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To: Allison Greene, Chief Executive Officer
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From: Joaquin Ferrao, Inspector General 

Date: July 18, 2025

Subject: Management Advisory Report on Post Medical Inventory: Promising Practices in Peace Corps/The Gambia Can Inform Needed Improvements in Peace Corps/Namibia (IG-25-03-SR)

As Volunteers face significant health risks and limited access to healthcare facilities overseas, the Peace Corps Office of Health Services (OHS) manages a healthcare system tasked with providing the necessary and appropriate medical care to Volunteers throughout their service.¹ Posts are required to meet the established standards for health units and maintain an accurate account for controlled substances, which calls for a high level of accountability.²

OIG has received numerous complaints from Peace Corps personnel about several of the Africa region Posts' management of controlled substances. The complainants reported that the required annual inventory and quarterly workbook submissions to OHS were missing, incomplete, erroneous, or lacking documentation. In addition, an OHS Health Unit Assessment found that one Post did not maintain complete and accurate records of controlled substances in the U.S. Drug Enforcement Administration (DEA) logbook, as required. Controlled substances are at high risk for potential misuse, abuse, or theft for sale or distribution.³

To address these complaints, OIG conducted a review of two posts' inventory of controlled substances to determine if they maintained effective controls for managing controlled substances and complied with Peace Corps requirements.⁴ OIG conducted site visits of the Peace Corps overseas posts in The Gambia (Peace Corps/The Gambia) and Namibia (Peace Corps/Namibia) from November 19 through 22, 2024.

During the review, OIG assessed the posts' practices for managing controlled substances and compared them against Peace Corps policies and procedures.⁵ OIG analyzed the quarterly

¹ Peace Corp Manual Section (MS) 262, effective December 26, 2023- Peace Corps Medical Services Program based on 22 U.S.C. § 2504(e).

² Controlled drug substances are Federally regulated medicines named on the controlled substances schedules issued by the U.S. DEA; Peace Corp MS 734, effective June 26, 2015.

³ <https://www.dea.gov/drug-information/csa>; 21 U.S.C. § 811 (c).

⁴ Peace Corp MS 734, effective June 26, 2015, and Technical Guideline (TG) 240, effective November 2024 - Medical Supplies and Equipment.

⁵ See Appendix B for a listing of the Peace Corps' policies and procedures used to assess the posts' practices.



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inventory reports that the posts had submitted to OHS for fiscal years (FY) 2022 through 2024, and Post Logistics Support (PLS) documentation on controlled substances shipped to the post.⁶ OIG also performed physical inventories of controlled substances and interviewed post and Peace Corps OHS headquarters staff.

OIG found that Peace Corps/The Gambia maintained effective controls over its management of controlled substances in accordance with Peace Corps policies and procedures. Peace Corps/The Gambia also improved its management of controlled substances within the last year, following an OHS Health Unit Assessment. While Peace Corps/The Gambia did not provide OHS with its annual inventory count for FY 2023, and its FY 2022 inventory count contained discrepancies, the post did complete its inventory counts from December 2023 through FY 2024 and submitted them to OHS, as required. The post's medical inventory review revealed promising practices for other posts to follow, especially posts that are experiencing challenges in managing controlled substances.

The second post OIG reviewed, Peace Corps/Namibia, could benefit from Peace Corps/The Gambia's promising practices. OIG found that the post did not maintain effective medical inventory controls for compliance with policies and procedures. Specifically, the post needs to improve its management of controlled substances. OIG's review identified multiple instances of non-compliance with Peace Corps policies and procedures.

OIG made eight recommendations in this report to enhance the management of controlled substances at Peace Corps/Namibia and other Peace Corps posts. Management concurred with all eight recommendations. OIG closed two recommendations (numbers 2 and 3) based on the evidence of corrective actions already completed to address the recommendations. The other six recommendations will remain open pending documentation and actions listed in the agency's response. The agency's comments are included in Appendix C and OIG's response to those comments is in Appendix D. OIG wants to note that in closing recommendations, OIG is not certifying that OIG has reviewed their effects.

You may address questions regarding follow-up or documentation to the Assistant Inspector General for Audit, David Haney, at 202.692.2958 or dhaney@peacecorpsoig.gov.

