



## Office of Inspector General

Office  
202.692.2900  
[peacecorps.gov/OIG](https://peacecorps.gov/OIG)  
[OIG Reports](#)

Hotline  
202.692.2915 | 800.233.5874  
[Online Reporting Tool](#)  
[OIG@peacecorps.gov](mailto:OIG@peacecorps.gov)

**To:** Carol Spahn, Director of Peace Corps  
**From:** Joaquin Ferrao, Inspector General  
**Date:** March 1, 2024  
**Subject:** Management Advisory Report: Assessment of Post Re-entry Health and Safety Reviews' Findings (IG-24-02-SR)

---

The purpose of this report is to summarize the results of six previously conducted post re-entry health and safety reviews (re-entry reviews), to include a subsequent review of nine additional posts, and bring to your attention needed improvements.

Our assessment of the six re-entry reviews found that:

- The posts complied with the procedures outlined in the Peace Corps' Country Re-Entry Guide (CREG) and we determined that the CREG was successfully implemented.
- Generally, the posts complied with policies and procedures related to Volunteer and trainee health and safety.
- Four reviews found that the posts failed to fully comply with medical technical guidelines (TG) related to medical action plans (TG 385) and healthcare facility and consultant assessments (TG 204).

We assessed a sample of nine additional posts for their compliance in two challenge areas that we identified during the re-entry reviews. We found that:

- Four of nine posts did not complete their Medical Action Plans (MAP) in accordance with agency guidance.
- Eight of nine posts did not complete their consultant and referral facility assessments in accordance with agency guidance.

Our report makes seven recommendations directed to the agency, which include improving guidance clarity, oversight, and the use of appropriate assessments. Addressing these recommendations will help the posts comply with TGs 204 and 385 and ensure that the quality and safety of medical support Volunteers receive is not compromised.

The agency response to the report is included in Appendix B and OIG comments are included in Appendix C.

---

## BACKGROUND

---

Volunteers began to return to service in March 2022 after the unprecedented evacuation of all Peace Corps Volunteers due to the COVID-19 pandemic. OIG launched the post re-entry health and safety reviews (re-entry reviews) to address congressional interest and provide ongoing oversight of the critically important areas of Volunteer health and safety as they returned to the posts.

This management advisory report summarizes OIG's findings across six re-entry reviews conducted since January 2022. The posts reviewed were Cambodia, Colombia, Dominican Republic, Ecuador, Morocco, and Zambia.

The report also includes an assessment of an additional nine sampled posts' compliance with agency policies in two challenge areas we identified during the re-entry reviews. The assessment incorporated additional data collection and analysis to assess the two recurring challenge areas, MAPs management and medical facility and consultant assessments, at the following sampled posts: Belize, Eswatini, Guatemala, Jamaica, Kyrgyz Republic, Madagascar, Nepal, North Macedonia, and Rwanda.

## WHAT WE FOUND

### *POSTS WERE GENERALLY IN COMPLIANCE WITH REQUIREMENTS RELATED TO VOLUNTEER HEALTH AND SAFETY AND THE RE-ENTRY PROCESS, BUT FACED CHALLENGES IN TWO KEY AREAS*

As shown in Table 1 below, all six re-entry reviews found that the posts complied with agency guidance regarding the internal and external review processes for re-entry and emergency action plans (EAP). Additionally, all but one post provided the required training for Volunteers and trainees and met site history file requirements.

However, OIG found that multiple posts faced challenges in complying with agency policies for the MAPs and assessing referral facilities and consultants. OIG also found that post staff did not complete their mandatory training before Volunteers arrived. In this report, we did not further assess staff training noncompliance for the six reviewed posts because in all but one instance there was at least partial compliance, and the partial noncompliance was not of significant concern.

