

SIGAR

**Special Inspector General for
Afghanistan Reconstruction**

OFFICE OF SPECIAL PROJECTS

**USAID SUPPORTED HEALTH FACILITIES IN KHOST
PROVINCE, AFGHANISTAN: OBSERVATIONS FROM 20
SITE VISITS**



NOVEMBER 2017

SIGAR-18-13-SP



November 27, 2017

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

Dear Administrator Green:

I am writing to report the results of site inspections to verify the locations and operating conditions at 20 USAID-supported public health facilities in Khost province, Afghanistan. The facilities we reviewed are supported by USAID through the World Bank-administered System Enhancement for Health Action in Transition (SEHAT) program, which is scheduled to run through June 2018.¹ Previously, the Ministry of Public Health (MoPH) received funds through direct bilateral assistance from USAID to fund operations at these health facilities.²

SIGAR found substantial inaccuracies in the geospatial coordinates USAID previously provided for many of these 20 health facilities, including 15 facilities that were at least 10 kilometers away from coordinates USAID provided. We also found that not all facilities had access to reliable electricity. USAID has made it clear that since the termination of the PCH program, it now relies almost exclusively on reports from the World Bank to provide oversight for its funds used to support those facilities. USAID's Automated Directive System (ADS) lists the World Bank as a Category 1 Public International Organization (PIO).³ ADS general guidance for grants to approved PIOs states that, "...once funds have been disbursed in accomplishment of a significant purpose of an award, the funds are no longer considered USAID's, and the Agency's policies and procedures...no longer apply."⁴ SIGAR maintains that, given USAID's intention to contribute approximately \$228 million to the World Bank's SEHAT program, USAID should take steps to ensure that its funds are used as intended.⁵ In the case of SEHAT, that means, in part, using accurate GPS data to help ensure that the correct populations are receiving intended health care services.

This is the seventh in a series of reports we have issued examining health facilities supported by USAID in provinces throughout Afghanistan.⁶ SIGAR also issued an Alert Letter

¹ The SEHAT program represents almost 52 percent of the USAID/Afghanistan health budget.

² For the purposes of this report, the term "direct bilateral assistance" refers to funding given directly by the U.S. government to the Afghan government. This is sometimes referred to as "G2G."

³ USAID, ADS 308maa, *List of Public International Organizations, A Mandatory Reference for ADS 308*, September 20, 2011. USAID's Delegated Cooperation Secretariat, which is coordinated and supported by several entities within USAID, including the Office of General Counsel and the Office of Chief Financial Officer, uses its discretion to approve certain organizations as Category 1 PIOs based on criteria, including the quality of the PIO's past performance on U.S. government- and other donor-funded projects, copies of the PIO's most recent audited financial statements, and copies of applicable policies and procedures (for example, financial management, procurement, property management, audits, and human resources).

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

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

⁶ SIGAR, *USAID Supported Health Facilities in Takhar Province: Observations from Site Visits to 35 Locations*, SIGAR 17-51-SP, July 6, 2017; SIGAR, *Review: USAID Supported Health Facilities in Ghazni Province*, SIGAR 17-34-SP, March 30, 2017; SIGAR, *Review Letter: USAID-Supported Health Facilities in Baghlan*, SIGAR 17-18-SP, December 12, 2016; SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016; SIGAR, *Review Letter: USAID-Supported Health Facilities in Kabul*, SIGAR 16-19-SP, January 5, 2016; and SIGAR, *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015.

regarding health facility 2132 in Khost province on August 1, 2017.⁷ SIGAR inspectors, analysts, and engineers believe that facility 2132 posed a danger to the safety of both staff and patients using the facility due to war damage sustained to the roof, walls, and support columns according to the staff.

