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202.692.2900
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Hotline
202.692.2915 ǀ 800.233.5874
Online Reporting Tool
OIG@peacecorps.gov

To: Sheila Crowley, Acting Director
Tim Hartman, Acting Regional Director/Chief of Operations, Africa Operations
Angela Kissel, Acting Chief Compliance Officer

From: Kathy A. Buller, Inspector General

Date: June 19, 2017

Subject: Final Report on the Program Evaluation of Peace Corps/South Africa (IG-17-03-E)

Transmitted for your information is our final report on the Program Evaluation of Peace Corps/South Africa.

OIG will review and consider closing recommendations 4, 6-8, and 10-13 when the documentation reflected in OIG's comments and the agency's response to the preliminary report is received. For recommendations 1, 2, 3, 5, and 9 additional documentation is required. Recommendations remain open pending confirmation from the chief compliance officer that the documentation reflected in our analysis below is received.

We wish to note that in closing 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.

Our comments, which are in the report as Appendix G, address these matters. Please respond with documentation to close the remaining open recommendations within 90 days of the receipt of this memorandum.

You may address questions regarding follow-up or documentation to Assistant Inspector General for Evaluation Jeremy Black at 202.692.2912.

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

cc: Tony Marra, Acting General Counsel
Kathy Stroker, Acting Deputy Director
Julie Burns, Chief of Operations, Africa Region
Ronald Campbell, Country Director, South Africa
Kris Besch, Acting Associate Director for Global Operations
Shawn Bardwell, Associate Director for Safety and Security
Jill Carty, Acting Associate Director, Office of Health Services
Alison Colantino, Director, Office of Medical Services

Stephanie Rust, Director of Overseas Programming and Training Support
Erin Gibbs, Acting Associate Director, Office of Volunteer Recruitment and Selection
Dee Hertzberg, Expert, Africa Operations
Alyssa Karp, Expert, Africa Operations
Allison Lange, Regional Security Advisor, Africa Operations
Africa Country Desk
IGChron
IG

A Volunteer and her homestay sisters.

Final Country Program Evaluation

Peace Corps/South Africa

IG-17-03-E

June 2017

EXECUTIVE SUMMARY

More than 1,400 Peace Corps Volunteers have served the people of South Africa since the program was first launched in 1997. There were two project areas in South Africa: community HIV/AIDS outreach, and school and community resources. At the onset of this evaluation, 96 Volunteers were serving in South Africa: 51 were community HIV/AIDS outreach Volunteers, 41 were school and community resources Volunteers, and 4 were Peace Corps Response Volunteers.

Peace Corps/South Africa (hereafter referred to as "the post") faced some in-country operational challenges at the time of this evaluation. Some of these challenges related to post-apartheid imbalances within South African society, a highly competitive job market for South African professionals with skillsets similar to post staff, and management of a regional medical hub.

Despite the operational challenges, this evaluation found many examples of effective management. Post leadership developed a highly collaborative work environment that resulted in good communication and coordination among post staff, leading to effective staff work in site development, site history file management, and Volunteer placement in appropriate sites. The post also managed its relationships with the Government of South Africa and other project partners effectively.

However, OIG determined that there were some areas of post operations that required management's attention. Volunteers faced a range of challenges in adjusting to the conditions of service in South Africa, including insufficient local language skills, social isolation, and other challenges. In addition, OIG concluded that the process for determining and placing Volunteers with medical accommodations in South Africa was insufficient. Other areas that required management's attention included Volunteer knowledge of consolidation points, roles of staff and Volunteers in delivering training, Volunteer ability to achieve certain objectives in the post's education project, staffing of the regional medical hub, and the post's onboarding procedures for new staff.

Our report contains 13 recommendations, which, if implemented, should strengthen post operations and correct the deficiencies detailed in the accompanying report.

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HOST COUNTRY BACKGROUND

South Africa is an ethnically diverse country with a complex sociopolitical history. In 1948, the Government of South Africa instutionalized racial discrimination and segregation through the apartheid system. Apartheid resulted in the subjugation and displacement of millions of non-white South Africans and has left a legacy of racial suspicion and mistrust that continues to affect daily life within the country. After decades of protests, insurgency, sanctions, and boycotts, South Africa transitioned to fully representative democracy in 1994, electing Nelson Mandela as President.

South Africa remains rich in natural resources and is classified as a middle income emerging market according to the World Factbook. Its financial, legal, healthcare, communications, energy, and transportation sectors are well-developed. Nevertheless, the country faces challenges in addressing inequality. More than a quarter (26.8 percent) of the population is unemployed, ranking 182 out of 208 countries for unemployment. Nearly half of South Africa's population lives below the poverty line. South Africa's 2013 Gini co-efficient[1] of 63 represented one of the highest inequality rates in the world.

In addition to high unemployment, poverty, and inequality, South Africa's rates of crime – specifically violent crime – are high compared to other countries. In 2014, the homicide rate in South Africa was 33 per 100,000 people, which was the sixth highest in the world according to a World Bank analysis. In 2010, South Africa had the highest rate of rape in the world. Violence was also present in schools. Even though corporal punishment was outlawed in South African schools in the mid-1990s, it is still used by teachers and school administrators throughout the country.

According to the United Nations Programme on HIV/AIDS, in 2015 there were approximately 7 million people in South Africa living with HIV. Since fiscal year 2012, the United States President's Emergency Plan for AIDS Relief (PEPFAR) has allocated approximately $1.9 billion to support the response to the HIV epidemic in South Africa. The South African Government's national development plan aims to raise life expectancy to at least 70 years, ensure that the generation of under-20s is largely free of HIV, and significantly reduce the burden of disease. The national development plan also states that the government intends to strengthen primary healthcare services and district-based health programs, such as community health worker and health education programs.

South Africa's national development plan also aims to improve the quality of education in underperforming schools and invest in teacher training. According to the country's strategic framework, the South African Government intends to improve the quality of education by focusing on teacher accountability and strengthening the capacity of district offices to provide oversight for schools.

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[1] The Gini co-efficient measures the degree of variation or inequality within a population.

PEACE CORPS PROGRAM BACKGROUND

President Clinton announced the United States Government's intention to send Peace Corps Volunteers to South Africa during President Mandela's visit to the U.S. in 1994. The post began in 1997 with an education program of 33 Volunteers, and expanded to the health sector in 2001. Initially, Volunteers served in Limpopo and Mpumalanga provinces, later entering other provinces. Over 1,400 Volunteers have served in South Africa since the program began. According to the post's briefing paper, the overall purpose of the program is to build capacity at individual and organizational levels in rural primary schools and with civil service organizations dedicated to fighting HIV/AIDS.

The post experienced many management challenges related to the operating environment within South Africa. First, the post had to retain staff in a competitive job market. Despite South Africa's high national unemployment rate, post staff could market their professional skills in an employment environment with a variety of higher-paid opportunities than those available through the U.S. Government's local compensation plan.[2] Second, the post managed a regional medical unit that handled medical evacuations and emergencies affecting Volunteers throughout the sub-continent, placing additional logistic, resource, and management responsibilities on the post. Third, the post operated in a complex sociocultural and security environment. Racial and gender inequities in South Africa exacerbated tensions within the Volunteer population. In terms of security, the post experienced one of the highest reported crime rates against Volunteers of all Peace Corps countries.

At the time this evaluation began, the post had 96 Volunteers: 51 were community HIV/AIDS outreach Volunteers, 41 were school and community resources Volunteers, and 4 were Peace Corps Response Volunteers. The total operating budget for fiscal year (FY) 2016 was approximately $5.7 million, of which $2.3 million was contributed by PEPFAR.

Community HIV/AIDS Outreach Project. According to the post's annual report, the purpose of the community HIV/AIDS outreach project was to support long and healthy lives and combat HIV and AIDS, as well as decrease the burden of disease among South Africans whom Volunteers serve. The program aimed to reduce HIV transmission; mitigate the impact of the epidemic among youth, people living with HIV/AIDS, and orphans and vulnerable children; address the social and structural drivers of the epidemic; and work to reduce stigma and discrimination.

Community HIV/AIDS outreach Volunteers worked to strengthen the capacity of civil service organizations involved in HIV/AIDS prevention and care with youth, orphans, and vulnerable children; in home-based care for people living with HIV/AIDS and their caregivers; and in reducing stigma, discrimination, and gender-based violence. According to the post's briefing paper, the project also worked to mobilize local community networks and work with youth associations.

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[2] Peace Corps local staff are paid based on the U.S. Embassy's local compensation plan.

School and Community Resources Project. The post's education project focused on primary literacy, numeracy, and teaching English as a second language. The purpose of the school and community resources project was to improve the culture of teaching, learning, and service for students, teachers, and communities. The education project aimed to build student capacity in English language proficiency, improve teacher capacity to teach English language proficiency, and strengthen student-centered teaching practices that treat boys and girls equally in the classroom.

According to the post's briefing paper, education Volunteers worked in primary schools and with children aged 9 to 15. In their second year of service the Volunteers continued to work with the same cohort of students and began to conduct activities to build local teachers' capacity in student-centered teaching methods to integrate English as a medium for instruction.

EVALUATION RESULTS

Our evaluation assessed post management and operations related to the following researchable questions:

- To what extent has the post developed and implemented programs to increase host country communities' capacity?
- Does training prepare Volunteers for Peace Corps service?
- Has the post provided adequate support and oversight to Volunteers?
- Are post resources and management practices adequate for effective post operations?

EFFECTIVE AREAS OF OPERATION

In general, OIG found many examples of effective post management and leadership related to post operations, volunteer support, programming, and training. These do not necessitate action by the post or agency and are described below.

Staff Communicated and Collaborated Well with Each Other. Senior leaders at the post communicated effectively with stakeholders, creating a collaborative work environment that staff and Volunteers appreciated. Post leadership received high marks from staff and Volunteers interviewed regarding leadership quality and support. In addition, the medical unit, programming and training team, and safety and security team also received high marks related to their supportiveness. The country director created an effective approach to Volunteer support through meetings that brought together staff members to participate in strategic and broad-based support action. Staff interviewed from each unit stressed the effectiveness of the meetings in improving Volunteer support by helping key staff collaborate.

Over the past two years, post leadership increased collaboration among staff and clarified staff roles. Examples of improved staff communication and collaboration included the implementation of post communications standards, staff management of the Volunteer information database application, clarification of Peace Corps Volunteer leader responsibilities, and updates to the

Volunteer handbook. Another example was the post's positive working relationship with the U.S. Embassy, evident during the post's 2016 office move, an undertaking that required cooperation between multiple stakeholders, including the Embassy, landlords, vendors, Peace Corps headquarters, and staff at post.

Post leadership employed soft management skills which the country director described as "leading with kindness." This approach had a positive impact upon operational competence and staff morale. Post staff appreciated the leadership style of the management team in place during fieldwork and the progress made to improve communication and morale in recent years. They were eager to have the next leadership team build on these improvements.

The Post's Strategic Plan and Budget Was Adequate. The post was sufficiently resourced, and effectively allocated resources in support of critical Volunteer support and programmatic activities. OIG concluded that post's planning and budgeting activities were consistent with operations and management priorities as well as agency guidance.

Staff Maintained Effective Relationships with the Government of South Africa. The post had a relatively good relationship with all in-country partners. Peace Corps staff acknowledged that working through the bureaucracy of the South African Government could be difficult. However, the post had relatively good relationships and memoranda of understanding (MOUs) with provincial Departments of Education (DOEs). In some instances, provincial DOEs were not able to provide basic furniture such as beds, wardrobes, and chairs for Volunteer houses as stated in their MOUs with the post. However, the post, Volunteers, and communities had been able to manage this situation in most cases.

The post did not have a national-level MOU with the Ministry of Health. However, the post's health project operated under a national PEPFAR agreement between the Government of South Africa and the United States. OIG had no concern related to the lack of a national-level MOU with the Department of Health because of the high degree of support from other PEPFAR partners, including partners within the Government of South Africa.

Senior Staff and Volunteers Communicated Well. Volunteers interviewed by OIG gave considerable favorable feedback[3] about communication with senior staff, including the country director, director of programming and training, and to some extent, the director of management and operations. Senior leadership noted that they had been working to reduce the amount of time it took for staff to respond to Volunteer concerns. In April 2015, the post documented a two-day response time in its communication policy. The post provided documents, including bi-weekly emails from the country director to Volunteers, demonstrating regular communication between staff and Volunteers.

In addition, Volunteers in South Africa submitted quarterly performance reports. The post Volunteer handbook clearly explained the importance of reporting on performance, and

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[3] Volunteer interviews were conducted using a standardized interview questionnaire, and Volunteers were asked to rate many items on a five-point scale (1 = not effective, 3 = neutral, 5 = very effective). The percentage of Volunteers who gave a favorable rating includes those who gave ratings of 4 or 5.

Volunteers typically submitted their quarterly reports on time. At the time of fieldwork, post staff provided quality feedback to Volunteers on their performance reports.

