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR 16-40-SP, June 30, 2016.

²⁹ SIGAR's previous reports include: *Review Letter, USAID-Supported Health Facilities in Badakhshan*, SIGAR 16-40-SP, June 30, 2016; *Alert Letter, USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015; *Review Letter, USAID-Supported Health Facilities in Kabul*, SIGAR-16-09-SP, January 5, 2016; and *Alert Letter: PCH Health Facilities Coordinates Response*, SIGAR-15-82-SP, June 25, 2015.

geospatial data and to conduct more robust site inspections that include descriptions of facility condition and operations. Finally, we encourage USAID to request and maintain this information, in order to help ensure that funding spent to improve the health of specific populations is actually reaching the intended communities.

SIGAR provided a draft of this letter to USAID for comment. In response, USAID stated that it informed the MoPH and World Bank about the issues we have raised in this letter. USAID's comments are reproduced in Enclosure I.

We conducted this special project in Washington, D.C.; Baghlan, Afghanistan; and Kabul, Afghanistan from October 2015 to October 2016, in accordance with SIGAR's quality control standards. These standards require that we carry out work with integrity, objectivity, and independence, and provide information that is factually accurate and reliable. For more information on the policies and procedures and quality control standards for conducting special project work, please see SIGAR's website (www.SIGAR.mil). SIGAR performed this special project under the authority of Public Law No. 110-181, as amended, and the Inspector General Act of 1978, as amended. Should you or your staff have any questions about this project, please contact Mr. Matthew Dove, Director of Special Projects, at [REDACTED] or [REDACTED].

Sincerely,



John F. Sopko
Special Inspector General
for Afghanistan Reconstruction

CC:

William Hammink
Assistant Administrator for Afghanistan and Pakistan Affairs
U.S. Agency for International Development

Mr. Herbert B. Smith
USAID Mission Director for Afghanistan

Encl: I- USAID Agency Comments for SIGAR-16-40-SP, dated November 29, 2016
II- Realized Geospatial Coordinates for 30 Inspected Health Facilities (under separate cover)

ENCLOSURE I: USAID AGENCY COMMENTS FOR SIGAR 17-18-SP, DATED 29 NOVEMBER 2016



USAID | AFGHANISTAN

MEMORANDUM

November 29, 2016

TO: John F. Sopko
Special Inspector General for
Afghanistan Reconstruction (SIGAR)

FROM: Herbert Smith, Mission Director *W*

SUBJECT: Mission Response to Draft SIGAR Review Letter titled:
“USAID-Supported Health Facilities in Baghlan” (SIGAR
SP-113E/SIGAR-17-YY-SP)

REF: SIGAR Transmittal email dated 11/15/2016

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

USAID welcomes the feedback that the 30 health facilities visited by SIGAR in Baghlan province are open, operational, and benefiting the local community. Per your review, the majority of community respondents reported the health facility was “very useful” for the community, and that feedback is helpful. This information is consistent with the monitoring information we receive from the World Bank and demonstrates that USAID resources, through the support we provide to the World Bank-administered System Enhancement for Health Action in Transition (SEHAT) program, continue to provide access to healthcare, even in remote, difficult-to-reach locations.

It is important to note that, while GPS coordinates are an extremely useful tool, there are alternate means by which these health facilities can be located. The Ministry of Public Health maintains a Health Management Information System which contains a list of all health facilities and includes (but is not limited to) the geographic location (including the provincial district), facility identification number, facility name and the physical address. As such, health facilities can be found through a variety of means, including the use of GPS coordinates, physical addresses and the assistance of the local population. For example, to ensure that clinics were delivering high quality care under the Partnership Contracts for Health (PCH) project, USAID mobilized local

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<http://afghanistan.usaid.gov>

Afghan staff and independent monitors familiar with the areas to visit, observe, and evaluate the health facilities. USAID/Afghanistan appreciates the utility offered by strong geospatial datasets and has recently finalized guidance for Mission project managers and implementing partners to standardize the collection of geospatial data. Additionally, the Agency is undertaking organizational steps to institutionalize the use of geospatial data inside USAID and across its U.S. Government and nongovernmental partners.

USAID remains committed to helping Afghans receive high-quality health care services through the World Bank-administered SEHAT program. These efforts continue the USAID-managed PCH project, which ended in June 2015, and previously supported the Ministry of Public Health (MoPH) to deliver basic health services to more than one million Afghans every month. The health facilities in Baghlan province that were previously funded under the USAID-managed PCH program, including those visited by SIGAR, are now being funded through the World Bank-managed SEHAT program. Thus, the responsibility for management and oversight of these health centers, including the potential use of geospatial coordinates, has transitioned to the Ministry of Public Health with the support of the World Bank-administered SEHAT project.

Lastly, we appreciate the information provided regarding the maintenance needs for several Afghan government-owned facilities. USAID will inform the World Bank and the Ministry of Public Health of these maintenance issues.