



PEACE CORPS

Office of Inspector General

Post Re-Entry Review

Final Report

Post Re-entry Health and Safety
Review of Peace Corps/Cambodia

Report No. IG-24-01-E

March 2024



EXECUTIVE SUMMARY

OVERVIEW

On May 16, 2022, the Peace Corps notified the United States Congress that Peace Corps/Cambodia intended to resume operations as early as September 2022. The first intake of 2 reinstated Volunteers arrived in September 2022, and 36 two-year Volunteers arrived in October 2022. On July 7, 2023, the Office of Inspector General announced this review to assess Peace Corps/Cambodia's compliance with specific agency policies and procedures related to Volunteer and trainee health and safety and the re-entry process.

WHAT WE FOUND

We found that the post complied with most of the policies and procedures we reviewed, however we identified five areas of non-compliance. We found that: 1) the post's medical action plan (MAP) did not meet agency requirements; 2) the post agreement to use the Embassy health unit as a backup provider was expired; 3) the post did not have Health Care Facility and Consultant Assessments, Facility Surveys, or Peace Corps Volunteer Site Visits Provider assessments for some medical consultants; 4) Volunteer contact information needed to be updated; and 5) most of the Volunteers' houses sampled did not have a method of extinguishing a fire in the kitchen area, and in some cases gas tanks were placed too close to the gas stoves (less than 1.5 meters apart).

RECOMMENDATIONS IN BRIEF

This report contains six recommendations directed to the post and headquarters. We recommend that the Peace Corps Medical Officers (PCMO) use the required medical technical guidance (TG) attachments from TG 385, Medical Action Plans, and ensure that they meet all agency requirements for accuracy and organization. Headquarters should either ensure that the post has a backup medical provider or renew its agreement with the Embassy health unit to support the Peace Corps health unit.

We recommend that the Country Director (CD) verifies that the PCMOs have assessed their local medical providers. Additionally, the post should implement a system that updates each Volunteer's information in the Volunteer Information Database Application (VIDA), to include new Volunteer phone numbers when they are changed. Finally, we recommend that immediate action be taken to resolve concerns about kitchen safety.

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BACKGROUND

In response to the COVID-19 pandemic, the Peace Corps evacuated all Volunteers from overseas posts in March 2020. The agency created the Return to Service working group in April 2020 to facilitate the process of resuming overseas operations. On June 30, 2020, the working group issued the Country Re-Entry Guide (CREG) to help overseas posts through the planning and preparation process for returning Volunteers to service. The CREG incorporated input from various Peace Corps offices, including Office of Health Services, Office of Safety and Security, Office of Global Operations, and the regional offices (Africa, Inter-America and the Pacific, and Europe, Mediterranean and Asia). From 2021 to 2022 the agency issued multiple versions of “Supporting Volunteer Health, Safety and Security: Roadmap to Updated Policies and Procedures” to inform staff about the new and existing guidelines and procedures that overseas posts must complete prior to the return of Volunteers and trainees.

On May 16, 2022, the Peace Corps notified the United States Congress that Peace Corps/Cambodia intended to resume operations as early as September 2022. At the time of our review, there were 33 Volunteers in country.

OBJECTIVE, SCOPE, & METHODOLOGY

On July 7, 2023, the Office of Inspector General (OIG) announced this review with the objective to assess the post's compliance with specific agency policies and guidance related to Volunteer and trainee health and safety and the re-entry process.

We assessed the following questions to achieve the review's objective:

Re-Entry Process:

- Were the CREG criteria for the external and internal review processes met?

Healthcare:

- Did the MAP meet the Peace Corps Medical Technical Guideline (TG) 385 requirements?
- Did the medical facility assessments meet the Health Care Facility and Consultant Assessments, Facility Surveys, and Peace Corps Volunteer Site Visits (TG 204) requirements?
- Have Volunteers received or are scheduled to receive medical site visits?

Emergency Preparedness

- Has the post's Emergency Action Plan (EAP) been updated?
- Is the Volunteer contact information in the post's Volunteer Information Database Application (VIDA) up to date?