Volunteers Perceived Most Staff Support to be Good. Overall, Volunteers interviewed rated the support they received from a variety of post staff members very favorably. Based on this feedback, OIG determined that general staff support for Volunteers was an area of no concern. However, one-fifth of Volunteers (20 percent) reported in the 2015 and 2016 All Volunteer Survey being dissatisfied with the support they received for emotional health. This issue will be addressed in the finding on adjustment and mental health below.

Staff also provided adequate site visits to Volunteers. Eighty percent of Volunteers interviewed (20 out of 25)[4] reported that the number of site visits they received was adequate, and 90 percent (18 out of 20) said that the site visits met their support needs 'well' or 'very well.' Based on a review of Volunteer files, OIG assessed that site visits had been taking place as required according to the post's policy.

The Post Responded Effectively to Volunteer Safety Incidents. Volunteers reported widespread satisfaction with the effectiveness of training and support they received from the safety and security staff. Thirty percent of Volunteers interviewed (9 out of 30) said they had been a victim of a crime; among those, the majority (67 percent) said they reported the crime to the Peace Corps. All of the Volunteers who reported the crime to the Peace Corps rated the response favorably. Reasons Volunteers gave for not reporting included that they did not think the crime was serious, or that the Peace Corps could do anything about it.

Volunteers Gave Positive Ratings for Most Types of Training. In general, OIG found that several aspects of Volunteer training were effective. The following table shows the ratings of training components, disaggregated by the health and education sectors, as these Volunteers participated in different training events.

Table 1: Volunteer Rating of Training Components, Disaggregated by Sector			
Component	Health	Education	Average Rating
Pre-Service Training			
Host Families	4.8	4.6	4.7
Safety & Security	4.25	4.3	4.3
Health	4	4.5	4.3
Intercultural	4.2	4.25	4.2
Sexual Assault Risk Reduction and Response	4	4.2	4.1
Language	3.9	3.7	3.8
Technical	3.7	3.1	3.4
In-Service Training	3.7	3.7	3.7
Mid-Service Training	4	4.25	4.2

Source: Volunteer interviews conducted during fieldwork.

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[4] Some Volunteers did not answer every question.

A review of the pre-service training (PST) calendar of training events for the past two training inputs found that the five required sexual assault risk reduction and response sessions were delivered.

OIG found that post customized intercultural training for the South African environment by including activities such as fieldtrips to the Apartheid Museum and Voortrekker Monument.[5] PST also included a unique session on internalized oppression and a panel discussion on South African diversity. As one Volunteer commented, "from the moment we arrived, we were exposed to elements of the culture that didn't resemble what they would give tourists. [The training manager] does a great job educating us about the culture, including the racial components. [The training manager] delivered so many of the difficult subjects at a great pace."

Even though several aspects of the post's training were effective, some elements of the training program needed improvement, including local language, resiliency and adjustment, assessment of trainee performance, and programming staff participation in technical training. These elements will be discussed later in the report.

Staff Developed Volunteer Sites in an Effective and Collaborative Manner. The post's site development and approval process was very collaborative and included the appropriate staff. In our recent recurring issues report, we found that appropriate staff were often not included in the site development and approval process at other posts.[6] This can result in Volunteers being placed in sites that do not meet post health and safety criteria.

Peace Corps/South Africa had a manual covering standards and procedures for site preparation and monitoring. During site development, safety and security staff were included from the beginning. Medical officers provided lists of special housing or accommodation requirements for trainees with certain medical conditions. The program managers created a chart and map documenting information about each trainee and their potential site. The chart and information was then discussed amongst all staff included in site development before a final site assignment was made. Based on Volunteer interviews, OIG concluded that the post placed Volunteers in appropriate, potentially productive sites.

Volunteers Were Able to Meet a Majority of Their Project Objectives. Both the health and education projects in South Africa were generally meeting their project objectives. Post staff commented that Volunteers had a positive effect on their communities. Host country partners such as the South African National AIDS Council and the national PEPFAR coordinator also acknowledged the benefits the Peace Corps brings to South Africa. Generally, interviewed Volunteers believed they were able to achieve project goals. However, as described later in this report, some education Volunteers reported that they were not able to build teacher capacity, which is one of their project objectives.

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[5] The Voortrekker Monument is located in Pretoria and commemorates the Afrikaans-speaking groups that trekked north from the Cape Colony in the middle of the 19th century.
[6] Final Report on Recurring Issues: Common Challenges Facing Peace Corps Posts, Fiscal Years 2012-2015 (IG-16-04-SR).

Volunteer Laurie Tarter with students.

Volunteers Had Productive Counterpart Relationships. The post did not assign Volunteers specific counterparts. Rather, post staff involved in site development set expectations with Volunteers and their supervisors and community members that Volunteers should identify and develop their own counterpart relationships. All Volunteers interviewed (26 out of 26) said that they had at least one local counterpart, and some Volunteers had multiple counterparts depending on the project or activity they were implementing. Eighty-three percent of Volunteers interviewed (20 out of 24) said their counterparts supported them in achieving their project objectives either 'well' or 'very well.'

From left to right: the school principal, Volunteer Mohamed Hassan-Issa, and his counterpart teacher.

Volunteer Housing Was Generally in Line with Standards. OIG inspected Volunteer houses to determine whether they complied with post and regional housing standards. For the majority of housing requirements, we found few Volunteer houses (between one and two) that were not in

compliance. These had minor issues such as a leaky roof. OIG reviewed documentation of housing at the post and found that staff had documented housing checks thoroughly.

Staff Adequately Managed Site History Files. The post had a standard checklist for all site history files. Generally, all necessary documentation was present in the files. Based on OIG's review of the site history files, the post effectively documented that all forms were completed during site development and maintained in the site history files.

In addition, a majority of the reviewed 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. These notes instructed to "see" or "contact" the safety and security manager, which indicated to OIG that post staff were collaborating on the management and use of site history files. The post's site history file practices were more effective than what OIG has generally found at other posts, as described in our 2016 [Management Advisory Report on Site History Files](.).

Staff Adequately Managed the Small Grants Program. The post had a well-functioning small grant committee that met quarterly. Eight interviewed Volunteers had utilized ten small grants. They provided mixed ratings on their grant experiences, which OIG determined were related to normal grant management issues.

Peace Corps Volunteer Leaders Were Effectively Utilized. Volunteer leaders played a significant role in site visits and Volunteer training. A June 2016 document clarified their role in providing administrative support, supervising Volunteers, and participating in pre-service training and other trainings. They received a 100 percent (21 out of 21) favorability rating during Volunteer interviews.

FINDINGS AND RECOMMENDATIONS

We found a number of areas that required management attention. Specifically, we found that the:

- Volunteers faced challenges in adjusting to the conditions of service in South Africa
- Process for placing Volunteers with medical accommodations in South Africa was insufficient
- Majority of Volunteers interviewed did not know their consolidation point
- Post's training program did not comply with agency guidance
- Local language training needed improvement
- Relevant staff were inadequately involved in delivering technical training
- Education Volunteers sometimes struggled building local teacher capacity
- Regional health unit lacked a regional health coordinator
- Onboarding process for new staff was insufficient
- Post lacked records of staff completion of mandatory SARRR training
- Post did not collect all relevant data when determining Volunteer allowances

These topics will be examined in further detail below.

VOLUNTEER SUPPORT

Volunteers faced a range of challenges in adjusting to the conditions of service in South Africa.

The Peace Corps Act states that the agency sends Volunteers to serve "under conditions of hardship if necessary." Peace Corps Medical Technical Guideline (TG) 510, "Mental Health Assessment and Support" cites common adjustment stressors associated with Peace Corps service, including personal safety fears, loneliness, lack of language proficiency, communication difficulties, and cross-cultural stress (including corporal punishment of children and gender-based harassment).

OIG found that the conditions of service in South Africa were especially challenging for many Volunteers. The Peace Corps produces an annual "Health of the Volunteer" report which documents health issues and medical conditions of Volunteers worldwide. For the past three years, the rate of adjustment-related mental health issues among Volunteers in South Africa exceeded both global and regional rates (see Figure 1).[7] In 2015, the Office of Health Services (OHS) reported that the rate of total mental health issues among South Africa Volunteers was significantly greater than global and regional rates ($p<0.05$).[8] Furthermore, the rate of adjustment issues (15.4 percent) was significantly greater than the global rate (8.9 percent) ($p<0.05$).
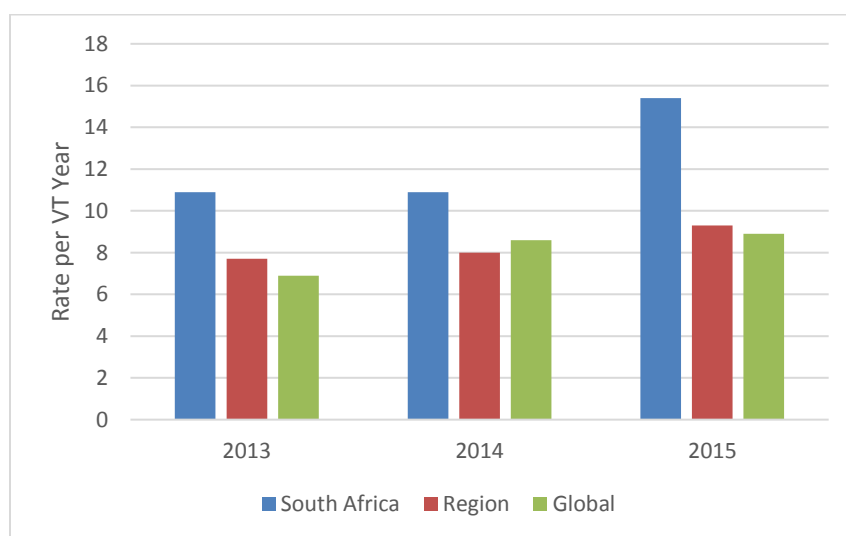

Figure 1: Rate of Adjustment Issues Among Volunteers.[9] *Source: Peace Corps "Health of the Volunteer" reports from 2013, 2014, and 2015.*

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[7] In "The Health of the Volunteer," incidence rates are expressed per 100 Volunteer-Trainee (VT) years. These rates are calculated by dividing the number of new cases of disease in a year by the VT year count and then multiplying by 100. A VT year reflects the number of Volunteers and trainees in service and the length of time each Volunteer or trainee served during the year.

[8] A p-value of less than 0.05 is an indication of a statistically significant difference between the rate of adjustment issues in South Africa compared to global and regional rates.

[9] For the rate of recurrence of accommodated conditions among Volunteers with pre-service mental health accommodations, see Figure 2 below.

When asked about the barriers to integrating into their communities, Volunteers most frequently cited concerns related to language, race, gender, corporal punishment, and safety and security. While Volunteers in many countries face some of these challenges, their combination or severity may have contributed to higher levels of social isolation and adjustment issues in South Africa.

Furthermore, when Volunteers were asked in the 2016 All Volunteer Survey if they spent time with host country nationals to help manage stress, the proportion of Volunteers who reported they engaged in this activity was substantially less in South Africa (27.4 percent) than in the rest of the Africa region (42 percent). One staff member with relevant expertise said, "mental health is a challenge due to integration. I consider this a post-conflict country, those adjustments are more difficult as a result." The adjustment-related challenges reported by Volunteers in South Africa are elaborated below.

Limited Language Ability. Limited language ability appears to have contributed to social isolation among South Africa Volunteers. In the 2016 survey, nearly a third of Volunteers (28.8 percent) in the Africa region reported being able to communicate either 'well' or 'very well' in the language used by most people in the local community, whereas only 15.9 percent of Volunteers in South Africa reported this was the case. During fieldwork, Volunteers interviewed frequently cited language ability as a critical factor for integrating into the community.

Racial Tension. Staff stated that racial tension was challenging for South Africa Volunteers. A few Volunteers described how they did not feel sufficiently prepared to cope with racism in South Africa, explaining:

> "I knew there were a lot of issues under the surface, I see them a lot more than I expected. The racism is a lot more blatant than I expected."

> "They did not talk about the economic disparity. When you are first in country, you don't experience it. After being at site I started to understand it. This going along with the racial tensions."

> "I didn't feel like there was a lot of information about what to expect as a black volunteer in South Africa."

Volunteer Diversity. Staff recognized diversity issues within the Volunteer population and were working to address them through bolstering mechanisms such as the peer support network, diversity network, and diversity training for staff and Volunteers. Staff discussed changes that had recently been made to the structure of the diversity committee to address peer support deficiencies. As one staff member described:

> "We have a Volunteer support network - also the diversity committee. Those joined together. There has just recently been a move to separate them again to support Volunteers better. There is a mentoring system in place for newbies."

Gender-based Harassment. Another type of cross-cultural stress that contributed to adjustment-related issues was coping with gender-based harassment. Post staff and Volunteers described this as a particular challenge for Volunteers in South Africa:

> "Our female Volunteers find it difficult [because] they are not considered equals. They battle with the place of women in the communities. They do try to change that a lot. […] Some get used to it. Adapting to harassment, I don't know if you can adapt to everything."

