



*Office of Strategic Information,
Research and Planning*

**Host Country Impact Study
Burkina Faso**



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

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The success of the studies is ultimately due to the work of the local research team headed by Senior Researcher Martine Kirwin. Her team skillfully encouraged the partners² of Peace Corps Volunteers to share their experiences and perspectives.

¹ Although these studies were a team effort by all members of the OSIRP staff, we would like to recognize Heidi Broekemeier for her role as the study lead and the significant support provided by Alice-Lynn Ryssman, Susan Jenkins, and Janet Kerley. Cathryn L. Thorup reviewed and edited the paper for content.

² Partners include any individuals who may have lived or worked with a Peace Corps Volunteer.

ACRONYMS AND DEFINITIONS

Acronyms

CBO	Community Based Organization
COGES	Comité de Gestion: Health Center Management Committee; The COGES is a committee of elected villagers and the head nurse of the CSPS, whose role is to provide technical assistance to the committee.
CSPS	Centre de Santé et Promotion Sociale: Center of Health and Social Promotion; The village-level health care unit of the Ministry of Health of Burkina Faso as defined in the Bamako Initiative.
HCN	Host Country National
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
OMB	Office of Management and Budget
OSIRP	Office of Strategic Information, Research and Planning
PC/BF	Peace Corps/Burkina Faso
PCV	Peace Corps Volunteer

Definitions

Beneficiaries	Individuals who receive assistance and help from the project; the people that the project is primarily designed to advantage
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 based on their position in an organization or community (e.g., community leader) they are considered counterparts or project partners
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 ³

³ This definition, while narrower than the one commonly used in the development field, was taken from the indicator data sheet developed for Peace Corps Performance Indicator 1.1.b.

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.⁴ 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 Peace Corps' impact directly from host country nationals who lived and worked with the Volunteers.

This report presents the findings from the study conducted in Burkina Faso during July and August of 2009. The focus of the research was the Community Health Development Project.

Purpose of the Host Country Impact Studies

Burkina Faso's Host Country Impact Study was initiated to assess the degree to which the Peace Corps is able to contribute to the country's need to develop community health capacity, as well as to promote a better understanding of Americans among host country nationals. The study would provide Peace Corps with a better understanding of the Community Health Development Project and identify areas for improvement.

The impact study documents the HCN perspective on the impact of Peace Corps Volunteers (PCVs) on skills transfer to and capacity building of host country counterparts and community members and on changes in host country nationals' 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?

⁴Peace Corps surveyed Volunteers periodically from 1973 to 2002, when a biennial survey was instituted. The survey became an annual survey in 2009 to meet agency reporting requirements.

Evaluation Methodology

This evaluation report is based on the data provided by counterparts, beneficiaries, host family members, and stakeholders of the Community Health Development Project including:

- 23 Counterparts/project partners
- 42 Beneficiaries
- 11 HIV/AIDS counterparts⁵
- 23 HIV/AIDS beneficiaries
- 27 Host family members
- 7 Project stakeholders

Overall, the survey reached 133 respondents in 30 communities.

Interviews were conducted from July 13 to August 5, 2009. (See Appendix 1 for a full description of the research methodology).

Project Design and Purpose

The Peace Corps/Burkina Faso (PC/BF) Community Health Development Project was initiated in 1995 at the request of the government of Burkina Faso. The purpose of the project was to support the efforts of the Ministry of Health of Burkina Faso, in collaboration with health care professionals, health management committees, and communities, and to revitalize primary health care at the village level through the implementation of the Bamako Initiative.⁶

The project addresses the serious health issues facing the country, especially the public health system. Already over-burdened prior to the onset of the HIV/AIDS crisis, the system is hard-pressed to maintain even the bare minimum of health services – particularly in poor and/or rural areas. As part of the work of the Bamako Initiative, the government created 55 health districts, with a Health Center Management Committee for each health center to manage the facility operations.

The Peace Corps Community Health Development Project was initiated to support the efforts of the Ministry of Health by working with health care professionals, health management committees, and communities to revitalize primary health care at the village level.

The goals of the project are:

Goal 1: Capacity building of the Health Center Management Committees (COGES)

⁵ Data from the HIV/AIDS interviews with counterparts and beneficiaries are not included here. They are included in a separate report that focuses on PCV HIV/AIDS work.

