

IPS 4-21: Attachment B

Overview: Country Portfolio Review Process

Background

As envisioned in the June 2010 Comprehensive Agency Assessment and codified in the Kate Puzey Peace Corps Volunteer Protection Act of 2011, the periodic review of the Peace Corps' portfolio of countries is designed to answer strategic questions related to "why we are where we are" and "why we deploy the numbers of Volunteers to countries as we do."

In 2017 (its eighth year) the Country Portfolio Review (CPR) process underwent a redesign to improve the transparency, replicability, and documentation of the recommendations that result from the CPR process. The process designed in 2017 was replicated for the 2018 CPR and the 2019 CPR. The 2020 and 2021 CPRs were suspended due to the evacuation of all Volunteers.

Six (6) priority areas are evaluated in the CPR:

- (1) safety and security,
- (2) medical care of Volunteers,
- (3) host country need and strategic interest,
- (4) host country commitment and engagement,
- (5) programmatic impact, and
- (6) Post management and costs.

Each priority area is measured using external data generated by organizations such as the World Bank, United Nations Development Programme, World Health Organization, United Nations Educational, Scientific and Cultural Organization, and internal data generated through questionnaires and data the Peace Corps routinely collects regarding Post functioning. Altogether, there are currently 122 data points.

The CPR preliminary recommendations – grow, maintain, reduce, or pause – are based on ten critical indicators selected among a list of over 200 variables that are available to the CPR team. Better indicators may exist but are not available for collection. Therefore, while it is important that the benchmarks identified remain constant so that year-to-year comparisons can be made, it is also important to continue to review them. Another limitation regarding the critical indicators is the lag in data collection and decision making. Although most indicators stay static, it is possible that some data points can become obsolete due to the rapidly changing politics, environment, health, and other factors.

The CPR process is designed to be replicable, transparent, and rational. It is replicable because a different group of people using the same data and tools would arrive at the same initial recommendations. Using data-driven tools and capturing notes from the contextual discussions enable Posts and other stakeholders to understand exactly how and why the recommendations were made, making the process transparent and well-documented.

It is important to note that the CPR is NOT a measure of a Post’s performance, as many of the indicators included in the tool are not within the Post’s ability to influence or control. Thus, the CPR recommendations should be seen as a management resource for determining whether it makes sense to grow, maintain, reduce, or pause the number of Volunteers at each Post.

Non-emergency Post Suspension and Closure Considerations

42 indicators drawing on internal and external sources will be used to facilitate non-emergency post suspension and closure decisions. These indicators cover four (4) priority areas: host country need and commitment; medical care/health; Post management and costs; and safety and security. Based on its relevance to suspending or closing a Post in a non-emergency, each indicator is rated as highly relevant, moderately relevant or somewhat relevant.

The following table shows the number of indicators for each level of relevance and the priority areas covered.

Relevance	Number of Indicators	Priority Area Covered
Highly relevant	8	host country need & commitment, medical care/health, safety & security
Moderately relevant	21	medical care/health, Post management & costs, safety & security
Somewhat relevant	13	medical care/health, Post management & costs, safety & security

The highly relevant indicators can serve as red flags to identify Posts appropriate for stakeholders (Regions, the Office of Global Operations (OGO), the Office of Safety and Security (OSS), the Office of Health Services (OHS)) to start considering a non-emergency suspension or closure. When Posts, if any, are identified through screening, stakeholders will be provided with a broader, more thorough review of information to facilitate their decisions on suspending or closing those Posts. In addition to results of the highly relevant indicators, stakeholders will be provided with the following:

- results of the moderately relevant indicators;
- results of the somewhat relevant indicators; and
- additional information, including the change in the number of Volunteers sent to the Post over the past five years and the Inequality-adjusted Human Development Index (IHDI) level.

The CPR process is not a substitute for the crisis management process. Since the CPR is conducted at one point in time, the final decisions concerning Volunteer levels or potential new country entries may change given the dynamic global environment. For example, a Post may be designated as being a good fit for growth, but a political event or natural disaster could alter that recommendation.

Volunteer Levels at each Post

For Posts at Full Operational Status, as defined by IPS 4-21, external and internal data on the six (6) priority areas will be used for the development of the Volunteer Levels Tool that generates preliminary recommendations for future Volunteer levels.

For determining Volunteer levels, the CPR process consists of the following:

- Each Post receives a preliminary recommendation about whether or not a Post should increase, maintain, or reduce the number of Volunteers based on outcomes from the Volunteer Levels Tool.
- OGO, Regions, OSS, OHS, the Office of Volunteer Selection and Recruitment (VRS), the Office of the Chief Financial Officer (OCFO), Peace Corps Response (PCR), and the CPR team meet to discuss the preliminary recommendation, adding contextual information, to arrive at a final recommendation concerning the growth potential for Volunteer levels for each Post.