**Table 1: Summary of Key OIG Post Re-entry Health and Safety Review Findings**

Post	External Factors	Internal Factors	Medical Action Plan	Medical Facility Assessments	Site History File Contents	Serious Crime Incidents	Volunteer or Trainee Training	Staff Training
Zambia	Met	Met	Met	Met	Met	Not Met	Met	Met
Ecuador <sup>1</sup>	Met	Met	Met	Met	N/A	N/A	Met	Met
Colombia	Met	Met	Not Met	Not Met	Not Met	Not Met	Not Met	Met
Dominican Republic	Met	Met	Not Met	Not Met	Met	Not Met	Met	Met
Morocco	Met	Met	Met	Not Met	Met	Not Met	Met	Met
Cambodia <sup>2</sup>	Met	Met	Not Met	Not Met	Met	N/A	Met	Met
<b>Total Not Met/Partially Met</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0</b>

<sup>1</sup> In Ecuador, OIG did not assess compliance with site history files or serious crime incidents because at the time of review, sites were under development.

<sup>2</sup> In Cambodia, OIG did not assess compliance with recording or considering serious crime incidents because the OIG [Management Implication Report: Impact of the SIMS Data Migration on Site Development \(IG-23-05-SR\)](#) concluded that the posts that had successfully completed the SIMS data migration did not have any significant ongoing risks related to accessing historical crime data.

- **Medical Action Plans:** OIG found that the MAPs were not completed in accordance with agency guidance and were missing required information.
- **Medical Facility Assessments:** OIG found that the posts' referral facilities and medical consultants had not been assessed or had not been assessed for all the required factors, such as education and training.
- **Staff Training:** OIG found that some staff had not completed their mandatory training.
- **Serious Crime Incidents:** OIG found that the posts were not recording serious crime incidents in the Volunteer Information Database Application (VIDA). However, OIG reported in August 2023 that, following a data migration to the Security Incident Management System (SIMS), the posts did not have significant ongoing risks related to accessing historical serious crime data. OIG also found that the processes used with SIMS was more reliable than the previous system which required staff to manually add the crime incident information into VIDA. OIG verified that the new procedure effectively linked crime incidents between SIMS and VIDA.<sup>3</sup>

Based on the recurring non-compliance related to the MAPs and medical facility assessments in our initial six reviews, OIG assessed nine additional posts' compliance in these two areas. OIG's findings are outlined in the following two sections.

#### ***FOUR OF THE NINE POSTS SAMPLED DID NOT COMPLETE THEIR MEDICAL ACTION PLANS IN ACCORDANCE WITH AGENCY GUIDANCE***

---

OIG reviewed the MAPs from a sample of nine posts to assess their compliance with TG 385.

TG 385 outlines the required components and organization of a comprehensive MAP, which includes the Post Medical Action Plan (PMAP), Regional Medical Action Plans (RMAP), and Individual Medical Action Plans. According to TG 385, the posts must clearly identify, document, and regularly update their transportation, communication, logistics, and medical resources contact lists in the event that a Volunteer's health or safety is in jeopardy.

OIG found that four of the nine sampled posts were not in compliance with TG 385 because their MAPs did not include all the required information. Of these four posts, three had RMAPs that did not include required information, such as emergency contact information for regional staff, Volunteer leaders, and local healthcare resources for imaging centers. One post's MAP did not have an RMAP.<sup>4</sup>

OIG also found that eight of the nine posts' MAPs did not include a complete list of vetted facilities and consultants that the posts intend to use in the event of a Volunteer emergency. Additionally, all but two of the post MAPs listed referral consultants or facilities that the posts

---

<sup>3</sup> See [Management Implication Report: Impact of the SIMS Data Migration on Site Development \(IG-23-05-SR\)](#)

<sup>4</sup> The Peace Corps Office of Health Services (OHS) Quality Improvement (QI) Unit conducted a health unit site assessment at this post in October 2023 and recommended that the post complete its RMAPs. In November 2023, the post updated its MAP to include the necessary RMAPs. After initial data request and following the recommendation, the post submitted an RMAP to OIG.

no longer intended to use (see Table 2 below).