Please accept our thanks for your cooperation and assistance in our review.

cc: Julie Burns, Acting Chief of Staff
Colleen Wallace, Acting General Counsel
Glenda Green, Acting Regional Director – Africa, Global Operations
Julie Nelson, Compliance Officer Audit Liaison
Siiri Morley, Country Director – The Gambia
Elizabeth Anderson, Country Director – Namibia

⁶ The Post Logistics and Support Division is responsible for the procurement and shipment of medical supplies and providing procurement and purchasing support.

OBJECTIVE 1: PEACE CORPS/THE GAMBIA

OIG's objective was to determine if the Peace Corps/The Gambia post maintained effective controls over the management of controlled substances and complied with Peace Corps' requirements.

WHAT OIG FOUND

OIG found that Peace Corps/The Gambia maintained effective controls over its management of controlled substances in accordance with the MS 734 and TG 240 requirements, as noted in the subsections below. Additionally, Peace Corps/The Gambia improved its management of controlled substances following OHS's Health Unit Assessment of Post operations in 2024, which noted discrepancies with inventory counts for FY 2022 and that the FY 2023 inventory counts were not submitted. The oversight, involvement, and coordination between the Country Director (CD), Director of Management and Operations (DMO), and Peace Corps Medical Officer (PCMO) helped ensure the post made improvements in managing controlled substances and complied with agency requirements.

TG 240, Section 16

The post is required to maintain effective controls and procedures over medical supplies and adopt and implement special standards applicable to controlled substances, in accordance with U.S. laws and regulations.

Post is required to conduct a quarterly inventory of controlled drug substances and update the Inventory Workbook.

TG 240, Section 17

The DEA logbook must be stored securely, such as with narcotics, and must be maintained and kept on an ongoing basis without disposal for five years after the last entry.

Peace Corps/The Gambia complied with the requirements for drug storage and access for controlled substances and other medical supplies

TG 240, Section 18.1

The CD must provide secure storage for all medical supplies that are specially designated or controlled substances and limit access to the PCMO.

TG 240, Section 14

It is the joint responsibility of the PCMO and DMO for maintaining oversight over all the medication and medical supply orders.

Peace Corps/The Gambia maintained a secure storage room for all medical supplies, including controlled substances. Within the storage room, the controlled substances were kept inside a locked metal cabinet and the controlled substances that required refrigeration were stored in a locked refrigerator. The PCMO had access to the storage room, cabinet, and refrigerator. When requested, the PCMO, without challenge or delay, provided access to the secure storage room, unlocked the metal cabinet, and retrieved the controlled substances and DEA logbook.

Peace Corps/The Gambia complied with the requirements for tracking controlled substances through inventory procedures using the required DEA logbook

The controlled substances inventory was entered into the DEA logbook and matched the physical count, and one item marked for disposal was sealed and stored in the safe, as required. In 2023, the post did not complete and submit the required quarterly inventory counts to OHS, raising concerns about the management of controlled substances. However, the FY 2024 counts were

completed and submitted to OHS before the due date. The table below illustrates the OIG analysis of controlled substances in Peace Corps/The Gambia prior to the site visit.

Table1: Controlled Substances Expected in the Inventory at Peace Corps/The Gambia

Purchase Order	Invoice Date	Controlled Substance Item Description	Item Quantity	Amount per Item	Quantity Expected
1145PC22F0172	6/7/2022	Morphine Sulfate 10mg PO	1	10 each	10
114 5PC23F0232	3/2/2023	Hydrocodone BIT/Acetaminophen 5mg+325 mg tabs	1	100 each	100
1145PC23F0634	8/31/2023	Lorazepam Injection 2 mg/ml	1	25 each	25
1145PC24 F0216	1/29/2024	Lorazepam 1mg tabs	1	100 each	100
1145PC24F0239	2/1/2024	Morphine Sulfate INJ 10 mg	1	10 each	10

Source: information based on OIG analysis of PLS documents from FYs 2022-2024

Peace Corps/The Gambia staff performed their roles and responsibilities for inventory management and control

The CD and the DMO collaborated with staff to resolve issues and monitor activities in the health unit. The Peace Corps/The Gambia CD stated that the post appointed a new PCMO at the beginning of 2024. A temporary duty assignment PCMO was also assigned to assist the post in reviewing and updating the medical inventory documentation and training the new PCMO.

