



Office of Inspector General

Office
202.692.2900
[Website](#)
[OIG Reports](#)

Hotline
202.692.2915 | 800.233.5874
[Online Contact Form](#)
OIG@peacecorps.gov

To: Jody Olsen, Director
Patrick Young, Associate Director, Office of Global Operations
Angela Kissel, Chief Compliance Officer

From: Kathy A. Buller, Inspector General

Date: December 23, 2020

Subject: Recurring Issues Report: Common Challenges Facing Peace Corps Posts

Please find attached the Recurring Issues Report: Common Challenges Facing Peace Corps Posts for Fiscal Years (FYs) 2016 to 2019. The report summarizes the most frequently recurring issues and recommendations from post audits, evaluations, and investigations between FYs 2016 and 2019. This report notes actions that the agency has taken, or should consider, to improve the areas identified.

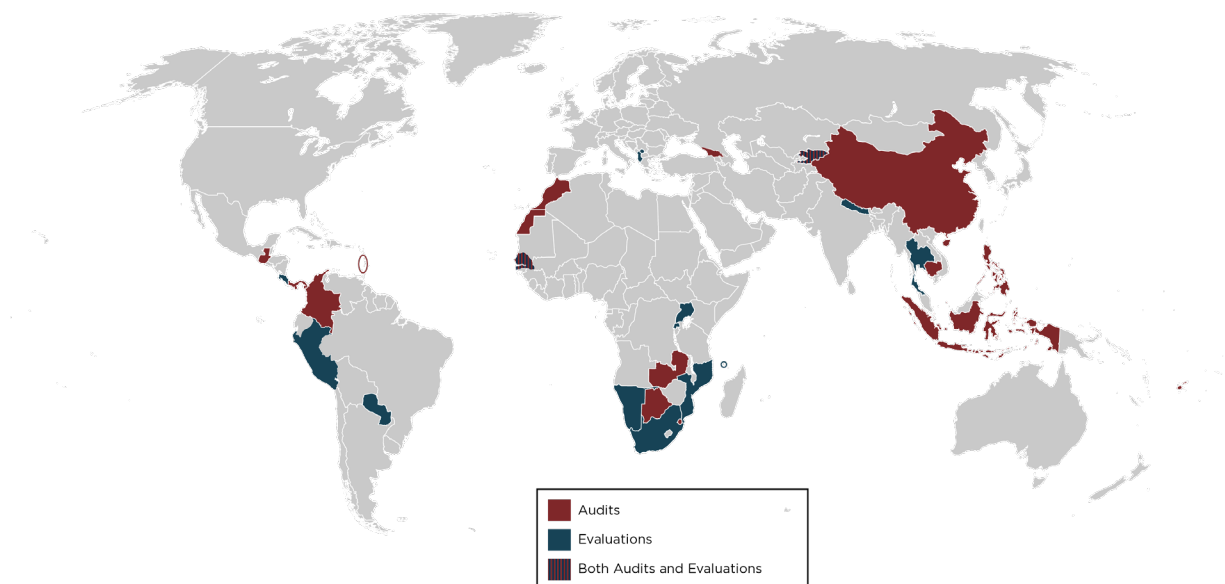
OIG appreciates the agency's responses to the exposure draft and notes that we made some changes to the final report based on their comments. OIG will reach out to agency leadership in 2021 to arrange discussions on some of these recurring issues.

If you or a member of the Peace Corps staff have questions on the report please contact Deputy Inspector General Joaquin Ferrao at 202-692-2921.

cc: Matthew McKinney, Deputy Chief of Staff/White House Liaison
Michelle Brooks, Chief of Staff
Carl Sosebee, Senior Advisor to the Director
Meredith Giordano, Deputy Director, Office of Global Operations
Timothy Noelker, General Counsel
Colin Jones, Compliance Officer
Renee Ferranti, Director, Sexual Assault Risk Reduction and Response Program
Kate Raftery, Principle Service Officer for Innovation
Kechi Achebe, Director, Office of Global Health and HIV
Jeffrey Kwiecinski, Deputy Director, Office of Strategic Information, Research, and Planning
Da Shawna Townsend, Director, Office of Victim Advocacy
Johnathan Miller, Regional Director, Africa Region
Jeannette Windon, Regional Director, Europe, Mediterranean, and Asia Region
Gregory Huger, Regional Director, Inter-Americas and the Pacific Region
Stephanie Rust, Director, Overseas Programming and Training Support
Shawn Bardwell, Associate Director, Office of Safety and Security
Karen Becker, Associate Director, Office of Health Services
Jill Carty, Director, Counseling and Outreach Unit



PEACE CORPS
Office of
**INSPECTOR
GENERAL**



*Posts Visited for Office of Inspector General Audits and Evaluations
in Fiscal Years 2016 to 2019*

Recurring Issues Report

Common Challenges Facing
Peace Corps Posts
December 2020



PEACE CORPS Office of Inspector General

TOGETHER WE MAKE A BETTER PEACE CORPS

202.692.2900 · OIG@PEACECORPS.GOV · WWW.PEACECORPS.GOV/OIG/CONTACTUS

Background

At the end of Fiscal Year (FY) 2019, the Peace Corps operated 58 overseas posts, maintained active programs in 61 countries, and supported over 7,000 Volunteers. This report summarizes issues found at posts between FYs 2016 and 2019. Our work promotes greater efficiency and effectiveness by identifying best management practices, recommending program improvements, and the means by which to comply with laws, regulations, and Peace Corps policy.

Post audits examine the financial and administrative operations at posts.

Post evaluations assess programs, operations, and management at posts.

Investigations respond to allegations of criminal wrongdoing and administrative misconduct.

Objectives

The purpose of this report is to alert Peace Corps leadership to the most commonly recurring issues at posts that require management attention to remediate.

Recurring Issues Report: Common Challenges Facing Peace Corps Posts

Audits

Between FYs 2016 and 2019, OIG conducted 16 post audits.

- **Interim Advances:** 69 percent of post audits included findings concerning improperly executed interim advances.
- **Volunteer Living Allowances:** 63 percent of post audits involved findings about over- or under-paid Volunteer living allowances.
- **Cash Counts:** 56 percent of post audits had findings on insufficient internal controls over imprest funds.
- **Fuel Management:** 25 percent of post audits contained findings that identified deficient internal controls over the management of fuel.

Evaluations

Between FYs 2016 and 2019, OIG conducted 16 post evaluations and follow-up reviews.

- **Site Selection Criteria:** 100 percent of post evaluations found sites that did not meet post's site criteria.
- **Site History Files:** 100 percent of post evaluations identified findings regarding incomplete site history files and insufficient usage of site history files during the site development process.
- **Emergency Response:** 83 percent of post evaluations included findings concerning post's preparedness to respond to medical emergencies.
- **Technical Training:** 67 percent of post evaluations found that technical training was inadequate.
- **Emergency Action Plans:** 58 percent of post evaluations identified weaknesses in post's preparation for emergencies.
- **Project Design:** 58 percent of post evaluations determined that projects needed to be improved.
- **Mental Health Support:** 50 percent of post evaluations concluded that there were obstacles to meeting Volunteer's mental health support needs.

Investigations

Between FYs 2016 and 2019, OIG opened 159 investigations. The most commonly recurring types were:

- **Sexual Offenses:** 54 investigations involved allegations of non-aggravated sexual assault, aggravated sexual assault, rape, sexual harassment, and PROTECT Act violations.
- **Fraud/Theft:** 27 investigations included allegations of theft of organizational funds or property, travel voucher fraud, contract fraud, fraudulent claims, and grant fund theft.
- **Drug Offenses:** 16 investigations related to drug offense allegations, primarily possession and use.
- **Mismanagement:** 15 investigations concerned mismanagement of administrative matters, sexual assault response, housing and safety, staff performance, unfair treatment, and separation from service, as well as other areas.
- **Misconduct:** 12 investigations involved fraternization, non-criminal misconduct, personnel and labor relations, arrest by another agency, and administrative matters.

Leadership and Management

All recurring issues identified in this report were at least partially due to issues pertaining to leadership and management. These issues could be categorized into six general areas:

- Insufficient communication or collaboration with staff, Volunteers, headquarters, or other stakeholders;
- Inadequate oversight or weak internal controls;
- Gaps in staff training;
- Insufficient guidance, policies, and procedures;
- Ineffective staff management; and
- Noncompliance with rules and regulations related to personnel management.

TABLE OF CONTENTS

Executive Summary	i
Background	1
Recurring Issues for Audits	3
Description of Work Completed.....	3
Most Commonly Recurring Post Audit Findings	3
Overdue Interim Advances and Unofficial Sub-cashiers.....	4
Overpaid/Underpaid Volunteer Living Allowances	5
Imprest Funds Lack Internal Controls	6
Inadequate Controls Over Fuel Management	7
Recurring Issues for Evaluations	9
Description of Work Completed.....	9
Most Commonly Recurring Post Evaluation Findings	10
Site Selection Criteria	11
Site History Files.....	12
Emergency Medical Response.....	13
Technical Training.....	14
Emergency Action Plan (EAP).....	15
Project Design.....	16
Mental Health Support.....	17
Recurring Issues for Investigations.....	19
Description of Work Completed.....	19
Most Frequently Recurring Types of Investigations	20
Sexual Offenses	21
Fraud and Theft.....	21
Drug Offenses	22
Mismanagement.....	22
Misconduct.....	23
Leadership and Management	24
Scope and Methodology	29
Acronyms Used in this Report.....	33
Appendix: Topical Briefs on Recurring Issues.....	34

BACKGROUND

THE PEACE CORPS

At the end of FY 2019, the Peace Corps operated 58¹ posts in 61 countries and supported over 7,000 Volunteers. These posts provided training to Volunteers and supported their safety and security, medical, financial and administrative needs. They also implemented country-specific technical programs in line with their host countries' needs. These programs were focused in six programmatic sectors, including: agriculture, community economic development, education, environment, health, and youth development.

The Peace Corps' Fiscal Year (FY) 2019 budget was \$410.5 million. There were over 2,800 local or host-country national staff working in overseas offices. Peace Corps employed over 900 U.S. direct-hire (USDH) staff working at posts, Peace Corps headquarters in Washington, DC, or three regional recruiting offices.

OFFICE OF INSPECTOR GENERAL

The Office of Inspector General provides independent oversight of agency programs and operations through audits, evaluations, and investigations undertaken to promote efficiency and effectiveness and to prevent and detect fraud, waste, and abuse. Independent oversight is important for helping the Peace Corps improve and be accountable. In order to promote transparency and accountability, and achieve OIG's purpose, OIG auditors, evaluators, and investigators interface with staff and Volunteers as follows:

- **Auditors** – Determine whether administrative activities, such as financial and contractual operations, function effectively and comply with Peace Corps policies and Federal regulations.
- **Evaluators** – Analyze management and program operations to identify best practices and make recommendations for program improvement to more effectively accomplish the Peace Corps' mission and strategic goals.
- **Investigators (Special Agents)** – Respond to allegations of criminal or administrative wrongdoing by Peace Corps personnel, experts, and consultants; Volunteers and trainees; and by those who do business with the Peace Corps, including contractors, both domestically and internationally.

PURPOSE OF THE REPORT

The purpose of this report is to help Peace Corps management identify the most commonly recurring issues across posts and headquarters that require management attention to remediate. The report summarizes the most frequently recurring issues and recommendations from post audits, evaluations, and investigations between FYs 2016 and 2019. This report notes actions that the agency has taken, or should consider, to improve the areas identified.

Previous recurring issues reports were issued in 2016 and 2012, each covering the 4 fiscal years prior to their issuance. Recurring issues reports are intended for use by agency staff to help

¹ There are fewer posts than countries because the Eastern Caribbean post supports Volunteers in four different countries.

prioritize areas for reinforcement. OIG uses recurring issues reports as a communication tool during overseas staff training (OST) to make agency staff aware of the agency's vulnerabilities and areas of risk.

SCOPE AND METHODOLOGY

OIG tracks commonly recurring issues in audits, evaluations, and investigations. To develop this report, OIG analyzed data from post audit, evaluation, and investigation activities and reports between October 1, 2015, and September 30, 2019. For this report, we analyzed:

- 10 agency-wide evaluations
- 32 post reports, including:
 - 16 post audits
 - 16 post evaluations
- Investigations Case Management System and Case Management and Tracking System data on complaints and preliminary inquiries,
- Investigation summaries from FYs 2016 to 2019 Semi-Annual Reports to Congress (SARC),
- Biennial Report on Volunteer Allegations of Misconduct or Mismanagement by Peace Corps Staff, November 2018.

Many² of the reports referenced in this analysis are available to Peace Corps staff and the public on the [Peace Corps OIG website](#).³

² Investigation Reports containing confidential information are not available on the website.

³ <https://www.peacecorps.gov/about/inspector-general/>

RECURRING ISSUES FOR AUDITS

OIG audits review the financial and administrative operations at posts for efficiency, effectiveness, financial stewardship, and compliance with agency policies and Federal regulations.

DESCRIPTION OF WORK COMPLETED

Between FYs 2016 and 2019, OIG conducted 26 audits and reviews, 16 of which were post-specific, including one limited-scope follow-up audit. (See Table 3 on page 35 for a complete list of reports included in this analysis.) Figure 1 below shows the distribution of audits between the agency as a whole and specific posts by fiscal year.

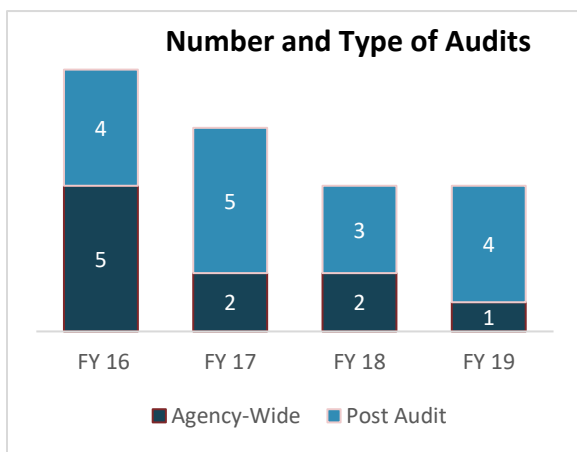


Figure 1: Number and Type of Audits by Fiscal Year.

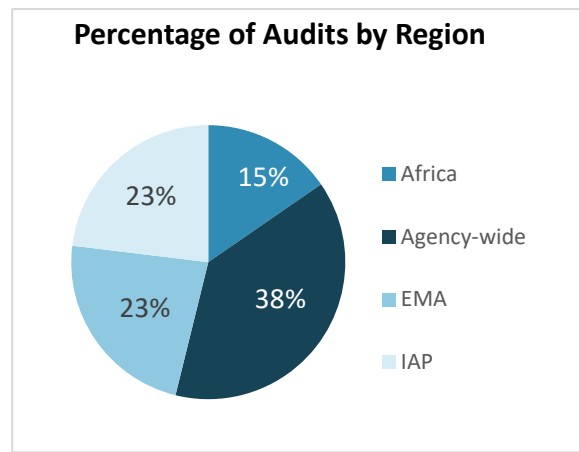


Figure 2: Percentage of Audits by Region, FYs 2016 - 2019.

As shown above in Figure 2 and below in Table 1, OIG audited posts in each geographic region: four in the Africa Region (AF); six in the Europe, Mediterranean, and Asia Region (EMA); and six in Inter-America and Pacific Region (IAP).