Site Preparation:

- Do the site history files meet the requirements of Site History Files Safety and Security Instruction (SSI 401)?
- Do sites and housing meet the criteria in the post's Site Management Manual?

Training:

- Are the mandatory trainee reorientation training sessions scheduled on the training calendar?
- Do training records show that post staff met the requirements for mandatory training?

The scope of this review included the post's operations from September 2022 to September 2023. Three OIG evaluators traveled to the post to conduct interviews with relevant Peace Corps/Cambodia staff from September 25 to September 29, 2023.

The Evaluation Unit conducted its review using the following methodology:

- Verified that an agency-designated certifying official had documented their review and certified that the post had completed the external and internal factors checklists defined by the CREG.¹
- Reviewed the post's MAP, records of medical site visits with Volunteers, and medical facility assessments for compliance with Peace Corps TG 385 and TG 204.
- Reviewed the post's EAP to confirm that it met agency requirements and determine if the post had updated its contact information for a sample of Volunteers.
- Reviewed a sample of site history files to confirm that they contained the required documentation for the site development process.
- Visited a sample of Volunteer sites to determine if they met the post's site selection and housing criteria.
- Checked staff training records for the completion of required training on Sexual Assault Risk Reduction and Response procedures, Death of a Volunteer procedures, Security Incident Management System certification, and EAP refresher training.
- Reviewed the Volunteer reorientation and pre-service training schedules to confirm that the required sessions were included.

This review was conducted in accordance with the *Quality Standards for Inspection and Evaluation*, issued by the Council of the Inspectors General on Integrity and Efficiency.

¹ The agency created the external factors checklist to verify "go/no-go" criteria to determine if a country's conditions are acceptable to receive Volunteers and trainees, confirm that the congressional notification should proceed, and allow the Peace Corps to invite applicants to serve in that country. External reviews cover the conditions necessary for re-entry, while internal review assesses planning and preparation for re-entry. The internal factors checklist is a set of comprehensive operational and mitigation planning actions. When reviewing agency certifications of external and internal review procedures, OIG did not assess the criteria for meeting the external and internal factors.

REVIEW RESULTS

The results of our review are outlined in Table 1 below, which lists the policy and procedure requirements that the post met or did not meet at the time of the review.

Table 1: Results of OIG's Review of Peace Corps/Cambodia's Compliance with Selected Policies and Procedures Related to Volunteer and trainee Health and Safety and Re-entry

| Compliance Review Results | | |
|---|---------|---|
| Areas Reviewed | Result | Observations |
| External factors | Met | The review showed that the process, as outlined in the CREG for the external review process, was followed in reopening this post. |
| Internal factors | Met | The review showed that the process, as outlined in the CREG for the internal review process, was followed in reopening this post. |
| Medical Action Plan | Not met | The review showed that the post's MAP did not meet some of the Peace Corps TG 385 requirements. |
| Volunteer medical site visits | Met | The review showed that Volunteers received medical site visits, as required in Peace Corps TG 204. |
| Medical facility and provider assessments | Not met | The review showed that some of the medical provider and facility assessments were not completed in accordance with agencywide policy. |
| Emergency Action Plan review | Met | The review showed that the post's EAP was based on the current template. |
| Site contact information | Not met | This review showed that some Volunteer contact information was not up to date in the post's Volunteer Information Database. |
| Site history files | Met | This review showed that the post's site history files met agency requirements for the sites developed for the first and second intakes of Volunteers. |
| Site criteria | Met | This review showed that the post's Volunteers sites met post-specific site criteria. |
| Housing criteria | Not met | The review showed that some Volunteer houses did not meet post-specific criteria regarding kitchen safety. |
| Staff training | Met | The review showed that all staff met training requirements. |
| Volunteer and trainee training | Met | The review showed that all required training topics were covered during preservice and in-service training events. |

The medical action plan was not completed in accordance with agency guidelines.

According to the September 2022 publication of Peace Corps TG 385, which was in effect when Volunteers returned to post, each Volunteer was required to have an IMAP and each region or province was required to have an RMAP.² Additionally, the post's MAP must be completed in full, without any blank entries. TG 385 also details that a hard copy version of the MAP should be kept in a secure area in the health unit.