TG 240, Section 16

The CD provides ultimate oversight of the Medical Inventory System by supporting an accountable process of receipt, dispensing, disposal and transfer documentation of controlled substances. The DMO supervises members of the Medical Inventory System staff.

OIG recommends that:

1. The Associate Director for Health Services recognizes and shares Peace Corps/The Gambia's promising practices with other posts to help guide their medical inventory practices and needed improvements.

OBJECTIVE 2: PEACE CORPS/NAMIBIA

OIG's objective was to determine if the Peace Corps/Namibia post maintained effective controls over its management of controlled substances and complied with Peace Corps' requirements.

WHAT OIG FOUND

Peace Corps/Namibia needs to improve its management of controlled substances. OIG found that Peace Corps/Namibia did not comply with Peace Corps MS 734 and TG 240 requirements for managing controlled substances. Specifically, as detailed below, Peace Corps/Namibia needs to improve its controls over drug storage and access; comply with the requirements for tracking controlled substances and securing the DEA logbook; and ensure that the staff understand their roles and responsibilities to comply with requirements.

Through this review, OIG determined that post management did not provide adequate oversight of the medical inventory process, the staff were not adequately trained in their roles and responsibilities, and post and regional management did not ensure that the issues noted in prior reviews were clearly identified and addressed. The conditions observed at Peace Corps/Namibia should be corrected to deter serious consequences that can result from the improper management of controlled substances, to include potential theft and misuse. The post's noncompliance with Peace Corps policies, guidelines, and critical controls for safeguarding the inventory of controlled substances could result in waste and abuse of medical supplies, placing Volunteers' health and safety at risk.

Peace Corps/Namibia can improve its controls and procedures for drug storage and access for controlled substances and other medical supplies

TG 240, Section 18.1

The CD must provide secure storage for all medical supplies that are specially designated or controlled substances and limit access to PCMO.

TG 240, Section 14

It is the joint responsibility of the PCMO and DMO for maintaining oversight over all medication and medical supply orders.

OIG observed an open box sitting on top of the controlled substances safe, which was accessible to staff who are not authorized access to those supplies. The box contained five smaller sealed boxes, each of which contained five vials of the controlled substance, Morphine Sulfate Injection, 5mg/10 ml (See Figures 1 and 2). The staff attending at the time of the OIG visit and the inventory claimed they had no knowledge of the

shipment; however, it was well within reach of anyone who could enter the pharmacy and who was not authorized to access the controlled substances. OIG was unable to confirm details of the shipment because the PCMO was out on leave at the time of our visit, and the Medical Secretary and the Acceptance Point Clerk (APC) were no longer employed at Peace Corps.



Figure 1. Open Box on Top of Controlled Substances Safe



Figure 2. Controlled Substances Found Inside the Open Box

Peace Corps/Namibia did not comply with requirements for tracking controlled substances through inventory procedures and ensure security of DEA logbook

Post staff could not locate the receiving report (Forms Peace Corps-734A/B) in the medical inventory binder for the box of controlled substances located outside of the safe. OIG found the documentation in a pile of documents stored inside the health unit. The receiving report was stamped “Received” on September 25, 2024. However, neither the DEA logbook, the inventory workbook, nor the inventory count sheets contained a record of the controlled substances being received.

TG 240 Sections 4 and 17

The APC and PCMO receive, count, document and sign the receiving report and provide a copy to Medical Supply Inventory Control Clerk (MSICC) to be entered in the Inventory Workbook and filed in medical inventory binder for future reference. The PCMO is responsible for maintaining the inventory system, including the security and maintenance of DEA logbook.

Further, OIG found that the DEA logbook had been tampered with. It contained several entries that were overwritten and dates that were out-of-sequence, which indicated that entries were altered multiple times (See Figure 3). In addition, a page from the logbook was missing and appeared to have been removed or ‘ripped out’, as noted in the RMO report from August 2024. Post leadership could not provide an explanation for these irregularities. The deliberate tampering of the DEA logbook and alteration of entries without documentation or justification represents a risk for falsification of records and fraud.

