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To: Jody Olsen, Chief Executive Officer
Johnathan Miller, Regional Director, Africa
Kevin Fleming, Country Director, Namibia
Anne Hughes, Chief Compliance Officer

From: Kathy A. Buller, Inspector General

Date: August 30, 2019

Subject: Final Report on the Follow-Up Review of Peace Corps/Namibia (IG-19-07-E)

Transmitted for your information is our final report on the Follow-Up Review of Peace Corps/Namibia.

Management concurred with all 4 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. OIG will review and consider closing recommendations 2 through 4 when the documentation reflected in the agency's response to the preliminary report is received. For recommendation 1, additional documentation is required. Our comments, which are in the report as Appendix F, address this matter.

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.

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: Michelle Brooks, Chief of Staff
Matthew McKinney, Deputy Chief of Staff/White House Liaison
Maura Fulton, Senior Advisor to the Director
Carl Sosebee, Senior Advisor to the Director
Robert Shanks, General Counsel
Patrick Young, Associate Director, Office of Global Operations
Julie Burns, Chief of Operations, Africa
Sara Wood, Director of Programming and Training, Namibia
Angela Kissel, Compliance Officer
Namibia Country Desk

A Volunteer conducting a Girls Leading Our World activity with community members.
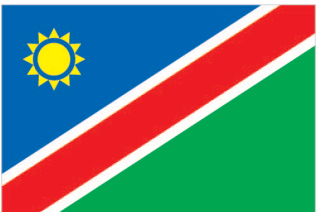
Final Follow-Up Review

Peace Corps/Namibia

IG-19-07-E

August 2019

EXECUTIVE SUMMARY

BACKGROUND

The Office of Inspector General (OIG) conducted a follow up evaluation of issues identified in the Final Report on the Program Evaluation of Peace Corps/Namibia (IG-13-01-E). We followed up on four findings from the report that were significant areas of concern. The findings discussed in more detail in the report are:

- Key staff members were not sufficiently involved in the Volunteer site development process.

- Education and Health Volunteers reported that technical training was not effective.

- Volunteers reported local language proficiency as a barrier to community integration.

- The availability of medical and health resources was not fully assessed for Volunteer sites.

WHAT WE FOUND

We found that, overall, Peace Corps/Namibia (hereafter referred to as "the post") had improved with respect to three of the four areas selected for review. OIG found that all staff interviewed had a clear understanding of the post's processes in site management and had worked collaboratively in this area. The post had also successfully adjusted technical training based on participant feedback and incorporated agency guidance and core curricula into existing modules. In addition, OIG noted that significant alterations to language training had been undertaken, moving towards a more resilient, Volunteer-focused, self-driven model.

OIG noted three challenges that required management attention. Despite improvements in site management, the post's documentation of its efforts was unable to substantiate adherence to criteria. In addition, while language training had undergone major evidence-based shifts, there remained some confusion about local language benchmarks within this complex linguistic environment. Finally, assessments of medical facilities and providers had not been completed as required.

RECOMMENDATIONS IN BRIEF

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

TABLE OF CONTENTS

BACKGROUND

In March 2013, the Office of Inspector General (OIG) issued a [Final Report on the Program Evaluation of Peace Corps/Namibia (IG-13-01-E)](). The report made 14 recommendations which, if implemented, were expected to strengthen programming operations and correct the deficiencies detailed in the report. The agency's management concurred with all 14 recommendations, and all were closed based on a review of corrective actions and supporting documentation.

In 2013, we found that the post was in the process of re-focusing its programmatic goals and refreshing its training design for Volunteers as part of an agency-wide initiative called "Focus-In/Train-Up." We highlighted the fact that Volunteers at that time gave post staff high marks for support, and that the post had developed a solid Volunteer support structure. However, we found some areas of concern requiring management attention.

This limited scope review is a follow up to our 2013 country program evaluation of Peace Corps/Namibia. The objective was to determine if the agreed upon corrective actions taken in response to certain recommendations made in our 2013 report were fully implemented and whether the implemented recommendations had the intended effects.

We followed up on four findings from the 2013 report that were significant areas of concern. The findings discussed in more detail in the report are:

- Key staff members were not sufficiently involved in the Volunteer site development process.

- Education and health Volunteers reported that technical training was not effective.

- Volunteers reported local language proficiency as a barrier to community integration.

- The availability of medical and health resources was not fully assessed for Volunteer sites.

