



***Office of Strategic Information,  
Research, and Planning***

**Host Country Impact Study  
Botswana**



**Final Report prepared by the Office of Strategic Information,  
Research, and Planning**

### **About the Office of Strategic Information, Research, and Planning**

It is the mission of OSIRP to advance evidence-based management at the Peace Corps by guiding agency strategic planning; monitoring and evaluating agency-level performance and programs; conducting research to generate new insights in the fields of international development, cultural exchange, and Volunteer service; enhancing the stewardship and governance of agency data; and, helping to shape agency engagement on high-level, government-wide initiatives.

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<sup>1</sup> This study was a team effort involving all members of the OSIRP staff. Alice-Lynn Ryssman deserves special recognition as the initial study lead. Janet Kerley served as the senior advisor on the project and Liz Danter provided some early data analysis. Kristy Schlenker contributed significant data support and analysis during later stages of the project. Leah Ermarth, OSIRP's chief of evaluation and research, oversaw the preparation of this final report, and was responsible for the final analysis and write-up of the results. OSIRP Director Cathryn L. Thorup reviewed the study and made the final substantive edits to the report. Danielle Porreca formatted the report and completed the final copy-editing.

<sup>2</sup> Partners include any individual who may have lived or worked with a Peace Corps Volunteer.

## ACRONYMS AND DEFINITIONS

### Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARVs	Anti-retro Virals
BCC	Behavior Change Communication
BNYC	Botswana National Youth Council
BONASO	Botswana Network of AIDS Service Organizations
BOTUSA/CDC	Botswana and USA/Center for Disease Control
CM	Community Member
DAC	District AIDS Coordinator
DHT	District Health Team
DMSAC	District Multi-Sectoral AIDS Committee
HBC/OC	Home-Based-Care and Orphan Care
HCN	Host Country Nationals
HIV	Human Immunodeficiency Virus
IPT	Isoniazid Preventative Therapy
MCP	Multiple Concurrent Partner
NACA	National Aids Coordinating Agency
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PCVs	Peace Corps Volunteers
PC	Peace Corps
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-To-Child Transmission
PST	Pre-Service Training
VCT	Voluntary Counseling and Testing
VDC	Village Development Committee

## Definitions

Beneficiaries	Individuals who receive assistance and help from the project; the people that the project is primarily designed to benefit
Counterparts/project partners	Individuals who work with Peace Corps Volunteers; Volunteers may work with multiple partners and counterparts during their service. Project partners also benefit from the projects, but when they are paired with Volunteers in a professional relationship or when they occupy a particular position in an organization or community (e.g., community leader), they are considered counterparts
Host family members	Families with whom a Volunteer lived during all or part of his/her training and/or service
Project stakeholders	Host country agency sponsors and partners, <sup>3</sup> including host country ministries and local non-governmental agencies that are sponsoring and collaborating on a Peace Corps project. There may be a single agency or several agencies involved in a project in some role

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<sup>3</sup> This definition, while narrower than the one commonly used in the development field, is the definition provided in the Peace Corps *Programming and Training Booklet I*.



# Executive Summary

## Introduction

In 2008, the Peace Corps launched a series of studies to determine the impact of its Volunteers on two of the agency's three goals: building local capacity and promoting a better understanding of Americans among host country nationals (HCNs). The Peace Corps conducts an annual survey that captures the perspective of currently serving Volunteers.<sup>4</sup> While providing critical insight into the Volunteer experience, the survey can only address one side of the Peace Corps' story. The agency's Host Country Impact Studies are unique for their focus on learning about the Peace Corps' impact directly from the host country nationals who lived and worked with Volunteers.

This report is based on the results from a study conducted in Botswana from November 2010 to January 2011. The focus of the research was the HIV/AIDS Capacity Building Project. The results of the findings from the local research team were shared with the post immediately upon completion of the fieldwork. This Office of Strategic Information, Research, and Planning (OSIRP) final report is based upon the data collected by the local team and contains a thorough review of the quantitative and qualitative data, supported by respondents' quotes, and presented in a format that is standard across all the country reports.

## Purpose

Botswana's Host Country Impact Study assesses the degree to which the Peace Corps was able: (1) to meet the needs of the host country in improving health outcomes related to HIV/AIDS and, (2) to promote a better understanding of Americans among host country nationals. The study provides Peace Corps/Botswana with a better understanding of the HIV/AIDS Capacity Building Project and the impact it has had on local participants and organizations. In addition, the evaluation provides insight into what host country nationals learned about Americans and how their opinions about Americans changed after working with a Volunteer. Finally, the study identifies areas for improvement.

The major research questions addressed in the study are:

- Did skills transfer and capacity building occur?
- What skills were transferred to organizations/communities and individuals as a result of Volunteers' work?
- Were the skills and capacities sustained past the end of the project?
- How satisfied were HCNs with the project work?
- What did HCNs learn about Americans?

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<sup>4</sup> Peace Corps surveyed Volunteers periodically from 1975 to 2002, when a biennial survey was instituted. The survey became an annual survey in 2009 to meet agency reporting requirements.

- Did HCNs report that their opinions of Americans had changed after interacting with the Peace Corps and Peace Corps Volunteers (PCVs)?

The evaluation results will be aggregated and analyzed with the results from other Host Country Impact Studies to assess the agency's broader impact on local partners and participants across a variety of posts around the world.

## **Evaluation Methodology**

This report is based on data provided by counterparts, beneficiaries, stakeholders, and host family members of the HIV/AIDS Capacity Building Project during interviews with the research team. The study included interviews with:

- 29 Counterparts
- 92 Beneficiaries
- 19 Host Family members
- 5 Stakeholders

The study reached 145 respondents in 23 communities. All interviews were conducted between November 9, 2010 and January 10, 2011.<sup>5</sup>

## **Project Design and Purpose**

The purpose of the HIV/AIDS Capacity Building Project is to assist the government of Botswana's National AIDS Coordinating Unit (NACA) and other partners with their efforts to strengthen the capacity of government service providers, community-based organizations, communities, and individuals to mitigate the effects of HIV/AIDS.

Specifically, the project consists of four program areas:

1. The DAC Program which partners Volunteers with District AIDS Coordinators (DAC's) to build capacity at the district level.
2. The Community Capacity Building Program which aims to promote utilization of prevention of mother-to-child transmission (PMTCT) and home-based-care and orphan care (HBC/OC) services in the communities hit hardest by HIV/AIDS.
3. The NGO Capacity Building Program places Volunteers with non-governmental organizations (NGOs) to provide training on program design and management, budgeting, resource mobilization, and the promotion of volunteerism.
4. The Life Skills program focuses on teaching life skills, promoting healthy decisions, and providing activities for both in- and out-of-school youth.

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<sup>5</sup> See Appendix 1 for a full description of the methodology. Please contact OSIRP for a copy of the interview questionnaires.

## **Project Goals**

The project framework identified five project goals that can be summarized as:

1. HIV/AIDS prevention
2. Increase community support to people living with HIV/AIDS (PLWHA)
3. Build the organizational capacity of service providers
4. Enhance protection of vulnerable populations
5. Contribute to the ethical and legal environment

To implement the HIV/AIDS Capacity Building Project, Volunteers were placed within each of Botswana's 10 districts to work within the four HIV/AIDS programs agreed upon by the Peace Corps and NACA.

## **Evaluation Findings**

The evaluation findings indicate that the intended project goals of the HIV/AIDS Capacity Building Project were largely met and that Volunteers were very successful in promoting a better understanding of Americans. Counterparts and beneficiaries were asked about changes in outcomes, sustainability of outcomes, and whether their needs were met for a variety of indicators both at the community level (related to the first four project goals) and at the individual level (related to life skills and HIV/AIDS knowledge). Counterparts, beneficiaries, and host families were also asked about their knowledge and opinions about Americans before and after spending time with Peace Corps Volunteers.

At the community level, most counterparts and beneficiaries reported there had been positive changes within their communities related to HIV/AIDS prevention, community support for PLWHA, the operational capacity of community-based organizations and service providers, and the protection of vulnerable populations. For all community level indicators, the majority of counterparts reported improvements. A majority of beneficiaries reported positive change on all but one of the community level indicators (a greater capacity of local organizations to provide HIV/AIDS related prevention, care, and treatment).

At the individual level, beneficiaries were more likely to report personal improvements than counterparts. For all but one indicator (knowledge of HIV/AIDS prevention), the majority of counterparts reported positive change. Although 31 percent of counterparts reported that Volunteers had no impact on their knowledge of HIV/AIDS prevention, care, or treatments, those counterparts often reported that they already knew a great deal about HIV/AIDS before the Volunteer arrived. For every indicator related to personal outcomes, at least two-thirds of beneficiaries reported improvements.

A majority of respondents reported that the project met their community and individual needs, though beneficiaries and counterparts tended to rank their needs differently. For all community and individual level indicators, a majority of counterparts felt community needs had been met; the same was true of beneficiaries for all but one community level indicator (community members reducing their number of sexual partners). Counterparts generally valued Volunteer contributions, and 86 percent said they would welcome another Volunteer. Ninety-six percent of beneficiaries reported they would like to work with another Volunteer.

Despite these positive findings, respondents sometimes felt that not all of the improvements within their communities had been fully sustained after the departure of Volunteers. Counterparts, in particular, felt that some of the new healthy habits adopted by community members and the new organizational capacity gained by service providers, had not always been fully sustained over time.

A majority of respondents (86% of counterparts and 93% of beneficiaries) reported that they thought day-to-day interaction with Volunteers was very important in facilitating change. Given that respondents sometimes felt community level changes had not been fully sustained after Volunteers departed, this may highlight a need for PCVs to ensure that they have trained a committed local replacement to take over their day-to-day project activities after they finish their service. Supporting this notion, respondents cited a lack of people with the training to continue the work of Volunteers as a key factor which limited the sustainability of project outcomes.

In addition to generally positive Goal One findings, there is clear evidence that Peace Corps' investments in Botswana generated a significant Goal Two dividend. Respondents of all types claimed substantial increases in their understanding of Americans from a very low baseline prior to Volunteers' arrival. Before interacting with Volunteers, many respondents had negative views of Americans (e.g., selfish, war-mongering) but after interacting with Volunteers, respondents' opinions of Americans were almost entirely positive (e.g., loving, helpful, hard-working).

While the report provides a detailed analysis of the study findings, the key findings are listed below:

## **Goal One Findings**

Overall, most counterparts and beneficiaries saw positive change related to HIV/AIDS prevention and care, the capacity of service providers and organizations, and the protection of vulnerable populations within their communities. However, beneficiaries and counterparts differed in some ways in their perspectives on these outcomes, both in terms of their sustainability and the degree to which they met community and individual needs.

## **Volunteer Activities**

- Volunteers implemented activities related to all five of the project goals in the HIV/AIDS Capacity Building Project
- The most common Volunteer activity reported by counterparts and beneficiaries was promoting life skills, health, and HIV/AIDS awareness through schools, clinics, youth groups, and NGOs. The next most frequent activities focused on organizational development and capacity building

## **Project Participant Training**

- Counterparts most frequently reported that they received training in methods for preventing HIV/AIDS (21%) and organizational operation and management (21%)
- Beneficiaries most commonly received training in methods for preventing HIV/AIDS (34%), followed by expanding or improving services (30%) and providing services to vulnerable groups (20%)
- 67 percent of counterparts and 84 percent of beneficiaries described their training as having significantly enhanced their own skills or the skills of their colleagues

## **Intended Outcomes: Community Capacity Building**

- Outcomes related to HIV/AIDS prevention:
  - 88 percent of counterparts and 76 percent of beneficiaries stated that community members' knowledge of how to prevent HIV/AIDS improved; 50 percent of counterparts and 56 percent of beneficiaries said these improvements were sustained; and 75 percent of counterparts and 64 percent of beneficiaries said that the changes entirely met community needs
  - 74 percent of counterparts and 73 percent of beneficiaries saw improvements in community members avoiding behaviors that put them at risk for contracting HIV; 30 percent of counterparts and 46 percent of beneficiaries said these results were sustained; and 61 percent of counterparts and 53 percent of beneficiaries felt these changes completely met the community's needs
- Outcomes related to care and support for people living with HIV/AIDS:
  - 83 percent of counterparts and 71 percent of beneficiaries said there were more service providers trained in caring for PLWHA; 55 percent of counterparts and 58 percent of beneficiaries said these results were sustained; and 69 percent of counterparts and 64 percent of beneficiaries said this met the needs of their community
  - 76 percent of counterparts and 74 percent of beneficiaries saw improvements in the number of PLWHA accessing services or in community members' support of PLWHA; 45 percent of counterparts and 59 percent of beneficiaries said that improvements were still evident; and 67 percent of counterparts and 68 percent of beneficiaries stated this met the needs of the community
  - 86 percent of counterparts and 76 percent of beneficiaries said more community members were being tested for HIV/AIDS; 36 percent of counterparts and 67 percent of beneficiaries said these results were sustained; and 72 percent of counterparts and 70 percent of beneficiaries felt these changes met their needs

- Organizational and service provider capacity:
  - 88 percent of counterparts and 76 percent of beneficiaries noted that improvements in service providers' operational capacity; 36 percent of counterparts and 60 percent of beneficiaries said the improvements were sustained; 69 percent of beneficiaries and 70 percent of counterparts thought their community's needs were met
- Protection of orphans and vulnerable populations:
  - 78 percent of counterparts and 71 percent of beneficiaries said that more OVC were accessing care and support services or more community members were supporting OVC; 45 percent of counterparts and 62 percent of beneficiaries said the improvements were sustained; 64 percent of counterparts and 66 percent of beneficiaries stated that this met the community's needs
  - 87 percent of counterparts and 64 percent of beneficiaries reported improvements in levels of stigma and discrimination towards PLWHA; 60 percent of counterparts and 60 percent of beneficiaries stated these improvements were sustained; 69 percent of counterparts and 65 percent of beneficiaries said their community's needs were met

#### **Intended Outcomes: Individual Capacity Building**

- Direction of change:
  - 59 percent of counterparts and 70 percent of beneficiaries reported that they had increased their ability to make healthy decisions related to HIV/AIDS
  - 59 percent of counterparts and 68 percent of beneficiaries reported an increased ability to communicate about HIV/AIDS issues
  - 45 percent of counterparts and 67 percent of beneficiaries reported increased knowledge of HIV/AIDS prevention
  - 82 percent of counterparts and 81 percent of beneficiaries stated the Volunteers' activities were very effective in building capacity in the respondents and other community members
- 66 percent of counterparts and 67 percent of beneficiaries reported they use their new skills daily in their professional life; while 57 percent of counterparts and 75 percent of beneficiaries reported using their new skills daily in their personal lives
- Sustainability of change:
  - 58 percent of counterparts and 55 percent of beneficiaries stated they had sustained their ability to make healthy decisions related to HIV/AIDS
  - 67 percent of counterparts and 64 percent of beneficiaries reported they had sustained their ability to communicate about HIV/AIDS issues
  - 45 percent of counterparts and 65 percent of beneficiaries stated they had sustained their knowledge of HIV/AIDS prevention

- Outcomes meeting individual needs:
  - 61 percent of counterparts and 67 percent of beneficiaries said that their needs were met with regards to their ability to make healthy decisions related to HIV/AIDS
  - 59 percent of counterparts and 68 percent of beneficiaries said that their needs were met with regards to their ability to communicate about HIV/AIDS issues
  - 58 percent of counterparts and 69 percent of beneficiaries said that their needs were met with regards to their knowledge of HIV/AIDS prevention
- Satisfaction with Peace Corps Work
  - A large majority of stakeholders, counterparts, and beneficiaries were very satisfied (80%, 83%, and 84% respectively) with the results of the Volunteers' work
  - As a testament to their satisfaction, 86 percent of counterparts and 96 percent of beneficiaries definitely would like to work with another Volunteer

### **Factors Contributing to Project Success**

- According to respondents, the project's success derives primarily from community interest and support, though some lamented that they had hoped for more support. Many considered Volunteer attributes factors in the project's success, frequently naming those that correspond with Peace Corps' Core Expectations of Volunteers (e.g., commitment and engagement)
- 86% of counterparts and 93% of beneficiaries indicated that consistent interaction was very important in facilitating community change, a key driver of project success.

### **Factors Hindering Project Success**

- Projects were often hindered by a lack of resources such as housing, money, or transportation; Volunteers' inability to communicate effectively in local languages; and issues related to a lack of support from local project partners or strained working relationships between Volunteers and staff of local organizations.

## **Goal Two Findings**

### **Changes in Understanding and Opinions of Americans**

- Prior to interacting with Volunteers, 63 percent of host family members, 48 percent of counterparts and 57 percent of beneficiaries reported they had no understanding of Americans
- After interacting with a Volunteer:
  - 63 percent of host family members said they had a thorough understanding of Americans; 37 percent had a moderate understanding of Americans
  - 59 percent of counterparts indicated they had a thorough understanding of Americans; 34 percent stated they had a moderate understanding of Americans
  - 43 percent of beneficiaries had a thorough understanding of Americans; 49 percent reported a moderate understanding of Americans

- Before meeting a Volunteer, only 32 percent of host family members, 49 percent of counterparts, and 41 percent of beneficiaries stated that they had a positive view of Americans
- After interacting with a Volunteer:
  - 84 percent of host family members had a much more positive opinion of Americans; 16 percent had a somewhat more positive opinion
  - 72 percent of counterparts had a much more positive opinion of Americans; 21 percent had a somewhat more positive opinion
  - 77 percent of beneficiaries had a much more positive opinion of Americans; 18 percent had a somewhat more positive opinion

#### **Causes of Change in Opinions of Americans**

- Counterparts cited work activities as a common cause of change in opinions, including HIV/AIDS related home-visits, workshops, and proposal-writing
- Beneficiaries talked about a combination of primary and secondary project work, leisure activities, and just 'chatting'
- Host country family members talked about domestic chores, but also specifically named the two-way sharing of culture between themselves and the Volunteer

#### **Changes in Behaviors and Outlook on Life**

- Respondents, no matter the category, were twice as likely to cite changes in their personal lives as in their professional lives
- Twelve percent of respondents claimed no changes in behaviors or outlook due to working or living with the Volunteer, though this view was not correlated with either positive, negative, or neutral opinions about Americans otherwise
- Nearly all the changes described were positive, and included themes of empathy towards others and personal resilience



# CHAPTER 1: INTRODUCTION

## Background

The Peace Corps traces its roots and mission to 1960, when then-Senator John F. Kennedy challenged students at the University of Michigan to serve their country in the cause of peace by living and working in developing countries. Peace Corps grew from that inspiration into an agency of the federal government devoted to world peace and friendship.

By the end of 1961, Peace Corps Volunteers were serving in seven countries. Since then, more than 215,000 men and women have served in 139 countries. Peace Corps activities cover issues ranging from education to work in the areas of health and HIV/AIDS to community economic development. Peace Corps Volunteers continue to work alongside countless individuals who want to build a better life for themselves, their children, and their communities.

In carrying out the agency's three core goals, Peace Corps Volunteers make a difference by building local capacity and promoting a better understanding of Americans among the host country nationals (HCNs). A major contribution of Peace Corps Volunteers, who live in the communities where they work, stems from their ability to deliver technical interventions directly to beneficiaries living in rural and urban areas that lack sufficient local capacity. Volunteers operate from a development principle that promotes sustainable projects and strategies.

### Peace Corps' Core Goals

**Goal One** - To help the people of interested countries in meeting their need for trained men and women.

**Goal Two** - To help promote a better understanding of Americans on the part of the peoples served.

**Goal Three** - To help promote a better understanding of other people on the part of Americans.

The interdependence of Goal One and Goal Two is central to the Peace Corps experience, as local beneficiaries develop relationships with Volunteers who communicate in the local language, share everyday experiences, and work collaboratively on a daily basis.

The Peace Corps conducts an annual survey of currently serving Volunteers; however, it tells only one side of the Peace Corps' story.<sup>6</sup> In 2008, the Peace Corps launched a series of studies to better assess the impact of its Volunteers. The studies are unique for their focus on learning about the Peace Corps' impact directly from the HCNs who lived and worked with Volunteers.

## Purpose

This report presents the findings from the impact evaluation conducted in Botswana from November 2010 to January 2011. Impact evaluations describe "long-term economic, socio-cultural, institutional, environmental, technological, or other effects on identifiable populations or groups produced by a project, directly or indirectly, intended or unintended."<sup>7</sup> The project studied in Botswana was the HIV/AIDS Capacity Building Project. The study documents HCNs' perspectives of the Peace Corps Volunteers' impact on skills transfer to, and capacity building alongside, host country counterparts, beneficiaries, and stakeholders, and changes in their understanding of Americans.

The major research questions addressed in the study are:

- Did skills transfer and capacity building occur?
- What skills were transferred to organizations/communities and individuals as a result of Volunteers' work?
- Were the skills and capacities sustained past the end of the project?
- How satisfied were HCNs with the project work?
- What did HCNs learn about Americans?
- Did HCNs report that their opinions of Americans had changed after interacting with the Peace Corps and Peace Corps Volunteers?

The information gathered is designed to inform Peace Corps staff at post and headquarters about host country nationals' perceptions of the project, the Volunteers, and the impact of the work that was undertaken. In conjunction with Volunteer feedback from the Annual Volunteer Survey, and a forthcoming Counterpart Survey, this information will allow the Peace Corps to better understand its impact and address areas for performance improvement. For example, the information may be useful for Volunteer training and outreach to host families and project partners.

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<sup>6</sup> Peace Corps surveyed Volunteers periodically from 1975 to 2002, when a biennial survey was instituted. The survey became an annual survey in 2009 to meet agency reporting requirements.

<sup>7</sup> Bamberger, M, Rugh, J. and Mabry, L. (2006). *Real World Evaluation*. Thousand Oaks, CA: Sage Publications. p.39

This feedback is also needed to provide performance information to the Office of Management and Budget (OMB) and the United States Congress. As part of the Peace Corps Improvement Plan, drafted in response to its 2005 Program Assessment Rating Tool review, the Peace Corps proposed the creation of “baselines to measure results including survey data in countries with Peace Corps presence to measure the promotion of a better understanding of Americans on the part of the peoples served.”<sup>8</sup>

Feedback from the three original pilots conducted in 2008 was used to revise the methodology rolled out to nine posts in FY 2009, eight posts in FY 2010, and four posts in FY 2011. A total of 24 posts across Peace Corps’ three geographic regions – (1) Africa; (2) Inter-America and the Pacific; and, (3) Europe, Mediterranean and Asia – have conducted host country impact studies. Taken together, these studies contribute to Peace Corps’ ability to document the degree to which the agency is able to both meet the needs of host countries for trained men and women, and to promote a better understanding of Americans among the peoples served.

### **Botswana HIV/AIDS Capacity Building Project**

The Peace Corps began working in the area of HIV/AIDS in Botswana after the country’s President made a request in 2001 that the Peace Corps return to Botswana to support and enhance efforts to respond to the HIV/AIDS epidemic. A Peace Corps assessment team visited in April of 2002 and concluded that a Peace Corps presence could be beneficial. The new Peace Corps project was launched in June 2003, after a six-year absence from the country.

Peace Corps/Botswana began the HIV/AIDS Capacity Building Project by focusing on capacity building at the district level to support newly hired District AIDS Coordinators (DACs) handling AIDS program planning, implementation and monitoring/evaluation, in 28 district offices and sub-district offices.

The HIV/AIDS Capacity Building Project gained access to certain program areas by working with the Botswana’s National AIDS Coordinating Unit (NACA). NACA is the national organization responsible for coordinating all HIV/AIDS programs in the country and keeping the central government up-to-date on project partners and their activities.

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<sup>8</sup> Office of Management and Budget, *Program Assessment: Peace Corps. International Volunteerism, 2005 Improvement Plan.*

In recognition of the Peace Corps' history of effective implementation at the grassroots/village level, in June 2004 NACA coordinated with the Peace Corps on a new community capacity building initiative. One aspect of this initiative was to provide support to the Ministry of Health's prevention of mother-to-child transmission program (PMTCT) to remedy the underuse of free PMTCT services in local villages. Peace Corps first launched a pilot project in the villages of four health districts to promote involvement in PMTCT through community mobilization. The successful pilot results led to community mobilization efforts in other villages with more Peace Corps Volunteers.

Another aspect of the Community Capacity Building initiative involves an additional governmental stakeholder, the Department of Social Services (Ministry of Local Government), which oversees Volunteer support for home-based-care and orphan care (HBC/OC) in the communities hardest hit by the AIDS epidemic. HBC/OC Volunteers partner with village-based government social workers. Both aspects of the Community Capacity Building initiative are aimed at increasing the utilization of services through community mobilization and skill-building of both community members and service providers.

Another program within the HIV/AIDS Capacity Building Project, supported with the President's Emergency Plan for AIDS Relief (PEPFAR) funding, has focused on a NGO capacity building effort since 2003. Based on priorities set by the Botswana Network of AIDS Service Organizations (BONASO), Volunteers are posted in organizations, especially those organizations providing services to orphans and vulnerable children. The Volunteers introduce programming strategies and skills, develop management and financial systems, instill confidence and skills for resource mobilization, reinvigorate the value of volunteerism, and serve as a training resource for the BONASO-selected NGOs.

The fourth program within the HIV/AIDS Capacity Building Project, also funded by PEPFAR, piloted the Life Skills Program in 2007, to equip youth with skills and tools necessary to remain free of HIV. Volunteers in this program reinforce the life skills curriculum developed by the Ministry of Education and the Botswana and USA/Center for Disease Control (BOTUSA/CDC). Volunteers also serve as resources and facilitators to teachers and counselors; develop and promote out-of-school activities; act as interlocutors among schools, parents, and communities; and, work with out-of-school youth.

## Project Goals

The HIV/AIDS Capacity Building Project has five project goals that support capacity building for government service providers, community-based organizations, communities, and community members who are directly involved in planning and implementing responses to HIV/AIDS. As a result of these capacity building efforts, the project also aims to provide secondary benefits to children, women, people living in poverty, and people living with HIV/AIDS. The overall purpose is to strengthen the capacity of individuals, service providers, organizations, and communities to mitigate the effects of HIV and AIDS through behavior change, preventative services, and care delivery. Specifically, the project goals are:

Project goal one (PREVENTION): Men, women, and youth will participate in activities that promote healthy lifestyles and emphasize prevention of HIV and AIDS to move Botswana closer to the national prevention goals.

1. Train youth, adults, and service providers to increase understanding and knowledge of HIV/AIDS basic facts, transmission prevention, and the identification of personal behaviors that place individuals at risk.
2. Design and implement or adopt and strengthen recreational activities that feature an HIV/AIDS awareness or education component, to be used with youth in after-hours and school holiday programs.
3. Support and train teachers to deliver the life skills curriculum to promote decisions by youth leading to a healthy, HIV-free generation.

Project goal two (CARE AND SUPPORT): Communities and citizens will be mobilized to increase their involvement in the care and support provided to people who are infected and/or affected by HIV/AIDS and to increase the enrollment in government-sponsored HIV/AIDS programs (e.g., PMTCT, IPT, VCT, and ARV).

1. Provide women and their partners with information and education about the government's PMTCT program and increase PMTCT enrollment to reduce AIDS transmission from mother-to-child.
2. Deliver community HIV/AIDS education and mobilization programs and activities, getting more citizens to volunteer their time and/or other resources to augment the care and support of those infected by HIV/AIDS.
3. Train and/or work alongside government-sponsored or volunteer home-based-care groups, increasing community support for home-based-care from more knowledgeable and skilled home-based-care workers.

4. Support persons living with HIV/AIDS (PLWHAs) by creating new support groups and strengthening and building the capacity of existing groups.
5. Provide Batswana men and women with information about government-provided HIV/AIDS programs to increase service utilization at health posts, voluntary counseling and testing centers, clinics, and hospitals.

Project goal three (ORGANIZATIONAL AND SERVICE PROVIDER CAPACITY BUILDING): Service providers will gain skills and knowledge leading to more efficient and effective operations and to increased organizational capacity and sustainability.

1. Provide administrative support and technical assistance to governmental and non-governmental service providers, leading to the implementation or improvement of tools and systems and improvement in office efficiency and effectiveness.
2. Train governmental and non-governmental service providers on project design and management and resource mobilization, resulting in an increase in resources allocated to HIV/AIDS programs in communities, districts, and sub-districts.
3. Facilitate participation in District Multi-Sectoral AIDS Committees (DMSACs) and Village Multi-Sectoral AIDS Committees (VMSACs) to strengthen the linkages among government, civil society organizations, businesses and communities and produce a more effective, comprehensive, and coordinated response to the HIV/AIDS epidemic.

Project goal four (PROTECTION OF ORPHANS AND VULNERABLE POPULATIONS): The capacity of families and communities will be strengthened to create supportive and protective environments for orphans and vulnerable children (OVC).

1. Participate in the identification of OVC in 150 communities, resulting in increased registration and use of government and non-governmental OVC services and benefits.
2. Train and mobilize community members to respond to the needs of OVC, resulting in the implementation of activities catering to the educational, psychological, physical, and spiritual needs of OVC.
3. Provide technical information and education, with counterparts, to OVC caretakers and service providers, leading to an increase in the scope and quality of OVC care.

Project goal five (ETHICAL AND LEGAL ENVIRONMENT): Communities will be able to identify and address ethical, legal, and human rights gaps in current HIV/AIDS responses and contribute to a strengthened legal and ethical environment as envisioned by the Government of Botswana’s “Vision 2016”.

