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OFFICE OF INSPECTOR GENERAL

To: Aaron Williams, Director
Dick Day, Regional Director, AF
Daljit Bains, Chief Compliance Officer

From: Kathy A. Buller, Inspector General 

Date: August 19, 2011

Subject: Final Report on the Country Program Evaluation of Peace Corps/Swaziland (IG-11-06-E)

Transmitted for your information is our final report on the country program evaluation of Peace Corps/Swaziland.

Management concurred with all 4 recommendations. Based on the documentation provided, we closed 2 recommendations: numbers 3 and 4. In its response, management described action 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 region or post has taken these actions or that we have reviewed the effect. Certifying compliance and verifying effectiveness are management's responsibilities. However, when we feel it is warranted, we may conduct follow-up review to confirm that action has been taken and to evaluate the impact.

Two recommendations, numbers 1 and 2, remain open pending confirmation from the chief compliance officer that the documentation reflected in OIG Analysis is received. Our comments, which are in the report as Appendix B, address these matters. Please respond with documentation to close the remaining open recommendations within 90 days of receipt of this memorandum. You may address questions regarding follow-up or documentation to Assistant Inspector General for Evaluations Jim O'Keefe, or to Senior Evaluator April Miller.

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

Attachments

cc: Carrie Hessler-Radelet, Deputy Director
Stacy Rhodes, Chief of Staff/Chief of Operations
Elisa Montoya, White House Liaison/Senior Advisor to the Director
Bill Rubin, General Counsel
Lynn Foden, Chief of Operations, AF

Madeleine Mader, Chief of Program and Training, AF
Esther Benjamin, Associate Director, Global Operations
Brenda Goodman, Deputy Associate Director of Volunteer Support
Buck Buckingham, Director, Office of AIDS Relief
Rosie Mauk, Associate Director of Volunteer Recruitment and Selection
Steven Driehaus, Country Director, Swaziland
Patrick McElroy, Country Desk Officer, Swaziland



Peace Corps Office of Inspector General



Peace Corps Swaziland staff and Volunteers



Flag of Swaziland

Final Program Evaluation Report: Peace Corps/Swaziland IG-11-06-E

August 2011

EXECUTIVE SUMMARY

Over 1,700 Peace Corps Volunteers have served the people of the Kingdom of Swaziland since the program started in 1969. The program closed in 1996 and re-opened in 2003. Historically, Volunteers have served in the areas of education, agriculture, and health. At the time of our visit, there were 70 Volunteers working in one project area: community health-HIV/AIDS education.

Peace Corps Swaziland has positioned itself for growth, while also preparing for an uncertain budget picture and a changing host country political and economic climate. A new education sector will be added to the country program this summer. The post recently purchased its office building and will complete renovations this year in order to be able to support up to 90 Volunteers. Volatile economic and political conditions in Swaziland, combined with growth in the program and infrastructure, underscore a need for a smooth transition under the new country director (CD) who arrived in the spring of 2011.

We found many elements of a high performing post at PC/Swaziland. Post leadership implemented improvements that strengthened the program. Staff vacancies and turnover has stabilized and staff morale and communication has improved. The staff works together to ensure that Volunteer support needs are addressed, and Volunteers have a high level of trust in staff with regard to their safety and security, health training, and support. Volunteers report that they are well-equipped to integrate into their communities and to maintain their health and safety. The post's practices for developing and placing Volunteers at approved sites, including sound housing assessment procedures, the use of site histories to inform placements, and orienting host families and counterparts, are all highly effective. Volunteers said they receive the appropriate training at the right time, and they appreciate the high quality of both trainers and materials. The staff is effectively meeting the needs of married and 50+ Volunteers.

We found that project goals and objectives are aligned with the Kingdom of Swaziland's priorities to combat HIV/AIDS. Volunteers provided examples of actively working to build the capacity of their counterparts, community leaders, and organizations that can continue their work after they complete their service. The post is effectively coordinating with its PEPFAR partners, and Volunteers involved in PEPFAR-funded grant activities responded favorably regarding how well the activities are operating. However, we found that 2010 post reports were missing PEPFAR-related data, so it is difficult to determine whether Volunteers are meeting all project objectives at this time.

Headquarters offices and post staff pay particular attention to reducing the stressors associated with living and working in Swaziland. The Volunteers live in communities with high rates of HIV/AIDS and their projects focus on reducing the prevalence of this disease. Sexual harassment and gender disparities are particularly challenging for female Volunteers. The post has performed periodic assessments of Volunteer stress levels, and

has addressed causes through programmatic changes; Volunteers work less directly with terminally ill community members than in the past. Volunteers receive training regarding sexual harassment and unwanted attention, are offered grief and loss training, and Volunteers support each through the Peer Support Network. Staff members are also a source for emotional support and Volunteers can access short-term counseling as needed.

Twenty-two PC/Swaziland Volunteers did not complete their service between 2008 and 2010. Project-related stress – including working with HIV/AIDS populations – was a contributing factor to early departures. Some Volunteers have mental health care support needs that tax post's available resources. We found that the recommendations made in agency assessments in 2007 and 2008 to analyze the factors leading to Volunteer early terminations had not been addressed. Assessments of early termination data by the Office of Volunteer Recruitment and Selection and the Office Medical Services will help to deliver suitable and well-matched Volunteers to the PC/Swaziland program.

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

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HOST COUNTRY BACKGROUND

The Kingdom of Swaziland is located in southern Africa. It is surrounded by South Africa to the north, west and south, and Mozambique to the east. With a population of approximately 1.3 million, its size is slightly smaller than New Jersey. Swaziland is currently ruled by the world's last absolute monarch, King Mswati III. In 1973, the government restricted freedom of assembly and banned political parties. King Mswati III allowed political reforms during the 1990s and signed a democratic constitution in 2006, although political parties remain banned.

Swaziland has the world's highest known HIV/AIDS prevalence rate. Twenty-six percent of the adult population is infected, and as a result, there are over 100,000 orphans and vulnerable children (OVCs) countrywide.¹ Nearly a third of all children are OVCs and include children living with a parent or other adult who is too ill to work or perform normal activities. Over half of the Swazi population is under 20 years old, and an estimated 25 percent of all children have lost one or both parents to AIDS. Other health risks include infectious diseases such as malaria, typhoid, meningitis, tuberculosis, cholera, and skin infections.

Approximately 70 percent of the population is impoverished subsistence farmers. Production of staple crops such as maize has declined because of HIV/AIDS-related mortality and drought, and over half of the Swazi population experiences chronic food insecurity. Food insecurity causes serious negative impacts on the health of people living with HIV/AIDS, who need a nutrient-rich diet for effective anti-retroviral treatment. The agriculture sector also suffers from overgrazing, soil erosion and degradation.

The government has encouraged civil servants to take early retirement in response to an increasing budget deficit estimated at 13 percent of GDP. Ministry budgets have been reduced and further cuts in education, health care, and civil service employment are likely in the near term. It is anticipated that many civil servants will return to their rural homesteads because the government is increasingly unable to pay their salaries. Recently, protests have occurred at city centers in response to rumors that civil servant payments will be suspended and due to increased political tension related to a ban on the formation of political parties.

PEACE CORPS PROGRAM BACKGROUND

Over 1,700 Volunteers have served in Swaziland since 1969 supporting education, agriculture, and health. The program was closed in 1996 for budgetary reasons and because the Ministry of Education lacked a sustainable, long-term strategy for education. The post re-opened in 2003 at the invitation of King Mswati III to assist the host government to address the HIV/AIDS pandemic. At the onset of this evaluation there were 70 Volunteers serving the people of

¹ Orphans and vulnerable children are defined as children with increased vulnerabilities because of HIV/AIDS.

Swaziland, including 2 Peace Corps Response Volunteers. There is currently one project area: community health-HIV/AIDS education project (hereafter referred to as health).