**Table 2: Summary of Outdated or Excluded Facilities and Consultants from Sampled MAPs**

Post	Facilities/Consultants Not in the MAP but Should Have Been (Excluded)	Facilities/Consultants That Should Be Removed From the MAP (Outdated)	Total
Kyrgyz Republic	2	0	2
Nepal	12	7	19
Belize	1	0	1
Paraguay	15	10	25
North Macedonia	1	4	5
Eswatini	2	3	5
Madagascar	1	1	2
Rwanda	0	15	15
Jamaica	2	6	8
<b>Total</b>	<b>36</b>	<b>46</b>	<b>82</b>

According to TG 385, a post's MAP must be reviewed and updated annually. The MAPs must also be updated following the arrival of new Volunteers, at close of service, and after Volunteer site changes. Although the posts informed OIG that their MAP review processes occurred annually, the missing and outdated information we found indicated that the posts' internal review process is not sufficiently thorough. OIG also found that prior to the posts' most recent MAP reviews, four posts had not reviewed their respective MAPs in more than a year. OIG is concerned that the posts are not meeting agency requirements to update their MAPs following Volunteer arrivals, close of service, and Volunteer site changes.

OIG also determined that the MAPs were missing required information because Peace Corps headquarters guidance does not provide clear instructions on how the posts should use TG 385 Attachment A – Post Medical Action Plan (PMAP) or Attachment B – Regional Action Plan (RMAP), which are guidelines for inputting and organizing the required information.

The QI Unit has recommended that the posts use the TG 385 attachments to create RMAPs for each region, however at the time of our review, TG 385 did not mention the attachments, require their use, or provide guidance on how to use them.

OIG is concerned that the posts that have not been compiling all the required resources into their MAPs could have a delayed response to a Volunteer medical emergency. Additionally, by keeping outdated facility and consultant information in the MAP, there is a risk a Volunteer could be sent to a facility that has not been properly vetted.

In February 2024, the agency revised TG 385 to include references to Attachments A and B and require their use. As a result, the recommendation OIG is making focuses on the posts' process of reviewing and updating the MAPs.

**OIG recommends that:**

- 1. The Office of Health Services detail what the Medical Action Plan review process at the post level should include.**

***POSTS INCLUDED FACILITIES IN THE RMAP THAT WEREN'T REQUIRED***

---

While TG 385 states that the RMAP should identify “local healthcare resources,” OHS staff has reported that “community facilities,” which TG 204 defines as locations that Peace Corps does not intend to use or proactively refer a Volunteer to for care, should not be included in the RMAP.

OIG found that Peace Corps Medical Officers (PCMO) included community facilities in RMAPs because they did not know how to categorize local healthcare resources due to the insufficient amount of information in the medical TGs. Although TG 385 refers to healthcare resources, it does not mention community facilities or provide guidance to exclude them from RMAPs. TG 204 requires posts to document community facilities in VIDA and the MAPs but does not provide further guidance on their connection to the requirements outlined in TG 385.

By having both community and referral facilities comingled in the RMAPs, PCMOs may have difficulty in identifying and tracking which facilities require assessments, which, as a result, impedes post oversight. OHS staff said that creating a repository of facilities by type would resolve the confusion and improve headquarters’ ability to confirm that post assessments are up to date.

**OIG recommends that:**

- 2. The Office of Health Services ensures that Technical Guidelines 204 and 385 are clear and consistent on how to distinguish, and when to include, community and referral facilities in the Post Medical Action Plan and Regional Medical Action Plans, and that Peace Corps Medical Officers are trained on the distinction.**

***EIGHT OF NINE POSTS SAMPLED DID NOT COMPLETE REFERRAL FACILITY AND CONSULTANT ASSESSMENTS IN ACCORDANCE WITH AGENCY GUIDANCE***

---

OIG reviewed the referral facility and consultant assessments from a sample of nine posts to assess their compliance with TG 204.

TG 204 requires that at least once every 3 years, PCMOs visit and assess all the referral facilities and consultants that had been selected to provide healthcare to Volunteers. Table 3 below shows that combined, the 9 sampled posts only assessed 54 percent (250/459) of their respective referral facilities and consultants in their MAPs.<sup>5</sup>

---

<sup>5</sup> We assessed the MAPs as provided and did not adjust the completion rate to include or exclude the facilities or consultants we identified that should have been added to or removed from the MAP.