Table 1: Post Audits by Fiscal Year

FY 2016	FY 2017	FY 2018	FY 2019
Colombia	Cambodia	Botswana	Eswatini
Indonesia	China	Panama	Fiji
Kyrgyz Republic	Eastern Caribbean	Philippines	Guatemala
Senegal	Georgia		Morocco
	Zambia		

MOST COMMONLY RECURRING POST AUDIT FINDINGS FROM FYs 2016 TO 2019

OIG tracked findings (or conclusions) related to different areas of post operations. We found that the findings cited in at least half of post audits were related to:

- Overdue or inappropriately distributed interim advances,
- overpaid or underpaid volunteer living allowances,
- and deficient cash counts.

Findings about other recurring issues such as lack of value-added tax (VAT) reimbursements, improperly administered personal services contractor (PSC) contracts, and mismanagement of fuel occurred in one quarter of audit reports.

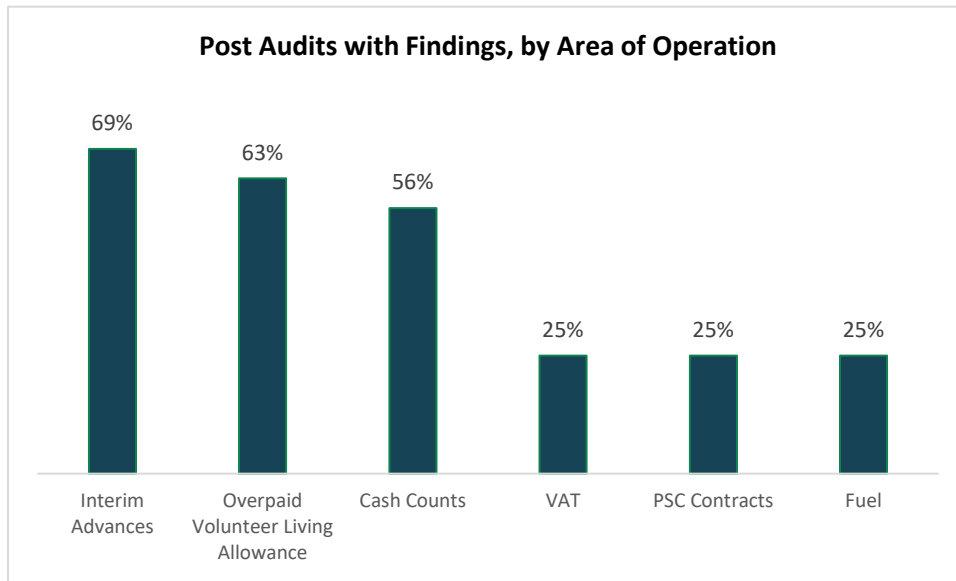


Figure 3: Percent of Post Audits with Findings, by Area of Operation.

Within each of the areas determined to be frequently recurring, we have identified the most often cited policies or agency guidance, as well as the most common causes, effects, and recommendations from OIG reports.

Overdue Interim Advances and Unofficial Sub-cashiers

Findings related to interim advances appeared in 11 out of 16 post audits. This issue varies by post and includes failure to liquidate interim advances in a timely manner, creating advances for unauthorized individuals, or staff operating as unofficial sub-cashiers without designation.

Six reports cited findings that staff did not regularly liquidate interim advances in a timely manner. Overseas Financial Management Handbook (OFMH) 13.18.2 states: “The interim cash advance must be supported by a copy of the authorized purchase document, and liquidated (accounted for) within 3 working days.” Interim advances were not liquidated within 3 days, as required by Peace Corps policy, due to logistical and scheduling constraints. Audit reports also cited that interim advance liquidations were delayed due to disorganization by the principal cashier and lack of oversight by the post leadership.

Clearing interim advances in a timely manner ensures a prompt return of unused funds and helps to minimize the amount of imprest funds required to be on hand. Furthermore, poor management of interim advances can circumvent oversight functions and increase the risk of fraud inherent in cash operations.

Four audit reports cited findings that staff operated as unofficial sub-cashiers when they received interim advances without sub-cashier designation. OIG found that drivers and medical assistants at some posts consistently received interim advances for routine activities. The purpose of interim advances is to make pre-authorized purchases, not to provide a petty cash fund for employees without cashier designations. When employees receive permanent advances, they are acting as sub-cashiers rather than occasional money holders. They are therefore required to comply with MS 760, which details responsibilities and liabilities of employees acting as sub-cashiers.

The country director (CD) is required to designate sub-cashiers to receive cash advances and ensure they are trained on imprest fund procedures. When post staff act as unofficial sub-cashiers by disbursing interim advances, it increases the risk of theft and misappropriation of Peace Corps funds.

From 2016 to 2019, OIG issued three recommendations for posts to gain approval from the Office of Global Accounts Payable to designate and train a sub-cashier. Designating an appropriately trained sub-cashier can resolve the issues of delayed liquidations of interim advances while also establishing adequate controls over Federal funds. In cases where posts cannot designate a sub-cashier, the director of management and operations (DMO) must comply with the requirement that interim advances are cleared within 3 days. Also, OIG issued six recommendations to ensure interim advances are cleared within 3 days.

OIG noted instances in which post staff exercised poor management of interim advances. Specifically, interim advances were made to businesses, local banks, and hotels. These advances should have been issued to Volunteers, trainees, or Peace Corps staff per OFMH 13.18.2. Other errors cited in OIG reports include instances where the cashier issued multiple interim advances to the same employee who had another advance that was past due. Per the cashier monitor,⁴ the post should not issue a new interim advance without clearing the prior interim advance.

Overpaid/Underpaid Volunteer Living Allowances

Overpaid/underpaid Volunteer living allowances was a recurring issue in 10 out of 16 post audits during this period. Findings under this topic relate to inconsistent collection of overpayments of living allowances from Volunteers who terminated their service early, late issuances of bills of collection, and inadequate controls to verify the accuracy of Volunteer allowances.

Volunteers receive monthly allowances while in their country of assignment including living, leave, and other miscellaneous allowances, such as travel allowance. According to Peace Corps Manual Section (MS) 221.5.8, living allowances only cover the days a Volunteer serves, and living allowance paid for a month during which a Volunteer terminates service should be prorated and the balance collected.

Post audits consistently showed that posts did not accurately calculate and routinely collect overpayments of living allowances paid to Volunteers who terminated their service early. In two audits OIG identified that errors in calculations also led to posts overcharging Volunteers. In cases where the post issued a bill of collection to the Volunteer, it was often not issued in a

⁴Peace Corps/OCFO or State Department cashier monitors review the monthly imprest verifications and provide guidance to post cashiers. See OFMH 13.21.3 for the constituents of the Peace Corps cashier team.

timely manner. Furthermore, posts did not have adequate controls to verify the accuracy of Volunteer allowances.

The Peace Corps Manual states that when Volunteers terminate their service, post must adjust their final living allowance payment based on their last day of service. Per MS 221.5.9, the DMO is responsible for requesting collection from the Volunteer's readjustment allowance and ensuring the accuracy of readjustment allowance corrections. When Volunteers owe additional funds, the billing officer issues bills of collection as soon as the post realizes that debts are owed to the Peace Corps.⁵

OIG identified a variety of causes associated with overpaid or underpaid Volunteer living allowances. OIG audits frequently cited that post staff incorrectly calculated the amount owed by, or due back to, departed Volunteers. In many cases, these errors were attributed to lack of processes to manage and track funds collected from bank accounts on behalf of departed Volunteers. Lack of oversight by post management also contributed to overpayment or underpayment. Posts did not review documentation to make sure that Volunteers' bank accounts were closed, nor review living allowance reports and reconcile the disbursed living allowances to ensure proper collection. Communication problems between post and headquarters were also a contributing factor. In one instance, a post's financial specialist stated Volunteer deductions were entered through the Volunteer End of Service Information system, but the Office of Volunteer and PSC Financial Services stated these deductions were never entered. The current system does not provide notifications when deductions are processed to posts. A breakdown in established internal controls across many posts led to routine overpayments or underpayments to departed Volunteers. Weak internal controls and errors around bills of collections for Volunteers also created an opportunity for fraud and misappropriation.

OIG issued 22 recommendations across 10 audit reports related to overpaid or underpaid Volunteer living allowances. Most recommendations in post audits were directed toward the post staff, which includes the DMO and the CD. They often directed the DMO to develop procedures to ensure Volunteers' pro-rated living allowance calculations are accurate, issue bills of collection as soon as a debt is known, and conduct periodic reviews of departed Volunteers' bank statements to verify account closures. In some reports, recommendations to headquarters directed the Office of Volunteer and PSC Financial Services to develop a process to provide confirmation to the post when readjustment allowance deductions have been received and processed.

Imprest Funds Lack Internal Controls

Findings related to cash counts appeared in 9 out of 16 post audits. These findings stated that posts did not perform daily cash counts, random cash verifications of the imprest fund, or unannounced sub-cashier verifications.

Peace Corps policy requires the principal cashier to perform⁶ daily cash counts to account for all funds, per Overseas Financial Management Handbook (OFMH) 13.24.1. Oversight of the principal cashier's accountability is based on counting the cash daily and reviewing the on-hand transactions and supporting accounting documents. The cashiers must save these reconciliation documents for at least 2 months. OFMH section 13.24.2 requires that supervisors conduct monthly and quarterly unannounced cash verifications at different times each month. While the

⁵ Peace Corps Overseas Financial Management Handbook (OFMH) 7.2

⁶ Peace Corps Manual Section (MS) 760.7.2

quarterly cash count must be done in-person by the CD, monthly verifications may be delegated to the DMO or to another staff member who is designated as a “cash verification officer.” The DMO or the cash verification officer, must also ensure unannounced sub-cashier verifications are conducted monthly and quarterly.⁷ Monthly sub-cashier verifications are required for advances over \$1,000 and quarterly verifications are required for advances under \$1,000.

Daily cash counts are critical for ensuring that all funds are accounted for. By performing these tasks after transactions have occurred, errors can be identified, investigated, and remediated quickly. Random cash verifications with the principal cashier and the sub-cashier(s) ensure that there are management controls over the imprest fund.

OIG audits found that some posts did not perform daily cash counts while other posts were unable to explain discrepancies in their imprest fund or had missing documentation. Furthermore, in some cases cash verifications did not occur or were not random.

OIG identified a variety of causes associated with deficient daily cash counts and monthly and quarterly cash verifications of the imprest fund. In two audits OIG identified that the alternate cashiers did not conduct daily cash counts because they were not fully prepared to assume primary cashier responsibilities. Furthermore, the DMOs were not sufficiently involved in managing personnel and overseeing that daily cash counts were completed. Posts that did not comply with random cash verifications of the imprest fund also stated that scheduling conflicts and other priorities required them to delay the verifications until the end of the month.

In the Philippines, the post was able to detect theft of over \$1200 USDE by conducting cash counts at random intervals, as instructed by policy. Thus, the post was quickly able to catch the theft and take the necessary administrative action.

When daily cash counts and random cash verifications are not performed, detecting fraud or errors in a timely manner becomes more difficult. Cashiers or sub-cashiers who can predict the timing of an unannounced cash verification can potentially cover up irregularities, thus making it difficult for the CD and DMO to detect them. Therefore, it is critical that accounting controls be followed to prevent malfeasance and ensure accountability of imprest funds.

OIG issued 16 recommendations related to cash counts. These recommendations directed the DMO and CD to ensure that all cashiers (principal cashiers, alternate cashiers, and sub-cashiers) perform daily cash counts. OIG recommendations also emphasized that the DMO conduct unannounced cash verifications each month, on a random basis, of the funds under the control of the principal cashier and the sub-cashier. If a DMO or CD cannot perform cash verifications of the sub-cashiers or principal cashier each month, they may designate an appropriately trained individual to perform cash verifications. Finally, the DMO must implement a process to ensure records of daily cash counts are maintained for 2 months.

Inadequate Controls Over Fuel Management

VAT, PSC contracts, and fuel management each had findings that recurred in 4 out of 16 post audits. Of these three areas, we selected fuel management for in-depth analysis because fuel represents a large percentage of the agency’s expenses. Post audits identified lack of adequate controls as the cause of issues with fuel management.

⁷ OFMH 13.27.3, “Verification of Sub-cashier Funds”

OIG found that the Peace Corps did not provide sufficient guidance or recommend best practices to posts for managing fuel cards, purchasing fuel, reconciling vendor invoices entered into the Peace Corps vehicle management inventory system, and tracking fuel purchased for generators. However, the agency updated guidance on fuel monitoring in the Overseas Financial Management Handbook in September of 2020. As fuel purchase methodologies differ from post to post, a uniform set of processes and controls was difficult to create. OIG audits determined that posts often did not have reliable records, nor did post staff conduct independent oversight over the management of fuel and toll cards to ensure the records were accurate and complete.

The GAO Standards for Internal Control in the Federal Government (“The Green Book”) recommends standard components for establishing an effective internal control system within Federal organizations. These components: control environment, risk assessment, control activities, information and communication, and monitoring, should be effectively designed, implemented, and operated in an integrated manner.

Lack of adequate procedures and controls resulted in inaccurate and incomplete fuel purchase records. Without strong internal controls, irregularities can be difficult to detect and the potential for fraud is increased. In one instance, a DMO identified the misuse of approximately \$7,000 and requested OIG evaluate the post’s processes and controls. OIG found that Peace Corps management’s lack of guidance for procedures and relevant internal controls for managing fuel purchases, record keeping, and tracking resulted in inadequate records and enabled theft of fuel. In another case, the absence of independent oversight by post leadership also contributed to poor records management that could have led to fraudulent activity. Opportunities for misappropriation of fuel have prompted recent investigations, resulting in employee terminations which disrupt post operations.

OIG issued 11 recommendations directed to Peace Corps headquarters and posts regarding fuel management. OIG recommended that the director of the Office of Global Operations, in coordination with the acting chief financial officer and acting associate director for management, issue guidance to posts for implementing best practices and internal controls over the management of fuel cards and the purchase and use of fuel for vehicles and generators. Post level recommendations required that the DMO implement adequate oversight over vehicle logs and entries into the vehicle management information system and implement post specific controls to record and track the use of fuel for generators.

RECURRING ISSUES FOR EVALUATIONS

OIG evaluations promote effectiveness, efficiency, and integrity by analyzing Peace Corps programs and operations at both overseas posts and domestic offices. The Evaluation Unit recommends program improvements to comply with Peace Corps policies and Federal regulations. OIG evaluators routinely conduct evaluations of overseas post operations.

DESCRIPTION OF WORK COMPLETED

Between FYs 2016 and 2019, OIG completed 26 evaluations, 16 of which were country program evaluations (12) or follow-up reviews (4), hereafter referred to as “post” evaluations. There were eight agency-wide evaluations, and two post-specific management advisory reports (MARs) regarding Comoros and Kenya. The number of post evaluations ranged from two to five per year. See Figure 4 below for the distribution of evaluations between the agency as a whole and specific posts by fiscal year.

OIG produced post-specific evaluations in each geographic region: seven in Africa, six in EMA and three in IAP. Figure 5 shows the relative distribution of work completed by location.