We reviewed the MAP documentation that the post submitted and found that three key pieces of information were blank, including information regarding the post's backup providers and transportation resources, which should have been noted as "information not available." The post did not complete the RMAP or IMAP TG 385 attachments, as required at the time of the review.

Our review of the post's MAP found that it did not meet TG 385's requirement to document all the necessary information in the RMAPs and IMAPs, such as afterhours contact information, hours of operation, and region-specific emergency contact information and transportation resources. In addition, the post's hard-copy version of the MAP that was kept in the medical unit lacked many of the required components, to include:

- a review page with the date of the last review;
- a record of formal table-top exercise participants;
- a copy of the PMAP;
- an index of all Volunteers that identifies the location of the Volunteers' documents in the MAP and the location of their passport numbers;
- RMAPs or IMAPs completed on TG 385 Attachments C or K; and
- an IMAP for the Peace Corps Volunteer Leader

An incomplete MAP could impact the post's ability to effectively respond to a medical emergency.

We recommend:

1. The Country Director and the medical unit revise the MAP to include all the information required in Medical Technical Guideline 385 and ensure that the health unit's hardcopy of the MAP meets agency requirements.

The post's agreement with the Embassy regarding the provision of health backup support is expired.

The post did not have a designated backup medical provider. Credentialing, Training and Responsibilities of Back-Up Healthcare Providers (TG 185) and Medical Offices and Peace

² Peace Corps republished TG 385 in February 2024. The updated guideline allows posts to determine if RMAPs are necessary depending on the locations of individual Volunteer sites. Additionally, the site contact form per SSI 603 replaced the IMAP requirement.

Corps Medical Officers (MS 261) require all posts to identify and train at least one backup provider. The post staff explained that they were unable to identify a local backup provider, so they relied on the Embassy Health Unit to back up the PCMOs when necessary. When using the Embassy Health Unit for emergency backup support, MS 261 stipulates that the post must have a formal agreement with the Department of State. The post said their agreement supporting this arrangement had expired.

TG 204 states that posts are expected to use backup providers to support delivery of care to Volunteers while PCMOs assess referral facilities and consultants. Not having a backup provider could impede the PCMOs in conducting facility and provider assessments.

We recommend:

2. The Office of Health Services and the Country Director either identify a local backup medical provider or renew the post's agreement with the State Department.

The referral medical provider and facility assessments were not completed in accordance with agency guidelines.

According to TG 204, at least once every 3 years PCMOs must visit and assess the referral facilities and consultants that have been selected to provide healthcare to Volunteers.

We reviewed the post's MAP and found that some of the consultants cited in the PMAP had not been assessed within the last 3 years. The post had not completed the required assessment worksheets for those consultants.

Post staff explained that they assumed individual consultants at an approved referral facility did not require separate assessments. They also described challenges in completing consultant assessments, including cultural sensitivities and consultants not being available due to their busy schedules. Conducting periodic assessments enables post medical units to verify that these consultants, to whom Volunteers may be referred, are qualified to provide the necessary medical support.

We recommend:

3. The Peace Corps Medical Officers work with the Country Director and the Peace Corps Quality Improvement Unit to develop an appropriate strategy for conducting medical consultant assessments that meet the requirements of Medical Technical Guideline 204.

Some Volunteer phone numbers were not recorded in the post's VIDA.

According to Volunteer Site Location Management (SSI 603), VIDA is the official repository for Volunteer contact information. When there is any change in contact information, Volunteers must submit their updated information to the post. Designated staff are responsible for inputting the Volunteer's updated contact information into VIDA. In addition, Home Safety Preparedness in Site Management (SSI 430) requires the post to establish a system that regularly updates Volunteers' contact information in VIDA.

The post did not have an effective system for ensuring that Volunteer contact information was updated as required, and we found that some of the Volunteers' contact information in VIDA was incorrect. In our sample of 12 Volunteers, one quarter of Volunteers had missing contact information or incorrect phone numbers in VIDA. During its most recent EAP communications test, the post used WhatsApp to communicate with Volunteers but did not test the phone numbers listed in VIDA.