The health project's goals are to: 1) improve behavioral health in rural areas, 2) strengthen the capacity of community-based organizations, and 3) strengthen the capacity of community-based service providers. Volunteers work in collaboration with the National Emergency Response Coordination for HIV/AIDS (NERCHA), which reports to the Prime Minister's office. Volunteers are partnered with NERCHA KaGogo Centers, rural social community centers that work with community groups, schools, clinics, and non-governmental organizations and are led by a government appointed manager. Volunteers with more specialized skills are placed with NGOs and/or Ministry assignments. Volunteer activities involve teaching youth and adults life skills, how to reduce high-risk behavior, live healthier lives, and improve family health. Volunteers educate youth on gender roles and health, well-being and development. They assist KaGogo Centers with strategic planning, mobilizing and distributing resources, monitoring and evaluating community HIV/AIDS activities, and information sharing. They work to increase the technical capacity of community service providers to prevent the spread of HIV/AIDS and to support those impacted by the disease.

Peace Corps Response Volunteers arrived in 2009 to assist with planning the new education sector. The first input of 18 education sector Volunteers is planned for June 2011. In 2009, the government of the Kingdom of Swaziland declared its intent to support free primary education. The Volunteers will partner with the Ministry of Education and Training, UNICEF's Schools as Centers of Care and Support Program, and the World Food Program on food security activities centered in the schools. Volunteers will be assigned to primary schools and will work with faculty and administrative staff members to: 1) increase English-language learning for teachers and students, 2) increase use and understanding of information communication technology for teachers and students, and 3) train Swazi teachers to use contemporary teaching methods. Education Volunteers will also address educational, life skills and HIV/AIDS-related matters affecting the community at large.

Peace Corps Swaziland is the recipient of President's Emergency Plan for AIDS Relief (PEPFAR) funds, which supports Volunteer training and a small grants program. Volunteers support three PEPFAR objectives: 1) Abstinence and Be Faithful; 2) Condoms and Other Prevention; and 3) Orphans and Vulnerable Children. PEPFAR grants are used by the Volunteers to promote life skills and HIV/AIDS prevention among Swazi youth, to build organizational capacity, and to improve community interventions. The post is scheduled to receive \$175,900 for fiscal year (FY) 2011 PEPFAR activities, and an additional \$38,900 to fund PEPFAR grants. The post's FY 2011 operational budget is approximately \$1.3 million.

EVALUATION RESULTS

VOLUNTEER SUPPORT

Our country program evaluation attempts to answer the question, “Has post provided adequate support and oversight to Volunteers?” To determine this, we assessed staff-Volunteer communications; project and status report feedback; medical support; administrative support; safety and security support including staff visits to Volunteer work sites, the Emergency Action Plan (EAP), and the handling of crime incidents.

In reviewing the quality of overall staff support to Volunteers, including communications, site visits, safety and security and medical-related support, trimester report feedback, settling-in and living allowances, we found no significant areas of concern that would warrant action by the post. Post’s communications practices are effective and its policies are up-to-date. Communications to Volunteers included programming guidance, trimester feedback, safety and health and well-being messages and is disseminated regularly by via newsletters and email. Urgent safety messages are sent to Volunteers by text and email.

Issues raised by Volunteers are addressed and summarized in Volunteer Advisory Committee notices that discuss actions taken and next steps. Eleven of the 21 Volunteers we interviewed² rated the Volunteer Advisory Committee favorably.³ The Volunteers we interviewed or visited at work sites had a current copy of the post’s Emergency Action Plan and correctly identified their consolidation location. Post’s duty officer protocol, medical evacuation plan, and protocols for responding to sexual assaults or rape were up-to-date.

Support from staff addresses the diverse needs of Volunteers.

Recognizing its diverse Volunteer population, which includes married couples and 50+ Volunteers with unique support needs, the post set a goal in its 2011-2013 strategic plan (Integrated Planning and Budget System document) to further improve Volunteer support. The staff routinely seeks feedback from Volunteers to ensure they are aware of their support needs. The staff has participated in diversity training to increase awareness of diversity issues and improve Volunteer support. Volunteers clearly feel well supported by post staff, as is shown in the table below.

² We interviewed a stratified judgmental sample of 30 percent of currently serving Volunteers (21 Volunteers) based on their length of service, site location, project focus, gender, age, and ethnicity. Volunteers were asked to rate many items on a five-point scale (e.g., 1 = not familiar, 5 = very familiar). For the purpose of the data analysis, Volunteer ratings of “3” and above are considered favorable.

³ Only 11 Volunteers felt they had a basis to judge the effectiveness of the Volunteer Advisory Committee.

Table 1: Responses on Perception of Support Received from Post Staff

Area of Support	Percent of Volunteers Rating “average support or better”	Average Rating
Leadership ^a	100%	4.4
Programming ^b	100%	4.4
Training ^c	97%	4.5
Safety and Security ^d	100%	5.0
Medical ^e	90%	4.3
Administrative ^f	100%	4.8

Source: OIG Volunteer Interviews.

^aLeadership was derived from the CD score.

^bProgramming was derived by averaging the scores of the APCDs and Program Assistant.

^cTraining was derived by averaging the Training Manager and Language and Cultural Coordinator scores.

^dSafety and Security was derived from the SSC score.

^eMedical was derived from the PCMO score.

^fAdministrative was derived from the DMO score.

Responses to our survey demonstrate that Volunteers feel their support needs are being well met from the time they arrive as trainees throughout their service.

Table 2: Perceptions of Support Received from Post Staff

	Average Rating
Effectiveness of in-country staff in helping you adjust to life as a Volunteer?	4.3
Post staff’s responsiveness to the issues you raised?	4.5
How well did site visits meet your support needs?	4.2

Source: OIG Volunteer Interviews.

During our visit we observed how staff identifies issues and follows-up with Volunteers to ensure problems are addressed. Senior staff gathers each morning to discuss new or ongoing issues or needs of Volunteers, the staff, or project partners. Plans of action are developed and the status of these plans is reported on by staff in subsequent meetings until the issue is resolved.

Volunteer sites are no more than a three-hour drive from the Peace Corps office, which facilitates on-site support from the staff. Training and medical staff visit Volunteers during their first months at site to check on how they are settling in; after three months at site APCDs visit Volunteers to ensure they are developing working relationships and implementing their projects. Volunteers are asked to identify issues and needs and to arrange for meetings with APCDs and counterparts or host organizations. The CD visits each Volunteer after their first year of service to ensure that they are integrated into their communities, maintaining their health and safety, and engaging in meaningful work. The CD confirms that previously disclosed support needs or issues have been resolved.

Volunteers are trained to support each other.

Volunteers support each other through a Peer Support Network (PSN). PSN members are elected by their peers and participate in a training organized by the PCMO. Training includes listening skills, availability of appropriate resources and support materials, and confidentiality requirements. The PSN has established processes for the PSN members to contact the appropriate staff to help ensure that Volunteers' emotional, psychological, and medical needs are met. PSN members are available to answer questions during Pre-service Training (PST) and In-service Trainings (IST). Many of the challenges that Volunteers face are effectively addressed through sharing and learning from their PSN peers, which reduces the time and resources staff would need to apply if the PSN did not exist.

Volunteers rated their PSN a 3.8 average out of 5 and report that it is particularly important in their adjustment and integration to Swaziland during their first months at site. New Volunteers are encouraged to call or visit PSN members to help them adjust to life as a Volunteer, and Volunteers said they used PSN support until they developed trusting friendships with their peers.

Volunteers are well prepared and supported for their personal safety and health needs during service.