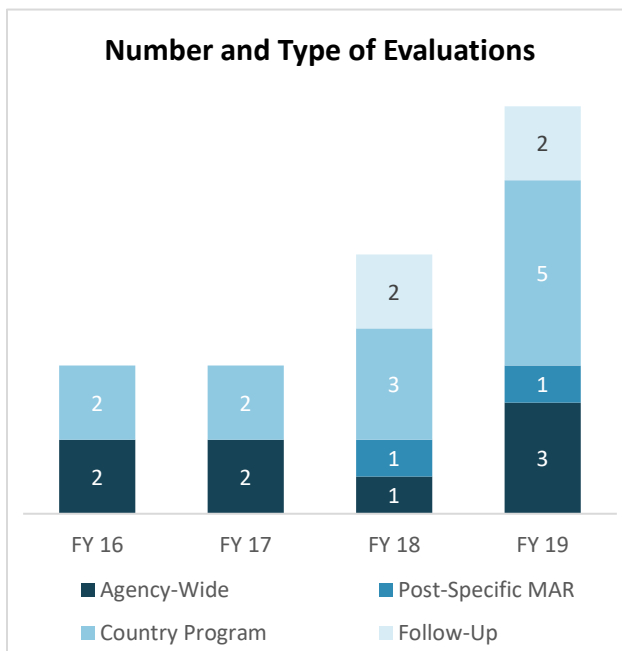


Figure 4: Number and Type of Evaluation, by Fiscal Year

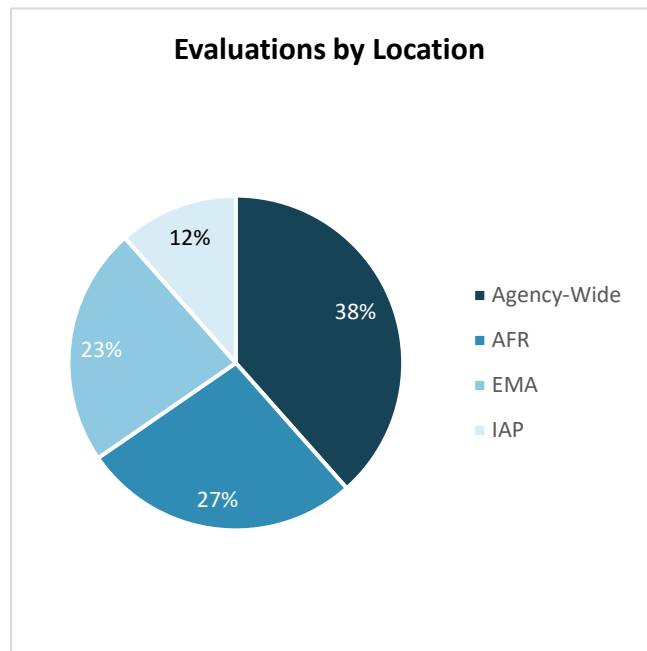


Figure 5: Evaluations by location and percentage, FY 2016-2019

The evaluation unit produced four limited-scope follow-up reviews, which looked at specific findings from past evaluations to determine if corrective actions were fully implemented and had the intended effects. Post evaluation reports are listed in Table 2.

Table 2: Country Program Evaluations and Follow-Up Reviews (in italics) by Fiscal Year

FY 2016	FY 2017	FY 2018	FY 2019
Nepal	Kosovo	Albania	Comoros
Rwanda	South Africa	Costa Rica	Kyrgyz Republic
		Senegal	Mozambique
		<i>Peru</i>	Paraguay
		<i>Uganda</i>	Thailand
			<i>Namibia</i>
			<i>Nepal</i>

MOST COMMONLY RECURRING POST EVALUATION FINDINGS FROM FYs 2016 TO 2019

In the last OIG Recurring Issues Report, FYs 2012 to 2015, we determined that the highest number of findings pertained to programming and training, safety and security, and site management.

For the FYs 2016 to 2019 period, we coded 117 evaluation findings in 16 post evaluation reports into 30 categories. We found that 7 categories accounted for 53 percent of the findings. The issues recurring in at least half (6) of the post evaluation reports are discussed in greater detail below. They are shown in Figure 6.

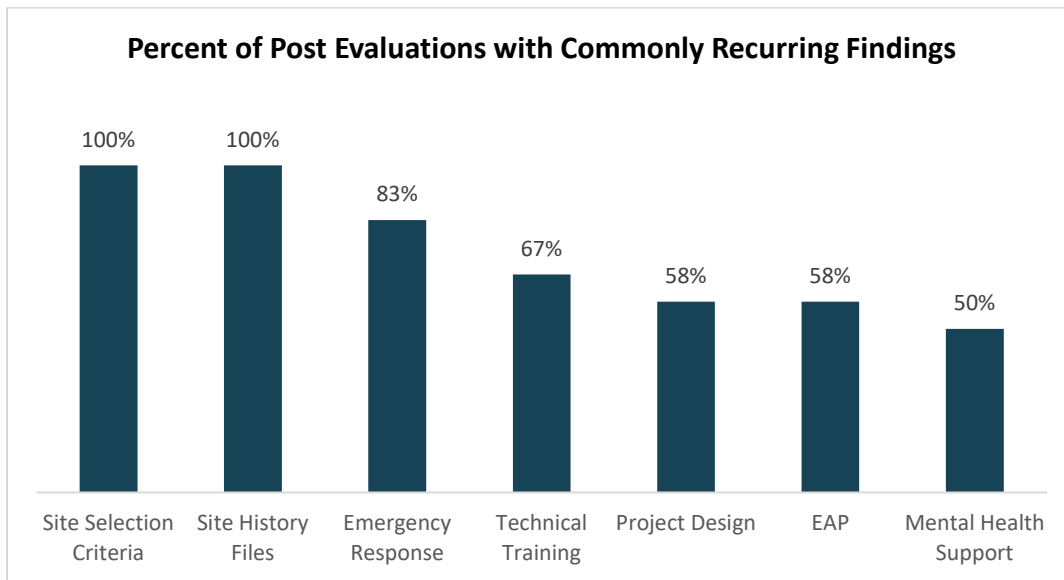


Figure 6: Recurring Post Evaluation Findings by Area of Operation in FYs 2016 to 2019 Post Evaluation Reports.

Site Selection Criteria

Twelve reports included findings on site selection criteria, including four findings regarding housing criteria, three findings on programmatic criteria, two findings addressing involvement and approval by safety and security and medical staff, and four findings on the overall effectiveness of the process and usability of the site identification manual. Criteria cited in these findings included Peace Corps Technical Guidance (TG) 110, which establishes the role of the Peace Corps Medical Officer (PCMO) in site development. MS 270 6.1 describes the requirements for site development, and the Peace Corps Characteristics and Strategies of High Performing Posts reinforces the importance of good sites for Volunteers' success. The Peace Corps' Programming, Training, and Evaluation Guidance addresses the importance of establishing good site selection criteria for safety and security, health, and work site success. Post-specific site management handbooks also define the site selection criteria for each post. There is additional guidance in the region site management manuals, and the Peace Corps' implementation plan guidance and template require posts to document programmatic criteria for site development.

During evaluation fieldwork, OIG evaluators observed that some Volunteer housing did not meet the post's housing criteria. Similarly, there were instances of sites not meeting posts' criteria for transportation available. OIG evaluations cited instances where houses didn't meet health and safety requirements like locks on doors and windows, access to treatable water, or mosquito screens on doors and windows in areas with malaria. Related to this was the lack of timely approval of sites by safety and security and medical staff at some posts, who said they were rushed to approve sites, or didn't have enough information to approve them. Evaluators found that these staff members needed to be more involved in the site approval process. A root cause of problems with site selection criteria appeared to be the lack of effective oversight of the site development process by the director of programming and training (DPT). The DPT should ensure that staff are consistent across sectors and regions, sites meet solid criteria, and staff are preparing sites in a timely fashion.

During post evaluations, OIG found that some Volunteers lacked meaningful, sustainable, project-related work, and in some cases did not have motivated counterparts or host agencies. Volunteers informed OIG evaluators that they could not achieve project objectives and had negative feelings about their service. Some said they were not meeting community needs. OIG directly observed some Volunteers living in sites and housing that didn't meet posts' site selection criteria. OIG received 58 hotline complaints about housing and safety in FYs 2016 and 2017, and 45 complaints in FYs 2018 and 2019.

Site selection criteria were ineffective because site selection criteria and forms were not sufficiently detailed or specific for programs, housing, safety, and counterparts. Housing criteria were difficult to satisfy and site development manuals did not explain or contain criteria. OIG concluded that there was lack of oversight of staff performing site development, and poor planning and management of the site development process, such as misallocation of responsibilities for site development among staff. Inadequate communication between staff during the site development process was another issue we noted. Safety and security as well as medical staff were rushed to approve sites, or not consulted in the site approval process. One post did not use a site survey form, and the PCMO and safety and security manager did not have information about whether sites met criteria. In another case, site criteria checklist forms were

backdated or signed after Volunteers arrived at sites. Insufficient budgetary resources were also noted at one post.

OIG recommendations focused on the following actions:

- Clarifying site selection criteria and ensuring staff know how to document and identify the characteristics required
- Improving documentation, coordination, and communication between staff during site development
- Including the safety and security manager and PCMO in the site approval process
- Updating the post's site development standard operating procedures, clear processes, and project-specific programmatic criteria for assessing the viability of meaningful Volunteer assignments at potential host agencies
- Ensuring that staff follow housing check criteria and record any deficiencies requiring follow-up.

Site History Files

Incomplete, disorganized, and unused site history files are a longstanding issue resulting from weaknesses in agency oversight, guidance, and systems. Poor site history documentation increases the risk that Volunteers may be placed in unsafe sites. In 2016, the [OIG Management Advisory Report: Site History Files](#) found that deficiencies in the completeness and organization of site history files was a recurring issue across multiple posts between 2012 and 2016. This report cited nine countries in which OIG found issues with site history files, and it included the [Evaluation of Peace Corps/Rwanda \(IG-16-02-E\)](#) which overlaps with the period covered in this report. The Site History Files Management Advisory Report included three recommendations. In response, the agency agreed to produce revised interim and final guidance which would improve oversight mechanisms and a memo on systems employed for site history files. However, all three recommendations remained open as of October 2020.

In the [Evaluation of the Peace Corps' Sexual Assault Risk Reduction and Response \(SARRR\) Program \(IG-17-01-E\)](#), OIG found that maintaining site history files is one area where post staff reported the need for additional guidance from headquarters. As a result, OIG recommended “that the Director develop and communicate guidance for overseas staff on documenting site-specific security incidents in site history files while maintaining Volunteers' confidentiality, and on using the information in site history files as part of posts' site vetting process.”

The lack of site history file management controls and defined procedures made it difficult for staff at posts to monitor and ensure that appropriate procedures and processes were followed. OIG was concerned that Volunteers had a greater risk of being placed in sites which were not safe.

Between FYs 2016 and 2019, 12 OIG evaluation reports⁸ contained findings regarding site history files. They lacked required documentation per agency requirements in seven reports, and five reports noted that site history files did not record crime incidents as required. In one case, staff were not using site history files in the site development process. These findings cited the

⁸ This included 10 post evaluations and 2 global reports—the Evaluation of the Peace Corps' SARRR Program (IG-17-01-E) and the Management Advisory Report on Site History Files (IG-16-02-SR) already mentioned.

Programming and Training Guidance, Safety and Security Instruction (SSI) 401 and 603, and MS 270.6 as relevant agency criteria.

In 2018, the agency published revised guidance about the management and oversight of site history files. The agency issued a directive via email that all posts should develop a site history file standard operating procedure by April 2018. However, six OIG evaluations published in FY 2019 found that there were still problems with site history file management at posts.

Staff needed clearer guidance from headquarters and training on using the Peace Corps Crime Incident Reporting System and using and maintaining the site history files. Coordination and communication between staff were also insufficient, and errors, like back-dating forms, indicated failures in supervision and monitoring. This is also reflected in the absence or vagueness of required standard operating procedures or staff neglecting to follow them.

There were 12 recommendations related to site history files in post evaluations, most of which required improved oversight of the management and use of site history files by the CD, director of programming and training, and safety and security manager. In a few cases, OIG recommended that the post comply with agency requirements, such as ensuring that crime incidents were properly noted in the files.

Emergency Medical Response

TG 204 states that “the PCMO will visit all sites that have been selected to provide care to [Volunteers] (hospitals, clinics, private doctors, etc.) at a minimum of once every 3 years utilizing the facility and provider assessment tools provided by OHS.”⁹ Also MS 264, Procedures, states that the CD should hold periodic drills to ensure that staff are able to respond appropriately to a medical emergency. TG 385, Medical Action Plan, states, “Every post must develop, document, and regularly update post plans to properly handle potential urgent or emergent medical needs of its Volunteers.”¹⁰ MS 522, Procedures, “Motor Vehicle Use and Insurance,” requires that “[a]t least one Peace Corps vehicle is available at all times for medical treatment of Volunteers.”

OIG found that some posts struggled to meet requirements for emergency preparedness and facility assessments when the medical unit was understaffed, and PCMOs had an extra heavy workload and therefore had to prioritize immediate patient care. A couple staff members also attributed compliance gaps to difficulties supporting Volunteers with medical accommodations. OIG found that in some cases, insufficient oversight led to failures to comply with requirements.

In 2016, OIG published the [Follow-Up Evaluation of Issues Identified in the 2010 Peace Corps/Morocco Assessment of Medical Care \(IG-16-01-E\)](#). We found that unclear expectations had caused confusion regarding the process for medical site visits. Additionally, “PCMOs identified high workload, distance to Volunteers, and lack of resources as barriers that prevented them from conducting medical site visits. Furthermore, we found CDs were not always providing sufficient oversight to ensure that visits were being conducted.” PCMOs reported that an unrealistic workload negatively affected their morale. PCMOs were particularly unsatisfied with their non-clinical responsibilities.

⁹ The agency informed OIG that it had updated TG 204 in October 2020 and circulated it globally.

¹⁰ The agency informed OIG that it had updated TG 385 in July 2019 and provided training for PCMOs.

OIG found that three posts were not adequately assessing local health providers and facilities. We also found that four posts did not have satisfactory medical action plans, and we identified risks and vulnerabilities regarding the PCMO's ability to respond to emergencies at two posts.

As a result, some Volunteers could have been at risk of not receiving adequate medical care when unable to reach the medical unit or in an emergency. Incomplete medical action plans could impede efficient management of medical emergencies. In one report, OIG concluded that the management of medical emergencies was difficult and dangerous when PCMOs drive while at the same time coordinating logistics and Volunteer medical care.

OIG recommended that posts develop a plan for meeting requirements for emergency preparedness and ensure that a driver is available for emergencies. Evaluation reports also recommended that PCMOs assess local medical facilities according to requirements in the agency's medical technical guidelines. A few posts' PCMOs needed to develop regional medical action plans in compliance with agency requirements.

Technical Training

Peace Corps created resources and implemented a strategy to more effectively "train-up" Volunteers with non-specialized credentials (called "generalists") in response to the recommendations of the 2010 Comprehensive Agency Assessment. To standardize training, the agency developed the Peace Corps Global Learning Standards which were announced in December 2013, and all posts were required to use standard training modules and the trainee assessment portfolio by January 1, 2016. This tool documents trainees' progress and helps staff give them appropriate support during training.