Incorrect records of Volunteer contact information could impact the posts' ability to communicate with Volunteers during an emergency, especially if they do not have access to the necessary WhatsApp group to communicate.

We recommend:

4. The Country Director establishes a system to regularly update Volunteers' contact information in VIDA.

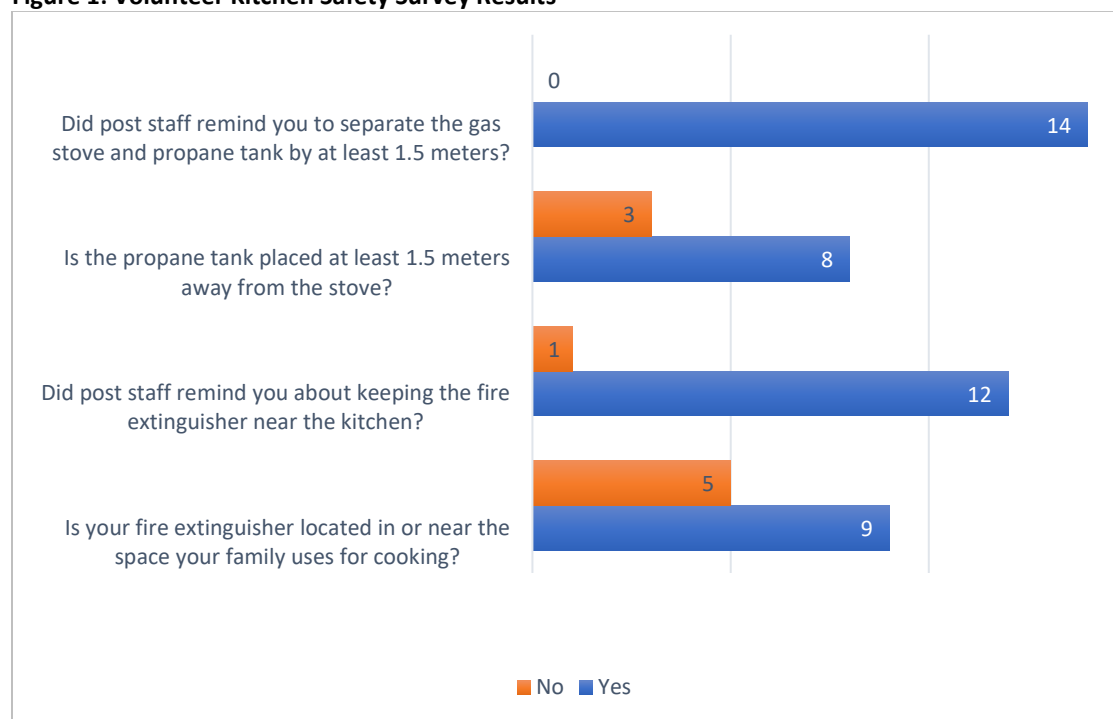
Some Volunteer houses did not meet agency requirements for kitchen safety.

Peace Corps SSI 430 requires all Volunteers to have a method to extinguish fires (ideally, a fire extinguisher) in their cooking area. In addition, the post's housing criteria requires that if gas is used as cooking fuel, the tank must be placed at least 1.5 meters from the gas stove. Housing Standards and Inspection Process (SSI 410), requires a minimum distance of 5 feet between stoves and tanks in Volunteer residences.

During fieldwork, we observed that the post was not in compliance with the agency's kitchen safety requirements. Only 42% of the houses we inspected had a method of extinguishing a fire in the cooking area. All Volunteers were equipped with and trained to use a fire extinguisher, but many stored them in their rooms instead of in the kitchen. As a result, these fire extinguishers would not be readily accessible to put out a kitchen fire.

We also found that three Volunteer homes had their gas stoves and gas tanks placed less than 1.5 meters apart, which increases the risk of explosion if the tank leaked.

