

# SIGAR

**Special Inspector General for  
Afghanistan Reconstruction**

**OFFICE OF SPECIAL PROJECTS**

## USAID SUPPORTED HEALTH FACILITIES IN BAMYAN PROVINCE, AFGHANISTAN: OBSERVATIONS FROM 44 SITE VISITS



April 2019

SIGAR 19-34-SP



**SIGAR**

Office of the Special Inspector General  
for Afghanistan Reconstruction

April 19, 2019

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

Dear Administrator Green,

This report discusses our findings from site visits at 44 USAID-supported public health facilities in Bamyán province, Afghanistan. The facilities we reviewed were 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 most of the facilities we inspected were open, in use, and in good condition. However, we observed health and safety conditions at facilities that may warrant closer attention. Of 44 facilities, 4 lacked access to electricity and 7 lacked access to clean drinking water. Additionally, our inspectors interviewed 43 community members regarding their past experiences and impressions of the facilities. All 43 interviewees considered the health facilities to be “very useful” for the community.

We also found that the geospatial coordinates USAID provided for the facilities were generally not accurate. However, geospatial coordinates provided by the Ministry of Public Health (MOPH) were generally accurate. We found that 40 of 44 facilities were within 5km facilities from the MOPH recorded locations. Of these 40 facilities, 34 were within 1km from their geo-coordinates on file.

This is the final in a series of 10 provincial reports we have issued examining health facilities supported by USAID in Afghanistan. We provided a draft of this review to USAID for comment on April 08, 2019. USAID provided comments on April 16, 2019. In its comments, USAID stated that in addition to sharing this report with the Ministry of Public Health (MOPH) and the Provincial Health Director in Bamyán, USAID “will also request that the MOPH provide USAID with an update on the actions taken to address the health and safety concerns within 90 days of the receipt of the report.” USAID’s comments are reproduced in appendix I.

We conducted our work in Washington, D.C.; Bamyán, Afghanistan; and Kabul, Afghanistan from September 2018 to March 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](mailto:benjamin.j.piccolo.civ@mail.mil).

Sincerely,

John F. Sopko  
Special Inspector General  
for Afghanistan Reconstruction



**SIGAR**

Office of the Special Inspector General  
for Afghanistan Reconstruction

CC:

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

Peter Natiello  
USAID Mission Director for Afghanistan

## BACKGROUND

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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. In addition to the PCH program, USAID supported the World Bank administered System Enhancement for Health Action in Transition (SEHAT) program, from February 2013 until it ended in June 2018. As of July 2018 USAID contributed approximately \$218.7 Million to the SEHAT program through a Public International Organization (PIO) grant to the World Bank Administered Afghanistan Reconstruction Trust Fund (ARTF).<sup>1</sup> Since the conclusion of SEHAT, the World Bank has initiated a follow-on, Sehatmandi program that USAID intends to continue to support.<sup>2</sup> These projects were intended to expand the scope, quality, and coverage of health services provided to the Afghan Public by the MoPH.

A component of the PCH program in Bamyan was the use of detailed geospatial location information—in the form of global positioning system (GPS) coordinates—to verify that health facilities constructed under the program were in locations to provide the intended population with needed health services. As we have reported in the past, accurate location-specific information, including geospatial coordinates, is also critical to provide effective oversight and support data systems.

This is the tenth and final in a series of reviews that SIGAR conducted in provinces throughout Afghanistan examining USAID-supported health facilities.<sup>3</sup> It contains information on the location, operational status, and condition of 44 USAID-supported health facilities in Bamyan.

To test the accuracy of USAID's information related to the facilities it supports, we used location data USAID provided in January 2018 to conduct limited site inspections and verify the location and operating condition of 44 USAID-supported health facilities in Bamyan province. These facilities were supported by USAID's PCH program, through June 2015, and later supported by the World Bank administered, USAID-supported 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.<sup>4</sup> 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,
- An interview with a member of the community served by the health facility.

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<sup>1</sup> 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.

<sup>2</sup> 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 Sehatmandi is still under consideration, but those funds will continue to be provided through the ARTF.

<sup>3</sup> SIGAR, *USAID Supported Health Facilities in Faryab Province, Afghanistan: Observations From 17 Site Visits*, SIGAR-19-20-SP, February 22, 2019; 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 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 16-09-SP, January 5, 2016; and SIGAR, *Alert Letter: USAID-Supported Health Facilities in Herat*, SIGAR 16-01-SP, October 20, 2015.

<sup>4</sup> Nearly all photographs contained time, date, and location stamps; however, at some locations, there were individual photographs that did not contain geospatial stamping.

Site inspections occurred in September and October 2018, using data provided by USAID. Our site visits were generally limited to 1 – 3 hours, and were limited in scope to minimize the 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 MOPH WERE GENERALLY ACCURATE, BUT COORDINATES PROVIDED BY USAID WERE NOT.**

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Geospatial coordinates provided by the MOPH were generally accurate. Whereas data provided by USAID were generally not accurate.