1. Work with counterparts to sensitize and mobilize men by addressing male norms and the behaviors that impact the spread of HIV.
2. Educate community members and service providers on basic human rights and children’s rights, leading to the implementation of community activities designed to reduce stigma and discrimination and to decrease abuse against children (including intergenerational sex, rape, defilement, property theft, corporal punishment in schools, etc.).
3. Educate service providers in gender sensitive development/project planning, resulting in the addition of gender specific program strategies and/or plans in organizations and offices.

## **Theory of Change**

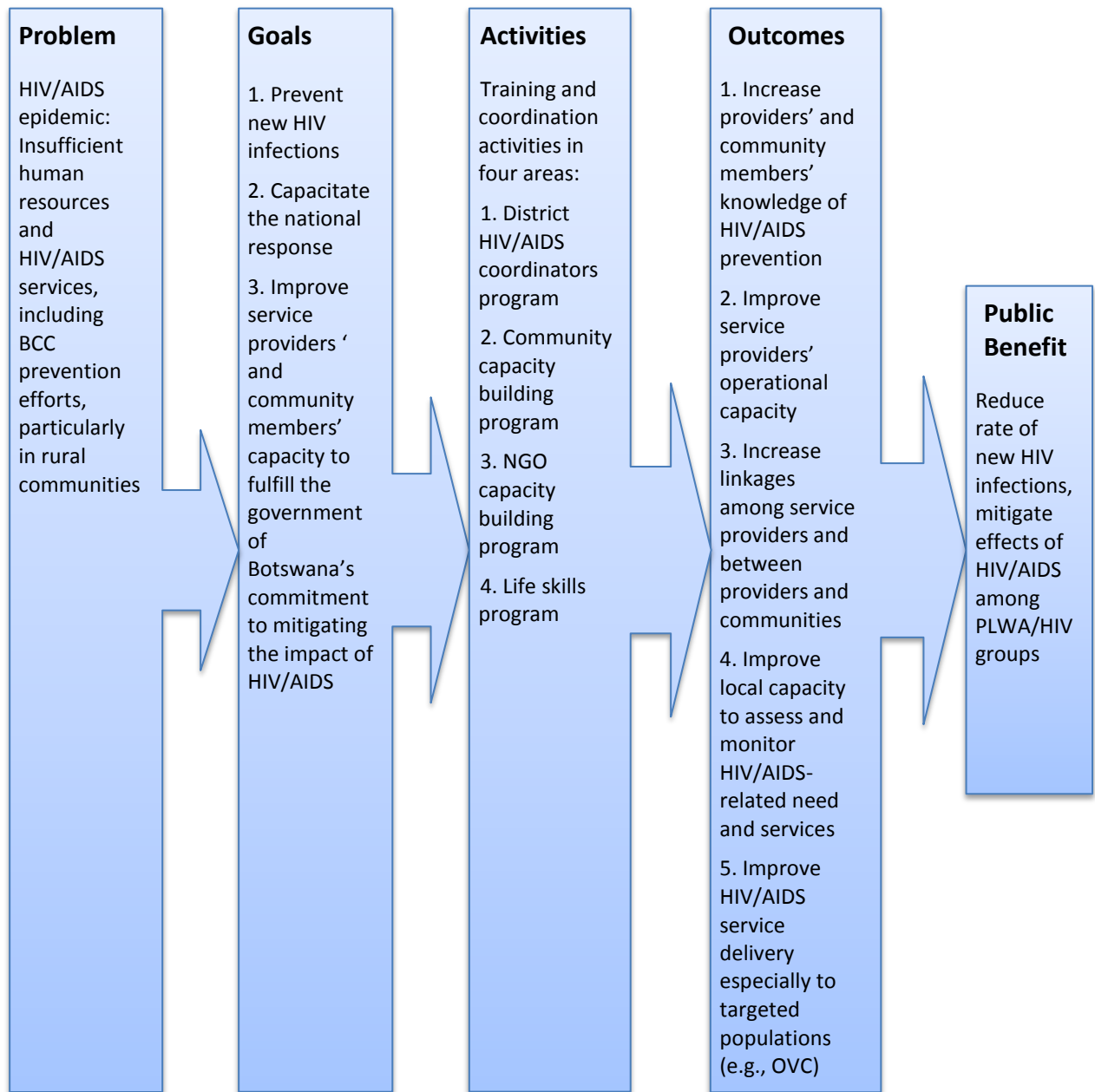
A theory of change is a conceptual model used to understand the relationships among the problems a program is designed to alleviate, and the assumptions made about how program activities will address those problems. OSIRP staff reviewed the theory of change for the HIV/AIDS Capacity Building Project with the local research team during the impact evaluation training that took place in Botswana (Figure 1).

The impact evaluation measured the degree to which Volunteers’ activities were successful in Batswana (citizens of Botswana) communities and the outcomes of the activities (Peace Corps Goal One). Underlying the program description were the questions,

- What will the project do?
- What change did the project cause?
- Were the changes satisfactory?
- Were the changes sustained?
- How could the project be improved?

A model of the theory of change underlying this project approach is presented below in Figure 1. This model is the foundation for the impact evaluation.

**Figure 1: Overview of the Theory of Change for the Botswana HIV/AIDS Capacity Building Project<sup>9</sup>**



<sup>9</sup> Source: Developed from the HIV/AIDS Capacity Building Project Plan, Peace Corps, November, 2007.



## Evaluation Methodology

In 2008, the Peace Corps' Office of Strategic Information, Research, and Planning (OSIRP) initiated a series of evaluations in response to a mandate from the Office of Management and Budget (OMB) that the agency evaluate the impact of Volunteers in achieving Goal Two.

Three countries were selected to pilot a methodology that would examine the impact of the technical work of Volunteers (Goal One), and their corollary work of promoting a better understanding of Americans among the people with whom the Volunteers lived and worked (Goal Two). In collaboration with the Peace Corps' country director at each post, OSIRP piloted a methodology to collect information *directly from host country nationals* about skills transfer and capacity building, as well as changes in their understanding of Americans.

The research was designed by OSIRP social scientists and was implemented in-country by a local senior researcher and a team of local interviewers under the supervision of the Peace Corps country staff. OSIRP staff provided technical direction. To ensure comparability across countries, the research used a standard interview protocol that also incorporates individual project goals. Once the data were collected, researchers entered it into a web-based database and OSIRP provided the data to the local team for analysis. This document is the final standardized report on the findings of the local research team.

Research teams conducted interviews in 23 sites in Botswana under the direction of the senior researcher Dr. Joseph Mbaiwa and Tsholofelo Ditlhobolo. OSIRP identified possible sites for participation in the study based on the criteria that a Volunteer served at a location between 2005 and 2010 for at least 12 months. A representative, rather than a random, sample was drawn from this list of Volunteer assignment sites and includes both rural and urban sites. The teams conducted a total of 145 semi-structured interviews in 23 communities across the country. The Botswana research team conducted the interviews from November 2010 to January 2011.

## Respondents

Four groups of Botswana who worked or lived with a Volunteer were interviewed (Table 1). Respondents ranged in age from 18 to 80 and were given the option to participate in the study in English or Setswana.

**Counterparts:** Counterparts are individuals who are paired with Volunteers in a professional relationship based on their position in an organization or community. In Botswana, the counterparts included district AIDS coordinators (DACs), district health team members, social workers, NGO program managers, teachers, nurses, members of village development committees (VDCs), and teachers.

**Beneficiaries:** Beneficiaries are the people whom the project is primarily designed to advantage. Here, beneficiaries included:

- Community members who were recipients of home visits or participated in a health or support group.
- Teachers, school heads, guidance counselors, librarians, coaches, and after-school club leaders at schools.
- Students in classroom settings and after-school health or youth clubs.
- Parents of students in classroom settings and after-school clubs.
- Social workers and other staff members in social work offices who receive professional development assistance.
- Members of village development committees who received training in project planning, management, and monitoring.
- Staff, volunteers, and board members at NGOs who receive professional and organizational development assistance.
- Nurses, clinicians, or lay counselors (people who conduct HIV testing) at clinics.
- Local officials such as chiefs, staff members at the chief’s office, or staff members of district offices who benefited from information on how to prevent transmission of HIV and assess community needs.
- Staff members at district health offices.

**Host family respondents:** Volunteers live with families during all or part of their training and/or service. Interviewees included the families the Volunteer lived next door to, rented a room or house from, or were housemates with.

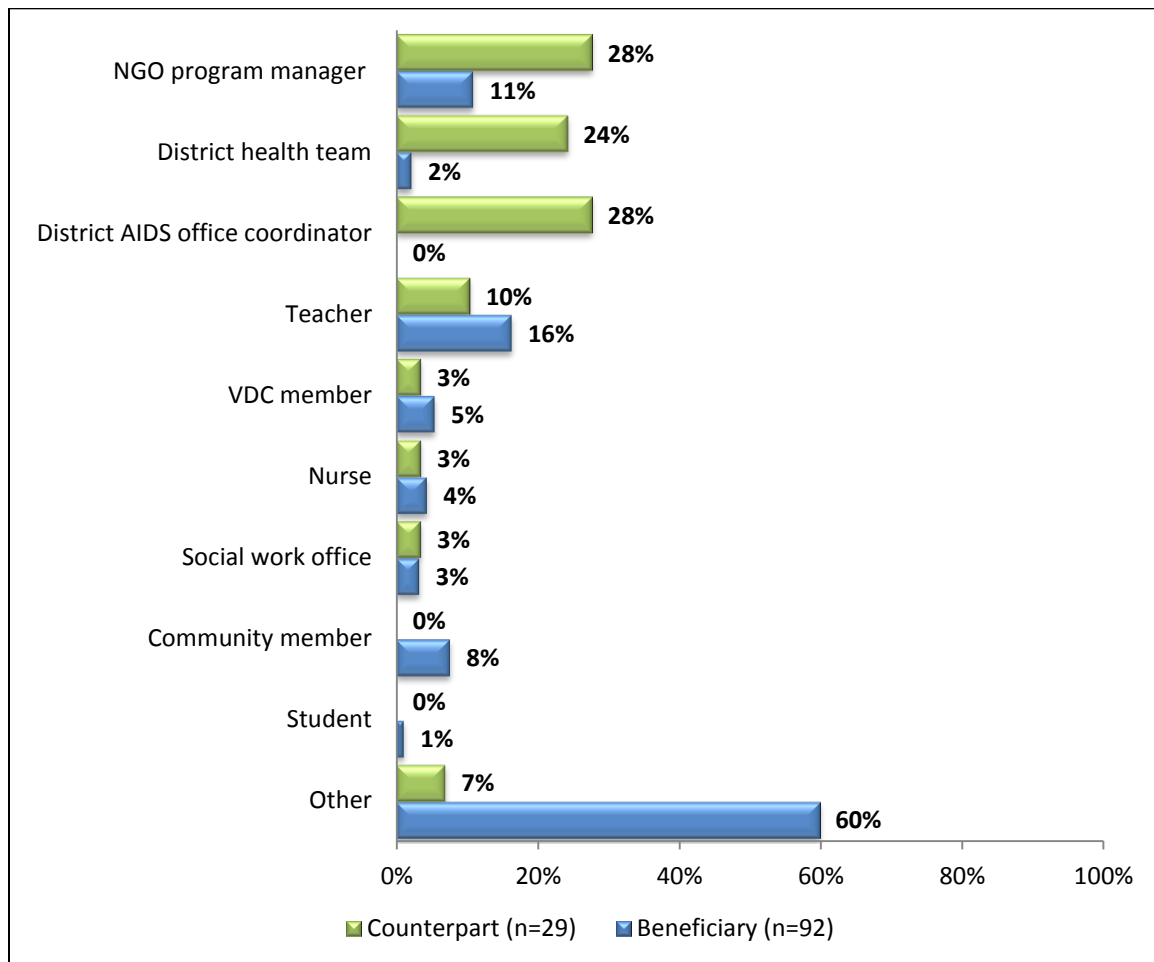
**Stakeholders:** Stakeholders are people who have a major involvement in the design, implementation, or results of the project. This included officials in various government departments in Botswana.

**Table 1: Number and Type of Respondents**

Interview Type	Number of People	Number of Sites
Counterparts	29	23
Beneficiaries	92	23
Host family respondents	19	11
Stakeholders	5	1
<b>Total</b>	<b>145</b>	<b>23</b>

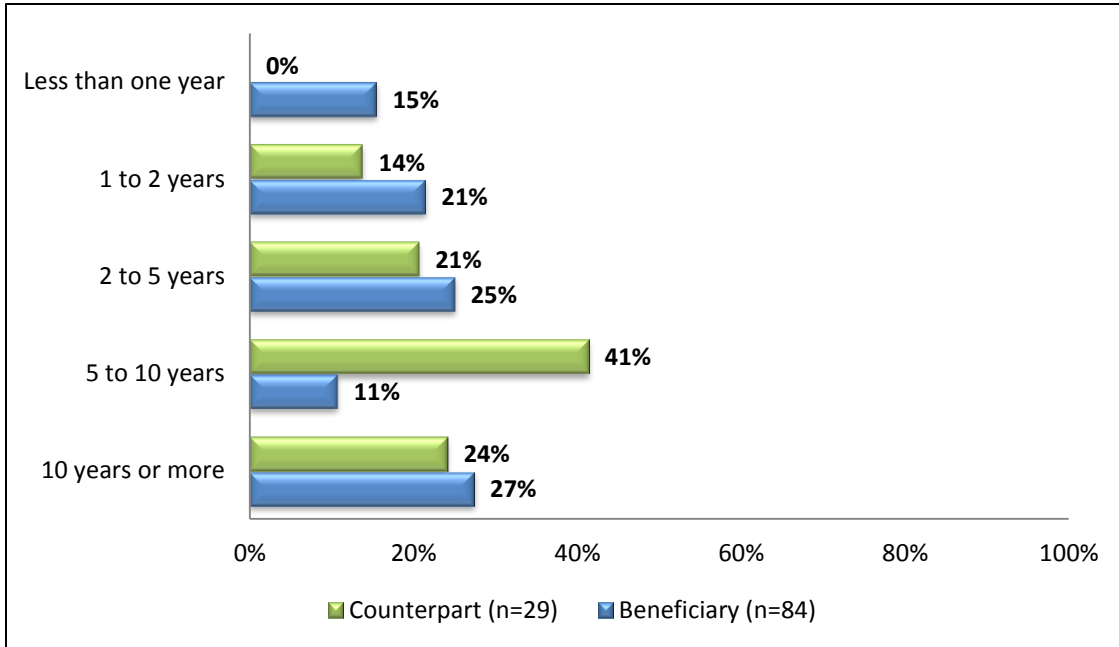
The largest proportion of beneficiaries (60%) were comprised of a variety of people whose titles did not fall under the given categories, such as chief, consultant, caregiver, sports coach, and others. Sixteen percent of beneficiaries were teachers, eight percent were community members, and five percent were members of the VDC. The largest proportion of counterparts included in the study sample were district AIDS office coordinators (28%), NGO program managers (28%), and district health team members (24%) (Figure 2).

**Figure 2: Background of Counterparts and Beneficiaries**



Sixty-five percent of the counterparts and 38 percent of beneficiaries interviewed had more than five years of work experience (Figure 3).

**Figure 3: Experience Levels of Counterparts and Beneficiaries**



Stakeholders included two senior officials in the Ministry of Health and a senior official in the Department of Social Services (Child Protection), the Ministry of Local Government (Primary Health Care Services), and the Ministry of Education. Eighty percent of the stakeholders had been in their current position for less than two years.

## CHAPTER 2: GOAL ONE FINDINGS

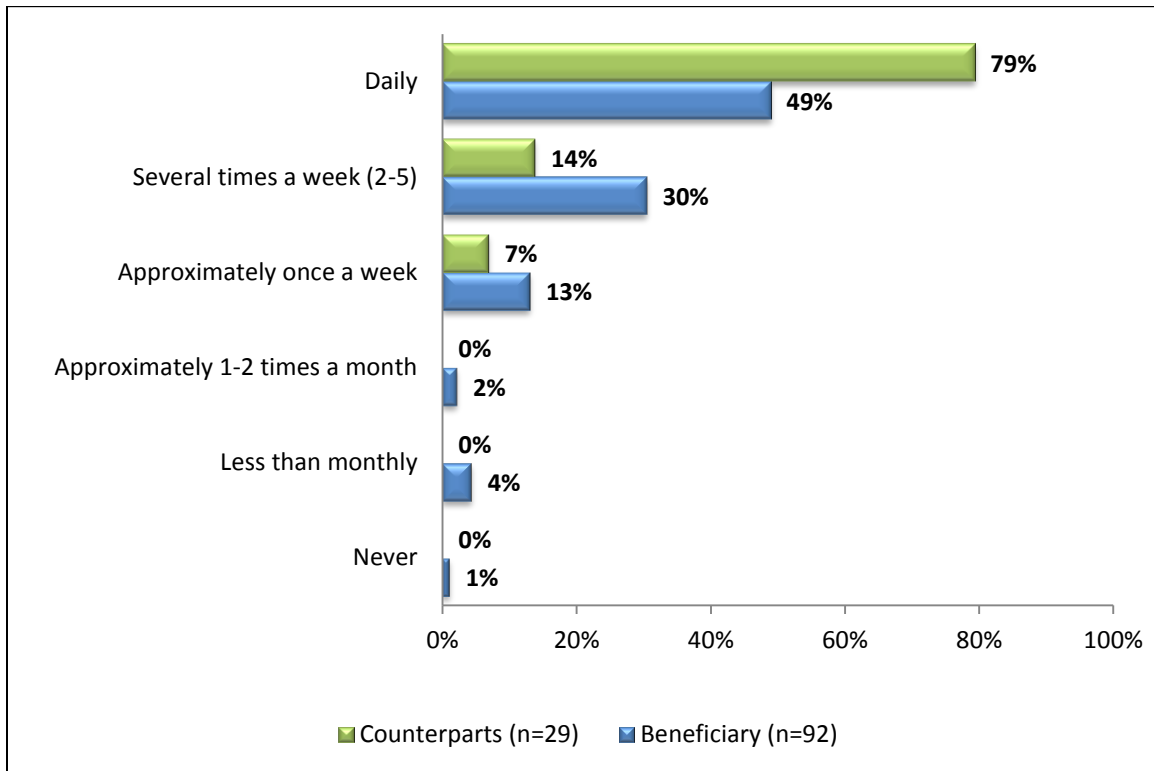
All Peace Corps projects support the agency's first goal of building the technical capacity of local men and women. The Peace Corps strives to empower communities by building the capacity of individuals to improve their own lives. Volunteers working in the HIV/AIDS Capacity Building Project were expected to achieve project goals through specific activities outlined in the project plan, as well as through community-generated activities at the grassroots level.

### Frequency of Interaction with Volunteers

The Peace Corps model of development assumes that consistent interaction between project participants and the Volunteer increases the transfer of technical skills and capacity building while also promoting cross-cultural understanding.

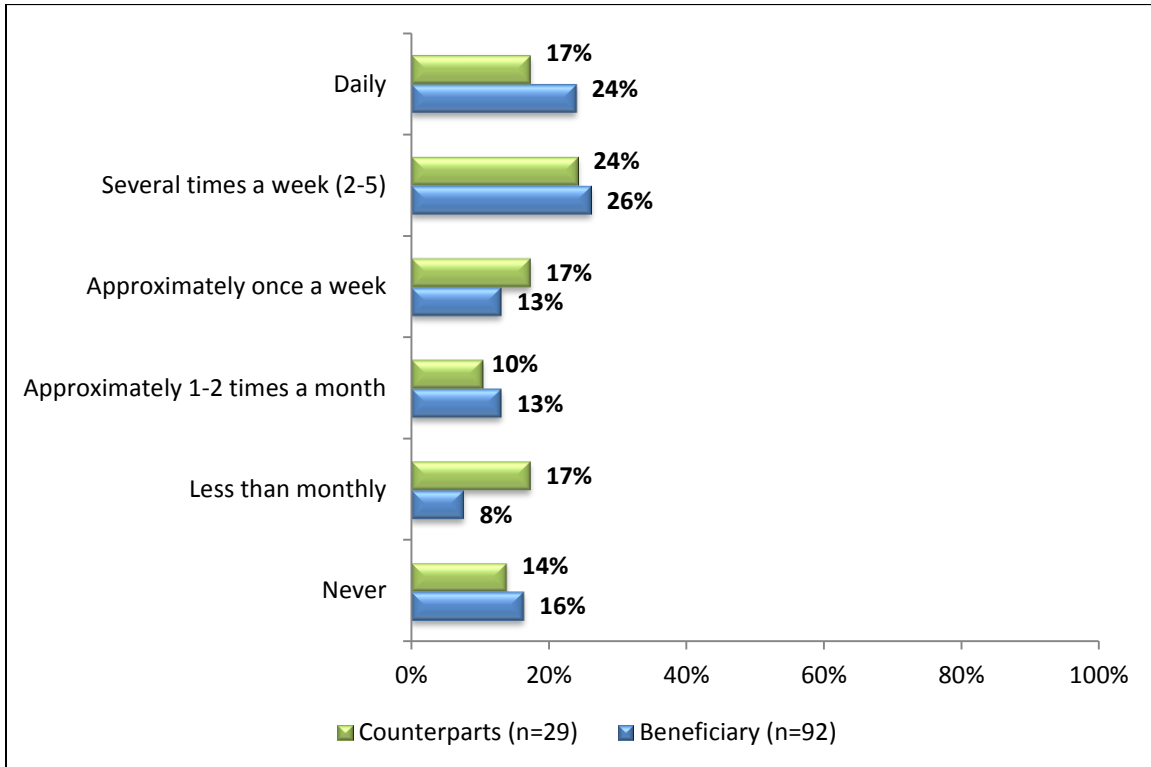
The majority of participants reported interacting with the Volunteer at least once a week either at work or socially. The largest proportion of counterparts (79%) and beneficiaries (49%) worked with the Volunteer on a daily basis. An additional 14 percent of counterparts and 30 percent of beneficiaries interacted with Volunteers at work several times a week (Figure 4).

Figure 4: Frequency of Interaction with Volunteer during Work



Twenty-four percent of counterparts and 26 percent of beneficiaries interacted with Volunteers outside of work several times a week (Figure 5). Seventeen percent of counterparts and 24 percent of beneficiaries socialized with the Volunteer outside of work on a daily basis.

**Figure 5: Frequency of Interaction with Volunteer Outside of Work**



## Project Activities

Respondents were asked to describe the activities that the Volunteers implemented in their communities. Based on the analysis of these responses, Volunteers engaged in activities that aligned well with each of the five HIV/AIDS Capacity Building Project goals.

HIV/AIDS Capacity Building Project goal one activities focus on *HIV/AIDS prevention* efforts. Volunteer activities included coordinating life skills clubs, giving health lessons at local clinics and schools, and running youth camps that taught participants about HIV/AIDS and healthy living. They started numerous sports clubs and aerobics programs for both young people and elderly women to promote healthy living and exercise. Volunteers also created drama clubs which presented skits about HIV/AIDS at local schools.

Project goal two of the Capacity Building Project emphasized *providing care and support* to people living with HIV/AIDS (PLWHA), promoting enrollment in government sponsored HIV/AIDS programs (e.g., PMTCT, IPT, VCT, and ARV), and increasing support for home-based-care (HBC) organizations. Volunteers created numerous support groups for PLWHA; some of the support groups incorporated income-generating activities for participants such as crafting and knitting. Volunteers worked with clinics to promote VCT; taught pregnant women and their partners about effective PMTCT methods; and assisted clinics with distributing condoms, infant formula and medications. Volunteers also worked alongside HBC staff members to visit patients at home and teach relatives to provide care and support for PLWHA.

Capacity Building Project goal three targeted *organizations and service providers*. Volunteers enhanced the capacity of community organizations and service providers by initiating income generating activities, developing fundraising initiatives, and teaching staff members to write grant proposals. Volunteers also provided monitoring and evaluation support, promoted evidence-based program planning, helped DACs to create annual work plans, assisted with data management, and engaged in capacity-building trainings with community groups.

Project goal four focused on *protecting orphaned and vulnerable populations*. Volunteers initiated counseling programs for orphaned and vulnerable children (OVC) and attended retreats for OVC. They started initiatives to identify OVC within communities, assess the needs of OVC, and connect children in need to locally available social services. Volunteers also provided training to local OVC caregivers.

HIV/AIDS Capacity Building Project goal five aimed to ameliorate the *ethical, legal, and human rights gaps* in programmatic responses to HIV/AIDS by addressing gender norms, stigma and discrimination, child abuse, and basic human rights. This study did not directly address the fifth project goal because Volunteers were not specifically assigned to focus on this goal through their primary project work. However, all Volunteers were encouraged to incorporate issues surrounding gender inequality, stigma, and discrimination into their projects. For example, Volunteers addressed gender issues by forming women's support groups. They also taught people the importance of men's involvement in PMTCT programming by hosting family fun days. Volunteers used their clubs, health lessons, and support groups to speak openly about the stigma surrounding HIV/AIDS.

According to respondents, some Volunteers engaged in work activities that addressed a combination of several project goals. For example, counterparts described Volunteers' activities:

*Helped in initiating orphans and vulnerable children projects, condom distribution and awareness, [and] facilitated life skills.*

*Teaching people about HIV/AIDS, helping vulnerable people and building homes for them, [organizing] cleaning campaigns in the village, teaching people about PMTCT, and working with support groups.*

In addition to addressing the five project goals, numerous Volunteers also taught English and computer skills. Some Volunteers also worked with communities and schools to establish libraries. The most common Volunteer activity reported by counterparts and beneficiaries was promoting life skills and HIV/AIDS awareness through schools, clinics, youth groups, and NGOs.

## **Intended Outcomes**

Project activities seek to produce specific outcomes that meet project goals, and in so doing highlight the extent to which the Peace Corps meets its core goal of transferring technical skills and building local capacity. Performance under the Peace Corps' first goal was examined in three ways:

1. The extent to which HCNs observed community and personal changes, and reported gaining new technical skills.
2. The extent to which the capacity for maintaining the changes was sustained once the project ended.
3. The extent to which the project met the community and personal needs of local participants.

## **Training Received**

Training provided by Volunteers is one method of building the technical capacity of community members and one of the immediate outputs of any Peace Corps project. In this section, the training received by counterparts and beneficiaries and the extent to which training enhanced their skills are presented first (stakeholders did not receive training from the Volunteers). Intended outcomes observed by the project participants at the community level are presented second, followed by the individual-level changes that respondents reported.

Training for counterparts and beneficiaries in the HIV/AIDS Capacity Building Project was provided in the areas of prevention of HIV/AIDS; providing care and support to people infected and/or affected by HIV/AIDS; organizational and service provider capacity building; and the protection of orphaned and vulnerable populations.

The most frequent types of training that counterparts reported receiving were methods for preventing HIV/AIDS (21%) and organizational operations and management (21%). Seventeen percent of counterparts received training on how to expand or improve local services and ten percent learned about providing services to vulnerable populations (Figure 6).



When asked about the training they received, counterparts described:

*Technology – some programs that I did not [know on] the computer and issues on home-based-care and support group[s].*

*Monitoring and evaluation, how programs work, budgeting, [and] fundraising components.*

Thirty-four percent of beneficiaries stated that they received training on preventing HIV/AIDS and 30 percent received training on expanding or improving services. Large proportions of beneficiaries also received training on how to provide services to vulnerable groups (20%) and how to effectively build coalitions and partnerships with other organizations (15%) (Figure 6).