At the time of this follow up, there were three active project sectors in Namibia: community economic development (CED), education, and health. Namibia typically received two trainee inputs per year: CED and health sector Volunteers in the spring and education sector Volunteers in the summer. In mid-2017, the post received new U.S. direct hire leadership.

SUMMARY OF RESULTS

SITE MANAGEMENT

In this follow-up evaluation, we attempted to answer the following site management researchable question:

> "Are key staff (e.g. the safety and security manager [SSM] and Peace Corps medical officer [PCMO]) sufficiently involved in site management?"

AREA THAT REQUIRED MANAGEMENT ATTENTION

Documentation of the site management process was not completed in a timely manner.

Agency guidance and post materials clearly reflect the importance of staff collaboration in site management as well as documentation of that process. As Peace Corps Manual section (MS) 270 directs:

> Each post must develop and apply criteria for the selection and approval of sites. Criteria should address … access to essential healthcare and … security climate. … Evaluation of the site and satisfaction of site selection criteria must be documented by the post.

In line with these expectations, the post's site management manual includes a timeline for the completion of relevant identification and preparation steps and specifies the involvement of the SSM and PCMOs in site preparation, approval, and assignment. Moreover, the manual notes that a collaborative process should conclude with the completion of approval forms, including signatures documenting the involvement of programming, medical, and safety and security staff, after the third site visit.

The report from our 2013 evaluation detailed several ways in which the post's adherence to its established site management processes and procedures needed improvement. Specifically, we found a lack of documentation of the vetting of sites by either safety and security or medical staff. At the time, PCMOs reported that they "were not involved in the site development process and did not review the forms for accuracy or completeness." We found that overall staffing turnover as well as vacancies in SSM and PCMO positions were contributing factors.

For the purposes of this follow-up, OIG looked for evidence that site management was a well-documented and cross-functional process at the post, as recommended in the 2013 report.

Key staff reported that they felt sufficiently involved in site management, with one PCMO

> *The 2013 OIG report recommended:*
> 1. That the country director ensure that site identification and selection is collaborative and consistent across projects and that involvement from all relevant parties is documented.

expressing a desire to be even more involved in the preparation phase. Staff described the site management process as "holistic" and "coordinated," involving cross-functional meetings and ongoing discussions of site management concerns. Despite the positive interview responses of staff, documentation to corroborate these reports was unavailable.

We examined a sample of site history files and found that the forms had been signed by staff after-the-fact and backdated. OIG could not rely on the documentation provided to confirm that key staff had approved each site during the post's final site approval meeting.

The lack of reliable documentation of staff's timely participation in the post's site management procedures made it difficult to determine if all relevant staff had in fact been sufficiently involved in site management at the post. Moreover in the case of staff turnover, Volunteer experiences and continuity of operations at the post may be negatively impacted due to loss of institutional memory.

> **We recommend:**
>
> 1. **That the director of programming and training oversee the timely documentation of the review and approval of Volunteer sites by key staff.**

TECHNICAL TRAINING

In this follow-up evaluation, we attempted to answer the following technical training researchable question:

> "Do education and health Volunteers have the technical competence they need?"

AREA OF NO CONCERN

Improvements to technical training have yielded greater competence and satisfaction amongst education and health Volunteers.

Volunteers in 2013 reported that technical training was inadequate in the education sector and that it lacked practical, Namibian context-specific administrative information that education Volunteers needed to work at their schools. During our 2013 evaluation, the post was in the process of implementing a new "model school" component. At that time, we also noted that staff turnover may have impacted the quality of technical training for Volunteers in the health sector; the training was described by Volunteers as being too general.

For this review, OIG looked for evidence that the post had assessed and adjusted technical training, as recommended in 2013. Further, we attempted to gauge whether our recommendation from 2013 had resulted in the anticipated positive changes to Volunteers' perceptions of the effectiveness of technical training at the post.

> *The 2013 OIG report recommended:*
> 4. That the country director and programming and training staff assess the technical training program and make adjustments when necessary to improve the effectiveness of technical training for the education and health sectors.

We reviewed records of staff assessments of trainee performance (Trainee Assessment Portfolio data) and found that the documents we received adhered to the agency's Programming and Training Guidance for trainee assessment and corroborated interview data about Volunteer competence. Moreover, Annual Volunteer Survey (AVS) data for 2018 and relevant year-over-year trends related to Volunteer satisfaction with technical training indicated improvements. In addition, Volunteers who arrived in country after June 2017 reported higher levels of satisfaction with technical training on the AVS compared to prior training groups.