**Table 3: Posts' Compliance with Referral Facility and Consultant Assessments**

Post	Completed Assessment/Number Identified in The MAP	Completion Rate	QI Health Unit Site Assessment Within The Last 3 Years
Kyrgyz Republic	51/54	94%	No
Nepal	55/69	80%	No
Belize	41/51	80%	No
Paraguay	34/59	58%	No
North Macedonia	23/48	48%	No
Eswatini	12/30	40%	Yes
Madagascar	16/61	26%	Yes
Rwanda	9/41	22%	Yes
Jamaica	9/46	20%	Yes
<b>Overall Completion</b>	<b>250/459</b>	-	<b>4</b>

TG 204 requires that the posts develop a schedule for assessing referral facilities and consultants and encourages post staff to meet at least once a year to review which assessments will need to be completed. OIG determined that posts did not complete assessments within their required timeframes because they did not develop deliberate assessment schedules or track assessment dates for all the facilities or consultants.

One PCMO noted that their greatest challenge in meeting the post's assessment requirements is scheduling the time necessary to conduct them. OHS staff said that PCMOs often prioritize medical care over administrative TGs because the administrative work that follows is time consuming and secondary to Volunteer care. However, PCMOs can conduct assessments without shifting priorities away from medical care by using backup medical providers, which is also outlined in TG 204.<sup>6</sup>

Relatedly, OIG found that TG 204 Attachments E through I, which are used for assessing consultants, do not include date fields, which, combined with a lack of deliberate scheduling, has made it difficult for the posts to track when the consultants needed to be reassessed. Capturing this information is a practice that would not only facilitate good records management and effective oversight, but help the post comply with the TG 204 requirement to maintain an accurate schedule for assessing referral facilities and consultants. OIG also found that most posts did not keep a list of facilities and consultants that support their efforts to track assessment completion.

The QI Unit conducts periodic health unit assessments at the posts, which include reviews of the post's assessment attachments for compliance with the 3-year timeframe. However, the QI assessments did not identify whether all the referral facilities and consultants listed in the MAP had been assessed.

<sup>6</sup> According to TG 204, triennial assessments of facilities and consultants can be time intensive. "To ensure that the assessments are completed timely and consistent with schedule, posts will be expected to utilize back-up medical providers [...] to support the delivery of care to Volunteers while PCMOs are assessing."

The posts' referral facility and consultant assessments are conducted to help ensure that the medical facilities where Volunteers receive care are appropriate for their needs, and that the consultants have the appropriate training, skills, and experience. The low rate of compliance with the agency's referral facility and consultant assessment requirements risks Volunteers being sent to facilities or consultants that have not been fully vetted, which could compromise the quality and safety of care they receive.

OIG noted that three of the nine posts in our sample had a Quality Assurance Specialist (QAS) at the time of our review. The QAS role is new and evolving and includes proactive continuous quality improvement at the post. OIG encourages the QI Unit to collaborate with these specialists to help ensure post compliance with TGs 204 and 385.<sup>7</sup>

**OIG recommends that:**

- 3. The Office of Health Services collaborates with the posts to implement a uniform tracking system to ensure referral facility and consultant assessments comply with Technical Guideline 204.**
- 4. The Office of Health Services ensures that the posts develop schedules to assess referral consultants and facilities in compliance with Technical Guideline 204.**
- 5. The Office of Health Services ensures that their health unit assessments certify that all referral facilities and consultants listed in the Medical Action Plan have been assessed.**

***REFERRAL FACILITY AND CONSULTANT ASSESSMENTS WERE INCOMPLETE OR COMPLETED USING OUTDATED OR INCORRECT ATTACHMENTS***

---

According to TG 204, PCMOs must use the appropriate tools (TG 204 Attachments C through K) to assess referral facilities and consultants. OIG found that one of the nine sample posts incorrectly used consultant assessments in place of referral facility assessments; and two posts did not assess the consultants listed in the MAP who were located within an assessed referral facility.<sup>8</sup> OIG also found that of the 250 assessments completed by the 9 sampled posts, 63 were completed using templates that were more than 8 years old, and 62 included empty fields of missing information.

