

PEACE CORPS
Office *of* Inspector General



Evaluation of Peace
Corps/North Macedonia

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PEACE CORPS

Office of Inspector General

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Background

The Office of Inspector General (OIG) conducted a program evaluation of Peace Corps/North Macedonia with a scope from October 2022 to June 2025. There are two project sectors in North Macedonia that focus on community and economic development and education. When we started our work, 77 Volunteers were serving in North Macedonia, with 27 full-time staff at post.

Objectives

The objectives of this evaluation were to determine:

- Whether the post met project objectives and aligned projects with host country needs.
- To what extent the post met site management standards.
- Whether the post's Volunteer safety and security program complied with agency requirements and was effective.
- Whether the post's Volunteer health program complied with agency requirements and was effective.
- How well post leadership managed and supported staff and Volunteers.

Evaluation of Peace Corps/North Macedonia

March 31, 2026

What We Found

We determined that the post met its project objectives, engaged key partners, and aligned projects with the host country's needs. The post substantially complied with site management standards, and all the Volunteer sites and housing we reviewed met post and agency requirements. Post staff also exhibited strong communication with and support for Volunteers.

The evaluation also determined that several community and economic development sites were not fully developed because the organizations that the Volunteers had been assigned to work with had not been properly vetted by the post or had poorly defined work assignments before their arrival.

While the post's safety and security program met agency requirements, with both Volunteers and staff reporting that the program was highly effective, it did not have sustainable backup coverage to provide the Safety and Security Manager relief from being on call 24 hours a day.

We found that the post met agency requirements to provide Volunteers in-country healthcare. In addition, staff and Volunteers found the post's health program to be highly effective. However, we also identified three areas of concern that impacted the Volunteer health program: 1) inefficiencies in the agency's medication procurement process; 2) heavy workloads straining the ability of PCMOs to effectively support the regional medical unit that serves both Peace Corps/Macedonia and Peace Corps/Kosovo; and 3) the PCMOs' capacity to provide the necessary medical care which has been further strained by a rise in complexities associated with Volunteer medical accommodations. Subsequently, all three areas of concern resulted in the PCMOs experiencing exhaustion, stress, heavier workloads, and a decline in morale.

Finally, we found that post staff experienced gaps in cross-unit communication and collaboration, with a decline in morale that was, in part, due to the post suspending its awards program.

What We Recommend

This report contains 10 recommendations: 1 focused on project activities, 1 regarding Volunteer safety and security, 4 associated with Volunteer healthcare, and 4 related to post leadership. For the full list of recommendations, see page 22 of this report.

ABOUT THIS REPORT

WHY WE CONDUCTED THIS REVIEW

On December 9, 2024, OIG announced our evaluation of Peace Corps/North Macedonia (hereafter referred to as “the post”). The Peace Corps’ mission to promote world peace and friendship through community-based development and intercultural understanding is made possible by its Volunteers, and we remain committed to supporting their overall safety, well-being, and success through our oversight. Evaluations are a key tool in helping us fulfill the OIG mission to provide independent oversight of Peace Corps operations and programs. Specifically, post evaluations address efficiency and effectiveness, identify best practices, and recommend improvements to help the Peace Corps achieve its mission.

HOW WE CONDUCTED THIS REVIEW

Evaluators performed on-site work at the post from March 8 to March 25, 2025, where they closely collaborated with post leadership and staff. Our evaluation activities included: Volunteer and post staff surveys; interviews with staff, Volunteers, and other stakeholders; document collection and analysis; and in-person observations and inspections. Post evaluations are unique because our evaluators gather Volunteers’ first-hand perspectives in the field. During this review, we traveled to Volunteers’ homes and work sites for in-person observations and interviews.

Our evaluation team experienced effective communication with post leadership, staff, and Volunteers. We greatly appreciate post staff, Volunteers, headquarters staff, and other stakeholders for their assistance and cooperation during this evaluation.



Figure 1: The Ohrid City Square, North Macedonia

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COUNTRY BACKGROUND – NORTH MACEDONIA



North Macedonia is a landlocked European country located in the south-central Balkans, bordered by Kosovo and Serbia to the north, Greece to the south, Bulgaria to the east, and Albania to the west. North Macedonia is largely mountainous and contains three large lakes, each of which are shared with a bordering country. North Macedonia is more than 25,000 square kilometers and overlaps two major climate zones: the Mediterranean zone in the east, which typically experiences milder winters and hotter, drier summers, and the continental zone in the west, which has more severe winters.

Figure 2: Map of North Macedonia

The country consists of an ethnically diverse population of almost 2 million; approximately 58 percent of its citizens identify as Macedonian; 24 percent Albanian; and 18 percent a mixture of Turkish, Romani, Serbian, or other. Macedonian and Albanian are the country’s official languages.

Macedonia became one of the six republics of the Socialist Federal Republic of Yugoslavia following World War II. Macedonia declared its independence in 1991 as Yugoslavia began to collapse. In 1994, Macedonia had a dispute with Greece over its name, which led to its temporary designation as the “Former Yugoslav Republic of Macedonia,” before resolving to rename the country as the “Republic of North Macedonia.”

North Macedonia was one of the poorest republics of the former Yugoslavia and faced considerable economic decline following its independence. The economy began to stabilize, and the gross domestic product (GDP) growth reached 3.6 percent in 2019, and the unemployment rate dropped to 17 percent. In 2019, the International Monetary Fund praised the country’s reform agenda and forecasted stable growth for the country, urging continued reforms and investments in skilled labor and infrastructure.¹

Table 1: Overview of North Macedonia

Overview of North Macedonia	
Population	1,819,000
Official Languages	Macedonian; Albanian
Economy	GDP Per Capita: \$9.9 thousand; Unemployment: 12.8%
Health	Life Expectancy: 73
Human Development Index ²	Rank: 68; 0.815 Classification “Very High”

Source: Table compiled from the International Monetary Fund (2025 Population and Economy), World Bank (2021 Health); and United Nations Development Programme (2025 Human Development Index)

¹ The emigration of education and skilled professionals remains a critical challenge for North Macedonia.

² The United Nations Development Programme publishes an annual index that provides a composite measure of three basic dimensions of human development: health, education, and income. Countries are ranked from “very high human development” to “low human development.”

PEACE CORPS/NORTH MACEDONIA

The agency evacuated 105 Volunteers from the post following the global suspension of Peace Corps operations in March 2020 due to the COVID-19 outbreak. At the start of our evaluation work, there were 77 Volunteers in North Macedonia. As of September 2025, there were 113 Volunteers in North Macedonia.

Table 2: Overview of Peace Corps/North Macedonia

Overview of Peace Corps/North Macedonia	
Dates of Operation	1996-1999; 2001; 2002 - present
Volunteers (all time)	Approximately 996
Volunteers at post	113*
Project Sectors	English and Inclusive Education; Community and Economic Development
Post Staffing Positions	USDHs: 3; PSCs: 23; FSNs: 1**
Budget	FY 2025: \$2,396,300

*As of September 2025

**United States direct hire (USDH); foreign service national (FSN); personal services contractor (PSC)

Volunteers in North Macedonia work on projects in the Education and Community and Economic Development sectors. Peace Corps Volunteers' project work in North Macedonia focuses on the following:

- **English and Inclusive Education³ Volunteers** seek to help improve the effectiveness of English language instruction. Volunteers serve as English language co-teachers to help continuous improvement of English language programs in primary and secondary schools. Additionally, some Volunteers serve as Special Needs Educators in the Inclusive Education sector to support inclusive education processes in public schools.
- **Community and Economic Development (CED) Volunteers** work with municipal and non-government organizations to help improve their organizational and management skills so that these organizations, together with local communities, can implement activities and programs that address local needs.

³ Following fieldwork, this program was renamed to 'English and Special Education' in response to Presidential Executive Order 14151 of January 20, 2025.

EVALUATION RESULTS

OBJECTIVE 1: DID THE POST MEET PROJECT OBJECTIVES AND ALIGN THOSE PROJECTS WITH HOST COUNTRY NEEDS?

We addressed this objective by answering the following researchable questions:

1. Was the post engaged with key partners?
2. Did the post provide host communities with qualified and trained Volunteers?
3. Did Volunteers meet key project objectives?

WHAT WE FOUND

We found that the post met its project objectives and aligned Volunteer projects with host country needs. Staff and Volunteers also reported that these projects were impactful.