USAID-provided us with geospatial coordinates for the 44 health facilities in January 2018. Our site inspectors used the coordinates and 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. Once they located the facilities they recorded the coordinates. Our comparison of the actual coordinates with the coordinates provided by USAID showed that only 4 of the 44 facilities were within 5 kilometers. Specifically, we found:

- none of the facilities were less than 1 kilometer from the USAID coordinates;
- four facilities were within 1–5 kilometers from the USAID coordinates;
- three facilities were within 5-10 kilometers from the USAID coordinates; and
- thirty three facilities were more than 10 kilometers from the USAID coordinates.
- USAID did not have coordinates for four of the facilities.<sup>5</sup>

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

During the review we obtained coordinates maintained by the MOPH. We found that the MOPH geospatial coordinates for 40 of 44 facilities (or more than 90%) were within 5 kilometers of the actual coordinates recorded by our inspectors. Specifically, for MoPH we found:

- thirty four facilities were less than 1 Kilometer from MoPH coordinates;
- six facilities were within 1-5 kilometers from MoPH coordinates;
- two facilities were within 5-10 kilometers from MoPH coordinates; and
- one facility was more than 10 kilometers from the MoPH coordinates
- one facility had no coordinates on file.

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<sup>5</sup> Three coordinate sets were missing, a fourth was not formatted into a usable coordinate.

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

Bamyan Health Facilities	Less than 1km	Within 1-5km	Within 5-10km	More than 10km	Information Unavailable
USAID Coordinates	0	4	3	33	4
MoPH Coordinates	34	6	2	1	1

Source: SIGAR

**MOST FACILITIES WERE OPEN, OPERATIONAL, IN GOOD CONDITION, AND PERCEIVED AS BENEFICIAL BY COMMUNITY MEMBERS, BUT WE OBSERVED HEALTH AND SAFETY CONDITIONS THAT MAY WARRANT CLOSER ATTENTION.**

Most of the facilities we inspected were open, operational, in good condition, and perceived as beneficial by local community members, however, we did observe some health and safety conditions that may warrant concern.

During inspections, we observed that all 44 facilities possessed pharmacies and handwashing stations within treatment rooms; 40 facilities had electricity but 28 of the 40 noted, however that electricity was intermittent due to, among other things, poor wiring or power generation issues. Thirty-seven facilities reported having access to clean drinking water on site. The remaining 7 reported difficulties with well malfunctions, or needing to bring water in from other sources including nearby rivers and streams.<sup>6</sup>

At each location, we interviewed staff and community members near the facility to determine whether the facility was generally benefitting the population. We were able to conduct interviews with 43 community members who had visited the facility either for treatment of themselves or in connection with the treatment of a family member.<sup>7</sup> All interviewees stated that the facilities were very useful for the community.

Although most facilities were in good condition, we observed instances of cracked walls, leaking roofs, and other non-structural defects that did not appear to negatively affect operations. We also observed that facility 2358 was a two room building and construction of another clinic 2 kilometers away from this facility was never completed. Finally, at some locations, we observed potential health or safety hazards at facilities that may be cause for concern.

Photo 1 shows severe cracks in a wall of facility 2549; Photo 2 shows an apparently abandoned health facility construction project near facility 2358; Photo 3 shows roof damage caused by rocks falling from a nearby hillside according to staff at facility 1571; and Photo 4 shows a potential health concern in the restroom of facility 801.

<sup>6</sup> Facilities 1062, 1739, 1878, 2321, 2764, 2768, and 3001, reported not have access to clean drinking water due to insufficient ground water, poor pipes, or other concerns. However, at the time of our inspection, MOPH was constructing a new health facility to replace facility 2764.

<sup>7</sup> One facility was a prison health center, as such no interview with community members occurred.

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**Photo 1 - Wall Cracks at Health Facility 2549**



Source: SIGAR, October 02, 2018

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**Photo 2 - A partially constructed but abandoned health facility near Health Facility 2358**



Source: SIGAR, September 13, 2018

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**Photo 3 - Damaged Roof at Facility 1571**



Source: SIGAR, September 22, 2018

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**Photo 4 - Potential Mold in restroom of facility 801**



Source: SIGAR, September 19, 2018

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We also observed that many of the inspected facilities possessed medical waste incinerators that conformed to best practices.<sup>8</sup> For instance, one fourth were clearly marked, more than half were well-constructed, and more than two thirds were isolated and well-situated containers for medical waste disposal. However, we observed that roughly one fifth of facilities possessed incinerators may pose a hazard to staff and facility visitors due to either their condition or their location. Photos 5 and 6 display two such examples. Photo 5 shows a damaged drum incinerator and burial pit at facility 2321 and Photo 6 shows an unmarked, poorly positioned and substandard incinerator at facility 496.