OIG determined that TG 204 is vague and unclear and does not include instructions on the appropriate use of its attachments. As a result, PCMOs were confused about which attachment to use for the assessment and when to use them. For example, TG 204 does not indicate whether post staff should complete assessments for consultants who are separately listed in the MAP and associated with facilities that have already been assessed. OHS staff said that the posts should ensure they are using the appropriate attachment by searching the agency intranet page.

---

<sup>7</sup> The statement of work for the QAS also stipulates that their responsibilities include identifying recurring tasks, trainings, and periodic reviews that the agency mandates, which must be tracked. The statement of work notes that the QAS should frequently refer to TG 204 and 385, among other policies, procedures, and guidance.

<sup>8</sup> Although unclear in TG 204, OHS staff told OIG that all consultants listed in the MAP should be separately assessed.

However, this could be challenging, particularly for new staff, if the attachments and their uses are not described or referenced in TG 204.

The Peace Corps requires PCMOs to complete their assessments to verify that the facilities and consultants that Volunteers may use meet the appropriate agency standards. Incomplete, outdated, and incorrect assessments could increase the risk that a Volunteer uses an unvetted resource, and risks compromising the quality and safety of the Volunteer's medical care.

**OIG recommends that:**

- 6. The Office of Health Services trains Peace Corps Medical Officers on the appropriate use of each Technical Guideline 204 Attachments.**
- 7. The Office of Health Services updates Technical Guideline 204 to clarify whether PCMOs must complete either a referral facility, consultant assessment, or both.**

---

---

## RECOMMENDATIONS

---

---

***WE RECOMMEND:***

---

1. The Office of Health Services should detail what the Medical Action Plan review process at the post level should include.
2. The Office of Health Services ensures that Technical Guidelines 204 and 385 are clear and consistent when referring to community and referral facilities, and that Peace Corps Medical Officers are trained on the distinction.
3. The Office of Health Services collaborates with posts to implement a uniform tracking system to ensure referral facility and consultant assessments comply with Technical Guideline 204.
4. The Office of Health Services ensures that posts develop schedules to assess referral consultants and facilities in compliance with Technical Guideline 204.
5. The Office of Health Services should ensure that their health unit assessments make certain that all referral facilities and consultants listed in the Medical Action Plan have been assessed.
6. The Office of Health Services trains Peace Corps Medical Officers on the appropriate use of each Technical Guideline 204 Attachment.
7. The Office of Health Services updates Technical Guideline 204 to clarify whether Peace Corps Medical Officers must complete either a referral facility, consultant assessment, or both.

---

## **APPENDIX A: OBJECTIVE, SCOPE, AND METHODOLOGY**

---

### *Objectives*

1. To summarize our overall findings regarding the agency's compliance with specific policies and procedures related to Volunteer and trainee health and safety, and the re-entry process.
2. To assess posts' compliance with Medical Technical Guidelines 385 and 204 (related to Medical Action Plans and Medical Facility Assessments).

### *Scope*

Our assessment covers the post re-entry health and safety reviews we conducted from January 2022 through December 2023. We considered data from October 2020 to October 2023. This assessment was conducted from Peace Corps headquarters.

### *Methodology*

To assess the nine sampled posts' compliance with Medical Technical Guidelines 204 and 385, we reviewed Post Medical Action Plans, Regional Medical Action Plans, and confirmed that all facilities and consultants listed in the MAP had an associated referral facility, community facility, or consultant assessments. We also reviewed the posts' assessment schedules.

To support our analyses, OIG interviewed staff who work for offices located at Peace Corps headquarters and obtained written response from the posts regarding their MAP review process, and discrepancies identified in documentation received.

### *Sample of Posts*

To select the random sample of nine posts, we considered regional location, size of the post, and date of re-entry. We selected three posts from each region, three posts of small, medium, and large size; and of the nine, one post that also returned to service during the fourth quarter of 2023.