The Post Engaged with Key Partners

Interviews with post staff and key partners from the North Macedonian ministry and the U.S. Embassy demonstrated that the post sufficiently engaged with them and that the post's project objectives⁴ aligned with host country needs.

According to U.S. Embassy and post staff, ministry partners supported the Peace Corps, and the post's relationships with these ministry partners helped the Peace Corps identify local partners and organizations for Volunteers to work with. Additionally, the Ministry of Local Self-Government leadership invited post staff to engage more with senior officials to increase Volunteer project focus on economic development, continue extending Peace Corps Volunteer site locations to rural areas, and expand local organization and municipality partnerships. Post staff agreed with its ministry partners and said that the post intends to enhance its economic development program and recruit a more balanced number of Community, Youth, and Economic Development Volunteers. We encourage post staff to continue their engagement with local partners to enhance its economic development program and improve site development for these Volunteers.

Post Provided Host Communities with Qualified and Trained Volunteers

We determined that the post provided host communities with qualified and trained Volunteers. Post and headquarters staff responded to the host country's needs by recruiting qualified Trainees who received training from the post on how to perform their duties at site. We verified that the Trainees met the performance standards for the Learning and Development Plan⁵ competencies and, according to post staff, the Trainees were well qualified by the end of training. Volunteers also reported that they were well-trained and have sufficient technical skills for their work at site.

As shown in Table 3 below, we found that North Macedonia has not faced significant difficulties in recruiting and filling its Volunteer cohorts, which we have reported in other recent post evaluations. At the time of this report, North Macedonia had more Volunteers than it did before the global

⁴ Project sector objectives are outlined in a Logical Project Framework, with related outputs and outcomes.

⁵ A Learning and Development Plan is used to train Volunteers on the competencies they will need for professional Volunteer service. Volunteers must sufficiently demonstrate these competencies and meet assessment requirements.

evacuation. Headquarters and post staff have attributed the post’s popularity among applicants to its geographic location, culture, and history. Additionally, our evaluation reflects how the post’s ability to meet its project objectives and the host country’s needs has positively impacted Volunteer recruitment.

Table 3: Peace Corps/North Macedonia Trainee Fill Rate by Year

Cohort Arrival Date	Project Sectors	Requested	Received	Percent Fill
September 2022	CED; Education	15	17	113%
September 2023	CED; Education	50	36	72%
September 2024	CED; Education	50	37	74%
September 2025	CED; Education	60	50	83%

Volunteer Projects Are Perceived to Be Impactful

According to the post’s Project Status Reports—which provide an overview of the progress and future of each program sector—Volunteers in both the Education and CED sectors were meeting their key project objectives. During our interviews, Volunteers stated that they were making a difference. For example, one Volunteer said they were most proud of engaging students, who would not otherwise be engaged, by showing them that they matter and that someone is invested in them. Another Volunteer said it is the small things that are most valuable; passing on practices that change at least one student’s world.

OBJECTIVE 2: TO WHAT EXTENT DID THE POST MEET SITE MANAGEMENT STANDARDS?

We addressed this objective by answering the following researchable question:

1. Did Volunteer sites and housing meet established requirements?

WHAT WE FOUND

We found that the post mostly complied with the Peace Corps' site management standards. The post established an internal process for developing, selecting, and approving sites. Although Volunteers' sites and houses met post and agency requirements, we found that some CED sites were underdeveloped.

Volunteer Sites and Housing Mostly Met Requirements

We inspected 15 of the 70 Volunteer homes to assess their compliance with the post's housing standards and found that the homes all met the Volunteer health and safety standards. Our observations showed minimal areas of concern. In addition to these observations, we reviewed site history files in the Volunteer Information Database Application (VIDA), which the agency uses to maintain the required Volunteer site history documentation, and found that some of the documentation was missing. While the post could improve its site history file maintenance in VIDA, we found that the missing documentation elements did not significantly weaken the quality of the post's site management activities.

We inspected 15 of the 70 Volunteer homes to assess their compliance with the post's housing standards and found that the homes all met the Volunteer health and safety standards.

Several Community and Economic Development Sites Were Not Fully Developed and Would Benefit From More Thorough Planning

We found that several CED Volunteers had been assigned to work at organizations that were not properly vetted or had poorly defined work assignments. We determined that 86 percent (50/58) of the Volunteers who responded to our survey agreed that they had a well-defined site, work assignment, and ongoing site support. However, seven of the eight Volunteers who disagreed with this statement were from the CED sector. Although the CED Volunteers who disagreed with this statement were in the minority (7 of 33), we considered the result to be significant because these responses came from the same sector. One CED Volunteer told us that their assigned organization's staff did not understand their role as a Youth Development Volunteer and, combined with a lack of communication, did not have a work assignment at their organization until their last few months of service. Another CED Volunteer said that the organization they were assigned to work with only existed on paper—it had no staff, budget, or projects, so they had to find and work with a different organization.

According to Manual Section (MS) 270, Volunteer/Trainee Safety and Security, "The quality of a Volunteer's site, housing and work assignment is a critical feature of a safe Volunteer experience. Each post must ensure that Volunteer sites, housing and work assignments are appropriate and meet all Peace Corps and post established criteria."

Post staff told us that by focusing on rural site development, along with the challenges of finding host families, the post faced challenges in identifying organization partners and clarifying the role

of their assigned Volunteers. Both staff and ministry partners acknowledged that they could do more to establish stronger partnerships, which could help them identify local organizations and municipalities that have the capacity to work with Volunteers and support their projects.

While engagement has been generally sufficient between post and ministry partners, as we reported in the previous section, we found that one specific area—site development consultations for CED—needs improvement. Volunteers without a well-prepared partner organization experience difficulties in trying to convey their role to their assigned organization. We also found that some CED Volunteers spend notable periods of time without project work or are reliant on secondary projects to stay engaged in the community, both of which can impact the post’s ability to meet its project objectives. Moreover, it could impact Volunteer morale. One CED Volunteer, who thinks their site is most appropriate for the education sector said, “you really have to be a self-starter and push for projects and activities.” Based on our assessment of Peace Corps/North Macedonia’s Community and Economic Development sites, we recommend the following:

- 1. The Director of Programming and Training ensures that Community and Economic Development programming staff increase engagement and consultation with ministry and Non-Governmental Organization partners during site development, whereby the role of the Volunteer is made clear.**



Figure 3 and Figure 4: Volunteers who we interviewed at their sites.

OBJECTIVE 3: WAS THE POST'S VOLUNTEER SAFETY AND SECURITY PROGRAM IN COMPLIANCE WITH AGENCY REQUIREMENTS AND EFFECTIVE?

We addressed this objective by answering the following researchable questions:

1. Did the post monitor the security environment and meet emergency planning requirements?
2. Did the post provide effective safety and security training to Volunteers/Trainees?
3. Did the post and headquarters comply with procedures for responding to Volunteer/Trainee incidents?
4. Did Volunteers and staff report that the post's safety and security program is effective?

WHAT WE FOUND

Overall, the post's safety and security program was highly effective and, in the areas we reviewed, the post complied with the safety and security program requirements per MS 270. We determined that the post monitored the country's security environment and met the agency's emergency planning requirements. Volunteers and staff reported that the post's safety and security training was effective in preparing Volunteers to apply the appropriate safety and security measures at site. We

Overall, post's safety and security program was highly effective and in the areas we reviewed, we found that the post complied with the safety and security program requirements in MS 270.

found that the post mostly complied with the agency's incident response and reporting procedures, and the results from our survey and interviews demonstrated that Volunteers and staff found the post's safety and security program to be highly effective. However, we determined that the safety and security program could be further strengthened by establishing sustainable staff coverage.

The Post Monitored the Security Environment and Met Emergency Planning Requirements

We found that the Safety and Security Manager (SSM) monitored and communicated significant security threats to the Volunteers, regularly communicated with U.S. Embassy partners, and attended emergency action committee meetings. Staff also completed all their agency emergency action planning requirements. Additionally, in response to our survey, every post staff member reported that they had full confidence in their readiness to respond to an emergency.