The post's Safety and Security Coordinator (SSC) is effectively implementing Peace Corps' safety integration model. The SSC develops relationships with local police near Volunteer sites, maintains current site locator information, and effectively addresses security incidents when they occur. He routinely visits local police and regional law enforcement officials to orient them about the Peace Corps and to discuss specific incidents or safety and security risks. His rapport with local police has facilitated quick response to Volunteer safety and security incidents. Six Volunteers interviewed at their work sites described briefings by local police and the SSC with specific safety and security information relevant to their site and area. Volunteers reported that this has enhanced their attention to safeguarding belongings during travel and avoiding going out after dark or locations where they are more likely to be harassed.

In a sample review of 15 site locator forms, all were up-to-date and they contained adequate directions and maps to Volunteer sites and local police and medical information. All the Volunteers who reported they had been a victim of a crime confirmed that they had reported it to the post and they rated satisfaction with how it was handled a 4.3 out of 5.

The PCMO effectively trains and supports Volunteers so they can maintain their health during service. Volunteers trust that the PCMO would effectively address any health related needs that arise. The PCMO offers periodic Volunteer health training intended to maintain physical and mental health including teaching Volunteers how to self-assess if they are showing signs they need medical attention. She provides trainings on grief and loss, diversity, and unwanted attention, which the Volunteers believe has helped them to adjust to life and work in Swaziland. As appropriate, the PCMO can prescribe counseling for Volunteers and has formed affinity groups composed of Volunteers with similar backgrounds or who require similar types of support.

Post's efforts to address stressors that affect Volunteers during service have been enhanced over time and are ongoing.

Peace Corps' strategic goal number five includes the "provision of high-quality Volunteer support with optimal healthcare." Two indicators of this goal are Volunteer satisfaction levels related to the quality of medical care and mental health care received from PCMOs and staff.

We asked 21 Volunteers to rate their current stress level on a 1-to-5 scale, to describe the sources of their stress, and the resources available to cope with their stress. Volunteers reported an average stress level of 2.9 out of 5 (1 = no stress, 5 = very high stress). Group 8 Volunteers, with approximately three months of service, reported a lower average stress level (2.6) when compared to Group 7 Volunteers, who have served approximately one year (3.1).

The Volunteers we interviewed reported causes of stress that are similar to Volunteers serving around the world. In the 2010 Annual Volunteer Survey (AVS), Volunteers listed cultural issues, isolation and loneliness, and challenges related to their primary assignments as the primary sources of stress or emotional health issues. In OIG interviews, PC/Swaziland Volunteers cited similar stressors and specifically referenced working in the HIV/ AIDS project, dealing with host family members' illnesses, missing their own families, and working through counterpart-related issues.

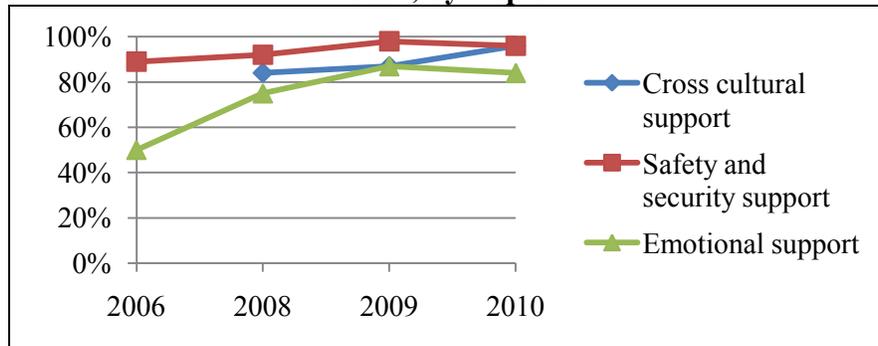
PC/Swaziland Volunteer responses were also similar to the global AVS responses in terms of their strategies for coping with stress. Volunteers said they spend time with other Volunteers, spend a day or two away from site, or spend some time by themselves. They also reported contacting a member of the PSN, other Volunteers, family members, the PCMO, or they exercise.

Since 2005, the Office of Medical Services (OMS), the Office of Safety and Security, and Internal Management Assessment (IMA) team members have conducted periodic assessments of PC/Swaziland Volunteer stress and its causes, and have identified resources available to help Volunteers cope with the challenges of service in Swaziland. In 2005, a regional Peace Corps safety and security officer surveyed roughly half of the Volunteers that reported high stress levels because they lacked a clear understanding of project goals. Post addressed this by finalizing a detailed project plan and identifying Volunteer project partners. A 2007 OIG memo alerted region management to Volunteer reports of sexual harassment. In response, the post enhanced cross-cultural training and offered training with practical strategies to respond to unwanted attention.

Following a request from regional managers, in September 2007 an Office of Special Services (OSS) psychologist conducted a Behavioral Health Site Visit at the post. The OSS psychologist found that Volunteers at one year of service exhibited higher stress levels than those at site just one month, and that the cumulative nature of stress made it challenging for Volunteers to maintain a positive cognitive and mood state. She reported that a few Volunteers exhibited symptoms of depression or acute stress which rose to a clinical level. A 2008 IMA report noted that the post's PSN and Volunteer training on grief and loss decreased Volunteer stress.

The AVS results show that PC/Swaziland ratings for cross cultural support, safety and security support and emotional support have increased since 2006. The figure below shows an overall positive trend in favorable ratings in all three categories.

Figure 1: Percent of Volunteers Reporting Favorably about Support Provided by Post Staff, by Topic^a



Source: Peace Corps Annual Volunteer Survey.

^a Note: The Annual Volunteer Survey was administered every two years until 2008. Volunteers were not asked to rate cross cultural support in the 2006 survey.

Over the past two years, staff has made additional changes to reduce causes of stress and provide Volunteers additional resources to cope with stress at their sites, including:

- PSN members and Volunteers visit each other's sites to help process emotionally challenging situations;
- Staff members attended diversity trainings and grief and loss trainings to better support Volunteers' emotional health needs;
- Welcome materials clearly inform invitees they will be exposed to stress, grief and loss while living and working among people with HIV/AIDS. Volunteers work less directly with terminally ill community members; instead they work in community centers with nurses and OVCs, and with teachers in the schools; and,
- Married couples and Volunteers of diverse ages are placed in Swaziland so that they may interact with similarly aged community members or work in same-sex groups.

Additional discussion and recommendations related to Volunteer mental health issues appear in the next section of this report.

MANAGEMENT CONTROLS

Another key objective of our country program evaluation is to assess the extent to which the post's resources and agency support are effectively aligned with the post's mission and agency priorities. To address these questions, we assess a number of factors, including staffing; staff development; office work environment; collecting and reporting performance data; and the post's strategic planning and budgeting.

In reviewing the post's staffing, performance reviews, and the office work environment, OIG found no significant areas of concern that would warrant action by the post. The CD and director of management and operations (DMO) reported that all post staff members are fully performing their duties and have benefitted from the training and development opportunities provided to them over the past two years. Staff reported that morale is strong.

Post staffing levels are adequate and staff members' workload is manageable, although U.S. direct hire staff reported that they work very hard to "carry the post," citing a loss of efficiency due to staff and family illness. A staff backup system is used by management to ensure coverage during absences. The CD and associate PCMO expressed concern about the workload of the PCMO, which is discussed later in this report section.

Staff turnover and vacancies have normalized since February 2007, although staff have expressed concerns that post operations may be negatively impacted when the CD completes her appointment in early 2011. Regional management and the overseas recruitment manager have taken proactive steps to avoid a period of vacancy for the CD position. A smooth transition should allow the post to capitalize on the accomplishments made in recent years and to weather a potentially volatile political and economic period ahead.

Volunteers have mental health care support needs that tax post resources.

