



March 14, 2005

MEMORANDUM

FOR: USAID/Afghanistan Director, Patrick C. Fine

FROM: RIG/Manila, John M. Phee /s/

SUBJECT: Audit of USAID/Afghanistan's School and Clinic Reconstruction Program (Report No. 5-306-05-003-P)

This memorandum transmits our final report on the subject audit. We reviewed your comments to the draft report, made revisions where appropriate based on them, and included the comments in their entirety as Appendix II.

This report includes three recommendations. Based on your comments, management decisions have been reached on all three recommendations. USAID/Afghanistan should coordinate final actions on these recommendations with USAID's Office of Management Planning and Innovation.

I want to thank you and your staff for the cooperation and courtesy extended to us during the audit.

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Summary of Results

As part of its revised fiscal year 2004 audit plan, the Regional Inspector General/Manila performed this audit to determine whether USAID/Afghanistan's school and clinic reconstruction activities were on schedule to achieve planned outputs (see page 7).

At the conclusion of audit fieldwork on October 31, 2004, USAID/Afghanistan's school and clinic reconstruction activities were not on schedule to achieve planned outputs. No more than 328 (62 percent) of the 533 buildings planned to be completed by December 2004 were completed or on schedule to be completed by then. The Mission is implementing measures to address the impediments it has control over that have contributed to it not achieving planned outputs. In addition, the Mission is studying a number of alternative implementation methods to apply to what remains of the current program. To ensure that corrective actions are taken, we are recommending that USAID/Afghanistan finalize an alternative plan with timeframes for completing its school and clinic reconstruction program (see pages 7 to 11). In addition, because the Mission's internal controls do not ensure that its implementing partners are accurately reporting construction progress, we are recommending appropriate corrective actions (see pages 11 and 12).

USAID/Afghanistan agreed with the three recommendations in this report, and management decisions have been reached on all three (see pages 12 and 13). The Mission's comments are included as Appendix II to this report (see page 17).

Background

On September 30, 2002, USAID awarded a contract to Louis Berger Group, Inc., (LBGI) to implement infrastructure reconstruction activities in Afghanistan under the Rehabilitation of Economic Facilities and Services Program. The program's purpose is to promote economic recovery and political stability by rehabilitating and repairing infrastructure. One of the components of the program, and of the LBGI contract, was the reconstruction of schools and health clinics. The contract initially tasked LBGI to complete up to 40, 140, and 240 school and health clinic buildings cumulatively in calendar years 2003, 2004, and 2005, respectively.

However, by mid-2003, expectations by USAID for a significantly higher number of building completions became apparent—for example, approximately 1,000 completed by the end of calendar year 2004, and there was mounting urgency from Washington to demonstrate on-the-ground progress because none had yet been achieved. To address the expectations and urgency, a number of construction methods were analyzed by LBGI and considered by USAID/Afghanistan, including mass producing pre-fabricated schools and clinics—a method LBGI believed would result in about 1,200 new facilities by the end of 2005. However, USAID opposed the pre-fabrication method because it was too costly and it did not involve Afghan construction firms—a development objective of the school and clinic reconstruction program. Therefore, in late 2003, LBGI abandoned the pre-fabrication method and awarded subcontracts to Afghan construction firms to build the schools and clinics.

Later, in January-February 2004, the Mission reconsidered using the pre-fabrication method for about 400 new schools and clinics because of a new directive—the “Accelerated Success Program”—to the Mission from the Deputies Committee for Afghanistan (Deputies Committee), led by the National Security Council. This directive required USAID/Afghanistan to complete a significant number of buildings by June 2004.

In March 2004, because the Mission had sole-source contracting concerns with the pre-fabrication method and because it was not pleased with the pace of LBGI’s progress on the 105 schools and clinics the contractor had begun in 2003, the Mission removed all but the 105 buildings from LBGI’s contract.

In May 2004, the Mission entered into cooperative agreements with five International Nongovernmental Organizations (INGOs) to build more schools and clinics; these INGOs then subcontracted the construction to Afghan firms. The Mission also found it necessary to revise its building-completion schedule from the June 2004 target date established by the Deputies Committee to September 2004.

In July 2004, the Mission again found it necessary to revise its building-completion schedule to the end of calendar year 2004, which it did in a cable to the Deputies Committee.