We provided a draft of this report to USAID for comment on November 8, 2017. USAID provide comments on November 21, 2017. In its comments on a draft of this report, USAID stated that it is, “pleased to receive confirmation that the 20 health facilities visited by SIGAR in Khost Province were open, operational, and benefitting the local community.” USAID also acknowledged our finding that some global positioning system (GPS) coordinates provided by USAID to SIGAR in 2015 were inaccurate and that the current location information maintained Ministry of Public Health (MoPH) is similarly inaccurate, but that the ministry has undertaken efforts to update and improve upon the location information—which we also note in our report. USAID further states, “It is important to note, however that USAID and our implementing partners do not require GPS coordinates to locate or otherwise engage health centers at the provincial level” and that the agency, “would welcome the opportunity to meet with SIGAR to explain why GPS coordinates are viewed by the Mission as an unreliable tool in the Afghan context.” In its comments, USAID also discussed the utility of accurate location information. However, USAID’s position seems to directly contradict the oversight responsibilities outlined in its implementation letter with the Afghan government concerning SEHAT. As previously detailed, USAID’s implementation letter for the SEHAT program require it to perform several monitoring and oversight activities, including field visits and household surveys, that would be made easier by maintaining accurate location information for the clinics it supports. This information is also important to accurately report on accessibility to health care throughout the country. Nevertheless, we are committed to working with USAID to better understand their perspective. USAID’s comments are reproduced in appendix I.

We conducted our work in Washington, D.C.; Khost, Afghanistan; and Kabul, Afghanistan, from March 2017 through September 2017, 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. SIGAR performed this special project under the authority of Public Law No. 110-181 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 (703) 545-6051 or matthew.d.dove.civ@mail.mil.

Sincerely,



John F. Sopko
Special Inspector General
for Afghanistan Reconstruction

⁷ Alert Letter: *Structural Damage at Health Facility 2132*, SIGAR-17-59-SP, Tuesday, August 1, 2017.

CC:

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

Mr. Herbert B. Smith
USAID Mission Director for Afghanistan

Encl: I - Realized Geospatial Coordinates for 20 Inspected Health Facilities (under separate cover)

USAID's \$259.6 million Partnership Contracts for Health (PCH) program operated from July 2008 through June 2015 and supported the Afghan Ministry of Public Health (MoPH) in its delivery of health services to Afghans in 13 provinces. Following the conclusion of the PCH program on June 30, 2015, USAID began providing funding to support the same health facilities through the World Bank-administered System Enhancement for Health Action in Transition (SEHAT) program, which is scheduled to run through June 2018.⁸ The total USAID contribution to the SEHAT program is expected to be approximately \$228 million.⁹ To support the program, USAID contributes funds to the World Bank-administered Afghanistan Reconstruction Trust Fund (ARTF), and these funds are "preferenced" for the SEHAT program. The funds are used to support the same health care facilities in the 13 provinces where USAID previously administered its PCH program, including 31 facilities in Khost province.¹⁰

A key component of the PCH program in Khost was the use of detailed geospatial location information—in the form of global positioning system (GPS) coordinates—to ensure health facilities were in the appropriate locations to provide the intended population with needed health services. We maintain that accurate location-specific information, including geospatial coordinates, is critical to effective oversight.

This is the seventh in a series of reviews that SIGAR is conducting in provinces throughout Afghanistan examining USAID-supported health facilities.¹¹ To test the accuracy of USAID's information related to the facilities it supports, we used location data USAID provided in July 2015 to conduct limited site inspections and verify the location and operating condition of 20 USAID-supported health facilities in Khost province.¹² All of the 20 facilities we inspected were supported by USAID's PCH program, through June 2015, and are now supported by the SEHAT program.

At each site inspection, our team took time-, date-, and location-stamped photographs.¹³ Where possible, the following activities were also completed during the course of each site inspection:

- An overall assessment of the facility (outside and inside), recording, among other information, the geospatial coordinates of the facility, whether the facility appeared

⁸ 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.

⁹ 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.

¹⁰ USAID, *Implementation Letter Number 43-01: the Ministry of Public Health System Enhancement for Health Action in Transition (SEHAT) Program: USAID agreement to support SEHAT*, January 15, 2014. In response to SIGAR inquiries, USAID has stated that SEHAT was intended to continue supporting the clinics previously supported by PCH.