"This is the most difficult country in terms of layers. Sexual harassment is a big one, and it is constant."

Some described how Volunteers may become more socially isolated as a result of gender-based harassment. A staff member observed that "a white female Volunteer might be overly cautious to the point where they exclude themselves from the community." A member of the medical staff described how exposure to harassment can negatively impact mental health, saying, "there is a lot of harassment in South Africa and that precipitates mental health issues."

Safety and Security Concerns. In the 2016 All Volunteer Survey, the proportion of Volunteers in South Africa who cited safety and security issues as factor limiting their ability to maintain their physical health (20.6 percent) was greater than other countries in the region (12.5 percent). Likewise, nearly half (48.5 percent) of South Africa Volunteers cited high stress levels as a factor limiting their ability to maintain personal health. When asked about factors that contribute to elevating stress levels, nearly a quarter of South African Volunteers interviewed (24.8 percent) reported personal safety concerns. Staff at post also described how safety and security concerns in South Africa contributed to adjustment related issues:

> "The two major issues include adjustment related stress, which increases anxiety and depression. The other issue is trauma and stress. The volunteers here experience a lot of crime. They both generalize safety threats and are impacted by actual incidents."

Corporal Punishment. In South Africa, teachers often use physical punishment, such as hitting, to make students behave in the classroom. Although illegal in South Africa, staff and Volunteers stated that it was a widely-used practice. While the Peace Corps had informed local partners that Volunteers would be withdrawn from schools that used corporal punishment, numerous Volunteers reported that they had observed corporal punishment nonetheless and had difficulty coping with witnessing physical violence against children. This was especially a problem for education Volunteers. One staff member summarized the situation by saying, "the corporal punishment culture is significant."

High Mortality Rates. Another potential adjustment stressor for some Volunteers in South Africa is the high mortality rate, which in 2014 was the highest in the world. As one staff member said, "I think that it is probable that the health Volunteers might need additional mental health support seeing death around them pretty often. This gets to a more pro-active approach that we are working on." Additionally, a Volunteer described the following:

> "I went to the field with the community health workers and I met an 80 year old mother and a 55 year old daughter. The daughter was very sick and when I said to the chief community health worker that we should call an ambulance, he said no, that's not an emergency. For some reason the situation bothered him and he sent an ambulance the next day. But she was already dead. When this happens, it's tough. That's in part why I meditate."

The Impact of These Challenges. These challenges resulted in relatively high rates of adjustment issues and social isolation in South Africa Volunteers. This likely contributed to higher rates of negative coping behaviors, including alcohol use, and lower levels of Volunteer satisfaction with the support the Peace Corps provided for adjustment-related issues. For example, when asked in the 2016 All Volunteer Survey the reasons for drinking alcohol, 14.4 percent of Volunteers in South Africa cited isolation and loneliness compared to 10.1 percent in

the region, and 24.4 percent cited boredom compared to 17.7 percent in the region. One Volunteer interviewed said, "the issue of drinking is about coping […] It is a struggle for a lot of Volunteers. When you feel alone at site, it is because you are not integrated."

The proportion of Volunteers in South Africa that reported being either dissatisfied or very dissatisfied with emotional support was 20 percent in the 2015 and 2016 All Volunteer Surveys. Post staff recognized that the demand for mental health services among Volunteers in South Africa was beyond what they provided at the time. As one staff member said, "mental health is a huge issue and Volunteers want more support […] They want more outreach and tools to deal with stress." According to TG 510, PCMOs are expected to provide one to four sessions of short-term, supportive counseling to Volunteers to cover common stressors related to adjustment.

In reviewing the post's calendar of training events, we noted that staff provided pre-service training aimed at helping Volunteers adjust to service, including sessions on diversity, South African history and economic disparity, mental health and adjustment, alcohol, resiliency, and internalized oppression. However, it was difficult to assess how effective these sessions were in preparing Volunteers to adjust to the context because the learning outcomes related to resiliency, diversity, and gender were not systematically assessed as required in the global learning standards. Reinforcing the language training program and Volunteer language proficiency could also improve Volunteers' ability to integrate into their communities and adjust to service. For further detail on the post's training assessment and language training program, refer to the related findings later in this report.

In interviews with the Office of Health Services about mental health, officials reported that approaches other posts have taken to proactively promote Volunteer resiliency included assisting Volunteers to develop personal health plans, promoting peer support, implementing a "Coach Approach" across all sectors at the post, and providing training on inter-cultural competency and diversity (see Appendix D). Implementing these measures may help Volunteers better face the challenges associated with serving in South Africa.

We recommend:

1. **That the country director identify and implement proactive approaches to promote positive adjustment and resiliency among South African Volunteers.**

The process for placing Volunteers with medical accommodations in South Africa was insufficient.

Peace Corps manual section (MS) 262 stipulates that the Office of Medical Services develop screening guidelines to determine if applicants are medically qualified for service. In determining what a reasonable accommodation is, the Peace Corps may take into account the adequacy of local medical facilities and knowledge and experience of the nature of Peace Corps service.

During this evaluation, post staff reported that headquarters had not sufficiently solicited input on the nature of Peace Corps service in South Africa in the process of determining placement for Volunteers with medical accomodations. Staff noted that their challenges included not having enough input into that process, which presented a special challenge due to the conditions of service in South Africa. A staff member said:

> "[Programming staff] can tell you. Sometimes they send us Volunteers that should not come. We have said no to [accepting] accommodated Volunteers and they have sent them anyway, and they wound up leaving the country."

The process for placing Volunteers with medical accommodations in countries involved an annual survey of Peace Corps medical officers to produce a list of medical providers that are available in-country. However, this process lacked a proactive discussion around the difficulties associated with serving in South Africa in order to determine what types of accommodations might be unreasonable there. One Office of Health Services staff member described the process of determining which medical conditions can be accommodated:

> "Regarding the [accommodation] process, we have a list of conditions or things that we survey PCMOs on annually. The survey covers all sorts of things, like simple peanut allergy or shellfish allergy that can be dealt with at post. […] This is a once a year survey, with the understanding that the PCMO can let us know throughout the year if something initially put on that survey changes."

Beyond considering the availability of health services in country, OHS did not have a process to determine what types of medical accommodations might be reasonable within the local context. As one staff said, "right now, there is no definition of an unreasonable [accommodation]." A few Peace Corps staff and expressed concern about placing Volunteers with mental health accommodations in South Africa:

> "From an OHS perspective, I wonder if Peace Corps/headquarters gets the challenges of sending [Volunteers with] mental health accommodations to South Africa. They think that South Africa can accommodate a lot, but they don't get that South Africa pushes a lot of Volunteers' buttons."

> "Can Volunteers have a good experience in South Africa? Some of what South Africa PCMOs have to accommodate is hard. It's been hard on the post and I wonder if we are setting Volunteers up for failure."

OHS conducted an analysis comparing the rate of early terminations between Volunteers with and without medical accomodations. It concluded that the rate of early terminations was significantly higher among Volunteers with mental health accommodations. This report also stated that between 15 percent and 20 percent of Volunteers in South Africa had a mental health accommodation, which was among the top 3 for all posts. For the past 3 years, the rate of mental health issues among South Africa Volunteers with an accommodated condition was higher than global and regional averages (see Figure 2 below).

The rate of mental health issues among Volunteers with an accommodated health condition may reflect the relatively high rate of Volunteers with mental health accommodations in South Africa. The OHS analysis concluded that accommodating Volunteers with mental health issues was more problematic in some countries and recommended that this information be used to guide placement decisions. One limitation of this analysis was that it looked only at early terminations, whereas the incidence of mental health issues may have a broader impact on areas like post

operations and Volunteer wellbeing. Nevertheless, this report supported OIG's conclusion that OHS and the post should proactively discuss the number of Volunteers with mental health accommodations that Peace Corps can support in South Africa, which is an exceptionally challenging post for Volunteers to serve in.
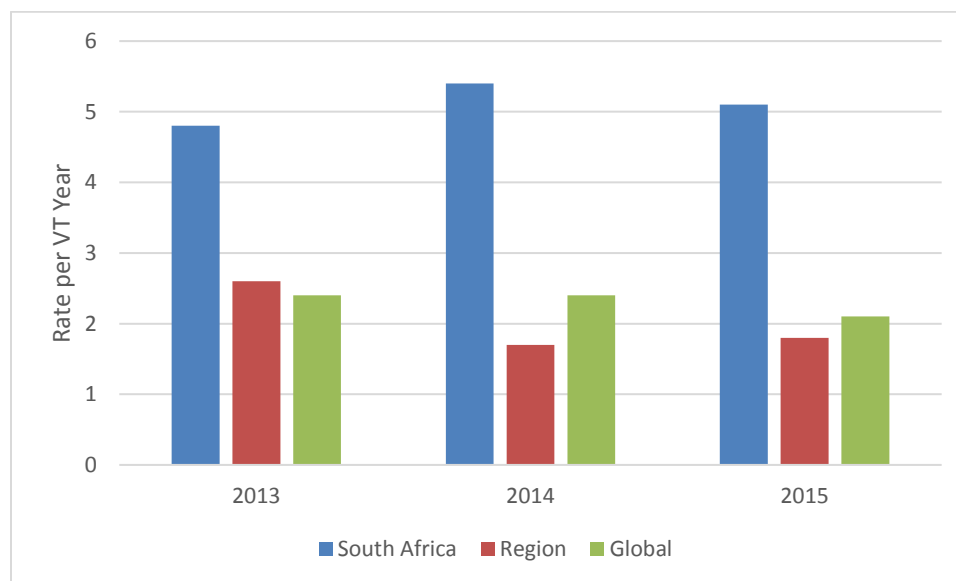

Figure 2: Rate of Recurrence of Accommodated Mental Health Issues Among Volunteers. *Source: Peace Corps "Health of the Volunteer" reports from 2013, 2014, and 2015.*

In addition, the OHS policy on placing Volunteers with mental health accommodations in select countries—such as post-conflict environments or countries with high rates of HIV/AIDS and mortality—lacked clarity. As one staff member said:

> "We also carved out Swaziland as a country that we did not allow to have [Volunteers with] mental health accommodations because it had the highest rate of HIV deaths in the world. So Volunteers were seeing their family members, bosses, etc. die."

OHS did not maintain a list of post-conflict countries or criteria for identifying countries as post-conflict environments. While headquarters staff did not consider South Africa to be a post-conflict country, field staff asserted that "South Africa is a post conflict country and this seems to be affecting Volunteer integration and adjustment in country."

Though important given the various contextual challenges, mental health accommodation was only one example of how the accommodation process did not appear to be working for South Africa. During fieldwork, post staff provided other examples of being sent medically accommodated Volunteers who they thought were not suited to the South African context (for example, Volunteers with sleep apnea or back issues). Part of the issue appeared to be that OHS primarily considered the availability of health services in the country without taking into account the nature of service in South Africa. OHS also reported that they did not routinely receive feedback from posts about medical accommodations that were not working. While South Africa

had an extremely well-developed health infrastructure and services were widely available, there were many contextual factors that made it a uniquely challenging post for Volunteers. This was potentially true for all Volunteers with a medical accommodation, and particularly so for Volunteers with a pre-existing mental health condition.

One concern highlighted by staff was the amount of staff time required to treat accommodated volunteers and provide oversight for local providers. Staff told us:

> "The workload is increased in terms of placing them [medical accommodations] and supporting them once the Volunteer is at site. The medical unit will have more follow-ups in terms of the program and health care."

> "I think the workload here is a little more than in other posts. 150 Volunteers in South Africa might take more time to support than 150 Volunteers in [another Southern Africa country] because of the medical accommodations. Because the health care up-country here is good, the PCMOs need far greater liaison than in other countries. They need to provide more oversight because they are farming out support. Other countries don't have to manage such a large number of local providers."

Agency-wide policy requires that OHS consider the nature of Peace Corps service when determining which medical conditions can be accommodated in a particular country.

We recommend:

2. **That the Office of Health Service in consultation with the country director and Peace Corps medical officers in South Africa take into account the nature of service in the country when making decisions about placing and supporting medically accommodated Volunteers, especially those with mental health accommodations.**

The majority of Volunteers interviewed did not know their emergency consolidation point.

According to "Standard Operating Procedure: Emergency Action Plan (EAP) Testing and Training," the safety and security coordinator must "ensure that all Volunteers are familiar with the name and location of their respective consolidation point." In addition, agency policy requires Volunteers to complete a site contact form and return it to the Peace Corps within their first 30 days at site. The site contact forms requires the consolidation point, including the town's name and location.

The post provided documentation of Volunteer consolidation points at the beginning of fieldwork. When we asked Volunteers in our sample if they knew where they were supposed to meet in the event of an emergency, 90 percent (26 out of 29) reported they were aware. However, OIG cross-checked the consolidation points that Volunteers named with those that the post listed and found that the majority of Volunteers interviewed (19 out of 30) did not correctly name their consolidation point. Shortly after our fieldwork, the post conducted an emergency action plan test and also concluded that some Volunteers did not know their consolidation point.