OIG presented this information to the CD and the post took immediate action to address these deficiencies. On November 14, 2023, the post directed Volunteers to place their fire extinguishers within 3 meters of the gas tank and stove so they would be accessible in case of fire. OIG conducted a follow up survey with Volunteers in Cambodia on November 24, 2023, to determine if these actions had the intended effect.

Figure 1: Volunteer Kitchen Safety Survey Results

Source: *OIG Follow-Up Survey of Peace Corps Volunteers in Cambodia*

While most respondents recalled receiving information from post staff about placing fire extinguishers near their kitchens, 36% of respondents did not move their extinguishers to the kitchen area. All Volunteers recalled receiving information about placing the stove at least 1.5 meters from the tank. However, 27% still had the tank too close to the stove, mainly because the connecting hose was too short. One person said the family uses a tank with the burner directly on top of the stove, which is not acceptable per post housing criteria.

We recommend:

5. The post staff refit propane tanks with longer hoses to ensure they comply with Safety and Security Instruction 410 and post's housing criteria.
6. The Country Director ensure that all Volunteers move their fire extinguishers to be placed within 3 meters of the kitchen area per post criteria.

RECOMMENDATIONS

We recommend:

1. The Country Director and the medical unit revise the MAP to include all the information required in Medical Technical Guideline 385 and ensure that the health unit's hardcopy of the MAP meets agency requirements.
2. The Office of Health Services and the Country Director either identify a local backup medical provider or renew the post's agreement with the State Department.
3. The Peace Corps Medical Officers work with the Country Director and the Peace Corps Quality Improvement Unit to develop an appropriate strategy for conducting medical consultant assessments that meet the requirements of Medical Technical Guideline 204.
4. The Country Director establishes a system to regularly update Volunteers' contact information in VIDA.
5. The post staff refit propane tanks with longer hoses to ensure they comply with Safety and Security Instruction 410 and post's housing criteria.
6. The Country Director ensure that all Volunteers move their fire extinguishers to be placed within 3 meters of the kitchen area per post criteria.

APPENDIX A: INTERVIEWS CONDUCTED

As part of this review, OIG conducted interviews with four members of post staff. See Table 1 for more information on positions interviewed.

Table 1: Interviews Conducted with Peace Corps/Cambodia Staff

| Position | Location (Post, HQ, other) |
|---------------------------------|----------------------------|
| Country Director | Post |
| Peace Corps Medical Officer (2) | Post |
| Safety and Security Manager | Post |

APPENDIX B: LIST OF ACRONYMS

| | |
|------|---------------------------------|
| CD | Country Director |
| CREG | Country Re-Entry Guide |
| EAP | Emergency Action Plan |
| IMAP | Individual Medical Action Plan |
| MS | Manual Section |
| TG | Medical Technical Guidance |
| OIG | Office of Inspector General |
| PCMO | Peace Corps Medical Officer |
| PMAP | Post Medical Action Plan |
| RMAP | Region Medical Action Plan |
| SSI | Safety and Security Instruction |
| VIDA | Volunteer Information Database |

APPENDIX C: REVIEW PURPOSE, COMPLETION AND OIG CONTACT

REVIEW PURPOSE

In 1989, OIG was established under the Inspector General Act of 1978 and is an independent entity within the Peace Corps. The purpose of OIG is to prevent and detect fraud, waste, abuse, and mismanagement and to promote economy, effectiveness, and efficiency in government. The Inspector General is under the general supervision of the Peace Corps Director and reports both to the Director and Congress.

REVIEW COMPLETION

The Evaluation Unit provides senior management with independent evaluations and reviews of management and operations of the Peace Corps, including overseas posts and domestic offices. OIG evaluators identify best practices and recommend program improvements to comply with Peace Corps policies.

Under the direction of Assistant Inspector General for Evaluations Reuben Marshall, this review was conducted by Senior Evaluator Kristine Hoffer, Senior Evaluator Erin Balch, and Senior Evaluator Christine Fagioletti. Additional contributions were made by Senior Evaluator Tanique Carter.