The Post Provided Effective Safety and Security Training to Volunteers and Trainees

Staff and Volunteers reported that the SSM provided training that was effective and prepared Volunteers to maintain their safety at site. Staff noted that the training included local context and provided specific scenarios that Volunteers may face in North Macedonia. Staff also said the SSM's training approach is effective because it is preventative rather than reactive. The Volunteers we interviewed agreed, and several shared that the post's practical training on responding to stray dogs, which Volunteers regularly encounter, "saved them" from precarious situations on multiple occasions.

Post Mostly Complied with Procedures for Safety and Security Incident Response

We reviewed a sample of six safety and security incidents and found that the SSM mostly complied with the agency’s incident response and reporting procedures. However, one incident did not have the necessary documentation demonstrating that the Volunteer was offered the option to report the incident to law enforcement. In two other incidents we reviewed, the post did not have the necessary documentation to indicate that the information about the incident was shared with the Country Director (CD) and Peace Corps Security Officer (PCSSO). Although these specific documents were missing in VIDA, we found that the missing documentation did not have a negative impact on Volunteer safety and security. Further, post staff and Volunteers told us that they have confidence and trust in the SSM’s handling of Volunteer safety and security incidents. All 15 Volunteers who we interviewed said that staff encourages them to report any safety and security incidents they experienced. Volunteers also reported they had positive interactions with staff when reporting incidents, who would help make them feel comfortable and demonstrate that they will be responsive to the incident.



Figure 5: Old Bazaar in Skopje, North Macedonia

Volunteers and Staff Found the Safety and Security Program Highly Effective

Our survey and interview results demonstrated that staff and Volunteers thought that the post’s safety and security program was highly effective, which was attributed to the SSM’s skilled approach and experience, comprehensive communication, training that supports Volunteer preparedness, and the staff’s and Volunteers’ trust and confidence in the security incident response process. Several Volunteers specifically commented on the SSM’s strong attention to detail, stating that the SSM would always ensure everyone was aware of any security concerns and that their messages always include a highlighted map of the areas of concern.

The Safety and Security Program Does Not Have Sustainable Backup Coverage

We found that the Safety and Security Program did not have sustainable backup coverage. Safety and Security Instruction 111 states that every post must designate a trained backup SSM who can fulfill critical roles during the SSM’s absence. There is one trained backup SSM designated in North Macedonia, a post staff member who volunteered for the role, but the backup coverage is only provided during regular business hours. Both the PCSSO and SSM informed us that one backup is not sufficient for this post.

In June 2023, the PCSSO conducted a review of MS 270, which is a triennial review of post’s safety and security programs, and found that the duty officers who work in the evenings and on weekends would contact the SSM whenever they received a call from a Volunteer, even for minor incidents, which effectively placed the SSM on call 24/7 and prevented the SSM from being off duty at any

time.⁶ The PCSSO recommended that the post adds a Safety and Security Assistant (SSA) position or, if that was not feasible, institute a rotating weekend “on-call” phone between the SSM and backup SSM. As of May 2025, the region leadership determined it was not feasible to add an SSA and, as of November 2025, the post has not yet implemented the rotating “on call” phone system because the recommended weekend coverage fell outside the scope of the backup SSM’s agreed role.

As a solution, the post has determined that a second backup SSM is needed to provide weekend coverage, however, the post has faced challenges in identifying and training a second backup. Region staff said it is difficult to find and maintain SSM backups because the role is voluntary, the responsibilities are collateral and cannot be financially compensated, and staff are unwilling to take

Being on call for long durations without relief in dealing with other incidents can fatigue and impair staff and put timely and effective emergency response at risk.

on the extra time and stress. Headquarters staff also acknowledged that recruiting staff to volunteer as the backup SSM has been a longstanding challenge for the agency. Therefore, region staff said that, as a best practice, most posts have a secondary backup so the burden of facilitating Volunteer calls isn’t placed on only one person.

The SSM has worked as the post’s SSM for more than 20 years and informed us that it is not healthy or sustainable to always have an active mind and be ready to respond to an emergency without reasonable periods of rest. The PCSSO said the SSM is “overworked” and compared the SSM position to other positions that do have backup, saying it is unfair that the SSM does not have one.

We emphasize that the SSM is always responsible for responding to sexual assaults and imminent threats to Volunteers. While this has not impacted Volunteer safety and security, being on call for long durations without relief in dealing with other incidents can fatigue and impair staff and put timely and effective emergency response at risk. Based on our assessment of Peace Corps/North Macedonia’s Safety and Security lack of coverage, we recommend the following:

- 2. The Country Director ensures a second backup Safety and Security Manager completes all mandatory training and begins recurrent on-call phone rotations with the Safety and Security Manager.**

⁶ Duty officers (post staff) provide Volunteers appropriate and timely support outside of regular business hours and have been trained on incident response procedures.

OBJECTIVE 4: WAS THE POST'S VOLUNTEER HEALTH PROGRAM IN COMPLIANCE WITH AGENCY REQUIREMENTS AND EFFECTIVE?

We addressed this objective by answering the following researchable questions:

1. Did the post effectively implement health risk prevention and meet emergency planning requirements?
2. To what extent did the post meet key agency requirements to provide Volunteers and Trainees in-country healthcare?
3. Did the post address Office of Health Services (OHS) site assessment recommendations and Volunteer health concerns?

WHAT WE FOUND

We found that the post effectively implemented health risk prevention and met agency requirements to provide Volunteers in-country healthcare. Additionally, our survey and interview results demonstrated that staff and Volunteers found the post's Volunteer health program to be highly effective. However, we identified three areas of concern that impacted the post's Volunteer health program: 1) the post's challenges with the agency's medication procurement process; 2) the PCMOs' strain in supporting a regional medical unit; and 3) the PCMOs' capacity to provide the necessary medical care has been further strained by a rise in complexities associated with Volunteer medical accommodations.

Post Effectively Implemented Health Risk Prevention Requirements

We determined that the PCMOs sufficiently participated in site development and were compliant with medical site visits. The PCMOs informed us that they were prepared for medical evacuations and annually updated the post's Medical Action Plan. In our interviews, the PCMOs and Volunteers also reported that the health training was effective because it covered many topics, provided an overview of available resources, and included a useful and a detailed handbook for Volunteers to reference, all of which prepared them to maintain their health at site.

Peace Corps Medical Officers Fully Met Key Requirements to Provide In-Country Healthcare

In response to our survey, Volunteers reported they were satisfied with the medical care that the PCMOs and host country practitioners provided. Of the Volunteers surveyed who said they received care from PCMOs, 98 percent (47/48) reported that they were satisfied with the healthcare they received. Additionally, 91 percent (30/32) of the Volunteers who said they received care from host country consultants and facilities reported that they were satisfied with the care provided. In our interviews, Volunteers provided positive feedback and described PCMOs as:

- Present, communicative, and make Volunteers feel comfortable.
- Timely, responsive, helpful, and thorough.
- Incredibly well-rounded, supportive, and admired.

Of the Volunteers surveyed who said they received care from the PCMOs, 98 percent (47/48) reported that they were satisfied with the physical healthcare they received.

Additionally, six surveyed Volunteers expressed concerns with the agency’s mental healthcare support, such as inadequate services or fear that seeking support could lead to medical separation. However, the Volunteers who had requested mental healthcare said during our interviews that they found the process to be straightforward and were overwhelmingly satisfied with the coaching services they received.⁷

The Post Addressed Office of Health Services Site Assessment Recommendations and Volunteer Health Concerns

We determined that the post followed the OHS quality improvement requirements for health units. The post addressed all recommendations from the most recent health unit site assessment, which OHS conducted in August 2024. The health unit had mechanisms in place to receive feedback and addressed Volunteer health concerns that had been identified during the post’s quality improvement efforts. Overall, Volunteers voiced no concerns and OHS staff said the health unit is incredibly experienced, detail-oriented, and received a positive health assessment.

The Health Unit Was Hindered by Inefficient Medication Procurement

We found that the health unit faced challenges with ordering medications⁸ through the Peace Corps Post Logistics and Support Division (PLS), which provides posts with medication purchase support.

According to Medical Technical Guideline 240, PCMOs are responsible for creating medication orders and placing these orders through PLS, or a local or third-country vendor.⁹ To place an order through PLS, the PCMOs must submit a form to the Director of Management and Operations (DMO), who emails the form to PLS. Once received, PLS staff verify the funds and place the order with the vendor.

When purchased through PLS, PLS is responsible for the procurement and shipment of medical supplies (and equipment) from U.S. vendors. As shown in Table 4 below, North Macedonia primarily purchased medications through PLS.