We found that the post did not systematically review the consolidation point information Volunteers provided on their site contact forms. Based on our review of 28 site contact forms, consolidation points were listed incorrectly on 2 forms, and an additional 8 forms listed a consolidation city but not the name of a hotel. Therefore, 10 out of 28 Volunteers (36 percent) recorded incomplete or missing consolidation point information on their site contact form.

The lack of knowledge may have been caused by several issues Volunteers and staff described with information overload during PST safety and security sessions. They reported that Volunteers were not fully engaged during those sessions, or had difficulty retaining the information.

In the event of an emergency, Volunteers who do not know their consolidation points may be unable to respond quickly and correctly. This raises the risk that some Volunteers will not consolidate as required so that the Peace Corps can ensure their safety.

> **We recommend:**
>
> 3. **That the country director and safety and security manager reinforce Volunteer knowledge of consolidation points, and test this knowledge throughout service.**
>
> 4. **That the country director and safety and security manager implement management controls to effectively review and correct consolidation point information in site contact forms.**

PROGRAMMING AND TRAINING

The post's training program did not comply with agency guidance.

The agency's "Programming, Training, and Evaluation Guidance" states that the training design should be developed for Volunteers' 27-month learning continuum. This continuum should identify which learning objectives are addressed at each of the different training events throughout Volunteer service.

Additionally, training guidance stated that as of January 1, 2016, all posts must fully integrate the agency's global learning standards into their training. The global learning standards were created to standardize terminal learning objectives (TLOs) across posts. The standards also describe required assessment methods for measuring trainee achievement of the TLOs throughout pre-service training. The global learning standards require posts use the trainee assessment portfolio, a set of tools that assess and record trainee progress towards achieving the required TLOs.

At the time of the evaluation, OIG determined that the post did not adequately spread learning across Volunteer service, and did not have a 27-month learning continuum. In addition, the post did not assess all TLOs and implement the trainee assessment portfolio in accordance with agency guidance. A few examples of the TLOs the post did not adequately assess include

diversity, resiliency, and gender. Table 5 in Appendix D provides a complete list of the TLOs that were not assessed adequately by the post. Additionally, Table 6 in Appendix D states the core and technical TLOs for which post did not provide evidence of evaluation, and the type of assessment which should have been used.

In the FY 2016 training status report, the post indicated that the trainee assessment portfolio process required too much time and work to implement. At the time of the evaluation, the post used a locally-developed tool for monitoring trainee performance and tracking behavioral flags. The post training team also held regular meetings during pre-service training to discuss trainee performance issues. However, OIG concluded that this post-developed process was not in full compliance with agency training guidance.

The post's non-compliance with agency training guidance resulted in redundant and inefficient use of training time. As described by Volunteer feedback in a PST debrief meeting, "sessions [should] be structured according to the sequence of events and connectivity of topics." Specific examples mentioned by Volunteers included the need to learn about facilitation methods before their practicum, and coping mechanisms before their site visits.

In addition, the post's assessment process only solicited trainee satisfaction with training, and did not effectively assess their performance or knowledge. This could have resulted in less effective training or trainees being sworn-in who were not ready to serve. OIG concluded that bringing the training program into full compliance with the global learning standards—including full implementation of the trainee assessment portfolio and development of a 27-month learning continuum for training—should enable the post to better prepare Volunteers for service.

> **We recommend:**
>
> 5. **That the director of programming and training and the training staff develop a plan that addresses the deficiencies related to the post compliance with terminal learning objectives, the trainee assessment portfolio, and 27-month learning continuum in order to bring the post's training program into better compliance with agency guidance.**

Local language training needed improvement.

The Peace Corps Act requires the agency assign Volunteers who have demonstrated reasonable proficiency in the local language:

> No person shall be assigned to duty as a volunteer under this chapter in any foreign country or area unless at the time of such assignment he possesses such reasonable proficiency as his assignment requires in speaking the language of the country or area to which he is assigned.

The post clearly set the expectation for trainees to achieve a minimum level of proficiency in a local language during pre-service training:

> Learning the assigned South African language is an integral part of the Volunteers' success, and provides a deeper and more rewarding experience for Volunteers. Thus, we expect language learning be taken seriously during pre-service training. By the end of PST, Trainees are expected to meet the intermediate-low level.

South Africa has 11 official languages, one of which is English. Volunteers in South Africa worked primarily in four provinces: Mpumalanga, Limpopo, KwaZulu-Natal, and Gauteng.[10] There were at least eight different indigenous languages spoken in the provinces where Volunteers were assigned.

OIG found that some trainees were not meeting the local language requirement. Specifically, 23 percent of trainees (19 out of 83) did not meet the swearing-in requirement at the end of training in FY 2016. The post acknowledged that local language learning and training was one of its top three training challenges in FY 2016. At the time of fieldwork, the post was in the process of recruiting for the vacant language and culture coordinator position.

In addition to the vacant coordinator position, OIG identified four other reasons why the local language training program in South Africa was ineffective: a lack of emphasis on the importance of local language learning and passing the language proficiency interview (LPI); trainees being placed with PST host families who did not speak their target language; the use of some ineffective teaching methods; and turnover among language and culture facilitators.

Lack of Emphasis on the Importance of Language Learning. During training, trainees heard from currently serving Volunteers that they did not need to pass the LPI to swear in, nor need local language skills at site because English is widely spoken. As the post stated in their 2017/18 budgeting and planning document, "local language, so often an avenue to really immerse in a community and culture, is often lost after PST because there are just enough English speakers around to keep a PCV from having to learn the language." The post noted in its FY 16 training status report that "since South Africa is an English speaking country, it is difficult to maintain trainee enthusiasm. Ensuring that language learning is engaging is also a challenge."

Volunteers who did not meet the post's LPI target level of "intermediate low" before swearing-in signed a learning contract to continue language study at their site. Those Volunteers then had to retake the LPI at the first in-service training. If they did not pass at that point, no corrective measures were required.

Trainees Were Not Immersed in Their Target Language During PST. Training staff reported that they could not always find PST host families who spoke all the languages assigned to trainees, most likely because of logistical challenges with the location of the training communities and the prevalence and diversity of languages spoken in that area. However, post staff aimed to place a majority of trainees with host families that spoke their target language. Half of the Volunteers (7 out of 14) interviewed indicated that their homestay families during

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[10] There are a few Volunteers assigned to sites in other provinces, but these are either third-year Volunteers or Peace Corps Response Volunteers. They do not receive additional language training, having been selected for their assignment with the requirement that they already speak the primary language needed in their work.

PST did not speak their target language. This impeded the effectiveness of language training for those Volunteers because the Peace Corps model of language learning is based on immersion.

Teaching Methods and Curriculum Needed Revision. During fieldwork, Volunteers interviewed expressed concern that the design and delivery of language training was not very conducive to learning the language. As one Volunteer said:

> "[Volunteers] want work language, not practical language - you pick that up. It was a lot of the parts of speech: the conjugation of verbs, what is an adjective, etc. It's too theoretical. We couldn't put it together to speak."

Volunteers interviewed would have preferred to focus on language needed in their work environment, with more time dedicated to practicing speaking.

Language and Culture Facilitator (LCF) Turnover. The post had difficulty retaining LCFs because of the highly competitive job market for professionals in South Africa. LCFs were constantly looking for new jobs, given the temporary nature of their positions. This meant the post had to recruit, obtain security clearances for, and retrain up to nine LCFs for each pre-service training. Some Volunteers interviewed complained about LCF quality or consistency. There were issues with LCFs quitting during training, leaving a heavier teaching load for the remaining LCFs. There were also some complaints about how LCFs managed differentiated learning. The post tried to compensate for this problem by reshuffling groups, but some Volunteers complained about that process as well.

Impact of These Challenges. OIG assessed that these weaknesses in the language training program contributed to a range of challenges for Volunteers, including difficulty integrating, inability to perform technical aspects of their work, social isolation, and adjustment challenges. When asked what hindered or helped community integration, 16 of 29 Volunteers interviewed (55 percent) mentioned the importance of local language skills. Six staff members highlighted concerns about Volunteers' service being negatively impacted by poor local language skills, drawing connections to the need for language in their work and to ensure their safety at site. As two staff members described:

> "What I see when I go out on site visits is that […] the Volunteer isn't integrating. I think that is shorthand for language and culture. They are so tied together, since language is getting out of their houses and meeting people and interacting."

> "The biggest challenge is language… we are training and working with community-based organizations. Even volunteers who are being placed in [community organizations] are still working in rural [settings], so they have to speak the local language. Language is the biggest burden."

Three staff interviewed also drew connections between poor integration and struggles with mental health and adjustment issues.

We recommend:

    6. That the director of programming and training, the training manager, and the language and culture coordinator develop a plan to improve the post's language training.

Program managers and programming and training specialists were inadequately involved in delivering technical training.

According to the "Characteristics and Strategies of a High Performing Post":

> PMs [Program Managers] play an active role in PST and IST planning and activities […] Programmers' direct participation in all phases of training […] is a critical element of the programming job. Roles that programming staff should be encouraged to play in the training process include: planning, facilitation of ..training sessions, and coordination and integration [of training] across PST, ISTs, MST...

Peace Corps headquarters staff also provided guidance to posts stating that Volunteers should not be leading training sessions; instead, they should co-facilitate with staff. Volunteers selected to help train should be second or third-year Volunteers, and their participation in training should not unreasonably impact their work at site.

For the last three PSTs, the post recruited and trained Volunteers to participate as "training resource" Volunteers. For the health PST held from January to March 2016, 13 Volunteers assisted with the technical training. According to the list of technical sessions for the education PST held from July to September 2016, 24 out of 38 technical sessions were solely facilitated by Volunteers. Peace Corps Volunteer leaders also played a clearly-defined role in PST.

Programming and training staff confirmed the important role played by resource Volunteers during PST. One staff member said they "are very helpful. They provide real stories and the trainees appreciate hearing from them. […] They attend the GTOT [General Training of Trainers] just like the other trainers." Additionally, the staff member said that Volunteer leaders help with training evaluations. Volunteers interviewed also commented on the role the training resource Volunteers played during PST.

However, post staff acknowledged that the use of training resource Volunteers was unbalanced. As one post staff member said, "I would like to see a better balance. The trainees love having the Volunteer experience, but the bigger picture might be lacking." Post staff also commented that Volunteers sometimes gave contradictory messages and confused the trainees. The post also depended on training Volunteers to deliver technical information they did not fully understand or on topics about which they were not well informed.

The reliance on Volunteer trainers occurred in part due to staffing gaps. To address this issue, the post hired programming and training specialists for both sectors in 2016. Going forward, the specialists should be able to coordinate and lead technical training, with the Volunteers acting more appropriately as resources rather than lead trainers.

In addition, program managers were not sufficiently engaged in training. The program managers, scheduled to participate in PST, were instead busy travelling in order to carry out Volunteer support activities. The programming staff were aware of the need to have a larger role in PST, but struggled due to other responsibilities that pulled them away. The post listed "staff time and availability and limitations" as one of the top three challenges for pre-service training on the FY 2016 training status report. A post staff member explained:

> "[The challenge of staff availability] applies primarily to the [program managers], who juggle being present at PST with final site preparations. Hiring a [programing and training specialist] is meant to overcome that challenge; these roles have been recently filled (after some gaps in employment), and the hope is that the [specialist] can serve as a stronger liaison and trainer for technical sessions."

During fieldwork, many Volunteers interviewed specifically mentioned their dissappointment with the program managers' absence from PST. Several Volunteers attested that when the managers did present information at training, it was well done and very useful. In particular, education Volunteers believed program managers would have been better qualified to explain the South African educational system, particularly the bureaucratic responsibilities Volunteers must fulfill as teachers.

Many Volunteers interviewed complained about the inadequacy of technical training due to the overreliance on Volunteer trainers. Volunteers expressed that:

- The best Volunteers did not want to leave site to assist trainings because they were committed to working on their primary assignment. Volunteers who came to PST were mostly interested in getting away from their sites.

- Volunteer trainers were not coordinated and gave inconsistent information.

- Having different people coming and going from PST was disjointed. It would be better to have the same people stay for a longer period of time.

- Volunteer trainers gave bad advice, or said things that offended or upset the trainees.

- Trainees did not receive effective feedback on their teaching skills during the practicum. They were observed by language and culture facilitators and resource Volunteers who lacked the technical expertise to give useful feedback.

Greater participation of programming staff in facilitating technical training will improve Volunteers' ability to implement activities and achieve project objectives.

We recommend:

7. **That the director of programming and training and the training manager utilize qualified staff, including the program managers and the programming and training specialists, to lead and deliver pre-service technical training.**

8. **That the director of programming and training and the training manager develop and implement a process for staff to review and**

approve the training plans of Volunteers before Volunteers may co-facilitate training sessions.