Eight post evaluation reports in FYs 2016 to 2019 had findings on technical training. Technical training at these posts did not meet criteria described in the Characteristics and Strategies of High Performing Posts, and MS 201, regarding eligibility and standards for Peace Corps Volunteers. They also cited multiple sections of the Programming, Training, and Evaluation Guidance and the Global Core Training Package.

OIG attributed training deficiencies to insufficient involvement of programming staff in technical training and over-dependence on Volunteer trainers. Technical training was inconsistent, redundant, or had gaps in host-country specific information. In some cases, these issues stemmed from inadequate staff technical expertise. Overly broad or poorly designed project frameworks did not help training staff define targeted training objectives. Training staff did not have information they needed for future training events because they did not use the trainee assessment portfolio or follow the Global Learning Standards.

As a result, some Volunteers described their service in negative terms, and said the intended beneficiaries did not acquire improved capacities as a result of hosting and working with them. OIG found that some Volunteers were not technically prepared for service and they reported feeling unable to achieve their project goals and objectives. The failure to provide adequate training on monitoring and evaluation also made it more difficult to evaluate the effectiveness of Peace Corps programs and identify areas needing improvement. In some cases, Volunteers categorized primary activities as secondary activities, so post programming staff could not provide headquarters with a full picture of what they were accomplishing in their projects. Finally, it was more difficult for programming staff to provide technical support to Volunteers during service, because they were not involved in technical training during pre-service training and therefore were not perceived as a resource.

There were three reports with positive findings regarding technical training, because OIG observed that technical training aligned with project frameworks, Volunteer activities, and position descriptions, and Volunteers reported that it effectively prepared them for their project activities. In Thailand for example, staff attributed improvements in technical training to staff training, as well as better alignment between Volunteer's technical activities and the design of technical training.

OIG recommended improvements to technical training, and two recommendations compelled posts to redesign or better align the project frameworks to provide a stronger base for designing technical training.

Emergency Action Plan (EAP)

When evaluating post's emergency preparation, OIG compared post's emergency action plan with records the post maintained and verified Volunteers' familiarity with the EAP during interviews. Evaluations also confirmed compliance with the Peace Corps' Safety and Security Manager Standard Operating Procedures on the following topics:

- EAP Testing and Training
- Selecting Consolidation Points
- EAP Risk Assessment

In 2017, the Office of Safety and Security introduced a safety planning handbook for Volunteers titled "My Safety Guide: A Safety and Security Resource." The guide includes a selection of safety planning activities that safety and security managers could choose to implement, including one that is designed to help Volunteers plan for a natural disaster and identify an alternative route out of their site.

OIG identified problems which could impair posts' emergency response in seven reports. In four reports, Volunteers either could not tell us their consolidation points or said they could not reach them in time in an emergency. In one report, the post's consolidation point documentation contained discrepancies. OIG also noted weaknesses in posts' preparations for natural disasters such as floods or earthquakes in two reports. In addition, one post did not have up-to-date contact information for Volunteers.

OIG found that these issues stemmed from insufficient planning as required, and inadequate systems for ensuring the emergency information was updated and stored. One post attributed the

problem to having covered too much information during pre-service training for Volunteers to remember their consolidation points.

As a result, Volunteers might not be able to go to their consolidation points in the event of an emergency. They could be stranded by flood waters, lack an emergency evacuation route, or be unable to find their consolidation point. Inadequate records of Volunteer contact information could impact posts' ability to find or communicate with a Volunteer during an emergency. Also,

In Uganda, we found that staff provided trainees with information about consolidation points during training and reviewed this information during several training exercises designed to simulate steps Volunteers would take during a consolidation event. In addition, the post reinforced consolidation point training by holding regional Volunteer meetings at consolidation point locations, a recommendation made by the Peace Corps safety and security officer following his most recent visit. Finally, the post assessed the feasibility of Volunteers reaching consolidation points and planned to adjust these locations accordingly.

insufficient preparation could impede the post's response to a major earthquake.

OIG recommended that posts improve processes and procedures for collecting and updating emergency related information. Safety and security managers should develop minimum standards and verify that consolidation points meet them when selected. Posts also needed to improve Volunteer training on consolidation points and emergency procedures. Finally, posts needed to plan appropriately for natural disasters such as floods and earthquakes.¹¹

Project Design

OIG described problems with project design in seven evaluations. We found that Volunteers struggled to meet project objectives and some reports cited problems with project frameworks. OIG referred to the agency's Programming, Training and Evaluation Guidance, Characteristics and Strategies of High Performing Posts, as well as the posts' project frameworks, to determine that program design fell short of agency standards.

Based on these criteria, OIG found that problematic project frameworks were too broad in scope, the project goals were unclear, and some frameworks contained too many indicators. In one case staff mentioned poor collaboration between programming and training staff to explain why Volunteers were not achieving project objectives. OIG also found some project frameworks were not finalized or were incomplete.

¹¹ In late 2019, the agency provided updated EAP guidance to all posts.

In 2011, the agency implemented an initiative called "Focus in-Train Up" after an internal management report titled "the Comprehensive Agency Assessment" found that the Peace Corps' 211 different projects in 50 different technical areas were difficult to support, and the agency had difficulty recruiting Volunteers with specialized technical experience. They aimed to "focus in" by reducing the number of project areas to six well defined projects (including education, agriculture, environment, youth development, small enterprise development, and health education). In 2014, the Peace Corps Monitoring and Evaluation (M&E) Taskforce recommended the adoption of logical project frameworks to improve the project planning process. This led to the "Program, Training and Evaluation Alignment" initiative rolled out in 2017, to systematically redesign projects.

During the period covered by this report, the agency produced revised guidance for posts on how to create project plans, and provided resources to posts to revise their project frameworks in line with the new guidance, as projects reached the end of their current lifespans. The [Project Design Toolkit](#) and other programming resources, such as the Sector Resource Packages and Monitoring and Evaluation Toolkit, were launched globally in 2019. OIG evaluations of Kosovo, Nepal, and South Africa occurred before these posts participated in the field-test phase of the logical project framework revision process.

As of May, 2020, 87 projects globally had been endorsed as satisfactorily completing the project revision process, and 48 projects were either not started, or in the design or review stage. According to performance goal 1.1 of the Peace Corps' Strategic Plan for FYs 2018 to 2022, the agency aimed to have all projects using an endorsed logical project framework by the end of 2021.

As a result of poor project design, staff at posts had difficulty designing effective technical training. This contributed to Volunteers confusing primary and secondary projects, or some Volunteers found their activities outside their assigned agency or project were more fulfilling. Some projects missed their targets for objectives or could not achieve goals in the project plan. OIG found that Volunteers were not fully achieving the first Peace Corps goal of helping countries meet their need for trained men and women. To address these problems, OIG recommended that posts make projects more narrowly focused, accurately define primary and secondary projects, and improve staff technical capacity to manage them. Posts also needed to improve technical training for Volunteers.

Mental Health Support

The Peace Corps' Strategic Plan for FYs 2018 to 2022 promotes Volunteer resiliency outside of the clinical environment, helping Volunteers navigate the challenges of service by increasing "the range of individuals from whom Volunteers can seek support when facing adjustment challenges during service." In the [Evaluation of the Peace Corps' Sexual Assault Risk Reduction and Response Program](#) (IG-17-01-E), OIG found that policies concerning provision of mental health services needed clarification because many Volunteers were confused about Peace Corps' provision of mental health support.¹²

¹² [Evaluation of the Peace Corps' Sexual Assault Risk Reduction and Response Program \(IG-17-01-E\)](#)

Recommendation 35: "That the Director develop specific guidance to Peace Corps medical officers to clarify the standards and expectations for the provision of counseling services, and communicate that guidance to Volunteers." Pg. 64 ([SARRR Evaluation](#), pg. 74, yellow hl)

Five post evaluation reports had findings on mental health. These reports cited TG 510, which requires PCMOs to establish “therapeutic relationships with all Volunteers” and conduct the initial assessment and care of Volunteers’ mental health before referring Volunteers to licensed mental health care providers.

At two posts, OIG found that Volunteers feared being medically separated if they asked for mental health support. This problem stemmed from a lack of trust and accurate messaging during pre-service training (PST). Two reports also mentioned that Volunteers received insufficient mental health training. Finally, at two posts, PCMOs needed to strengthen their ability to provide mental health support.

As a result, Volunteers reported that they did not feel comfortable telling PCMOs about mental health concerns. Due to deficiencies in training, some Volunteers were misinformed or confused about the process for securing counseling. Many Volunteers were dissatisfied with mental health support and did not feel their mental health support needs were being met by the Peace Corps.

To address these issues, OIG recommended that the Director clarify guidance to PCMOs on standards and expectations for counseling services and communicate that to Volunteers. Also, we recommended that the Office of Health Services provide support to PCMOs at a post to reinforce their capacity to provide mental health support. OIG also recommended improved training on resiliency and the process for securing mental health support for Volunteers. At one post, staff made the suggestion that the agency should establish expectations about the availability of mental health providers before Volunteers arrived in country. This is consistent with a performance goal in the agency’s Strategic Plan for FYs 2018 to 2022 to establish realistic expectations of service during the application process.¹³

¹³ The agency reported to OIG that the Office of Health Services provided training for post medical staff in 2019 and 2020 to improve support for Volunteer mental health needs.

RECURRING ISSUES FOR INVESTIGATIONS

The OIG Investigations Unit conducts investigations of alleged criminal and administrative violations of law, regulation, and policy in Peace Corps programs and operations, both domestically and internationally. OIG investigators are federal law enforcement officers.

Investigations are typically initiated with the receipt of information, frequently from Peace Corps staff and Volunteers, but also from contractors and members of the general public, reporting potential, suspected, or perceived fraud, waste, abuse, and mismanagement to OIG. OIG reviews all allegations reported and gives them serious consideration. They are all treated confidentially.

When OIG receives a new allegation, we record it in an electronic case file system. OIG then reviews the allegation and determines whether to initiate an inquiry or investigation, or to refer the matter to Peace Corps management or other entity for action.

DESCRIPTION OF WORK COMPLETED

During the FY 2016 to 2019 period, the vast majority of allegations were referred to the agency, for follow-up or other action. The chart in Figure 7 shows the number of allegations received and investigations opened during this period. FYs 2016 to 2017 and 2018 to 2019 are noted separately because of differences in how the data was treated.¹⁴

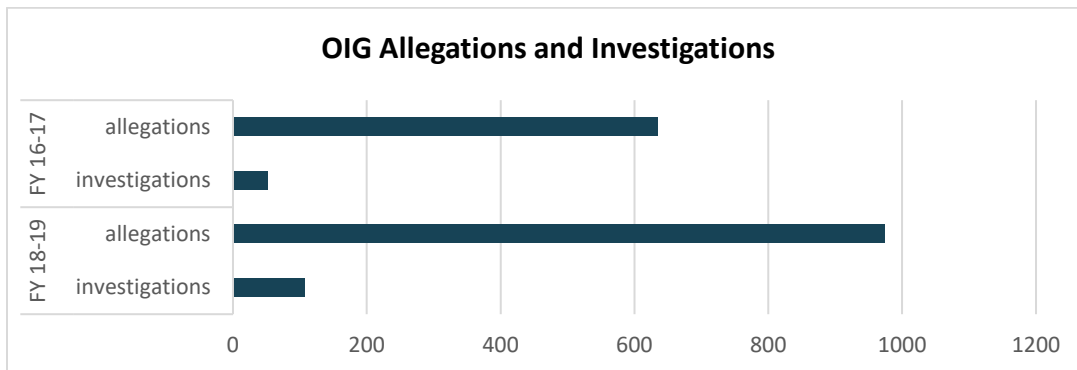


Figure 7: Allegations Received and Investigations Opened, FYs 2016 to 2019.

Just over half (59 percent) of all allegations received by the OIG in FYs 2016 and 2017 " and one-third (37 percent) in FYs 2018 and 2019 were categorized as "mismanagement." This category included problems with the application process, healthcare, housing and safety, retaliation, separation from service, and staff performance. In addition, in FYs 2018 and 2019, OIG tracked additional subcategories of "mismanagement," to include concerns about financial mismanagement, sexual assault mismanagement, site development, unfair treatment, separation from service, housing and safety, healthcare and staff management, and the hiring process.

As shown in Figure 8 below left, roughly half of the cases investigated in FYs 2016 to 2019 originated from the Africa Region. The rest were divided between the EMA and IAP regions and the United States. This corresponds to the geographic distribution of Volunteers and staff. The

¹⁴ See the section on Scope and Methodology for more information on investigations data.

majority of Volunteers (45 percent) were serving in Africa, and 55 percent were divided between the IAP and EMA regions.

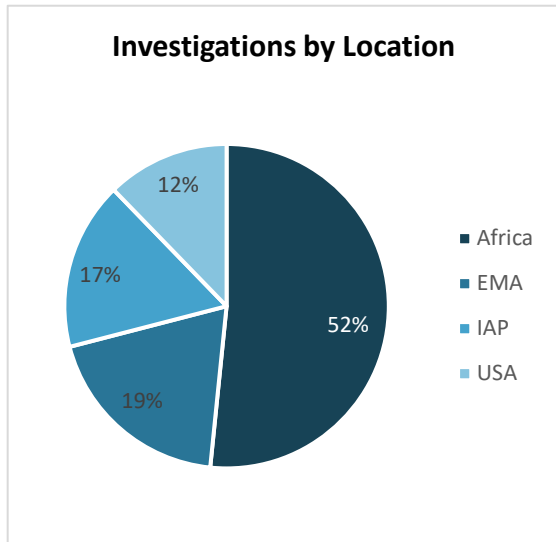


Figure 8: Percentage of investigations by location in FYs 2016 to 2019.

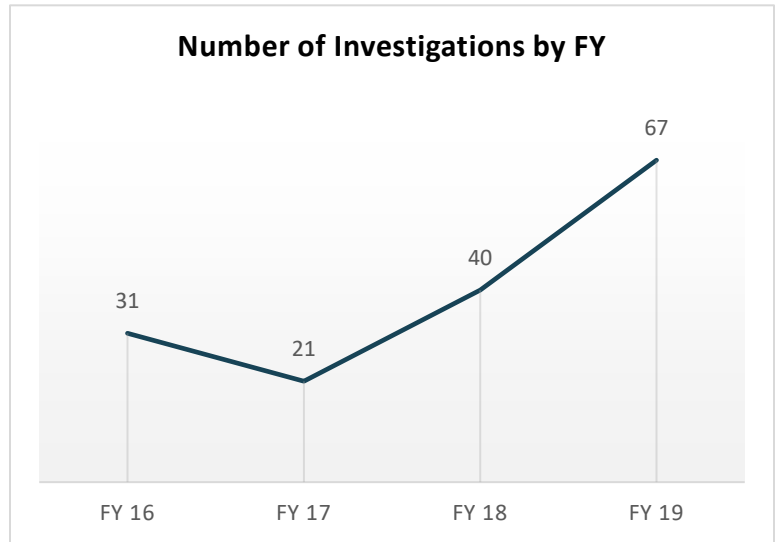


Figure 9: Number of Investigations by Fiscal Year.

Figure 9, above right, shows that the number of investigations increased in FYs 2018 and 2019. This reflects increased numbers of investigations on sexual offenses, fraud and theft, and drug offenses, which accounted for 61 percent of all investigations.