Table 4: Source of Medication Procurement in North Macedonia, by Fiscal Year (FY)

Source	FY 2022	FY 2023	FY 2024	FY 2025
PLS Orders	10	13	17	12
Local Vendor & Third-Country Orders	7	12	10	6

We found that PLS did not inform the post when the vendor notified PLS that the ordered medications were short-dated (within 6 months of expiration) or out of stock. Rather than given an opportunity to order an alternative medication or through another vendor, the post reported that PLS

⁷ To receive mental healthcare services, a Volunteer must have a conversation with the PCMO and fill out a questionnaire. If there is more than one standard deviation in their response, the Volunteer is referred to counseling; and if there are no deviations, the Volunteer is referred to coaching. More than 25 percent of the 58 Volunteers we surveyed said they had requested and received mental healthcare.

⁸ According to MTG 240, medications include medicine (prescription and over-the-counter medications) and vaccines.

⁹ While PCMOs must verify that medications procured locally or from overseas sources meet agency criteria, procedures for procurement from overseas sources can vary by post.

shipped the short-dated medications without informing the post. The medications' shelf life was further reduced following the 4 to 6 weeks of shipping time from headquarters to post.

We also found that PLS did not effectively communicate information regarding the order processing or shipping status to the PCMOs. Post staff described the order process as a "black hole," because there was no feedback or timeline in which the post would receive a response from headquarters following their inquiries. Additionally, post staff said there was no average timeline to expect an order to arrive or receive information about the medications' quantity, availability, and expiration dates.

Rather than given an opportunity to order an alternative medication or through another vendor, the post reported to us that PLS shipped the short-dated medications without informing the post.

PLS staff confirmed that there had been shipping delays and the post received some expired medications between October 2024 and January 2025. Contrary to PLS's claims, post staff said they experienced these delays from fall 2022 to fall 2024 and received orders at half quantity, or orders with certain items omitted without forewarning. Post staff said knowing when an order is going to ship would be helpful, but that this type of support was not in place and had noticeably declined after the pandemic.

In addition to the communication gaps between the post and headquarters, post staff attributed the lack of responsiveness to understaffing and said that PLS was not fully functional. PLS confirmed that staffing had decreased from seven PLS staff members supporting all posts in December 2023 to three staff members in June of 2024, before increasing to five staff members in September 2025.¹⁰

The post's health unit mitigated the impacts of these unknown delivery times and incomplete orders by making local purchases or ordering in bulk through PLS. However, purchasing in bulk can be wasteful, such as if the Volunteer who uses the medication leaves service early or the supply expires before all the medication can be used.

In 2024, PLS began and is still developing a system to automate the ordering process, which would include electronic tracking. As of May 2025, PLS staff reported to us the three steps they have taken to increase communication and provide posts with greater visibility into the ordering process:

1. In March 2025, PLS staff started verifying with the posts their order information in the vendors' systems (regarding product price, description, and availability) and adjusting orders when items were out of stock or too close to their expiration dates for posts.
2. In April 2025, PLS began tracking orders using a spreadsheet to provide regions with biweekly information on medications' shipping status.
3. In April 2025, PLS implemented a policy with its vendors to return any medication that has a shelf life of less than 6 months and request a refund.

We are encouraged by the actions PLS has taken, and while these actions should provide the posts with more information about the ordering process and eliminate their receipt of short-dated medications, there is no data to support that these challenges have been resolved. Based on our

¹⁰ PLS staffing has remained at 5 staff members as of November 2025.

assessment of Peace Corps/North Macedonia's medication procurement through PLS, we recommend the following:

- 3. The Office of Management assesses the effectiveness and long-term viability of the three actions Post Logistics and Support Division has taken to address procurement inefficiencies and use the results to improve or implement alternative actions, if necessary.**
- 4. The Post Logistics and Support Division ensures that the refund action for receipt of short-dated medications is clearly documented.**

The PCMOs' Capacity Was Strained Supporting a Regional Medical Unit for Almost 10 Years

From 2016 to 2025, PCMOs in North Macedonia supported Volunteers in both Kosovo and North Macedonia at a regional medical unit (RMU) located in Skopje, North Macedonia. The agency established the RMU to provide Volunteers in Peace Corps/Kosovo with uninterrupted healthcare services by using resources and staff from both posts. While the RMU was dissolved in February 2025, the strains it created and potential risks presented to Volunteer healthcare are important to highlight given the agency's consideration to replicate this model in other Peace Corps locations. Figure 6 provides a timeline of significant events at the RMU.

We found that the agency did not operate the RMU based on its original plan and intent, which, according to several staff, has caused the PCMOs to experience exhaustion, stress, heavy workloads, and decreased morale, which increased the risk of errors related to Volunteer health management. Later in this report, we further discuss the decrease in staff morale and its effect on post operations.

In 2013, Peace Corps/Kosovo opened with a health unit at post. The PCMOs in North Macedonia initially supported the new health unit by traveling to Kosovo to provide healthcare to approximately 26 Volunteers.¹¹

In 2016, after two unsuccessful attempts to hire PCMOs in Kosovo, the RMU was formed, which was comprised of the health units from both Kosovo and North Macedonia. The RMU allowed Peace Corps/Kosovo to remain open with appropriate Volunteer healthcare. The agency has also identified this development as a cost-saving measure.

The RMU operated by regularly bringing Volunteers from Kosovo to Skopje until 2022, when one PCMO began to consistently and frequently travel from Skopje to Kosovo so that the Peace Corps/Kosovo health unit could provide its Volunteers with office hours. In 2022, Volunteers returned to service following the global evacuation and the PCMOs conducted pre-service training in both countries concurrently, up until the RMU dissolved in 2025.

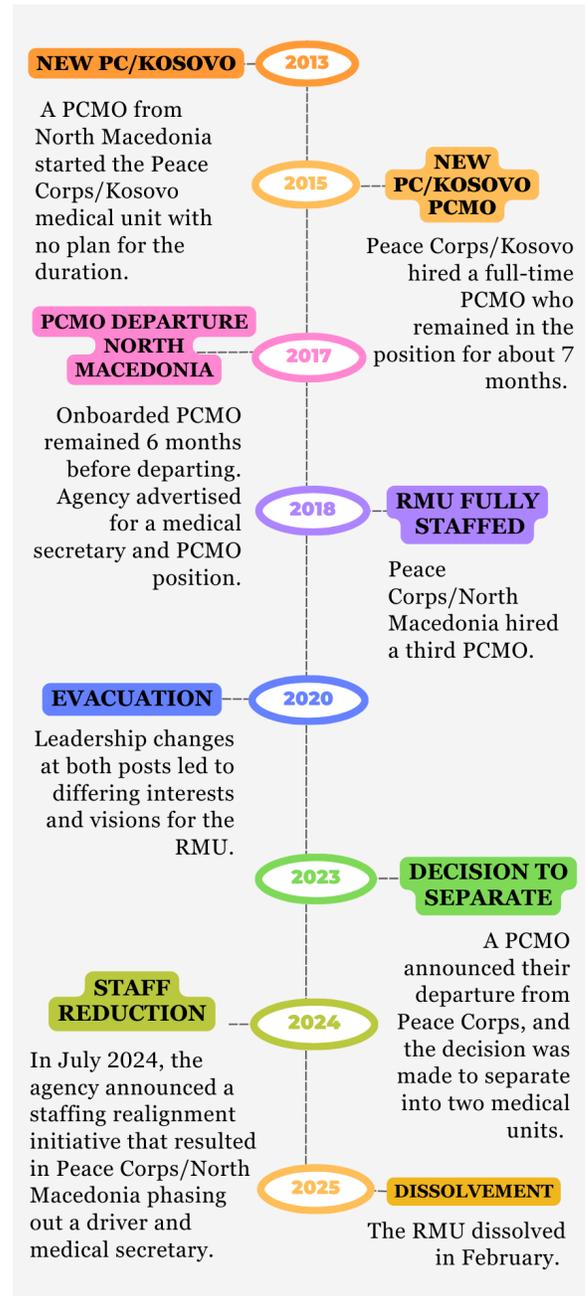


Figure 6: Timeline of Significant Events for the Regional Medical Unit

¹¹ According to web-based maps, the driving time between Skopje, North Macedonia and Pristina, Kosovo (not accounting for international border crossing) is approximately 1.5 hours and 92 kilometers.