The following table shows the estimated costs to complete the current program, by implementing partner, as of October 31, 2004.

Table 1: Estimated Costs to Complete the School and Health Clinic Reconstruction Program (As of October 31, 2004)

Implementing Partner	Estimated Costs (000 omitted)
Cooperative Housing Foundation International (CHF)	\$11,689
International Organization for Migration (IOM)	18,584
Louis Berger Group, Inc. (LBGI)	23,837
Shelter for Life International (SFL)	7,595
United Methodist Committee on Relief (UMCOR)	4,643
United Nations Office for Project Services (UNOPS)	6,888
Total	\$73,236

For all implementing partners except LBGI, the estimated costs were based on obligations as of October 31, 2004. For LBGI, estimated costs were based on contract modification no. 18, which was being finalized in December 2004.

Audit Objective

As part of its revised fiscal year 2004 audit plan, the Regional Inspector General/Manila (RIG/M) performed this audit to answer the following question:

- Were USAID/Afghanistan's school and clinic reconstruction activities on schedule to achieve planned outputs?

Appendix I contains a discussion of the audit's scope and methodology.

Audit Findings

USAID/Afghanistan's school and clinic reconstruction activities were not on schedule to achieve planned outputs.

Reconstruction Activities Were Not on Schedule

Summary: On July 25, 2004, USAID/Afghanistan submitted to the Deputies Committee for Afghanistan a schedule for completing 533 schools and clinics by the end of December 2004. However, at the conclusion of audit fieldwork on October 31, 2004, no more than 328 buildings were completed or on schedule to be completed by the end of December 2004. Several factors contributed to not achieving the planned outputs, including overly optimistic implementation expectations, building design changes, unfamiliarity of the local labor force with construction specifications, security threats and incidents, and insufficient oversight and monitoring. As a result, only about half of the 1,000 buildings once envisioned as being completed by the end of 2004 will actually be completed, and it will take at least until August 2005 to complete the reduced number.

From its inception in 2002, USAID/Afghanistan's school and clinic reconstruction program has been slow in producing tangible results. In January 2004, however, a new sense of urgency was injected into the program when the Deputies Committee for Afghanistan (Deputies Committee) directed that significant tangible results had to be achieved by June 2004. However, the Mission recognized then—and again in May when it revised its schedule for completing the construction of schools and clinics from June 2004 to September 2004—that it could not achieve the milestones.

In July 2004, after the USAID Administrator reported to the Deputies Committee on the progress of the school and clinic reconstruction program, the Committee chair directed USAID/Afghanistan to prepare and submit a third revised schedule for completing the program's construction activities. In response to that directive, in cable number 2307 dated July 25, 2004, the Mission submitted its schedule: 533 schools and clinics to be completed by the end of December 2004, 300 of which would be completed by the end of October 2004. This time, the schedule was the Mission's commitment—the planned outputs it believed it could achieve.

However, as shown in Table 2 below, program activities were well behind schedule. For example, at the conclusion of audit fieldwork on October 31, 2004, only 91 (30 percent) of the 300 schools and clinics were completed by then.¹ Additionally, no more than 328 (62 percent) of the 533 were anticipated to be completed by the end of the calendar year.² Further, Mission officials now estimate all 533 schools and clinics will not be completed at least until August 2005.

**Table 2: School & Health Clinic Reconstruction Progress
By Implementing Partner
(As of October 31, 2004)**

Impl. Partner	Number of Buildings To be Completed by 12/31/04	Number Completed To Date	Number on Schedule To be Completed by 12/31/04	Total Completed or on Schedule	Percent Completed or on Schedule
CHF	59	3	0	3	5
IOM	215	54	64	118	55
LBG	105	15	74	89	85
SFL	57	0	46	46	81
UMCOR	24	0	15	15	63
UNOPS	73	19	38	57	78
Total	533	91	237	328	62

The Mission's commitment to construct 533 buildings (cable no. 2307, dated July 25, 2004) was not broken down by implementing partner; however, the OIG was able to obtain numbers for each implementing partner (which totaled 533) during the audit.