PEACE CORPS OFFICE OF INSPECTOR GENERAL

Peace Corps
NAMIBIA

REGISTER OF CLASS 3, 4 AND 5 CONTROLLED SUBSTANCES: PEACE CORPS NAMIBIA MEDICAL UNIT

NEW STOCK RECEIVED		MEDICINE:		FORM: TABLET		STRENGTH: 10 mg.	
ENTER LOT	DATE	AMOUNT	DATE	TIME	AMOUNT GIVEN	SIGNATURE OF CD	SIGNATURE AND RANK OF PERSON CHECKING
15/2/24	15/2/24	400	15/2/24	10 AM	100		
15/2/24	15/2/24	300	15/2/24	8 AM	100		
15/2/24	15/2/24	200	15/2/24	11 AM	100		
15/2/24	15/2/24	100	15/2/24				
15/2/24	15/2/24	100	15/2/24				
15/2/24	15/2/24	100	15/2/24				
15/2/24	15/2/24	300	15/2/24				

Handwritten notes: TDY Count, Adderall XR CAP 10mg, Adderall XR CAP 20mg, Vyvanse CAP 30mg, ACETAM+COD TB 3C/30mg MALL, ACETAM+COD 3C/30mg UD MALL.

Figure 3. Logbook Entries Overwritten and Out of Sequence

As noted above, the shipment of the controlled substance (Morphine Sulfate Injection, 5mg/10 ml) was received on September 25, 2024; however, it was not recorded in the post's quarterly count or the DEA logbook until the discrepancy was identified during OIG's site visit. The table below illustrates the OIG analysis of controlled substances in Peace Corps/Namibia prior to the site visit.

Table 2. Controlled Substances Expected in the Inventory at Peace Corps/Namibia

Purchase Order	Invoice Date	Controlled Substance Item Description	Item Quantity	Amount per Item	Quantity Expected
1145PC22F0125	4/27/22	ACETAM+COD 3C/30mg UD MALL	1	100 each	100
1145PC24F0037	11/6/23	Adderall XR CAP 10mg	4	100 each	400
1145PC24F0037	11/6/23	Adderall XR CAP 20mg	4	100 each	400
1145PC24F0037	11/6/23	Vyvanse CAP 30mg	2	100 each	200
1145PC23F0191	2/10/23	ACETAM+COD TB 3C/30mg MALL	2	100 each	200
1145PC24F0635	7/31/24	Adderall XR CAP 10mg	2	100 each	200
1145PC24F0635	7/31/24	Adderall XR CAP 20mg	4	100 each	400
1145PC24F0635	7/31/24	Vyvanse CAP 30MG	2	100 each	200
1145PC24F0654	8/13/24	*Morphine Sulfate FTV PF 5mg/10ml vial	5	5 each	25

Source: information based on OIG analysis of PLS shipping documents from FYs 22-24

*Shipment received on 9/25/24 found outside the safe

According to staff, a copy of the receiving report was not provided to the Medical Supply Inventory Control Clerk (MSICC), as required, to update the inventory workbook.

Peace Corps/Namibia staff did not perform their roles and responsibilities for creating and maintaining dispensing records for controlled substances

Peace Corps/Namibia used a ‘pre-numbered three-part dispensing book’ for prescribing controlled substances and specially-designated medicine as recommended, but did not utilize it properly or completely. Documenting dispensed medication into three copies of form Peace Corps-734D (TG 240 Attachment D – Record of Medication Dispensed) is a recommended best practice.

The original ‘white copy’ is for Volunteer signature, which is completed and retained by the PCMO, the second ‘yellow copy’ is provided to MSICC for tracking inventory, and the third ‘green copy’ remains in the book. Additionally, a designated staff member is assigned to scan the completed and signed forms into the Volunteers Medical Inventory Documents folder, located in the Peace Corps Medical Electronic Documentation and Inventory Control System, and maintain a copy in the medical inventory binder in the health unit.

TG 240, Section 16

The dispensing of controlled substances and specially designated items are documented on form Peace Corps-734D with the Volunteer’s signature. A copy of the form is maintained by the PCMO in the medical inventory binder and provided to the MSICC for updating the Inventory Workbook. The PCMO is responsible for record management of all TG240 forms in a dedicated medical inventory binder kept in the health unit.