Comments that beneficiaries provided about their training included:

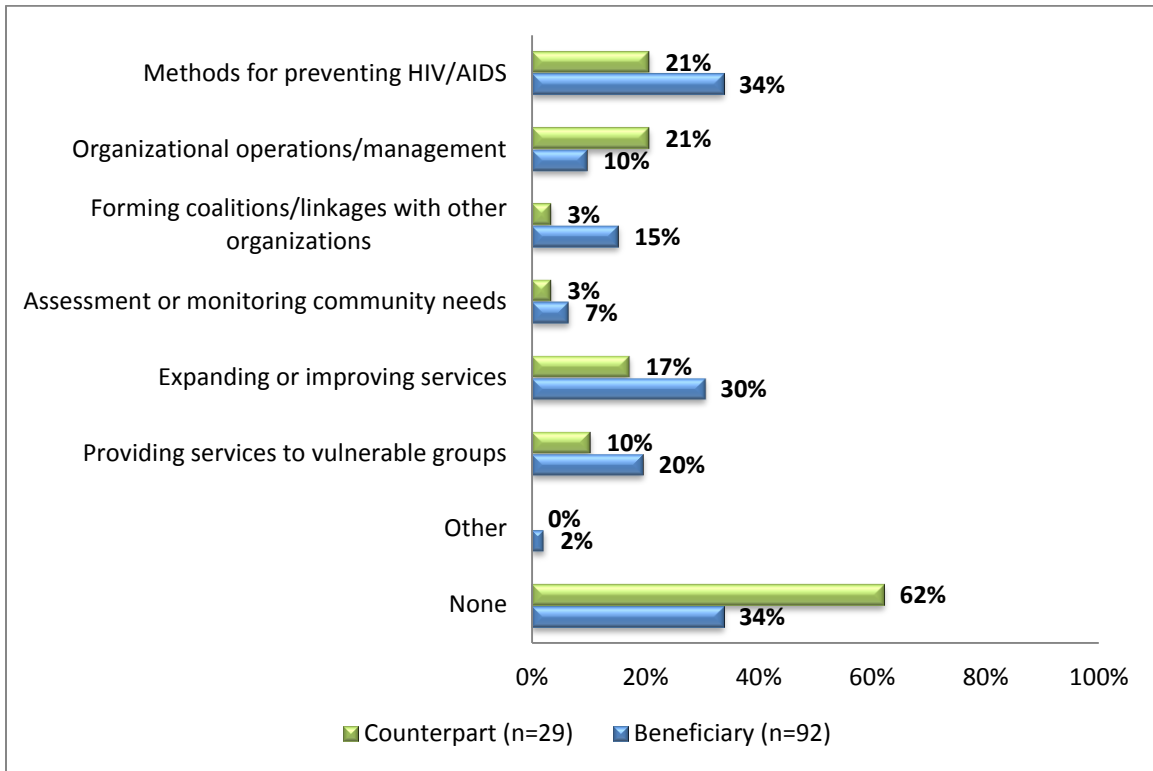
*How to do support groups and provide services to the needy in the village and also in planning my work.*

*How one should look after themselves when on treatment. PMTCT education.*

*The spirit of volunteering, to acquire the knowledge that they know that I do not have, [and] to interact with other organizations.*

Sixty-two percent of counterparts and 34 percent of beneficiaries reported receiving no training (Figure 6). Some participants (often those in managerial roles within an organization) reported that while they did not receive direct training, some of their colleagues or staff members had been trained by a Volunteer. It is also possible that these figures are high because some respondents only consider an activity to be training when it occurs in a highly formalized setting such as a classroom or formal workshop. Many of those who reported receiving no training still described substantial improvements in life skills and health-related knowledge. For example, just under half of the beneficiaries and counterparts who said they had no training still stated that they gained much better knowledge of preventing HIV/AIDS as a result of collaborating with a Volunteer.

**Figure 6: Training Received by Counterparts and Beneficiaries**



The majority of respondents in both groups felt the training had enhanced their skills (Figure 7). Sixty-seven percent of counterparts and eighty-four percent of beneficiaries believed the training significantly enhanced their skills. An additional 13 percent of counterparts and 6 percent of beneficiaries reported the training somewhat enhanced their skills. It should be noted that the responses from 13 participants who stated that they did not receive training are included in Figure 7. Despite stating they received no training, three of these thirteen said that their skills were significantly enhanced and one said that their skills were somewhat enhanced by the Volunteer. This supports the idea, cited elsewhere in this report, that some respondents made clear distinctions between formal training, which they felt they had not received, and other forms of learning.

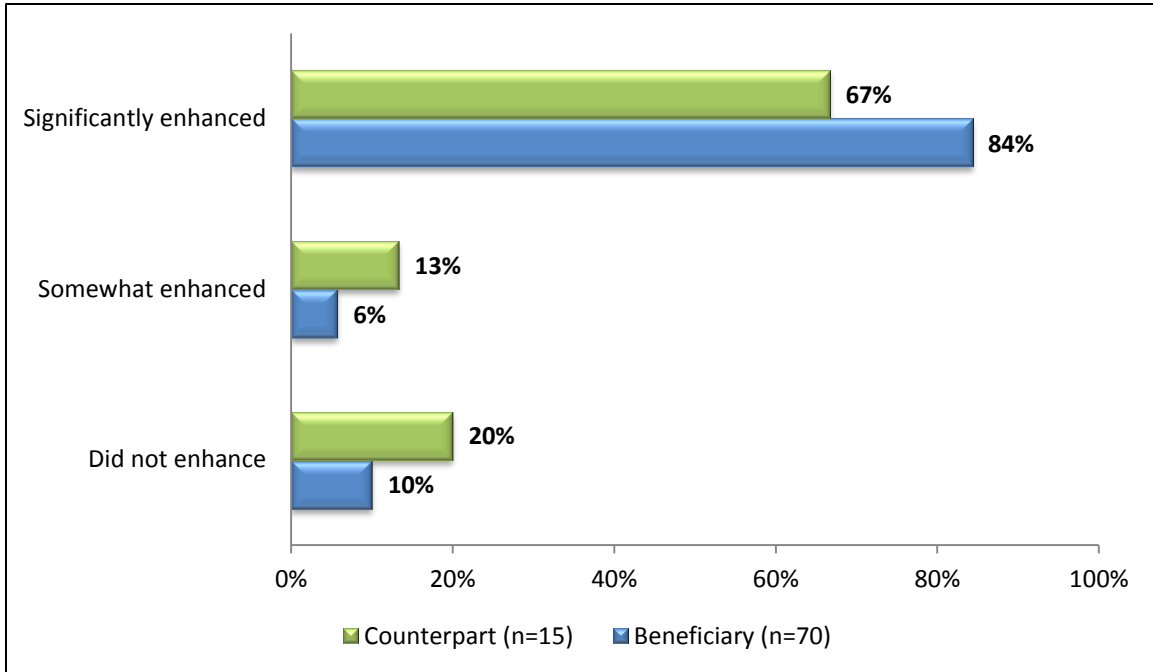
When asked how training helped them, respondents stated:

*A lot because I am now able to identify abused children in the town and help them. Sometimes I follow them up to their homes. –Beneficiary*

*I have been improved in presentation skills (my confidence has improved). I can easily address my community and other people on HIV/AIDS issues. –Beneficiary*

*Very much enhanced since now I know how to use some programs and have some skills in fundraising components and budgeting. –Counterpart*

**Figure 7: Extent Training Enhanced Skills of Counterparts and Beneficiaries**



### **Community-Level Changes as a Result of the HIV/AIDS Capacity Building Project**

Counterparts and beneficiaries were asked about changes in community-level outcomes related to the first four project goals of the HIV/AIDS Capacity Building Project:

1. HIV/AIDS prevention
2. Increased involvement and participation in the care and support of people who are infected and/or affected by HIV/AIDS
3. Improving the capacity of organizations and service providers
4. Protection of orphans and vulnerable populations

Using a matrix question, participants provided information about three to six indicators for each of the four project goals. For each indicator, respondents were asked the direction of any changes that occurred within the community (Figures 8 through 11), whether change was still evident after the Volunteer departed (Figures 12 through 15), and whether the community’s or organization’s needs had been met (Figures 16 through 19).

Many respondents reported that they had seen significant change within their communities.

*The number of funerals that are caused by HIV/AIDS has been reduced which shows that people are using condoms and they access health care.*  
–Beneficiary

*The PCV hired (Sesarwa) interpreters for those who take ARVs & TB pills. It improved very well. PCVs are very important to the community, the features they bring in are very resourceful since we don't have them in Botswana.* –Beneficiary

*Access to services is there in the community and people come for testing now. They teach themselves about the importance of treatment.* –Beneficiary

Despite all Volunteers in the project being assigned HIV/AIDS-related work as their primary project, several beneficiaries felt that their Volunteer's primary focus was not related to HIV/AIDS. Some participants reported that the Volunteer worked primarily on a library project, within schools, or on teaching community members about sustainable gardening projects.

Many beneficiaries and counterparts also noted that while Volunteers were reaching out to community members, behavioral change can take a great deal of time.

*Service providers are trying to do their job with the help of the Volunteers, but change is slow within the community.* –Beneficiary

*People are being taught even though some do not take the teachings seriously and do not reduce the number of sexual partners.* –Beneficiary

*Service providers and Volunteers do their work but it's the community problem with ... behavior change. For example, the community doesn't want to change [their behavior related to] condom use....* –Beneficiary

## **Direction of Community-Level Changes**

Overall, counterparts reported positive change<sup>10</sup> most often on the following indicators (Figures 8, 10, and 11):

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<sup>10</sup> Respondents were asked about the extent to which they saw changes related to each outcome in their community, organization, or government office on the following scale: much better; somewhat better; the same; somewhat worse; much worse; and, not applicable. Respondents who selected "not applicable" for an indicator were not included in these analyses. OSIRP grouped the "much better" and "somewhat better" responses into one category called "better." The categories of "somewhat worse" and "worse" were grouped into a single category called "worse." This resulted in the following scale: better, the same, and worse.

- Community members' knowledge of how to prevent HIV/AIDS (project goal one)
- Service providers' operational capacity (e.g., helping with patients, explaining medication use; project goal three)
- Capacity of local organizations to provide HIV/AIDS related prevention, care, and treatment services especially to targeted populations (e.g., OVC; project goal three)
- Stigma and discrimination towards people living with HIV/AIDS (project goal four)

Across all indicators, counterparts were more likely to perceive positive change than beneficiaries.<sup>11</sup> The four indicators that beneficiaries most frequently reported positive change on were (Figures 8, 9, and 10):

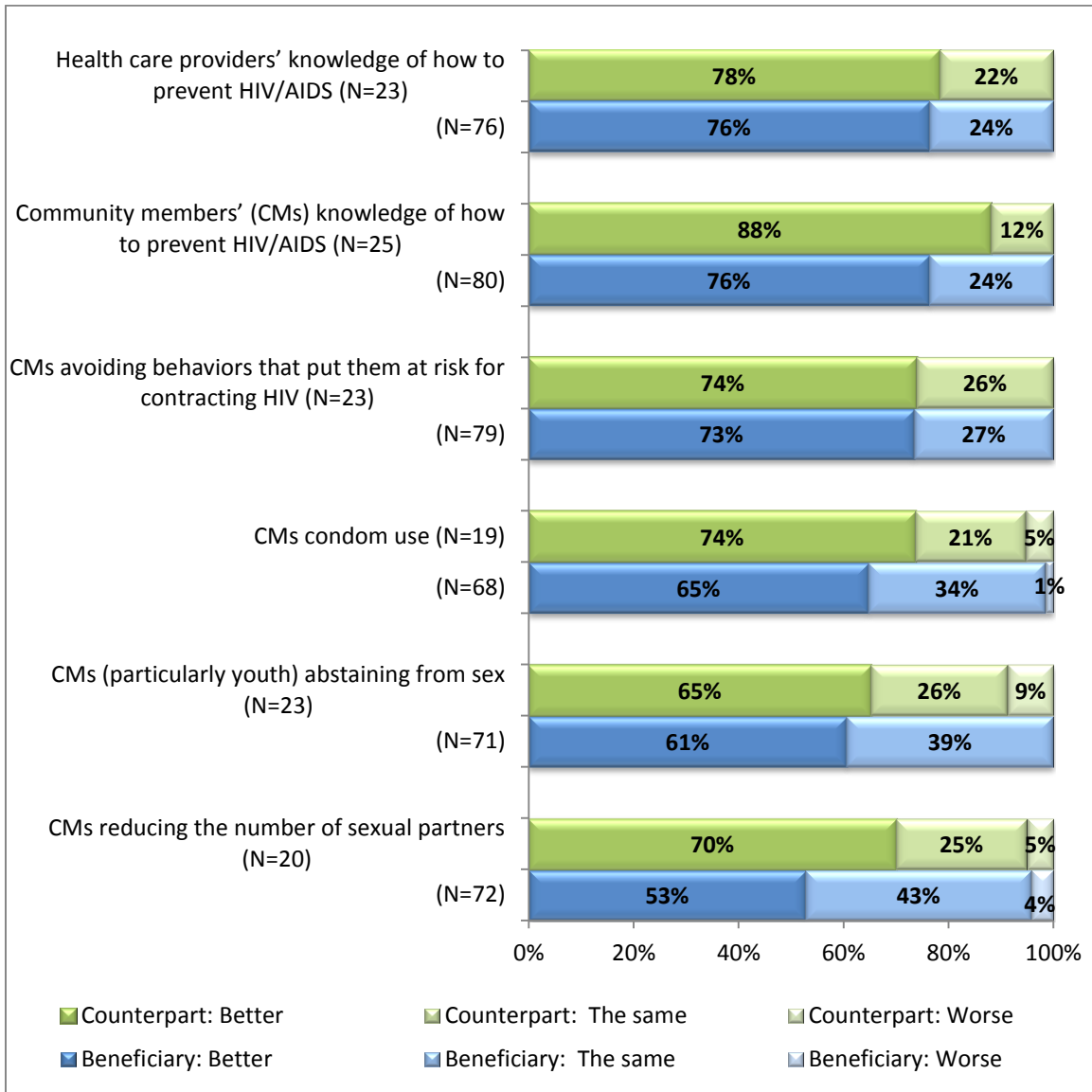
- Community members' knowledge of how to prevent HIV/AIDS (project goal one)
- Health-care providers' knowledge of how to prevent HIV/AIDS (project goal one)
- Community members getting tested for HIV/AIDS (project goal two)
- Service providers' operational capacity (project goal three)

Among the prevention indicators (project goal one), both counterparts and beneficiaries reported that the greatest positive change was related to health-care providers' knowledge of how to prevent HIV/AIDS and to community members' knowledge of preventing HIV/AIDS. Seventy-eight percent of counterparts saw improvement in health-care providers' knowledge while 88 percent of counterparts saw improvement in community members' knowledge. Seventy-six percent of beneficiaries saw improvement in health-care providers' and in community members' knowledge of HIV/AIDS. For each of the six prevention indicators, the majority of counterparts and beneficiaries reported positive change within their communities (Figure 8).

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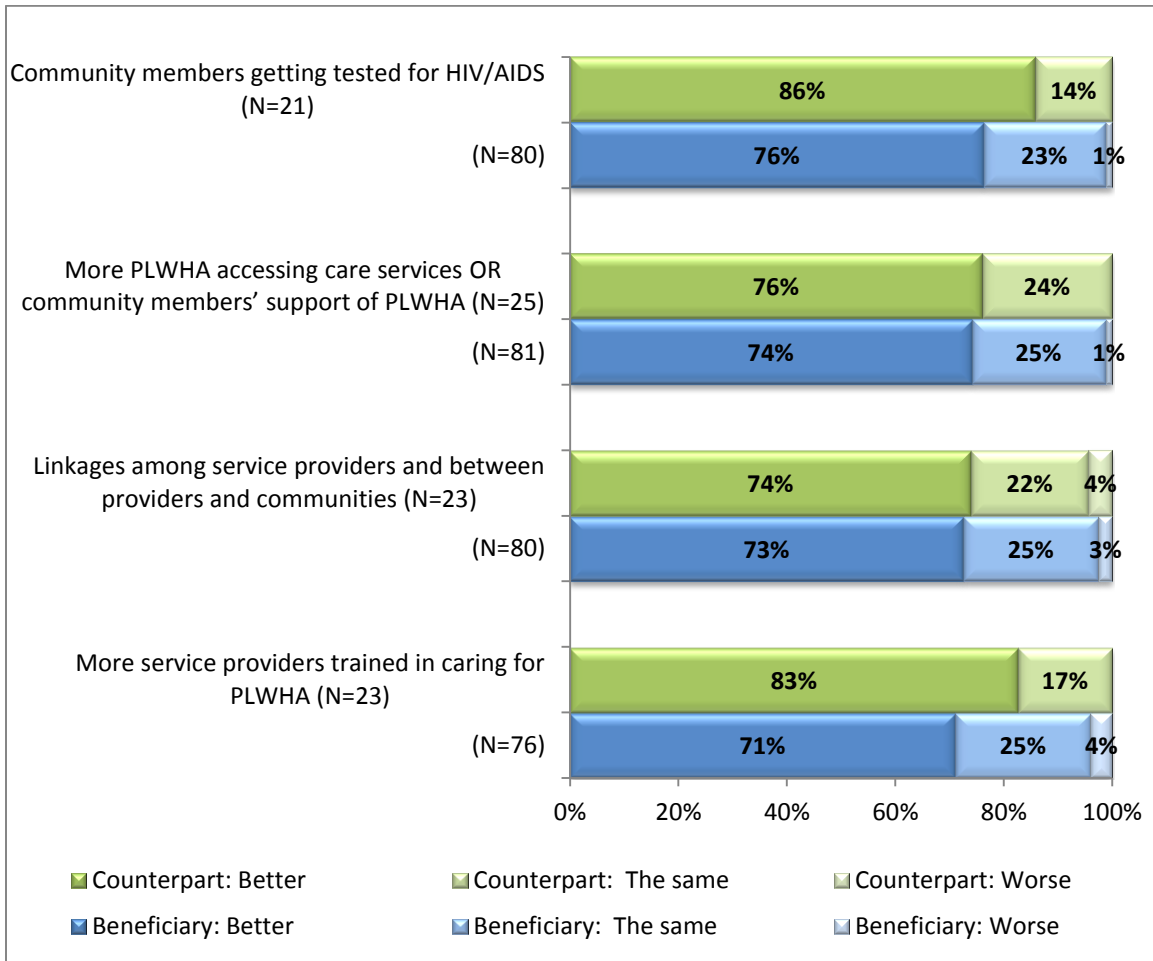
<sup>11</sup> It is expected that beneficiaries would report a wider distribution of responses, including negative ones, because there are significantly more of them than counterparts represented in the study.

**Figure 8: Community Changes Related to Project Goal One: HIV/AIDS Prevention**



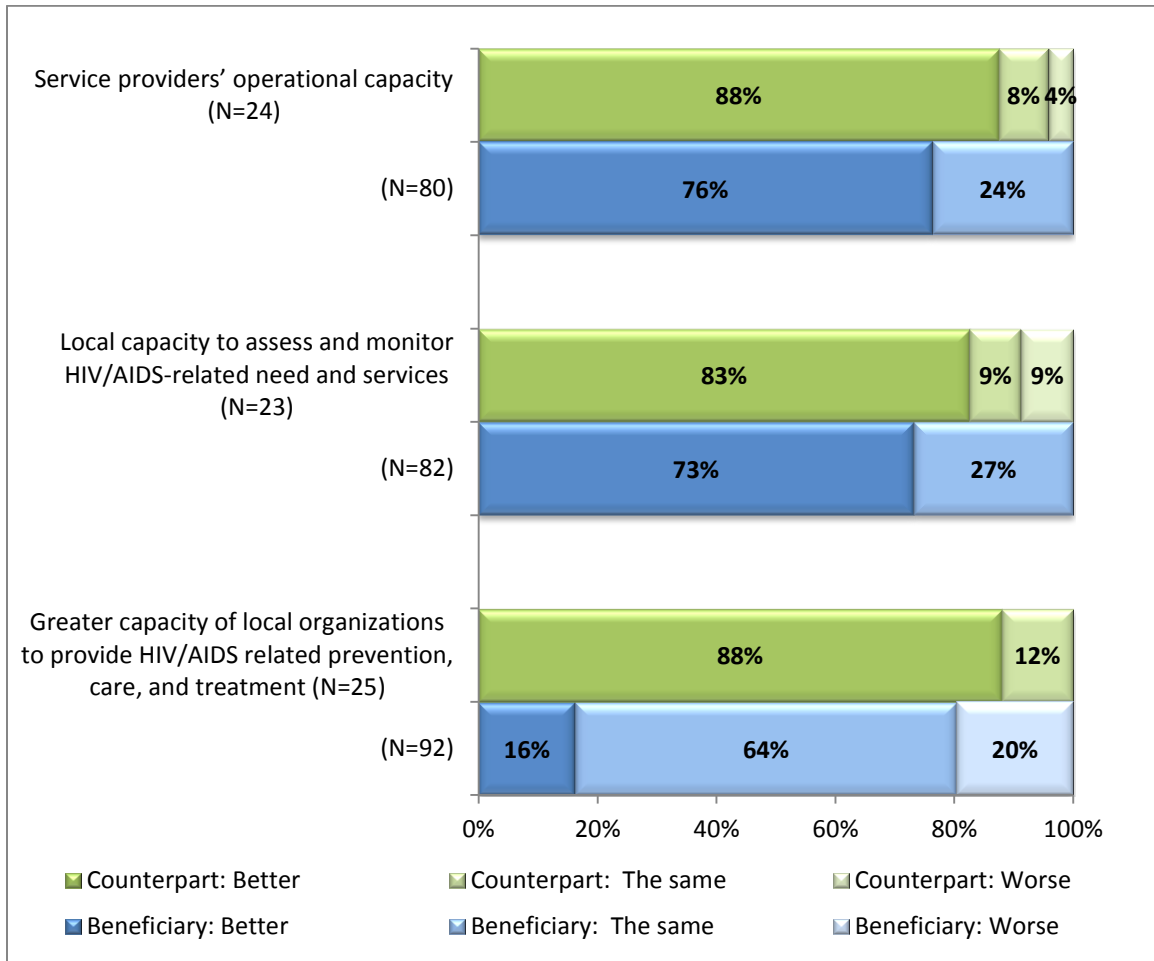
For the care and support indicators (project goal two), the highest percentage of counterparts (86%) and beneficiaries (76%) who perceived positive change was related to the number of community members who were getting tested for HIV/AIDS (Figure 9).

**Figure 9: Community Changes Related to Project Goal Two: Care and Support**



When asked about indicators related to building the capacity of organizations and service providers (project goal three), over three-quarters of counterparts (88%) and beneficiaries (76%) reported positive change in the operational capacity of service providers. However, there was a large disparity in how counterparts and beneficiaries perceived the capacity of local organizations to provide HIV/AIDS related prevention, care, and treatment, especially to targeted populations (e.g., OVC). Eighty-eight percent of counterparts stated that the capacity of local organizations to provide care and support had improved, while 12 percent of counterparts believed it had stayed the same. Sixteen percent of beneficiaries perceived improvement, 64 percent perceived no change, and 20 percent reported a decline in the capacity of local organizations to provide care and support (Figure 10).

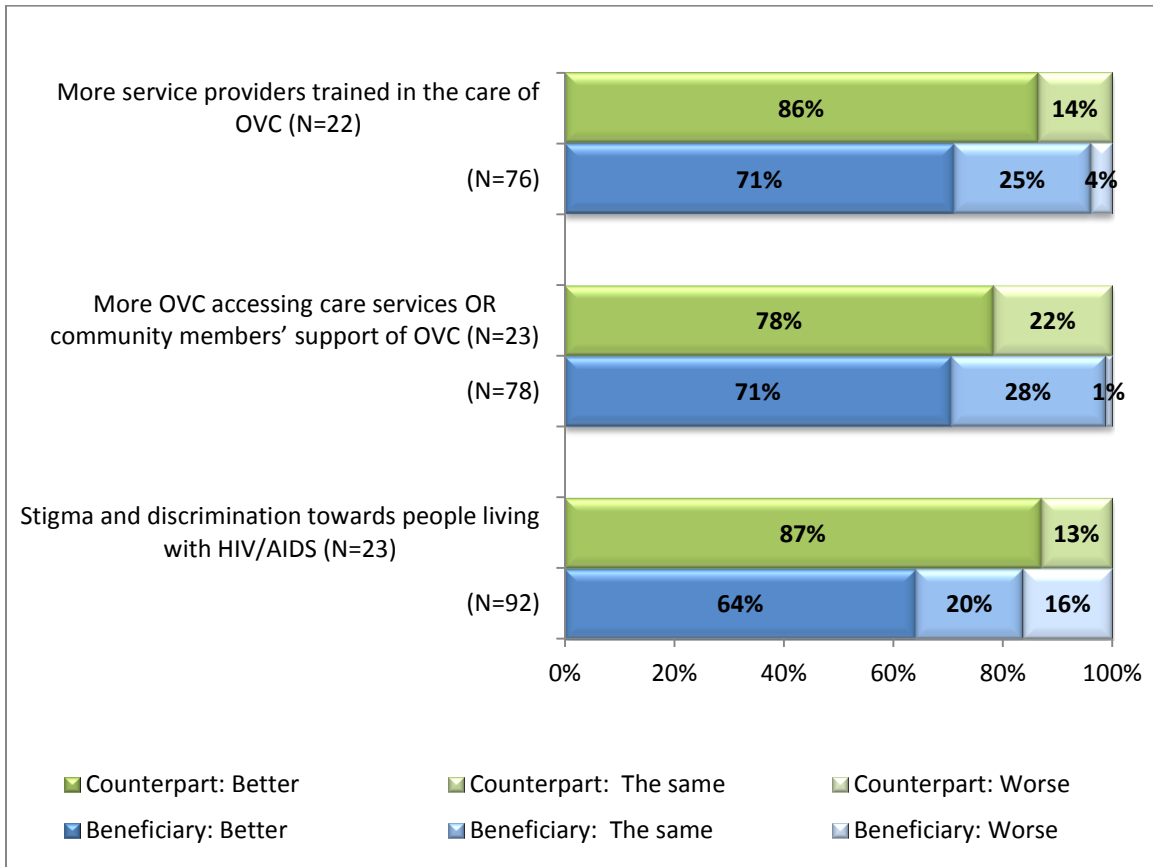
**Figure 10: Community Changes Related to Project Goal Three: Organizational Capacity Building**



For each of the three indicators related to the protection of orphaned and vulnerable populations (project goal four), the majority of counterparts and beneficiaries reported a positive change within their communities (Figure 11). Eighty-seven percent of counterparts reported improvements related to the stigma and discrimination that is directed towards people living with HIV/AIDS, while 13 percent reported no change. Only 64 percent of beneficiaries reported improvements related to stigma and discrimination, 20 percent perceived no change, and 16 percent believed that stigma and discrimination against PLWHA had become worse (Figure 11).



**Figure 11: Community Changes Related to Project Goal Four: Protecting Vulnerable Populations**



Counterparts and beneficiaries were asked how effective Volunteers' work was in helping people improve their ability to address HIV/AIDS and other health concerns (Figure 12). All counterparts and 98 percent of beneficiaries said that the work was very or somewhat effective in helping people address HIV and maintain good health.