There were several reasons why the program was well behind schedule:

- Overly optimistic expectations by the Mission, given that insufficient human resources were available to both plan and implement the program.
- Inadequate capabilities of the Transitional Islamic State of Afghanistan (TISA) Ministries of Education and Health and delays in site selections and verifications due to invalid master lists provided by them.
- Building design changes and approvals, involving the Mission, its implementing partners, and the TISA.
- Unfamiliarity of the local labor force with construction practices.

¹ Most of the 91 were refurbishments as opposed to new buildings.

² The 328 figure was based on implementing partners' projections developed in late October 2004.

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- Factors outside the control of the Mission: security threats and incidents as well as weather restrictions.
 - Insufficient oversight and monitoring by the Mission and its implementing partners.

Because of the above impediments, the program will construct substantially fewer buildings and take longer to do so. At one time, USAID/Afghanistan envisioned building or reconstructing about 1,000 schools and clinics by the end of calendar year 2004. Now, only 533 are planned and it will take until August 2005 to complete them.



Photograph of the construction of an eight-classroom school taken on October 14, 2004 at Karabagh, Province of Kabul.

The Mission recognized that something needed to be done and it had implemented measures to address those impediments over which it has control. For example:

- Prior to the May to June 2004 timeframe, the Mission was only able to provide very limited resources for oversight and monitoring of the program. But since then, through a technical support contractor, it now has 29 professional staff, most of whom are Afghan engineers working out of four regional offices throughout the country. These Afghan engineers now conduct site inspections not only in the more secure areas of the country, but also in the more dangerous areas and in the areas that are difficult to reach.
- The Mission has worked to build the capacity of the TISA Ministries of Education and Health by embedding Mission-hired staff in those ministries.

Among other things, the embedded staffers have helped the ministries improve their process of identifying and verifying sites for schools and clinics.

- The Mission was scheduling training for the local labor force, as well as to supervisors, on construction and oversight practices. This training was to occur during the winter months for those contractors who needed to shut down construction sites during that period.

In addition to the above—recognizing that the school and clinic program has not been successful in constructing a significant number of buildings in a short timeframe—the Mission was studying a number of alternative methods to apply to what remains of the program and possibly to any future program of this type. It believed that any change in methodology would need to include substantially improving the TISA ministries' capabilities to contract for and manage construction projects. The alternative methods that the Mission was studying were:

- Allowing implementing partners to complete the buildings already started.
- Discontinuing plans to construct the remaining buildings that have not yet been started.
- Transferring responsibility for those remaining buildings to the U.S. Army Corps of Engineers (USACE).
- Building the capacity of the two TISA ministries to manage the construction of all remaining buildings and any future school and clinic reconstruction programs.
- Having the Mission or USACE act as fiduciary agent for any transfer of construction responsibilities to the two TISA ministries.

The Mission was adequately addressing the issues related to site selections and verifications, the local labor force, and monitoring. At the time of our audit fieldwork, building design changes and approvals were no longer an issue. Further, the Mission cannot control security threats or the weather. For example, the security situation in Afghanistan was adversely affecting the implementing partners' ability to consistently maintain construction time schedules. However, we believe that, given the history of the program and the overly optimistic expectations, the Mission needs a new and realistic approach to the school and clinic reconstruction program—one which includes enabling the TISA ministries' to contract for and manage construction projects. Therefore, we are making the following recommendation:

Recommendation No. 1: We recommend that USAID/Afghanistan finalize an alternative implementation plan with timeframes for the uncompleted portion of its school and clinic reconstruction program. The plan should include measures to strengthen the capabilities of the Transitional Islamic State of Afghanistan’s Ministries of Education and Health to contract for and manage construction projects.

During our review of the Mission’s internal controls related to the audit objective, we identified the following area for improvement in those controls.

Reporting of Construction Progress Needs Improvement

The Government Accountability Office’s (GAO) “Standards for Internal Control in the Federal Government” (November 1999) requires that management units install control systems to ensure that reliable data is available and reported in order that decisions can be made to help carry out management directives and ensure management objectives are achieved.

To its credit, the Mission had recently developed extensive computerized databases to monitor its school and clinic reconstruction program. The Mission maintained one data base that served as its primary tool for identifying, tracking, and assessing construction progress. The Mission’s database provided, among other data, the following for each school and clinic project:

- Unique identifying number.
- Name of USAID’s implementing partner and its subcontractor.
- Province and district location.
- Exact mapping location coordinates.
- Date construction commenced.
- Planned completion date.