OIG reviewed the relevant three-part dispensing book and noted that several original pages were folded and stapled numerous times. Two of the three original copies of the dispensing records for controlled substances dispensed were blank and the third copy appeared to have been ripped out. Two additional records were completed in ink and missing signatures from the Volunteers. There was no additional documentation in the files confirming Volunteers’ receipt of the controlled substances.

Peace Corps/Namibia staff did not perform their roles and responsibilities for conducting quarterly inventory counts and maintaining proper inventory records

TG 240 Section 16

Medical Inventory Workbook is the official inventory record for post, maintained by the MSICC. Post is required to conduct a quarterly inventory of controlled drug substances and update the Inventory Workbook. The CD’s presence during the quarterly count is a best practice.

The medical inventory workbook the post submitted to OHS contained errors. The unreconciled balance of medical inventory from the prior quarter was carried forward and recorded incorrectly as an opening balance. In addition, the spreadsheet had formula and formatting errors. The resulting calculation of the ending balance that was reported was inaccurate.

The post staff explained that the quarterly counts were not supervised, the CD rarely witnessed the counts, as suggested, and the PCMO did not regularly participate or communicate with medical staff.

OIG recommends that:

2. The Country Director of Peace Corps/Namibia instructs the Peace Corps Medical Officer and other medical staff to perform a full medical inventory count of controlled substances under the supervision of Director of Management and Operations and witness the inventory count.
3. The Country Director of Peace Corps/Namibia ensures all controlled substances are securely locked in a cabinet inside a secure room and monitors access to the storage unit.
4. The Country Director and Director of Management and Operations of Peace Corps/Namibia conduct staff training on the medical inventory process and educate staff on agency requirements, roles and responsibilities, procedures for implementing the inventory system, and special standards for controlled substances in accordance with agency requirements.
5. The Country Director and Director of Management and Operations of Peace Corps/Namibia develop a plan to provide additional oversight through at least calendar year 2026 to ensure that the processes required to manage controlled substances are being followed and that the personnel are adequately managing medical inventories.
6. The Country Director of Peace Corps/Namibia ensures controls over dispensing records, including signed receipts from the volunteers (form Peace Corps-734D), are monitored, the dispensing book is secured properly, and copies are distributed to designated staff and filed in a timely manner.
7. The Country Director and Director of Management and Operations of Peace Corps/Namibia review the Health Unit Assessment and recommendations completed in August 2024 and create a plan for addressing the recommendations fully with target dates for implementation.
8. The Associate Director for Health Services and the Regional Director of the Africa Region follow up with the Country Director and Peace Corps Medical Officer in Peace Corps/Namibia to ensure appropriate action is taken to implement these recommendations to improve management of controlled substances.

CONCLUSION

Peace Corps/The Gambia leadership's collaboration with the health unit has transformed its management of medical inventory from previously deficient to now compliant with Peace Corps policy and procedures. Peace Corps/The Gambia's example illustrates how effective leadership can positively impact post activities and create a culture of compliance and accountability. The agency should use the improvements demonstrated at Peace Corps/The Gambia and the findings and recommendations in this report to improve the management of controlled substances at Peace Corps/Namibia and other posts.

APPENDIX A: SCOPE AND METHODOLOGY

SCOPE

OIG reviewed quarterly inventory reports submitted to OHS as well as PLS documentation for FYs 2022 through 2024. OIG conducted site visits of Peace Corps overseas posts: Peace Corps/The Gambia and Peace Corps/Namibia from November 19 through 22, 2024.

METHODOLOGY

OIG reviewed Peace Corps' policies and procedures for the management of controlled substances and analyzed documentation specific to Peace Corps/The Gambia and Peace Corps/Namibia prior to site visits. OIG also performed physical inventories of controlled substances, interviewed Peace Corps OHS headquarters staff, interviewed post staff, and conducted unannounced site visits to the posts.

The OIG Audit Unit conducted this review in coordination with the Investigation Unit to promptly address issues concerning overseas medical inventory. OIG conducted this review in accordance with OIG Directive 2020-03 – Revision to Reporting Procedures for Management Implication Reports (MIR) and Management Advisory Reports (MAR), issued on January 6, 2020, and followed the considerations included in the Peace Corps OIG Directive, to ensure appropriate quality standards. This review did not follow Generally Accepted Government Auditing Standards (GAGAS).