Our review identified several actions that staff had undertaken to improve technical training. Since 2013, the post had adjusted its model for providing technical training in the education sector by moving from a community-based training model to a school-based training model, which staff reported to us had allowed trainers to better oversee the progress of trainees. This shift, along with a training approach focused more on the trainees' development of practical teaching skills, such as resource use, student assessment, and classroom management, indicated a positive response by staff to Volunteer feedback about technical training effectiveness.

With respect to technical training for health sector Volunteers, the staff had worked to improve their calendar of training events, as well as to ensure that core training sessions were tailored for the Namibian context. Staff described to us how their training program included more concrete training activities and strategies for health Volunteers, including how to design, facilitate, and assess youth camps to promote HIV prevention. Staff reported to us that health training was conducted by experienced professionals from ministerial offices, private sector partners, and staff at the post.

Our review found that staff efforts since the 2013 evaluation had led to continued improvements in the effectiveness of technical training at the post. Volunteers were satisfied with technical training, and documentation showed that staff had assessed Volunteers as having the technical competence required to do their jobs.

LANGUAGE TRAINING

In this follow-up evaluation, we attempted to answer the following language training researchable question:

"Do Volunteers have the local language skills they need for community integration?"

AREA THAT REQUIRED MANAGEMENT ATTENTION

Local language proficiency benchmarks were not codified in post guidance and were unclear.

Per the *Peace Corps Act*, "no person shall be assigned to duty … 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." Further, "it is up to [the] post, working with guidance from Regions and General Counsel, to determine eligibility for swearing in," according to the *Global Learning Standards FAQs*. Language proficiency benchmarks are one component of that eligibility equation, according to the Core Expectations Assessment Tool.

In our 2013 evaluation, we noted that the post had not been requiring corrective actions or follow-up testing for Volunteers who had scored below the benchmarks on the language proficiency interview (LPI) and were provisionally sworn in to service. Although tutoring information and funding were offered, few Volunteers took advantage of that opportunity. A third of Volunteers interviewed at that time reported that poor local language proficiency was a barrier to community integration.

For this follow up review, we sought to understand whether the post had implemented changes to the local language training program based on an assessment of Volunteer language needs to better support integration in their communities.

> *The 2013 OIG report recommended:*
> 5. That the post examine the local language training and testing program and make adjustments to ensure that Volunteers placed in sites where local language skills are needed for effective integration receive sufficient training to meet minimal proficiency requirements.

In our interviews, we found that the post had adjusted the focus of its language training model for pre-service training since the 2013 evaluation to build essential skills for Volunteers to become "independent language learners." Following the post's shift to this approach, modest increases in Volunteer perception of their own language proficiency were reported on the AVS (see Figure 1). However, Volunteers in Namibia continued to report lower local language ability when compared to Africa Region or Global means.

Figure 1: Results for Annual Volunteer Survey Question #46

How well can you communicate in the language used in your community?
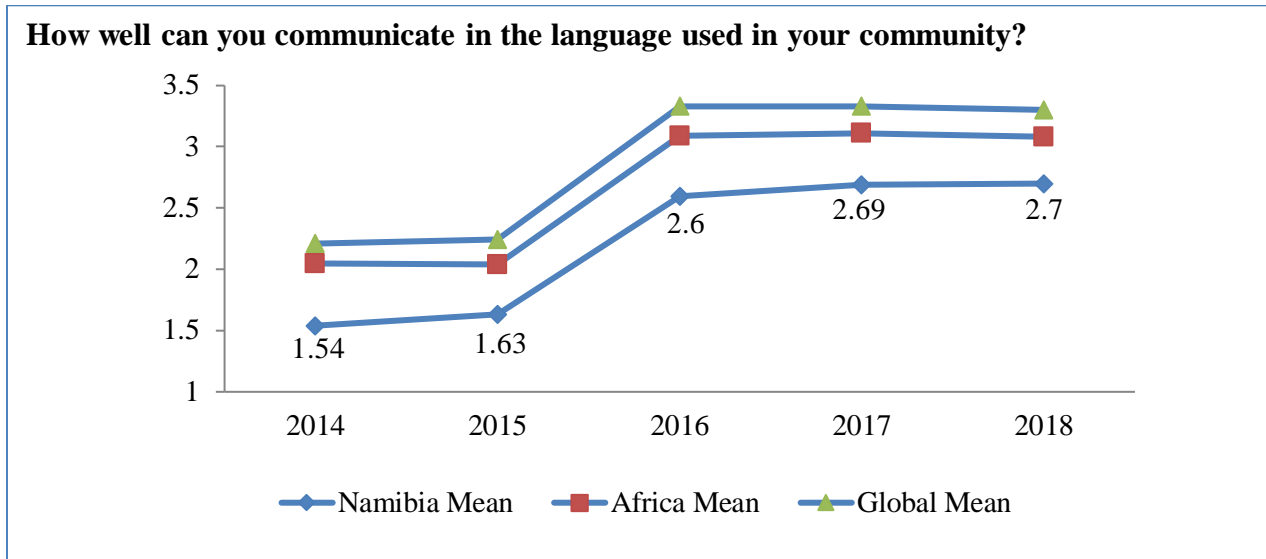
Source: Annual Volunteer Survey data. 1=Not at all; 2=Poorly; 3=Adequately; 4=Well; 5=Very well