¹¹ SIGAR, *USAID Supported Health Facilities in Takhar Province: Observations from Site Visits to 35 Locations*, SIGAR 17-51-SP, July 6, 2017; SIGAR, *Review: USAID Supported Health Facilities in Ghazni Province: Observations from Site Visits to 30 Locations*, SIGAR 17-34-SP, March 30, 2017; SIGAR, *Review Letter: USAID-Supported Health Facilities in Baghlan*, SIGAR 17-18-SP, December 12, 2016; SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016; SIGAR, *Review Letter: USAID-Supported Health Facilities in Kabul*, SIGAR 16-19-SP, January 5, 2016; and SIGAR, *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015.

¹² SIGAR selected 20 facilities to inspect based on initial findings from geospatial analysis and site security assessments. We also obtained updated location information from the MoPH in May 2017.

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

to be open and operational, and whether the facility had reliable access to electricity and water, and an on-site pharmacy;

- An interview with a facility staff member; and,
- An interview with a member of the community served by the health facility.

Site inspections were conducted in March, April, and May of 2017, using the most recent location data provided by USAID. Our inspectors conducted limited site inspections lasting 1-2 hours and focused on the location of the health facility, whether the facility was open/active at the time of the visit, and observing and recording information about the physical structures and internal resources. The site inspections were limited in scope to minimize our visibility and potential impact on facility operations. The site inspections did not include comprehensive engineering evaluations of structures, testing of system (electrical or water) quality, or an evaluation of the quality of care being provided.

GEOSPATIAL COORDINATES REPORTED BY USAID FOR 15 OF THE 20 FACILITIES WERE 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 of all 20 facilities selected for a site inspection. Our visits to the 20 facilities revealed that the actual geospatial coordinates for 15 of the facilities were more than ten kilometers away from the coordinates provided by USAID.¹⁴ Specifically, we found that:

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

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

Since USAID submitted geospatial coordinates to SIGAR in 2015, MoPH has undertaken efforts to update and improve the location information it maintains for health facilities.¹⁵ SIGAR also obtained MoPH's location information for health facilities we visited in Khost to see if its information was more accurate than the information provided by USAID. Unfortunately, we found MoPH's data to be incomplete and similarly unreliable. The MoPH only possessed data for 11 of the 20 facilities we inspected. Of the 11 facilities for which MoPH had information, two of the facilities' coordinates were more than ten kilometers away from their actual location. Specifically, we found that:

- 6 facilities were less than 1 kilometer from the MoPH coordinates;

¹⁴ We used the province, district, name, and geospatial coordinates for each facility provided to us by USAID in July 2015.

¹⁵ . In our July 2017 review of USAID-supported health facilities in Takhar province, we commended MoPH on its efforts to improve oversight and data quality in that province (see, SIGAR, *USAID Supported Health Facilities in Takhar Province: Observations from Site Visits to 35 Locations*, SIGAR 17-51-SP, July 6, 2017.

- 2 facilities were within 1–5 kilometers from the MoPH coordinates;
- 1 facility was within 5–10 kilometers from the MoPH coordinates; and,
- 2 facilities were more than 10 kilometers from the MoPH coordinates.

9As 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.¹⁶ Please see Enclosure I for a list of the specific coordinates associated with each of the 20 facilities for which we performed a site inspection. **Note: Due to safety and security concerns, SIGAR is withholding Enclosure I from public release.**

OPERATIONAL CONDITIONS AT THE 20 HEALTH FACILITIES WE VISITED

All 20 of the health facilities we visited were open and operational. At each location we sought input from a community member near the facility to determine whether the facility was generally benefiting the population. We were able to conduct interviews with community members at 19 of the 20 facilities.¹⁷ All 19 of the community members we spoke with had visited the facility either for treatment themselves or in connection with the treatment of a family member. All 19 stated that the health facility was very useful for the community.

Our site inspections identified concerns and basic operational challenges at several health facilities, including a lack of reliable electricity at 8 of the 20 facilities.¹⁸ All of the facilities had access to running water and all had pharmacies.