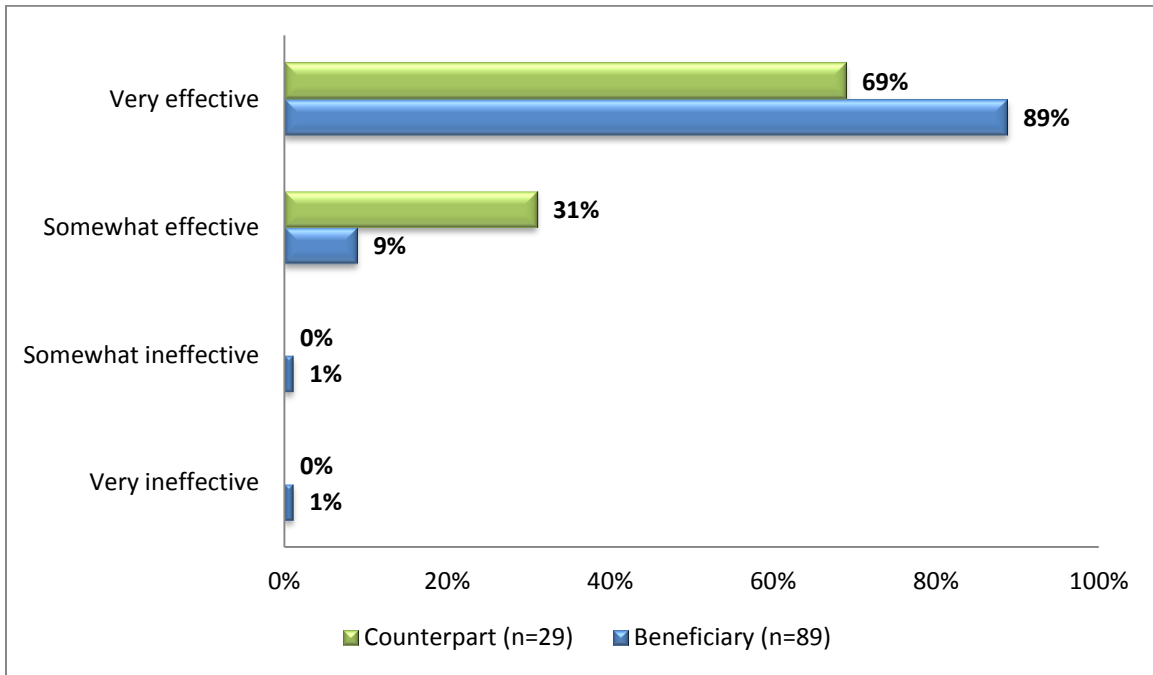
Respondents noted that:

*People have benefited a lot from the PCVs' work and the knowledge is being shared with other people who might have not worked with the PCVs. –Beneficiary*

*It has been effective because they have been able to build another center for orphans and vulnerable children (OVC) with the contribution of the Volunteers. –Counterpart*

*When I look at the community in general, the results are somehow effective – the PCVs leave people with knowledge and skills that they will use even after the PC project is complete. –Beneficiary*

**Figure 12: Effectiveness of Volunteers' Work in Helping People Address HIV**



### **Sustainability of Community-Level Changes**

Respondents at sites where Volunteers were no longer serving were asked to assess the extent to which the changes introduced had been maintained by the community. Respondents provided their answers on the following scale: yes, to some extent, and not evident.<sup>12</sup>

Overall, counterparts and beneficiaries reported that their communities had maintained many of the positive changes brought about by Volunteers. For all but two of the sixteen indicators, the majority of counterparts believed that the changes had been at least partially sustained. The majority of counterparts did not believe that changes had been maintained by community members for avoiding behaviors that would put them at risk for contracting HIV and by community members (particularly youth) for abstaining from sex. The majority of beneficiaries reported, however, that change had been at least somewhat sustained on all indicators except for community members reducing the number of sexual partners (Figures 13-16). Examples of comments on the sustainability of change included:

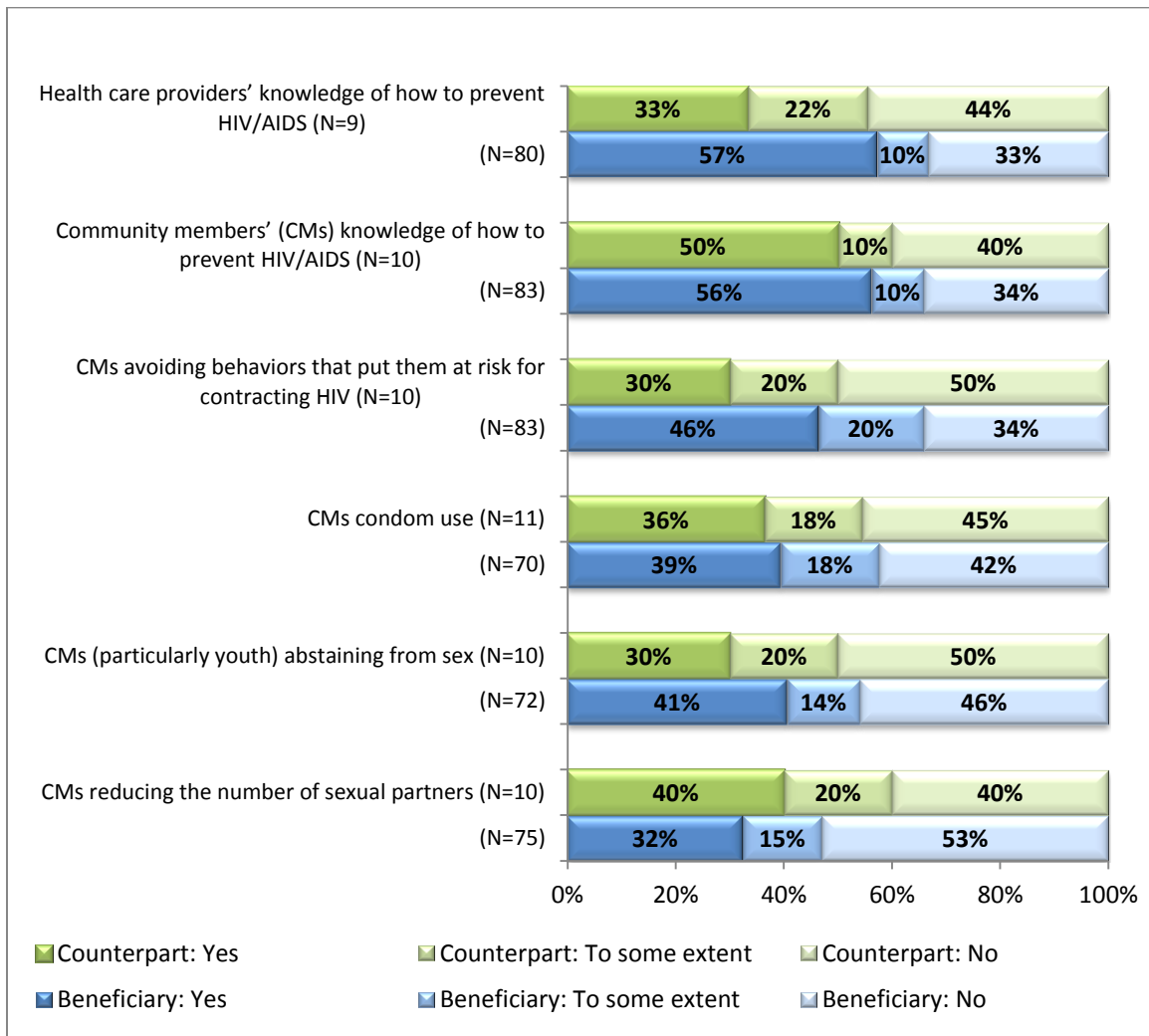
*Nurses are still encouraging people to go for tests and even the community members as well feel it's their responsibility to do it. – Beneficiary*

<sup>12</sup> Respondents were also given a choice of “unsure” but these responses were not included in this analysis.

*People are being taught, even though some do not take [it] seriously, and do not reduce the number of sexual partners. –Beneficiary*

Sixty percent of counterparts stated that community members’ knowledge of how to prevent HIV/AIDS had been at least somewhat sustained. Sixty percent of counterparts also believed that the reduction of community members’ number of sexual partners was at least partially evident. Approximately two-thirds of beneficiaries stated that changes in both health-care providers’ and community members’ knowledge of how to prevent HIV/AIDS was still evident to at least some extent. Additionally, 66 percent of beneficiaries reported that at least some changes had been sustained in community members avoiding behaviors that put them at risk for contracting HIV (Figure 13).

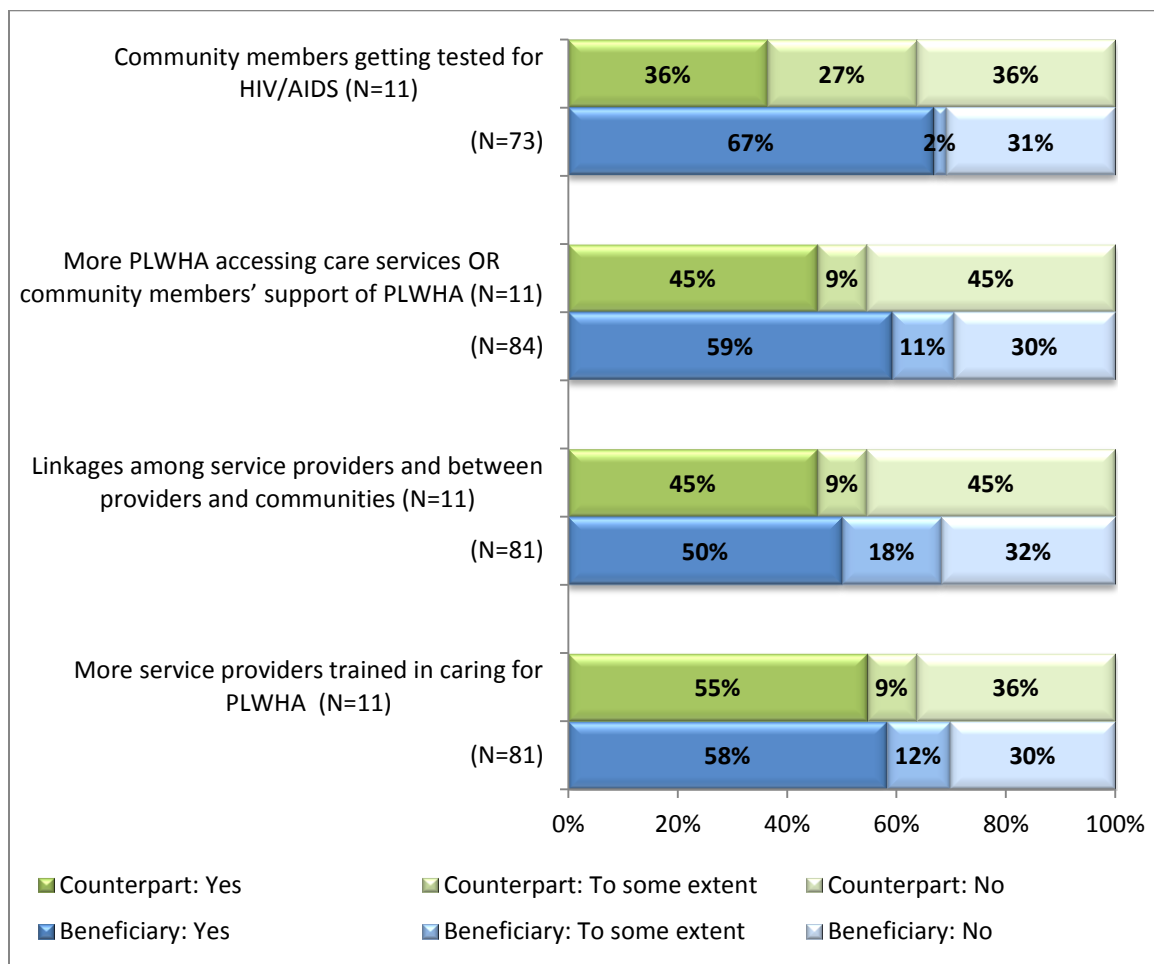
**Figure 13: Sustainability of Community Changes Related to Project Goal One: HIV/AIDS Prevention**



Fifty-five percent of counterparts and 58 percent of beneficiaries said that change in the number of service providers trained in caring for people living with HIV/AIDS was still evident, while an additional 9 percent of counterparts and 12 percent of beneficiaries reported that change was sustained to some extent (Figure 14).

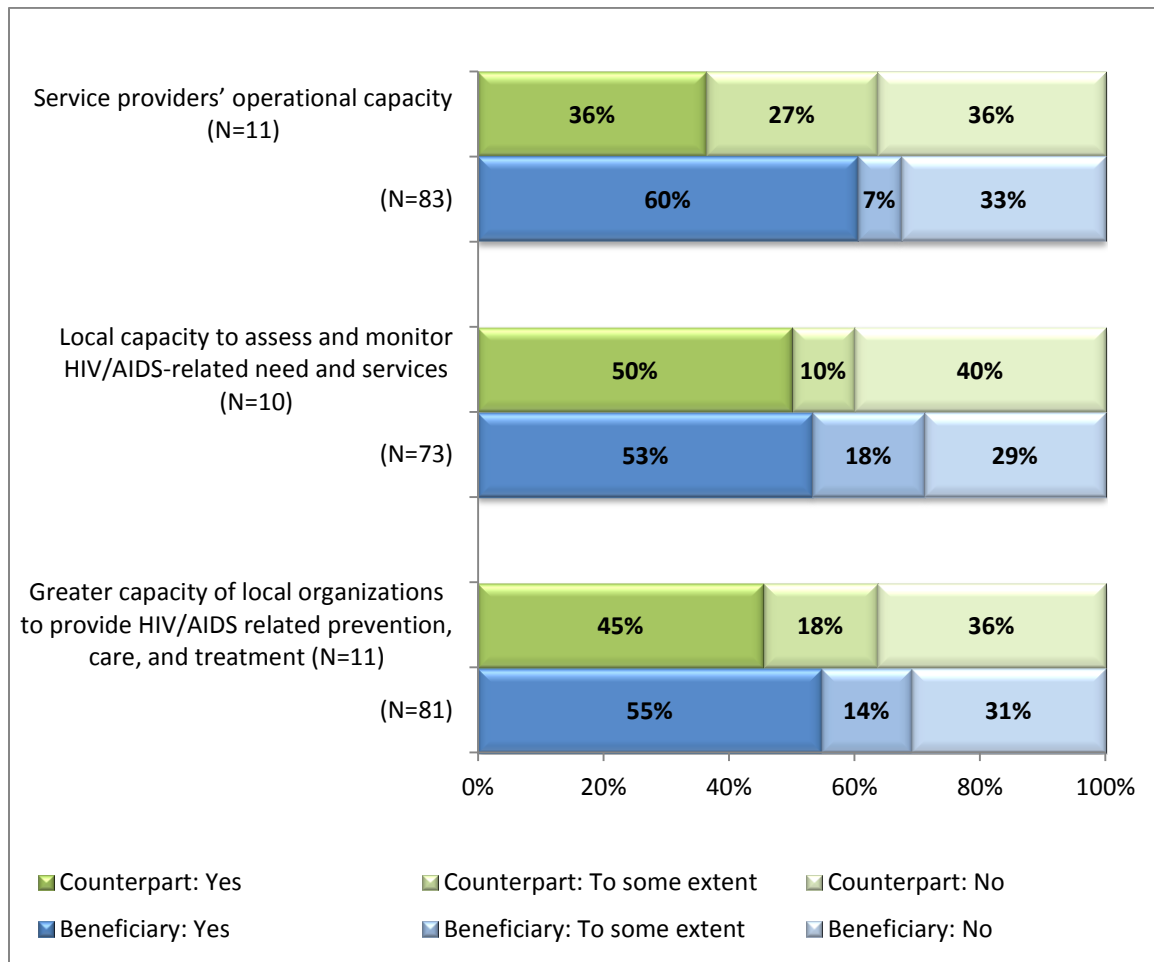
Sixty-seven percent of beneficiaries said that change in the number of community members getting tested for HIV was still fully evident. While only 36 percent of counterparts believed change related to testing was fully sustained, an additional 27 percent believed that increased levels of community members receiving HIV tests were still evident to some extent (Figure 14).

**Figure 14: Sustainability of Community Changes Related to Project Goal Two: Care and Support**



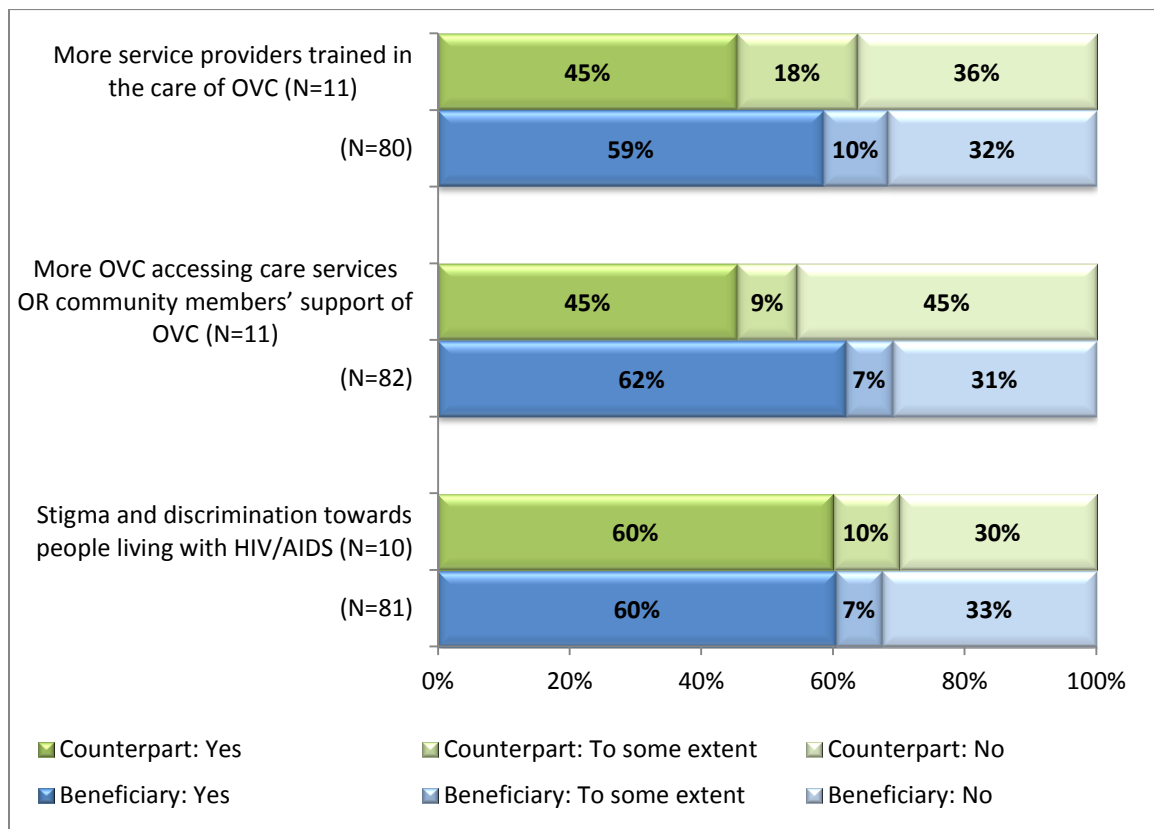
Most respondents perceived at least somewhat sustained improvements in the capacities of local organizations and individual service providers. Forty-five percent of counterparts and 55 percent of beneficiaries believed that local organizations had entirely maintained a greater capacity to provide HIV/AIDS related prevention, care and treatment services especially to targeted populations (e.g., OVC). Although only 36 percent of counterparts believed that service providers' operational capacity had been fully sustained, 60 percent of beneficiaries perceived those changes to be entirely sustained (Figure 15).

**Figure 15: Sustainability of Community Changes Related to Project Goal Three: Organizational Capacity Building**



Positive changes related to the fourth project goal of the HIV/AIDS Capacity Building Project were still evident within many communities after Volunteers left. When asked about more OVC accessing care and support services or community members' support of OVC, 45 percent of counterparts and 59 percent of beneficiaries believed that the changes were still fully maintained within their communities. Sixty percent of counterparts and beneficiaries agreed that reduced stigma and discrimination towards people living with HIV/AIDS had been fully sustained (Figure 16).

**Figure 16: Sustainability of Community Changes Related to Project Goal Four: Protect Vulnerable Populations**



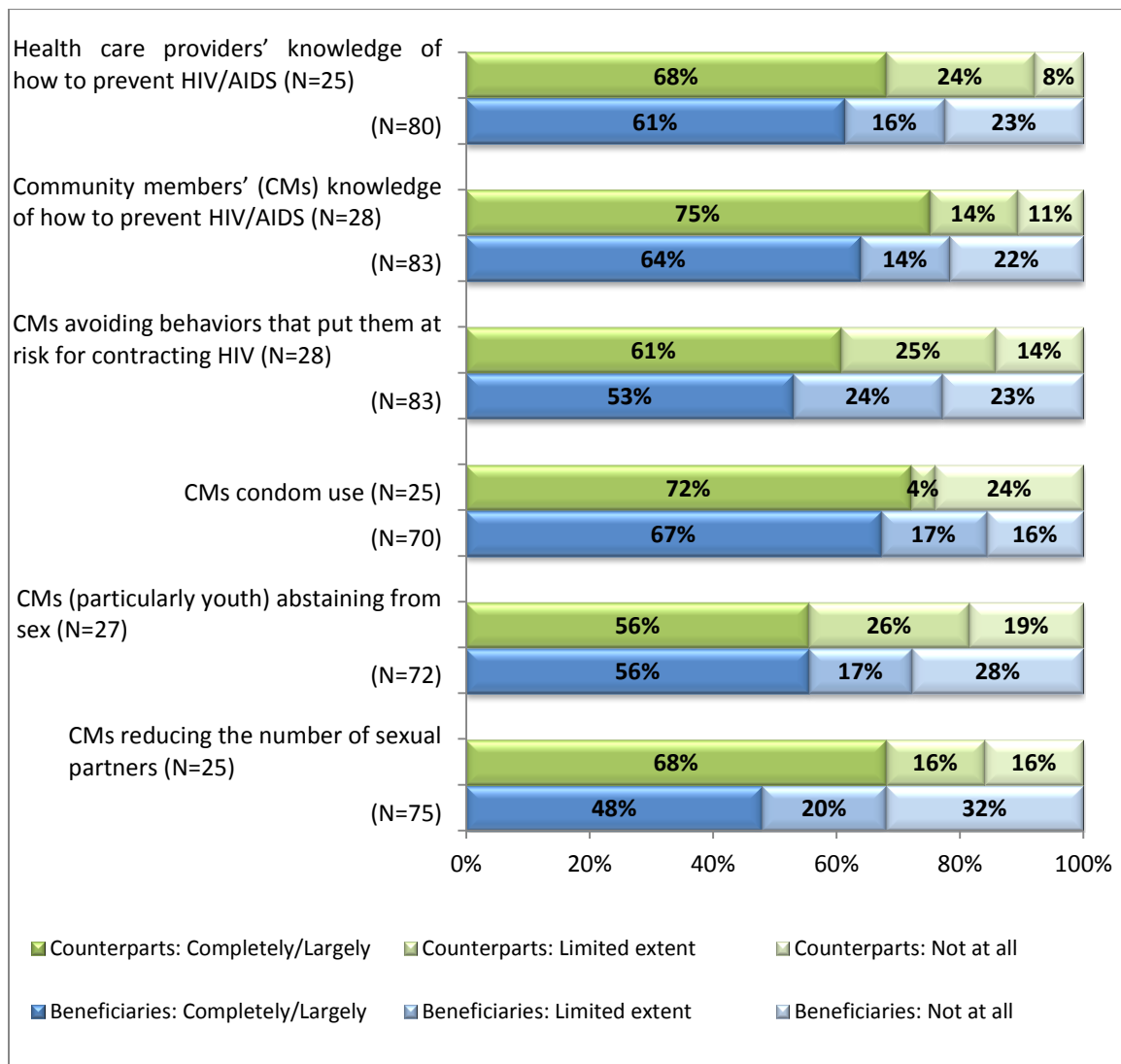
### Extent to which Changes Met Community Needs

Finally, respondents were asked to assess the extent to which the PCV's work met the community's or organization's needs.<sup>13</sup> For each of the sixteen indicators, 56 percent or more of counterparts reported that their needs had been largely or completely met. The majority of beneficiaries stated that their needs had been largely or completely met for all indicators except one: community members reducing their number of sexual partners.

<sup>13</sup> Respondents were asked to assess whether their needs were met using the following scale: completely, large extent, limited extent, not at all, does not know. OSIRP grouped "completely" and "large extent" together to form the categories: "completely/largely", "limited extent", and "not at all." Participants who selected "does not know" were excluded for the purposes of these analyses.

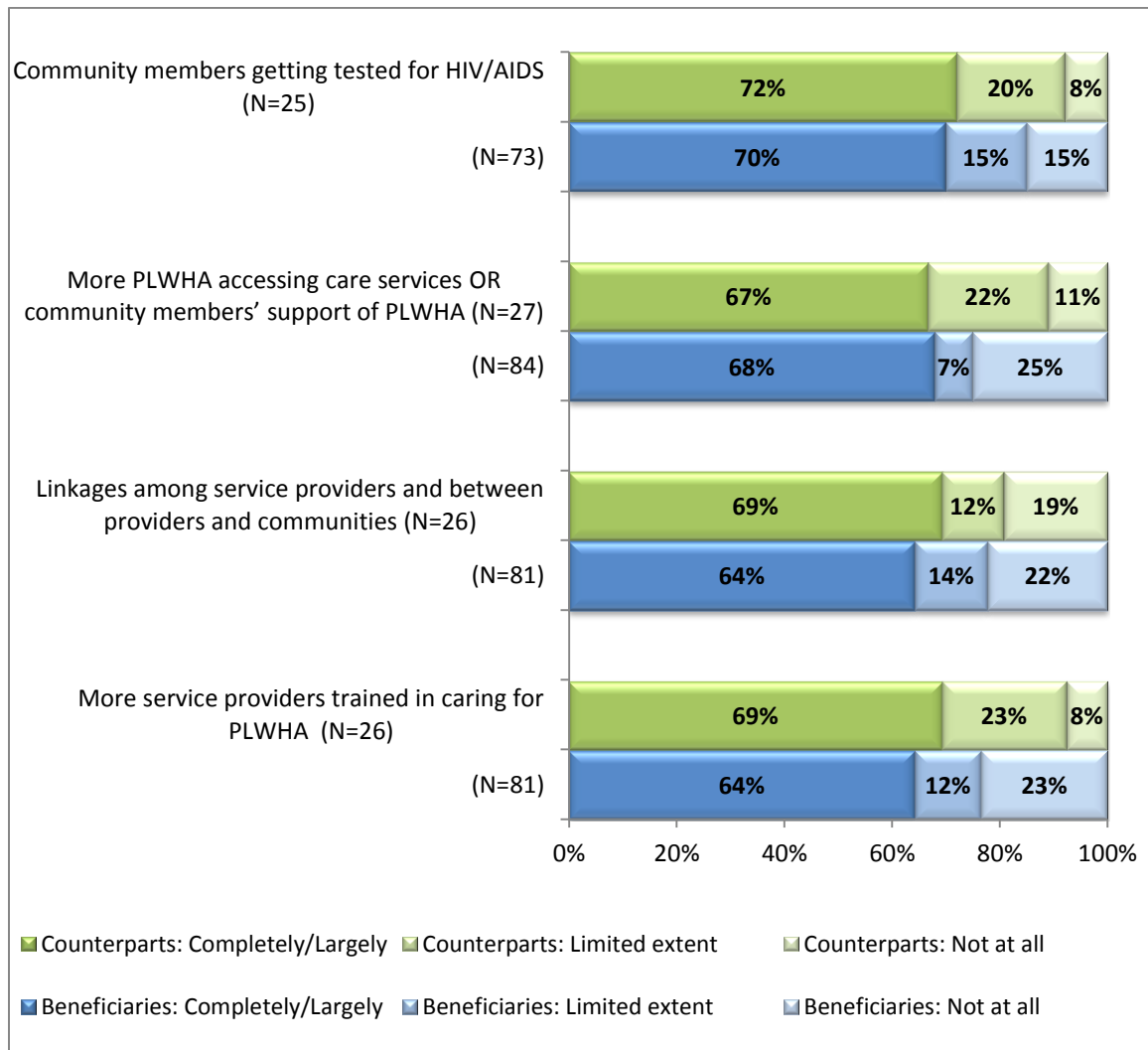
Counterparts were more likely than beneficiaries to state that their needs related to the first project goal (prevention) were largely or completely met. Seventy-five percent of counterparts and 64 percent of beneficiaries felt that the changes in community members’ knowledge of how to prevent HIV/AIDS met the community’s needs. Seventy-two percent of counterparts and 67 percent of beneficiaries reported that their needs related to community members’ condom usage were largely or completely met (Figure 17).

**Figure 17: How Well Changes Met Community Needs Related to Project Goal One: HIV/AIDS Prevention**



When asked how well changes related to providing care and support for people living with HIV/AIDS (project goal two) had met community needs, counterparts and beneficiaries had similarly positive responses. Seventy-two percent of counterparts and 70 percent of beneficiaries reported that community needs were met regarding community members being tested for HIV/AIDS. Sixty-nine percent of counterparts and 64 percent of beneficiaries believed that community needs were met for increased linkages among service providers and for greater numbers of service providers being trained to provide care and support for PLWHA (Figure 18).