OIG learned that Volunteers in Namibia "can speak English everywhere; they don't need the local language" to manage most day-to-day needs and concerns. Communities where Volunteers serve often ask them to speak English and engage in "additional language tutoring and support," particularly because English is an official national language and greater fluency is considered valuable. One staff member shared that many schools where education Volunteers work have instituted policies whereby it is forbidden for Volunteers "to speak [a] local language with students and teachers." These factors may complicate Volunteers' efforts to learn the language spoken at their sites.

Based on the documentation we received from the post, as well as interviews with staff, we determined that the post lacked clear language proficiency benchmarks to assess the effectiveness of their language training. We found that different staff stated different benchmarks when asked, and that the post's language proficiency benchmarks were not included in documentation or guidance relevant to language training.

> **We recommend:**
>
> > 2. **That the programming and training staff review, clarify, and codify local language proficiency benchmarks.**

MEDICAL SUPPORT

In this follow-up evaluation we attempted to answer the following language training researchable question:

"Have staff assessed local medical providers and documented their findings?"

AREA THAT REQUIRED MANAGEMENT ATTENTION

The post had not assessed all medical facilities and providers or fully documented their findings.

Medical Technical Guidance (TG) 385 requires posts to include the following in their medical action plan (MAP) binder:

- A record of the last review and formal tabletop exercise(s) signed by the PCMOs and the country director;
- Several TGs relevant to handling emergency situations at the post;
- The post MAP;
- An index of all Volunteers' site contact forms;
- Regional MAPs for every region of the country where Volunteers are assigned; and
- Any individual MAPs.

TG 204 directs posts to maintain completed assessment forms (provided as attachments to the TG itself) for all facilities and providers (often noted in a post's MAP) through which Volunteers might receive medical care, updated at a minimum of once every 3 years.

In 2013, OIG's evaluation found that Volunteers in Namibia scored PCMOs' support highly on the AVS and that the majority of Volunteers felt satisfied with the healthcare provided by post medical staff. At the same time, OIG identified deficiencies in some medical unit processes and procedures; specifically, our report noted that PCMOs had not conducted a site visit in almost 2 years and provider assessments were not up-to-date.

For this follow up review, OIG sought to understand if the post had assessed the availability of medical and health resources. We found that the MAP we reviewed was incomplete, in that it lacked regional MAPs for areas of the country outside Windhoek. We requested assessment information for the Volunteer healthcare providers identified in the MAP (64 medical practitioners and 24 facilities) and received 9 provider assessments as well as 1 facility assessment. The files we received represented 14 percent of medical providers and 4 percent of the facilities where Volunteers may be sent for treatment. The post noted that they were waiting to receive completed facility assessments for a few more facilities and providers. The facility assessment form we received was for a hospital that did not correspond to an institution

appearing in the post's master tracking spreadsheet. Seven of the forms we received were incomplete.

In addition, OIG identified that only one of the agency's assessment templates for healthcare facilities and providers (TG 204 Attachments D - J) included space for an assessment date and assessor's name. Consequently, only one of the assessments we received from Namibia was dated. Because it was outside the scope of this review to assess the attachments to this medical technical guideline, we are not making a formal recommendation, but OIG notes that date and assessor information would be needed to oversee compliance with TG 204 guidelines.