We found that the following policies detailed in the original plan for the RMU had not been followed:

- CDs of both countries would establish a vision and goals for the RMU.
- There would be no routine office hours for PCMOs in Kosovo.
- PCMOs would not perform the duty of driver, unless under very specific circumstances.
- Posts would coordinate to ensure their input and training did not overlap.
- Unless it was for an emergency, PCMOs would not routinely travel to Kosovo to see Volunteers.

The original plan also advised the agency to assess the RMU's progress and efficiency. Over the RMU's 10-year span of operation, we found that an assessment was never conducted, which allowed several key issues to persist unaddressed. For example, OHS staff said that the agency was "lucky" to have PCMOs with no adverse outcomes (events that result in harm or injury); a risk that developed from the exhaustion, stress, heavy workloads, and decreased morale of the PCMOs, who were still able to effectively mitigate and manage these risks to their detriment.

OHS staff acknowledged the constant difficulties the PCMOs endured when managing border crossings, different languages, currency, and double the trainings; all while providing consistent quality healthcare. The health unit staff told us that it was difficult to maintain morale, and that the many years of intense pressure, scrutiny, and demands of working at an RMU have negatively impacted them professionally and personally. They said that while supporting two health units may appear simple, there were serious and complicated issues that required a lot of experience and coordination.

Over the RMU's 10-year span of operation, we found that an assessment was never conducted, which allowed several key issues to persist unaddressed.

We also found that the PCMOs supported the RMU with no additional compensation or recognition. OHS staff said that they could not imagine an expectation of coverage for that duration from any other position at post. For the PCMOs, the lack of recognition was the most disappointing part of dealing with such a heavy workload.

Now that the issues stemming from the RMU have been resolved by its closure, headquarters and post staff look forward to reduced stress and inconvenience related to travel for the PCMOs. An increased focus on the Volunteers at both posts will provide PCMOs with more time to develop relationships with local providers, prepare for training, and improve PCMO professional development.

While the RMU mentioned in this report no longer exists, the agency has employed a similar approach to Volunteer healthcare in Peace Corps/Montenegro and has planned to initiate an RMU in Peace Corps/Philippines to support Peace Corps/Palau. Headquarters staff reported to us similar concerns regarding the agency's plan to medically support Palau from the Philippines, citing Palau's minimal medical resources, difficulties in conducting medical evacuations, and the complexity of cases that the health unit in the Philippines already manages.

We have previously raised and have remained concerned that this approach is not sustainable without the appropriate mitigation strategies because it overburdens staff with heavy workloads, causing them to become resource strained and demotivated. The agency coined the term

“piggybacking” to describe the process in which staff from a nearby post are used to open or reopen a separate, nearby post as a cost-saving strategy.

In our 2014 report on *New Country Entries: Lessons Learned*, we found that piggybacking was a problematic strategy because staff were not given sufficient time to prepare for their additional responsibilities; the supporting post often did not share the same language or currency as the supported post, which complicates administrative procedures; and that staff were burdened by heavy workloads while being overextended and demoralized. Based on the Peace Corps/North Macedonia’s challenges with regional medical unit coverage and its impact on the post’s PCMOs, we recommend the following:

- 5. The Peace Corps Director establishes a procedural framework and implementation process for posts managing health unit operations in other posts or countries that includes: 1) risk assessment and corresponding mitigation strategies for high-risk areas; 2) substantial oversight; and 3) periodic reassessments, in consultation with the Office of Health Services.**

Volunteer Medical Accommodations Further Strained Peace Corps Medical Officers’ Capacity and Time

The Peace Corps is required to provide reasonable accommodation for applicants who, with such accommodations, would have the capacity to perform the essential functions of a Volunteer assignment.¹² Based on these requirements, Volunteers must be assigned to countries that can support their medical needs and, in some cases, specific sites within that country.¹³

Peace Corps/North Macedonia PCMOs have historically supported a high rate of Volunteers with medical accommodations. For example, in 2018, OHS reported that the global rate for medical accommodations was 36 per 100 Volunteers and Trainees; comparatively, the rate for accommodations in North Macedonia was 44 per 100 Volunteers and Trainees, while the rate in Kosovo was 50 per 100.¹⁴ We found that from 2016 to 2025 almost half of the Volunteers in North Macedonia had a medical accommodation. We also found that the number of accommodated Volunteers who needed multiple medical accommodations increased from 2016 to 2024 at both of the posts the PCMOs had covered. As a result, the PCMOs’ capacity and availability to support Volunteer health have been significantly impacted by the increasing number of Volunteers who need multiple medical accommodations and Volunteers with more severe medical conditions that require more specific accommodations.

Figure 7 shows the percentage of Volunteers in both North Macedonia and Kosovo who had more than one medical accommodation since 2018. OHS has reported that Volunteers with two or more accommodations have a greater number of encounters with PCMOs as patients, which demonstrates that there is a higher demand for PCMOs’ time.

¹² Peace Corps Manual Section 201 and 22 C.F.R. § 305.

¹³ According to OHS, there are two types of medical accommodation: country-wide support, in which a Volunteer can be cleared to serve anywhere in a country; and site-specific support, in which a Volunteer needs a site with access to a particular resource. The PCMO and CD are both required to sign off on site specific supports.

¹⁴ PCMOs in North Macedonia supported Volunteer healthcare in Kosovo from 2016 through 2025. OHS also reported that because medical accommodation types and definitions frequently change, year over year comparisons of accommodations must be nuanced.

The PCMOs reported that the types of conditions and resulting medical accommodations have become more complex over the last 4 years. Our review found that pre-pandemic accommodations supported mental health medications, allergies, lactose intolerance and mild asthma, among other types of support. After the pandemic, medical accommodations included more complex conditions, such as neurological, endocrinologic, and urological disorders.

OHS staff said that outside of OHS, the agency does not fully consider how more accommodations lead to more Volunteer encounters with PCMOs, which creates more work for the PCMOs and health units. The agency generally determines a PCMO’s workload by the number of Volunteers at their posts. But OHS staff said this determination fails to account for the complexities of some medical accommodations and the resulting support they may require. At the post, we found that the CD was aware of the high number of medical accommodations in North Macedonia [and Kosovo] but did not express concern about the impact they have on the PCMOs’ workloads. Given the challenges in Volunteer recruitment, the agency has prioritized medically clearing applicants. OHS told us this priority has resulted in more medical accommodations, which has put pressure on PCMOs, increasing workloads.

We found that the agency has conducted a limited analysis of medical accommodation data, which makes it harder for the agency to assess their associated complexities’ impact on operations. Previously, OHS reported to us that each medical accommodation is unique, so systematically studying and analyzing accommodations is complex. Regardless, conducting a study and analysis of the various Volunteer medical accommodations could provide the agency with a better understanding of the prevalence, type, and complexity of these medical accommodations and mitigate efficiency risks, such as overextending resources.

