

SIGAR

**Special Inspector General for
Afghanistan Reconstruction**

OFFICE OF SPECIAL PROJECTS

USAID SUPPORTED HEALTH FACILITIES IN FARYAB PROVINCE, AFGHANISTAN: OBSERVATIONS FROM 17 SITE VISITS



February 2019

SIGAR 19-20-SP



SIGAR

Office of the Special Inspector General
for Afghanistan Reconstruction

February 22, 2019

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

Dear Administrator Green,

This report discusses our findings from site visits at 17 USAID-supported public health facilities in Faryab province, Afghanistan. The facilities we reviewed are supported by USAID through the World Bank-administered System Enhancement for Health Action in Transition (SEHAT) program. The purpose of this review was to determine if the public health facilities were open, operational and adequately maintained and whether geospatial coordinates were accurate.

SIGAR found that all 17 facilities were open and operational, however, several facilities had minor structural issues (including cracked walls and leaking roofs) and not all facilities had access to reliable electricity.

Additionally, we found that the geospatial coordinates USAID provided for the facilities were generally accurate. Specifically, we found that nine facilities were located less than one kilometer away from the coordinates USAID provided; seven facilities were between one and five kilometers from the coordinates USAID provided; and one facility was more than 10 kilometers (approximately 13 kilometers) from the USAID-provided location. SIGAR also examined geospatial data the Ministry of Public Health (MoPH) is compiling. We found that MoPH geospatial coordinates also were generally accurate as we found that 14 facilities were less than one kilometer; one facility was between one and five kilometers; and two facilities were more than 10 kilometers from the MoPH provided locations.

This is the ninth in a series of reports we have issued examining health facilities supported by USAID in Afghanistan. We provided a draft of this review to USAID for comment on January 30, 2019. USAID provided comments on February 14, 2019. In its comments, USAID stated that it “will share SIGAR’s observations about the geospatial coordinate for the subject facilities with MoPH and World Bank.” Regarding SIGAR’s observed structural and electrical issues, USAID stated that it “will inform both the MoPH and the World Bank of SIGAR’s observations, and will request that the MoPH take appropriate action to remedy these matters.” USAID also provided technical comments, which we incorporated as appropriate. USAID’s comments are reproduced in Appendix I.

We conducted our work in Washington, D.C.; Faryab, Afghanistan; and Kabul, Afghanistan from May 2017 to January 2019 under the authority of Public Law No. 110-181, as amended, and the Inspector General Act of 1978, as amended; and in accordance with the Council of Inspectors General on Integrity and Efficiency (CIGIE) *Quality Standards for Inspection and Evaluation*. Should you or your staff have any questions about this project, please contact Mr. Benjamin Piccolo, Director of Special Projects, at (703) 545-2192 or benjamin.j.piccolo.civ@mail.mil.

Sincerely,



SIGAR

Office of the Special Inspector General
for Afghanistan Reconstruction

John F. Sopko
Special Inspector General
for Afghanistan Reconstruction

CC:

Karen Freeman Assistant to the Administrator for Afghanistan and Pakistan Affairs
U.S. Agency for International Development

Peter Natiello
USAID Mission Director for Afghanistan

BACKGROUND

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.¹ A follow-on program to the PCH program was the System Enhancement for Health Action in Transition (SEHAT) program, which ended in June 2018. The SEHAT program was administered by the World Bank and USAID was expected to provide approximately \$228 million to the Afghanistan Reconstruction Trust Fund (ARTF) in support of the program which supported the same health facilities as the PCH program to include the 17 facilities we reviewed.² The follow-on program to the SEHAT program is the World Bank administered SEHAT Mundi program.³

A key component of the PCH program in Faryab was the use of detailed geospatial location information—in the form of global positioning system (GPS) coordinates—which can be used to verify that health facilities constructed under the program are in locations likely to provide the intended population with needed health services. Accurate location-specific information, including geospatial coordinates, is critical to effective oversight.

This is the ninth in a series of reviews that SIGAR is conducting in provinces throughout Afghanistan examining USAID-supported health facilities, and it contains information on the location, operational status, and condition on 17 of the 51 USAID-supported health facilities in Faryab.⁴ Security concerns prevented us from travelling to the remaining facilities.