Our site inspectors observed other concerns at many of the facilities, such as cracked walls, leaking roofs, and exposed wiring. While, in most cases, these problems did not appear to be negatively affecting operations, they do raise concerns regarding the overall safety of the facilities. At health facility 2132 we found structural damage that threatened the safety of facility staff, patients, and visitors and warranted an alert letter.¹⁹ The other 19 facilities did not show major signs of damage and were generally in good, working condition. Photo 1 shows an example of solar panels at facility 866, Photo 2 shows a dentistry ward at health facility 682, Photo 3 shows a treatment room at health facility 870, and Photo 4 shows an example of a maternity wing at Health Facility 1621.

¹⁶ SIGAR, Alert Letter: Structural Damage at Health Facility 2132, SIGAR-17-59-SP, August 1, 2017; SIGAR, *USAID Supported Health Facilities in Takhar Province: Observations from Site Visits to 35 Locations*, SIGAR 17-51-SP, July 6, 2017; SIGAR, *Review: USAID Supported Health Facilities in Ghazni Province, Observations from Site Visits to 30 Locations* SIGAR 17-34-SP, March 30, 2017; SIGAR, *Review Letter: USAID-Supported Health Facilities in Baghlan*, SIGAR 17-18-SP, December 12, 2016; SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016; SIGAR, *Review Letter: USAID-Supported Health Facilities in Kabul*, SIGAR 16-19-SP, January 5, 2016; and SIGAR, *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015.

¹⁷ No community members were present in the immediate vicinity of facility 2979.

¹⁸ Health Facilities 864, 871, 1618, 1959, 2132, 2237, 2565, 2567, and 2979, do not have consistent sources of power.

¹⁹ Alert Letter: *Structural Damage at Health Facility 2132*, SIGAR-17-59-SP, August 1, 2017.

Photo 1 - Solar Panels at Facility 866



Source: SIGAR, April 1, 2017.

Photo 2 - Dentistry Wing at Facility 682



Source: SIGAR, April 22, 2017.

Photo 3 - Treatment room at Facility 870



Source: SIGAR, April 10, 2017.

Photo 4 - Small Maternal Ward at Facility 1621



Source: SIGAR, May 1, 2017.

Finally, we observed that 19 of the 20 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 could be accidentally exposed to contaminated waste.²⁰ Photos 5 and 6 show easily accessible, open-air kilns used to dispose of waste at two facilities.

²⁰ Stuart Batterman, *Findings on an Assessment of Small-scale Incinerators for Health-care Waste*, World Health Organization, 2004; World Health Organization, *Safe Management of Wastes from Health-care Activities, 2nd edition*, 2014; The Council of State Governments, *Model Guidelines for State Medical Waste Management*, 1992.

Photo 5 – Accessible Open-Air Kiln at Facility 2565



Source: SIGAR, April 27, 2017.

Photo 6 - Accessible Open-air Kiln at Facility 2234



Source: SIGAR, April 5, 2017.

USAID RELIES ON THE WORLD BANK TO MONITOR THE FACILITIES IT SUPPORTS THROUGH THE SEHAT PROGRAM IN KHOST

Over the past several years, we have issued multiple letters highlighting safety and operational concerns, and have also called into question the accuracy of the geospatial coordinates of PCH- (now SEHAT-) supported health facilities throughout Afghanistan.²¹ 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.”²²

In February 2016, USAID told us:

When USAID was providing funding for PCH as a direct G2G [government-to-government] program we had responsibility for detailed information on the health facilities we were funding. Under SEHAT that responsibility lies with the World Bank and we rely on their systems to provide adequate oversight. As a program support donor, we are not in a position, nor do we desire to make the location of individual facilities our concern.²³

As part of our June 2016, review of health facilities in Badakhshan province, Afghanistan, we requested updated GPS 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