Some education Volunteers reported that they were not achieving project objectives related to teacher capacity building.

Goal 2 of the post's education project framework states, "As a result of working with Peace Corps Volunteers, teachers will improve their English language proficiency and implement more student-centered, gender-equitable teaching practices."

However, some education Volunteers had trouble building teacher capacity. Post staff also acknowledged this difficulty:

> "Most of them are not even touching the second goal because they don't feel they have the experience to give new ideas and people in their 50s who are not really open to the new ideas."

Based on the FY 2015 project status report, approximately a third of education Volunteers reported working to build teacher capacity. Staff and Volunteers reported that some education Volunteers struggled to achieve teacher capacity building because they were not paired with motivated teachers or because the Volunteers lacked credibility with more experienced South African teachers. They said:

> "In this culture older teachers do not have to listen to younger teachers and I am younger than the older teachers at my school."

> "There will always be teachers who will doubt that Volunteers can teach them anything, and they are difficult to change. Those who are welcoming the new ideas from Volunteers have benefited."

The inability of some education Volunteers to build teacher capacity resulted in these Volunteers not fully achieving the Peace Corps goal of helping countries meet their need for trained men and women.

> **We recommend:**

> 9. **That the Country Director lead an assessment of the second goal of the education project and use the results of the assessment to develop an appropriate strategy related to teacher capacity building.**

OTHER AREAS OF OPERATION

The regional health unit did not have a regional health coordinator.

At the time of the evaluation, the regional health unit in South Africa did not yet have a regional health coordinator, as required by Medical TG 102, "Regional Health Units." The technical guideline was established in September 2016. The coordinator has a broad set of responsibilities, and "organizes and coordinates care for [Volunteers] who are medically evacuated to the

regional medevac site." The lack of a coordinator reduced the efficiency of the regional health unit. Administrative and logistical burdens for medically evacuated Volunteers fell on the regional medical officers, reducing their ability to provide critical consultative, clinical, and oversight support for countries in their sub-region.

> **We recommend:**
>
> > **10. That the Office of Health Services hire and on-board a regional health coordinator for the South Africa Regional Health Unit.**

The post lacked adequate onboarding processes and procedures for new staff.

According to "Characteristics and Strategies of a High Performing Post," new staff should be given a proper orientation and training. It states that "Peace Corps has a huge learning curve for everyone. [The post] owes it to the new hire […] to prepare and train the person properly and with care. The supervisor and others must make time for this."

Though the post had some onboarding tools, including a new staff checklist and staff orientation checklist, post leadership acknowledged that it did not have an adequate onboarding program for new employees to fully inform and prepare them to complete all their responsibilities. During our fieldwork, post leadership expressed the need to revise the staff handbook to include a two-week new staff orientation program. OIG assessed that competing priorities resulted in insufficient time to revise the post's onboarding tools.

One staff member commented, "often, I have been told to do something I don't know how to do. If there was an orientation, I would make fewer mistakes. […] Also, when you start a job, you don't want to get there and not have anything to do. You're just not sure what to do or what is expected of you." Poorly on-boarded staff were underutilized during the first few weeks or months on duty, which may have led to wasted resources.

> **We recommend:**
>
> > **11. That the country director develop and document a new employee onboarding policy, to include procedures, for implementation with all new hires.**

The post lacked records of staff completion of mandatory sexual assault risk reduction and response (SARRR) training.

Both the Kate Puzey Peace Corps Volunteer Protection Act of 2011 and the final SARRR program rollout message from the Director in August 2013 required all post staff to complete SARRR training within 30 days of being hired. At the time of the evaluation, post records indicated that all designated staff completed SARRR training, but only 47 percent of staff

completed the mandatory sexual assault awareness and victim sensitivity training and only 46 percent passed the mandatory sexual assault policy and procedures training.

More staff may have completed these trainings; however, this was not reflected in their records. The agency's inadequate learning management system compounded the problem of poor record keeping. Please refer to our "Final Evaluation Report: The Peace Corps' Sexual Assault Risk Reduction and Response Program" (IG-17-01-E) for more information related to the agency's learning management system and our recommendation that the director dedicate additional resources to maintain a centralized process for managing staff training records. The post was noncompliant with the federal mandate as laid out in the Kate Puzey Act and agency policy, potentially jeopardizing effective sexual assault risk reduction and response support for Volunteers.

> **We recommend:**
>
> > **12. That the country director, in collaboration with the Office of Safety and Security, ensure completion of staff SARRR training requirements and maintain accurate records.**

The post did not collect all relevant data in the process of determining settling-in and living allowances.

According to "Characteristics and Strategies of a High Performing Post," "Volunteers' allowances and housing [should] meet their basic needs." Peace Corps MS 221 also states that "to verify living allowance survey submissions, a market basket survey must be conducted by staff." A third of Volunteers interviewed (10 out of 30) reported that their living allowance was "insufficient," while 40 percent rated the settling-in allowance as "insufficient." In addition, many Volunteers reported that the settling-in allowance was insufficient because they had to buy beds, refrigerators, ovens, and other expensive items that were neither provided by partner organizations nor left behind by a previous Volunteer.

After fieldwork was completed in October 2016, the post issued and analyzed the findings of the allowance surveys. According to a January 2017 memo, the post will submit requests for raises to both allowances, including different requests for the living allowance based on urban and rural Volunteer sites. However, the post did not conduct a market basket survey, which helps posts analyze the prices of goods throughout the country. Market basket surveys can assist a post in assessing the impact of inflation, which is a significant issue in South Africa.

Although we did not make a determination as to the sufficiency of Volunteer allowances, we concluded that the post had not conducted necessary research to assess the sufficiency of those allowances.

We recommend:

13. That the post include market basket survey in the analysis of settling-in and living allowances.

LIST OF RECOMMENDATIONS

WE RECOMMEND:

1.   That the country director identify and implement proactive approaches to promote positive adjustment and resiliency among South African Volunteers.

2.   That the Office of Health Service in consultation with the country director and Peace Corps medical officers in South Africa take into account the nature of service in the country when making decisions about placing and supporting medically accommodated Volunteers, especially those with mental health accommodations.

3.   That the country director and safety and security manager reinforce Volunteer knowledge of consolidation points, and test this knowledge throughout service.

4.   That the country director and safety and security manager implement management controls to effectively review and correct consolidation point information in site contact forms.

5.   That the director of programming and training and the training staff develop a plan that addresses the deficiencies related to the post compliance with terminal learning objectives, the trainee assessment portfolio, and 27-month learning continuum in order to bring the post's training program into better compliance with agency guidance.

6.   That the director of programming and training, the training manager, and the language and culture coordinator develop a plan to improve the post's language training.

7.   That the director of programming and training and the training manager utilize qualified staff, including the program managers and the programming and training specialists, to lead and deliver pre-service technical training.

8.   That the director of programming and training and the training manager develop and implement a process for staff to review and approve the training plans of Volunteers before Volunteers may co-facilitate training sessions.

9.   That the country director assess the education project's second goal and use the results of the assessment to develop an appropriate strategy related to teacher capacity building.

10.   That the Office of Health Services hire and on-board a regional health coordinator for the South Africa Regional Health Unit.

11.   That the country director develop and document a new employee onboarding policy, to include procedures, for implementation with all new hires.

12.   That the country director, in collaboration with the Office of Safety and Security, ensure completion of staff SARRR training requirements and maintain accurate records.

13.   That the post include market basket survey in the analysis of settling-in and living allowances.

APPENDIX A: OBJECTIVE, SCOPE, AND METHODOLOGY

In February 1989, the Peace Corps OIG was established under the Inspector General Act of 1978 and is an independent entity within the Peace Corps. The purpose of the Office of Inspector General (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.

The Evaluation Unit within OIG provides senior management with independent evaluations of all 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. For this evaluation, OIG had four evaluators assess Peace Corps/South Africa, which provided OIG with the opportunity to conduct a more thorough and in-depth analysis of post's operation and management.

The OIG Evaluation Unit announced its intent to conduct an evaluation of PC/South Africa on August 9, 2016. For post evaluations, we use the following researchable questions to guide our work:

- To what extent has the post developed and implemented programs to increase host country communities' capacity?
- Does training prepare Volunteers for Peace Corps service?
- Has the post provided adequate support and oversight to Volunteers?
- Are post resources and management practices adequate for effective post operations?

The evaluation team conducted the preliminary research from August 22 to September 23, 2016. Preliminary research included a review of agency documents provided by headquarters and post staff, interviews with headquarters staff, including representatives from Africa Region, Office of Health Services, Volunteer Recruitment and Selection, the Country Desk Officer, Regional Security Advisor, Regional Director/Chief of Operations, Office of Global Health and HIV, Office of Programming and Training, Peace Corps Safety and Security Advisor, Office of Victim Advocacy, Chief of Programming and Training for Africa Region, Regional Advisor for Africa Region, Chief Administration Officer for Africa Region, M&E Specialist for Africa Region, and Peace Corps Response.

In-country fieldwork occurred from October 10 to November 2 and included interviews with post senior staff in charge of programming, training, and support; the U.S. Ambassador; the embassy regional security officer; and host country government ministry officials. In addition, we interviewed a stratified judgmental sample of 30 Volunteers (31 percent of Volunteers serving at the time of our visit) based on their length of service, site location, project focus, gender, age, and ethnicity.

This evaluation was conducted in accordance with the Quality Standards for Inspections, issued by the Council of the Inspectors General on Integrity and Efficiency. The evidence, findings, and recommendations provided in this report have been reviewed by agency stakeholders affected by this review.

APPENDIX B: INTERVIEWS CONDUCTED

As part of this post evaluation, interviews were conducted with 30 Volunteers, 29 staff members in-country, and 20 representatives from Peace Corps headquarters in Washington D.C., the U.S. Embassy in South Africa, and local partners. Volunteer interviews were conducted using a standardized interview questionnaire, and Volunteers were asked to rate many items on a five-point scale (1 = not effective, 3 = average effective, 5 = very effective). The analysis of these ratings provided a quantitative supplement to Volunteer comments, which were also analyzed. For the purposes of the data analysis, Volunteer ratings of "3" and above are considered favorable. In addition, 29 out of 30 Volunteer interviews occurred at the Volunteers' homes, and we inspected 29 of these homes using post-defined site selection criteria. The period of review for a post evaluation is one full Volunteer cycle (typically 27 months).

The following table provides demographic information that represents the entire Volunteer population in South Africa; the Volunteer sample was selected to reflect these demographics.

Table 2: Volunteer Demographic Data

Project	Percentage of Volunteers
Community HIV/AIDS Outreach Project	50%
School and Community Resources Project	50%
Gender	**Percentage of Volunteers**
Female	67%
Male	33%
Age	**Percentage of Volunteers**
25 or younger	43%
26-29	23%
30-49	13%
50 and over	20%

Note: Percentages may not total 100% due to rounding.

At the time of our field visit, PC/South Africa had 57 staff positions. We interviewed 29 staff members (51 percent).

Table 3: Interviews Conducted with PC/South Africa Staff Members

Position	Number of People
Community Health and HIV/AIDS Outreach Program Manager	3
Country Director	1
Deputy Director of Management and Operations	1
Director of Management and Operations	1
Director of Programming and Training	1
Executive Assistant	1
Grants Coordinator	1
Homestay Coordinator	1
Monitoring, Reporting and Evaluation Specialist	1

Motorpool Supervisor	1
Peace Corps Medical Officer	2
PEPFAR Coordinator	1
Programming and Training Assistant	1
Regional Medical Officer	3
Regional Security Officer	1
Safety and Security Assistant	1
Safety and Security Manager	1
School and Community Resources Project Manager	4
Sexual Assault Response Liaison	2
Training Manger	1

20 additional interviews were conducted during the preliminary research phase of the evaluation, in-country fieldwork and follow-up work upon return to Peace Corps headquarters in Washington, D.C.