Earlier in this report we discussed stressors that impact Volunteer service, including the stress associated with work in the HIV/ AIDS project, illness of host family members, missing their own family, and counterpart-related issues. In FY 2006, the post had the highest annual Peace Corps early termination (ET) rate at 25 percent, and its ET rates were near 18 percent for the prior two years.⁴ In subsequent years, improvements in Volunteer support and changes in project activities helped to lower ET rates to less than 10 percent for FYs 2009 and 2010.⁵

We reviewed early termination records from 2008 to 2010 for twenty-two Volunteers who did not successfully complete their service. We found that the PCMO listed emotional health, adjustment issues, or clinical depression as reasons why eight of the 22 resigned. In addition, two of five medically separated Volunteers during that period were separated for mental illness.

According to the PCMO, it is difficult to effectively support Volunteers that require mental health treatment during service. She stated the number of individuals requiring mental health treatment or medications have increased since her arrival in February 2005. The PCMO described a work schedule that includes extra work nights and weekends to manage her workload. The CD expressed concerns that this workload may cause the PCMO to burnout. The

⁴ Early termination is collectively defined as four ways in which Volunteers exit Peace Corps service: resignation, medical separation, interrupted service, and administrative separation. Medical separation is defined as the medically necessary, involuntary exit of the Volunteer.

⁵ The average world-wide annual early termination rate ranged from 8.3 to 11.2 percent between FYs 2006-2010.

CD voiced concern that those Volunteers who require additional mental health monitoring and care may be a risk to the post, to the individual, or to the community.

As previously mentioned, in 2007 the Office of Special Services (OSS) conducted a Behavioral Health Site Visit. In her report, the OSS psychologist recommended a review of mental illness-related Federal Employees Compensation Act claims for those Volunteers who early terminated or medically separated from service. The report stated that, “continued attention to accurate and complete disclosure about the complex environment found in Swaziland is recommended for recruitment documents.”

The 2008 PC/Swaziland IMA stated that, “Swaziland presents some unique challenges to Volunteers,” and that, “... the difficulties of living in a high prevalence HIV/AIDS environment are extremely challenging on a day-to-day basis, especially in their role as community health workers.” The IMA recommended careful screening of applicants for history of risky behavior, mental health problems, and recent experience with significant loss; and to consider working with OMS on the medical clearance process in identifying potential risk factors that might impact a Volunteer’s ability to cope with a loss saturated environment or with the level of sexual harassment expected in Swaziland.

To date, the 2007 OSS Behavioral Site Visit recommendations and the 2008 IMA recommendations cited above have not been fully addressed. Further analysis of the pre- and post- service records of Volunteers who did not complete their service in Swaziland would help inform decisions about adjusting the applicant selection and placement strategy for service in Swaziland, and could increase the prospect that more Volunteers successfully complete their service.

We recommend:

- 1. That the Office of Medical Services review pre- and post-service medical files and Federal Employees’ Compensation Act claims for PC/Swaziland Volunteers who have early terminated or medically separated, and, if deemed appropriate, use these findings to inform its process for the medical clearance of applicants selected to live and work with HIV/AIDS populations.**
- 2. That Office of Volunteer Recruitment and Selection in conjunction with the Office of Medical Services and the post, determine if additional applicant assessment and selection protocols are required to effectively select and place applicants who will live and work with HIV/AIDS populations in PC/Swaziland programs.**
- 3. That the post, with support of Office of Medical Services, assess the workload of the PCMO to determine whether additional medical staff is needed, and if additional local**

**professional resources are available to support
Volunteers' mental health needs.**

The post is positioned for growth in an uncertain budgetary and in-country political and economic climate.

The post is effectively expanding its program and providing support to a more diverse population of Volunteers while addressing such challenges as an agency-wide budget shortfall and a changing political and economic climate in-country. The post has responded to the agency's call for growth by formalizing Volunteer's work activities with schools and by developing new education and NGO sub-sectors. In 2010, region management worked with post leadership to purchase its office building and approved renovations will allow for sufficient work space to support up to 90 Volunteers.

Headquarters and post staff agree that the program will reach its saturation point given the small population and size of Swaziland. OMS developed a plan with the post to address its medical supply and medical travel budget shortfalls in 2010 and beyond. According to post staff, these increases are attributed to more frequent medical appointments and travel, and longer recovery periods of older Volunteers serving there. OMS approved an increase in the post's budget for medical expenses, and OMS centralized the payment of medical evacuation costs incurred by the post.

PC/Swaziland had planned an input of 45 trainees in June 2011, but reduced it to 38 in response to the region's request to reduce FY 2011 training inputs due to reductions to the region's operating budget. It established a Peace Corps Volunteer leader assignment and hired another driver, but did not receive the funding to hire a second program assistant as previously planned. Post leadership expressed a concern that additional budget reductions may impact its funding for staff training activities, which are important to ensure continuity following staff turnover. The post reported in its 2011-2013 strategic plan intentions to achieve cost efficiencies by acquiring a permanent training site. The post has alternated between use of two training facilities and staff reported that it can be costly to make necessary upgrades and repairs to separate facilities and host families' homes each year. The timing of this effort remains unknown until the post's budget picture through FY 2013 is clarified.

Economic conditions are worsening in Swaziland, and the post is effectively preparing for how it will impact the Peace Corps program. The DMO is monitoring the deteriorating economic conditions and indicated that Volunteer living allowances may be assessed mid-year to determine if inflation is impacting Volunteers. The CD has worked with the U.S. embassy regional security officer, the SSC, and the regional Peace Corps safety and security officer to instruct Volunteers to "stand fast" or remain at their sites during planned protests. The post is not planning to place Volunteers in the town of Manzini because crime has increased there.

PROGRAMMING

The evaluation assessed to what extent the post has developed and implemented programs intended to increase the capacity of host country communities to meet their own needs. To determine this, we analyzed the following:

- The coordination between the Peace Corps and the host country in determining development priorities and Peace Corps program areas;
- Whether post is meeting its project objectives;
- Counterpart selection and quality of counterpart relationships with Volunteers; and
- Site development policies and practices.

In our review of the post's project goals and Volunteer productivity, we found no areas of concern that would warrant action from the post. Project goals and objectives are aligned with host country development needs and PEPFAR priorities. All but one Volunteer reported they are familiar with their project goals and that they are successfully accomplishing their project objectives.

The Volunteers we interviewed report that there is enough work for them in their sites and in their assigned projects. Volunteer satisfaction can be attributed to the health project plan strategy that encourages Volunteers to work with both adults and youth, and to engage with individuals, groups and organizations on a broad range of activities such as teaching HIV/AIDS prevention and life skills to reduce high risk behavior, as well as nutrition to improve family health. We asked Volunteers, "Who will continue your work when you leave?" Volunteers provided examples of actively working with counterparts and community leaders to build capacity of individuals and organizations to continue their work when they leave their sites.

Post is missing data in its PEPFAR country team project reporting.

Posts are required to include project plan and PEPFAR indicators in the Volunteer Reporting Form so that Volunteers may report their relevant activities each reporting period. This information is used annually by the agency to assess its progress in meeting Peace Corps' Strategic Goal 1, to "enhance the capacity of host country individuals, organizations and communities to meet their skill needs."

The U.S. Department of State's Office of U.S. Global AIDS Coordinator released *PEPFAR Next Generation Indicators Reference Guidance*, in August 2009. This revised reporting guidance requires U.S. agencies receiving PEPFAR funds to collect and report on new indicators, and to report on other indicators differently. The post's programming staff did not use a revised Volunteer Reporting Tool and did not incorporate new PEPFAR indicators into the Volunteer Reporting Form in early 2010. Some cumulative data used to assess progress toward meeting project objectives is missing as a result, and an annual report submitted to the PEPFAR country team in November 2010 was missing data for the following indicators:

- Number of children that were provided education and/or vocational training;

- Number of youths, adults and caregivers that were provided psychological, social or spiritual support; and
- Number of youths, adults and caregivers that were provided economic strengthening services.