APPENDIX B: PEACE CORPS REQUIREMENTS

The Peace Corps OHS established written policies and procedures to manage medical inventory, including controlled substances, through the Peace Corps policy (MS 734) and its related Technical Guideline (TG 240). MS 734 and TG 240 establish the requirements to maintain effective controls and procedures that govern the medical supply process and to implement special standards applicable to controlled substances. Some of those controls and requirements include separation of duties; recording and tracking the receipt, dispensation, disposal, and transfer of all controlled substances and specially designated medical supplies; and an annual submission of the inventory and quarterly workbooks to OHS. TG 240 also requires that controlled substances are kept in a securely locked cabinet in a secure room.

MS 734 defines the following roles and responsibilities for key personnel who manage medical inventory at the posts:

- The CD manages operations at a post and is responsible for providing an appropriate working environment for the operation of the post Health Unit. The CD is responsible for the physical security of the Health Unit and to assure that effective controls for medical supply management are in place through appropriate segregation of duties, secure storage, and periodic inventories.
- The PCMO is ultimately responsible for the maintenance of effective control over medical supplies to ensure that such items are properly received, dispensed or disposed of in accordance with Peace Corps' policies and procedures.
- The Associate Director for Health Services has overall responsibility for managing and supervising the PCMO, but the CD has day-to-day management and supervision responsibility of the PCMO in non-clinical areas.
- The MSICC records all medical supply transactions in the medical supply workbook. The MSICC is appointed by the CD and must not be a member of the Medical Office staff, serve as the APC, or perform the quarterly inventory of medical supplies.
- The APC is responsible for receiving all medical supplies and coordinating initial inventory. The APC must not be a member of the Medical Office staff, serve as the MSICC, or perform the quarterly inventory of medical supplies.

TG 240 defines the following roles and responsibilities for key personnel who manage medical inventory at the posts:

- The DMO is responsible for post administrative operations. It is recommended that the DMO know the inventory process as they often supervise the APC, MSICC, and Inventory Reconciliation Clerk (IRC).
- The IRC conducts a physical count and reports quarterly inventory on the instruction of the CD. The IRC and PCMO conduct a physical count of all controlled substances and specially designated medications and IRC documents the results of the count on a hardcopy of the medical inventory master sheet.

TG 240 also requires that staff use standard forms and practices to manage medical inventory at post, including the following:

- Peace Corps-734A – (TG 240 Attachment A – Confirmation Receipt for Controlled Substances)
- Peace Corps-734B – (TG 240 Attachment B – Receiving Report for Medical Supplies)
- Inventory Workbook – (TG 240 Attachment C – Sample Medical Inventory Workbook)
- Peace Corps-734D – (TG 240 Attachment D – Record of Medication Dispensed)

MS 734 and TG 240 also state that at least quarterly, the CD must review and sign the MSICC's quarterly count forms for specially designated and controlled substances to ensure accuracy. The quarterly physical inventory of medical supplies and equipment must be performed by a staff member who is not assigned to the Medical Office and is appointed by the CD. The CD should also sign an annual inventory of specially designated and controlled substances as of September 30, which is due to OHS by October 15 every year.

In addition to the medical inventory system, each medical office must maintain a complete and accurate record of each controlled substance in a DEA logbook. The logbook should show the: name, form (for example, 10mg tablet), number of units, amount dispensed or destroyed, name of person dispensed to, date of dispense, amount dispensed, and signature of dispenser. Controlled substances should only be dispensed under supervision of the PCMO.