Table 4: Interviews Conducted with PC/Headquarters Staff, Embassy Officials and Local Partners

Position	Organization
Africa Region M&E Advisor	Peace Corps Headquarters
Chief Administration Officer	Peace Corps Headquarters
Chief of Operations, Africa Region	Peace Corps Headquarters
Chief of Programming and Training, Africa Region	Peace Corps Headquarters
Country Desk Officer, Africa Region	Peace Corps Headquarters
DREAMS Coordinator	Local Partner
I-ACT	Local Partner
Office of Global Health and HIV/AIDS	Peace Corps Headquarters
Office of Health Services	Peace Corps Headquarters
Office of Programming and Training, Education	Peace Corps Headquarters
Office of Programming and Training, Language	Peace Corps Headquarters
Office of Victim Advocacy	Peace Corps Headquarters
Peace Corps Response	Peace Corps Headquarters
PEPFAR Coordinator	US Embassy
Regional Security Advisor, Africa	Peace Corps Headquarters
Regional Advisor Programming, Africa	Peace Corps Headquarters
Safety and Security Office	Peace Corps Headquarters
South Africa National AIDS Council	Local Partner
US Ambassador	US Embassy
Volunteer Recruitment and Selection	Peace Corps Headquarters

APPENDIX C: LIST OF ACRONYMS

DOE	Department of Education
FY	Fiscal Year
GTOT	General Training of Trainers
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
LCF	Language and Cultural Facilitator
LPI	Language Proficiency Interview
MOU	Memorandum of Understanding
MS	Manual Section
OHS	Office of Health Services
PEPFAR	Presidents Emergency Plan for AIDS Relief
PST	Pre-service Training
SARRR	Sexual Assault Risk Reduction and Response
TG	Technical Guideline
TLO	Terminal Learning Objectives
VT	Volunteer Trainee

APPENDIX D: GLOBAL LEARNING STANDARDS AND TRAINEE ASSESSMENT PORTFOLIO

Table 5: Comparison of Global Terminal Learning Objectives (TLOs) to Peace Corps/South Africa's assessment. *Source: The technical assessment exam for PST SA33.*

TLOs required to be tested in Readiness to Serve Essay	Final technical assessment for South African trainees (PST SA33)
Item 1: GC 1.04 *Intercultural* Describe at least three ways in which you have modified your own behavior to meet host country cultural norms.	2.7. Describe at least three ways in which you have modified your own behavior to meet host country cultural norms.
Item 2: GC 1.03 *Intercultural* Using the Iceberg metaphor of Culture, explain a cross-cultural misunderstanding or conflict you have experienced during PST.	2.5. Using both the Iceberg Metaphor of Culture, explain a cross-cultural misunderstanding or conflict you have experienced during PST.
Item 3: GC 1.02 *Resiliency* Briefly describe the four goals of human behavior in the EPIC model. Describe how you personally managed adjustment challenges that made you feel: empowered, protected, integrated, and connected.	None
Item 4: GC 1.01 *Diversity* Please describe how you have included and supported other trainees with backgrounds different than your own.	None
Item 5: GC 2.01 *PACA* Describe how you have used PACA tools and what you learned about community context and priorities.	2.6. Describe how you have used PACA tools and what you learned about the school context and priorities in your practicum project.
Item 6: GC 2.03 *Gender* Describe why it is important to consider gender in your work. What strategies will you use that will help you understand the gender norms and relations that may affect the success of your work?	None
Item 7: GC 2.06 *MRE* Select at least three project objectives and list at least one activity for each objective in your project framework and explain how it relates to accomplishing that objective.	4.1. Select any five project objectives and list at least one evidence based activity for each objective in CHOP's project framework and explain how it relates to accomplishing that objective.
Item 8: GC 2.02 *RVID* Choose one of the activities from your project framework that you plan to work on at your future site. Describe how will you implement it according to the characteristics of the Peace Corps approach to development, and what would be your role related to that activity (Learner; Change agent; Trainer, Co-Facilitator; Project Co-Planner; Mentor).	None
Item 9: GC 2.05 *MRE* Explain how you can monitor at least one of your planned project activities in a way that is participatory, developmental and learning focused.	None
Item 9: GC 2.09.a-2.09.f *GenEq, HIV/AIDS, T4D, V2, YD, Disabilities*	None

Describe how you can integrate [post's CSPP] in your activities at your future site.	
Item 11: GC 2.04 Behavior Change Describe how the stages of change and determinants for behavior can help you to be successful in your work as a Volunteer?	None

Table 6: The core and technical TLOs for which the post did not provided evidence of evaluation, and the type of assessment which should be used.

Technical TLOs	Global Health Sector- Post Defined Assessment
HE 1.01.a	After receiving an introduction to global health, the national health system, and key public health actors and initiatives, participants will explain the sustainable and culturally appropriate contribution that Peace Corps Health Volunteers are making in response to the public health needs of their country.
HE 1.01.b	After learning about evidence-based practices, epidemiology and data-driven decision-making, participants will describe the essential factors to consider when implementing a public health activity that responds to at least one of the objectives outlined in their project framework.
Core TLOs	**Readiness to Serve Assessment or Round Table Assessment**
GC 1.01 Diversity	After establishing a group agreement on being allies, participants will support one another in ways that acknowledge and respect the diverse experiences of each Volunteer.
GC 1.02 Resiliency	Referring to the EPIC model, participants will explain how they have constructively managed adjustment challenges in pursuit of at least one of the four goals of human behavior: empowerment, protection, integration and connection.
GC 2.01 PACA	Given examples from the PACA Idea Book and sector practicum activities, participants will describe the community context and priorities by implementing at least two PACA tools.
GC 2.02 RVID	Using the content of the Roles of the Volunteer in Development manual and sessions on Peace Corps' approach to development, participants will explain how to plan and implement activities according to Peace Corps approach to development and project goals.
GC 2.03 Gender	After an introduction to gender equality and women's empowerment, participants will describe culturally appropriate strategies that help them understand how gender norms and relations may affect the success of their work.
GC 2.04 Behavior Change	Based on an introduction to the principles of designing for behavior change, participants will explain how the stages of change and determinants for behavior may affect the success of their work.
GC 2.05 MRE	Given a presentation on Peace Corps' approach to monitoring and evaluation, participants will explain how a Volunteer can monitor activities at site in a way that is participatory, developmental and learning focused.
GC 2.06 MRE	After an overview of the logic model and the project framework, participants will describe how their individual activities relate to the project framework and could lead to the success of the project.
	Mock VRF if done during PST

GC 2.07 MRE	Using data from practicum activities, participants will complete a mock VRF correctly populating information for at least one activity.
	Round Table or Practicum Assessment
GC 2.08 Work Partners	Based on the proactive/reactive model and participation in practicum activities, participants will collaborate in a respectful and professional manner with host country work partners.
GC 2.10 Training Design	After an introduction to training design and facilitation, participants will write at least one plan that utilizes the 4MAT framework and is appropriate to local context and culture.
GC 2.11 Facilitation	After an introduction to training design and facilitation, participants will facilitate a learning event using the 4MAT framework (based on the Experiential Learning Cycle) and use facilitation techniques that are appropriate for learners' needs and abilities.
GC 3.01 Policies	Given the Peace Corps and post policies handbooks and training sessions, participants will demonstrate maturity and motivation to serve by complying with all Peace Corps policies and their applications to training.
	Post-Defined Assessment
GC 2.12 C/SA	By the end of the first 3-4 months at site, the Volunteer will complete a participatory community/sector assessment that utilizes at least one community analysis tool.
GC 1.08 Sexual Assault Reporting	Given an explanation of the reporting options and support and services available, participants will describe the steps to take if they are sexually assaulted and expectations they can have for optimal support.

APPENDIX E: STEPS POSTS CAN TAKE TO PROMOTE VOLUNTEER RESILIENCY

OHS has identified the practices below to promote Volunteer resiliency:

I. Volunteer Support at Post and How the Program Can Support Resilience:
    - Sensible Policy and Tone of Policy
    - Who Manages Policy
    - Setting and Clarifying Expectations – Fair, Firm, and Consistent
    - Separating "Mental Health" from normal inter-cultural adjustment
    - ICD&I as a Foundation
    - Having Programming well prepared, organized and efficient
    - Clearly defining Volunteer Roles
    - Support Mechanisms (Coaching, Checking-In, PSN, etc.)
    - Setting Standards and Holding Everybody Accountable: What we can do and what we cannot do. What we want to see and what we don't want to see.

II. Current COU Best Practices that Support PCV Resilience:
    - COU site visits: Train staff in Volunteer support skills, train PCVs in support skills and coping strategies (i.e., mindfulness, relaxation, adaptive thinking patterns, identification of positive coping behaviors, post-specific training for PCMOs to enhance PCV support. Identification of local resources: Meet with local resources to discuss PCV adaptation/support and clinical concerns.
    - CME/OST/Webinars: Train PCMOs in communication skills for supportive counseling and clinical interviewing, assessment and brief intervention.
    - PCMO supportive counseling: PCMOs are trained to work with PCVs to provide support for adjustment and adaptation concerns.
    - Crisis Response to Post: Provide immediate PCV support and/or psychological first aid to PCVs and staff in the event of emergency. Such support maximizes PCV adaptation/function and minimizes long term impact through direct consultation and/or involvement with training (medevac, med sep etc., OSS).
    - Provide consultation through the agency to represent PCV support concerns: VRS, SARRR, regions, Office of 3rd Goal, Office of the Director
    - Integrated approach in OHS which incorporates COU (PCV support and clinical care) into all aspects of core medical activities: Morning report, Pre-Service Review, Medical Review Board (Medevacs)

III. PST Training in Mental Health Adjustment & Stress

IV. Agency Resilience Work Group – Refer to Concept Paper: Peace Corps Resilience and Global Support (PRGS)

APPENDIX F: AGENCY RESPONSE TO THE PRELIMINARY REPORT

MEMORANDUM

To: Kathy Buller, Inspector General

Through: Angela Kissel, Acting Chief Compliance Officer

From: Tim Hartman, Acting Regional Director, Africa Operations
           Ronald Campbell, Country Director, South Africa

Date: May 22, 2017

CC: Shelia Crowley, Acting Director
           Carl Sosebee, Acting Chief of Staff
           Kathy Stroker, Acting Deputy Director
           Kristin Besch, Acting Associate Director of Global Operations
           Joaquin Ferrao, Deputy Inspector General
           Jerry Black, AIG/Evaluations
           Julie Burns, Chief of Operations, Africa Region
           Anna Hoffman, Director of Programming and Training, South Africa

Subject: Agency Response to the Preliminary Report on the Program Evaluation of Peace
           Corps/South Africa (Project No. 16-EVAL-03)

Enclosed please find the agency's response to the recommendations made by the Inspector
General for Peace Corps/South Africa as outlined in the Preliminary Report on the Program
Evaluation of Peace Corps/ South Africa (Project No. 16-EVAL-03) given to the agency on
April 5, 2017.

The Region and the Post have addresses and provided supporting documentation for three out the
13 recommendations and did not concur with one of the recommendations provided by the OIG
in its Preliminary Evaluation Report: Peace Corps/South Africa. The Post and Region will work
to address the remaining recommendations by the set target dates.

1

Recommendation 1
That the Country Director identify and implement proactive approaches to promote positive adjustment and resiliency among South African Volunteers.

Concur
Response: Post has tried a number of different strategies to improve adjustment and resiliency amongst volunteers. During the OIG visit, Post was engaged in developing a Diversity Committee. Given the OIG's findings, Post has already begun to explore additional strategies to assist in building resiliency in Volunteers beginnings with the most recent PST. New additions include a new session on planning for the first few months at site, diversity case studies, and an activity to help Volunteers explore their identity as it relates to their site placement as well as how to positively respond to pressures/questions from the community on their diverse background.

Documents Submitted:
- Session plan for 'Planning for the first three months': This was a new session included in the most recent PST to address resiliency issues.
- Mission, vision, and planned activities of Diversity Committee.
- Diversity case studies, utilized with supervisors during Supervisors Workshop. In the most recent Supervisors Workshop, Post also piloted using the Intercultural Competence Diversity and Inclusion 'Freeze' activity.
- Feedback scenarios included in General Training of Trainers (these are used by LCFs, so that they can provide information to trainees, allowing the trainees to develop their own sense of identity.)
- Session plan for 'Identity at Site.' This was a new session conducted by the Diversity Committee to help volunteers become more resilient when faced with 'identity crises,' especially as they relate to privilege.

Status and Timeline for Completion: Completed, April 2017

Recommendation 2
That the Office of Health Service in consultation with the Country Director and
Peace Corps Medical Officers in South Africa take into account the nature of service
in the country when making decisions about placing and supporting medically
accommodated Volunteers, especially those with mental health accommodations.

Do Not Concur
Response: The Agency's non-concurrence is based on many sensitive issues relating to
accommodations for Volunteers. OHS is not able to limit the number of volunteers with
accommodations to South Africa (or any Post for that matter), since individuals are selected and
invited before OHS even reviews their medical files. Peace Corps is also obligated to adhere to
the Rehabilitation Act in its medical clearance determinations. Under this Act, the Agency has
historically based decisions to medically not clear an invitee on either (a) Peace Corps' inability
to reasonably accommodate a volunteer or (b) the existence of clear medical information that
suggests to a reasonable degree of medical certainty that a particular health condition will result
in unreasonable disruption to service. However, these guidelines lack clearly defined parameters
and are challenging to uniformly apply to the medical clearance process. The Agency continues
to work to clearly define what reasonable accommodations are, as well as define the concept of
"unreasonable disruption" -- though to date, there is no unified answer to these important
questions.

As South Africa is recognized for its relatively robust health care infrastructure and in fact, is
host to a Regional Medical Hub, it is challenging to argue that Peace Corps cannot reasonably
accommodate many medical and mental health conditions. Whether a certain medical condition,
particularly mental health condition, will likely result in unreasonable disruption to service
within the context of the South African Peace Corps environment is much harder to reliably
predict to a degree of medical veracity that will hold up to legal and advocacy group challenges
of Peace Corps' adherence to the principals of the Rehabilitation Act.