MOST FREQUENTLY RECURRING TYPES OF INVESTIGATIONS FROM FYs 2016 TO 2019

Five categories of investigations, as shown in Figure 10 below, account for 78 percent of investigations. We will look at the specific types of investigations conducted in each of these broad categories in the remainder of this section.

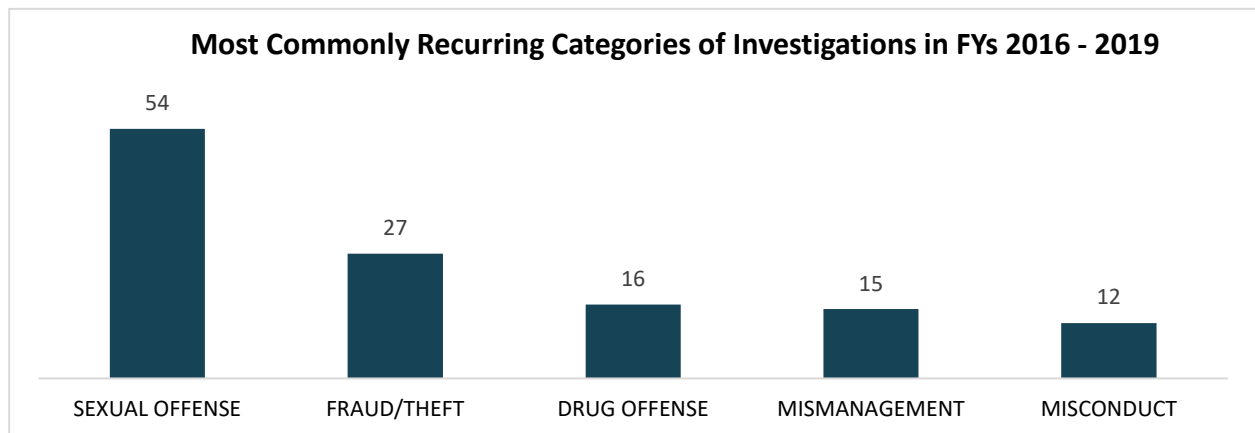


Figure 10: Categories of Offenses Most Often Investigated in FYs 2016 to 2019.

Sexual Offenses

There were 54 investigations related to sexual offenses, with a peak of 22 in FY 2018 (see figure 11 below). The most common type of sexual offense investigated in FYs 2016 to 2019 was non-aggravated sexual assault, followed by aggravated sexual assault and rape (see Figure 12, below right). In one example of a sexual offense, following an OIG investigation into the matter, a former Peace Corps trainee pleaded guilty to and was sentenced for video voyeurism in 2019. Each year, there were less than five investigations related to sexual harassment and violations under the Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today (PROTECT) Act of 2003.

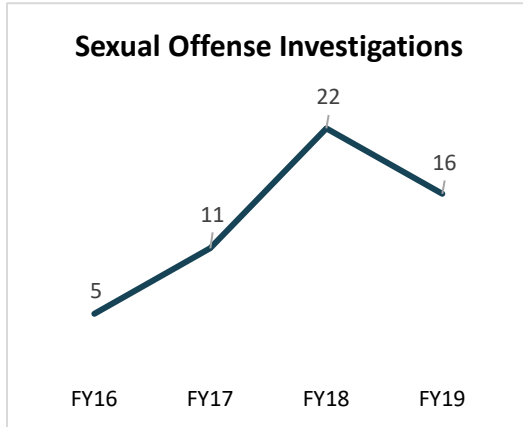


Figure 11: Distribution of the Number of Sexual Offense Investigations by FY.

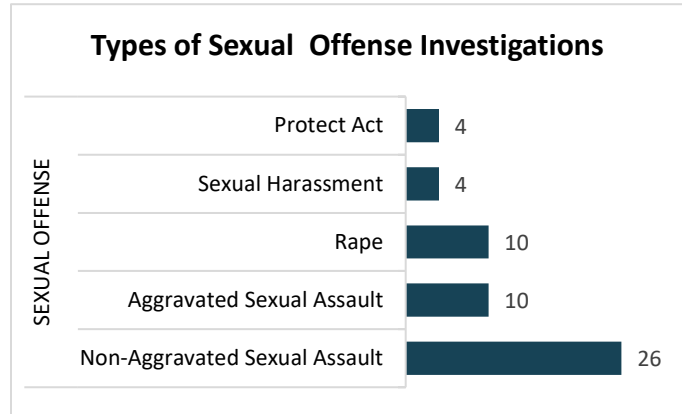


Figure 12: Number of Sexual Offense Investigations from FYs 2016 to 2019 by Type.

Fraud and Theft

OIG investigated more cases of fraud and theft in FY 2019 compared to prior years, and there were no investigations of theft and fraud investigated in FY 2017 (see Figure 13, below left). The most common types of fraud and theft investigated were theft of organization funds or property, including two investigations of theft of fuel (see Figure 14, below right). There were also several investigations into travel voucher fraud.

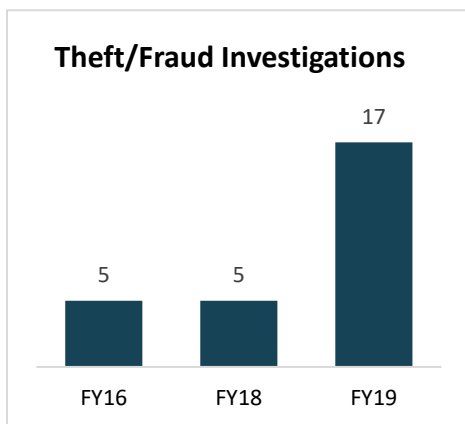


Figure 13: Distribution of the Number of Theft and Fraud Investigations by FY.

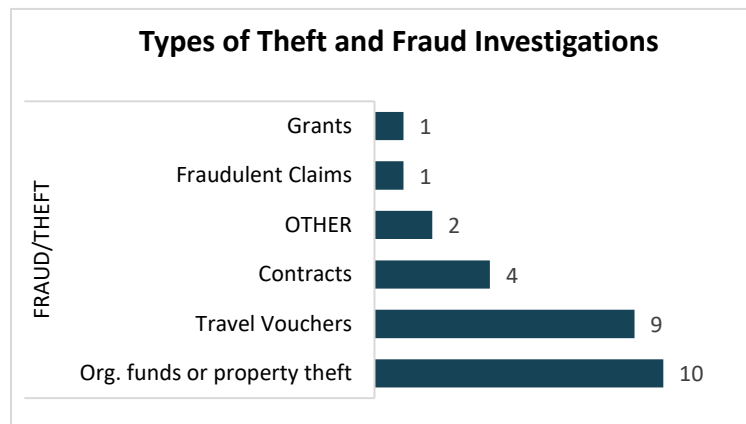


Figure 14: Number of Theft and Fraud Investigations by Type.

Drug Offenses

There were 10 drug offense investigations in FY 2019, compared to 6 investigations in the 3 prior years combined (see Figure 15, below left). Most of the cases were related to drug use and possession (see Figure 16, below right). OIG provided a [Management Advisory Report on Volunteer Drug Use \(IG-18-01-SR\)](#), which was published on August 7, 2018. This report summarized OIG’s observation of the need for improvement in the Peace Corps’ efforts to address Volunteer drug use to avoid negative consequences, such as damage to the Peace Corps’ reputation and risks to Volunteer health and safety. We noted that a single case can often lead to administrative actions against multiple Volunteers, seriously affecting post operations.

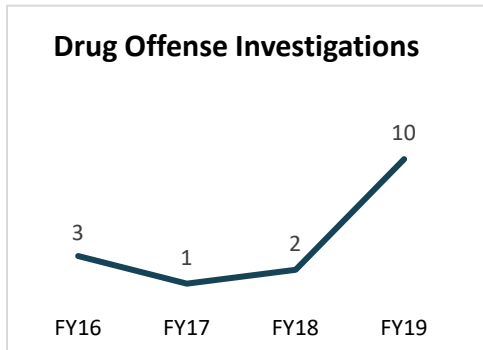


Figure 15: Distribution of the Number of Drug Offense Investigations by FY.

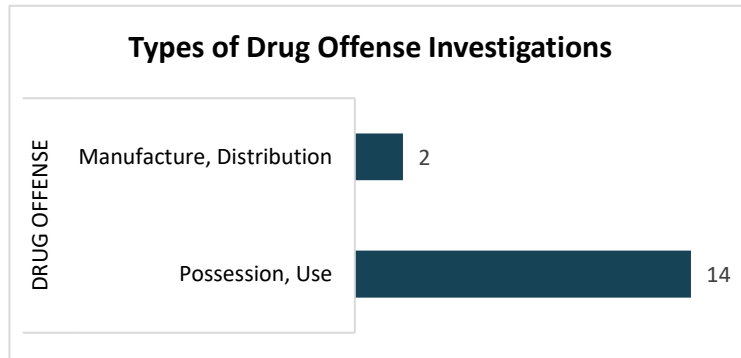


Figure 16: Number of Drug Offense Investigations by Type.

Mismanagement

There were 15 investigations of mismanagement, spread evenly across three regions and the United States (see Figure 17, below left). The majority of mismanagement investigations occurred in FY 2016, and there were no investigations in FY 2018. Most of the mismanagement investigations were allegations that staff were not adhering to administrative rules and policies. (see Figure 18, below right).

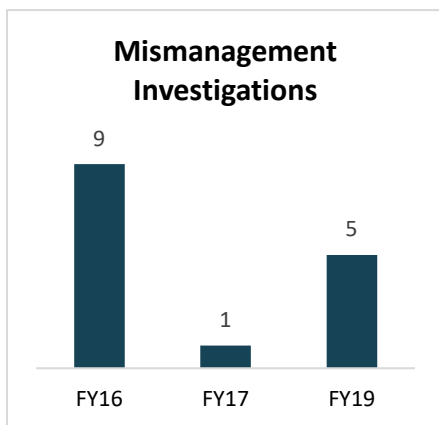


Figure 17: Distribution of the Number of Mismanagement Investigations by FY.

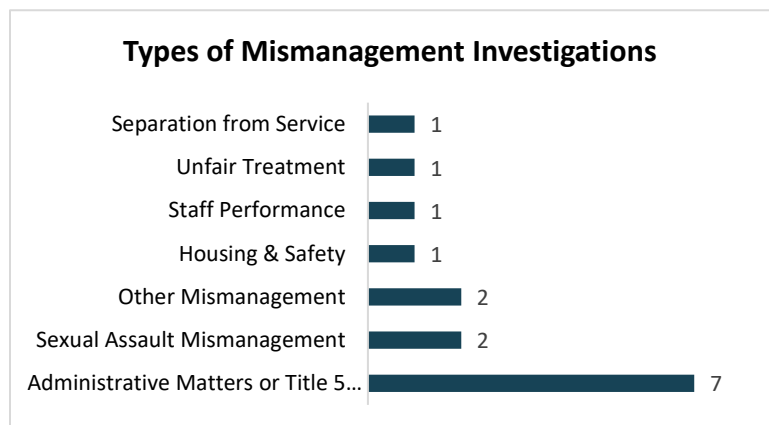


Figure 18: Number of Mismanagement Investigations by Type.

Misconduct

This category is similar to mismanagement but includes investigations where a violation of law or policy occurred. For example, in 2018, a former employee was charged with violating a post-employment conflict of interest restriction. The employee agreed to pay a \$10,000 penalty as part of a deferred prosecution agreement with the U.S. Attorney’s Office for the District of Columbia.

Misconduct investigations have increased each year since FY 2016 (see Figure 19, below). When broken down by the case categories employed by the Investigation Unit, (see Figure 20, below right) 42 percent of misconduct investigations pertained to fraternization. A smaller percentage concerned personnel/labor relations (17 percent) and non-criminal misconduct (25 percent).

In summary, this analysis identified specific types of investigations which were the most

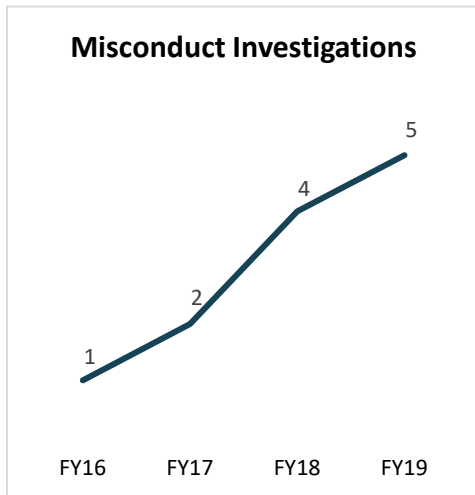


Figure 19: Distribution of the Number of Misconduct Investigations by FY.

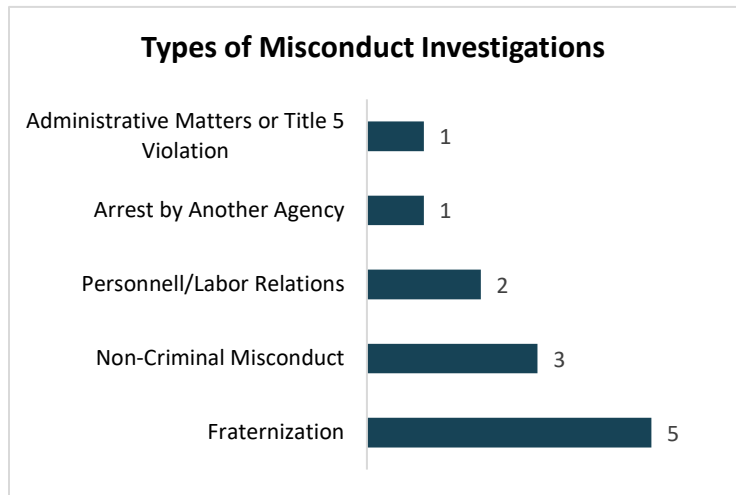


Figure 20: Number of Misconduct Investigations by Type.

frequently recurring from FYs 2016 to 2019. Sexual assault was the most commonly investigated type of sexual offense. Embezzlement or theft of organization funds or property and travel voucher fraud were the most often investigated types of fraud and theft. Drug offenses were also very common types of investigations. Finally, abuse of position or conflict of interest investigations, and misconduct related to fraternization were among the most common investigations during this time frame.

LEADERSHIP AND MANAGEMENT

For this report, we combined data from both OIG audit and evaluation reports to identify the most commonly recurring leadership and management issues in FYs 2016 to 2019. (see Table 3 in the scope and methodology section for more details on the sources of data.) Regarding leadership and management, there are two relevant researchable questions in the design for country program evaluations research: "Do staff effectively communicate and collaborate with each other, Volunteers, and other stakeholders?" and "Has leadership effectively managed staffing and staff capacity?" Audits identify and describe the causes of deficiencies in internal control, as well as fraud, illegal acts, violations of provisions of contracts or grant agreements, and abuse.

On July 16, 2020, OIG staff presented the preliminary results of our analysis during a high-level meeting with agency leadership. We provided short, topical briefs (see appendix) summarizing causes, effects, and possible mitigation strategies for issues which frequently recurred in audits and evaluations from FYs 2016 to 2019. All of the recurring issues from FYs 2016 to 2019 were at least partially caused by factors related to leadership and management. Staff management was the most frequently cited cause, with most reports identifying personnel management challenges and the need to define (or redefine) roles and responsibilities. Some reports also mentioned workload imbalances due to staff turnover and leadership gaps.