APPENDIX C: AGENCY COMMENTS



MEMORANDUM

TO: Joaquin Ferrao, Inspector General

FROM: Allison Greene, Chief Executive Officer

Allison S.
Greene

Digitally signed by Allison
S. Greene
Date: 2025.07.14
14:31:18 -0400

CC: Cheryl Gregory Faye, Deputy Chief Executive Officer
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Siiri Morley, Country Director, Peace Corps/The Gambia
Kathryn Wallace, Acting General Counsel
Emily Haimowitz, Chief Compliance and Risk Officer
Julie Nelson, Compliance Officer Audit Liaison
Jennifer Piorkowski, Director, Executive Secretariat

DATE: July 15, 2025

RE: Agency Response to the Management Advisory Report on Post Medical
Inventory: Promising Practices in Peace Corps/The Gambia Can Inform
Needed Improvements in Peace Corps/Namibia

Thank you for the opportunity to respond to this preliminary report from the Office of Inspector General (OIG). Enclosed please find the agency's response to the recommendations made by the Inspector General as outlined in the OIG's *Management Advisory Report (MAR) on Post Medical Inventory: Promising Practices in Peace Corps/The Gambia Can Inform Needed Improvements in Peace Corps/Namibia*, sent to the agency on June 10, 2025.

The Peace Corps prioritizes Volunteer health, safety, and security, including the provision of necessary and appropriate medical care to Volunteers throughout their service. To achieve this, the Office of Health Services (OHS) provides oversight to ensure that health units are meeting established standards, including for medical

Agency Response to the MAR on Post Medical Inventory: Promising Practices in
Peace Corps/The Gambia Can Inform Needed Improvements in Peace Corps/Namibia Page 1 of 6

inventory. OHS proactively monitors and evaluates Peace Corps posts' overseas health units, identifying room for improvement, and working with local staff to resolve any challenges. After the Peace Corps/The Gambia Health Unit Assessment, Post staff worked closely with OHS to address identified areas, and this collaboration ultimately yielded exemplary results in The Gambia. In the case of Peace Corps/Namibia, personnel issues disrupted and delayed the post's ability to work with OHS on bringing their medical inventory process into compliance. Since the OIG's visit, the country director and director of management and operations in Namibia have made great strides toward ensuring that the health unit is following the required procedures related to medical inventory. The agency is committed to continued progress, and OHS and Region will provide oversight to ensure the actions are completed.

Recommendation 1

The Associate Director for Health Services recognizes and shares Peace Corps/The Gambia's promising practices with other posts to help guide their medical inventory practices and needed improvements.

Concur

Response: The Office of Health Services (OHS) will work with Peace Corps/The Gambia to gather the medical unit's promising practices on the tracking and storage of medical inventory, including controlled substances. OHS will share these promising practices, along with feedback from other posts that have successful medical inventory programs, with relevant post staff.

Documents to be Submitted:

- Document outlining Peace Corps/The Gambia's promising practices
- Communication from OHS sharing Peace Corps/The Gambia's promising practices with relevant post staff

Status and Timeline for Completion: September 2025

Recommendation 2

The Country Director of Peace Corps/Namibia instructs the Peace Corps Medical Officer and other medical staff to perform a full medical inventory count of controlled substances under the supervision of Director of Management and Operations and witness the inventory count.

Concur

Response: Following the OIG's review, staff in Peace Corps/Namibia have consistently conducted monthly medical inventory counts under the supervision of the director of management and operations (DMO) and witnessed by the country director (CD). These inventory counts are documented in the OHS-provided medical inventory worksheet, prepared by

the medical supply inventory control clerk (MSICC), counted by the inventory reconciliation clerk (IRC), witnessed by a PCMO, with the CD observing to ensure process quality. Post plans to continue this monthly process to ensure its medical inventory count of controlled substances remains accurate.

Documents Submitted:

- Signed monthly inventory worksheets for December 2024 through June 2025
- Narrative statement from the CD describing steps taken to address this recommendation

Status and Timeline for Completion: July 2025

Recommendation 3

The Country Director of Peace Corps/Namibia ensures all controlled substances are securely locked in a cabinet inside a secure room and monitors access to the storage unit.

Concur

Response: Peace Corps/Namibia stores all controlled substances in a locked cabinet inside the pharmacy, which is a secure space only allowed to be accessed by medical staff. The storage of controlled substances is managed and monitored by the PCMOs and verified by the CD and DMO during monthly inventory counts. The CD and DMO also conduct unannounced checks to verify that the pharmacy is locked and that controlled substances are securely locked in a cabinet.