---

---

## APPENDIX B: AGENCY RESPONSE TO THE REPORT

---

---



### MEMORANDUM

TO: Joaquin Ferrao, Inspector General

FROM: Carol Spahn, Director

CC: David E. White Jr., Deputy Director  
Lauren Stephens, Chief of Staff  
Emily Haimowitz, Chief Compliance and Risk Officer  
Ruchi Jain, General Counsel  
David O'Neill, Acting Associate Director, Office of Health Services  
Jill Carty, Director, Behavioral Health and Outreach, Office of Health Services  
Oluseyi Adegroye, Director, Office of Medical Services, Office of Health Services  
Stefanie Generao, Chief, Quality Improvement Unit, Office of Health Services  
Scott Beale, Associate Director, Office of Global Operations  
Michelle Godette, Regional Director, Africa Region  
Mike McCabe, Regional Director, Inter-America and Pacific Region  
Paul Negley, Acting Regional Director, Europe, Mediterranean, and Asia Region  
Jennifer Piorkowski, Executive Secretariat

DATE: April 29, 2024

RE: Agency Response to the Management Advisory Report: Assessment of Post Re-Entry Health and Safety Reviews' Findings (Project No. IG-24-02-SR)

---

Thank you for the opportunity to respond to this preliminary report from the Office of Inspector General. Enclosed please find the agency's response to the recommendations made by the Inspector General as outlined in the OIG's Management Advisory Report: Assessment of Post Re-Entry Health and Safety Reviews' Findings (Project No. IG-24-02-SR) sent to the agency on March 15, 2024.

### **Recommendation 1**

The Office of Health Services details what the Medical Action Plan review process at the post level should include.

#### **Concur**

#### **Response:**

In February 2024, the Office of Health Services released an updated Medical Technical Guideline 385: Medical Action Plan. In addition to clarifying the Medical Action Plan components, the updated guidance outlines various ways in which Post is expected to review their Medical Action Plan, including through:

- An annual tabletop exercise that needs to be documented in a report, which must be submitted to the Office of Health Services
- An additional tabletop completed during the Triennial Health Unit Assessments
- Submission of the Medical Action Plan to the Office of Health Services annually

In its next update to this guidance, the Office of Health Services will further elaborate on what Post's annual review of the Medical Action Plan should entail.

#### **Documents to be Submitted:**

- Updated Medical Technical Guideline 385: Medical Action Plan
- Distribution email of Medical Technical Guideline 385

**Status and Timeline for Completion:** September 2024

### **Recommendation 2**

The Office of Health Services ensures that Technical Guidelines 204 and 385 are clear and consistent on how to distinguish, and when to include, community and referral facilities in the Post Medical Action Plan and Regional Medical Action Plans, and that Peace Corps Medical Officers are trained on the distinction.

#### **Concur**

#### **Response:**

In April 2024, the Office of Health Services released an updated Medical Technical Guideline 204: Health Care Facility and Consultant Assessments and Surveys, and Volunteer Site Visits. This updated guidance is consistent with Technical Guideline 385 and clarifies the information that is required to be collected for referral and non-referral (previously called community healthcare) facilities. Furthermore, Technical Guideline 385 and its Attachments clearly outline the information that is required to be entered into the Medical Action Plans, which includes referral facilities. The requirements and updates to these guidelines were shared with relevant Post staff during webinars shortly after the release of each.

#### **Documents Submitted:**

- Updated Medical Technical Guideline 385: Medical Action Plan
- Updated Medical Technical Guideline 204: Health Care Facility and Consultant Assessments and Surveys, and Volunteer Site Visits
- Recording of webinar on the updated Medical Technical Guideline 385
- Meeting invitation for webinar on the updated Medical Technical Guideline 385
- Recording of webinar on the updated Medical Technical Guideline 204
- Meeting invitation for webinar on the updated Medical Technical Guideline 204

**Status and Timeline for Completion:** April 2024

### **Recommendation 3**

The Office of Health Services collaborates with the posts to implement a uniform tracking system to ensure referral facility and consultant assessments comply with Technical Guideline 204.

#### **Concur**

#### **Response:**

In the newly updated Medical Technical Guideline 204, Posts are required to input information about the referral facilities into the Volunteer Information Database Application (VIDA) that stores information about Volunteers and Sites. One of the fields that is required to be input is the date of the most recent assessment, which will support Posts in tracking when future assessments are needed.

The Office of Health Services will develop a tracking system for posts to implement to ensure consultant assessments are completed every three years as required in Medical Technical Guideline 204.