International Relief and Development Inc. (IRD), the Mission’s technical support contractor, also maintained a database that contained detailed information on the monitoring and site inspections that its staff conducted.

Key data in both the Mission’s database and IRD’s database were the percents of completion for schools and clinics under construction.

However, we found that the percents of completion in the Mission’s database—the database that the Mission was using to track and assess construction

progress—were not reliable. The percents of completion came from implementing partners' bi-weekly progress reports, and those progress reports were generally overstated. According to IRD officials involved with site inspections, their assessments of the percents of completion for schools and clinics were invariably 20 to 25 percent less than what the implementing partners were reporting.

Implementing partners were overstating progress, in part, because they were using different methods for calculating the percents of completion for their respective schools and clinics. They were using different methods because they were not given a standard method to use in their calculations, even though IRD had developed one to use in its own assessments of construction progress. Further, although the more realistic percents of completion were available, they were not merged into the Mission's own database because procedures for the use of IRD's assessments were still in the early stage of development.

As a result, the Mission's database continually produced overly optimistic expectations on schools and clinic completions because completion dates were based on overstated percents of completion for construction in progress. Therefore, we are making the following recommendations:

Recommendation No. 2: We recommend that USAID/Afghanistan require that all its school and clinic implementing partners and their subcontractors use International Relief and Development Incorporated's method for calculating the percent of completion for a school or clinic.

Recommendation No. 3: We recommend that USAID/Afghanistan regularly merge the percent of completion data for each school and clinic from International Relief and Development Incorporated's database into its own database to use as a tool for assessing the accuracy of the percent of completion data reported by implementing partners.

Evaluation of Management Comments

USAID/Afghanistan provided written comments to our draft report that are included in their entirety as Appendix II. In its comments, USAID/Afghanistan was in full agreement with the report's three recommendations and stated they had already been highly useful for their deliberation and improvement of program activities.

For Recommendation No. 1, USAID/Afghanistan stated that it had presented an acceptable alternative implementation plan to the U.S. Ambassador to Afghanistan which resulted in a targeted completion date of August 31, 2005 for the schools and clinics reconstruction program. In addition, the Mission stated

that it has already begun implementing a number of improvements in the program in order to strengthen the TISA Ministries of Education and Health to contract for and manage construction projects.

For Recommendation No. 2, the Mission stated that, in coordination with IRD and USACE, it has developed a formula (currently undergoing field testing) to determine the percent of completion for new construction projects. The Mission was also developing a variation of that formula to apply to refurbishment projects. The Mission plans to make the use of these formulas, once fully tested, mandatory by all implementing partners to report construction progress of their projects.

For Recommendation No. 3, the Mission stated that once corrective actions were completed for Recommendation No. 2, it would merge percent of completion data derived from its inspection monitoring visits with percent of completion data reported by its implementing partners. In addition, the Mission plans to resolve on a bi-weekly basis any differences in percent of completion through dialogue or joint evaluation and also to provide recommendations to its implementers to maintain optimal progress towards construction goals.

Based on the above actions taken or planned by the Mission, we consider that a management decision has been reached on all three recommendations.

**Scope and
Methodology****Scope**

The Regional Inspector General/Manila conducted this audit in accordance with generally accepted government auditing standards. The purpose of the audit was to determine whether USAID/Afghanistan's school and clinic reconstruction activities are on schedule to achieve planned outputs.

The audit covered the Mission's school and clinic reconstruction activities carried out by six implementing partners, identified on page 6 of this report, and their subcontractors for the period from September 30, 2002 through October 31, 2004. The audit covered obligations totaling \$73.2 million as of October 31, 2004.³ The audit fieldwork was performed from October 14 to November 2, 2004 at USAID/Afghanistan offices, the Kabul offices of the six implementing partners, and at various construction sites located in the Kabul, Logar, and Paktiya provinces of Afghanistan.

In planning and performing the audit, we reviewed and assessed the Mission's internal controls related to ensuring that activities were on schedule to achieve planned outputs. Specifically, we assessed controls related to whether the Mission: (1) conducted site inspection visits to evaluate progress; (2) maintained reliable progress data; and (3) accurately reported progress to the Deputies Committee for Afghanistan (Deputies Committee). We also reviewed the Mission's self-assessment prepared in compliance with the Federal Managers Financial Integrity Act for fiscal year 2004 for those management controls relative to the audit objective.