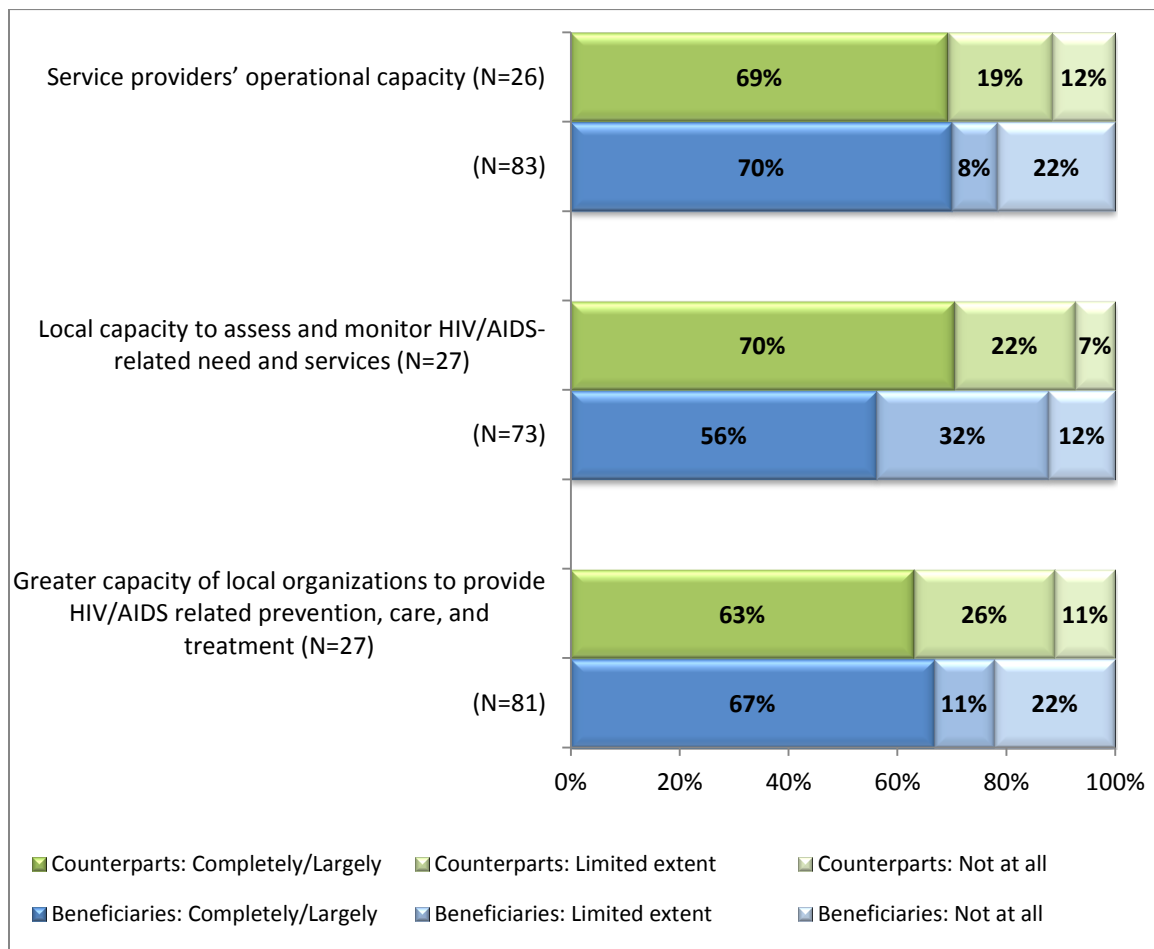
**Figure 18: How Well Changes Met Community Needs Related to Project Goal Two: Care and Support**





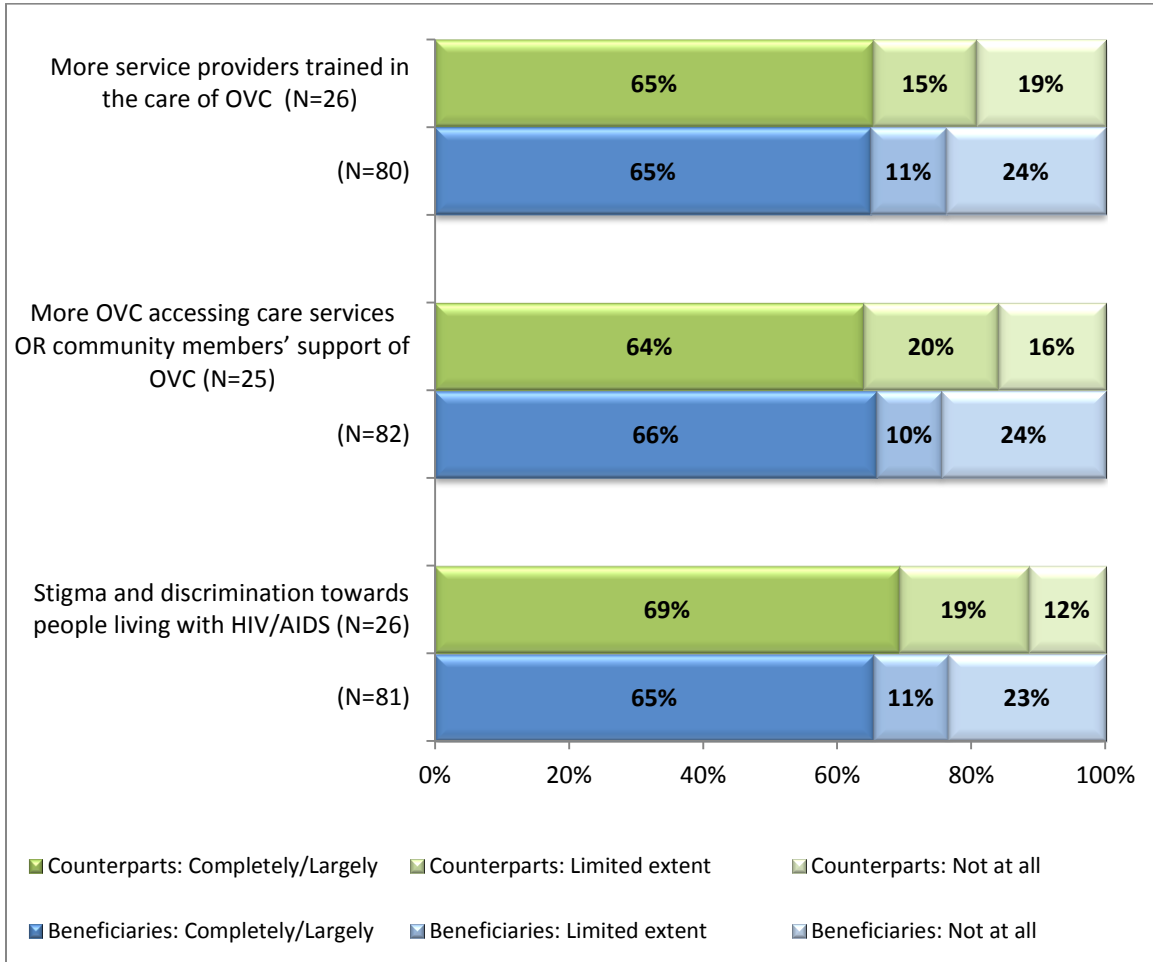
The majority of counterparts and beneficiaries reported that their community’s needs related to organizational capacity building (project goal three) had been largely or completely met. Sixty-nine percent of counterparts and 70 percent of beneficiaries stated that their needs related to improving service providers’ organizational capacities were met. Seventy percent of counterparts and 56 percent of beneficiaries reported that improvements related to the local capacity to assess and monitor HIV/AIDS-related needs and services met their community’s needs (Figure 19).

**Figure 19: How Well Changes Met Community Needs Related to Project Goal Three: Organizational Capacity Building**



For each indicator related to protecting orphaned and vulnerable populations (project goal four), approximately two-thirds of counterparts and beneficiaries felt that community needs were met. Sixty-five percent of counterparts and beneficiaries stated that improvements related to increasing the number of service providers trained to care for OVC met their community’s needs. When asked whether changes in discrimination against PLWHA met their community’s needs, 69 percent of counterparts and 65 percent of beneficiaries reported that their needs were met (Figure 20).

**Figure 20: How Well Changes Met Community Needs Related to Project Goal Four: Protecting Vulnerable Populations**



### Stakeholder Assessment of Community Outcomes

Stakeholders were also provided the opportunity to discuss the changes they had seen in the skills and activities of the citizens within communities where Volunteers had worked. Some stakeholders felt that significant progress had already been made by Volunteers:

*There is great change as the PCVs are placed where the communities highly need them and therefore behavioral change is positive. – Stakeholder*

*[There was] a lot of capacity building and they brought expertise, like... proposal and report writing and confidence.–Stakeholder*

One stakeholder reported that behavioral change within communities can be a slow process:

*The program needs a lot of time because it's about imparting skills and yet bringing awareness. The whole thing is a process. –Stakeholder*

Another stakeholder felt that it was important to point out that changes within communities cannot be attributed solely to the efforts of Peace Corps Volunteers:

*There is change but change is not about an individual. There are many players. As for health workers, PCVs find them knowledgeable already.*

### **Individual-Level Changes Resulting from the Project**

In addition to changes at the community level, counterparts and beneficiaries were also asked about the extent to which they saw changes in themselves related to each of the following outcomes:

- Ability to communicate about HIV/AIDS issues
- Ability to make healthy decisions related to HIV/AIDS
- Ability to manage your emotions
- Ability to assert yourself
- Self-esteem
- Ability to resist peer pressure
- Knowledge of HIV/AIDS prevention

Counterparts and beneficiaries were asked about individual-level project outcomes through a series of questions. For each individual outcome, respondents were asked if changes had occurred and about the direction of those changes, whether their needs had been met, and, where applicable, whether they had maintained the change after the Volunteer departed. Stakeholders were not asked about individual level changes since they did not work with the Volunteer on a daily basis, and were more involved in the design and implementation of the project.

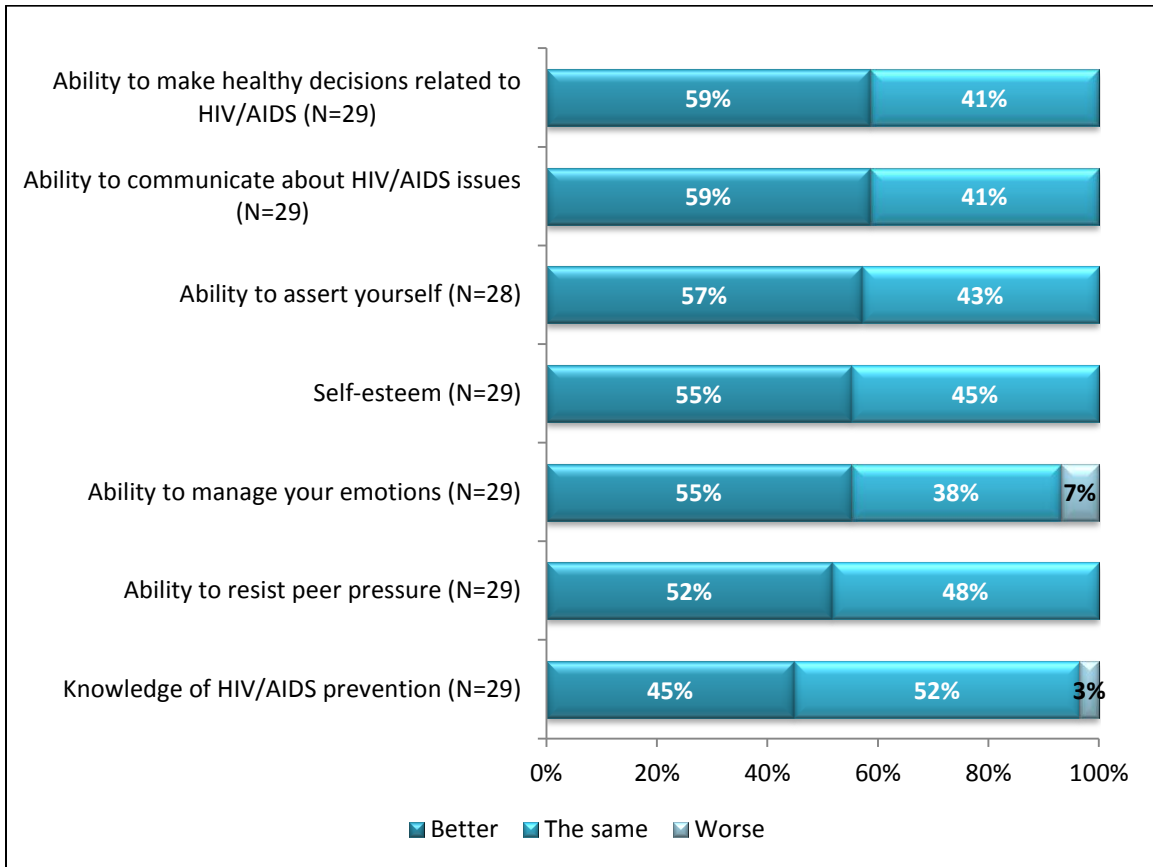
For most outcomes, the majority of counterparts and beneficiaries felt they had experienced positive personal changes as a result of working with a Volunteer (Figures 21 and 22).<sup>14</sup> Beneficiaries who worked with Volunteers reported experiencing greater personal change than counterparts.

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<sup>14</sup> Participants were asked to rate the direction of change on the following scale: much better, somewhat better, the same, somewhat worse, and much worse. For these analyses, the responses much better and somewhat better were collapsed together and somewhat worse and much worse were combined to form the following scale: better, the same, worse.

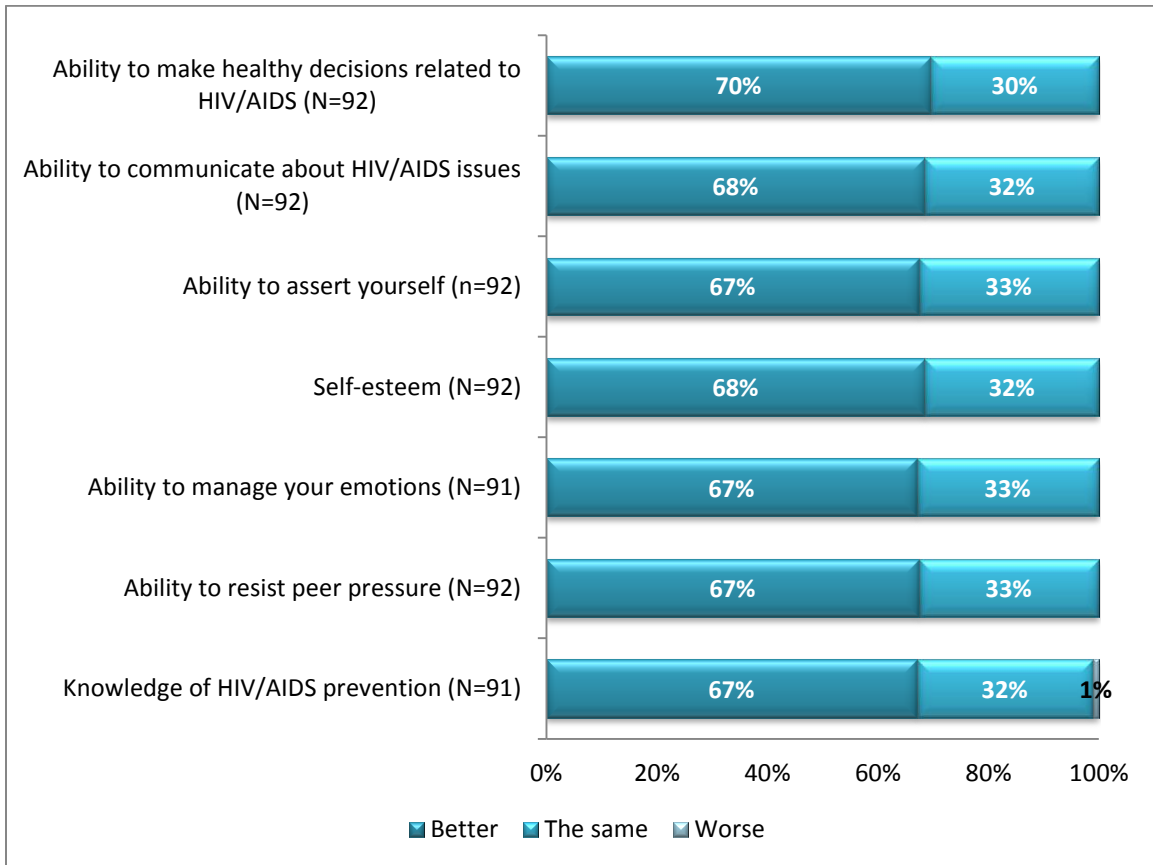
Counterparts were most likely to report improvement in their ability to make healthy decisions related to HIV/AIDS (59%), their ability to communicate about HIV/AIDS issues (59%), and their ability to assert themselves (57%) (Figure 21).

**Figure 21: Counterpart Assessment of Individual Changes Related to Project Outcomes**



Beneficiaries were fairly consistent in their assessments of individual-level changes. For each outcome, between 67 and 70 percent of beneficiaries reported personal improvements (Figure 22).

**Figure 22: Beneficiary Assessment of Individual Changes Related to Project Outcomes**



In addition to questions about personal changes related to life skills and HIV/AIDS knowledge, counterparts and beneficiaries were also asked how effective Volunteers’ work was overall in building their capacity and the capacity of other individual community members (including health promoters). All counterparts and 93 percent of beneficiaries said that the Volunteers’ work was very or somewhat effective in building capacity for themselves or other individuals (Figure 23).

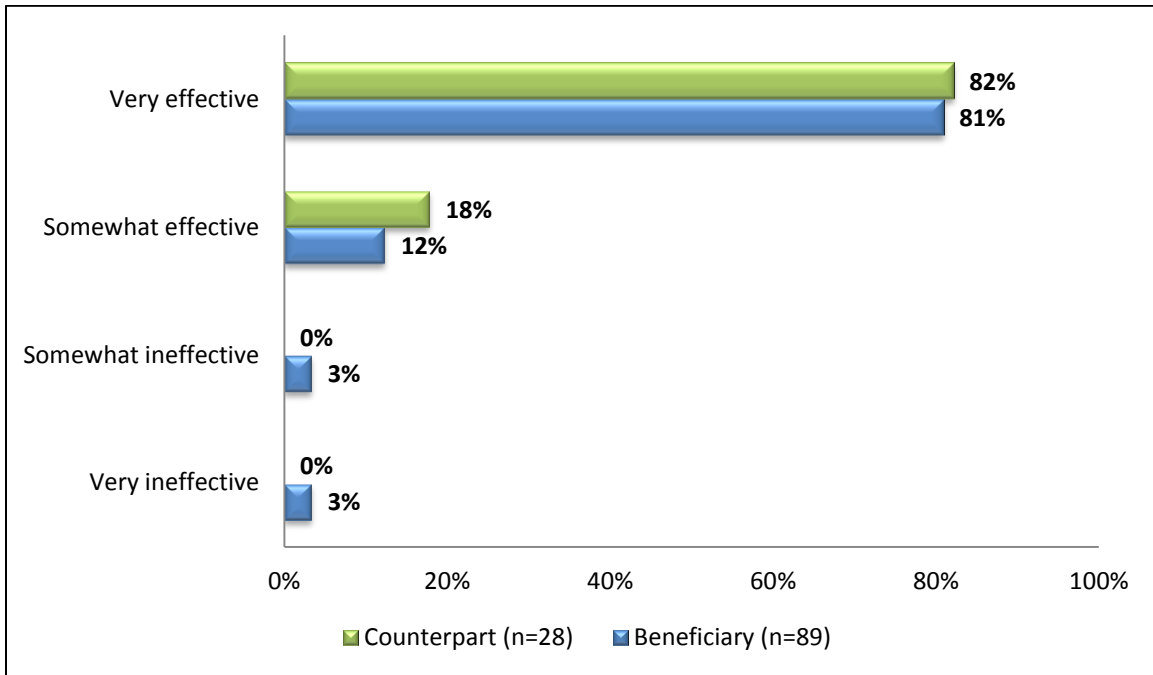
Respondents noted that:

*Even though I already had the capacity to do my job, I think the PCV’s work has been effective in building my capacity. I also think the PCVs are very effective in building the capacity of community members and other health workers. –Counterpart*

*Effective ... it has helped me in so many ways, now I am developed, now I am capable of doing other things without their help. –Beneficiary*

*Service providers and health workers are now open enough to teach people about health issues. –Beneficiary*

**Figure 23: Effectiveness of Volunteers' Work in Building Overall Individual Capacity**

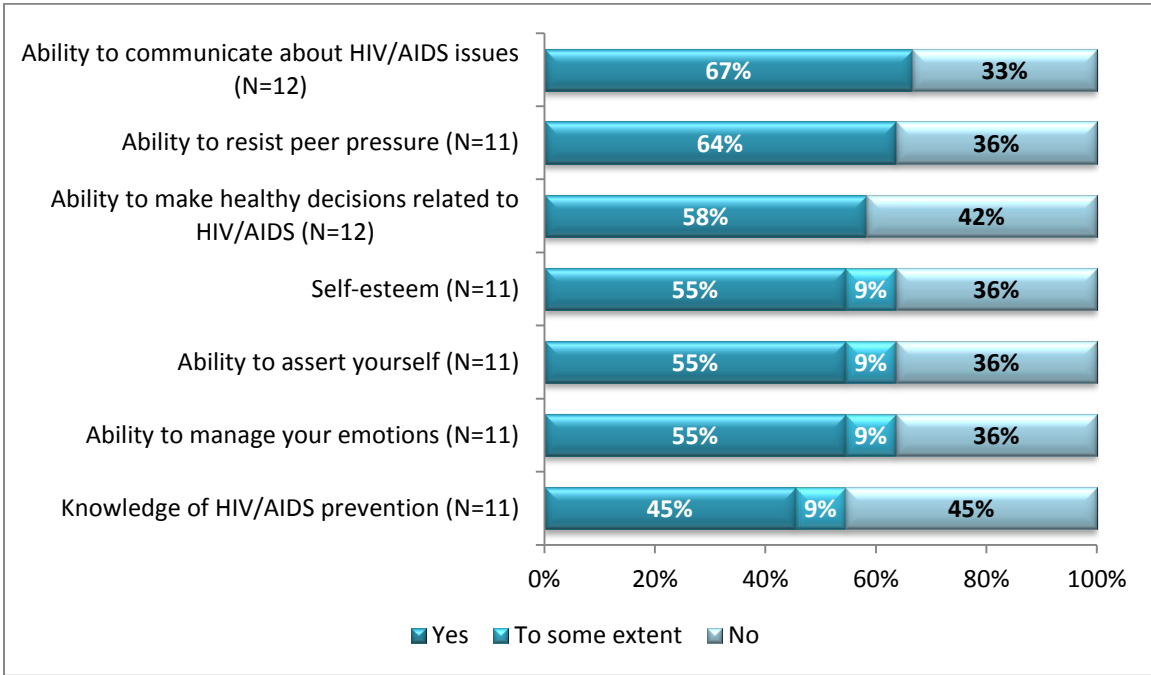


### **Sustainability of Individual-Level Changes**

Counterparts reported the ability to communicate about HIV/AIDS issues as the outcome that was most fully sustained (67%) (Figure 24).<sup>15</sup> Sixty-four percent of counterparts also reported that changes in their ability to resist peer pressure had been fully sustained. However, only 45 percent of counterparts felt that their knowledge of HIV/AIDS prevention had been completely sustained. This may mean that respondents simply could not remember discrete HIV/AIDS-related facts over time. It is unlikely that the majority of respondents lost all the benefits of what they had learned about HIV/AIDS prevention, given that they reported specific learned behaviors, such as resisting peer pressure, as well-sustained.

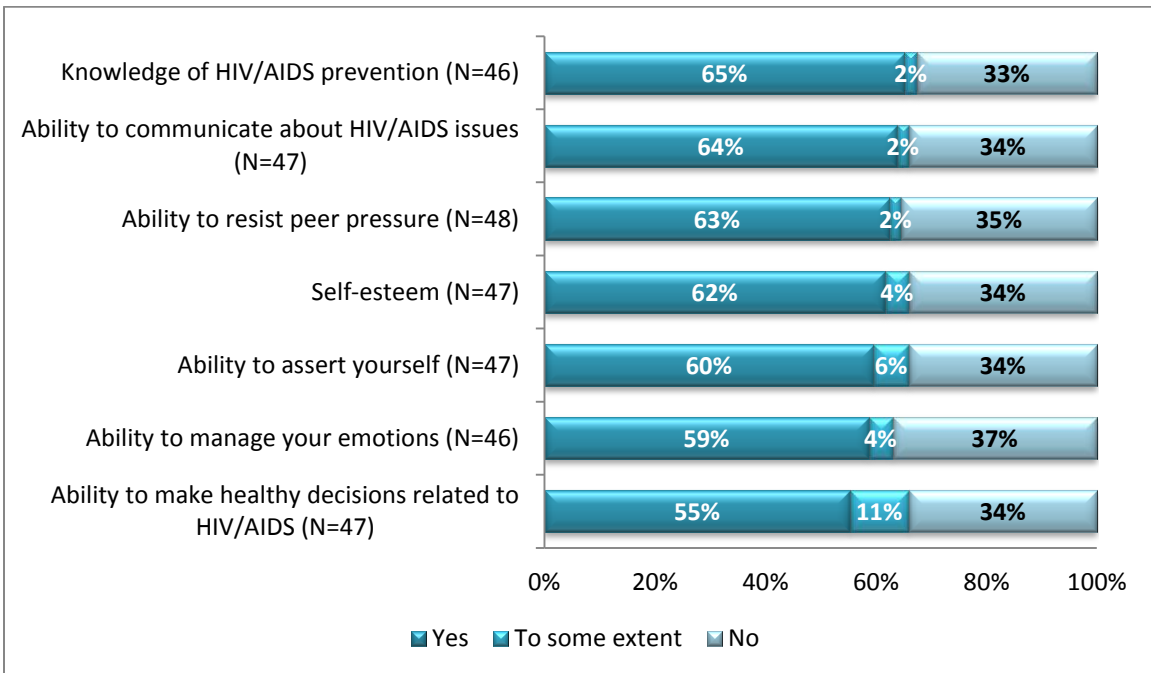
<sup>15</sup> Respondents were only asked whether change was still evident if there were no longer actively serving Peace Corps Volunteers in their sites. Participants who responded “unsure” were excluded from these analyses.

**Figure 24: Counterpart Assessment of Sustainability at the Individual Level**



In contrast, beneficiaries were more likely to feel that their knowledge of HIV/AIDS prevention had been fully sustained (65%) (Figure 25). Like the counterparts, most beneficiaries also reported a sustained ability to communicate about HIV/AIDS issues (64%).

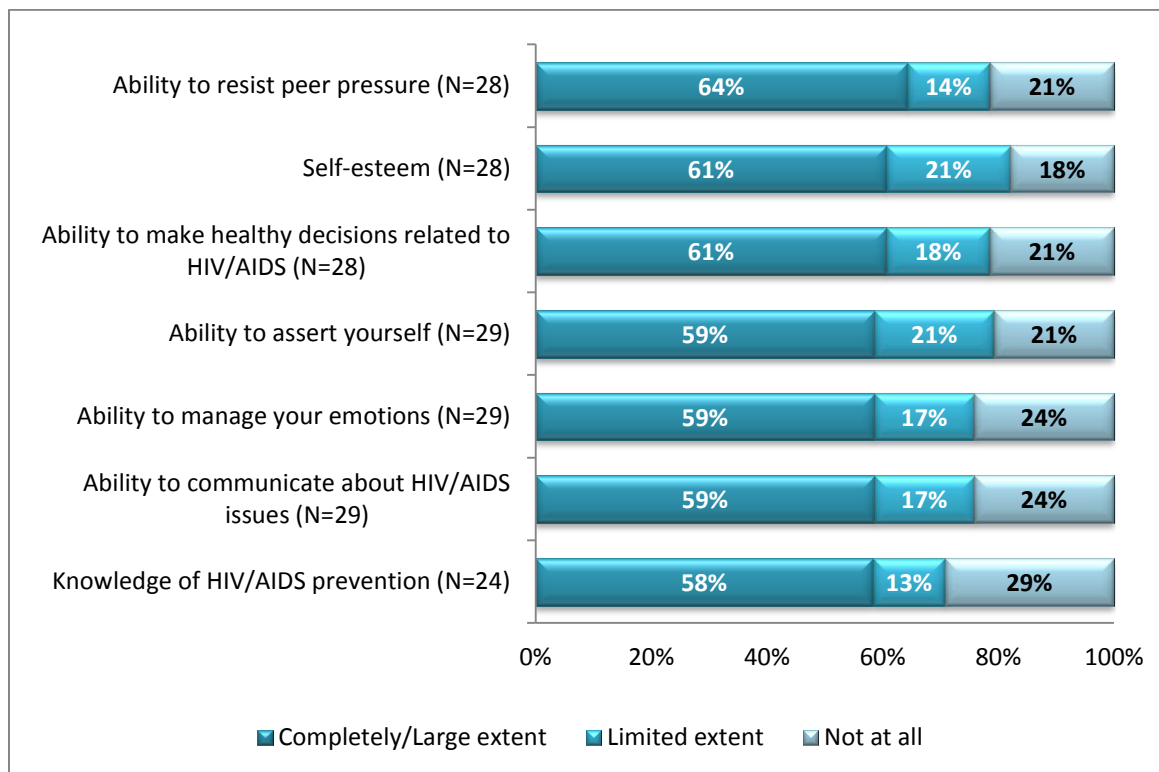
**Figure 25: Beneficiary Assessment of Sustainability at the Individual Level**



## Extent to which Changes Met Individual Needs

For each outcome, the majority of respondents felt that their needs had been met completely or to a large extent (Figures 26 and 27).<sup>16</sup> Counterparts most often reported that their needs were met for the following outcomes: the ability to resist peer pressure (64%), self-esteem (61%), and the ability to make healthy decisions related to HIV/AIDS (61%) (Figure 26).

**Figure 26: Counterpart Assessment of how Outcomes Met their Individual Needs**

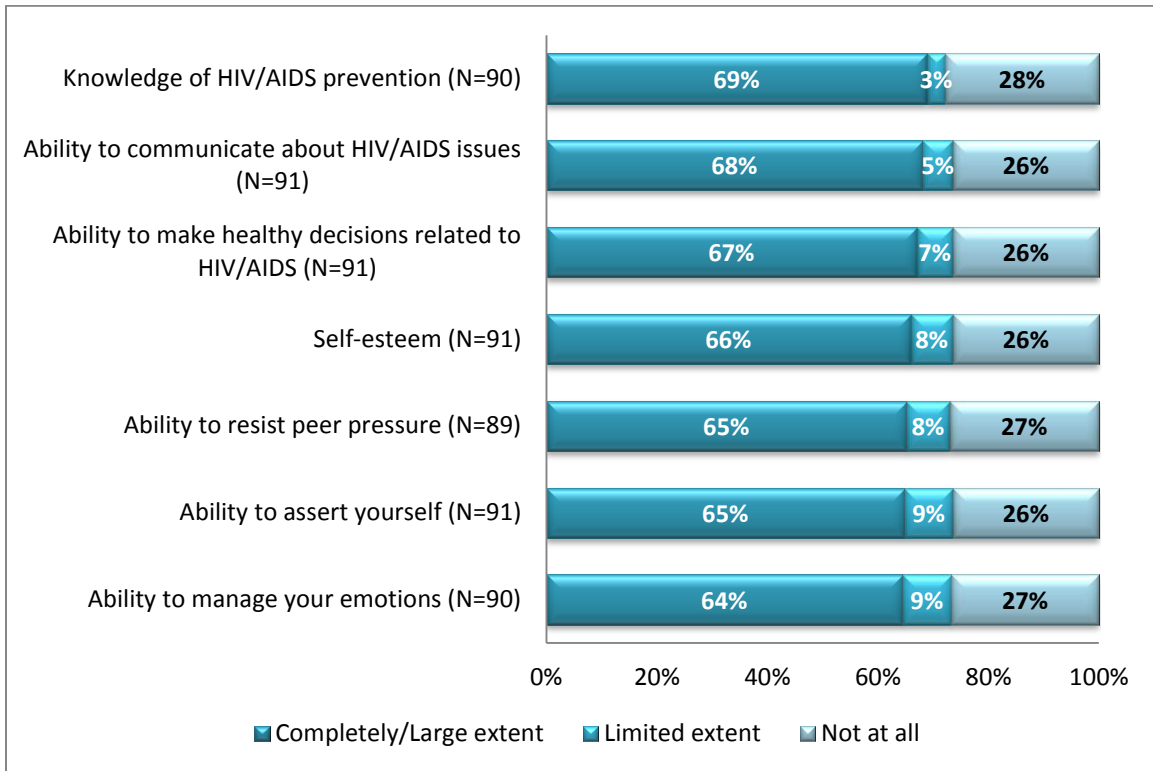


Beneficiaries reported that their needs were best met for: knowledge of HIV/AIDS prevention (69%), the ability to communicate about HIV/AIDS issues (68%), and the ability to make healthy decisions related to HIV/AIDS (67%) (Figure 27).