The PEPFAR country team and post staff determined that, to effectively monitor all care and support activities in-country, Volunteers would need to report on the activities listed above. Peace Corps headquarters distributed a revised Volunteer Reporting Tool in December 2009 with guidance for posts to generate a new Volunteer Reporting Form so Volunteers could accurately report on activities germane to the next generation indicators. Posts were directed to use the updated Volunteer Reporting Tool to generate cumulative reports from Volunteer Reporting Forms and to generate and submit semi-annual and annual reports to in-country PEPFAR teams.

The PEPFAR technical coordinator reported in January 2011 that efforts are underway to use the new Volunteer Reporting Tool to generate a Volunteer Reporting Form for Volunteers to report on their activities related to the next generation indicators. The post will analyze the activities reported by Volunteers shortly to determine whether they were able to report accurately on the next generation indicators for the reporting period that ended January 31, 2010.

We recommend:

- 4. That the post include all necessary President's Emergency Plan for AIDS Relief indicators in the Volunteer Reporting Form to ensure that Volunteers can report comprehensively on their project activities.**

The post's Volunteer work site identification, development, and site history tracking practices are effective.

We found that efforts by post staff to improve site development and Volunteer site placements have resulted in sound programmatic and Volunteer support practices. Post staff effectively develop sites and select Volunteer housing that meets the post's standards, and effectively use site histories to inform sound site placement decisions.

Volunteers are satisfied with their housing. Volunteers rated their living accommodations with their host families during PST and at their permanent sites favorably, and they reported their housing met the post's health and safety standards when they moved in. When we visited 17 Volunteers at their sites, we confirmed that their housing met the post's criteria. Effective site placement decisions made by post staff are reflected in Volunteer's positive responses to the following questions: "How satisfied are you with your site?" and, "Do you feel there is enough work to do at your site?" All 21 Volunteers responded favorably to these questions.

Peace Corps' *Programming and Training Guidance: Management and Implementation* Part E on Site Development states:

Volunteers can more easily thrive when their sites and homes are safe, their families and neighbors are welcoming, their role and work assignment are well-defined, and partners and host families understand their roles.

The post has successfully incorporated quite a few of the guidance's suggested strategies, including:

- The country director directed post staff to “prepare” sites, and Volunteers continue to “develop” their sites in the months after arrival;
- A staff team is used to support site preparation, with well-defined roles and backups;
- Volunteers visit potential sites and provide feedback;
- Host country national staff play an important role by gathering honest information about the community and the potential host families; and,
- Volunteer feedback on the future use of their site is documented.

Post staff has developed and uses site interview templates and talking points to ensure that the role of the Volunteer and expectations of the host family, supervisor, and counterpart are discussed in community meetings and in informational presentations about the Peace Corps. It is the responsibility of the Volunteer to further “develop” their site during their first three months at site by working with their counterpart to integrate, forming working relationships with additional community members, and completing their community needs assessments. A programming staff member responsible for site development noted that this strategy reduced the staff resources required to address issues at Volunteers sites.

The post requires each community to list at least three housing options on the Volunteer request form. Each housing option is assessed by the post's safety and security and medical staff, and only housing options that meet all safety and health standards after minimal upgrades may be selected. To ensure housing is ready for Volunteers when they arrive at their sites, trainees are asked to report to post staff if their housing does not appear to be ready when they visit their site during PST.

Peace Corps Manual section (MS) 270 “Volunteer/Trainee Safety and Security” requires that each post maintain site history documentation from the time that initial evaluation of the site begins:

The site history must also capture security issues that could affect future Volunteer placements in particular areas. Information should include Volunteer concerns about a location, safety or security incidents that occur in the community, and other conditions that could otherwise affect a future decision to place a Volunteer in that location.

The SSC and program assistant developed a system for tracking site histories that aligns with the MS guidance. Site history files may be accessed by all staff responsible for identifying sites and for providing Volunteers support at site.

We reviewed a sample of site history files and determined they are up-to-date and contain safety information suggested in the guidance, as well as project-related information. We found site

history files contained: medical and safety site evaluations, site interview forms and letters of acknowledgment signed by community leaders, site visit records, housing upgrade forms, and close of service site evaluations with Volunteer feedback. The SSC maintains separate records of safety and security incidents that have occurred at the site and this information is considered when making placements. Currently, female Volunteers are not placed at sites in the northern region of Swaziland due to safety and security concerns raised by former Volunteers who served there.

We commend the post on its sound site development, site placement, and site history tracking practices. We encourage the region's chief of program and training to work with post staff to identify, collect, and disseminate PC/Swaziland site selection and development practices that could be extended as best practices to other posts.

Programming staff effectively prepare counterparts for their role as Volunteer partners.

The post builds the capacity of counterparts by discussing expectations with them during site identification and including them in the two-year programming and training cycle of a Volunteer. MS 270 requires the orientation of counterparts, host families and host communities about the Peace Corps and the work of the Volunteer in order to promote more welcoming communities, more supportive counterparts and authorities, and to better-define the roles of each party. Peace Corps' Office of Overseas Training and Support defines counterparts as, "the individuals who work with Volunteers and jointly learn through experience how to do something new within the local cultural context with enough competence and confidence to transfer their learning to others." Training and working with counterparts directly contributes to Peace Corps' goal one, "to help the people of interested countries in meeting their needs for trained men and women."

The *Programming and Training Guidance* sections on Volunteer site development and training design and evaluation discuss the importance of orienting the potential counterpart, emphasizing their role in ensuring Volunteer's safety, security and health, as well as the importance of Volunteers working with counterparts in capacity-building partnerships. The post has established a number of effective practices and strategies to achieve these goals. Many of these practices could be presented as best practices in future regional conferences and training programs:

- Post staff discusses counterpart expectations in community and one-on-one meetings with the help of a site interview guide, and community members are asked to sign a letter of acknowledgement.
- Counterparts learn further about their role by attending pre-service trainings with trainees. Counterparts escort trainees to their future site so that trainees may familiarize themselves with the travel route. While at site, the counterpart introduces the trainee to their host family and to their community.
- Counterparts participate in a project design workshop with Volunteers after the Volunteer has completed one year of service.

All 21 Volunteers confirmed they have at least one counterpart, and rated the following questions a 4.0 or higher average when asked:

Table 3: Volunteer Responses on Perceptions of Counterpart Support

	Average Rating
Rate your counterpart(s) on how well they...	
Support you in meeting project objectives	4.1
Help you with community integration	4.0
Please characterize your working relationship with your primary counterpart	4.2

Source: OIG Volunteer Interviews.

Volunteers stated that the timing of counterpart training was ideal for designing projects together during mid-service training. Staff also reported that assigning KaGogo Center managers to work with Volunteers has resulted in more counterparts attending training with Volunteers.

TRAINING

Another objective of the post evaluation is to answer the question, “Does training prepare Volunteers for Peace Corps service?” To answer this question we considered such factors as:

- Training adequacy;
- Planning and development of the training life cycle; and,
- Staffing and related budget.

In reviewing the post’s process for planning and developing Volunteer training, OIG found no significant areas of concern that would warrant action by the post. Programming and training staff have fully implemented the training, design and evaluation process. Volunteers indicated in interviews that they received the right training at the right time during their service. Under the direction of the CD, the training staff developed learning objectives for ISTs and recorded lesson plans and successful training techniques after sessions are delivered for future use. Post staff confirmed in interviews they are involved in planning and revising trainings as needed.

We asked Volunteers to rate pre-service and in-service training programs offered at three and twelve month intervals during their service and the Volunteers reported that trainings were generally effective.

Table 4: Volunteer Perceptions of Training Effectiveness

	Percent of Volunteers Rating “Moderately Effective” or Better	Average Rating
Pre-service Training:		
Language	71%	3.3
Culture	90%	3.8
Safety & Security	100%	4.7
Health	100%	4.5
Technical	90%	3.4
3 month IST	100%	4.1
12 month IST	93%	3.9

Source: OIG Volunteer Interviews.