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 17 USAID-supported health facilities in Faryab province.⁵ All 17 facilities we inspected were supported by USAID's PCH program, through June 2015, and were, at the time of our visits, supported by the SEHAT program.

We worked jointly with an Afghan civil society organization to perform limited inspections of the health facilities. At each site inspection, that team took time-, date-, and location-stamped photographs.⁶ 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 was 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,

¹ USAID initially supported health care facilities in 13 provinces through the Partner Contracts for Health (PCH) Program.

² 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.

³ Specific details of this program were still being finalized at the time we completed our review and USAID had not yet signed an implementation letter for the program (December 3, 2018). The final total dollar amount for SEHAT Mundi is still under consideration, but those funds will continue to be provided through the ARTF.

⁴ SIGAR, *USAID Supported Health Facilities in Kandahar Province Afghanistan: Observations from 9 Site Visits*, SIGAR 18-55-SP, June 7, 2018; SIGAR, *USAID Supported Health Facilities in Khost Province Afghanistan: Observations from 20 Site Visits*, SIGAR 18-13-SP, November 27, 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*, 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 16-09-SP, January 5, 2016; and SIGAR, *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-01-SP, October 20, 2015.

⁵ SIGAR selected 17 facilities to inspect based on findings from geospatial analysis and site security assessments. We also obtained updated location information from the MOPH in May 2017.

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

- An interview with a member of the community served by the health facility.

Site inspections were conducted in July and August 2017, using data provided by USAID. The site inspections, lasting 1-2 hours, 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, complete testing of system (electrical or water) quality, or an evaluation of the quality of care being provided.

GEOSPATIAL COORDINATES OF HEALTH FACILITIES REPORTED BY USAID AND MOPH WERE GENERALLY ACCURATE

Geospatial coordinates of health facilities reported by USAID and MoPH, respectively, were generally accurate compared to the actual coordinates observed by SIGAR. MoPH, which provided more recent data, showed most coordinates were less than 1 kilometer from actual coordinates taken by SIGAR.

For USAID-provided data, using province, district, facility name, and geospatial coordinates for each facility, we confirmed the existence and basic operation of all 17 facilities selected for a site inspection. Our visits to the 17 facilities revealed that the actual geospatial coordinates for 16 of them were within 5 kilometers of the coordinates provided by USAID. Specifically, we found that:

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

In one case 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. Enclosure I contains a list of the specific coordinates associated with each of the 17 facilities for which we performed a site inspection. This enclosure will not be publicly released due to safety and security concerns.

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. SIGAR also obtained MoPH's location information in May 2017 for health facilities we visited in Faryab to check the accuracy of that data. We found that MoPH's location information to be more accurate than USAID's location information. Specifically, for MoPH we found that of the 17 facilities:

- 14 facilities were less than 1 Kilometer from MoPH coordinates;
- 1 facility was within 1-5 kilometers from MoPH coordinates: and,
- 2 facilities were more than 10 kilometers from the MoPH coordinates

Table 1 - Comparison of USAID and MoPH Coordinates for Faryab Health Facilities

Faryab Health Facilities	Less than 1km	Within 1-5km	More than 10km
USAID Coordinates	9	7	1
MoPH Coordinates	14	1	2

Source: SIGAR

ALL 17 HEALTH FACILITIES WE VISITED WERE OPEN AND OPERATIONAL BUT SEVERAL NEEDED MAINTENANCE

All 17 of the health facilities we visited were open and operational. At each location, we obtained 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 who had visited the facility either for treatment themselves or in connection with the treatment of a family member at 16 of 17 facilities, and all 16 interviewees stated that the health facility was very useful for the community.⁷

However, we observed some operational challenges at several health facilities, which raise safety concerns. For example, two did not have any access to electricity, and officials we interviewed at three others stated that they had limited or intermittent electricity.⁸ In addition, while none of the facilities showed significant signs of structural damage. Two of the facilities had leaking roofs, and others had exposed wiring. These problems did not appear to be negatively affecting operations, but they do raise concerns regarding the safety of the facilities and their long term viability.