Country Directors do not have the technical background to make such informed predictions on
health-related issues and it is mandated by law that Peace Corps medically assesses each Invitee
individually. As very few medical or mental health conditions have uniform manifestations or
predictable clinical courses in all individuals, it is very challenging for either PCMOs or OHS
clinicians to objectively assess and determine that classifications of conditions such as back pain
or depression cannot be successfully supported in country.

To date, we have not found evidence that definitively links the South African social environment
to inability to support an individual with a mental health history. Though some data, provided in
Figure 2 (in this report), argues that individuals with accommodated mental health issues have
more recurrences in South Africa as compared regionally and globally, the quality of the data is
limited and is not strong enough to be used to make policy decisions nor use in individual
clearance assessments and determinations that an individual's mental health condition cannot be
supported under the Rehabilitation Act. The data was based on PCMO report, subject to

interpretation and reporting bias, and not externally validated. The regional and global data presented in Figure 2, represent averages of dissimilar Posts and thus it is not possible to meaningfully extrapolate and conclude that the unique social environment in South Africa explains the regional and global differences in rates of recurrence of accommodated mental health issues.

There is no sufficient, defensible data that indicates that individuals with mental health history will not be able to safely and successfully serve because of the unique social environment of South Africa. Without such data, even with the insights of Country Directors and PCMOs in South Africa, it is very difficult to medically not clear many individuals on the grounds of prior mental health histories and remain adherent to the principals of the Rehabilitation Act.

Due to the mandates of the Rehabilitation Act, the expertise required to make medical assessments of invitees, the lack of data surrounding the correlation between mental health history and the ability to successfully serve, and the need for further discussions concerning accommodations; the agency does not concur with this recommendation.

Recommendation 3
That the Country Director and Safety and Security Manager reinforce Volunteer knowledge of consolidation points, and test that knowledge throughout service.

Concur
Response: Post has increased the amount of times consolidation points are discussed and varied the communication about consolidation points with Volunteers. Volunteers are told about them during pre-service training, mid-service training and now they will also be told during regional workshops. Additionally, the Country Director has emailed all Volunteers to remind them of their consolidation points and will continue to do that on a bi-annual basis.

Documents to be Submitted:
- Email to all Volunteers from the Country Director
- Agenda and relevant information from PST, MST, and Regional Workshops

Status and Timeline for Completion: September 2017

Recommendation 4

That the Country Director and Safety and Security Manager implement management controls to effectively review and correct consolidation point information in site contact forms.

Concur

Response: The Country Director in coordination with the Safety and Security Manager will continue to monitor the information going to Volunteers about consolidation points, including both the information given to Volunteers in the bi-annual email from the Country Director as well as the information provided to the Volunteers at PST, MST, and the Regional Workshops.

The Country Director will also do a formal review of the consolidation point information in site contact forms on a quarterly basis and the Program Managers in conjunction with the Safety and Security Manager will continue to consistently review them. In an effort to ensure the site contact forms are accurately completed, a new standard operating procedure (SOP) for site Contact Forms will be developed.

Documents to be Submitted:
- Email to all Volunteers from the Country Director
- Results of the quarterly review from the Country Director
- SOP, Site Contact Forms

Status and Timeline for Completion: August 2017

Recommendation 5

That the Director of Programming and Training and the training staff develop a plan that addresses the deficiencies related to the post compliance with terminal learning objectives, the trainee assessment portfolio, and 27-month learning continuum in order to bring the post's training program into better compliance with agency guidance.

Concur

Response: As per the analysis included at the end of the Preliminary report, Post will include additional assessment questions to measure trainees' acquisition of knowledge, attitudes, and skills in the areas that are not currently measured. Further, in the Training Design and Evaluation schedule post will illustrate evidence of discussion about the terminal learning objectives and 27-month learning continuum. The assessment at the end of pre-service training will also allow post to focus on areas identified as deficiencies.

Documents to be Submitted:
- Training Design and Evaluation schedule.
- Tools to assess trainees at the end of PST (end of PST assessment)

Status and Timeline for Completion: September 2017

Recommendation 6
That the Director of Programming and Training, the Training Manager, and the Language and Culture Coordinator develop a plan to improve Post's language training.

Concur
Response: While some of the challenges identified (e.g., high turnover of LCFs) are beyond Post's control, Post recognizes and agrees that improvements to the language program are within Peace Corps South Africa's ability and interest. As such, Post will develop a plan for language learning, to include concrete actions for improvement of language during pre-service training, as well as on-going language learning. In an ongoing effort, Post will focus on developing solutions to the findings of the OIG report that are within Post's control (e.g., improving language teaching methods, creating further emphasis on language learning).

> **Documents to be Submitted:**
> - Plan for language learning.
> - Illustration of improved language teaching methods.
>
> **Status and Timeline for Completion:** October 2017

Recommendation 7
That the Director of Programming and Training and the Training Manager utilize qualified staff, including the Program Managers and the Programming and Training Specialists, to lead and deliver pre-service technical training.

Concur
Response: Post believes that it has addressed this recommendation in the last PST, and will continue to emphasize and improve the involvement of qualified staff in Pre Service Training (PST). In the PST that was conducted from January to April 2017, Program Managers identified additional sessions that they would facilitate, and committed to a rotating schedule to have them participate in PST as much as possible. As the OIG report notes, the addition of Programming and Training Specialists (one hired in January 2016, and the other in August 2016) has also already made a difference in this area. With the most recent training, the PTS (who, after one year of employment, is considered at full performance) took a significant leadership role, and facilitated a number of sessions. They also co-facilitated many sessions with the Resource Volunteers, and provided guidance to the technical training. This was an improvement from past years; thus, Post is already on track to fully address this recommendation. Where possible, Post has also found it to be successful to include qualified presenters from project partners (e.g., USAID, CDC), Government colleagues, and local representative panels. Thus, in addition to qualified PC staff, Post has successfully incorporated outside experts.

> **Documents Submitted:**
> - Emails from PMs noting their planned schedules and time at PST.
> - PST technical training sessions (from the January to April 2017 PST) with facilitators.
>
> **Status and Timeline for Completion:** Completed, April 2017

Recommendation 8:
That the Director of Programming and Training and the Training Manager develop and implement a process for staff to review and approve the training plans of Volunteers before Volunteers may co-facilitate training sessions.

Concur
Response: Post recognizes and concurs that staff must review the work of Volunteers to ensure they are planning to deliver information that is consistent and in alignment with Peace Corps and government partners. Post had endeavored to accomplish this oversight in past PSTs; however, lacking a Programming and Training Specialist (PTS), such oversight of the Resource Volunteers was insufficient and difficult.

With the most recent training, the PTS was at full performance level, and took a significant leadership role in coordinating the inputs of Resource Volunteers. Post has developed a process for the PTS to review session plans and communicate with Resource PCVs about expectations. Resource Volunteers are expected to submit their draft session plan by the end of the General Training of Trainers (GTOT), and a full session plan prior to the sessions at PST. These plans are reviewed by the PTS, and, in some cases, other PC staff and (often) the Peace Corps Volunteer Leader. This review helps to ensure messaging is consistent and that the material is appropriately covered. For co-facilitated sessions, PCVs and PC staff have discussed the session plan as well as expectations for all sessions.

> **Documents Submitted:**
> - Emails from the PTS to Resource PCVs providing guidance to their session facilitation.
> - Email to Resource Volunteers documenting expectations of completing session outlines during GTOT.
>
> **Status and Timeline for Completion:** Completed, April 2017

Recommendation 9

That the Country Director lead an assessment of the second goal of the education project and use the results of the assessment to develop an appropriate strategy related to teacher capacity building.

Concur

Response: The Country Director in coordination with the Director of Programming and Training (DPT) will address this issue in two ways. They are requesting the Office of Programming and Training Support (OPATS) to help conduct a project review of the Education program in the fall. Additionally, the DPT will lead a Post assessment to conduct research on this issue and better prepare for the review with OPATS.

Documents to be Submitted:
- Post Assessment Results
- OPATS Project Review Recommendations

Status and Timeline for Completion: December 2017

Recommendation 10

That the Office of Health Services hire and on-board a Regional Health Coordinator for the South Africa Regional Health Unit.

Concur

Response: The Agency is looking to hire a Regional Health Coordinator for the South Africa Regional Health Unit, however this decision is pending the Agency's future budget. OHS will be able to fully address this issue in the fall by either hiring a Regional Health Coordinator or if unable to do so, consulting with Post on how to address this staffing gap.

Documents to be Submitted:
- Agency budget decision on the South Africa Regional Health Unit

Status and Timeline for Completion: December 2017

Recommendation 11
That the Country Director develop and document a new employee Onboarding Policy, to include procedures, for implementation with all new hires.

Concur
Response: Post has already begun to address this issue as it is crafting the new employee onboarding process through the onboarding of the new Grants Coordinator. The feedback from the new employee on the process will inform the new operating procedures for future new employees at post and solidify posts' new process.

> **Documents to be Submitted:**
> - 10-day Orientation Plan
> - SOP, New Employee Onboarding
>
> **Status and Timeline for Completion:** July 2017

Recommendation 12
That the Country Director, in collaboration with the Office of Safety and Security, ensure completion of staff SARRR training requirements and maintain accurate records.

Concur
Response: The Country Director has initiated the discussion with the Office of Safety and Security around SAARR training requirements. There is a new Peace Corps Safety and Security Officer coming in July who will cover South Africa so Post plans on bringing him in to assist with this process and in overall compliance to safety and security training requirements.

> **Documents to be Submitted:**
> - Proof of staff compliance with SARRR related trainings
>
> **Status and Timeline for Completion:** August 2017

Recommendation 13

That the Post include market basket survey in the analysis of settling-in and living allowances.

Concur
Response:

An updated living allowance survey was completed in 2016 and Post has implemented a higher living allowance amount and settling in-allowance amount for all Volunteers as of FY17Q2. The Post Director of Management and Operations is currently developing the market basket survey and is working with South Africa Volunteers in developing the survey. The market basket survey will then be incorporated in the analysis of settling-in and living allowances.

Documents to be Submitted:
- Updated living/settling-in allowance survey
- Market Basket Survey Form and Results

Status and Timeline for Completion: July 2017

APPENDIX G: OIG COMMENTS

Management concurred with 12 of the report's 13 recommendations, all of which remain open. In its response, management described actions it is taking or intends to take to address the issues that prompted each of our recommendations. We wish to note that in closing 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.

OIG will review and consider closing recommendations 4, 6-8, and 10-13 when the documentation reflected in OIG's comments and the agency's response to the preliminary report is received. For recommendations 1, 2, 3, 5, and 9 additional documentation is required. Recommendation 2 will remain open as the agency addresses a related outstanding recommendation from a prior OIG evaluation, as described below. Recommendations remain open pending confirmation from the chief compliance officer that the documentation reflected in our analysis below is received.

Recommendation 1
That the Country Director identify and implement proactive approaches to promote positive adjustment and resiliency among South African Volunteers.

> ### Concur
> **Response:** Post has tried a number of different strategies to improve adjustment and resiliency amongst volunteers. During the OIG visit, Post was engaged in developing a Diversity Committee. Given the OIG's findings, Post has already begun to explore additional strategies to assist in building resiliency in Volunteers beginnings with the most recent PST. New additions include a new session on planning for the first few months at site, diversity case studies, and an activity to help Volunteers explore their identity as it relates to their site placement as well as how to positively respond to pressures/questions from the community on their diverse background.
>
> *Documents Submitted:*
> - Session plan for 'Planning for the first three months': This was a new session included in the most recent PST to address resiliency issues.
> - Mission, vision, and planned activities of Diversity Committee.
> - Diversity case studies, utilized with supervisors during Supervisors Workshop. In the most recent Supervisors Workshop, Post also piloted using the Intercultural Competence Diversity and Inclusion 'Freeze' activity.
> - Feedback scenarios included in General Training of Trainers (these are used by LCFs, so that they can provide information to trainees, allowing the trainees to develop their own sense of identity.)
> - Session plan for 'Identity at Site.' This was a new session conducted by the Diversity Committee to help volunteers become more resilient when faced with 'identity crises,' especially as they relate to privilege.

Status and Timeline for Completion: Completed, April 2017

OIG Analysis: Recommendation 1 was intended to address the finding, as reported, that "***Volunteers faced a range of challenges in adjusting to the conditions of service in South Africa.***" The report describes that range of challenges as including, but not being limited to, challenges associated with diversity and inclusion issues among the Volunteers. In addition, the adjustment challenges included Volunteers' limited local language ability, the gender-based harassment Volunteers witnessed or experienced, the safety and security concerns that elevated Volunteers' stress levels, and the fact that Volunteers must witness and cope with wide-spread corporal punishment and the country's high mortality rate. The agency's response appears to address some of these challenges, especially related to Volunteer identity, diversity and inclusion. However, it is not clear whether the "planning for the first three months" session in pre-service training is designed to help Volunteers cope with and adjust to the other challenges articulated in the report.