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<sup>8</sup> Best practices include recommendations for chimney height, location, and other safeguards to protect users and community members outlined in Stuart Batterman, *Findings of an Assessment of Small-scale Incinerators for Health-Care Waste*, World Health Organization, 2004 and *Safe Management of Wastes from Health-Care Activities*, Second Edition, World Health Organization, 2014.

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Photo 5 - Substandard Medical Waste Disposal at Facility 2321



Source: SIGAR, September 26, 2018

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Photo 6 - Unmarked, un-cordoned substandard incinerator at facility 496



Source: SIGAR, October 02, 2018

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## CONCLUSION

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All 44 facilities SIGAR inspected in Bamyan province, Afghanistan were operational, most were in good condition, and all 43 community members we interviewed considered these facilities to be very useful to the community. Forty facilities had access to electricity but staff at 28 clinics stated that they frequently had electrical outages. Thirty-seven had access to clean drinking water but staff at 7 clinics indicated issues with wells or piping that forced staff to seek clean water from other sources. Although the majority of facilities were in good condition, a small number of health and safety concerns were observed. Many of the medical waste incinerators observed were well-constructed, well-situated, and isolated from easy or accidental public access but a few were in disrepair or posed potential health issues for staff and patients.

We also found that the geospatial coordinates that USAID provided us were generally not accurate. However, coordinates provided by the MOPH 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.

## RECOMMENDATION

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To help ensure that USAID has accurate location data for the health clinics it supports, we recommend that USAID update its geospatial coordinates and share this review with the MOPH so they can update their records and so that the structural and other deficiencies we identified can be brought to the attention of those responsible for addressing them.

## AGENCY COMMENTS

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We provided a draft of this review to USAID for comment on April 08, 2019. USAID provided comments on April 16, 2019. In its comments, USAID stated that in addition to sharing this report with the Ministry of Public Health (MOPH) and the Provincial Health Director in Bamyan, USAID "will also request that the MOPH provide USAID with an update on the actions taken to address the health and safety concerns within 90 days of the receipt of the report." USAID's comments are reproduced in appendix I.

## APPENDIX I: AGENCY COMMENTS

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### MEMORANDUM

April 16, 2019

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

**FROM:** Peter Natriello, Mission Director

**SUBJECT:** Mission Response to Draft SIGAR Special Project Report titled: "USAID supported health facilities in Bamyan Province, Afghanistan: Observations from 44 site visits" (SIGAR-19-XX-SP/SP-215)

**REF:** SIGAR Transmittal Email dated April 8, 2019

USAID would like to thank SIGAR for the opportunity to comment on the referenced draft report.

USAID notes that SIGAR observed and reported that the 44 health facilities they inspected are operational, most are in good condition, and all 43 community members interviewed considered the facilities to be very useful to the community. Also, SIGAR reported that 40 facilities had access to electricity; 37 facilities had access to clean drinking water on site; all 44 facilities possessed pharmacies and hand-washing stations within treatment rooms; and that many of the medical waste incinerators observed were well-constructed, well-situated, and isolated from easy or accidental public access.

In the draft report, SIGAR states that a small number of health facilities had health and safety concerns. Roughly one fifth of facilities possessed incinerators that may pose a hazard to staff and facility visitors; seven facilities reported difficulties with water including well malfunctions, or needing to bring water in from other sources; and 70% of the 40 facilities with electricity experienced frequent outages. Additionally, SIGAR states that there were instances of

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cracked walls, leaking roofs, and other non-structural defects that did not appear to negatively affect operations, and that GPS coordinates that USAID provided were generally inaccurate. As a result of these observations, SIGAR made the following recommendation:

*"To help ensure that USAID has accurate location data for the health clinics it supports, we recommend that USAID update its geospatial coordinates and share this review with the Ministry of Public Health (MOPH) so that they can update their records and so that the structural and other deficiencies we identified can be brought to the attention of those responsible for addressing them."*

USAID agrees with this recommendation and USAID will share a copy of SIGAR's final report with the MOPH and the Provincial Health Director in Bamyan. USAID will also request that the MOPH provide USAID with an update on the actions taken to address the health and safety concerns within 90 days of the receipt of the report.

Based on the above, USAID requests that this recommendation be closed by SIGAR upon receipt of this USAID memorandum.

cc: Elizabeth A. Chambers, Controller, USAID/Afghanistan  
Kristian Moore, U.S. Embassy/Kabul  
OAPA Audit  
James Borger, Acting Education Office Director, USAID/Afghanistan  
Lacy Kilraine, Office of Program and Project Development Office  
Director, USAID/Afghanistan

This project was conducted  
under project code SP-215.

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- improve contracting and contract management processes;
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