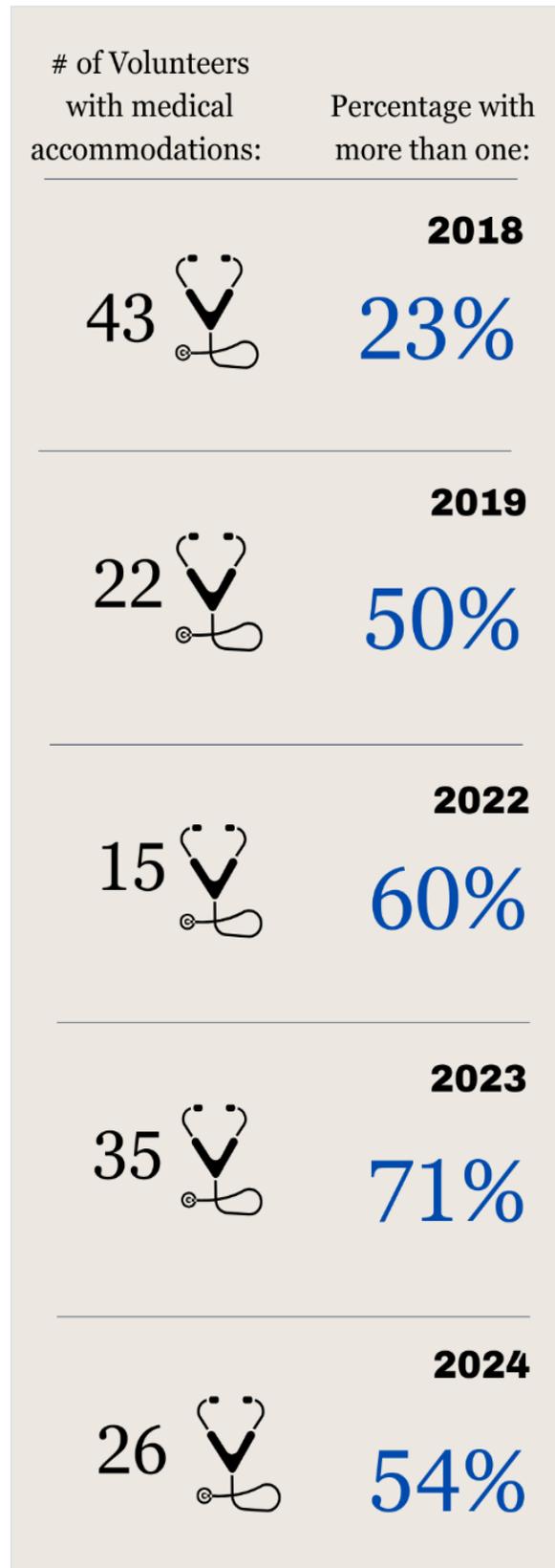


Figure 7: Number of Volunteers with medical accommodations in North Macedonia and Kosovo, including percent of Volunteers with more than one accommodation, by Year

The resulting data could have additional benefits, such as providing stakeholders with a better understanding of the financial impact medical accommodations based on the cost of medications and treatments. Developing a complete picture of the complexities and costs of medical accommodations could help the agency ensure appropriate resources are available to successfully support its Volunteers. Based on our assessment of the strain on PCMOs' capacity to meet the rise in complexities within medical accommodations, we recommend the following:

- 6. The Office of Health Services and the Office of Global Operations collect and analyze medical resource accommodation data across Peace Corps, and report biannually to the Deputy Director, to help inform health unit capacity and determine where health units may require additional support.**
- 7. The Office of Health Services, in collaboration with the Country Director and Peace Corps Medical Officers, assesses the workload impact of medical resource accommodations and how many can be reasonably supported in Peace Corps/North Macedonia with existing resources.**

OBJECTIVE 5: HOW WELL DID POST LEADERSHIP MANAGE AND SUPPORT STAFF AND VOLUNTEERS?

We addressed this objective by answering the following researchable questions:

1. To what extent did post leadership comply with personnel requirements?
2. To what extent did post leadership comply with key Volunteer and Trainee support requirements?
3. How do staff regard leadership's influence on job performance, collaboration, staffing, workload and morale?

WHAT WE FOUND

Overall, we found that staff's communication with, and support for, Volunteers was one of the post's strengths. We also found that staff met personnel requirements by completing their required training, possessed the necessary training and technical skills for their jobs, and received useful feedback from their supervisors. However, staff also felt there were gaps in staff communication and cross-unit collaboration, along with a decline in morale in part because the post's awards program had been paused. As a result, we found that support for post staff could be improved.

Post Leadership Complied with Personnel and Volunteer Support Requirements

We did not identify any meaningful issues regarding staff compliance with mandatory training and found that all 27 post staff members who we surveyed agreed that they have the necessary training and technical skills to effectively do their jobs. In addition, 96 percent (26/27) of staff agreed that their supervisor provides them with useful feedback throughout the year.

We found that staff actively engaged with the Volunteers through the post's Service Improvement Committee, which consists of elected Volunteers and designated staff and supports dialogue between staff and Volunteers. Volunteers overwhelmingly agreed that post staff are supportive, resourceful, and helpful. Specifically, in response to our survey question regarding the greatest strength of the post, almost all Volunteers stated it was the kindness, dedication, and support of local staff. The Volunteers we interviewed further supported the survey results by stating that staff listened to understand them, provided continuous training opportunities, and regularly conducted site visits.

Overall, we found that staff communication with, and support for, Volunteers was one of the post's strengths.

We identified another example of the post's successful Volunteer support from the Director of Programming and Training's (DPT) implementation of weekly pulse surveys during Volunteer training to gauge what was working well and what was needed to improve their training experience. The DPT would then share the results with Volunteers and make real-time adjustments. One Volunteer said that staff excelled at tailoring their approach based on Volunteer feedback and being reasonably attentive to their concerns.

We also noted that in preparation for the Volunteers who arrived in September 2024, the post transitioned from a regional to a sector-based approach, which staff said helped to distribute their workload, travel, and site management more evenly. Volunteers agreed that the transition has further improved communication with staff.

Awards Program Pause Highlights Opportunity for Staff Reengagement

The post's awards program had been paused for about 2 years because, according to staff, the nomination and award processes had become detrimental to morale. Specifically, leadership received numerous complaints from staff that the reasons for recognition were not perceived as equally praiseworthy, and the nomination process allowed colleagues to nominate each other, rather than nominations based on merit.

Post leadership confirmed that the awards program was paused to address the perception of fairness and has not been reinstated because it did not seem appropriate amidst agency restructuring and reorganization. The DPT and DMO echoed that plans to reassess and improve the program have not been implemented and the DMO said future changes will focus on greater transparency.

The Overseas Contracting Handbook (OCH) states that the "post must have an established awards program of monetary and/or time off awards that outlines the eligibility criteria and process for the awards program [...] and the DMO is responsible for ensuring [...] awards are provided at least annually."

We determined that post's awards policy did not fully incorporate the "model award program template," which was added to the OCH in August 2024. One of the missing elements to the post's award program was an award selection and administration process, which could provide staff with a clearer understanding of the award process. The model awards program description in the OCH also has a sample table that, if used, could help with compliance.

With the awards program on pause, post staff said there is no recognition for high performance, which motivated some staff to work harder. Leadership also recognized that awards are an area of improvement that may help with staff morale. Based on our assessment of Peace Corps/North Macedonia's staff awards program, we recommend the following:

- 8. The Director of Management and Operations, in consultation with the Country Director, establishes and executes a plan to reinstate awards with clearly defined criteria and transparent communication protocols that ensure shared understanding of the reason for recognition.**

Isolated Operations of the Health Unit Led to Decline in Medical Staff Morale

We found a decline in health unit staff morale. Health unit staff said the decline resulted from multiple factors, namely providing support to Kosovo for almost 10 years and without recognition. Staff also felt a lack of support from post leadership.

According to Manual Section 125, "The Country Director in each post [...] works to promote a safe and productive environment so Volunteers and staff can work successfully, perform their duties and responsibilities effectively, and maintain the reputation of Peace Corps."

Staff said the health unit functions independently, sometimes without engagement across offices, and was often disconnected from leadership who gave them less attention because they were self-sufficient. The CD agreed, confirming that they do not have regular meetings with the health unit and that health unit staff would prefer to meet more frequently. Health unit staff also said that the increasing scope of work and its complexity, along with a decline in administrative staff, further impacted morale. Despite these shortcomings, health unit staff have consistently received high

levels of Volunteer satisfaction, and OHS staff view their work and commitment with high regard. Based on our assessment of morale in Peace Corps/North Macedonia's health unit, we recommend:

- 9. The Office of Health Services reviews the efforts of the health unit in North Macedonia to determine any appropriate recognition.**
- 10. The Country Director re-engages health unit staff through regular check-ins, a visible leadership presence, and creates structured opportunities for staff feedback and collaboration.**

RECOMMENDATIONS

1. The Director of Programming and Training ensures that Community and Economic Development programming staff increase engagement and consultation with ministry and Non-Governmental Organization partners during site development, whereby the role of the Volunteer is made clear.
2. The Country Director ensures a second backup Safety and Security Manager completes all mandatory training and begins recurrent on-call phone rotations with the Safety and Security Manager.
3. The Office of Management assesses the effectiveness and long-term viability of the three actions Post Logistics and Support Division has taken to address procurement inefficiencies and use the results to improve or implement alternative actions, if necessary.
4. The Post Logistics and Support Division ensures that the refund action for receipt of short-dated medications is clearly documented.
5. The Peace Corps Director establishes a procedural framework and implementation process for posts managing health unit operations in other posts or countries that includes: 1) risk assessment and corresponding mitigation strategies for high-risk areas; 2) substantial oversight; and 3) periodic reassessments, in consultation with the Office of Health Services.
6. The Office of Health Services and the Office of Global Operations collect and analyze medical resource accommodation data across Peace Corps, and report biannually to the Deputy Director, to help inform health unit capacity and determine where health units may require additional support.
7. The Office of Health Services, in collaboration with the Country Director and Peace Corps Medical Officers, assesses the workload impact of medical resource accommodations and how many can be reasonably supported in Peace Corps/North Macedonia with existing resources.
8. The Director of Management and Operations, in consultation with the Country Director, establishes and executes a plan to reinstate awards with clearly defined criteria and transparent communication protocols that ensure shared understanding of the reason for recognition.
9. The Office of Health Services reviews the efforts of the health unit in North Macedonia to determine any appropriate recognition.
10. The Country Director re-engages health unit staff through regular check-ins, a visible leadership presence, and creates structured opportunities for staff feedback and collaboration.