Other aspects of leadership and management also contributed to these recurring issues. We grouped related types of causes into the following broad categories, based on the most common types of issues which emerged from findings described in audit and evaluation reports:

- insufficient communication with staff, Volunteers, headquarters, or other stakeholders and lack of collaboration between units;
- inadequate oversight or weak internal controls;
- gaps in staff training needed to perform job functions;
- unclear or nonexistent guidance, policies, and procedures;
- ineffective staff management, including unclear roles and responsibilities, unplanned staff turn-over, leadership gaps; and
- noncompliance with rules and regulations related to personnel management (hiring, contracting issues, management of benefits, timekeeping).

In our analysis, we looked for the connections between these different aspects of leadership and management and the 11 most frequently recurring issues discussed in this report. We counted the number of reports with these findings, and then divided them according to the different causes related to leadership management noted in the findings. In the diagrams below, leadership and management challenges are listed on the left side and bands connect them to the recurring issues in which they are cited on the right. The width of the band reflects the number of reports which draw this connection.

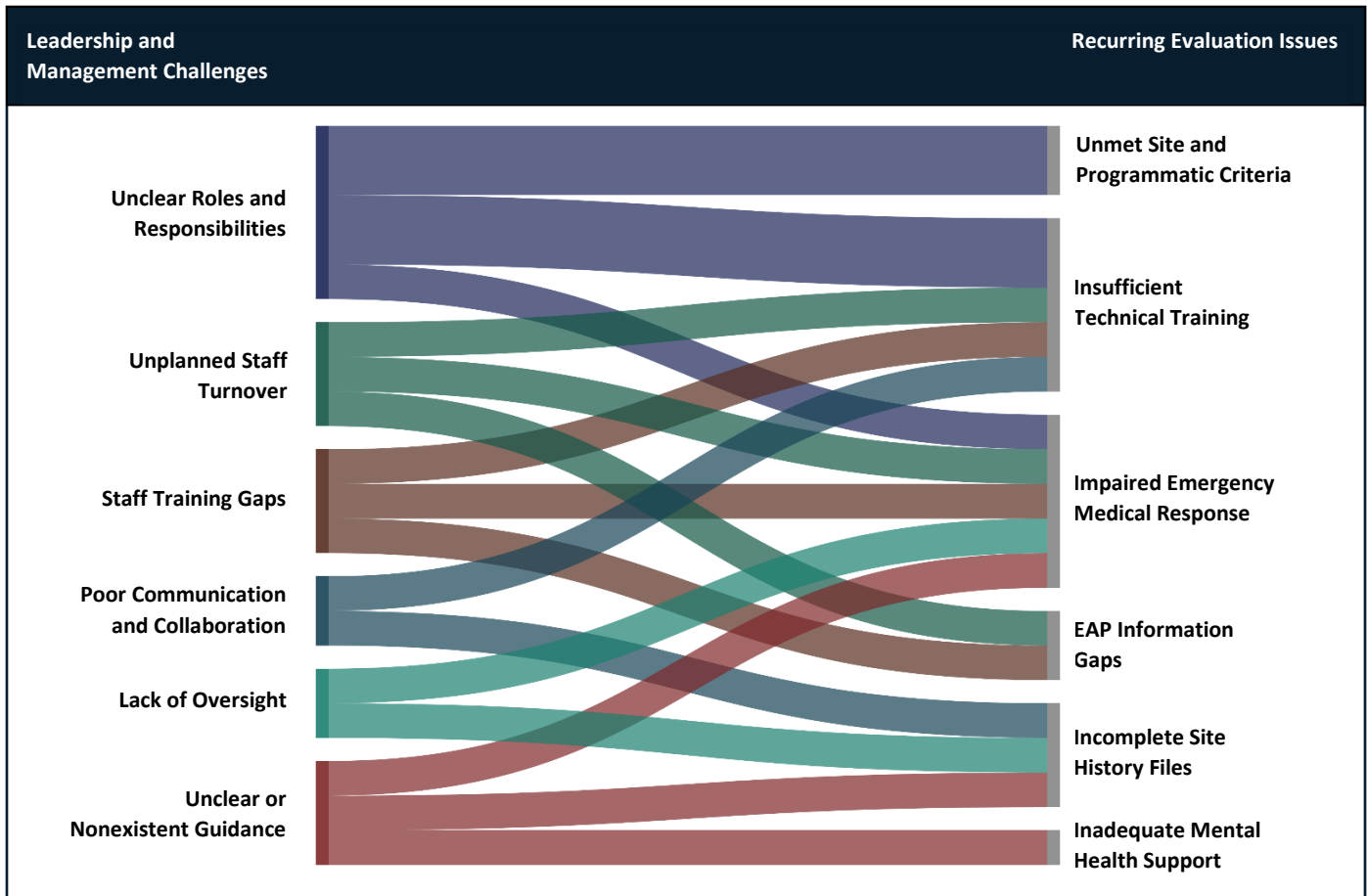


Figure 21: Connections between Leadership and Management and Recurring Evaluation Issues.

Unclear roles or inappropriately delegated responsibilities among staff contributed to three recurring evaluation findings. First, sites failed to meet required criteria when posts didn't include PCMOs and safety and security staff, or did not clearly define staff roles in the site development process. Second, evaluation reports attributed problems completing medical action plans and conducting facility assessments to PCMO's excessive workloads and lack of resources. Also, some PCMOs were not included in posts' budgeting process. Third, programming staff were not sufficiently involved in pre-service training and depended on Volunteer trainers. This negatively impacted Volunteer technical training.

From FYs 2016 to 2019, multiple evaluation reports recommended that the agency assess training needs, improve staff understanding and staff capacity, and provide formal onboarding and continuing education programs. For example, we found that country directors needed more training on health unit oversight responsibilities. Also, back-up medical providers needed more training to be prepared to respond to medical emergencies. EAP information gaps resulted from staff at posts struggling to follow a process for updating and storing Volunteer contact information. Technical training for Volunteers was less effective at a couple posts because programming staff needed stronger technical expertise.

Poor collaboration between the programming and training units at posts contributed to ineffective technical training. This was often connected to poorly defined project frameworks.

Incomplete site history files resulted from poor communication and collaboration between programming staff during site development and safety and security staff who maintained the files.

Unclear or nonexistent guidance created issues for medical emergency responses, mental health support, and site history files. For example, OIG found that staff were unclear how frequently local medical facilities should be assessed and how frequently back-up providers should be used. There was also confusion about the policy regarding the requirement for a vehicle to be “available” at all times for medical staff. OIG also learned that post staff were not able to clearly communicate the policy on mental health counseling following a sexual assault. Post staff also needed clearer guidance about how to document restricted reports of sexual assaults in site history files, without compromising Volunteers’ confidentiality. Posts also did not have site history file standard operating procedures, or they were unclear, and staff did not follow the procedures in some cases.

In evaluation reports, unplanned staff turnover and staffing gaps were connected to impaired emergency medical preparedness and ineffective technical training. Turnover and staffing gaps in post medical units led to heavy workloads, and PCMOs had to prioritize Volunteer medical care. As a result, less urgent tasks like facility assessments were not completed. Similarly, Volunteers’ emergency contact information was not updated due to a long vacancy in the safety and security assistant position. Volunteer technical training was also ineffective at some posts because of the lack of qualified technical trainers.

Lack of oversight as a cause is connected to emergency response, staff training gaps, and the issue of incomplete site history files in the diagram above. Medical evacuation plans were found to be incomplete because of a lack of oversight in one report. Staff training for staff on sexual assault response was not being coordinated due to the lack of a designated owner for this training. Site history files did not include necessary documentation, or forms had been backdated due to gaps in oversight.

The diagram below (Figure 22) maps the connections between leadership and management causes and recurring issues from audit reports between FYs 2016 and 2019.

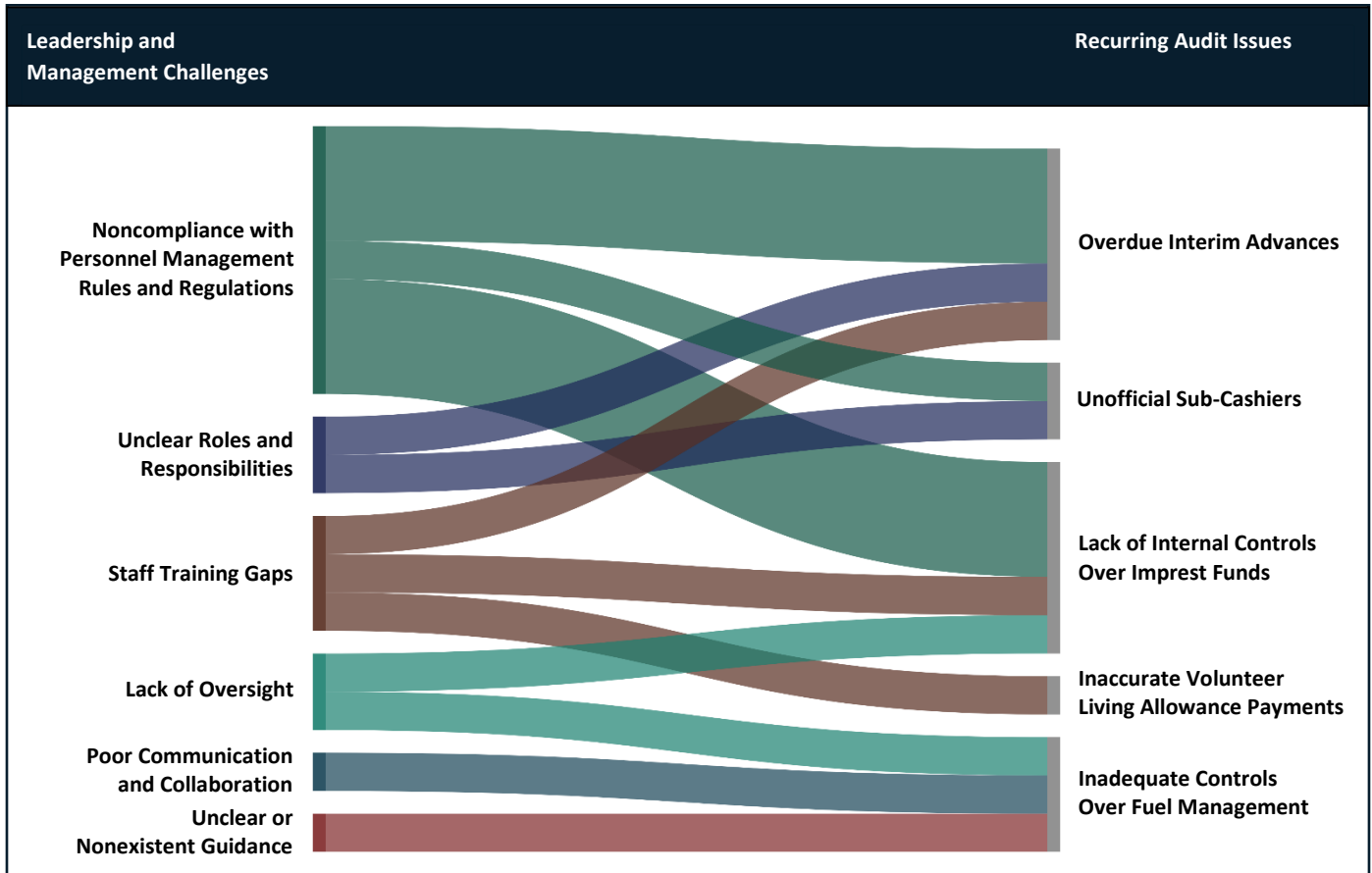


Figure 22: Connections Between Leadership and Management and Recurring Audit Issues.

Unclear roles and responsibilities contributed as a cause in multiple audit report findings. Four audit reports found that staff at post were acting as sub-cashiers without being officially designated or trained for this responsibility. Audit reports also found staff were not responsible for or able, in some cases, to do necessary job functions. In one example, the billing officer was not performing duties required of the position and had taken on additional roles that created a conflict of interest. Audits found that problems with roles and responsibilities led to insufficient segregation of duties as required to ensure oversight.

In evaluation reports, the recurring issues caused by staff management challenges related to staff turnover; however in audit reports, findings were more specific to noncompliance with personnel management rules and regulations. The use of unofficial sub-cashiers, overdue interim advances, and lack of imprest fund internal controls were connected to problems with personnel management. Other examples of noncompliance noted in audit reports include issues with employee records management, such as time sheets, credit hour documentation and approval, medical claims, performance reviews, and contractor releases. There were also issues with posts obtaining and recertifying security clearances for local staff.

Gaps in staff training contributed to several audit recurring issues in FYs 2016 to 2019. Six audit reports cited training gaps which impeded compliance with Peace Corps financial and property

management policies and regulations. These reports identified training deficiencies concerning contracting, management, and storage and disposal of medical supplies and pharmaceuticals. DMOs needed a better understanding of how and to whom they could grant access to the Peace Corps' electronic financial management systems; procedures related to cashier operations and controls; and bills of collection, interim advances, and travel vouchers. A couple reports found that a DMO and general service manager had not received training on the Peace Corps' inventory management system.

Poor communication and collaboration between units was a cause of inadequate control of fuel management, documented in audit reports. Unclear guidance from headquarters was also linked to inadequate control of fuel management. One report found that the Peace Corps did not provide any guidance or best practices to posts for managing fuel cards, purchasing fuel, reconciling vendor invoices with VMIS, or tracking fuel purchased for generators. Lack of oversight was also a contributing factor to inadequate control of fuel management, because the post lacked controls over fuel cards and the purchase and use of generator fuel.

This analysis demonstrates how factors related to leadership and management were significant causes of all the recurring issues from FYs 2016 to 2019. Of the five principles of effective control environments described by the Standards for Internal Control in the Federal Government [GAO-14-704G] (Green Book), we found that the majority of recurring issues needed to be addressed through strengthening the following aspects of internal control, as defined in the Green Book:

- Establishment of an effective organizational structure, assigning responsibility and delegating authority
- Recruitment, development and retention of competent personnel
- Evaluating performance and holding individuals accountable for internal control responsibilities
- Oversight of the internal control system

SCOPE AND METHODOLOGY

In the previous Recurring Issues Report, FYs 2012 to 2015, the unit of analysis used for comparison was “recommendations.” The audit and evaluation units use Excel workbooks to track several types of recommendation categories based on topics examined as part of the evaluation and audit process. When OIG issues a report, we categorize each recommendation and record a brief description of the issue. For the [Final Report on Recurring Issues: Common Challenges Facing Peace Corps Posts, FYs 2012 to 2015 \(IG-16-04-SR\)](#), we used content analysis to analyze the recommendation language, category, and the issue description to determine the most frequently recurring issues. We then calculated the percent of reports that contained the most frequently recurring issues.

In the FYs 2016 to 2019 report, we used content analysis to process the entire content of evaluation, audits, and investigation reports. We then used query functions (primarily matrix queries) to determine which issues were addressed most frequently in our reports. Basing the analysis on the entire content of our reports rather than just the recommendations allowed for a more comprehensive assessment of the prevalence of different issues.

PEACE CORPS OFFICE OF INSPECTOR GENERAL

Table 3: Audit and Evaluation Reports Included in the Analysis.