Documents Submitted:

- Narrative statement from the CD describing steps taken to address this recommendation

Status and Timeline for Completion: July 2025

Recommendation 4

The Country Director and Director of Management and Operations of Peace Corps/Namibia conduct staff training on the medical inventory process and educate staff on agency requirements, roles and responsibilities, procedures for implementing the inventory system, and special standards for controlled substances in accordance with agency requirements.

Concur

Response: All relevant Peace Corps/Namibia non-medical staff have completed the *Medical Inventory Training Video* on LearningSpace, including the acceptance point clerk (APC), medical supply inventory control clerk (MSICC), and inventory reconciliation clerk (IRC), and their backups. The DMO will coordinate with Peace Corps/Washington to deliver training on Medical Technical Guideline 240, *Medical Supplies and Equipment*, and Manual Section 734, *Medical Supplies and Equipment*, to all staff involved in implementing the inventory system and managing controlled substances.

Documents to be Submitted:

- Training attendance records
- Training materials

Status and Timeline for Completion: December 2025

Recommendation 5

The Country Director and Director of Management and Operations of Peace Corps/Namibia develop a plan to provide additional oversight through at least calendar year 2026 to ensure that the processes required to manage controlled substances are being followed and that the personnel are adequately managing medical inventories.

Concur

Response: In collaboration with OHS, the CD and DMO will develop a plan incorporating the recommendations in this report to provide additional oversight through at least calendar year 2026. This plan will include actions required to manage controlled substances and will help to ensure that processes are followed and that medical inventory is adequately managed.

Documents to be Submitted:

- Plan for additional oversight of medical inventory, including controlled substances

Status and Timeline for Completion: September 2025

Recommendation 6

The country director of Peace Corps/Namibia ensures controls over dispensing records, including signed receipts from the volunteers (form Peace Corps-734D), are monitored, the dispensing book is secured properly, and copies are distributed to designated staff and filed in a timely manner.

Concur

Response: The CD and DMO will establish regular checks with the PCMOs who will confirm that the Drug Enforcement Agency (DEA) logbook is secured in the safe, the pharmacy is locked, a binder or file is kept with the paper dispensing records, the dispensing records have been uploaded into PCMEDICS, and copies are distributed to the designated inventory staff member and filed by health unit staff in a timely manner. Post will maintain checklists from each of these regular checks with the CD or DMO's signature.

Documents to be Submitted:

- Sample of checklists with signature of the CD or DMO during regular checks with the PCMOs

Status and Timeline for Completion: January 2026

Recommendation 7

The Country Director and Director of Management and Operations of Peace Corps/Namibia review the Health Unit Assessment and recommendations completed in August 2024 and create a plan for addressing the recommendations fully with target dates for implementation.

Concur

Response: OHS tracks the completion of recommendations from the Health Unit Assessments and periodically shares updates with Post leadership. In addition, the Regional Medical Officers meet with PCMOs to provide support towards closing recommendations. The CD and DMO have reviewed the August 2024 PC/Namibia Health Unit Assessment and recommendations and to further expedite closure of the recommendations, will work with OHS to create a plan for addressing the recommendations fully with target dates for implementation.

Documents to be Submitted:

- Plan for addressing the recommendations fully, including target dates of completion

Status and Timeline for Completion: September 2025

Recommendation 8

The Associate Director for Health Services and the Director of the Africa Region follow up with the Country Director and Peace Corps Medical Officer in Peace Corps/Namibia to ensure appropriate action is taken to implement these recommendations to improve management of controlled substances.

Concur

Response: Peace Corps/Washington has a process in place to ensure that relevant headquarters offices have oversight in the actions taken to close recommendations issued by the Office of Inspector General. In this case, Region and OHS will monitor required actions by Peace Corps/Namibia to ensure that Post implements the recommendations in this report as described in this response.

Documents to be Submitted:

- Closure of recommendations 1 through 7

Status and Timeline for Completion: February 2026

APPENDIX D: OIG RESPONSE

Management concurred with the eight recommendations in the report. In its response, management described actions it is taking or intends to take to address the issues that prompted each of OIG's recommendations. OIG closed two recommendations (numbers 2 and 3) based on evidence of corrective actions already completed to address the recommendations. The other six recommendations will remain open pending documentation and actions listed in the agency's response. OIG wants to note that in closing recommendations, OIG is not certifying that OIG has reviewed their effects.