Volunteers rated the effectiveness of language and technical training a lower rating in our scale, “moderately effective,” compared to the other trainings that were rated “above average in effectiveness.” Some Volunteers described being overwhelmed by statistics and complex technical facts presented to them about HIV/AIDS. As trainees, they worried about the types of questions they would be expected to answer by members of their community. However, they also noted they were given reference materials to study at their own pace and they had a better understanding of this information after subsequent ISTs.

Efforts are underway to improve language learning.

One-third (11 of 33) of the Group 8 Volunteers who swore-in to service in August 2010 did not meet the minimum SiSwati language requirement of intermediate low when tested at the end of Pre-service Training. Local language acquisition is particularly challenging for older Volunteers. Sixty-three percent of 50+ Volunteers did not pass the language requirement, compared to just 24 percent of Volunteers under the age of 50 who did not pass. Of the group that did not pass, only three of 11 passed when re-tested during IST, and all three were Volunteers in their twenties.

While the majority of Volunteers we interviewed reported that post language trainers and language materials were of high quality, Volunteers and training staff alike reported there was not enough time devoted to practicing language at PST. Currently, 40 of the 225 hours of PST are devoted to language learning. The 50+ trainees indicated in their feedback they would prefer to train with others who are learning the language at a similar pace, rather than train with a mixed pace group.

Volunteers who do not meet the minimum language requirement must continue language learning at their work sites, and training staff are working to improve this training. The post instituted a language remediation program two years ago. Through the program, tutor reimbursement is offered to Volunteers and the training manager and language and cultural coordinator visit Volunteers during their first four to six weeks at site to discuss their language learning needs.

The CD asked training staff to develop an action plan for making further improvements to language learning prior to next PST in June 2011. The plan includes developing additional audio and grammar materials for self-study, planning more structured language lessons based on themes taught concurrently in technical and cultural trainings, and allowing trainees more practice time in class through role plays and dialogues. Training staff will continue to use Volunteer feedback to plan follow-up language trainings offered during IST.

Based on the post's attention to this issue, we are not making recommendations at this time.

PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

Another objective of this post evaluation is to answer the question, "Is the post able to adequately administer the President's Emergency Plan for AIDS Relief (PEPFAR) program, support Volunteers, and meet its PEPFAR objectives?" To answer this question, we evaluate:

- Whether the post is implementing its PEPFAR objectives as laid out in the annual implementation plan;
- Relationships between the post and coordinating partners; and,
- Whether Volunteers are fulfilling HIV/AIDS-related assignments and handling related challenges.

In reviewing the PEPFAR objectives, HIV/AIDS-related Volunteer training and assignments, and the post's coordination with other U.S. government agencies in-country to implement PEPFAR, we found no significant areas of concern that would warrant action by the post. Elsewhere in our report, we related data collection and reporting lapses and recommended that the post include all necessary indicators in the Volunteer Reporting Form to ensure that Volunteers can report comprehensively on their project activities.

PEPFAR partners described the post's relationship with the in-country PEPFAR team as constructive and supportive. The post's philosophy for programming PEPFAR funds follows Peace Corps guidance. Post limits its PEPFAR spending to supplementing programming and operations. The in-country PEPFAR team received additional FY 2011 funds which resulted in a higher amount allotted to the post after annual planning was completed. The post plans to reduce the additional one-time funds to complete renovations of the post building and to provide staff training in early 2011. Volunteers involved in PEPFAR-funded Volunteer Activities Support and Training grants responded favorably when asked how well they are operating.

OBJECTIVE, SCOPE AND METHODOLOGY

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. 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 Inspector General (IG) is under the general supervision of the Peace Corps Director and reports both to the Director and Congress.

The Evaluation Unit within the Peace Corps 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.

The Evaluation Unit announced its intent to conduct an evaluation of PC/Swaziland on August 4, 2010. For post evaluations, we use the following researchable questions to guide our work:

- To what extent has 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 agency support effectively aligned with the post's mission and agency priorities?
- Is the post able to adequately administer the PEPFAR program, support Volunteers, and meet its PEPFAR objectives?

Preliminary research for this evaluation occurred from August 31, 2010-October 29, 2010. This research included review of agency documents provided by headquarters and post staff. We conducted interviews with management staff representing the Africa region, and the Office of Medical Services, the Office of Special Services, the Office of AIDS Relief, and the Office of Strategic Information, Research and Planning. We made inquiries for PC/Swaziland program-related materials and data to the offices of Safety and Security, Office of Programming and Training Support, Volunteer Recruitment and Selection, and the Office of Private Sector Initiatives.

In-country fieldwork occurred from November 3-23, 2010, and included interviews with post senior staff in charge of programming, training, and support; U.S. Embassy officials, host country government ministry officials, and host country partner representatives. In addition, we interviewed a stratified judgmental sample of 21 Volunteers (30 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 (CIGIE). The evidence,

findings, and recommendations provided in this report have been reviewed by agency stakeholders affected by this review.

INTERVIEWS CONDUCTED

As part of this post evaluation, interviews were conducted with 21 Volunteers, nine staff members in-country, and 21 representatives from Peace Corps headquarters in Washington D.C., the U.S. Embassy in Swaziland, and key ministry officials. 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 Volunteers’ comments, which were also analyzed. For the purposes of the data analysis, Volunteer ratings of “3” and above are considered favorable. In addition, 17 out of 21 Volunteer interviews occurred at the Volunteers’ homes, and we inspected their 13 homes (some occupied by more than one Volunteer) 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 Swaziland; the Volunteer sample was selected to reflect these demographics.

Table 5: Volunteer Demographic Data

Project	Percentage of Volunteers
Health	100%
Gender	Percentage of Volunteers
Female	63%
Male	37%
Age	Percentage of Volunteers
25 or younger	57%
26-29	16%
30-54	9%
55 and over	19%

Source: September 2010 PC/Swaziland Volunteer roster.

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

At the time of our field visit, PC/Swaziland had 19 staff positions. The post also employs temporary staff/contractors to assist with PST. Given the time of our visit, these positions were not staffed. We interviewed nine staff members.

Table 6: Interviews Conducted with PC/Swaziland Staff Members

Position	Status	Interviewed
Country Director	USDH	X
Director of Management and Operations	USDH	X
Associate Peace Corps Director/Health	USDH	X
Associate Peace Corps Director/Health	PSC	X
Program Assistant	PSC	
PEPFAR Coordinator	US PSC	X
Training Manager	PSC	X
Language & Cultural Coordinator	PSC	X
Peace Corps Medical Officer	US PSC	X
Medical Assistant	PSC	
Safety & Security Coordinator	PSC	X
IT Specialist	PSC	
Executive Assistant/Receptionist	PSC	
Cashier	FSN	
Financial Assistant	FSN	
General Services Manager	PSC	
General Services Assistant	PSC	
Driver/Mechanic (2)	PSC	

Data as of September 2010.

Twenty-one 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 7: Interviews Conducted with PC/Headquarters Staff, Embassy Officials and Key Ministry Officials

Position	Organization
Regional Director	PC/Headquarters
Regional Programming & Training Specialist	PC/Headquarters
Country Desk Officer	PC/Headquarters
Country Desk Assistants (2)	PC/Headquarters
Peace Corps Safety & Security Officer	PC/Headquarters
Regional Advisor (formerly SRPTC)	PC/South Africa
Director, Office of AIDS Relief	PC/Headquarters
Office of AIDS Relief Programming & Training Advisor	PC/Headquarters
Chief, Clinical Programs	PC/Headquarters
Deputy Director, Counseling and Outreach Unit	PC/Headquarters
Chief of Planning, Performance & Data Management	PC/Headquarters
U.S. Ambassador	U.S. Embassy in Swaziland
Regional Security Officer	U.S. Embassy in Swaziland
Country Coordinator, PEPFAR Program	U.S. Department of State
PEPFAR Prevention Advisor	U.S. Agency for International Development
Impact Mitigation Specialist, PEPFAR Program	U.S. Agency for International Development
Director, National Emergency Response Coordination for HIV/AIDS	Office of the Prime Minister
Principal Secretary	Ministry of Education
Deputy Director	World Food Programme in Swaziland
Director, Baylor International Pediatric AIDS Initiative	Baylor College of Medicine in Swaziland

Data as of December 2010.