#### **Documents to be Submitted:**

- Screenshot from VIDA of the fields that are now required to be input
- Sample tracking system for consultant assessments

**Status and Timeline for Completion:** August 2024

### **Recommendation 4**

The Office of Health Services ensures that the posts develop schedules to assess referral consultants and facilities in compliance with Technical Guideline 204.

#### **Concur**

#### **Response:**

In the recently updated Medical Technical Guideline 204: Health Care Facility and Consultant Assessments and Surveys, and Volunteer Site Visits, Posts are suggested to meet annually to develop a schedule for assessing required referral and consultant facilities. Among other changes, the new assessment forms all include fields to indicate

the date of the last assessment. This will support Posts in complying with the requirement for future assessments. The updated Medical Technical Guideline 385 Attachment C: Tabletop Scenario and Report also includes a reminder for Posts to “determine health care facilities and consultants that are due for their triennial assessment within the next year.”

In their Monthly Compliance Dashboard, Quality Assurance Specialists at Posts track a number of events that are required to be completed on a regular basis including the Referral Facility and Consultant Planning Meeting. This will help Posts ensure that the annual meetings take place, which should support the scheduling of assessments that are needed. The agency is on track to hire and onboard Quality Assurance Specialists at more than 80 percent of Posts by the end of Fiscal Year 2024.

**Documents to be Submitted:**

- Updated Medical Technical Guideline 204: Health Care Facility and Consultant Assessments and Surveys, and Volunteer Site Visits
- Updated Medical Technical Guideline 385 Attachment C: Tabletop Scenario and Report
- Sample Quality Assurance Specialist Monthly Compliance Dashboard

**Status and Timeline for Completion:** September 2024

**Recommendation 5**

The Office of Health Services ensures that their health unit assessments certify that all referral facilities and consultants listed in the Medical Action Plan have been assessed.

**Concur**

**Response:**

In January 2024, the Office of Health Services updated their Health Unit Assessment Checklist and in February 2024, they updated their accompanying Site Assessment Reporting and Follow-up Standard Operating Procedures (SOP). The triennial health unit assessments now require that assessors review all the completed referral facility and consultant attachments listed in the Medical Action Plan. Per the SOP: “The checklist must be fully completed with each item addressed. Any items found to be noncompliant must be listed as a finding and have a recommendation.”

**Documents Submitted:**

- Health Unit Assessment Checklist, January 2024
- Site Assessment Reporting and Follow-up Standard Operating Procedures, February 2024

**Status and Timeline for Completion:** April 2024

**Recommendation 6**

The Office of Health Services trains Peace Corps Medical Officers on the appropriate use of each Technical Guideline 204 Attachment.

**Concur**

**Response:**

After the Office of Health Services released an updated Medical Technical Guideline 204: Health Care Facility and Consultant Assessments and Surveys, and Volunteer Site Visits in April 2024, they offered two webinars to the Peace Corps Medical Officers. The webinars included additional explanation on the appropriate use of each of the Attachments.

**Documents Submitted:**

- Updated Medical Technical Guideline 204: Health Care Facility and Consultant Assessments and Surveys, and Volunteer Site Visits
- Recording of webinar on the updated Medical Technical Guideline 204
- Meeting invitation for webinar on the updated Medical Technical Guideline 204

**Status and Timeline for Completion:** April 2024

**Recommendation 7**

The Office of Health Services updates Technical Guideline 204 to clarify whether PCMOs must complete either a referral facility, consultant assessment, or both.

**Concur**

**Response:**

The recently updated Medical Technical Guideline 204: Health Care Facility and Consultant Assessments and Surveys, and Volunteer Site Visits clarifies the requirements for completing assessments of referral facilities and consultants. The updates to this guideline were shared with relevant Post staff during webinars shortly after the release of each.

**Documents Submitted:**

- Updated Medical Technical Guideline 204: Health Care Facility and Consultant Assessments and Surveys, and Volunteer Site Visits
- Webinar on the updated Medical Technical Guideline 204

**Status and Timeline for Completion:** April 2024

---

## APPENDIX C: OIG COMMENTS

---

Management concurred with all 7 recommendations. Based on the documentation provided with the agency's response, we closed 3 recommendations: numbers 2, 5, and 7. 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.