When asked about the incomplete nature of these documents, PCMOs indicated that the geography of Namibia presented challenges to conducting assessments, and that the medical unit had not been able to complete assessments per guidelines due to workload management challenges and other administrative burdens. Staff indicated to us that the lack of a medical assistant had impaired the ability of the medical unit to manage their workload. Staff also expressed that the number of medical accommodations that the post was asked to support had been overwhelming. However, as of the completion of this review, the country director confirmed that the post had hired a medical assistant. In addition, the regional medical officer who conducted an assessment of the post's medical unit in March 2019 indicated that the unit was well-supported, and that recent guidance from the Office of the Director concerning medical accommodations should also help the medical unit manage their workload.

Without a completed MAP and assessments of providers and facilities, the post was at risk of delayed or impeded response to medical emergencies.

> **We recommend:**
>
> 3. **That the Peace Corps medical officers complete the post's medical action plan.**
>
> 4. **That the Peace Corps medical officers create a plan for visiting, assessing, and documenting local healthcare facilities and providers within the timeframe required by agency guidance.**

LIST OF RECOMMENDATIONS

We recommend:

1. That the director of programming and training oversee the timely documentation of the review and approval of Volunteer sites by key staff.

2. That the programming and training staff review, clarify, and codify local language proficiency benchmarks.

3. That the Peace Corps medical officers complete the post's medical action plan.

4. That the Peace Corps medical officers create a plan for visiting, assessing, and documenting local healthcare facilities and providers within the timeframe required by agency guidance.

APPENDIX A: RELEVANT FINDINGS AND RECOMMENDATIONS FROM OIG'S 2013 PROGRAM EVALUATION OF PEACE CORPS/NAMIBIA

Finding: *Key staff members were not sufficiently involved in the Volunteer site development process.*

Recommendation:

1. That the country director ensure that site identification and selection is collaborative and consistent across projects and that involvement from all relevant parties is documented.

Finding: *Education and health Volunteers reported that technical training was not effective.*

Recommendation:

4. That the country director and programming and training staff assess the technical training program and make adjustments when necessary to improve the effectiveness of technical training for the education and health sectors.

Finding: *Volunteers reported local language proficiency as a barrier to community integration.*

Recommendation:

5. That the post examine the local language training and testing program and make adjustments to ensure that Volunteers placed in sites where local language skills are needed for effective integration receive sufficient training to meet minimal proficiency requirements.

Finding: *The availability of medical and health resources was not fully assessed for Volunteer sites.[1]*

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[1] This finding was itself the focus of this review, rather than the two recommendations issued within its scope in the 2013 report.

APPENDIX B: OBJECTIVE, SCOPE, AND METHODOLOGY

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

The Evaluation Unit 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.

The Evaluation Unit announced its intent to conduct a follow up review of issues identified in the 2013 evaluation of Peace Corps/Namibia on December 18, 2018. The objective of this limited scope follow-up review was to determine if the agreed upon corrective actions taken in response to the 2013 report's recommendations were fully implemented and had the intended effects.

The follow-up review concerned specific findings from our 2013 report that pertained to Volunteer training and Volunteer support. This review was conducted from Peace Corps headquarters without travel to the post.

The evaluator reviewed agency documents provided by the post and conducted interviews via phone with staff at Peace Corps/Namibia. The nine members of post staff interviewed include those whose job functions include programming, Volunteer training, and Volunteer support responsibilities.

The evaluator also selected a representative sample of 10 Peace Corps/Namibia Volunteers whose site history files were requested for the purposes of verifying documentation requirements; nine were received from the post.

This follow-up review was conducted in accordance with the Quality Standards for Inspections, issued by the Council of the Inspectors General on Integrity and Efficiency.

APPENDIX C: INTERVIEWS CONDUCTED

At the time of our review, the post had 40 staff positions, including 3 temporary training staff to assist with pre-service training. We interviewed 9 members of post staff. We conducted interviews with staff who have oversight responsibilities related to the scope of the review.

Table 1: Interviews Conducted with Post Staff

Position	Interviewed
Cashier	
Country Director	X
Deputy Director of Management and Operations	
Director of Management and Operations	
Director of Programming and Training	X
Driver (4)	
Financial Specialist	
General Services Specialist (2)	
HIV Coordinator	
Human Resources Specialist	
Information Technology Assistant	
Information Technology Specialist	
Janitor	
Language and Culture Coordinator	X
Medical Secretary	
Peace Corps Medical Officer (2)	X (2)
Program Manager (3)	X (2)
Programming and Training Assistant (3)	
Programming and Training Specialist	
Safety and Security Assistant	
Safety and Security Manager	X
Training Coordinator	
Training Manager	X
Volunteer Support Specialist (3)	
Voucher Examiner	

Data as of April 2019.