OIG CONTACT

Following issuance of the final report, a stakeholder satisfaction survey will be distributed to agency stakeholders. If you wish to comment on the quality or usefulness of this report to help us improve our products, please contact Assistant Inspector General for Evaluations Reuben Marshall at rmarshall2@peacecorpsig.gov.

APPENDIX D: AGENCY RESPONSE TO THE PRELIMINARY REPORT



MEMORANDUM

To: Joaquin Ferrao, Inspector General

Through: Emily Haimowitz, Chief Compliance & Risk Officer

EMILY
HAIMOWITZ
Digitally signed by EMILY
HAIMOWITZ
Date: 2024.03.07 13:43:12
+0500

Signature

From: Paul Negley, Acting Regional Director, EMA Region

PAUL
NEGLEY
Digitally signed by PAUL
NEGLEY JR
Date: 2024.03.08 10:32:30
+0500

Signature

Kim Mansaray, Country Director, Peace Corps/Cambodia

Mansaray,
Kim
Digitally signed by
Mansaray, Kim
Date: 2024.03.08 07:43:35
+0700

Signature

Date: March 15, 2024

CC: David White, Deputy Director Lauren Stephens, Chief of Staff

Scott Beale, Associate Director, Office of Global Operations
Kris Besch, Expert, Office of Global Operations
Ruchi Jain, General Counsel
Katherine Jacquart, Chief of Operations, EMA Region
Mark Vander Vort, Chief of Operations, EMA Region
Tim Hartman, Quality Assurance Officer, EMA Region
Grover Ainsworth, Acting Chief of Programming and Training, EMA Region
Victor Diaz de Leon, Acting Chief Administrative Officer, EMA Region
Claire Lopez, Supervisory Country Desk Officer, EMA Region
Nicholas Hake, Country Desk Officer, Cambodia
Dana Abro, Regional Security Advisor, EMA Region
Shawn Bardwell, Associate Director, Office of Safety & Security
Laura Weir, Acting Associate Director, Office of Health Services
David O'Neill, Chief Administrative Officer, Office of Health Services
Jill Carty, Director, Behavioral Health and Outreach, Office of Health Services
Oluseyi Adegroye, Director, Office of Medical Services, Office of Health Services
Michael Keel, Director of Programming and Training, PC/Cambodia
Kelly Salmone, Director of Management and Operations, PC/Cambodia
Gregory Yeich, Compliance Officer

Subject: Agency Response to the Preliminary Report on the Post Re-Entry Health and Safety Review of Peace Corps/Cambodia (Project No. 23-EVAL-03)\

Thank you for the opportunity to respond to this preliminary report from the Office of Inspector General. Enclosed please find the agency's response to the recommendations made by the Inspector General as outlined in the OIG's Preliminary Report on the Post Re-Entry Health and Safety Review of Peace Corps/Cambodia (Project No. 23-EVAL-03) sent to the agency on January 30, 2024

Recommendation 1

The Country Director and the medical unit revise the MAP to include all the information required in Medical Technical Guideline 385 and ensure that the health unit's hardcopy of the MAP meets agency requirements.

Concur

Response:

In February 2024, the Office of Health Services (OHS) issued a revised Technical Guideline (TG) 385: Medical Action Plan. Post will update the Post's Medical Action Plan (MAP) to ensure it complies with the revised TG 385. Post will ensure a hardcopy of the revised MAP is produced and available in the health unit.

Documents to be Submitted:

- Updated Medical Action Plan

Status and Timeline for Completion: June 2024

Recommendation 2

The Office of Health Services and the Country Director either identify a local backup medical provider or renew the post's agreement with the State Department.

Concur

Response:

Post will continue to search for a backup medical provider as it has since Spring 2023. It has proved difficult to secure a backup medical provider due to a competitive labor environment for medical professionals in the country. The re-establishment of an inter-country agreement between the Peace Corps and State Department for Cambodia is not possible, as State Department and OHS are currently negotiating a global inter-agency agreement related to medical support.