Please provide an explanation of how the "planning for the first three months" session and/or other activities and approaches will promote positive adjustment and resiliency strategies which Volunteers can employ to face the range of challenges associated with service in South Africa.

Recommendation 2
That the Office of Health Service in consultation with the Country Director and Peace Corps Medical Officers in South Africa take into account the nature of service in the country when making decisions about placing and supporting medically accommodated Volunteers, especially those with mental health accommodations.

Do Not Concur
Response: The Agency's non-concurrence is based on many sensitive issues relating to accommodations for Volunteers. OHS is not able to limit the number of volunteers with accommodations to South Africa (or any Post for that matter), since individuals are selected and invited before OHS even reviews their medical files. Peace Corps is also obligated to adhere to the Rehabilitation Act in its medical clearance determinations. Under this Act, the Agency has historically based decisions to medically not clear an invitee on either (a) Peace Corps' inability to reasonably accommodate a volunteer or (b) the existence of clear medical information that suggests to a reasonable degree of medical certainty that a particular health condition will result in unreasonable disruption to service. However, these guidelines lack clearly defined parameters and are challenging to uniformly apply to the medical clearance process. The Agency continues to work to clearly define what reasonable accommodations are, as well as define the concept of "unreasonable disruption" -- though to date, there is no unified answer to these important questions.

As South Africa is recognized for its relatively robust health care infrastructure and in fact, is host to a Regional Medical Hub, it is challenging to argue that Peace Corps cannot

reasonably accommodate many medical and mental health conditions. Whether a certain medical condition, particularly mental health condition, will likely result in unreasonable disruption to service within the context of the South African Peace Corps environment is much harder to reliably predict to a degree of medical veracity that will hold up to legal and advocacy group challenges of Peace Corps' adherence to the principals of the Rehabilitation Act.

Country Directors do not have the technical background to make such informed predictions on health-related issues and it is mandated by law that Peace Corps medically assesses each Invitee individually.   As very few medical or mental health conditions have uniform manifestations or predictable clinical courses in all individuals, it is very challenging for either PCMOs or OHS clinicians to objectively assess and determine that classifications of conditions such as back pain or depression cannot be successfully supported in country.

To date, we have not found evidence that definitively links the South African social environment to inability to support an individual with a mental health history. Though some data, provided in Figure 2 (in this report), argues that individuals with accommodated mental health issues have more recurrences in South Africa as compared regionally and globally, the quality of the data is limited and is not strong enough to be used to make policy decisions nor use in individual clearance assessments and determinations that an individual's mental health condition cannot be supported under the Rehabilitation Act. The data was based on PCMO report, subject to interpretation and reporting bias, and not externally validated. The regional and global data presented in Figure 2, represent averages of dissimilar Posts and thus it is not possible to meaningfully extrapolate and conclude that the unique social environment in South Africa explains the regional and global differences in rates of recurrence of accommodated mental health issues.

There is no sufficient, defensible data that indicates that individuals with mental health history will not be able to safely and successfully serve because of the unique social environment of South Africa. Without such data, even with the insights of Country Directors and PCMOs in South Africa, it is very difficult to medically not clear many individuals on the grounds of prior mental health histories and remain adherent to the principals of the Rehabilitation Act.

Due to the mandates of the Rehabilitation Act, the expertise required to make medical assessments of invitees, the lack of data surrounding the correlation between mental health history and the ability to successfully serve, and the need for further discussions concerning accommodations; the agency does not concur with this recommendation.

OIG Analysis: The agency makes three main points in rejecting this finding and recommendation:

1. Applicants are selected and invited to serve as Volunteers before OHS has reviewed their medical files.

2. In order to adhere to the Rehabilitation Act, the agency does not have a basis to reject individual applicants for service in South Africa.
3. Due to its limitations, the agency's own data on the health of the Volunteer should not be relied upon for purposes of informing policy decisions about accommodated mental health conditions.

Points one and two above relate to the agency's inability to implement OIG's recommendation, whereas point three relates to the agency's non-concurrence with OIG's finding. While OIG recognizes that OHS does not believe the recommendation is feasible to implement, we stand by the validity of our finding that "***The process for placing Volunteers with medical accommodations in South Africa was insufficient***."

Volunteer Recruitment and Selection
Regarding point one above, OIG accepts that the issue of medical accommodations in South Africa is tied to a longstanding, agency-wide issue surrounding the way in which applicants are reviewed and selected. In this sense, the discrete manifestation of an insufficient process for placing medically accommodated Volunteers in South Africa traces to an institutional, agency-wide challenge. In 2010, OIG conducted a Follow-up Evaluation of the Volunteer Delivery System and recommended, ***"That the agency systematically collect and analyze data to determine whether Volunteer medical accommodations pose an undue hardship on the operation of Peace Corps or any component thereof."*** To date, this 2010 recommendation remains open.

Nevertheless, the agency's response does not sufficiently explain why OHS is not able to consult with the Country Director and PCMO about the nature of service in South Africa when making decisions about placing Volunteers with medical accommodations.

Adherence to the Rehabilitation Act
Neither the Rehabilitation Act nor Peace Corps past practice suggests the agency cannot take into account the nature of service in the country when making decisions about placing and supporting medically accommodated Volunteers. In fact, the agency did take into consideration the nature of service in Swaziland and determined that no Volunteers with mental health accommodations would be placed in Swaziland because of the country's high mortality rate and other stressors related to the country's high rate of HIV/AIDS. Therefore the agency's position that it cannot take into consideration the nature of service in South Africa when placing mental health accommodations is inconsistent with its position that it can take into consideration the nature of service in Swaziland, a close neighbor which shares many characteristics.

Despite the concern expressed by the agency about the OIG recommendation, it is important to note that the recommendation does not mandate that the Peace Corps reject all Volunteers for service in South Africa with mental health problems. Nor does the recommendation address the Peace Corps' ability to accommodate such volunteers elsewhere. Rather, it recommends that individual assessments of Volunteers be performed, and that in doing so, the agency take into account the nature of service in the country. Considering such information is entirely consistent with legal precedent which

permits the agency to determine whether a Volunteer's medical condition would substantiality limit his or her ability to perform volunteer service.

The recommendation is also consistent with Peace Corps regulations. 22 C.F.R. Subpart 305.4 provides that a determination of whether an applicant is medically qualified must include an individualized assessment. That individualized assessment must include consideration of whether the applicant, "with or without reasonable accommodation, removal of architectural, communication or transportation barriers, or the provision of auxiliary aids or services, must have the physical and mental capacity required to meet the essential eligibility requirements for a Volunteer." One essential eligibility requirement is the extent to which an applicant can "live and work independently in an isolated location overseas at the same socio-economic level and in similar conditions as members of *the community to which the Applicant is assigned*" (emphasis added). That individualized assessment, including taking into account relevant factors related to the community to which the applicant is assigned, is consistent with our recommendation that individual assessments of Volunteers be performed and that in doing so the agency take into account the nature of service in the country.

The agency states that it is Peace Corps policy to medically not clear an invitee if the existence of clear medical information suggests to a reasonable degree of certainty that a particular health condition will result in unreasonable disruption to service. However, the response also states that this policy is impossible to implement for two reasons. First, because unreasonable disruption to service remains undefined, and second, because it is impossible to predict in a way that will not be legally challenged. It follows that the agency is unable to implement its policy as another of the essential eligibility requirements is the capability to "[c]omplete the specific tour of service without undue disruption." As a result, it appears to OIG that the agency's practice is to accommodate all invitees to South Africa based solely on the availability of health services in country. Yet such a practice is inconsistent with what is required by law – that the agency assess each case individually.

In the agency's response it is not clear why OHS is unable to take into consideration the nature of service in South Africa as part of its placement procedures in order to potentially accommodate Volunteers—especially those with mental health conditions— in other countries where Volunteers do not face the range or severity of adjustment-related challenges associated with service in South Africa.

Data Limitations
Regarding the third point, that the agency's data cited in the OIG report should not be relied upon to make policy decisions, OIG recognizes that all sources of data have limitations and that no one source of data should be used to make major policy decisions. OIG's finding was not based on the Health of the Volunteer data alone. In developing this finding OIG utilized multiple sources of data, including OHS's analysis of the impact of accommodations on post operations as well as testimony from agency staff.

Furthermore, with respect to the agency's point that there is no evidence that the social context of South Africa is linked to the post's ability to support Volunteers with a mental health history, we refer the agency to the evidence provided under finding one, which describes the unusually challenging nature of service in South Africa. In the course of this evaluation, numerous staff raised concerns that OHS was not fully aware of the challenges associated with serving in South Africa and was not taking these challenges into consideration when placing Volunteers with medical accommodations in South Africa. Because of this, we recommended that the Country Director be included in conversations between OHS and the PCMO about placing Volunteers with medical accommodations in the country. The purpose of this recommendation was not to suggest that the Country Director should make medical decisions, but to help OHS make a more informed decision about the nature of service in South Africa in order to improve the likelihood of Volunteer success and wellbeing, in particular, for those Volunteers entering with a mental health accommodation.

Documents to be submitted
OIG acknowledges OHS's non-concurrence. In order for OIG to consider closing this recommendation, please propose an alternative plan for how OHS can take into account the nature of service in South Africa when making decisions about placing and supporting medically accommodated Volunteers, especially those with mental health accommodations.

Recommendation 3
That the Country Director and Safety and Security Manager reinforce Volunteer knowledge of consolidation points, and test that knowledge throughout service.

Concur
Response: Post has increased the amount of times consolidation points are discussed and varied the communication about consolidation points with Volunteers. Volunteers are told about them during pre-service training, mid-service training and now they will also be told during regional workshops. Additionally, the Country Director has emailed all Volunteers to remind them of their consolidation points and will continue to do that on a bi-annual basis.

Documents to be Submitted:
- *Email to all Volunteers from the Country Director*
- *Agenda and relevant information from PST, MST, and Regional Workshops*

Status and Timeline for Completion: September 2017

OIG Analysis: In addition to the documents listed, please provide evidence that Volunteers' knowledge of consolidation points has been tested more than once during their service.

Recommendation 5
That the Director of Programming and Training and the training staff develop a plan that addresses the deficiencies related to the post compliance with terminal learning objectives, the trainee assessment portfolio, and 27-month learning continuum in order to bring the post's training program into better compliance with agency guidance.

> **Concur**
> **Response:** As per the analysis included at the end of the Preliminary report, Post will include additional assessment questions to measure trainees' acquisition of knowledge, attitudes, and skills in the areas that are not currently measured. Further, in the *Training Design and Evaluation schedule post will illustrate evidence of discussion about the terminal learning objectives and 27-month learning continuum. The assessment at the end of pre-service training will also allow post to focus on areas identified as deficiencies.*
>
> *Documents to be Submitted:*
> - *Training Design and Evaluation schedule.*
> - *Tools to assess trainees at the end of PST (end of PST assessment)*
>
> **Status and Timeline for Completion:** September 2017
>
> **OIG Analysis:** In addition to the documents listed, please provide a plan that shows how the post has implemented the global learning standards. This plan should include the post's trainee assessment portfolio as adapted for the projects in South Africa; the documents (spreadsheets) used to track trainee/Volunteer progress; and the sequencing of training objectives and related assessment methods across the 27 month learning continuum.

Recommendation 9
That the Country Director lead an assessment of the second goal of the education project and use the results of the assessment to develop an appropriate strategy related to teacher capacity building.

> **Concur**
> **Response:** The Country Director in coordination with the Director of Programming and Training (DPT) will address this issue in two ways. They are requesting the Office of Programming and Training Support (OPATS) to help conduct a project review of the Education program in the fall. Additionally, the DPT will lead a Post assessment to conduct research on this issue and better prepare for the review with OPATS.
>
> *Documents to be Submitted:*
> - *Post Assessment Results*
> - *OPATS Project Review Recommendations*
>
> **Status and Timeline for Completion:** December 2017

OIG Analysis: In addition to the documents listed, please provide the strategy that results from or builds upon the education project review's recommendations to address teacher capacity building.

APPENDIX H: PROGRAM EVALUATION COMPLETION AND OIG CONTACT

PROGRAM EVALUATION COMPLETION

This program evaluation was conducted under the direction of Assistant Inspector General for Evaluations Jerry Black, by Senior Evaluators Greg Yeich, Kris Hoffer, Paul Romeo and Erin Balch. Additional contributions were made by Senior Evaluator Bruce Shahbaz and Evaluations Apprentice Lexie Miller.

Jerry Black

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 Jerry Black at jblack@peacecorpsoig.gov or 202.692.2912.

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For General Information:

Main Office:	202.692.2900
Website:	peacecorps.gov/OIG
Twitter:	twitter.com/PCOIG