IG-Code	Audit Reports	IG-Code	Evaluation Reports
16-00-SR	Review of Peace Corps' Information Security Program	15-05-E	Country Program Evaluation PC/Nepal
16-01-A	Audit of PC/Kyrgyz Republic	16-01-E	Follow-Up Evaluation of Issues Identified in the 2010 Peace Corps/Morocco Assessment of Medical Care
16-02-A	Audit of Peace Corps' Healthcare Benefits Administration Contract	16-02-E	Country Program Evaluation PC/Rwanda
16-01-SR	MAR: Peace Corps Management of the Freedom of Information Act Process	16-02-SR	MAR: Site History Files
16-03-A	Audit of PC/Indonesia	17-01-E	Peace Corps' Sexual Assault Risk Reduction and Response Program Evaluation
16-04-A	Audit of PC/Senegal	17-02-E	Country Program Evaluation PC/Kosovo
16-05-SR	Report on Protecting Sensitive Information in Peace Corps Computer Systems	17-03-E	Country Program Evaluation PC/South Africa
16-05-A	Audit of PC/Colombia	MIR	Challenges Associated with Staff Turn Over
17-01-A	Audit of PC/China	18-01-E	Country Program Evaluation PC/Costa Rica
17-02-A	Audit of PC/Georgia	18-02-E	Country Program Evaluation PC/Albania
17-03-A	Audit of PC/Eastern Caribbean	18-03-E	Follow-Up Review PC/Peru
17-04-A	Audit of PC/Cambodia	18-04-E	Follow-Up Review PC/Uganda
17-05-A	Follow-Up Audit of PC/Zambia	18-01-SR	MAR: Volunteer Drug Use
17-02-SR	Report on the Peace Corps' Information Security Program – FY 2017	18-02-SR	MAR: Managing the Suspension of Peace Corps Kenya
17-03-SR	Audit of the Peace Corps Implementation of the Digital Accountability and Transparency Act	18-05-E	Country Program Evaluation PC/Senegal
18-04-SR	Report on the Peace Corps' Information Security Program – FY 2018	19-01-E	Country Program Evaluation PC/Mozambique
18-01-A	Audit of PC/Panama	19-02-SR	Case Study of Effective Site Development Practices
18-02-A	Audit of PC/Botswana	19-04-SR	MAR: Review of the Circumstances Surrounding the Death of a Volunteer in Peace Corps/Comoros
18-03-SR	MAR: Purchase Card Review	19-02-E	Country Program Evaluation PC/Thailand
18-03-A	Audit of PC/Philippines	19-03-E	Country Program Evaluation PC/Comoros
19-01-SR	MAR: Seed Global Health Services	19-04-E	Country Program Evaluation PC/Paraguay
19-01-A	Audit of PC/Guatemala	19-05-E	Homestay Impact Evaluation
19-02-A	Audit of PC/Eswatini	19-06-E	Follow-Up Review PC/Nepal
19-03-A	Audit of PC/Morocco	19-07-E	Follow-Up Review PC/Namibia
19-04-A	Audit of PC/Fiji	19-05-SR	Review of New Country Entry Guidance for Conflict-Affected Environments
16-03-SR	MAR: Conference Cost Reporting	19-08-E	Country Program Evaluation PC/Kyrgyz Republic

The following diagram summarizes the types of data collected from each unit for this report.

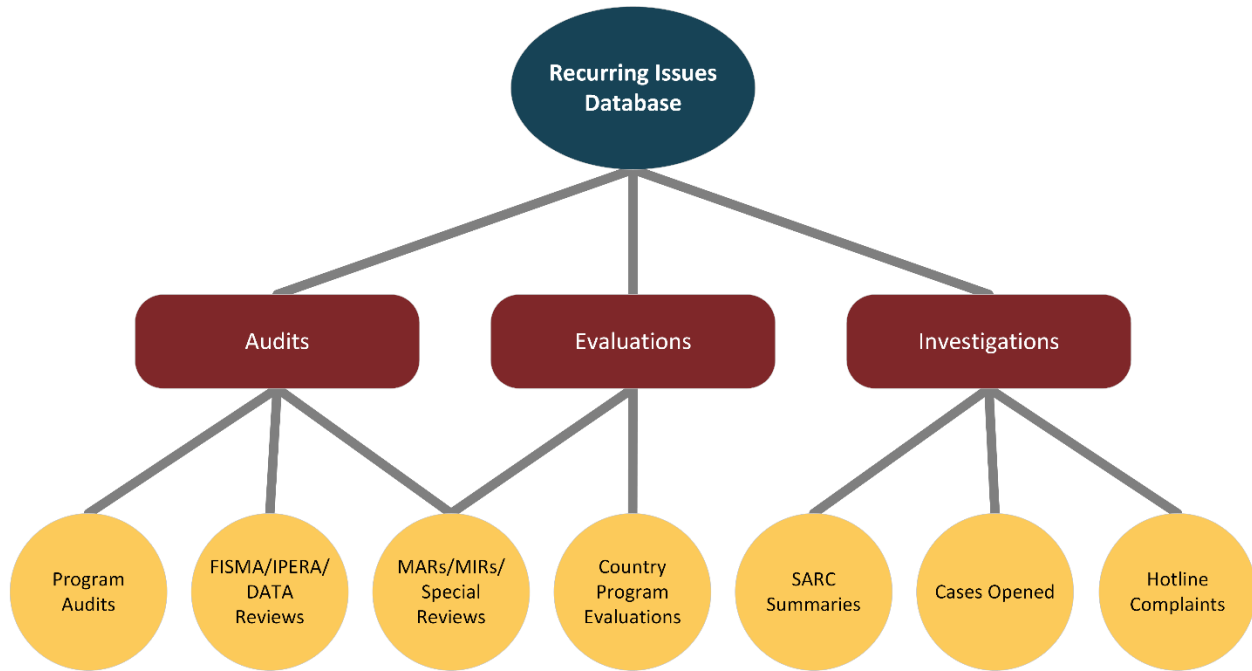


Figure 23: Sources of Data Compiled.

Clarification of Investigations Data on Complaints and Allegations

The Investigations Unit upgraded its electronic case management system in 2017, which changed how allegations were recorded and tracked. This change enabled investigators to categorize allegations more effectively. Prior to 2017, allegations reported to OIG were categorized as “preliminary inquiries” and “investigations” (see Figure 24, Venn diagram, below left). Starting in 2017, allegations were divided into the following three categories: “complaints,” “preliminary inquiries,” and “investigations” (see Figure 24, Venn diagram, below right). Complaints include all allegations, including those which the Investigative Unit would not typically address. Preliminary inquiries involve cases where investigative work, limited in scope, is necessary to determine if a violation within OIG’s jurisdiction occurred. When appropriate, OIG refers complaints falling outside of its purview to the agency for potential action. OIG also refers certain complaints related to employee misconduct or concerns over programmatic information developed during the course of a preliminary inquiry or an investigation to the agency for follow-up.

If OIG receives sufficient information to indicate such a violation likely happened – even if a preliminary inquiry has not been initiated – the case can be converted to an investigation.

Categorization of Allegations by the Investigations Unit Before and After 2017

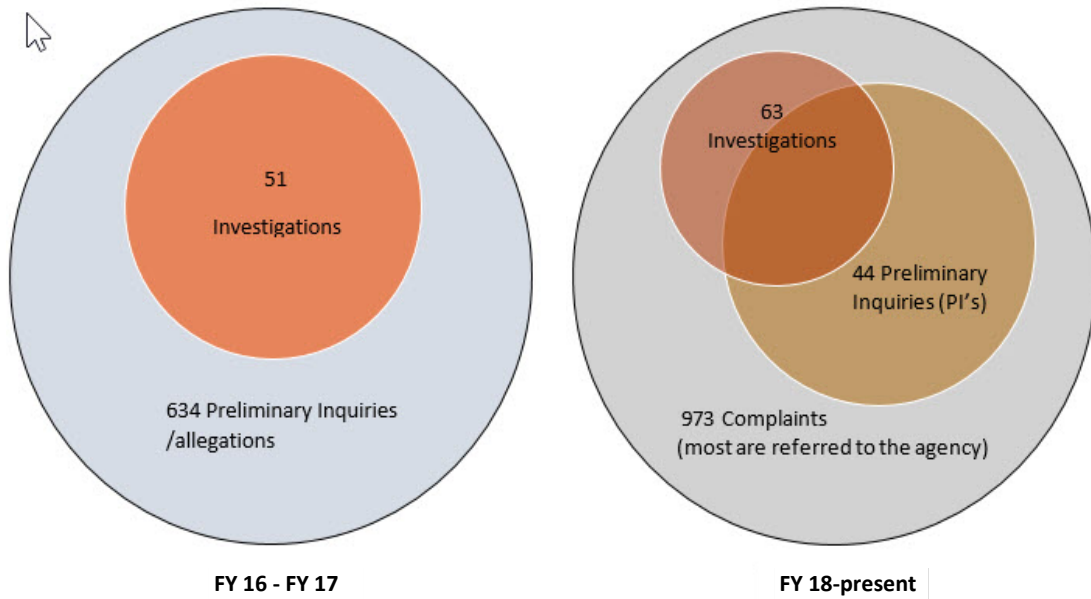


Figure 24: Venn Diagrams illustrating a change in the definition and categorization of allegations and preliminary inquiries which occurred in FY 2017. Source: OIG Investigations Unit

ACRONYMS USED IN THIS REPORT

Acronym	Definition
AF	Africa
CD	Country Director
DMO	Director of Management and Operations
DPT	Director of Programming and Training
EAP	Emergency Action Plan
EMA	Europe, Mediterranean, and Asia
FY	Fiscal Year
GAO	Government Accounting Office
HQ	Headquarters
IAP	Inter-America and the Pacific
MS	Manual Section
OHS	Office of Health Services
OIG	Office of Inspector General
OST	Overseas Staff Training
OFMH	Overseas Financial Management Handbook
PC	Peace Corps
PCMO	Peace Corps Medical Officer
PSC	Personal Services Contractor
PST	Pre-Service Training
SARRR	Sexual Assault Risk Reduction and Response
SSM	Safety and Security Manager
TG	Technical Guidance
USDH	United States Direct Hire
VAT	Value Added Tax

APPENDIX: TOPICAL BRIEFS ON RECURRING ISSUES

Peace Corps temporarily suspended Volunteer operations and evacuated all Volunteers from the field in March 2020 due to the COVID-19 pandemic. While preparing this report in the period following the evacuation, agency stakeholders said it would be useful to have an early preview of the conclusions. They pointed out that there would be a period when staff at posts could use the information to strengthen operations before Volunteers return.

In response, we crafted “short topical briefs” in the form of tables which we could provide to the agency soon after we processed the data. These tables were presented to agency staff during a virtual briefing on July 16, 2020. The purpose of the briefing was to preview recurring issues identified in this report and offer advice and assistance on these topics.

The following tables summarize the finding statements, Peace Corps policies and manual sections as well as other criteria referenced in findings, causes, impacts, summary of recommendations, and positive examples or questions about the topic. We did not prepare a table for findings related to interim advances, even though it was treated as a recurring issue in this report.

These tables are included in this report because OIG will use them for training of agency staff. Also, the Peace Corps may find them to be a useful resource for sharing information about these recurring issues.

Recurring Issue: Site Selection Criteria, Oversight and Coordination	
Criteria:	<ul style="list-style-type: none"> • Programming and Training Guidance, Regional Guidance and Post Site Management Manual • Characteristics and Strategies of a High Performing Post • TG 110 (PCMO’s Role in Site Development, MS 270 6.1 and 6.4; SSI 603)
Causes:	<ul style="list-style-type: none"> • Site selection criteria and forms were not sufficiently detailed or specific for programs, housing, and safety. • Housing criteria were difficult to satisfy. • Posts’ site management manuals did not explain or contain criteria. • Lack of oversight of staff doing site development, poor planning and management of site development • Lack of communication between staff during the site development process. • PCMOs and SSMs were rushed to approve sites, or not consulted in the site approval process. • PCMO and SSM did not have sufficient or accurate information about whether sites met criteria
Impacts:	<ul style="list-style-type: none"> • Volunteers lacked meaningful, sustainable, project-related work. • Volunteers did not have motivated counterparts or host agencies. • Volunteers said they could not achieve project objectives and had negative feelings about their service, said they were not meeting community needs. • Sites and housing didn’t meet criteria, putting Volunteer health and safety at risk
Summary of Related Recommendations and Effective Practices	
<ul style="list-style-type: none"> • Clarify site selection criteria and ensure staff know how to document and identify the characteristics required. • Improve documentation, coordination and communication between staff during site development. • Include the SSM and PCMO in the site approval process. • Update post’s site development standard operating procedures, clear processes, and project-specific programmatic criteria for assessing the viability of meaningful Volunteer assignments at potential host agencies. • Ensure that staff follow housing check criteria and record any deficiencies requiring follow-up. 	
Mitigations:	
<ul style="list-style-type: none"> • In Thailand, staff use checklists with clear, measurable programmatic criteria, and the DPT led a deep dive to define the criteria, is this being encouraged at other posts? • What is headquarters doing to ensure that sites they open in the immediate future meet programmatic, in addition to safety and health criteria? 	

Recurring Issue: Project Frameworks Had Deficiencies	
Criteria:	<ul style="list-style-type: none"> PTE Guidance: a well-designed project “focuses on a few specific issues and desired outcomes. With a focused project, a post can provide more in-depth technical training Characteristics and Strategies and of a High Performing Post (section 6.3)
Causes:	<ul style="list-style-type: none"> Project plans were too broad or incomplete, and contained too many indicators Project frameworks needed to be revised or finalized Post staff lacked relevant technical expertise
Impacts:	<ul style="list-style-type: none"> Volunteers had difficulty achieving project objectives. Volunteers confused primary and secondary activities Difficulties designing effective technical training
Summary of Related Recommendations and Effective Practices	
<ul style="list-style-type: none"> Re-focus the project framework (its purpose, goals, objectives, activities, and indicators) and related training for Volunteers, drawing on agency specialists and Focus In/Train Up guidance as needed. Improve programming staff capacity to support and manage the project. Revise project framework to facilitate more in-depth technical training that prepares Volunteers to carry out their primary assignments. Staff reported that they used monitoring, reporting and evaluation results to make programmatic decisions. For example, they updated the health project framework indicators and changed the focus of the education project from “teacher training” to “teaching students” based on data from the VRFs. The project was undergoing an end-of-cycle review conducted by the post, Region, and OPATS in order to focus the project’s objectives which were understood to be too broad. 	
Mitigations:	
<ul style="list-style-type: none"> OPATs produced revised guidance for posts on how to create project plans and provided resources to posts to revise their project frameworks in line with the new guidance as projects reached the end of their current 'lifespans.' As of May, 2020, 87 projects globally had been endorsed as satisfactorily completing the project revision process, and 48 projects were either not started, or in the design or review 	