APPENDIX D: LIST OF ACRONYMS

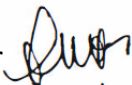|	
AVS	Annual Volunteer Survey
CED	Community Economic Development
LPI	Language Proficiency Interview
MAP	Medical Action Plan
MS	*Peace Corps Manual* Section
OIG	Office of Inspector General
PCMO	Peace Corps Medical Officer
SSM	Safety and Security Manager
TG	*Medical Technical Guideline*

APPENDIX E: AGENCY RESPONSE TO THE PRELIMINARY REPORT

MEMORANDUM

To: Kathy Buller, Inspector General

Through: Anne Hughes, Chief Compliance Officer

From: Johnathan Miller, Regional Director, Africa
Kevin Fleming, Country Director, Namibia

Date: August 27, 2019

CC: Jody K. Olsen, Director
Michelle K. Brooks, Chief of Staff
Patrick Young, Associate Director of Global Operations
Joaquin Ferrao, Deputy Inspector General
Jerry Black, AIG/Evaluation
Julie Burns, Chief of Operations, Africa Operations
Tim Hartman, Chief of Operations, Africa Operations
Sara Wood, Director of Programming and Training, Namibia

Subject: Agency Response to the Preliminary Report on the Follow-Up Review of Peace Corps/Namibia (Project No. 19-EVAL-03)

Enclosed please find the agency's response to the recommendations made by the Inspector General for Peace Corps/Namibia as outlined in the Preliminary Report on the Follow-Up Review of Peace Corps/ Namibia (Project No. 19-EVAL-03) given to the agency on July 23, 2019.

The Region and the Post have concurred with all four of the recommendations provided by the OIG in its Preliminary Report on the Follow-Up Review of Peace Corps/Namibia. The Post and Region will work to address the recommendations by the set target dates.

Recommendation 1
That the director of programming and training oversee the timely documentation of the review and approval of Volunteer sites by key staff.

Concur
Response: As noted on pages two and three of the evaluation, all key staff feel sufficiently involved in the site management. Upon arrival in August 2017, the Director of Programming and Training (DPT) and Country Director (CD) made a conscious effort to ensure all key staff and offices were involved, and given the high rate of Volunteer medical accommodation for

PC/Namibia the DPT felt it imperative to include all parties. Since August 2017, two new Peace Corps Medical Officers (PCMOs) were hired and their involvement continues to increase as the post reflects on what type of information is needed to be shared and how early the process should begin during the site identification and placement process. Past meeting request files were found after the issuance of the preliminary evaluation which illustrated meetings regarding site placement between programming, PCMOs and Safety and Security Managers (SSMs).

New Site Guidance was shared with Africa Region DPTs in February 2019, asking for full compliance by September 2019 and post has been in the process of streamlining the three program approaches to align. Meetings continue to occur between key staff in order to ensure site history files are complete. While it is understood that the files should have been signed off on at a previous time, the decision to back date files was done consciously to underscore the importance of complete documentation in site history files. The site history file documentation process continues to improve with each new intake of Trainees. Through the continuous learning and improvement efforts amongst key staff the team will focus on improving the timely documentation of the review and approval of Volunteer sites.

> **Documents Submitted:**
> - Updated meeting file examples
> - Site development templates
> - Site Development Guidance for PC/Namibia
>
> **Status and Timeline for Completion:** September 2019

Recommendation 2
That the programming and training staff review, clarify, and codify local language proficiency benchmarks.

Concur

Response: PC/Namibia hired a new training manager and new language and cultural coordinator in mid-2017 just prior to the hiring of new CD and DPT. The Language and Cultural Coordinator received training for language proficiency Index testing as well as the agency's approach to learner-centered language at a language workshop in late 2017 and at post. Compounding post's complex language environment, 2017 and 2018 saw a turnover in Language and Cultural Facilitators. PC/Namibia will review, clarify and codify language benchmarks with more grounding as key, permanent staff now have the needed experience in their jobs. Post plans to leverage the assistance of a planned LPI workshop in FY20 as well as the new model of annual LPI Refresher Trainings prior to major testing events such as PST or COS.