Photo 1 an exposed outlet in close proximity to a shower at facility 2045; Photo 2 shows exposed wiring at facility 605; and Photo 3 a possible leaking ceiling at facility 1918; Photo 4 shows a cracked interior hallway at facility 599; Photo 5 shows exposed ceiling wire at facility 603, and Photo 6 shows peeling paint at facility 2080.

Photo 1 - Exposed Outlet Underneath Shower at Facility 2045



Source: SIGAR, August 13, 2017

Photo 2 - Exposed Wiring at Facility 605



Source: SIGAR, June 21, 2017

⁷ SIGAR did not conduct a community interview at health facility 2992 because that health facility is located inside a prison.

⁸ Health facilities 2045 and 2659 did not have access to electricity. Additionally, staff at three health facilities (598, 599, 1558) that had electricity, cited problems with their electrical supply.

Photo 3 - Possible leaking ceiling at Facility 1918



Source: SIGAR, June 18,2017

Photo 4 - Cracked interior hallway at Facility 599



Source: SIGAR, August 15, 2017

Photo 5 - Exposed Ceiling Wire at Facility 603



Source: SIGAR, August 8,2017

Photo 6 - Peeling Paint at Facility 2080



Source: SIGAR, June 22, 2017

CONCLUSION

The geospatial coordinates USAID and MoPH provided to our office related to 17 clinics in Faryab province were generally accurate. For several years, we have reported that accurate geospatial information assists agencies and implementers with oversight and can help the U.S. government verify whether Afghan communities are receiving the intended benefits of programs like SEHAT.

All 17 clinics we visited were open, operational, and considered useful to the community but nearly all had deficiencies and 5 had limited or no access to electricity. SIGAR is concerned that a lack of maintenance to these facilities might hamper the long-term impact of the SEHAT program.

AGENCY COMMENTS

We provided a draft of this review to USAID for comment on January 30, 2019. USAID provided comments on February 14, 2019. In its comments, USAID stated that it “will share SIGAR’s observations about the geospatial coordinate for the subject facilities with MoPH and World Bank.” Regarding SIGAR’s observed structural and electrical issues, USAID stated that it “will inform both the MoPH and the World Bank of SIGAR’s observations, and will request that the MoPH take appropriate action to remedy these matters.” USAID also provided technical comments, which we incorporated as appropriate. USAID’s comments are reproduced in Appendix I.



USAID | **AFGHANISTAN**
FROM THE AMERICAN PEOPLE

MEMORANDUM

February 14, 2019

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

FROM: Peter Naticchio, Mission Director

SUBJECT: Mission Response to Draft SIGAR Special Project Report
titled: “USAID Supported Health Facilities in Faryab
Province, Afghanistan: Observations from 17 Site Visits”
(SIGAR-19-XX-SP/SP-167)

REF: SIGAR Transmittal email dated January 30, 2019

USAID thanks SIGAR for the opportunity to comment on the subject draft report.

USAID is pleased to learn that SIGAR reported and observed that all 17 Government of the Islamic Republic of Afghanistan (GIROA) Ministry of Public Health (MoPH) health facilities in Faryab Province were open and operational during its site visits. As noted in the draft report, these facilities were supported under the World Bank-managed System Enhancement for Health Action in Transition (SEHAT) program, a component of the World Bank-managed multi-donor Afghanistan Reconstruction Trust Fund (ARTF). As further noted, USAID supports ARTF through our program contribution type Public International Organization (PIO) grant to the World Bank.

USAID is also pleased to learn that geospatial coordinates provided by USAID and the MoPH for the 17 health facilities were accurate in the majority of the cases. We also note SIGAR’s recognition that the MoPH has undertaken efforts to update and improve location information it maintains for MoPH health

facilities. USAID will share SIGAR's observation about the geospatial coordinates for the subject facilities with the MoPH and World Bank.

The draft report states that SIGAR observed structural issues (including cracked walls and leaking roofs) and a lack of reliable electricity at some facilities. USAID will inform both the MoPH and the World Bank of SIGAR's observations, and will request that the MoPH take appropriate action to remedy these matters.

The draft report includes several statements, highlighted below, that USAID believes are inaccurate and we request that SIGAR remove these statements from the final report, or revise the statements so that they are factually accurate.