²¹ SIGAR, *Alert Letter: Structural Damage at Health Facility 2132*, SIGAR-17-59-SP, August 1, 2017; SIGAR, *Review: USAID Supported Health Facilities in Takhar Province: Observations from Site Visits to 35 Locations*, SIGAR 17-51-SP, July 6, 2017; SIGAR, *Review: USAID Supported Health Facilities in Ghazni Province, Observations from Site Visits to 30 Locations* SIGAR 17-34-SP, March 30, 2017; SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016; SIGAR, *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-1-SP, October 20, 2015; and SIGAR, *Review Letter: USAID-Supported Health Facilities in Kabul*, SIGAR 16-09-SP, January 5, 2016; SIGAR, *Inquiry Letter: Geospatial Coordinates for PCH Health Facilities*, SIGAR 15-67-SP, June 25, 2015; and SIGAR, *Alert Letter: PCH Health Facilities Coordinates Response*, SIGAR 15-82-SP, August 18, 2015.

²² USAID, *Response to the Inquiry Letter in PCH Health Facilities Coordinates (SIGAR Inquiry Letter-15-67-SP)*, July 1, 2015.

²³ SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016.

Afghan government, which USAID was unwilling to make.²⁴ USAID has made it clear that since the termination of the PCH program, it now relies almost exclusively on reports from the World Bank to provide oversight for its funds used to support those facilities. Despite USAID's concerns regarding the difficulties of making a specialized request to the Afghan government, SIGAR made such a request in May 2017 and was able to obtain the information from the MoPH.

USAID's Automated Directive System (ADS) lists the World Bank as a Category 1 Public International Organization (PIO).²⁵ 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."²⁶ 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..."

An August 2017 audit report from the USAID Office of Inspector General stated that, "USAID's oversight practices have not provided reasonable assurance that ARTF contributions are achieving its objectives" and concluded that, "USAID now has the opportunity to reevaluate its practices regarding ARTF, namely evaluating and reporting on performance, monitoring contributions and payments, and managing pipeline spending."²⁷ We agree with the USAID Office of Inspector General and maintain that, given USAID's intention to contribute approximately \$228 million to the World Bank's SEHAT program, USAID should take steps to ensure that its funds are used as intended. In the case of SEHAT, that means, in part, using accurate GPS data to help ensure that the correct populations are receiving intended health care services. USAID's implementation letter with the Afghan government concerning SEHAT affirms that responsibility and establishes the monitoring and reporting structure that USAID will use to oversee SEHAT. That letter, signed by the USAID Mission Director for Afghanistan and Afghanistan's Minister of Finance and Minister of Minister of Public Health, states:

Performance monitoring by USAID will be accomplished through field visits, analysis of Health Management Information System (HMIS) data, results of baseline and follow-on household surveys...third party verification of the HMIS data....²⁸

However, according to the USAID Office of Inspector General, "Most USAID officials we interviewed were not aware that evaluations of ARTF-funded activities were permitted

²⁴ SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016.

²⁵ USAID, *ADS 308maa, List of Public International Organizations, A Mandatory Reference for ADS 308*, September 20, 2011. USAID's Delegated Cooperation Secretariat, which is coordinated and supported by several entities within USAID, including the Office of General Counsel and the Office of Chief Financial Officer, uses its discretion to approve certain organizations as Category 1 PIOs based on criteria, including the quality of the PIO's past performance on U.S. government- and other donor-funded projects, copies of the PIO's most recent audited financial statements, and copies of applicable policies and procedures (for example, financial management, procurement, property management, audits, and human resources).

²⁶ USAID, *ADS 308, Awards to Public International Organizations*, September 20, 2011.

²⁷ USAID Office of Inspector General, *USAID Planning and Monitoring Gaps Weaken Accountability for Results Through the Afghanistan Reconstruction Trust Fund*, August 16, 2017, pp. 13-17.

²⁸ 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.

because the World Bank is a PIO.”²⁹ In January 2017, we inquired about USAID’s efforts to fulfill its obligations under the SEHAT implementation letter. In response, USAID stated:

For direct monitoring of the SEHAT activity, which is funded by a PIO grant, USAID relies on the World Bank’s monitoring policies and systems. The World Bank provides reports to USAID and other donors on SEHAT’s performance. USAID indirectly monitors the health sector through information furnished by off-budget projects which provide direct technical assistance to the Ministry of Public Health and SEHAT funded service providers at the national and facility level.³⁰

USAID has not performed the monitoring activities it committed to under the implementation letter, and has not conducted field visits to health facilities or analysis and verification of data necessary to ensure SEHAT operates in the manner agreed to with the Afghan government.