LIST OF RECOMMENDATIONS

WE RECOMMEND:

1. That the Office of Medical Services review pre- and post-service medical files and Federal Employees' Compensation Act claims for PC/Swaziland Volunteers who have early terminated or medically separated, and, if deemed appropriate, use these findings to inform its process for the medical clearance of applicants selected to live and work with HIV/AIDS populations.
2. That Office of Volunteer Recruitment and Selection in conjunction with the Office of Medical Services and the post, determine if additional applicant assessment and selection protocols are required to effectively select and place applicants who will live and work with HIV/AIDS populations in PC/Swaziland programs.
3. That the post, with support of Office of Medical Services, assess the workload of the PCMO to determine whether additional medical staff is needed, and if additional local professional resources are available to support Volunteers' mental health needs.
4. That the post include all necessary President's Emergency Plan for AIDS Relief indicators in the Volunteer Reporting Form to ensure that Volunteers can report comprehensively on their project activities.

AGENCY'S RESPONSE TO PRELIMINARY REPORT



MEMORANDUM

To: Kathy Butler, Inspector General

Through: Daljit K. Bains, Chief Compliance Officer

From: Dick Day, Africa Regional Director
Steve Driebaus, Country Director

Date: July 21, 2011

CC: Carrie Hessler-Radelet, Deputy Director
Suzy Rhodes, Chief of Staff
Joaquin Ferrao, Deputy Inspector General
Jim O'Keefe, Assistant Inspector General, Evaluations
April Miller, Senior Evaluator
Esther Benjamin, Associate Director, Global Operations
Brenda Goodman, Deputy Associate Director, Volunteer Support
Lynn Foden, Chief of Operations, Africa
Madeleine Mader, Chief of Programming & Training, Africa
Patrick McElroy, Country Desk Officer

Subject: Response to the Preliminary Report of Peace Corps/Swaziland, June 2011

Enclosed please find the Africa Region's response to the recommendations made by the Inspector General for Peace Corps/Swaziland, as outlined in the June 2, 2011 Preliminary Program Evaluation Report on the Country Program Evaluation.

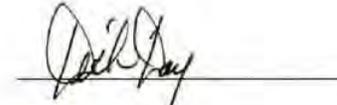
The Africa Region concurs with all 4 recommendations where relevant provided by the OIG in its Preliminary Program Evaluation Report: Peace Corps/Swaziland. Post has addressed and provided supporting documentation for all recommendations and will work to address the remaining recommendations by the set target dates.

The agency appreciates the extension given for the response time for this report. To address the concerns brought up in this report, the Agency wanted to ensure a comprehensive review of data from all of the high HIV prevalence posts was reviewed. This included a review of data from South Africa, Lesotho, Botswana and Swaziland, so that global implementation of any changes could be met instead of a one off response.

The region will continue to work with post on ensuring closure of any open recommendations.

DRAFTED: PMCELROY

APPROVED: DDAY



APPROVED: DBAINS



- 1. That the Office of Medical Services review pre- and post-service medical files and Federal Employees' Compensation Act claims for PC/Swaziland Volunteers who have early terminated or medically separated, and, if deemed appropriate, use these findings to inform its process for the medical clearance of applicants selected to live and work with HIV/AIDS populations.**

Concur.

The Office of Medical Services (OMS) has reviewed the Federal Employee Compensation Act (FECA) claims for PCVs from Swaziland who early-terminated. This research shows that there has been only one FECA claim for mental health by an early-terminating Swaziland volunteer in the five years from 2007 to 2011 (to date).

The Office of Medical Services (OMS) did additional data mining in collaboration with The Office of Strategic Information, Research and Planning. Review of causes for Early Termination (ET) of Swaziland volunteers since 2007 showed no trend in ETs as a result of mental health concerns or needs.

Review of OSIRP early termination/resignation data provided by The Office of Strategic Information, Research and Planning for mental/emotional health for Swaziland from 2007-present amongst Volunteers revealed the following: 2007 (0); 2008 (0); 2009 (1); 2010 (2); and 2011 (0). There were a total of 3 early terminations/resignations since 2007.

Based on the research and review of the data, OMS has concluded that no changes to the medical clearance process for applicants selected to live and work in HIV-saturated populations is not warranted at this time.

Completion Date:

July 15, 2011

2. **That Office of Volunteer Recruitment and Selection in conjunction with the Office of Medical Services and the post, determine if additional applicant assessment and selection protocols are required to effectively select and place applicants who will live and work with HIV/AIDS populations in PC/Swaziland programs.**

Concur.

To prepare a more global response to the IG findings, a review of the case management system at HQ was done to determine the incidence of field consults on mental health topics and medical evacuations with a mental health diagnosis from Jan 2009-present. The four Posts considered to be those with the highest incidence of HIV/AIDS are Swaziland, Botswana, Lesotho and South Africa.

Review of OSIRP early termination/resignation data provided by The Office of Strategic Information, Research and Planning for mental/emotional health for Swaziland from 2007-present amongst Volunteers revealed the following: 2007 (0); 2008 (0); 2009 (1); 2010 (2); and 2011 (0). There were a total of 3 early terminations/resignations since 2007.

Research done by OMS, together with data from OSIRP have shown that additional assessment and selection protocols for applicants who work with HIV/AIDS populations is not required.

The Office of Volunteer Recruitment and Selection (VRS), Post and the Region have engaged in discussions on additional (non-medical) applicant assessment and selection protocols.

VRS staff is charged with qualitative evaluation of applicants based on four key areas: Motivation and Commitment, Productive Competence, Social Sensitivity/Cultural Awareness and Emotional Maturity. Beyond these guiding principles used for all applicants, VRS relies on two documents generated by the Region to contextualize the unique paradigm of service in a given country: 1) Quarterly Trainee Request Submission (QTRS), and 2) Volunteer Activity Description (VAD).

In an effort to give greater texture and clarity to VRS on the reality of volunteer service in Swaziland, the Africa Region has updated the *Living Conditions* section of the Quarterly Trainee Request Submission to more accurately reflect the challenging work environment of service in Swaziland.

The Region and Post believe that with the updated QTRS and existing VAD, the challenges faced by volunteers in Swaziland is appropriately captured.

Documents submitted:

1. Updated QTRS. Effective Date: 13 July 2011
2. VAD for Swaziland. Effective Date: 11 February 2011

Completion Date:

13 July 2011

3. **That the post, with support of Office of Medical Services, assess the workload of the PCMO to determine whether additional medical staff is needed, and if additional local professional resources are available to support Volunteers' mental health needs.**

Concur.

The Office of Medical Services (OMS) and Region have discussed the Country Director and the PCMO, the PCMO's workload to determine if additional medical staff is needed. Per the request of the PCMO, Post will secure the services of the current back-up provider for an additional weekend per month, allowing the PCMO additional time off. This community nurse has worked well with the PCMO and covers for the PCMO while on vacation and one weekend per month.

Additionally, the PCMO has identified a young psychologist raised in Swaziland and trained in Australia who is being assessed for her ability to counsel Volunteers. This after a long standing relationship with a local counselor ended when that counselor moved to South Africa.

The PCMO in Swaziland was also interviewed by phone to solicit her comments on the recommendations of the IG report. She reports she does not feel "overwhelmed or overworked". The planned expansion of the Post in now is not happening. Comments made regarding shortages in staff were made in anticipation of a growing post.