> **Documents to be Submitted:**
> - LPI Workshop agenda
> - LPI Workshop example activities
> - LPI Refresher Training materials
> - Codification of language proficiency benchmarks
>
> **Status and Timeline for Completion:** January 2020

Recommendation 3
That the Peace Corps medical officers complete the post's medical action plan.

Concur

Response: After hiring two PCM OS in 20l7/2018, the PC/Namibia Medical Action Plan (MAP) was completed in June 2018. The Health Unit and CD will continue to update the MAP in accordance to the TG 385. PC/Namibia has also had practical experience dealing with several medical emergencies occurring in different parts of the country, which will contribute to a stronger MAP.

> **Documents to be Submitted:**
> - Updated 2019 MAP
>
> **Status and Timeline for Completion:** September 2019

Recommendation 4

That the Peace Corps medical officers create a plan for visiting, assessing, and documenting local healthcare facilities and providers within the timeframe required by agency guidance.

Concur

Response: Namibia is a vast country with great distances between regions. In late 2018 and early 20 I 9 the PCM Os visited several key medical facilities including the West Coast, Zambezi and North regions, as well as several local providers in Windhoek. In June 2019, the Health Unit on-boarded a Medical Assistant, who will assist in developing a plan for visiting, assessing, and documenting local healthcare facilities. By the end of October 2019, after Pre Service Training and Close of Service, the Health Unit will have an updated healthcare provider visitation plan.

Documents to be Submitted:

- Updated healthcare provider visitation plan.

Status and Timeline for Completion: November 2019

APPENDIX F: OIG COMMENTS

Management concurred with all four recommendations, 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. OIG will review and consider closing recommendations 2 through 4 when the documentation reflected in the agency's response to the preliminary report is received. For recommendation 1, additional documentation is required. This recommendation remains 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.

Recommendation 1
That the director of programming and training oversee the timely documentation of the review and approval of Volunteer sites by key staff.

Concur
Response: As noted on pages two and three of the evaluation, all key staff feel sufficiently involved in the site management. Upon arrival in August 2017, the Director of Programming and Training (DPT) and Country Director (CD) made a conscious effort to ensure all key staff and offices were involved, and given the high rate of Volunteer medical accommodation for PC/Namibia the DPT felt it imperative to include all parties. Since August 2017, two new Peace Corps Medical Officers (PCM0s) were hired and their involvement continues to increase as the post reflects on what type of information is needed to be shared and how early the process should begin during the site identification and placement process. Past meeting request files were found after the issuance of the preliminary evaluation which illustrated meetings regarding site placement between programming, PCMOs and Safety and Security Managers (SSMs).

New Site Guidance was shared with Africa Region DPTs in February 2019, asking for full compliance by September 2019 and post has been in the process of streamlining the three program approaches to align. Meetings continue to occur between key staff in order to ensure site history files are complete. While it is understood that the files should have been signed off on at a previous time, the decision to back date files was done consciously to underscore the importance of complete documentation in site history files. The site history file documentation process continues to improve with each new intake of Trainees. Through the continuous learning and improvement efforts amongst key staff the team will focus on improving the timely documentation of the review and approval of Volunteer sites.

Documents Submitted:
- Updated meeting file examples
- Site development templates
- Site Development Guidance for PC/Namibia

Status and Timeline for Completion: September 2019

OIG Analysis: In addition to the documentation of staff meetings regarding site placement ("updated meeting file examples") and in lieu of the site development templates and guidance (which OIG received and reviewed during the follow-up review), please submit documentation of staff review and approval of Volunteer sites dated after the issuance of this report that reflect the post's efforts to improve documentation of site management. For example, the post could provide a sample of 10 signed Site Selection Criteria checklist forms used to place Volunteers from the post's next intake of trainees.

APPENDIX G: REVIEW COMPLETION AND OIG CONTACT

REVIEW COMPLETION

This limited scope follow-up review was conducted under the direction of Assistant Inspector General for Evaluations Jeremy Black by Evaluations Apprentice Sara Jackson. Additional guidance was provided by Senior Evaluators Kris Hoffer, Erin Balch, and Paul Romeo, as well as Program Analyst Alexandra Miller.

OIG CONTACT

If you wish to comment on the quality or usefulness of this report to help us improve our products, please contact Jerry Black at jblack@peacecorpsoig.gov or 202.692.2912.

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