As we have previously reported, maintaining accurate GPS coordinates for the health facilities it supports is one important way USAID can help ensure any field visits USAID conducts, as agreed to with the Afghan government, are successful in locating the facilities and could be another tool USAID can use when analyzing and verifying HMIS data.³¹ 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.

Furthermore, in January 2017, the World Bank, the entity USAID has entrusted to carry out oversight of its planned \$228 million investment in SEHAT, told us that, “The World Bank is not involved in collecting or maintaining geospatial coordinates of health facilities.”³² Instead, the World Bank relies on the Afghan government to conduct oversight of individual facilities. According to the World Bank,

The MOPH has established a robust verification mechanism where the third party monitoring firm visits a sample of health facilities every six months and checks not only if the facility is open but also on availability of key inputs (drugs, staff and equipment) and verifies the accuracy of utilization data reported by the facility. The findings of third party monitor indicates [sic] a remarkable improvement on the quality of data report by health facilities on utilization of targeted health services. Regarding geospatial data, since 2014 MOPH has taken on many efforts to improve the accuracy of information related to GPS coordinates of facilities. However, this remains imperfect.³³

²⁹ USAID Office of Inspector General, USAID planning and Monitoring Gaps Weaken Accountability for Results through the Afghanistan Reconstruction Fund, August 16, 2017, p.14.

³⁰ USAID email response (January 19, 2017) to SIGAR email (January 13, 2017).

³¹ SIGAR, *Review Letter: USAID-Supported Health Facilities in Badakhshan*, SIGAR-16-40-SP, June 30, 2016.

³² World Bank email response (January 21st, 2017) to SIGAR email (January 6 2017). Responsible World Bank officials stated that the MOPH is responsible for updating and maintaining the HMIS database that contains information on such things as GPS coordinates, status, and utilization.

³³ World Bank email response (January 21st, 2017) to SIGAR email (January 6 2017).

Our analysis, supported by the Army Geospatial Center (AGC), indicates that some of the data currently available to MoPH, USAID, and the World Bank regarding individual facilities supported by SEHAT is unreliable and would not allow accurate reporting by health officials at the district and provincial level because available data is incomplete or places health facilities in incorrect locations.

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

CONCLUSION

USAID officials have previously told SIGAR that their agency is not collecting data on 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. USAID officials also noted that the agency does not intend to maintain coordinates for SEHAT clinics going forward and would instead rely on World Bank publications and the MoPH.

USAID's position regarding its monitoring responsibilities is troubling. In previous SIGAR reviews, 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. 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. Any future efforts USAID undertakes to fulfill the obligations outlined in its implementation letter for SEHAT would be bolstered if it maintained more accurate information regarding the health facilities it supports.

SIGAR encourages USAID to work with the MoPH and the World Bank to confirm and update the coordinates for the 20 facilities detailed in Enclosure I—particularly those facilities that were more than 10 kilometers away from the coordinates provided by MoPH. **As noted above, we are withholding Enclosure I 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 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 Afghan populations is actually reaching the intended communities.

AGENCY COMMENTS

We provided a draft of this report to USAID for comment on November 8, 2017. USAID provide comments on November 21, 2017. In its comments on a draft of this report, USAID stated that it is, “pleased to receive confirmation that the 20 health facilities visited by SIGAR in Khost Province were open, operational, and benefitting the local community.” USAID also acknowledged our finding that some global positioning system (GPS) coordinates provided by USAID to SIGAR in 2015 were inaccurate and that the current location information