Methodology

To answer the audit objective, we interviewed officials of USAID/Afghanistan, its six implementing partners, and International Relief and Development Inc., a Mission contractor involved in program oversight and monitoring. In addition, we reviewed and analyzed the relevant documentation and processes of these entities and inspected 12 construction projects: 2 schools under construction, 1 completed health clinic, and 9 health clinics under construction. In consultation with the Mission, the 12 construction sites were judgmentally selected taking into consideration the security restrictions imposed by the U.S. Embassy. The documentation and processes reviewed included those related to the (a) program's financing and to construction progress and achievement of planned outputs (such as implementation schedules and projections for building completions by October and December 2004 and for August 2005) and (b) reporting of actual performance

³ This amount included, for one implementing partner, a contract modification that was being finalized in December 2004.

results by the implementing partners to the Mission and by the Mission to the Deputies Committee.

We answered the audit objective as an unqualified, qualified, or adverse opinion using parameters applied to the school and clinic completion schedule cabled to the Deputies Committee on July 25, 2004. The parameters were as follows:

- The opinion would be unqualified if 90 percent of the planned schools and clinics were completed or on schedule to be completed by December 31, 2004.
- The opinion would be qualified if less than 90 but not less than 70 percent of the planned schools and clinics were completed or on schedule to be completed by December 31, 2004.
- The opinion would be adverse if less than 70 percent of the schools and clinics were completed or on schedule to be completed by December 31, 2004.

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Management Comments



USAID | AFGHANISTAN
FROM THE AMERICAN PEOPLE

February 24, 2005

Mr. John M. Phee
Regional Inspector General
RIG/Manila
Manila, Philippines

Re: Audit of USAID Afghanistan Schools and Clinics Reconstruction Program (Report No. 5-306-05-00X-P)

Dear Mr. Phee:

The Mission is writing this letter in response to your draft report on the Schools and Clinics Program under USAID Afghanistan.

We appreciate the constructive nature of the visit of the RIG/Manila staff and the thoroughness of your report. Over the past 4 months, we have used many of the “exit report findings” and other “lessons learned” from our internal evaluations to make necessary improvements to this program. Several of these will be outlined, below, in answer to the three recommendations of your report.

- 1. Recommendation No. 1: We recommend that USAID/Afghanistan finalize an alternative implementation plan with timeframes for the uncompleted portion of its school and clinic reconstruction program. The plan should include measures to strengthen the capabilities of the Transitional Islamic State of Afghanistan’s Ministries of Education and Health to contract for and manage construction projects.**

1.1 The Mission is in full agreement with this recommendation.

1.2 Alternative Implementation Plan: In response to the collaborative work and findings of the Mission and the RIG/Manila Team, the Mission presented an alternative implementation plan and revised schedule to the Ambassador, which was accepted, at a special meeting on schools and clinics on November 24, 2004. That meeting highlighted the following: Program Progress against Targets; Findings of the Mission Program Evaluation and the preliminary findings of the Operational Audit by the Regional Inspector General; Corrective Actions Undertaken; and Major Continuing

Challenges. As a result of this Mission analysis and discussion, which included the reasons for delays outlined in audit, the completion date for the schools and clinics program was targeted to August 31, 2005.