<sup>16</sup> Respondents were asked to assess whether their needs were met using the following scale: completely, large extent, limited extent, not at all, does not know. OSIRP grouped “completely” and “large extent” together to form the categories: “completely/largely”, “limited extent”, and “not at all.” Participants who selected “does not know” were excluded for the purposes of these analyses.



**Figure 27: Beneficiary Assessment of How Outcomes Met their Individual Needs**



## How Skills are Used Professionally and Personally

Counterparts and beneficiaries were asked how often they used the skills gained from the project in their professional lives. The majority of counterparts (66%) and beneficiaries (67%) responded that they use their new skills in their professional life on a daily basis (Figure 28). Ten percent of counterparts and eight percent of beneficiaries use the skills they learned on a weekly basis. Seven percent of counterparts and 16 percent of beneficiaries indicated that they never use the skills they learned from Volunteers in their professional lives. Counterparts and beneficiaries explained that:

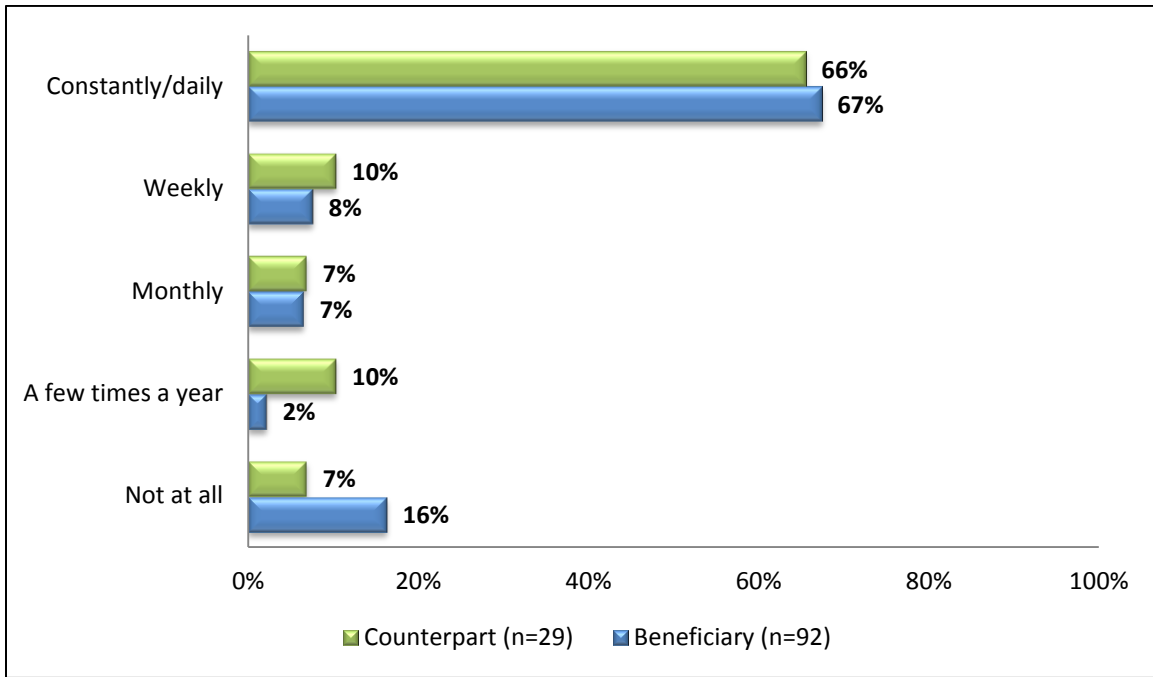
*I use the knowledge of using the computer daily at work and this makes my job a lot easier, as compared to when I didn't know how to use a computer. –Counterpart*

*I have learned how a baby grows weekly during the pregnancy and I communicate this information to pregnant women every week. –Beneficiary*

*I use my gardening skills every day at work as we grow vegetables for the kids and the orphans. –Beneficiary*

*Nothing, in actual fact [the Volunteer] is the one who benefited from us. – Beneficiary*

**Figure 28: Frequency of Skills Used in Professional Life**



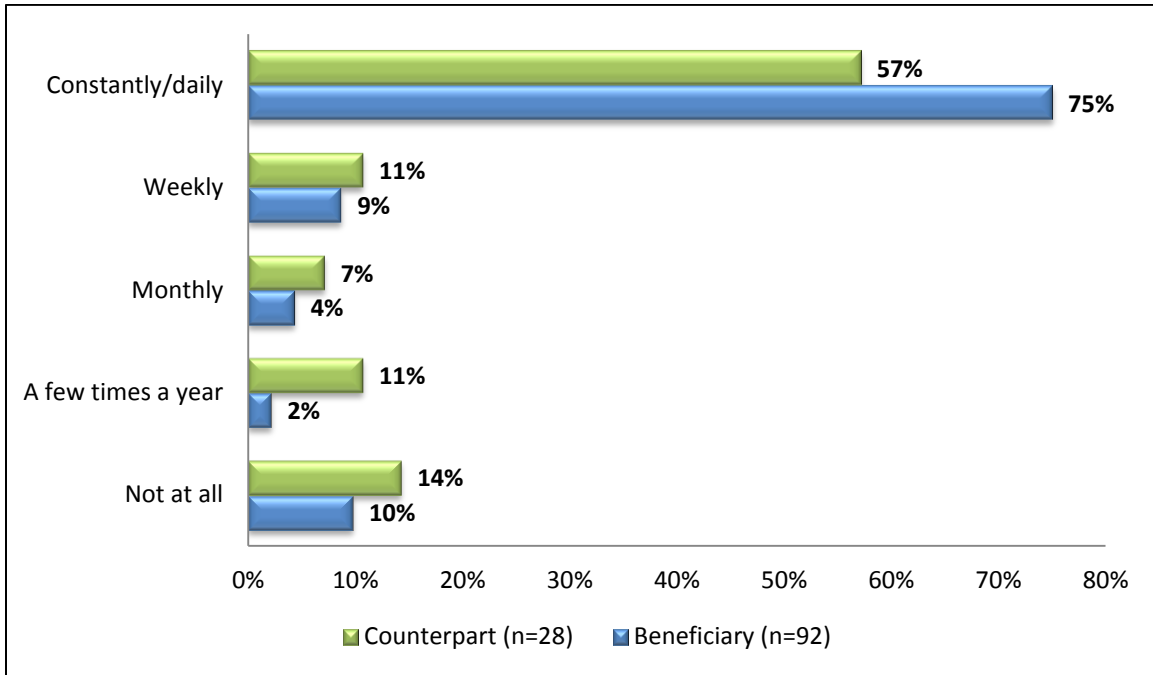
Counterparts and beneficiaries were also asked how often they used the skills gained from the project in their personal lives. Fifty-seven percent of counterparts and 75 percent of beneficiaries used the skills they learned during the project on a daily basis, while eleven percent of counterparts and nine percent of beneficiaries stated they used their new skills on a weekly basis (Figure 29). Fourteen percent of counterparts and ten percent of beneficiaries indicated that they never use their new skills in their personal lives. Respondents shared their stories, saying:

*The way I handle my kids when there is a problem, I don't use abusive language when talking to them. –Beneficiary*

*At home, I teach my children about HIV/AIDS and tell them how it is transmitted. I also teach them how they can protect themselves from contracting HIV/AIDS. –Beneficiary*

*I have learned to be patient when working with other people. This is something which will build in me for a lifetime. I will always know I have to be always patient with other people. –Beneficiary*

**Figure 29: Frequency of Skills Used in Personal Life**



This information is evidence that the skills counterparts and beneficiaries gained from Volunteers are being put into practice. The frequency with which these new skills are utilized also suggests that it is likely that they will be sustained and passed on to community members through word of mouth and behavior modeling.

### **HIV/AIDS-Specific Activities**

Counterparts and beneficiaries were asked a series of questions specifically targeting Volunteers’ work with HIV/AIDS programs and people living with HIV/AIDS. Most respondents reported finding the work completely culturally appropriate (72% of counterparts and 65% of beneficiaries) (Figure 30).

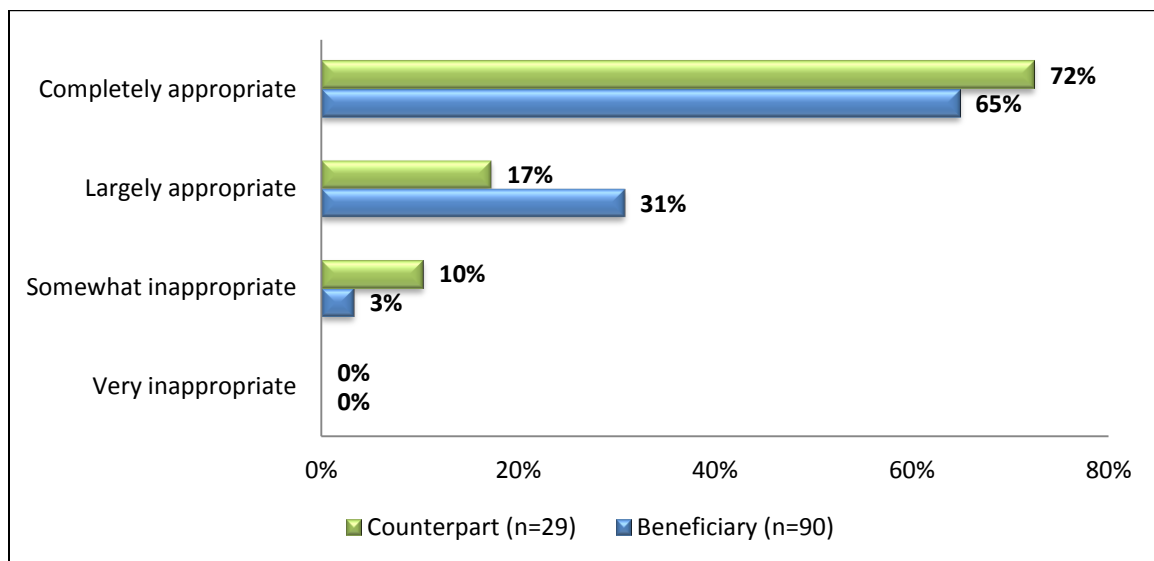
*It [was] appropriate because the PCV’s work [met] the patients’ needs without interfering with the culture. –Counterpart*

*It was appropriate because the PCVs always [i]nquired if something was appropriate before starting it. They didn’t intrude or impose anything on people. –Counterpart*

While no respondent considered the work very inappropriate, a small percentage found it somewhat so (10% of counterparts and 3% of beneficiaries) (Figure 30). Respondents explained some of the reasons why Volunteers' work might be deemed improper included issues with language barriers or particular groups of people (e.g., the elderly) not wanting to discuss HIV/AIDS. One counterpart noted:

*It is somehow inappropriate because the PCV does life skills programs using American scenarios and this makes [it difficult for] the target audience ... to buy in. [For example,] the fireside story telling at the children's camp should be local [in content] not American.*

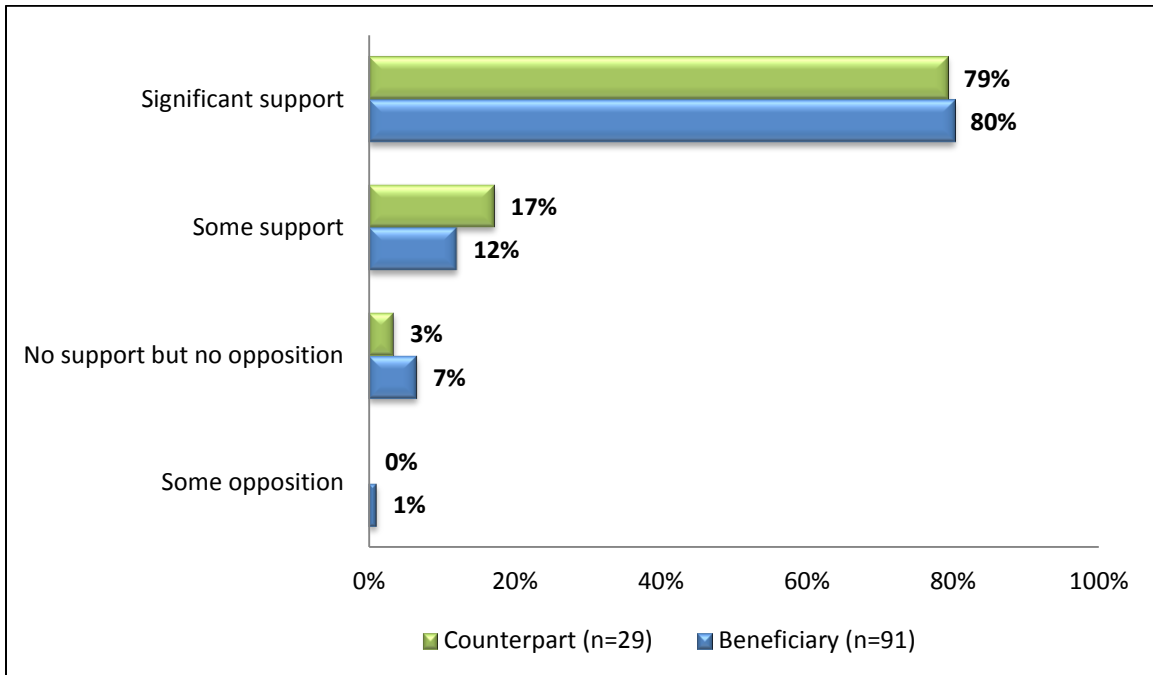
**Figure 30: Cultural Appropriateness of Volunteer's HIV/AIDS Work**



Most respondents (79 percent of counterparts and 80 percent of beneficiaries) felt that the Volunteers received significant support from community leaders (Figure 31). Beneficiaries and counterparts who responded neutrally (no support, but no opposition) explained that while the Volunteers did not face opposition, their projects were not highly visible throughout the entire community. The respondent who reported some opposition did not provide a clear explanation of who opposed the Volunteer, and, in fact, noted that much of the community was:

*Very supportive as most of the community elders complimented her [about] what she did and even when she called a meeting people attended in large numbers. –Beneficiary*

**Figure 31: Leaders' Support of Volunteer's HIV/AIDS Work**



Forty-five percent of counterparts noted significant improvement in their knowledge of HIV/AIDS prevention, care, or treatment (Figure 32). Counterparts described the positive change they experienced:

*My knowledge has improved a lot; so much that some people used to ask me if I was a nurse. –Counterpart*

*I am improved because now I know that using a condom is very helpful. I know when one is on treatment the virus does not multiply like when one does not treat it at all. –Counterpart*

*The PCV helped me to be able to talk about HIV/AIDS prevention, care, and treatment with boldness. –Counterpart*

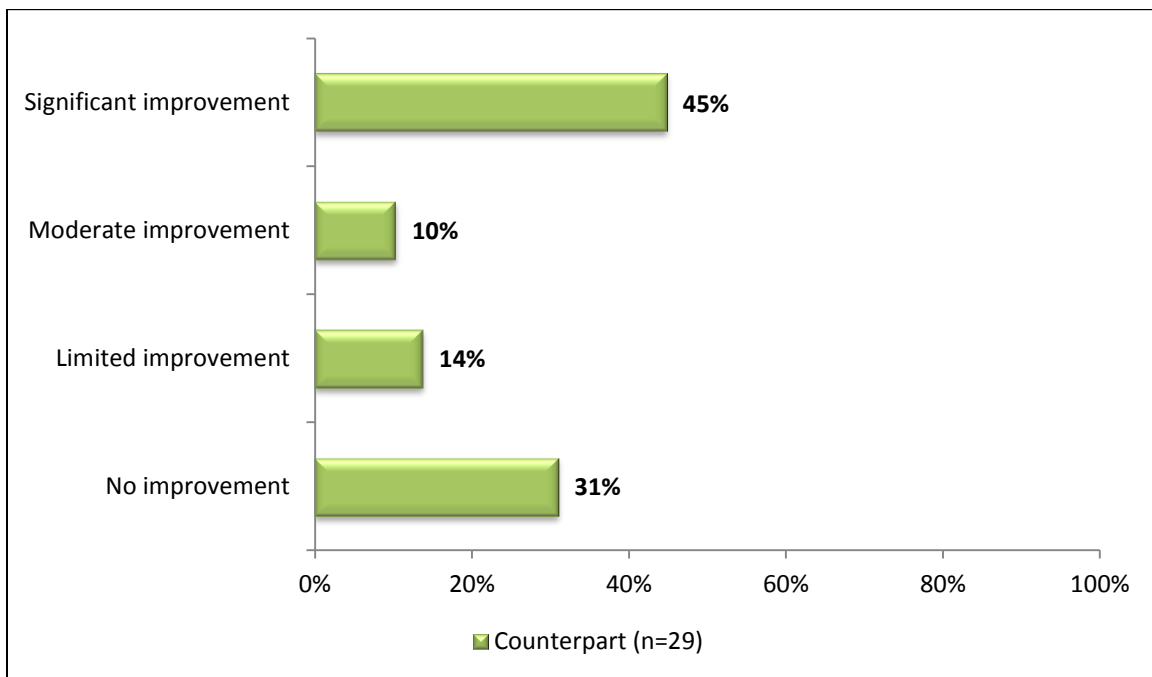
Although the majority of counterparts experienced at least some improvement, 31 percent reported that the Volunteers' work had no impact on their knowledge of HIV/AIDS prevention, care, or treatment. Counterparts who felt that their knowledge had not improved typically reported that they already knew a great deal about HIV/AIDS before the Volunteers arrived:

*As a medical doctor, my knowledge has not increased as a result of working with the PCVs. I have been working in the field of HIV/AIDS for more than 10 years now. –Counterpart*

*No answer as I have long dealt with HIV/AIDS since I am a social worker. – Counterpart*

*The PCV found me already equipped with HIV/AIDS knowledge and information. –Counterpart*

**Figure 32: Degree of Change in Knowledge of HIV/AIDS Prevention, Care, or Treatment**



Beneficiaries and counterparts were asked to describe any changes in their behavior related to HIV/AIDS prevention, care, or treatment. Many participants mentioned reducing multiple concurrent sexual partners, always using condoms, and going to get tested. Many respondents felt that the life skills and knowledge they gained help them resist peer pressure and make healthier decisions. Numerous caregivers mentioned that they provide better quality care and support for PLWHA and now protect themselves from HIV by wearing gloves when working with patients. Others mentioned that they now openly teach others about HIV/AIDS.

*I have learned that HIV/AIDS is not a [death] sentence. I take my medication properly and I have learned to be strong for my peers. – Beneficiary*

*I have stopped drinking and I now take hygiene seriously as well as becoming an example in the community because I was the first person to go public about my HIV status. –Beneficiary*

*At first I didn't believe that there is HIV/AIDS but now I have a lot of information and knowledge. I am constantly using a condom with my partner. –Beneficiary*

*As a teacher I have learned a lot because the PCV's teachings encouraged me to do better in HIV/AIDS prevention, care, and treatment. The MCP (multiple concurrent partners) presentation encouraged me to take care of myself. –Beneficiary*

*I have learned a lot and I now understand that you cannot contract HIV/AIDS through sharing of kitchen utensils and toilets with people living with HIV/AIDS. –Beneficiary*

Respondents were also asked to describe any changes in their attitudes toward or interactions with people living with HIV/AIDS. Many people explained that they try to support, encourage, and care for PLWHA. Respondents also noted less stigma and discrimination toward PLWHA.

*I have changed a lot as these people are human beings no matter what the situation they are in and I have to treat them well, visit them, and give social support that is appropriate. –Beneficiary*

*I don't discriminate [against] them, I eat with them, I encourage them not to quit taking tablets or else that will be the end. –Beneficiary*

*I help some of my students who have been affected by HIV/AIDS to get school uniform[s]. I also talk to one parent who is needy and I am taking care of her child who is my student. I buy the student a school uniform, food and I help him in taking his medicine. –Beneficiary*

## **Comparisons of the Peace Corps and Other Development Organizations**

Counterparts and beneficiaries were asked what other organizations had worked in their communities or provided resources related to HIV/AIDS. Many international organizations had made contributions, including: UNICEF, USAID, Red Cross, Population Services International (PSI), Bristol-Myers Squibb Foundation, Pathfinder, Tebelopele Voluntary Counseling and Testing Centre, Tsholofelo Trust, Botswana National Youth Council, African Comprehensive HIV/AIDS Partnerships (ACHAP), various branches of Botswana's government, and others.

Respondents were asked to describe how the Peace Corps' HIV/AIDS work differed from the work of other organizations. The following list of responses was provided for them to choose from (with the percentages of agreement noted):

- Having the Peace Corps Volunteer live in the community (78%)
- The length/depth of contact with Volunteers (48%)
- The Peace Corps project is better matched to the community (38%)
- The Peace Corps project is showing more results (30%)
- The general approach used is different (23%)
- The Peace Corps project is shorter (17%)
- The focus of the work is different (12%)
- The Peace Corps brings more resources (materials and funds) (11%)
- The Peace Corps brings fewer resources (materials and funds) (5%)
- The Peace Corps project is longer (3%)
- The Peace Corps project is showing fewer results (3%)
- The Peace Corps project is less well-matched to the community (2%)

Counterparts and beneficiaries explained the similarities and differences, saying:

*PC is different from other organizations because it provides human resources whereas other organizations provide financial resources. – Counterpart*

*They are similar because they both fight HIV/AIDS. The difference is that Peace Corps Volunteers are hands on. They start the project with the community and implement it. They are also there to see the results if the project is working. –Counterpart*

*I think two years of the PCVs' stay within the community is enough for them to impact positively on the community and the PCVs work effectively as compared to other organizations. –Beneficiary*

*When PCVs plan activities they make sure that the results are achieved. This is what makes them different from other organizations. –Beneficiary*

*They are similar because they have the same content on the prevention and care of HIV/AIDS. The difference is that Peace Corps Volunteers are there to initiate a project and implement it with the community. They work hand in hand with the community. –Beneficiary*

## **Factors Affecting Project Performance**

Respondents were asked a series of questions to ascertain which factors contributed to the success of the project, which factors hindered the project outcomes, the reasons why change was not sustained, and the degree to which the daily interaction with the Volunteer contributed to the change. This section outlines these factors.



## Factors Contributing to the Project's Success

Counterparts and beneficiaries reported that the primary factor contributing to success in the HIV/AIDS Capacity Building project was community support and interest. Respondents explained that being warmly welcomed by staff, leaders, and community members helped Volunteers to succeed in their projects. Examples of initial community and organizational support include:

*The chief alerting the community about the PCV's existence, this made [it possible] for the PCV to work easily with the community. –Beneficiary*

*The way the PCVs are oriented [helps] the PC project to be successful. The community accepts the PCVs and this makes their job easier because they work well with the community members. –Counterpart*

*We welcomed the PCV in our school and we helped her to be part of our school plan. We involved her in what we were doing. –Beneficiary*

Moreover, host country nationals continued to provide support to Volunteers throughout their service. Counterparts and beneficiaries identified collaboration between themselves and Volunteers as a key factor that helped Volunteers to succeed. Receiving support from the government was also cited as an important factor by several respondents.

*Providing accommodation helps the Volunteer to perform well in projects. To allocate someone who can translate for the Volunteer has helped a lot. Providing transport sometimes. –Counterpart*

*Government working hand in hand with the PCV. For example, Tebelopele brings forward the condoms and the PCV teaches about the use of the condoms. They meet each other half way to achieve their goal. –Beneficiary*

*Mutual communication between the government and Peace Corps/Botswana. The openness made the collaboration harmonious. The complaints channeled through Peace Corps to Botswana[']s government get listened to. –Beneficiary*

The character of the Volunteers was another theme that emerged as a critical factor for success. Respondents highlighted the Volunteers' hard work, determination, patience, caring nature, and ability to adapt and integrate into a community.

*PCVs have humility, empathy, perseverance, determination and are hard workers. –Beneficiary*

*The PCVs are hard workers and they are always willing to help and support us in whatever we are doing. –Beneficiary*

*The PCVs are eager to learn new things as fast as possible. They adapt easily to a new community and fit well. –Counterpart*

Several respondents identified the ability to communicate in Setswana as being a crucial factor in the success of their projects. When Volunteers are able to communicate with community members in the local language, either through an interpreter or as a result of their own language skills, PCVs are able to reach the broad segments of communities that have limited or no English language skills.

*The PCVs love to interact with community members and learn about what is going on in the community. When they speak Setswana language they are able to talk to people who are not educated. –Beneficiary*

*Learning basic Setswana language ... the community appreciating the PCV ideas. –Beneficiary*

*The PCVs love their work and they are hard workers. Learning the Setswana language and culture during the PCVs' orientation helped the PC HIV/AIDS project succeed. –Beneficiary*

Finally, some respondents focused on how material and financial support contributed to the success of their Volunteers:

*Good accommodation[s] and allowance[s] enable the PCVs to live comfortably in the community. Their personal laptops also help them do their work. –Beneficiary*

*Donations from American donors have helped the library to be a successful community cooperation. –Beneficiary*

*The PCVs have financial support from DMSAC to make sure that activities are carried out. –Beneficiary*

*Resources that are available provided by elders and the VDC Committee. –Beneficiary*

## Factors that Hindered and Limited Project Outcomes

In addition to the factors contributing to success, counterparts and beneficiaries were asked an open-ended question about what obstacles or challenges hindered the project. The most frequently cited obstacles were related to a lack of resources, issues surrounding support and cooperation between Volunteers and host country individuals, and language barriers.

Forty-six respondents stated that a lack of resources hindered Volunteer projects. A lack of money, accommodation for Volunteers, transportation, and in-kind resources were all cited as problems.

*Lack of housing. As an NGO we are supposed to provide housing for the PCV but we don't have enough money to pay for that and this frustrated her a lot. –Counterpart*

*Lack of transport is our major problem, poor telephone lines, shortage of computers and stationery. –Counterpart*

*Lack of incentives, transport, and funds to train peer educators and support groups. –Beneficiary*

Thirty-two counterparts and beneficiaries reported that the poor local language skills of Volunteers was an obstacle to success.

*Language barrier as most of the meetings are conducted in Setswana. Protocols – the Volunteers wants to move faster but there are procedures of the government that need to be followed and ... they get resistant and frustrated. –Counterpart*

*Language was a barrier because the PCV didn't have enough time to learn Setswana language. –Beneficiary*

The third major theme that emerged dealt with a lack of support from community members and partner organization staff, or breakdowns in working relations between Volunteers and host country nationals. Respondents explained that staff or community members were not interested in the work of the Volunteer or were poorly informed about the PCV's work. Others explained that when a Volunteer did not conform to local procedures, priorities, and ways of working then they lost the support of organizations.

*Sometimes some staff members don't engage the PCV freely and fully in their activities. I think this is caused by poor knowledge of the work of the PCV. –Counterpart*

*Some of the community members are still left behind, they feel that they can't associate themselves with foreigners. –Beneficiary*

*Since [this] is a mining town, the behavior of some people in the community is a problem. They don't participate in HIV/AIDS activities and they spend most of the time at bars. –Beneficiary*

*Language barrier. Some people still hide the children. –Beneficiary*

*Botswana government system is slow, it does not respond quickly to ideas. –Beneficiary*

*Sometimes the mandate of the organization clashes with the interest of the PCVs. Sometimes the PCVs don't follow the procedures that are in place. –Beneficiary*

*This is a bit of language barrier and organizational interest versus PCVs' interest. For example, sometimes the good knowledge of computer makes the PCVs to be always behind the computer while outside activities are suffering. –Counterpart*

Other responses from counterparts and beneficiaries included not having enough time with Volunteers, being too dependent on PCVs to do the necessary work, and the personal problems of Volunteers.

*The PCV was working with many groups within the community. The youth group needed her help most of the time so we did not have too much time with her in our school. –Beneficiary*

*Sometimes the PCVs are limited in doing everything they want since they are just volunteers and don't make all decisions. –Beneficiary*

*Dependency syndrome. The Volunteers write all proposals and when it is our turn to do it then we forget what we are supposed to do. –Beneficiary*

*The social problems of some PCVs. Some are just here for a vacation and they travel a lot, some making it a priority and having some agendas. Homesickness. –Counterpart*

*I think recession, because the money that was planned to carry out projects was not enough. Social problems of the PCVs make them not to concentrate on their work. For example, when a PCV loses a loved one. –Beneficiary*

Finally, 18 respondents stated that there were no obstacles or hindrances to the projects.

### **Factors Limiting the Sustainability of Project Outcomes**

In a separate question, counterparts and beneficiaries were asked to list any factors that limited the community's ability to sustain the changes (Figure 33). Beneficiaries and counterparts reported that the two primary obstacles to maintaining change were a lack of financial support (43 percent of beneficiaries, 38 percent of counterparts) and a lack of people with the skills and training to maintain changes (28 percent of beneficiaries, 41 percent of counterparts).

This is consistent with the qualitative comments provided by respondents that a lack of funding was a major impediment to Volunteers' success. It also reinforces the need for post staff to clearly communicate the development model of Peace Corps to community partners and Volunteers. Volunteers could be asked to commit to training a local replacement (i.e., community health promoter) to take over their activities in order to help ensure that community level changes were fully sustained.