Recurring Issue: Technical Training Did Not Prepare Volunteers for Service	
Criteria:	<ul style="list-style-type: none"> Peace Corps Manual section 201 “Eligibility and Standards for Peace Corps Volunteer Service “states that a trainee must demonstrate “proficiency in the technical skills needed to carry out the assignment” Characteristics and Strategies and of a High Performing Post (section 6.3) PT&E Guidance and the Global Core Training Package
Causes:	<ul style="list-style-type: none"> Program staff did not participate fully in PST Over-dependence on Volunteers leading technical training Insufficient information on country-specifics Inadequate staff technical expertise Overly broad or poorly designed projects Failing to follow PC Global Learning Standards for trainee assessment
Impacts:	<ul style="list-style-type: none"> Volunteers had difficulty achieving project objectives. Volunteers were negative about their service Poor training on M&E led to problems reporting and inability to monitor project achievements Volunteers did not see programming staff as a resource for technical issues because they were not involved in PST
Summary of Related Recommendations and Effective Practices	
<ul style="list-style-type: none"> Use the training design and evaluation process to tailor technical training to align with the project frameworks. Make technical training more country specific. Make technical training more practical and hands-on. Raise the training capacity of the local technical trainer. Revise project framework to facilitate more in-depth technical training. 	
Mitigations:	
<ul style="list-style-type: none"> In Thailand, staff attributed improvements in technical training to staff training, and better alignment between Volunteer's technical activities and the design of technical training. (IG-19-02-E) How is headquarters working to make technical training more practical? (Especially in the health sector) How is headquarters helping posts to improve the country-specific information Volunteers require to know how to function in the local context? (Especially in the education sector) 	

Recurring Issue: Site Selection Criteria Were Weak	
Criteria:	<ul style="list-style-type: none"> Programming and Training Guidance, Region Guidance and Post Site Development Handbook Characteristics and Strategies of a High Performing Post TG 110 (PCMO's Role in Site Development, MS 270 6.1 and 6.4; SSI 603)
Causes:	<ul style="list-style-type: none"> Site selection criteria and forms were not sufficiently detailed or specific for programs, housing, and safety. Housing criteria were difficult to satisfy. Site development manuals did not explain or contain criteria. Lack of oversight of staff doing site development, poor planning and management of site development Lack of communication between staff during the site development process. PCMOs and SSMs were rushed to approve sites, or not consulted in the site approval process. PCMO and SSM did not have sufficient or accurate information about whether sites met criteria.
Impacts:	<ul style="list-style-type: none"> Volunteers lacked meaningful, sustainable, project-related work. Volunteers did not have motivated counterparts or host agencies. Volunteers said they could not achieve project objectives and had negative feelings about their service, said they were not meeting community needs. Sites and housing didn't meet criteria, putting Volunteer health and safety at risk
Summary of Related Recommendations and Effective Practices	
<ul style="list-style-type: none"> Clarify site selection criteria and ensure staff know how to document and identify the characteristics required. Improve documentation, coordination and communication between staff during site development. Include the SSM and PCMO in the site approval process. Update post's site development standard operating procedures, clear processes, and project-specific programmatic criteria for assessing the viability of meaningful Volunteer assignments at potential host agencies. Ensure that staff follow housing check criteria and recording any deficiencies requiring follow-up. 	
Questions:	
<ul style="list-style-type: none"> How does headquarters provide oversight of post site handbooks and staff training on site management? Does headquarters train DPTs on using site development tracking tools? In Thailand, staff use checklists with clear, measurable programmatic criteria, and the DPT led a deep dive into define the criteria, is this being encouraged at other posts? 	

Recurring Issue: Site History Files Were Incomplete or Disorganized	
Criteria:	<ul style="list-style-type: none"> Programming and Training Guidance MS 270.6 SSI 401 and SSI 603
Causes:	<ul style="list-style-type: none"> Staff needed training on using CIRS and how to use and maintain the site history files Insufficient coordination and communication between staff Failures in supervision and monitoring Absence or vagueness of required SOPs or not following the SOP if it existed
Impacts:	<ul style="list-style-type: none"> Lack of management controls and defined procedures made it difficult to monitor and ensure that appropriate procedures and processes were followed. Volunteers had a greater risk of being placed in sites which were not safe. In one case, information was included in the site history files which could violate Volunteer's privacy.
Summary of Related Recommendations and Effective Practices	
<ul style="list-style-type: none"> Improved oversight of the management and use of site history files by the CD, DPT, and SSM. Clarify staff guidance, prepare SOP, governing use and management of site history files. Posts should comply with agency requirements, such as ensuring that crime incidents were properly noted in the files. Enter GPS coordinates into VIDA or record directions to Volunteer sites and houses where geographic coordinates are not viable and include this information in site contact forms and the Volunteer Information Database. That the Director develop and communicate guidance for overseas staff on documenting site-specific security incidents in site history files while maintaining Volunteers' confidentiality, and on using the information in site history files as part of the post's site vetting process. 	
Mitigations:	
<ul style="list-style-type: none"> The post followed the SOP with files in both hard and electronic copies, and a central reference database which summarized all site information in one place, including quality ratings for each site. The post followed their SOP, and site history files included a site contact form, position description, and the national MOU for the project or a MOU between the post and the Volunteer's site supervisor. In two of the site history files reviewed, OIG found a note related to a safety and security incident at the sites. 	

Recurring Issue: Posts Were Not Assessing Local Providers and Facilities, and Were Not Prepared for Medical Emergencies

Criteria:	<ul style="list-style-type: none"> • PC Technical Guideline 204, Facility Assessments; TG 385, Medical Action Plans; MS 264, requiring medical emergency drills; and MS 522, requiring a vehicle to be available for medical emergencies
Causes:	<ul style="list-style-type: none"> • Medical unit was understaffed/ workload management • Difficulty supporting medical accommodations • Insufficient oversight allowed compliance failures
Impacts:	<ul style="list-style-type: none"> • Volunteers may not receive adequate medical care when unable to reach the medical unit. • Risk of delayed or impeded response to medical emergencies. • PCMOs driving while coordinating logistics and Volunteer medical care is difficult and dangerous.

Summary of Related Recommendations and Effective Practices

- PCMOs assess local medical facilities that have not been reviewed according to requirements in the agency's medical technical guidelines.
- PCMOs formalize relationships with local providers.
- The post's medical officers develop a regional medical action plan in compliance with requirements.
- Ensure more timely availability of a driver for medical emergency response.

Mitigations:

- The medical unit, administration unit, and country director collaborated to institute an improved emergency readiness protocol, including stationing a duty driver 24/7 in the post's temporary duty apartment on the office compound. PCMOs' go-bags were loaded in the duty vehicle at the end of each workday in order to reduce the post's response time during Volunteer emergencies.
- The post hired a medical assistant and regional medical officer indicated that the unit was well-supported.
- Headquarters provided updated guidance on medical accommodations.

Recurring Issue: EAP Implementation	
Criteria:	<ul style="list-style-type: none"> • Post Emergency Action Plans • SSM Standard Operating Procedures related to EAP Testing and Training, EAP Analysis and Revision, and EAP Risk Assessment. • My Safety Guide
Causes:	<ul style="list-style-type: none"> • Insufficient planning as required in SSM SOPs • Inadequate systems for ensuring the emergency information was updated and stored as required. • Volunteers don't remember what they were taught during PST
Impacts:	<ul style="list-style-type: none"> • Volunteers may be stranded, lack an emergency evacuation route, not know where their consolidation point is, or don't know how to get there. • Inadequate records of Volunteer contact information could impact posts' ability to find or communicate with a Volunteer during an emergency. • Insufficient preparation could impede the post's response to a natural disaster.
Summary of Related Recommendations and Effective Practices	
<ul style="list-style-type: none"> • Improve processes and procedures for collecting and updating emergency related information. • Conduct timely MS 270 reviews with Peace Corps Safety and Security Officers. • Improve Volunteer training on consolidation points and emergency procedures. • Plan appropriately for natural disasters such as floods and earthquakes. 	
Mitigations:	
<ul style="list-style-type: none"> • PC/Uganda provided trainees with information about consolidation points during training and reviewed this information during several training exercises designed to simulate steps Volunteers would take during a consolidation event. In addition, the post reinforced consolidation point training by holding regional Volunteer meetings at consolidation point locations, a recommendation made by the Peace Corps safety and security officer (PCSSO) following his most recent visit. Finally, the post assessed the feasibility of Volunteers reaching consolidation points and planned to adjust these locations accordingly. 	

Recurring Issue: Post Did Not Meet Volunteers' Mental Health Support Needs

Criteria:	<ul style="list-style-type: none"> • TG 510, requires PCMOs to establish “therapeutic relationships with all Volunteers” and conduct the initial assessment and care of Volunteers’ mental health before referring Volunteers to licensed mental health care providers. • Peace Corps’ FYs 2018-2022 Strategic Plan promotes Volunteer resiliency outside of the clinical environment, helping Volunteers navigate the challenges of service by increasing “the range of individuals from whom Volunteers can seek support when facing adjustment challenges during service.”
Causes:	<ul style="list-style-type: none"> • Volunteers feared being medically separated if they ask for mental health support-trust in admin, and accurate messaging during PST • Inadequate training during PST on Resiliency • PCMOs did not feel confident in abilities and post did not have a local counselor identified
Impacts:	<ul style="list-style-type: none"> • Volunteers feared being medically separated if they asked for mental health support – trust in admin, and accurate messaging during PST • Inadequate training during PST on Resiliency • PCMOs did not feel confident in abilities and post did not have a local counselor identified

Summary of Related Recommendations and Effective Practices

- That the Director develop specific guidance to Peace Corps medical officers to clarify the standards and expectations for the provision of counseling services and communicate that guidance to Volunteers.
- Identify and implement proactive approaches to promote positive adjustment and resiliency among Volunteers.
- Build capacity of PCMOs to provide mental health support.
- PCMOs should adhere to Technical Guideline 510, and clarify to medical staff and Volunteers the referral process for providing mental health counseling support to Volunteers, clarify roles and train staff to support resiliency and adjustment challenges.
- Improve training for PCVs on coping skills, ensure that sessions are effectively delivered.

Mitigations:

- Peer Support Networks mitigated or responded to Volunteers’ needs, when appropriately trained
- PCMOs felt adequately trained to respond to mental health needs
- Access to a local mental health counselor
- Staff added a mental health services flowchart to the 2019 PCV handbook and an integration handbook provided to new Volunteers. The flowchart was also posted to the post’s Peer Support and Diversity Network website. Staff told us they planned to add the flowchart to the medical handbook distributed at PST.
- Establish expectations about the availability of mental health providers sooner than PST.

Recurring Issue: Over/Under Payment of Living Allowances	
Criteria:	<ul style="list-style-type: none"> OFMH 7.2: The billing officer must issue a BOC as soon as the post realizes that a debt is due to the Peace Corps, i.e., when the Volunteer ends their service, using form PC-477 MS 221.5.8: The living allowance payments cover only the number of days the Volunteer served. Where information is not known in advance, the overpayment must be collected from the Volunteer or deducted from the Volunteer's Readjustment Allowance.
Causes:	<ul style="list-style-type: none"> Unclear policy on how to do calculations Incorrect manual calculations of amount owed No process to review accuracy of calculations No review of final PCV bank statements
Impacts:	<ul style="list-style-type: none"> Overpayments or Overcharging Volunteers Opportunity for misuse/malfesance of funds Breakdown in established internal controls Has led to an investigation and employee termination
Summary of Related Recommendations and Effective Practices	
<ul style="list-style-type: none"> That post develop and implement a procedure to ensure the Volunteers' pro-rated living allowance calculations are accurate. That the director of management and operations work with the Office of the Chief Financial Officer/Global Accounts Payable to account for the underpaid Volunteers. 	
Questions:	
<p>To reduce probability of error:</p> <ul style="list-style-type: none"> Is it possible to automate the calculations for overpayments? Could headquarters provide clearer guidance, tools, or training on how to perform the calculations if automation is not possible? If BOCs are voided how can headquarters help posts ensure adjustments to Volunteer readjustment allowances are added to VESI? How does headquarters provide guidance on how posts should withdraw, record, and reconcile funds from Volunteer bank accounts with or without power of attorney? 	

Recurring Issue: Posts did not Perform Daily Cash Counts or Regular Cash Verifications (Principle, Sub-cashier, and Alternate)	
Criteria:	<ul style="list-style-type: none"> OFMH 13 (Exhibit C): The cash verification officer must perform cash verification every quarter (for sub-cashiers under \$2500 and monthly for over \$2500) OFMH 13.24.1: Peace Corps policy requires daily cash counts to account for all funds OFMH 13.24.2: Monthly and quarterly verifications should be unannounced and performed at different times each month MS 760.7.2: Cashier is responsible for performing daily imprest reconciliation CUG 4.5.3.4: Requires that reconciliations be performed after any cashier transactions are performed.
Causes:	<ul style="list-style-type: none"> Lack of knowledge of policy for DMO and post staff (Insufficient Training) DMOs may not be aware that cash verification officer (CVO) positions are available Lack of oversight by the DMO (Insufficient Monitoring)
Impacts:	<ul style="list-style-type: none"> Detection of errors and misappropriated funds (through borrowing/ comingling of funds) Cash is a liquid asset with increased risk Imprest transactions involve many staff members and oversight primarily rests with the cashiers Dedicated cashier monitors at HQ do not exist anymore resulting in reduced oversight with HQ
Summary of Related Recommendations and Effective Practices	
<ul style="list-style-type: none"> That the country director and the director of management and operations ensure cashiers are performing daily cash counts. That the country director and the director of management and operations perform random cash counts. That the director of management and operations implement a process to ensure records of daily cash counts are maintained. 	
Questions:	
<ul style="list-style-type: none"> To reduce DMO burden, does headquarters recommend during training sessions that the post can appoint a CVO as a backup for performing cash counts? (Per OFMH 13.2.3) What is headquarters' suggestion to ensure alternate cashiers are equipped to take over accountability as needed? Has headquarters considered consolidating position-specific guidance so that it can be easily located and referenced? (i.e. a reference guide) Does the cashier monitor perform additional monitoring and follow-up if they notice cash counts are not performed? 	

Recurring Issue: Headquarters has not Established Adequate Controls Over Fuel	
Criteria:	<p>GAO Green Book:</p> <ul style="list-style-type: none"> • Management should establish physical controls to safeguard valuable assets. • Management should design transaction control activities for operational processes, including verifications, reconciliations, authorizations and approvals, physical controls activities, and supervisory control activities.
Causes:	<ul style="list-style-type: none"> • Inadequate guidance for vehicle and generator fuel purchases, usage, and tracking • No independent oversight over management of fuel and toll cards
Impacts:	<ul style="list-style-type: none"> • Fuel is an asset that represents significant expenditures for the agency <ul style="list-style-type: none"> ○ In FYs 2015 to 2016, the Peace Corps spent approximately \$1.5 million • Opportunity for misappropriation of fuel <ul style="list-style-type: none"> ○ Recent investigations were conducted in Zambia and Sierra Leone • Employee terminations and filling vacancies disrupt post operations
Summary of Related Recommendations and Effective Practices	
<ul style="list-style-type: none"> • That the director of Office of Global Operations, in coordination with the acting chief financial officer and acting associate director for management, issue guidance to posts for implementing best practices and internal controls over management of fuel cards and purchase and use of fuel for vehicles and generators. • That the DMO implement adequate oversight over vehicle logs and entries in the vehicle management information system to ensure that drivers provide accurate information to the motor pool coordinator for all fuel purchases and that the motor pool coordinator record all fuel purchases in the vehicle management information system purchase log. 	
Questions:	
<p>Has headquarters considered guidance to posts for the following areas:</p> <ul style="list-style-type: none"> • Researching and pursuing fuel cards options for vehicle and generator fuel • Avoid storing generator fuel, but if necessary, maintain a log of purchase and usage • Ensuring multiple people are involved in purchasing and tracking of all fuel • Obtaining invoices of purchases and reconcile with vehicle logs and VMIS 	