- 1.3 Plan to Strengthen the Management Capabilities of the Ministry of Health (MOH) and Ministry of Education (MOE): Basic steps to improve the capacity of the MOE/MOH to manage the construction projects are currently underway, primarily through on-the-job training by the 34 monitoring and evaluation engineers hired through a USAID contract with IRD. IRD staff (and REACH engineering staff) are embedded within the contract/engineering departments of the Ministry of Health and Ministry of Education and are providing hour to hour assistance to the engineering staff of the MOH. Formal training has also been provided to TISA staff members, to include attendance and certification of ministry personnel at the recent Acquisition and Assistance Management Courses for CTOs held in Kabul in January 2005. In addition, the capacity development includes field management training, as officials from the MOE/MOH accompany each site visit by IRD and USAID engineering staff, to include multiple progress/quality assessments during the planning/construction cycle and development of the final “punch list” for completion/acceptance.
- 1.4 Plan to Strengthen the Contracting Capabilities of the Ministry of Health (MOH) and Ministry of Education (MOE): Although the Mission is in full agreement with the need to assist the MOH/MOE with contracting capacity for construction activities, the Mission will be funding this activity from the current IRD/REACH contracts and future construction programs. The Mission is in the process of identifying technical assistance from IRD to embed in the MOH/MOE to assure USAID standards of contract performance. Through an additional source of USAID funding for schools and clinics, the Mission is also in the final stages of identifying approximately 5 to 10 sites for the MOH and the MOE to plan, contract, manage and monitor the construction activities, in collaboration with the embedded USAID technical/contract/financial advisors.

2. Recommendation No. 2: We recommend that USAID/Afghanistan require that all its school and clinic implementing partners and their subcontractors use International Relief and Development Incorporated’s (IRD) method for calculating the percent of completion for a school or clinic.

We are in full agreement with Recommendation 2.

The Mission, in coordination with IRD and the staff member of the Army Corps of Engineers assigned specifically to USAID for the School and Clinic Reconstruction Program, have put together a formula to determine the percent completion and it is currently being field tested and utilized by the IRD and MOE/MOH field monitoring staff.

As differentiated from new sites, the Mission is also working on a completion schedule for refurbishment projects. This is not so straight forward since each site has very different work items and the status of the “old” facility is highly variable. Our current thoughts are to take the percentages assigned to each activity in new construction methodology and factor them according to the aggregate tasks to be completed in the refurbishments.

Once tested and revised, the methodology and results of the testing (for the new and the refurbished completion calculations) will be given to each implementing partner for mandatory usage in reporting and payment of subcontractors. From time to time, there may be disagreement over the percent completed as calculated by the contractor and the USAID/IRD/MOH/MOE monitoring teams. Such differences will be presented by the contractor in the bi-weekly report to USAID and these differences will be arbitrated or result in a joint site visit for reassessment by all involved parties.

This standardization of completion methodologies should: assist in a more optimal method for calculating the percentage of completion; better predict the delivery date of the site from the contractor to the MOH/MOE; facilitate more prompt and equitable payment to the subcontractors, as well as; provide data reporting formats and information which can be more easily interpreted by field and office staff of all parties.

3. Recommendation No. 3: We recommend that USAID/Afghanistan regularly merge the percent of completion data for each school and clinic from International Relief and Development Incorporated's database into its own database to use as a tool for assessing the accuracy of the percent of completion data reported by implementing partners.

As outlined above, USAID's contractor (IRD) is in the process of developing and field testing optimal methodologies for determining and harmonizing the percent completion calculations through field testing. As these methods are refined and systematized, the methodology will be shared and implemented by all contractors and cooperating agencies. With regard to data base incorporation, USAID plans to create additional columns in our existing Master Lists database for schools and clinics to report the completion percentage from the IRD/USAID/MOH/MOE monitoring activities and the implementers. The dates and percent completion data from the monitoring programs of the IRD/USAID/MOH/MOE teams and the implementer will be entered into the respective Master Lists entry fields. These Master Lists and their special reporting sub-documents will be shared between all appropriate interested parties (IRD/USAID/MOH/MOE and specific implementers) and differences in data will be resolved through dialogue or joint evaluation. With data confirmation, construction progress against goals will be reviewed on a bi-weekly basis and recommendations for maintaining optimal progress will be developed for the action of the implementers.

These three recommendations have already been highly useful for our deliberation and improvement of program activities.

The Mission is also attaching to this letter several suggested "highlighted" editorial changes for your deliberation and possible inclusion in the text of the final report. (See Attachment A, Draft Audit Report with highlighted text).

The Mission is very appreciative of the field work of the Audit Team, which was highly professional and provided dialogue, which was valued by our many partners and our USAID staff. We look forward to your final findings, report and recommendations.

Sincerely,

/s/

Patrick C. Fine

Director, USAID Afghanistan

Attachments: Attachment A, Draft Audit Report with highlighted text

CC: Amanda Levenson, Controller
James Athanas, Contract Officer
James E. Sarn, CTO
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