Respondents also felt that Volunteers' project outcomes were not sustained because other issues within organizations took priority (13 percent of beneficiaries, 14 percent of counterparts), there was a lack of community support (16 percent of beneficiaries, 10 percent of counterparts), and a lack of leadership (12 percent of beneficiaries). This suggests that Volunteers may need additional training in how to accurately assess and prioritize their communities' and organizations' health needs in order to ensure that their work priorities are well-aligned.

Part of this training could focus on the possibility of inter-community tensions that might influence the Volunteers' work environment. There is a hint of tension that runs through much of the respondent feedback that has little to do with Volunteers and more to do with relationships between community members and various organizations. Such tensions may explain some of the divergent views between counterparts and beneficiaries.

Respondents elaborated on some of the obstacles to sustainability in the following ways:

*Some of the changes are difficult to maintain because there are no local volunteers. Therefore some programs are failing because the local volunteers need money to meet their needs. –Counterpart*

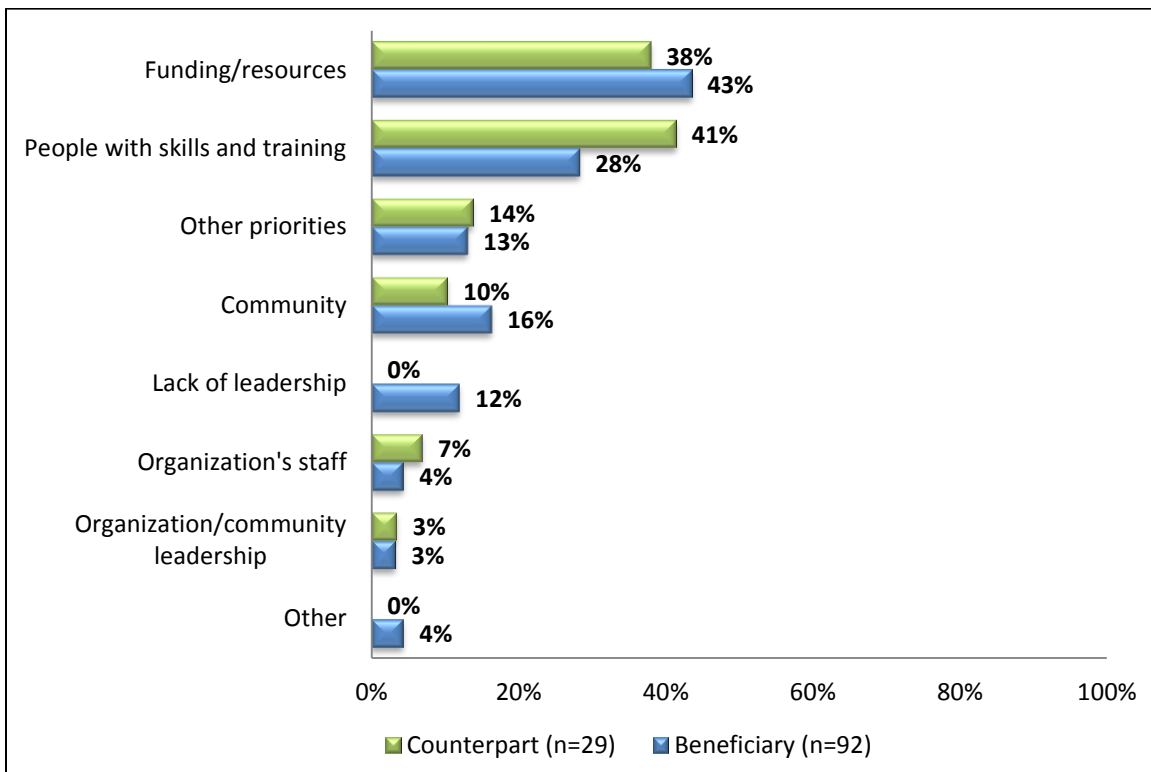
*When the PCVs are doing something outside our mandate, then we are not able to maintain the positive changes that have been established. – Counterpart*

*There is nobody who manages the orphanage like the PCV was doing. She used to go there every day but we are not able to do that since we are engaged with other duties. –Counterpart*

*Lack of money and the spirit of local volunteerism. People don't want to work without being paid. –Beneficiary*

*We were supposed to get funding from [a U.S. organization] through the PCV but since she left earlier we couldn't manage to get the funds. – Beneficiary*

**Figure 33: Counterparts and Beneficiaries: Factors Limiting the Project Outcomes**



### Degree to which Daily Interaction with Volunteers Contributed to Changes

Respondents were asked how important the hands-on and day-to-day interaction with the Volunteer was in producing the changes they had described. A majority of the counterparts (86%) and beneficiaries (93%) indicated that consistent interaction was very important in facilitating community change (Figure 34). A further 14 percent of counterparts and one percent of beneficiaries stated the day-to-day interaction was somewhat important for facilitating change.

*They learned from each other and equipped each other with knowledge. – Counterpart*

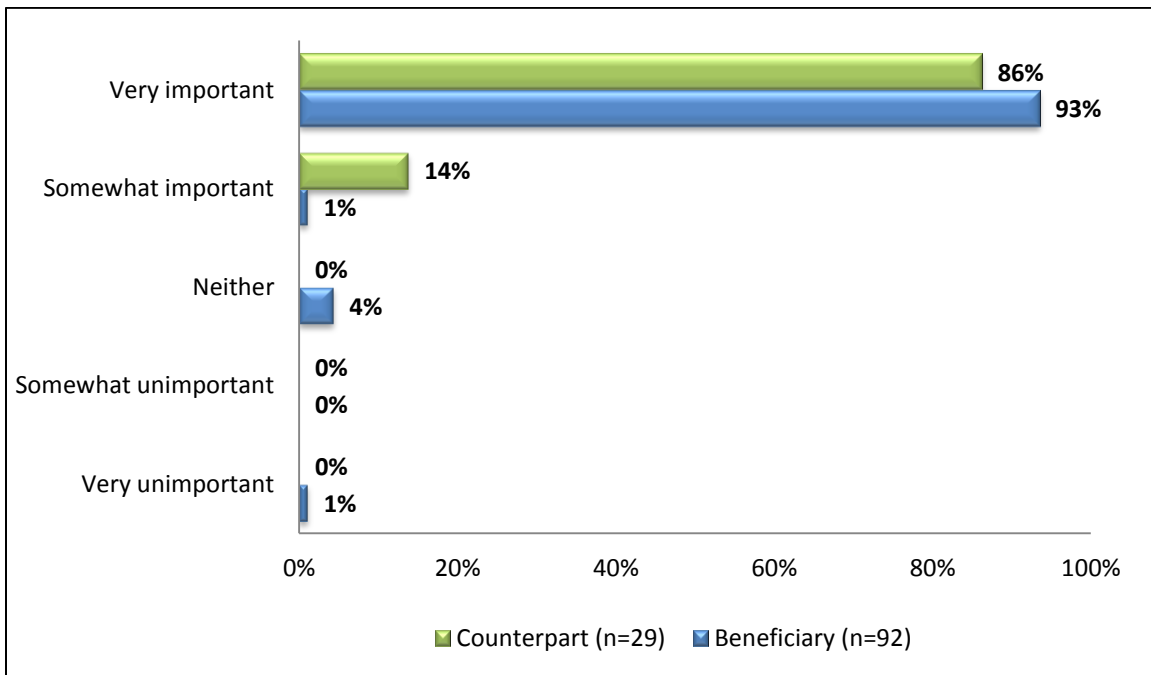
*It's very important because the community can easily relate with and trust the Volunteer. –Counterpart*

*Very important as we get to understand her better and her understanding us better brings better results at the end of the day. –Beneficiary*

*The community could have not seen his effectiveness if there was no interaction but with that it has enabled the community to access him at any time and ask whenever [they are] not sure of something. –Beneficiary*

*It is crucial because sometimes people are shy to go to the hospital but they can be free to ask the Volunteer to have a discussion. –Beneficiary*

**Figure 34: Importance of Daily Interaction in Causing Change**



## Summary of Factors Affecting Outcomes

According to respondents, successful projects require visibility and community support; strong collaboration between Volunteers and community members; and, Volunteers with positive personal characteristics such as dedication and compassion. Peace Corps staff can work with community leaders prior to the arrival of Volunteers in order to ensure that a strong base of community support is established. Peace Corps staff can

also ensure that Volunteers have sufficient training to be able to integrate successfully into their communities, establish productive working relationships across cultures, and conduct community needs assessments to determine the needs and interests of community members.

Volunteers who are able to successfully integrate, build strong relationships, and identify critical needs within communities should find it easier to establish successful, sustainable projects that are supported by the community. This is supported by counterparts' and beneficiaries' belief that frequent day-to-day interactions with Volunteers are very important in facilitating community changes. The importance of community integration and support is further underscored by respondents citing a lack of support and interest from community and staff members as a typical impediment to success.

Counterparts and beneficiaries felt that the language barrier between Volunteers and community members was a common obstacle to project success. Providing Volunteers with language training throughout their service (rather than only at pre-service training) could help Volunteers develop the Setswana skills necessary to effectively communicate with community members without relying on interpreters. Volunteers who have strong local language skills should not only have an easier time sharing health and technical information with community members and colleagues (advancing Peace Corps Goal One), they may also be able to more effectively engage in meaningful cross-cultural exchanges (advancing Peace Corps Goals Two and Three).

Respondents also explained that inadequate resources were another major impediment to success. Frequently, respondents cited issues around a lack of money, transportation, adequate Volunteer accommodation, or goods such as computers or fax machines. During the site development process, Peace Corps staff should ensure that communities have adequate housing secured for future Volunteers. The Peace Corps differs from many development organizations because the Peace Corps provides skilled Volunteers to communities instead of resources. The Peace Corps is unable to provide financial resources directly to organizations. However, it may be possible for Volunteers to train community staff members to write grants if a community needs assessment identifies developing grant writing skills and resource procurement as a priority.

## **Satisfaction with Outcomes**

Researchers asked counterparts, beneficiaries, and stakeholders about their satisfaction with the project through two different questions. One directly asked about satisfaction levels and reasons for satisfaction, while another asked if respondents would host another Volunteer.



## Overall Satisfaction

A substantial majority of counterparts (83%), beneficiaries (84%), and stakeholders (80%) reported they were very satisfied with the changes resulting from the project (Figure 35). An additional 10 percent of counterparts, 12 percent of beneficiaries, and 20 percent of stakeholders were somewhat satisfied with the overall changes and contributions of the Volunteers' work.

Respondents were primarily satisfied because they saw positive changes in their communities as a result of the hard work of Volunteers. Counterparts and beneficiaries referenced improvements in professional skills, life skills, knowledge about HIV/AIDS, behavior change in community members, and care and services for PLWHA and OVC.

*I am satisfied as the PCV managed to recruit people, especially men who did not care about testing for HIV/AIDS, and now they do it. –Counterpart*

*I am satisfied because people are now accepting their HIV positive status and are now free to talk about HIV/AIDS. –Beneficiary*

*I am satisfied because the PCVs make our work easier and they motivate students. We see a lot of change in students' behavior after they attend workshops. –Beneficiary*

*I am very happy as there is no or less stigma in our community, many test for HIV/AIDS and the sick are being cared for. –Beneficiary*

*I am satisfied but I still want Peace Corps Volunteers in our village because some of the activities they have started are pending and we need their help. Even though I am very satisfied with their performance, I wish to get more of their services. –Beneficiary*

*I am so satisfied as our community is seeing the importance of self-sustainability. There is that great change in the village. –Beneficiary*

*The work of the Peace Corps is very satisfactory because they help with love and are hardworking. Change remains with the community but their work is visible. –Counterpart*

*The students were enjoying HIV/ AIDS presentations of the PCV. Cases of rape were reduced and this is satisfying. –Beneficiary*

*I am satisfied as the deaths caused by HIV/AIDS have been reduced. –Beneficiary*

*Very satisfied with Volunteer's contributions as they instill knowledge and empower children [and] she believes children will grow up with this knowledge. –Beneficiary*

*Their contribution is evident as they targeted youth and instill life skills which help them to make good decisions (i.e., constantly using condom if they cannot abstain). –Beneficiary*

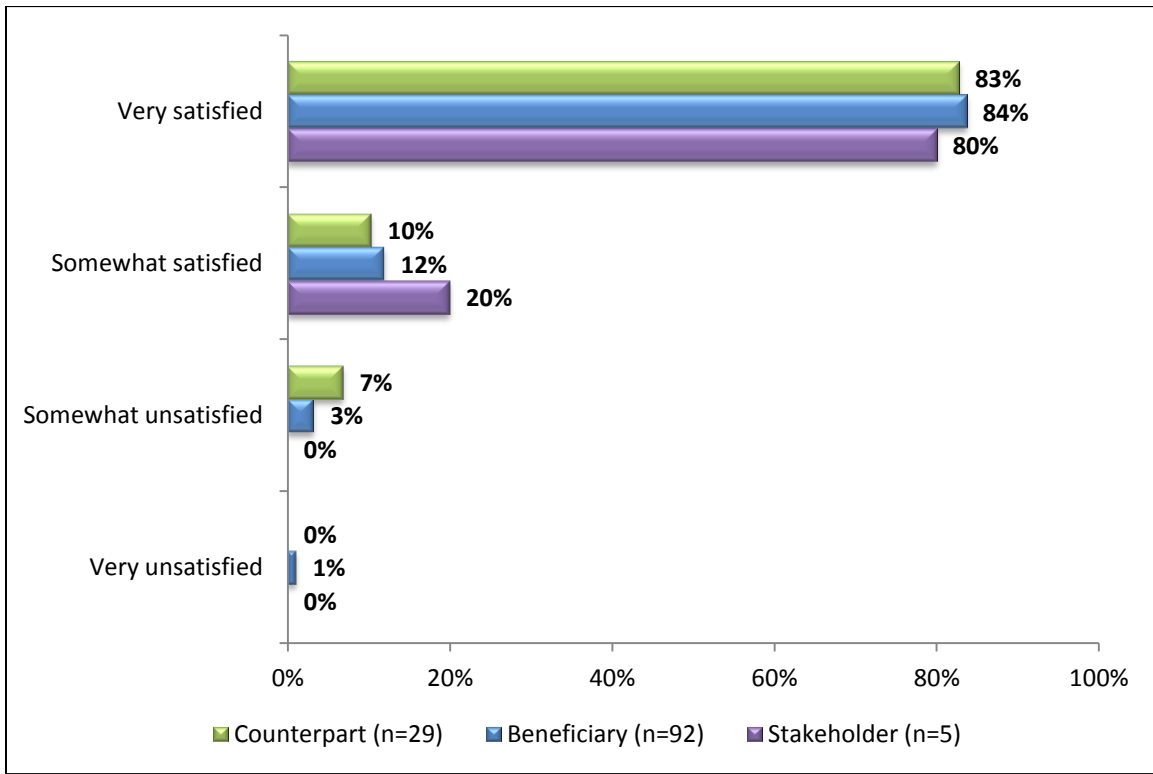
The six respondents (less than five percent) who were somewhat or very unsatisfied reported seeing little change caused by the Volunteer.

*With the previous Volunteers there wasn't much change, but maybe [with] the current one maybe change can be there. The other one was always on the computer, not doing anything concerning work, just personal things. –Beneficiary*

*I am not satisfied as the Volunteer drags his feet at times. –Beneficiary*

*It did not change anything because I already knew how to do my job. – Counterpart*

**Figure 35: Counterpart, Beneficiary, and Stakeholder Satisfaction**



## Desire to Work with Peace Corps Again

Consistent with the majority of respondents expressing satisfaction with the work of Volunteers, 86 percent of counterparts and 96 percent of beneficiaries stated that they would definitely want to work with another Volunteer (Figure 36).

*Yes, because the PCVs introduce positive change in the organizations and community. They help us to develop in the way we think and address issues. –Beneficiary*

*Yes. The Volunteers are very good with the youth and it will be an investment in the young generation. –Beneficiary*

*When she leaves, yes I would be interested in having the other because of her technical expertise .... –Beneficiary*

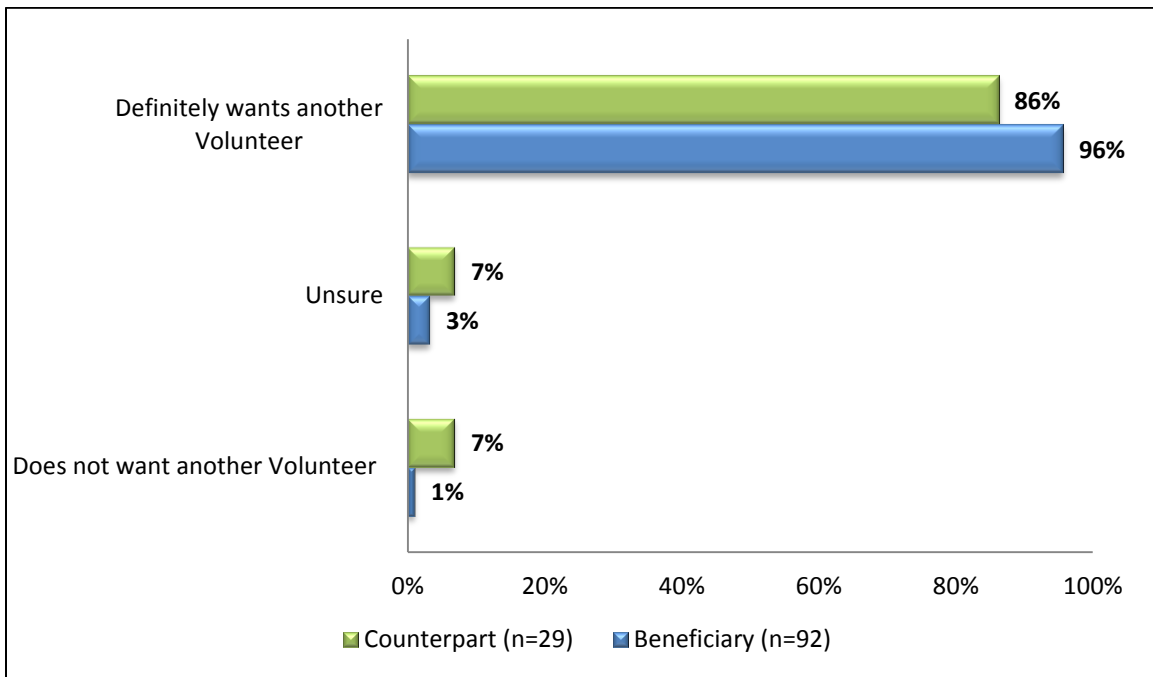
Three beneficiaries and two counterparts (about four percent) were unsure whether they wanted another Volunteer. Their responses suggested that they wanted a particular type of Volunteer or a PCV to work only with certain specific organizations within their communities.

*I will be happy if the Volunteer is a grown up person and mature because they have respect for the community and they know what they came here for. –Beneficiary*

Only three respondents reported that they did not want to work with another Volunteer. They stated that they no longer needed another PCV or that not all Volunteers had the level of skills needed to assist their communities.

*No. We needed PCVs back then but we no longer need them since we are now developed. Some have backgrounds that don't suit where they are placed and they become a nuisance. –Counterpart*

**Figure 36: Counterpart and Beneficiary: Want Another Volunteer**



## Summary of Community Outcomes

Overall, most counterparts and beneficiaries saw positive change related to HIV/AIDS prevention and care, the capacity of service providers and organizations, and the protection of vulnerable populations within their communities.

The greatest percentage of counterparts saw improvements on:

- Community members' knowledge of how to prevent HIV/AIDS
- Service providers' operational capacity
- Greater capacity of local organizations to provide HIV/AIDS related prevention, care, and treatment services
- Stigma and discrimination towards people living with HIV/AIDS

Beneficiaries were most often reported improvements on:

- Community members' knowledge of how to prevent HIV/AIDS
- Service providers' operational capacity
- Health-care providers' knowledge of how to prevent HIV/AIDS
- Community members getting tested for HIV

Each outcome was discussed in terms of sustainability and whether it met community needs. Beneficiaries and counterparts differed in their perspectives on these outcomes. However, for most indicators, beneficiaries believed that greater change had been sustained within communities than did counterparts.

Although respondents ranked service providers' operational capacity as one of the outcomes that demonstrated the greatest degree of change, counterparts ranked service providers' operational capacity near the bottom in terms of sustainability and towards the middle in terms of meeting the needs of the community. Among beneficiaries, service providers' operational capacity was highly ranked both in terms of sustainability (3<sup>rd</sup>) and meeting community needs (1<sup>st</sup>).

Community members getting tested for HIV was ranked highly for both groups in terms of the degree of change and meeting community needs. Beneficiaries also ranked HIV testing highly in terms of sustainability. However, it ranked near the bottom in terms of counterpart ratings of sustainability.

Counterparts reported the greatest levels of sustained change with regards to reducing stigma and discrimination towards people living with HIV/AIDS (ranked 3<sup>rd</sup> by beneficiaries) and more service providers being trained in caring for PLWHA (ranked 7<sup>th</sup> by beneficiaries). Beneficiaries felt that change had been best sustained for community members getting tested for HIV/AIDS (ranked 11<sup>th</sup> by counterparts) and more OVC gaining access to care and support services (ranked 5<sup>th</sup> by counterparts).

## **Summary of Individual Outcomes**

Although respondents more frequently reported positive outcomes for communities, individual outcomes also fared well. A majority of respondents reported change for the better around their ability to make healthy decisions related to HIV/AIDS. Both beneficiaries and counterparts found Volunteers to have been highly successful in building capacity in individuals, though counterparts were more likely to say that capacity was built in others, rather than themselves.

Volunteers successfully helped to build capacity in individuals related to project goal one: promoting healthy lifestyles in the service of HIV/AIDS prevention. However, counterparts reported a lower level of increased capacity in this area than did beneficiaries. This is not surprising since counterparts already work professionally on HIV/AIDS awareness and enjoyed a higher baseline capacity prior to the Volunteers' arrival.

A majority of respondents who saw changes in themselves as a result of the project felt that most of those changes had been fully sustained, with the exception of counterparts' knowledge of HIV/AIDS prevention.

For all individual-level outcomes measured, most respondents also reported that the project met their individual needs completely or to a large extent. However, for each indicator, between 18 and 29 percent of respondents said it did not meet either needs at all. In fact, more felt their needs were not at all met than felt they were met to a limited extent, suggesting a small but not insignificant cadre of disappointed counterparts and beneficiaries.

Some clues to the reasons behind this finding appear in comments about the factors that hindered overall project success. These fell into two broad categories: language barriers and a lack of resources to support the project. The first case was usually cited as a function of Volunteers' limited Setswana proficiency. The second consisted of respondents lamenting their own communities' lack of infrastructure and ability to make in-kind contributions to the project.

*Lack of transport is our major problem, poor telephone lines, shortage of computers and stationery. – Counterpart*

## **CHAPTER 3: GOAL TWO FINDINGS**

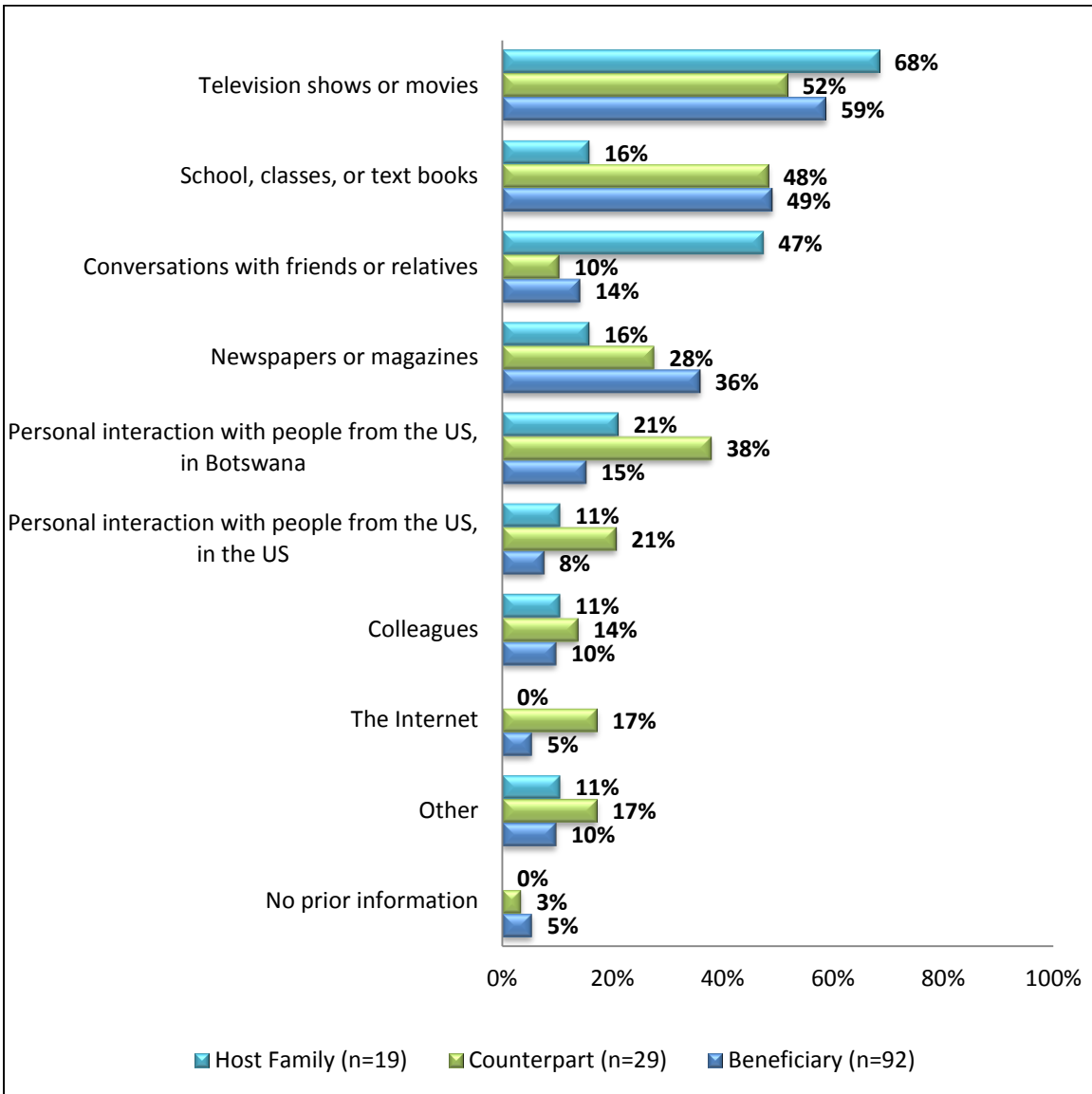
This section addresses how and to what extent Volunteers promoted a better understanding of Americans among the Batswana with whom they worked and lived. The section begins with a description of participants' sources of information about Americans followed by what counterparts, beneficiaries, and host families thought about Americans prior to working and living with a Volunteer. After that, the section addresses how their opinions of Americans changed after interacting with Volunteers.

The next section discusses the causes of change according to respondents, including descriptions about how much and in what ways the Batswana interacted with Volunteers. The section also describes the Volunteers' impact on respondents' behaviors and outlooks on life. The section ends with conclusions and recommendations based on the findings for Goal Two.

### **Sources of Information about Americans**

Respondents who had previous knowledge of Americans reported learning about Americans from television and movies most frequently, slightly more often than the second most frequently cited sources (school, classes, or textbooks). The margin of difference between these two types of sources was much smaller for counterparts than host country families, the latter of which relied significantly more on popular culture, as well as conversations with friends and neighbors. As might be expected, of the three respondent categories, counterparts had the most prior direct experience with Americans in Botswana, while host families tended to understand Americans through secondary sources and word of mouth. Beneficiaries fell somewhere in between the other two groups in their use of sources of information about Americans, though, interestingly, surpassed both groups significantly in terms of their use of newspapers and magazines (Figure 37).

**Figure 37: Counterpart, Beneficiary, and Host Family Sources of Information about Americans**

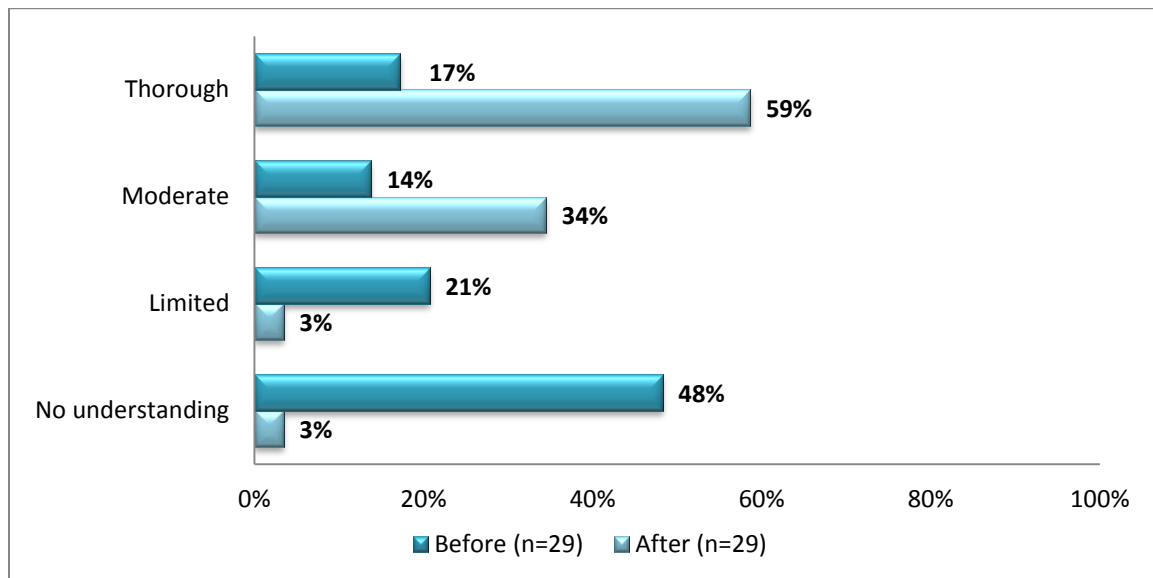




## Changes in Understanding and Opinions about Americans<sup>17</sup>

Counterparts, beneficiaries, and host families showed increased understanding of Americans after interacting with a Volunteer. Before interacting with a Volunteer, reported understanding of Americans was quite low: over half of all respondents reported having no understanding of Americans at all. Only 17 percent of counterparts, 11 percent of beneficiaries, and 11 percent of host families reported a thorough knowledge of Americans (Figure 38, 39, 40).