First, page 1 of the draft report refers to the SEHAT program as a follow-on to USAID's Partnership Contracts for Health (PCH) program. This is incorrect. The SEHAT program is a World Bank-managed ARTF program and not a USAID follow-on program. Please correct this error in the final report.

Second, page 3 of the draft report states that USAID relied upon the MoPH and the World Bank to monitor the health facilities supported through the World Bank-managed ARTF SEHAT program in Faryab. USAID did not and does not rely on the MoPH to monitor the World Bank-managed SEHAT program and we request that this statement be deleted from the final report. It appears that SIGAR may have confused USAID's statements about receiving data from the MoPH's Health Management Information System (HMIS) (discussed below) as part of our overall approach to monitoring and evaluation of health facilities. Use of HMIS data does not translate to USAID's reliance on the MoPH to monitor the subject health facilities.

Under the terms of USAID's PIO program contribution grant to the World Bank for ARTF, USAID, as did other donors, agreed to the World Bank's monitoring program for ARTF-funded programs. However, as we have previously explained to SIGAR, USAID did not and does not *rely exclusively* on the World Bank's monitoring program for the health facilities that are the subject of the draft report. In addition to World Bank monitoring information, USAID utilizes other multiple methods to monitor and analyze the program. These include:

- USAID's Third Party Monitoring (TPM): USAID's own TPM mechanism monitors OHN's off-budget activities. The majority of the off-budget

activities provide direct technical assistance to SEHAT-supported health facilities. Hence, in monitoring the health facilities under our off-budget program that also receive support under the World Bank-managed SEHAT program, we are monitoring the SEHAT-supported facilities.

- Quadripartite meetings among the World Bank ARTF SEHAT/Sehatmandi team and donors who preference funds for SEHAT, including USAID, the Canadian Embassy, and the European Union. These meetings act as a forum for the World Bank to report out and for the prime SEHAT funders to question performance.
- USAID participation in the Health Development Partners Forum (HDPF): HDPF features regular presentations (including time for questions and answers) from KIT Royal Tropical Institute of the Netherlands, the World Bank-contracted third party monitor (TPM) for SEHAT (hereinafter WB-TPM).
- Health Management Information System (HMIS): HMIS is a health facility based information system that provides quarterly indicator information to MoPH, donors (including USAID) and other stakeholders. The Mission uses this information to measure SEHAT performance and reports on them in the Performance Plan and Report (PPR).
- WB-TPM: In addition to reporting out at HDPF, WB-TPM regularly monitors MoPH contractors managing health facilities supported through SEHAT and provides reports on a biannual basis. This monitoring also includes a nationally representative household survey that is conducted every two years.
- Afghanistan Demographic and Health Survey (DHS): The DHS is a USAID-funded nationally representative survey which measures the impact of SEHAT and other health activities at the community level. USAID supported the completion of the Afghanistan 2015 DHS.

Based on the above, USAID requests that SIGAR correct the final report to state that USAID uses a number of tools, including its own TPM mechanism, to monitor the health facilities under the SEHAT program.

Third, page 4 of the draft report refers to a USAID OIG report that stated that certain employees were unaware that evaluations of ARTF-funded activities were permitted. Since the report's issuance in August 2017, USAID has taken many efforts to address the related recommendation such as the issuance of a Mission Notice guiding personnel on the right to review and evaluate the ARTF as well as amending the Agreement Officer's Representative's and Activity Manager's

designation letters to include guidance of the option to propose outside evaluation. Based on the above, USAID requests that SIGAR revise the statement to include the report's date as the statement is not correct as stated.

Lastly, the draft report states that USAID did not perform many of the monitoring activities it committed to under Implementation Letter No. 43-01. As demonstrated above, USAID uses a number of tools, including its own TPM mechanism, to monitor the health facilities under the SEHAT program. We therefore request that the statement be deleted from the final report as it is inaccurate.

cc: Elizabeth A. Chambers, Controller, USAID/Afghanistan
Kristian Moore, U.S. Embassy/Kabul
OAPA Audit
John Eyres, OHN Office Director, USAID/Afghanistan
Paige Miller, Acting OPPD Office Director, USAID/Afghanistan

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under project code SP-167.

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:

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- improve contracting and contract management processes;
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- advance U.S. interests in reconstructing Afghanistan.

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