OIG RESPONSE TO AGENCY COMMENTS

We appreciate the Peace Corps' collaboration throughout this evaluation. In response to the preliminary report, the Peace Corps concurred with the report's ten recommendations. Moreover, post has already addressed several of those recommendations. We reviewed evidence of completed corrective actions and closed recommendations 1, 2, 8, and 9. We will consider closing the remaining recommendations upon confirmation from the chief compliance and risk officer that appropriate corrective actions are documented and complete.

We wish to note that in closing recommendations, we are not certifying that we have reviewed their effects. For the full text of the agency's comments, see Appendix D.

APPENDIX A: OBJECTIVE, SCOPE, AND METHODOLOGY

PURPOSE AND SCOPE

OIG conducted the evaluation of Peace Corps/North Macedonia by addressing the following objectives:

1. Did the post meet its project objectives and align those projects with the host country's needs?
2. To what extent did the post meet site management standards?
3. Was the post's Volunteer safety and security program in compliance with agency requirements and effective?
4. Was the post's Volunteer health program in compliance with agency requirements and effective?
5. How well did post leadership manage and support staff and Volunteers?

The scope of this evaluation extended to the post's programs, operations, and activities over the period October 2022 to June 2025.

METHODOLOGY

To assess Peace Corps operations in North Macedonia, we surveyed staff and Volunteers; interviewed Volunteers and post staff, along with Peace Corps embassy, and host country partners; conducted and noted our observations during the post and Volunteer site visits; and reviewed the relevant data and documentation. Evaluators traveled to the post from March 8 to March 25, 2025, to meet its stakeholders, conduct interviews, and inspect Volunteer sites.

Data Review and Analysis

We analyzed various data sources to evaluate aspects of staff and Volunteer performance, and post's safety and security and health programs. This included reviewing samples of site history files in VIDA and incident responses in the Security Incident Management System to verify compliance with agency standards. We also reviewed project status reports, various training assessments, and logical project frameworks.

To understand health program operations, we reviewed emergency planning documentation, medical action plans, Volunteer training records, and quality improvement records. We also analyzed Peace Corps/Kosovo and Peace Corps/North Macedonia medical resource accommodation data.

Survey

Between January 13 and January 30, 2025, we deployed a survey to all 104 staff and Volunteers in North Macedonia to assess post's compliance and effectiveness in the areas of Volunteer health and safety, project activities, Volunteer training and support, and post leadership. We received 85 total survey responses. Survey results were analyzed using descriptive analyses for fixed responses and qualitative coding for open-end responses.

Interviews

We interviewed a stratified judgmental sample of 15 of 77 Volunteers and a judgmental sample of 13 of 27 post staff with relevant duties and responsibilities regarding post compliance and effectiveness in Volunteer health and safety, project activities, training and support, and leadership. We also interviewed six key stakeholders to discuss their observations and experiences with Peace Cops/North Macedonia. See appendix B for more detailed information.

Policy and Document Review

We reviewed the following policies, procedures, and guidance related to the post's program, operations, and activities:

- Host Country Memorandum Of Understanding, Peace Corps Act
- Peace Corps Overseas Contracting Handbook
- Manual Sections (MS 125, 201, 204, 221, 242, 243, 261, 264, 265, 270, 461, 665, and 647)
- Safety and Security Instructions (SSI 101, 310, 410, 602)
- Medical Technical Guidelines (TG 110, 195, 204, 240, 302, 310, 385)

Standards

OIG conducted this evaluation in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation* (December 2020).

APPENDIX B: OIG INTERVIEWS

At the time we started our evaluation, there were 77 Volunteers at the post. Table 5 below provides demographic information for the post's Volunteers. OIG interviewed a stratified judgmental sample of 15 Volunteers, which reflect these demographics.

Table 5: Volunteer Demographic Information

Project	Percentage of Volunteers
Community Economic Development	48%
Education	52%
Sex	Percentage of Volunteers
Female	49%
Male	51%
Age	Percentage of Volunteers
25 or younger	35%
26-29	30%
30-49	16%
50 and over	19%

Note: Percentages may not total 100 percent due to rounding

At the time we started our evaluation, the post had 27 full-time staff. Table 6 lists the post staff we interviewed.

Table 6: Post Staff Interviewed

Position	Status
Country Director	USDH*
Director of Management and Operations	USDH
Director of Programming and Training	USDH
Peace Corps Medical Officers (2)	PSC*
Safety and Security Manager	PSC
Financial Manager	PSC
Medical Assistant	PSC
Program Manager (2)	PSC
Program Sector Specialist (2)	PSC
Quality Assurance Specialist	PSC

PEACE CORPS OFFICE OF INSPECTOR GENERAL

We interviewed key stakeholders, including Peace Corps headquarters staff, host country partners, and diplomatic officials with the U.S. Embassy in North Macedonia. OIG stakeholder interviews are shown in Table 7.

Table 7: Stakeholders Interviewed

Position	Organization
Ambassador	U.S. Embassy in North Macedonia
Regional Security Officer	U.S. Embassy in North Macedonia
Minister for Education and Science	Ministry of Education
Ministry Official	Ministry of Education
Head of Department of Local Self Government	Ministry of Local Self Government
Ministry Advisor	Ministry of Local Self Government

APPENDIX C: LIST OF ACRONYMS

CD	Country Director
CED	Community and Economic Development
DMO	Director of Management and Operations
DPT	Director of Programming and Training
FSN	Foreign Service National
FY	fiscal year
GDP	gross domestic product
MS	Manual Section
OCH	Overseas Contracting Handbook
OHS	Office of Health Services
OIG	Office of Inspector General
PCMO	Peace Corps Medical Officer
PCSSO	Peace Corps Safety and Security Officer
PLS	Post Logistics and Support Division
PSC	Personal Services Contractor
RMU	Regional Medical Unit
SSA	Safety and Security Assistant
SSM	Safety and Security Manager
USDH	United States Direct Hire
VIDA	Volunteer Information Database Application

APPENDIX D: AGENCY RESPONSE



MEMORANDUM

TO: Joaquin Ferrao, Inspector General

FROM: Kris Besch, Deputy Chief Executive Officer

KRIS BESCH
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Date: 2026.03.27
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CC: Richard E. Swartz, Acting Peace Corps Director
Karen Roberts, Acting Chief of Staff
David Reside, Peace Corps/Madagascar Country Director
Nancy Herbolsheimer, Associate Director, Office of Global Operations
Kathy Jacquart, Acting Regional Director, Europe, Mediterranean, and Asia Region
Shawn Bardwell, Associate Director, Office of Safety and Security
Dr. Wayne Quillin, Associate Director, Office of Health Services
Clark Presnell, Acting Associate Director, Office of Management
Alexis Fowler, General Counsel
Paul Shea, Senior Advisor to the Director
Emily Haimowitz, Chief Compliance and Risk Officer
Jennifer Piorkowski, Director, Executive Secretariat

DATE: March 27, 2026

RE: Agency Response to the Evaluation of Peace Corps/North Macedonia

Thank you for the opportunity to respond to this preliminary report from the Office of Inspector General (OIG). Enclosed please find the agency's response to the recommendations made by the Inspector General as outlined in the OIG's *Evaluation of Peace Corps/North Macedonia* sent to the agency on February 17, 2026. Along with the response, the agency provided documentation to the OIG to support closure of recommendations one, two, eight, and nine. These actions were taken before receipt of the OIG's preliminary report.