OMS, with the concurrence of the PCMO, Country Director and the Region has determined that the mental health needs of the volunteers are not so burdensome that the PCMO cannot support them with the resources available.

Completion Date:

August 2011

4. **That the post include all necessary President's Emergency Plan for AIDS Relief indicators in the Volunteer Reporting Form to ensure that Volunteers can report comprehensively on their project activities.**

Concur.

Post has incorporated three **core PEPFAR indicators** in the "Post Defined Questions" section of the Volunteer Reporting Tool (VRT) to gather this data. Post has also

APPENDIX A

requested of the Office of AIDS Relief that future versions of the VRT include a PEPFAR specific section with all appropriate indicators.

Volunteers began reporting on these indicators in January, 2011.

Indicators include:

1. Number of eligible individuals provided with psychological, social or spiritual support. For each age range please specify the number participating:
 - Individual Male > 24, 15-24, Under 15
 - Individual Female >24, 15-24, Under 15
 - Service Providers > 24, 15-24, Under 15
2. Number of eligible individuals provided with economic services. For each age range please specify the number participating:
 - Individual Male > 24, 15-24, Under 15
 - Individual Female > 24, 15-24, Under 15
 - Service Providers > 24, 15-24, Under 15
3. Please list the number of individuals who participated in a community-wide event and the number of events you held.

The following PEPFAR indicator had already been included in the “Post Defined Questions” of the VRF:

Number of eligible children provided with education and/or vocational training. For each age range, please specify the number participating:

- Individual Male > 24, 15-24, Under 15
- Individual Female > 24, 15-24, Under 15

Service Providers > 24, 15-24, Under 15

Completion Date:

January 2011

OIG COMMENTS

Management concurred with all 4 recommendations. Based on the documentation provided, we closed 2 recommendations: numbers 3 and 4. In its response, management described action 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 region or post has taken these actions or that we have reviewed the effect. Certifying compliance and verifying effectiveness are management's responsibilities. However, when we feel it is warranted, we may conduct follow-up review to confirm that action has been taken and to evaluate the impact. Two recommendations, numbers 1 and 2, remain open pending confirmation from the chief compliance officer that the documentation reflected in OIG analysis is received.

1: That the Office of Medical Services review pre- and post-service medical files and Federal Employees' Compensation Act claims for PC/Swaziland Volunteers who have early terminated or medically separated, and, if deemed appropriate, use these findings to inform its process for the medical clearance of applicants selected to live and work with HIV/AIDs populations.

Concur: The Office of Medical Services (OMS) has reviewed the Federal Employee Compensation Act (FECA) claims for PCVs from Swaziland who early-terminated. This research shows that there has been only one FECA claim for mental health by an early-terminating Swaziland volunteer in the five years from 2007 to 2011 (to date).

The Office of Medical Services (OMS) did additional data mining in collaboration with The Office of Strategic Information, Research and Planning. Review of causes for Early Termination (ET) of Swaziland volunteers since 2007 showed no trend in ETs as a result of mental health concerns or needs.

Review of OSIRP early termination/resignation data provided by The Office of Strategic Information, Research and Planning for mental/emotional health for Swaziland from 2007-present amongst Volunteers revealed the following: 2007 (0); 2008 (0); 2009 (1); 2010 (2); and 2011 (0). There were a total of 3 early terminations/resignations since 2007.

Based on the research and review of the data, OMS has concluded that no changes to the medical clearance process for applicants selected to live and work in HIV-saturated populations is not warranted at this time.

Completion Date:

July 15, 2011

OIG Analysis: We acknowledge the agency's efforts to address this recommendation through its review of early termination data and FECA claims for PC/ Swaziland Volunteers. However, OMS did not include in its response results of its review of pre-

and post-service medical files for Volunteers who early terminated or medically separated. We concluded in the subject report that further analysis of the pre- and post-service records of Volunteers who did not complete their service in Swaziland would help inform decisions about adjusting the applicant selection and placement strategy for service in Swaziland, and could increase the prospect that more Volunteers successfully complete their service. Please submit a summary of review of pre- and post-service medical files for PC/Swaziland Volunteers who have early terminated or medically separated since 2007 to inform the process for the medical clearance of applicants selected to live and work with HIV/AIDS populations.

2: That Office of Volunteer Recruitment and Selection in conjunction with the Office of Medical Services and the post, determine if additional applicant assessment and selection protocols are required to effectively select and place applicants who will live and work with HIV/AIDS populations in Swaziland.

Concur: To prepare a more global response to the IG findings, a review of the case management system at HQ was done to determine the incidence of field consults on mental health topics and medical evacuations with a mental health diagnosis from Jan 2009-present. The four Posts considered to be those with the highest incidence of HIV/AIDS are Swaziland, Botswana, Lesotho and South Africa.

Review of OSIRP early termination/resignation data provided by The Office of Strategic Information, Research and Planning for mental/emotional health for Swaziland from 2007-present amongst Volunteers revealed the following: 2007 (0); 2008 (0); 2009 (1); 2010 (2); and 2011 (0). There were a total of 3 early terminations/resignations since 2007.

Research done by OMS, together with data from OSIRP have shown that additional assessment and selection protocols for applicants who work with HIV/AIDS populations is not required.

The Office of Volunteer Recruitment and Selection (VRS), Post and the Region have engaged in discussions on additional (non-medical) applicant assessment and selection protocols.

VRS staff is charged with qualitative evaluation of applicants based on four key areas: Motivation and Commitment, Productive Competence, Social Sensitivity/Cultural Awareness and Emotional Maturity. Beyond these guiding principles used for all applicants, VRS relies on two documents generated by the Region to contextualize the unique paradigm of service in a given country: 1) Quarterly Trainee Request Submission (QTRS), and 2) Volunteer Activity Description (VAD).

In an effort to give greater texture and clarity to VRS on the reality of volunteer service in Swaziland, the Africa Region has updated the *Living Conditions* section of the Quarterly Trainee Request Submission to more accurately reflect the challenging work environment of service in Swaziland.

The Region and Post believe that with the updated QTRS and existing VAD, the challenges faced by volunteers in Swaziland is appropriately captured.

Documents submitted:

3. Updated QTRS. Effective Date: 13 July 2011
4. VAD for Swaziland. Effective Date: 11 February 2011

Completion Date:

13 July 2011

OIG Analysis: We acknowledge the agency's efforts to address this recommendation and we have received the updated Quarterly Trainee Request Submission (QTRS) and the Volunteer Assignment Description (VAD) for PC/Swaziland that capture the challenges faced by PC/Swaziland Volunteers. The VAD and QTRS discuss challenges such as candidates must be able to walk as much as 3 miles per day and possess the ability to cope with constant exposure to chronic and fatal illness among friends and community members, death, extreme poverty, high rates of orphaned and vulnerable youth and conditions of gender equality. In our subject report we noted that careful screening of applicants, including identifying potential risk factors that might impact a Volunteer's ability to cope with a loss saturated environment as part of the medical clearance process, could increase the prospect that more Volunteers successfully complete their service. Please provide documentation demonstrating how the challenges information in the QTRS and the VAD is being used to effectively select and place applicants in Swaziland.

PROGRAM EVALUATION COMPLETION AND OIG CONTACT

**PROGRAM
EVALUATION
COMPLETION**

This program evaluation was conducted under the direction of Jim O’Keefe, Assistant Inspector General for Evaluations, and by Senior Evaluator April Thompson Miller. Additional contributions were made by Reuben Marshall, Jerry Black and Lisa Chesnel.



Jim O’Keefe
Assistant Inspector General/Evaluations

OIG CONTACT

Following issuance of the final report, a stakeholder satisfaction survey will be distributed. If you wish to comment on the quality or usefulness of this report to help us improve our products, please e-mail Jim O’Keefe, Assistant Inspector General for Evaluations and Inspections, at jokeefe@peacecorps.gov, or call (202) 692-2904.

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