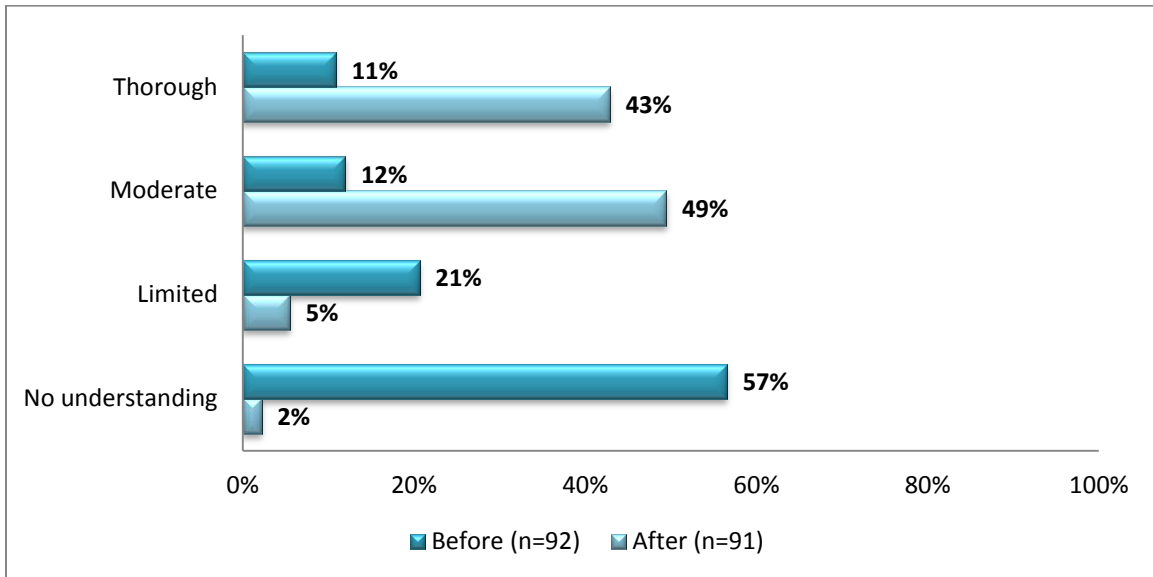
**Figure 38: Counterpart: Understanding of Americans Before and After Interacting with a Volunteer**



Since all categories of respondents claimed greater understanding of Americans after interacting with a Volunteer, it is not surprising to find a positive correlation between the time spent with the Volunteer and a greater increase in the respondent's understanding of Americans. Other than frequency of interaction, this study did not collect time use data from or about Volunteers. It can be assumed, however, that host families spent the highest quality and/or quantity of time with Volunteers, followed by counterparts during work hours; and, finally, beneficiaries.

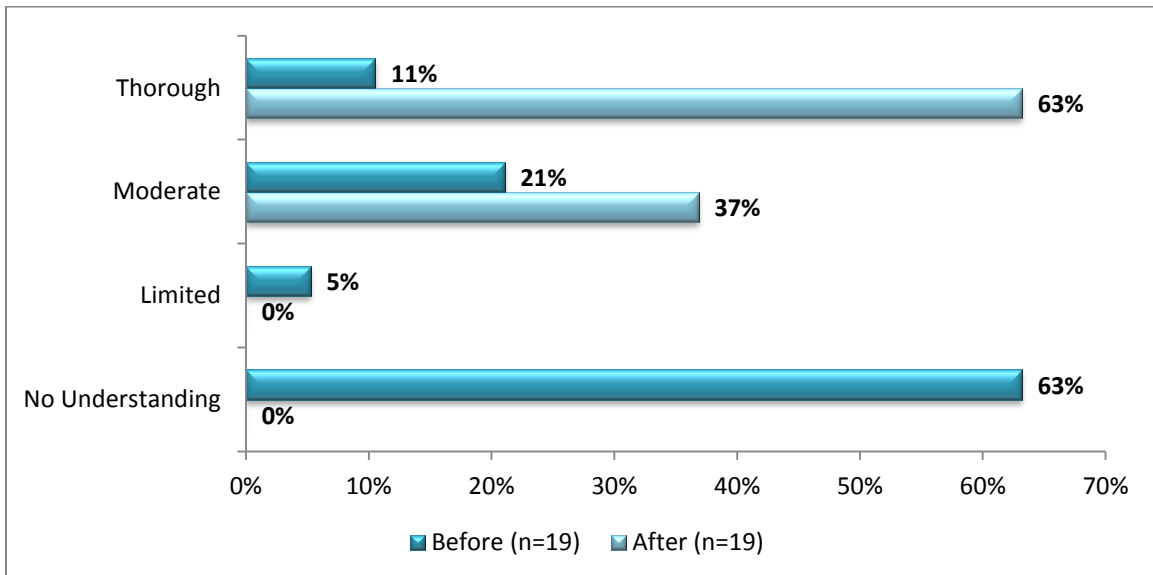
<sup>17</sup> Understanding is defined as "achieving a grasp of the nature, significance, or explanation of something." Opinion is defined for this study as "a view, judgment, or appraisal formed in the mind about a particular matter, in this case, people from the United States."

**Figure 39: Beneficiary: Understanding of Americans Before and After Interacting with a Volunteer**



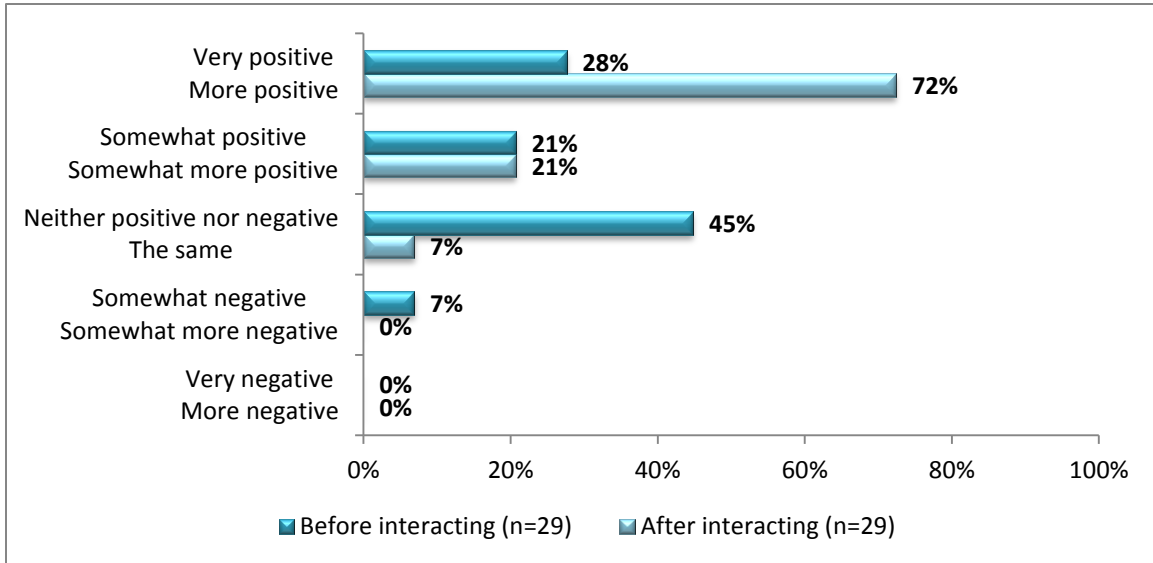
In fact, the same proportion of host country family members who claimed no understanding of Americans before interacting with a Volunteer, reported a thorough understanding of Americans after living with one, suggesting significant Goal Two impact (Figure 40).

**Figure 40: Host Family: Understanding of Americans Before and After Interacting with a Volunteer**



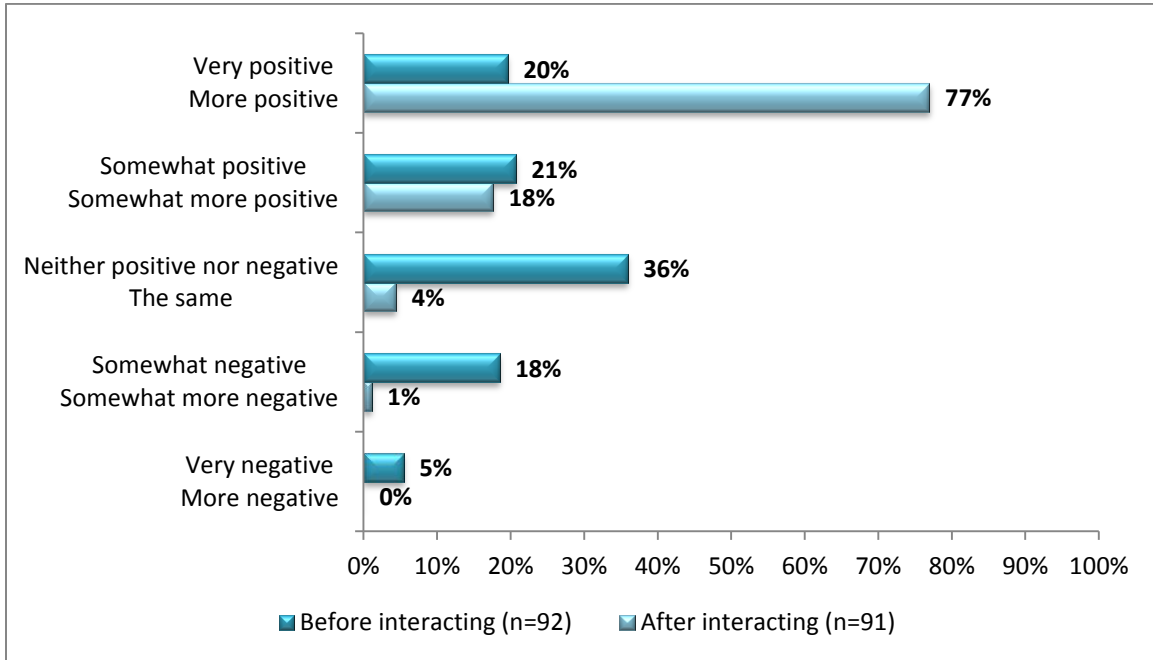
Respondents also showed a marked increase in positive opinions about Americans after interacting with a Volunteer. When asked what their opinion was about Americans prior to working with a Volunteer, over half of counterparts reported a neutral or somewhat negative opinion. After interacting with a Volunteer, 93 percent of counterparts reported they had a more positive or a somewhat more positive opinion of Americans (Figure 41).

**Figure 41: Counterpart: Opinions of Americans Before and After Interacting with a Volunteer**



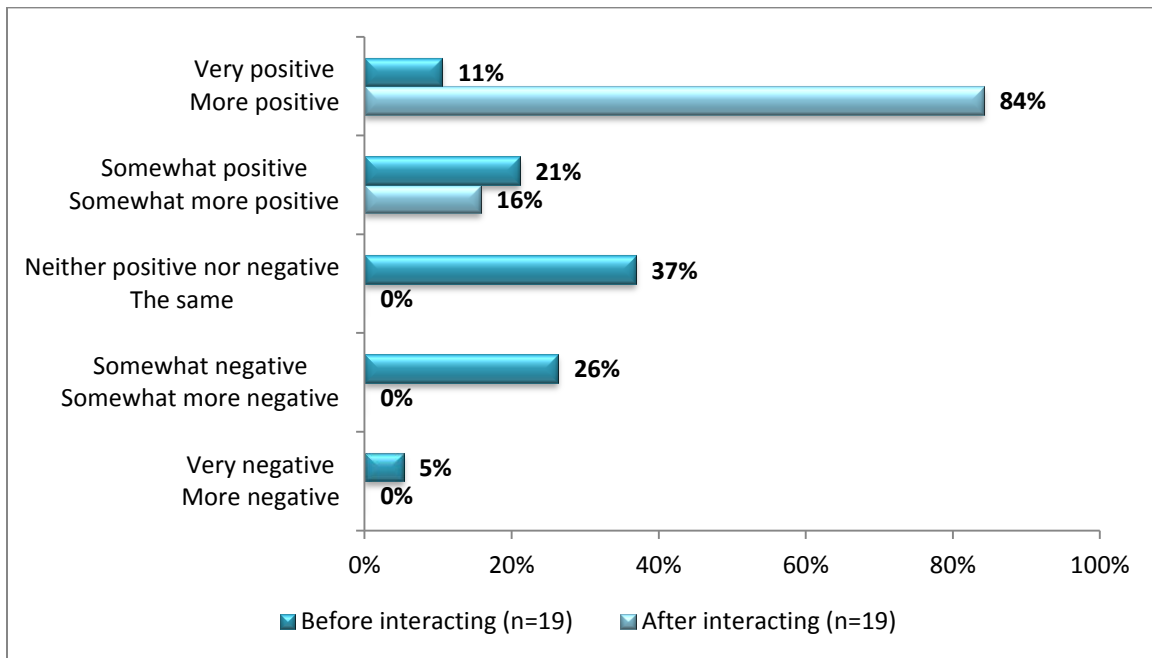
Prior to working with a Volunteer, over a third of the beneficiaries reported a neutral opinion of Americans. After interacting with a Volunteer, 95 percent of beneficiaries reported a more positive or a somewhat more positive opinion. Only one percent reported their opinion was somewhat more negative (Figure 42).

**Figure 42: Beneficiary: Opinions of Americans Before and After Interacting with a Volunteer**



Host families reported the most dramatic improvement in their opinions of Americans of all three groups. Before hosting a Volunteer, over half had a neutral or negative opinion of Americans, which raises the question of why they were even willing to host a Volunteer. After hosting a Volunteer, however, 100 percent of host families had a more positive opinion or a somewhat more positive opinion, with 84 percent claiming the greatest degree of positive change (Figure 43).

**Figure 43: Host Family: Opinions of Americans Before and After Interacting with a Volunteer**



Interestingly, although over half of all respondents claimed no understanding of Americans before interacting with a PCV, over 90 percent offered an opinion when asked what they thought of Americans. These opinions varied widely, and the most common sentiments expressed themes of selfishness, disinterest in others, interest in war, and extreme wealth, but also friendliness. Although few other sentiments fell into common themes, most of the remaining sentiments were negative.

After interacting with a Volunteer, descriptions of Americans from respondents of all categories became significantly more positive. They commonly used words like “friendly”, “open”, “loving”, “helpful”, and “peaceful.” Only two respondents gave a clearly negative opinion, both beneficiaries, one of whom appeared to begrudge a Volunteer for not sharing his or her laptop.

Not surprisingly, counterparts couched their praise of Americans post-PCV in more practical terms, given their professional relationship with Volunteers. They commonly used words like “hard-working”, “timely”, “independent”, “straight-talking”, and “strong-minded.”

Host family members echoed beneficiaries in their descriptions, which were also overwhelmingly positive. One respondent shared this observation:

*They do mourn just like us when someone dies. They are free people who are willing to adjust to any situation. –Host family member*

## **Causes for Changes in Opinion**

Respondents were asked to describe what caused the changes in their opinions through a series of open-ended questions that asked about specific activities, memories, and learning experiences.

### **Activities**

Different categories of respondents cited different activities in which they participated with a Volunteer that contributed to their getting to know them and learn more about Americans. Predictably, counterparts most often cited work-related activities, such as home-visits to PLWHA, workshops and proposal-writing. Beneficiaries cited a mixture of primary project, secondary project, and leisure activities, such as home-visits to PLWHA, sports, attending weddings and funerals, and just chatting. Of all the respondents, host family members were most likely to explicitly cite the two-way sharing of culture as a joint activity. They also named many domestic chores, such as cooking, washing clothes, and gathering fuel. While these activities are all part of culture, respondents specifically mentioned culture-sharing as an activity separate from household duties, and which included Setswana language learning, games, as well as the general ‘teaching them culture.’

*We taught each other our culture and wrote Setswana words for them. We also played games and cooked together. –Host family member*

*The PCV taught me how to make cake, pizza and scones. In general, they taught me how to cook their food, AND ALSO (emphasis added) their culture. –Host family member*

*I like the way the PCVs handle themselves around and behave. I have worked with a white PCV and a black PCV and both displayed the same behavior and this showed me that the PCVs were determined to finish what they came here for. –Beneficiary*

### **Memories**

Respondents were asked to talk about what they remembered most about their experience with the Volunteer(s). Again, answers varied among different respondent categories. Counterparts often cited the Volunteers’ work ethic, specifically mentioning commitment to the community and/or its individuals in nearly one-third of all cases.

Another common memory for counterparts was their high level of interaction with community members.

*The Volunteer loved children – they were feeding them and playing with them. They were interacting with staff. –Counterpart*

This quote was not in response to a question about what the Volunteer did, but rather, what the respondent remembered, or would remember, most about the Volunteer. This suggests such an interaction was both a frequent and remarkable occurrence in the eyes of the counterpart.

About one-quarter of the counterparts had more neutral or even negative memories of the Volunteer, such as a lack of promptness, declining to give any detail because it was too early in the relationship to tell, or, in one case, claiming confusion because ‘some PCVs pretended a lot.’

Beneficiaries cited Volunteers’ work ethic and specific skills transferred as memorable, including digging bore holes, preventative health practices, and many other things, as frequently as counterparts. However, beneficiaries mentioned other types of traits and activities more frequently than counterparts. These included, friendliness, kindness, taking adventurous trips, going to parties, and visiting people in their homes. One beneficiary was particularly succinct:

*Respect. Politeness. Without pride. –Beneficiary*

Host family members, again, were most likely to remember Volunteers for their willing participation in the daily rhythm of domestic life, and several described them as models of behavior for them and their children. Some considered Volunteers as peers, raising children together, and some more like children added to the family.

*The PCVs were helping me to cook, clean, and play with my children. They are now my friends. –Host family member*

*They used to go to the weddings with us. They also used to come and visit even after they left. They were obedient children, they did not discriminate against us because they took us as their parents. They gave us love and we even gave them Setswana names. –Host family member*

Most of the Volunteer traits and activities respondents found most memorable are reflective of Peace Corps Core Expectations, particularly: *commitment to serve, accepting of community and work, professional conduct and performance, and engaged with partners.*

## **Impact of the Changes on Participants' Behavior and Outlook on Life**

All categories of respondents were at least twice as likely to cite changes to their behavior or outlook in their personal lives than in their work lives.

*I ... learned that life is not what happens to you, but what you make out of it. –Beneficiary*

Nearly all the changes were described in positive terms, and can be generalized into several categories: increased ability to prioritize, more open to others, increased empathy, more optimistic/confident, more assertive, more resilient, and more adaptable. Both counterparts and beneficiaries cited concrete changes in personal behavior as well, particularly around sexual health (one partner), nutrition, and general physical fitness.

Although less frequently, respondents in all categories, including a host family member, cited changes in their work or professional life. Themes included understanding the importance of budgeting, becoming competent in various computer skills (including one who says he is now 'passionate' about surfing the web), feeling more at ease with people living with HIV/AIDS with whom they interact in their work, and being more willing to volunteer.

*Volunteering can be done by any other person and we should also extend our kindness to other people. –Beneficiary*

About 12 percent of all respondents claimed no change in behavior or outlook. Other commentary provided about Volunteers from these respondents included a variety of positive, negative, and neutral descriptions that did not strongly correlate with either a high or low level of understanding.

## **Goal Two Conclusions and Recommendations**

According to respondent feedback, Peace Corps' work in Botswana produced a significant impact on Goal Two—increasing understanding of Americans. Prior to interacting with Volunteers, respondents claimed little understanding of Americans. After Volunteers had been placed in their community, most claimed a much greater understanding of Americans, and this increase appears correlated with the frequency of interaction. This correlation is consistent with Peace Corps' model of development, which holds that true integration into a community—where Volunteers live and work daily with its members—delivers the greatest impact.



Host country family members, who live with Volunteers, reported the greatest increase in understanding over time. They are followed by counterparts, who saw Volunteers every day at work. Beneficiaries interacted with Volunteers less frequently, and reported the smallest increase in understanding, but still an amount significant enough that 91 percent of them, totaling more than 80 individuals, reported that they knew more about Americans as a result of the interaction.

Respondents also claimed an improved perception of Americans with this increased understanding. Although not entirely negative, the preponderance of opinions prior to interaction with Volunteers was either neutral or negative, including sentiments like selfish, war-loving, and wealthy. Respondents held almost entirely positive opinions about Americans after their interaction with Volunteers, using words like “friendly”, “loving”, and “helpful.”

There was greater differentiation among post-Volunteer positive sentiments from different categories of respondents than found in pre-Volunteer negative sentiments, supporting claims of deeper understanding over time. As might be expected, counterparts used more work-related terms in describing the positive attributes of Volunteers, such as ‘hard-working’ and ‘timely’, while host country family members expressed more personal sounding sentiments.

The same differentiation can be seen when respondents were asked about activities undertaken with the Volunteer, and what they will remember most about the Volunteer. Counterparts tended to talk most about work-related memories and activities, while host-country family members spoke about Volunteers in a domestic context.

All categories of respondents were at least two times more likely to cite changes to their behavior or outlook in their personal lives than in their work lives. That this is true of counterparts as well as of host country family members and beneficiaries is testament to the influence of Volunteers on community members’ perception of themselves as people, not only as teachers, students, or hosts.

It is clear from the evidence, that Peace Corps/Botswana’s HIV/AIDS Capacity Building Project was highly effective in achieving Goal Two in communities in which Volunteers were working.

The improvements in site development and language proficiency recommended based on Goal One findings would enhance an already strong Goal Two impact in Botswana, assuming the Peace Corps continues to place Volunteers with or in very close proximity to host families with whom they can have daily interaction.

# APPENDIX 1: OSIRP METHODOLOGY

## Site Selection

In Botswana, the team conducted interviews in 23 communities where Volunteers served since 2005. The sample sites were a representative sample rather than a random sample and covered all districts in Botswana. Among 70 potential sites, those in which the Volunteer had served less than 12 months, had married someone at site, had remained at site after the close of their service, or sites that were extremely remote were excluded from possible selection. Individual respondents were then selected in one of three ways:

1. At many sites, only one counterpart had worked with a Volunteer. In those cases, once the site was selected, so was the counterpart.
2. With regard to the selection of beneficiaries and host family members, and in cases where more than one possible counterpart was available, post staff and /or the Volunteer proposed individuals known to have had significant involvement in the project or with the Volunteer. Within a host family, the person with the most experience with the Volunteer was interviewed.
3. In cases where there were still multiple possible respondents, the research team randomly selected the respondents.
4. In cases where respondents had moved or were no longer at site, researchers either located their current contact information or conducted snowball sampling to locate other respondents who had worked with the Volunteer.

## Data Collection

The research questions and interview protocols were designed by OSIRP staff and refined through consultations with the country director, director of programming and training, and the program manager in Botswana.

A team of local interviewers, trained and supervised by a host country senior researcher contracted in-country, carried out all the interviews. Interviewers used written protocols specific to each category of respondents and conducted semi-structured interviews.

The research teams also reviewed existing performance data routinely reported by posts in Volunteers' Project Status Reports, as well as the results of the Peace Corps' Annual Volunteer Surveys and any previous evaluations or project reviews. However, the results presented in this report are almost exclusively based on the interview data collected through this study.

One hundred forty-five individuals were interviewed in Botswana for the study (Table 1).

**Table 2: Number and Type of Respondents**

Type of Interviewees	Number Interviews
Counterparts	29
Beneficiaries	92
Stakeholders	5
Host Family/Homestay	19
<b>Totals</b>	<b>145</b>

### Types of Data Collected

The counterparts, beneficiaries, and stakeholders were asked questions related to both Goal One and Goal Two. Host family members were only asked questions related to Goal Two. The categories covered for each of the groups are shown below (Table 2).

**Table 3: Summary of Interview Questions by Respondent Type**

Respondent Type	Question Categories	Approximate Length of interview
Counterpart and Beneficiary <sup>18</sup>	Goal One 1. Clarification of the project purpose 2. Respondent’s work history in the field and with the Peace Corps 3. Frequency of contact with the Volunteer 4. Project orientation 5. Training received and effectiveness of training 6. Project outcomes and satisfaction with the project 7. Community- and individual-level changes 8. Sustainability of project outcomes 9. Comparison of Peace Corps projects to health projects from other organizations	60 minutes

<sup>18</sup> Stakeholder and host family group questions were adapted from the counterpart/ beneficiary questions.

<b>Respondent Type</b>	<b>Question Categories</b>	<b>Approximate Length of interview</b>
	<p>Goal Two</p> <ol style="list-style-type: none"> <li>1. Source of information and opinion of Americans prior to working with Peace Corps Volunteers</li> <li>2. Types of information learned about Americans from interaction with the Volunteer</li> <li>3. Opinions of Americans after interaction with the Volunteer</li> <li>4. Particular things that Volunteers did that helped improve respondent's understanding of Americans</li> <li>5. Behavioral changes based on knowing the Volunteer</li> </ol>	
Stakeholder	<p>Goal One</p> <ol style="list-style-type: none"> <li>1. Clarification of the project purpose</li> <li>2. Respondent's work history in the field and with the Peace Corps</li> <li>3. Project outcomes and satisfaction with the project</li> <li>4. Community- and individual-level changes</li> <li>5. Comparison of Peace Corps projects to health projects from other organizations</li> <li>6. Sustainability of project outcomes</li> </ol> <p>Goal Two</p> <ol style="list-style-type: none"> <li>1. Source of information and opinion of Americans prior to working with Peace Corps Volunteers</li> <li>2. Types of information learned about Americans from interaction with the Volunteer</li> <li>3. Opinions of Americans after interaction with the Volunteer</li> </ol>	43 minutes
Host Family Member	<p>Goal Two</p> <ol style="list-style-type: none"> <li>1. Sources of information and opinions of Americans prior to working with Peace Corps Volunteers</li> <li>2. Type of information learned about Americans from interaction with the Volunteer</li> <li>3. Opinions of Americans after interaction with the Volunteer</li> <li>4. Particular things that Volunteers did that helped improve respondent's understanding of Americans</li> <li>5. Behavioral changes based on knowing the Volunteer</li> </ol>	27 minutes

## **APPENDIX 2: RESEARCH TEAM METHODOLOGY<sup>19</sup>**

The assessment was conducted through field interviews with people who have worked and lived with the PCVs. The respondents were classified according to the nature of their relationship/interaction with the PCVs. The questionnaires for the stakeholder, counterpart and beneficiary cover question sets for both goals whereas that for the host family focuses only on Goal Two.

All of the questionnaires were developed by the Office of Strategic Information, Research, and Planning (OSIRP) in the Peace Corps Headquarters. After piloting the questionnaires during the training of field researchers, the question sets were adjusted based on feedback from the interviewees.

### **Data Collection**

The field interviews were conducted by five field researchers led by two senior researchers. Prior to the field interviews, researcher training was conducted by the Peace Corps/Botswana office together with an evaluation officer from OSIRP. The training covered content on the background and the goals of the Peace Corps, objectives of the impact evaluation, evaluation concepts, methods, and tools, as well as field pilot interviews with respondents from a former Peace Corps site. Questionnaires were also translated into Setswana, and interviewers given both English and Setswana versions to use in the field.

The sites for the interviews were chosen through a systematic sampling method by the Office of Strategic [Information, Research, and Planning] at the Peace Corps Headquarters. Altogether, 23 sites were selected throughout all regions of the country. Interview partners were identified primarily according to their roles in the project and a list of potential interviewees for all sites was prepared by the Peace Corps/Botswana office. Snowball sampling augmented the sample if and when selected respondents were unavailable or unwilling to be interviewed. Field interviews took place between November 9, 2010 and January 10, 2011.

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<sup>19</sup> This section was excerpted (with minor edits) from the research report developed by the in-country research team. As a result, the formatting, language, and style vary slightly from those used in the body of the report.

## **Data Analysis**

Raw data was entered into the data system Datstat, which was designed especially for this study. The Excel tables containing a summary of quantitative data and full details of qualitative data were then provided to the senior researcher for further analysis and reporting. Quantitative analysis of the data was based mainly on percentages while qualitative analysis was based on both deductive and inductive methods. For some questions, data was categorized under the pre-defined headings based on related theory/knowledge commonly accepted. In some other cases, data categories were identified after the data was scrutinized from interesting answers.

English translation of the data in Datstat was also provided to the Peace Corps for its further reference.