




MEMORANDUM

7/1/2015

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

FROM: Donald L. "Larry" Sampler 
Assistant to the Administrator for
Afghanistan and Pakistan Affairs (OAPA)

SUBJECT: Response to the Inquiry Letter on PCH Health Facilities Coordinates
(SIGAR Inquiry Letter-15-67-SP)

REF: SIGAR-15-67-SP-IL- PCH Health Facilities Coordinates dated June
26, 2015

USAID appreciates SIGAR's attention to the Partnership Contracts for Health (PCH) program. USAID's PCH program provides support for the delivery of the Ministry of Public Health's (MoPH) Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) in more than 600 health facilities, including district hospitals, comprehensive health centers, basic health centers, and sub-health center clinics across Afghanistan, as well as five provincial hospitals and more than 6,000 health posts.

USAID regrets that the data and information SIGAR utilized for the basis of this inquiry was not verified with us sooner, given this particular set is something MoPH is continually updating and refining. We hope to consult closely with SIGAR in the future as this data is further refined and welcome continuing working level communication.

USAID confirms that meaningful oversight of PCH facilities is occurring by both the MoPH and USAID. USAID has found that GPS is not the best and certainly

not the only tool to monitor PCH. As a matter of fact, the nature of the PCH program, as a service-delivery program, necessitates a different monitoring approach. Thus, the lack of precise geospatial data in most cases does not interfere with our ability to effectively monitor PCH.

The primary objective of monitoring service-oriented projects like PCH is to verify that communities are receiving the intended basic health services. Such monitoring, particularly in non-urban areas, relies upon USAID's ability to mobilize Afghans familiar with the area and the communities they monitor. While USAID endeavors to utilize GPS to enhance our data collection, monitors -- whether they are affiliated with USAID or the MoPH-- do not require the precise coordinates of the facility of interest to find the facility and provide effective oversight. Coordinates can help, but are not required, to locate the target community and to serve as a cross reference to USAID or MoPH.

USAID is aware of precision issues associated with the latitude and longitude locations in the MoPH's database, which USAID shared with SIGAR in May 2014. In the past, some Afghan ministries would use the location of a village center as the coordinates for a facility, particularly when there was limited access to GPS technology. Nonetheless, USAID is taking advantage of technological progress and is currently working with the MoPH to provide map support and to update older and sometimes inaccurate GPS coordinates.

The MoPH is also currently collecting new coordinates for its health facilities. Phase I of this effort, which is supported by the World Health Organization, has collected GPS coordinates for all health facilities in 14 provinces (Nangarhar, Kunar, Laghman, Nooristan, Paktya, Paktika, Khost, Ghazni, Logar, Wardak, Helmand, Kandahar, Farah, and Uruzgan). Phase II will be conducted by the MoPH Health Information Systems Directorate, which is using Google Earth software to identify the facilities in the remaining 20 provinces. The intent of this process is to establish coordinates that are within 500 meters or less of the actual facility. The data is currently being analyzed and the MoPH hopes to have the new coordinates ready in the next few weeks. This data will only be released subject to approval of the Ministry.

In the interim, please find attached the Ministry of Public Health's most recent list of 664 healthcare facilities supported by USAID. USAID has analyzed the data and found 590 mappable sets of coordinates (coordinates are not mappable if they do not identify a specific point on a map). After correcting latitude and longitude reversals, all 590 coordinates are in Afghanistan (the USAID reviewed and corrected list of PCH facilities is also attached). Additionally, USAID has matched 12 of the facilities which SIGAR identified as outside of Afghanistan from the May 2014 data and, based on the updated list of facilities, plotted all 12 sites within Afghanistan. The coordinates for the 13th site which SIGAR identified as outside of Afghanistan cannot be accurately mapped as both the latitude and longitude are the same (see attachment 2).

As USAID has previously briefed SIGAR, our oversight approach is multi-faceted. In addition to USAID hired third-party monitors and Foreign Service National staff, the PCH Grants Contract Management Unit (GCMU) within the MoPH has staff in Kabul who travel to visit, monitor and evaluate the PCH health facilities in all 13 provinces where PCH is active.¹ These GCMU monitoring and evaluation consultants meet with USAID at least every two months (or immediately if a particular situation required urgent attention) to discuss their findings and challenges. Each province submits formal monitoring and evaluation reports with details about the province's contract management, human resources, quality improvement, supervision and monitoring for the Health Management Information Systems department in the MoPH, training, pharmacy management, procurement, financial management, logistics, etc. In addition to the USAID PCH project monitoring, the MoPH has in place its own monitoring visits at the Provincial level for all of its activities, which includes actual visits to the facilities.

USAID remains committed to supporting the MoPH's efforts to deliver basic health services to the Afghan People. The PCH service delivery contracts, which end today (June 30, 2015), have greatly contributed to dramatic improvements in public health for the people of Afghanistan. USAID will continue to support these

¹ The GCMU is responsible for ensuring proper procedures are followed for procurement, contract and financial management, monitoring and evaluation, and coordination with other donors and MoPH stakeholders in compliance with donor requirements.

important services through the World Bank managed System Enhancement for Health Action in Transition (SEHAT) project.

As a result of PCH's support, the MoPH has provided millions of people in rural Afghanistan access to primary health care, many for the first time, in the 13 provinces where the program has been active. Since 2002, the number of functioning primary health care facilities has increased from an estimated 498 to 2331 in 2015. On a monthly basis, more than a million Afghan patients visit USAID-supported PCH health facilities - a majority of those receiving services are women and children. Additionally, the annual Survey of the Afghan People has repeatedly documented the positive perception of the Afghan people towards the Government of the Islamic Republic of Afghanistan (GIROA) related to its health services. USAID will continue to support these important services through the World Bank-managed "SEHAT" program.

USAID will continue to work with the MoPH to improve their capacity to plan and manage activities, allocate resources, increase human resource capacity, strengthen health information and logistics systems, and monitor and evaluate the BPHS and EPHS programs. USAID is committed to ensuring that U.S. taxpayer dollars are safeguarded.

Attachments:

- 1: PCH facility list from Ministry of Public Health
- 2: USAID reviewed and corrected list of PCH facilities

cc:

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

P. Michael McKinley
U.S. Ambassador to Afghanistan

William Hammink
Mission Director, U.S. Agency for International Development/Afghanistan