maintained Ministry of Public Health (MoPH) is similarly inaccurate, but that the ministry has undertaken efforts to update and improve upon the location information—which we also note in our report. USAID further states, “It is important to note, however that USAID and our implementing partners do not require GPS coordinates to locate or otherwise engage health centers at the provincial level” and that the agency, “would welcome the opportunity to meet with SIGAR to explain why GPS coordinates are viewed by the Mission as an unreliable tool in the Afghan context.” In its comments, USAID also discussed the utility of accurate location information. However, USAID’s position seems to directly contradict the oversight responsibilities outlined in its implementation letter with the Afghan government concerning SEHAT. As previously detailed, USAID’s implementation letter for the SEHAT program require it to perform several monitoring and oversight activities, including field visits and household surveys, that would be made easier by maintaining accurate location information for the clinics it supports. This information is also important to accurately report on accessibility to health care throughout the country. Nevertheless, we are committed to working with USAID to better understand their perspective. USAID’s comments are reproduced in appendix I.

APPENDIX I – COMMENTS FROM USAID



USAID | **AFGHANISTAN**
FROM THE AMERICAN PEOPLE

MEMORANDUM

November 20, 2017

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

FROM: Herbert Smith, Mission Director 

SUBJECT: Mission Response to Draft SIGAR Review Letter titled:
“USAID Supported Health Facilities in Khost Province,
Afghanistan: Observations From 20 Site Visits” (SIGAR
SP-166A/SIGAR-18-XX-SP)

REF: SIGAR Transmittal email dated 11/09/2017

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

USAID is pleased to receive confirmation that the 20 health facilities visited by SIGAR in Khost Province are open, operational, and benefiting the local community. These are Afghan government run public health facilities supported by USAID through a centrally managed multi-donor trust fund. Per SIGAR review, the overwhelming majority of community respondents reported the health facility was “very useful” for the community. This information is consistent with the monitoring information USAID receives from the World Bank and other USAID-supported projects in the province. The feedback demonstrates that USAID resources continue to provide critical healthcare services, even in remote, difficult-to-reach locations, through the support provided to the World Bank-administered System Enhancement for Health Action in Transition (SEHAT) program.

USAID acknowledges SIGAR’s findings that some global position system (GPS) coordinates provided by USAID to SIGAR in 2015 in response to an audit inquiry were inaccurate, and that GPS information in the possession of the Ministry of Public Health (MoPH) also includes inaccuracies. It is USAID’s understanding that the MoPH has undertaken efforts to update and improve upon the location information it maintains for health facilities, which was provided by the non-governmental organization iMMAP in 2017. USAID

U. S. Agency for International Development
Great Massoud Road
Kabul, Afghanistan

Tel: 202-216-6288 / 0700-108-001
Email: kabulusaidinformation@usaid.gov
<http://afghanistan.usaid.gov>

also appreciates SIGAR's efforts in providing updated GPS coordinates for the health facilities it visited in Khost Province. The updated GPS information will be shared with the MoPH.

It is important to note, however, that USAID and our implementing partners do not require GPS coordinates to locate or otherwise engage health centers at the provincial level. In other words, inaccuracies in such GPS coordinates do not affect USAID implementing partners' ability to locate such facilities. Nor do they impede our implementing partners' ability to ensure that—as SIGAR writes—“the correct populations are receiving intended health care services.” USAID would welcome the opportunity to meet with SIGAR to explain why GPS coordinates are viewed by the Mission as an unreliable tool in the Afghan context.

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

Since receiving the August 2017 audit report from the USAID Office of Inspector General, noted in SIGAR's draft review, USAID has been working to ensure that all USAID/Afghanistan employees are fully aware that USAID has the right to evaluate activities financed by the Afghanistan Reconstruction Trust Fund, administered by the World Bank. As USAID informed SIGAR in January 2017, while it is not within USAID's scope of responsibility to monitor the on-budget management of MoPH-run health facilities (including the facilities maintenance issues raised by SIGAR), USAID does engage in monitoring of its off-budget health sector programs through a robust multi-tiered monitoring system, and, based on such monitoring, provides technical assistance to the MoPH and SEHAT-funded service providers at the national and facility level.

cc: Ravindral Suaris, Controller, USAID/Afghanistan
Joan Simon Bartholomaeus, U.S. Embassy/Kabul
OAPA Audit

APPENDIX II - ACKNOWLEDGEMENTS

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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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