Recommendation 1

The Director of Programming and Training ensures that programming staff increase engagement and consultation with ministry and Non-Governmental Organization partners during site development, whereby the role of the Volunteer is made clear.

Concur

Response: The agency agrees that it is important for all Volunteer sites to be fully developed. Peace Corps/North Macedonia begins the site identification and preparation process many months in advance of site assignments. During the time between the final programmatic visit and the arrival of the Volunteer, a host organization's needs and operational context can change. Post intentionally selects counterpart organizations that are in rural or underserved communities, are less resourced and well structured, and would therefore benefit most from Volunteer engagement. As a result, there may have been some counterparts with different work expectations for Volunteers.

Post has put in place several strategies to address this, including an in-depth check-in with counterpart organizations prior to the end of pre-service training to ensure that details related to the work assignment of the Volunteer and the organizational context discussed during programmatic visits are still valid. This is described in the Site Management Guidance. Post has also redesigned the Volunteer request form, which is now completed online and includes sections describing the role of a Peace Corps Volunteer and requesting a detailed description of the proposed Volunteer work assignment.

As part of the current site promotion process, post will meet with ministry partners from the Ministry of Local Self Government and Ministry of Education and Science to discuss potential Volunteer placements and reiterate the role of the Volunteer in host organizations. Post will invite the Minister of Local and Self Governance to visit Volunteers serving in municipalities in order to deepen his understanding of the role of the Volunteer.

Documents Submitted

- Updated Site Management Guidance
- Updated Volunteer request form
- Documentation of increased engagement with ministry partners

Status and Timeline for Completion: March 2026

Recommendation 2

The Country Director ensures the second backup Safety and Security Manager completes all mandatory training and begins recurrent on-call phone rotations with the Safety and Security Manager.

Concur

Response: Peace Corps/North Macedonia informally added a second backup Safety and Security Manager (SSM) in September 2025 – the quality assurance specialist (QAS) who previously held the role of backup SSM – and formalized that change in the QAS SOW in 2026. The QAS is fully trained and is actively serving in the role, including participating in the duty office phone rotation.

Post has an active duty officer phone coverage. When safety and security concerns are raised to the duty officer, the duty officer contacts the on-call safety and security phone, which is held by either the SSM or one of the backup SSMs. The three staff members rotate holding the on-call phone, allowing the SSM time away from work.

Documents Submitted

- Statement of work for two backup SSMs
- Memo documenting back-up coverage for SSM duty phone

Status and Timeline for Completion: March 2026

Recommendation 3

The Office of Management assesses the effectiveness and long-term viability of the three actions Post Logistics and Support Division has taken to address procurement inefficiencies and use the results to improve or implement alternative actions, if necessary.

Concur

Response: The agency acknowledges the procurement communication gaps identified in the report, including the lack of timely notification to posts when items were short-dated or out of stock and limited visibility into order processing and shipping status.

As described in the report, the Post Logistics and Support (PLS) Division implemented three corrective actions to address these gaps: (1) verifying order information with posts using vendor systems and adjusting orders when items are out of stock or too close to expiration; (2) tracking and communicating order shipping status to regions; and (3) returning medications with less than six months shelf life for refund. In addition, PLS has taken steps to strengthen oversight of vendor and shipping performance.

The agency will assess the effectiveness and long-term viability of these actions using defined measures, including frequency of short-dated or omitted items, timeliness of post notifications, and post feedback on communication and visibility. Based on results, the agency will improve these actions or implement alternative measures, if necessary.

Additionally, PLS is developing an automated ordering system with electronic tracking that, once implemented, will further improve transparency and visibility into order status.

Documents to be Submitted

- Assessment of effectiveness of PLS improvement actions

Status and Timeline for Completion: September 2026

Recommendation 4

The Post Logistics and Support Division ensures that the refund action for receipt of short-dated medications is clearly documented.

Concur

Response: PLS implemented a vendor return/refund policy in April 2025 for medications with less than six months shelf life. PLS will formalize this action by documenting a standard operating procedure that includes: criteria for identifying short-dated items, the return and refund process steps, responsible roles, and the method for tracking and retaining records of refund requests and credits received.

Documents to be Submitted

- Standard Operating Procedure for Medical Ordering

Status and Timeline for Completion: September 2026

Recommendation 5

The Peace Corps Director establishes a procedural framework and implementation process for posts managing health unit operations in other posts or countries that includes: 1) risk assessment and corresponding mitigation strategies for high-risk areas; 2) substantial oversight; and 3) periodic reassessments, in consultation with the Office of Health Services.

Concur

Response: The Peace Corps will establish a framework or guidance for posts that have health units supporting more than one post and/or country, which may include the items listed in the OIG's recommendation.

Documents to be Submitted

- Framework or guidance for posts that have health units supporting more than one post and/or country

Status and Timeline for Completion: December 2026

Recommendation 6

The Office of Health Services and the Office of Global Operations collect and analyze medical resource accommodation data across Peace Corps, and report biannually to

the Deputy Director, to help inform health unit capacity and determine where health units may require additional support.

Concur

Response: The agency provides medical accommodations as required and aligned with Peace Corps policies and applicable requirements. OHS works closely with overseas posts to identify whether they can support different accommodations through an annual assessment of medical resource capabilities.

While some accommodations increase the workload for the post's health unit, others do not. The agency will conduct a review of the medical resource accommodations provided to Peace Corps Volunteers to help inform health unit capacity. If required, the agency will make policy changes as a result. The Peace Corps will determine the appropriate level of Peace Corps leadership to report the findings.

Documents to be Submitted

- Review of medical resource accommodations

Status and Timeline for Completion: December 2026

Recommendation 7

The Office of Health Services, in collaboration with the Country Director and Peace Corps Medical Officers, assesses the workload impact of medical resource accommodations and how many can be reasonably supported in Peace Corps/North Macedonia with existing resources.

Concur

Response: The agency has several tools, such as the Country Health Resource Survey, which collects information about a post's ability to support various medical resource accommodations. In collaboration with the North Macedonia Country Director and Peace Corps Medical Officers, the Office of Health Services will review the medical accommodations being supported in Peace Corps/North Macedonia to assess the workload impact of the medical unit.

Documents to be Submitted

- Assessment of workload impact due to medically accommodated Volunteers for Peace Corps/North Macedonia health unit

Status and Timeline for Completion: December 2026

Recommendation 8

SENSITIVE BUT UNCLASSIFIED

The Director of Management and Operations, in consultation with the Country Director, establishes and executes a plan to reinstate awards with clearly defined criteria and transparent communication protocols that ensure shared understanding of the reason for recognition.

Concur

Response: Peace Corps/North Macedonia provided monetary awards to staff in 2025. In line with the OIG recommendation, Peace Corps/North Macedonia has adopted an awards program that incorporates the model award program template. Post has socialized the new awards program in consultation with the Post's staff advisory committee. The awards program has been included in the staff handbook and will be utilized for awards at the end of 2026.

Documents Submitted

- Updated Staff Handbook with awards program

Status and Timeline for Completion: March 2026

Recommendation 9

The Office of Health Services reviews the efforts of the health unit in North Macedonia to determine any appropriate recognition.

Concur

Response: Peace Corps/North Macedonia and OHS greatly appreciate the efforts of the health unit in North Macedonia. The staff have been recognized for their performance and management of the Regional Medical Unit. Post leadership and OHS will continue to recognize staff as appropriate.

Documents Submitted

- Copies of recognition of health unit staff

Status and Timeline for Completion: March 2026

Recommendation 10

The Country Director re-engages health unit staff through regular check-ins, a visible leadership presence, and creates structured opportunities for staff feedback and collaboration.

Concur

Response: Peace Corps/North Macedonia leadership works closely with the Post's health unit staff and is actively seeking their feedback on opportunities for collaboration. Following discussions with the Post health unit staff it was agreed that, in addition to the Country Director meeting with the Post health

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unit staff during the weekly All-Staff meeting and with the PCMOs during the weekly Senior Staff meeting, the Country Director will meet with the health unit staff once a week. The Country Director will assess adequacy of engagement with the health unit at the end of the Calendar Year with feedback from each member of the health unit.

Documents to be Submitted

- Calendar invitation for weekly meeting between Country Director and health unit staff
- Memo of post's assessment of leadership engagement with health unit

Status and Timeline for Completion: December 2026

APPENDIX E: KEY CONTRIBUTORS

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