Documents to be Submitted:

- Documentation supporting the identification of a backup medical provider in country, if applicable
- Inter-agency agreement between State Department and Peace Corps for support of

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- medical services, if applicable
- Agreement between PC/Cambodia and U.S. Embassy in Phnom Penh for support of medical services, if applicable

Status and Timeline for Completion: September 2024

Recommendation 3

The Peace Corps Medical Officers work with the Country Director and the Peace Corps quality improvement unit to develop an appropriate strategy for conducting medical consultant assessments that meets the requirements of Medical Technical Guideline 204.

Concur

Response:

OHS is currently working to revise TG 204: Health Care Facility and Consultant Assessments and Surveys, and Volunteer Site Visits with an anticipated release before the end of April 2024. Post will ensure health care facility or provider assessment forms comply with the revised TG. Post will ensure health care facilities or providers are assessed using the appropriate form before referring Volunteers to receive care at a facility or with a medical provider.

Documents to be Submitted:

- Updated assessment forms for health care facilities and providers, as required in updated TG 204

Status and Timeline for Completion: July 2024

Recommendation 4

The Country Director establishes a system to regularly update Volunteers' contact information in VIDA.

Concur

Response:

In October 2023, prior to receipt of the OIG's preliminary report, Post implemented a process of reviewing and updating all contact information in VIDA quarterly. Each quarter, the Post's Volunteer Support Assistant (VSA) confirms with each Volunteer that their phone numbers are up to date. The VSA updates VIDA, as needed, and notifies appropriate staff of the phone number change. Volunteers are reminded in a post newsletter to notify staff when their phone numbers change.

Documents Submitted:

- Messages confirming entry of Volunteers' phone number in VIDA
- Email distributed to Volunteers requesting confirmation of phone numbers
- Newsletter to Volunteers reminding them to notify posts when phone numbers change
- Volunteer Handbook, revised in February 2024

Status and Timeline for Completion: March 2024

Recommendation 5

The post staff refit propane tanks with longer hoses to ensure they comply with Safety and Security Instruction 410 and post's housing criteria.

Concur

Response:

Post procured longer hoses and during site visits in February and March 2024, the longer hoses were installed on Volunteers' gas tanks, where appropriate. For Volunteers not visited in February and March 2024, Post sent longer hoses to the Volunteers, who then provided photo evidence of their installation.

Documents Submitted:

- Photos of newly installed hoses on gas tanks and stoves to ensure adequate distancing
- Message to Volunteers on installing longer hoses and request for photo evidence of installation

Status and Timeline for Completion: March 2024

Recommendation 6

The Country Director ensure that all Volunteers move their fire extinguishers to be placed within 3 meters of the kitchen area per post criteria.

Concur

Response:

During site visits in February and March 2024, staff ensured that Volunteers' fire extinguishers were within three meters of their kitchen area. For Volunteers not visited in February and March 2024, Post reminded Volunteers to place their fire extinguisher within three meters of their kitchen area. The message requested Volunteers to provide photo evidence of their fire extinguisher location.

Documents Submitted:

- Photos of fire extinguisher within three meters of kitchen area
- Message to Volunteers on ensuring fire extinguisher is within three meters of kitchen area and request for photo evidence of installation

Status and Timeline for Completion: March 2024

APPENDIX E: OIG COMMENTS

In its response to the preliminary report, management concurred with the six recommendations and provided documentation of actions it took to address the issues that prompted recommendations 4, 5, and 6. OIG reviewed the documentation, and we will close recommendations 4, 5 and 6. We wish to note that in closing these recommendations, we are not certifying that the agency has taken these actions or that we have reviewed their effect. Certifying compliance and verifying effectiveness are management's responsibilities. However, when we feel it is warranted, we may conduct a follow-up review to confirm that action has been taken and to evaluate the impact.

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Anyone knowing of wasteful practices, abuse, mismanagement, fraud, or unlawful activity involving Peace Corps programs or personnel should call or write the Office of Inspector General. Reports or complaints can also be made anonymously.

Contact OIG

Reporting Hotline:

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Toll-Free (U.S. only): 800.233.5874

Email: OIG@peacecorpsoig.gov

Online Reporting Tool: peacecorps.gov/oig/contactoig

Mail: Peace Corps Office of Inspector General
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