Four recommendations, numbers 1, 3, 4 and 6 remain open. OIG will consider closing recommendation 1 when the documentation reflected in the agency's response to the report is received. Recommendations 3, 4, and 6 will remain open pending confirmation from the chief compliance officer that, in addition to the documentation reflected in the agency's response, the documentation reflected in our analysis below is received.

### **Recommendation 3**

The Office of Health Services collaborates with the posts to implement a uniform tracking system to ensure referral facility and consultant assessments comply with Technical Guideline 204.

#### **Agency Response:**

##### **Concur**

##### **Response:**

In the newly updated Medical Technical Guideline 204, Posts are required to input information about the referral facilities into the Volunteer Information Database Application (VIDA) that stores information about Volunteers and Sites. One of the fields that is required to be input is the date of the most recent assessment, which will support Posts in tracking when future assessments are needed.

The Office of Health Services will develop a tracking system for posts to implement to ensure consultant assessments are completed every three years as required in Medical Technical Guideline 204.

##### **Documents to be Submitted:**

- Screenshot from VIDA of the fields that are now required to be input
- Sample tracking system for consultant assessments

**OIG Analysis:** In addition to the specified documentation, please provide an implementation timetable of the tracking system and explain how it will be used to ensure assessments are completed every 3 years.

### **Recommendation 4**

The Office of Health Services ensures that the posts develop schedules to assess referral facilities and consultants in compliance with Technical Guideline 204.

**Agency Response:**

**Concur**  
**Response:**

In the recently updated Medical Technical Guideline 204: Health Care Facility and Consultant Assessments and Surveys, and Volunteer Site Visits, Posts are suggested to meet annually to develop a schedule for assessing required referral and consultant facilities. Among other changes, the new assessment forms all include fields to indicate the date of the last assessment. This will support Posts in complying with the requirement for future assessments. The updated Medical Technical Guideline 385 Attachment C: Tabletop Scenario and Report also includes a reminder for Posts to “determine health care facilities and consultants that are due for their triennial assessment within the next year.”

In their Monthly Compliance Dashboard, Quality Assurance Specialists at Posts track a number of events that are required to be completed on a regular basis including the Referral Facility and Consultant Planning Meeting. This will help Posts ensure that the annual meetings take place, which should support the scheduling of assessments that are needed. The agency is on track to hire and onboard Quality Assurance Specialists at more than 80 percent of Posts by the end of Fiscal Year 2024.

**Documents to be Submitted:**

- Updated Medical Technical Guideline 204: Health Care Facility and Consultant Assessments and Surveys, and Volunteer Site Visits
- Updated Medical Technical Guideline 385 Attachment C: Tabletop Scenario and Report
- Sample Quality Assurance Specialist Monthly Compliance Dashboard

**OIG Analysis:** In addition to the specified documentation, please describe how OHS will ensure that the suggested annual meetings and TG 385 Tabletop reminders will result in posts developing schedules for assessing referral facilities and consultants.

**Recommendation 6**

The Office of Health Services trains Peace Corps Medical Officers on the appropriate use of each Technical Guideline 204 Attachment.

**Agency Response:**

**Concur**  
**Response:**

After the Office of Health Services released an updated Medical Technical Guideline 204: Health Care Facility and Consultant Assessments and Surveys, and Volunteer Site Visits in April 2024, they offered two webinars to the Peace Corps Medical Officers. The webinars included additional explanation on the appropriate use of each of the Attachments.

**Documents Submitted:**

PEACE CORPS OFFICE OF INSPECTOR GENERAL

- Updated Medical Technical Guideline 204: Health Care Facility and Consultant Assessments and Surveys, and Volunteer Site Visits
- Recording of webinar on the updated Medical Technical Guideline 204
- Meeting invitation for webinar on the updated Medical Technical Guideline 204

**OIG Analysis:** Please provide documentation that demonstrates all PCMOs participated in the webinar on the updated Medical Technical Guideline 204.