⁶ “The Bamako Initiative is a strategy begun in 1987 to finance a revitalized primary health care system through cost recovery mechanisms, particularly the sale of essential drugs, and to increase the role of the community in implementing and managing community-based public health activities.” *Community Health Development Project Plan*. Peace Corps/Burkina Faso. September 2002. Page 8.

EXECUTIVE SUMMARY

Goal 2: Capacity Building of Community Based Organizations (CBOs)

Goal 3: Capacity building of individuals

Evaluation Findings

The evaluation findings indicate the Community Health Development Project was successful. While the report provides a detailed description of all the study questions, the key findings are noted below:

Goal 1 Findings

Health and Health Capacity Building Outcomes were Reached

- 98% of respondents reported that community members adopted healthy behaviors
- 98% of respondents reported an improvement in community member participation in health education activities
- 97% of respondents reported an increase in community member knowledge in target health areas

Individual Capacity was Increased

- Over 65% of the counterparts received technical training from Peace Corps
- 41% of the counterparts received formal training on their role as a counterpart and 23% were trained informally
- 100% of respondents reported that they personally adopted healthier behaviors
- 98% of respondents said that they increased their participation in health education activities
- 97% of respondents said that their knowledge of health issues increased

Organizational Capacity was Increased

- 93% of the counterparts reported that the Health Center Management Committees (COGES) functioned better as a result of the Peace Corps Volunteers' work
- 86% of the counterparts reported that the Community Based Organizations (CBOs) functioned better as a result of the Peace Corps Volunteers' work

Capacity Building was Sustained

- 91% of respondents reported that changes resulting from the project were largely maintained after the departure of the Volunteer
- 91% of respondents said that they maintained their healthy behaviors and their knowledge of target health areas

High Level of Satisfaction with the Peace Corps' Work

- 70% of respondents were very satisfied with the Peace Corps' work and over 25% reported being satisfied with that work

Factors Contributing to Project Success

- The most frequently mentioned factor contributing to the success of the project was the hands-on work of the Volunteer

Barriers to Project Success

- A lack of funding was the most frequently mentioned barrier to project success and most respondents believed that this factor could diminish the long-term impact of the project
- A lack of sufficient personnel with adequate training was also mentioned as a constraint to sustaining the changes achieved through the project

Goal 2 Findings

HCNs Developed More Understanding of and More Positive⁷ Opinions about Americans

- 32% of counterparts and beneficiaries, and 3 of 27 host family members (11%), reported a moderate or thorough understanding of Americans before interacting with Volunteers
- 88% of counterparts and beneficiaries, and 24 host family members (88%), reported a moderate or thorough understanding of Americans after interacting with Volunteers
- 74% of counterparts and beneficiaries, and 20 of 27 host family members (74%), reported at least a somewhat positive opinion of Americans before interacting with Volunteers
- 95% of counterparts and beneficiaries, and 100% of the host family members, reported more positive opinions of Americans after interacting with Volunteers

⁷ Understanding is defined as achieving a grasp of the nature, significance, or explanation of something. Respondents rated their "understanding of people from the United States" on a four-point scale: 1=Thorough, 2=Moderate, 3=Limited and 4=No understanding. 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.

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. From that inspiration grew 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 200,000 men and women have served in 139 countries. Peace Corps activities cover issues ranging from AIDS education to information technology and environmental preservation. Peace Corps Volunteers continue to help 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 host country nationals. 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 or urban areas that lack sufficient local capacity. Also, Volunteers operate from a development principle that promotes sustainable projects and strategies.

The interdependence of Goal 1 and Goal 2 is central to the Peace Corps experience, as HCNs develop relationships with Volunteers who communicate in the local language, share everyday experiences, and work collaboratively.

The Peace Corps conducts an annual survey of currently serving Volunteers⁸; however, it tells only one side of Peace Corps' story. In 2008, the Peace Corps began a series of studies to better assess the impact of its Volunteers. These 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.

Peace Corps' Core Goals

Goal 1- To help the people of interested countries in meeting their need for trained men and women.

Goal 2- To help promote a better understanding of Americans on the part of the peoples served.

Goal 3- To help promote a better understanding of other people on the part of Americans.

⁸Peace Corps surveyed Volunteers periodically from 1973 to 2002 when a biennial survey was instituted. The survey became an annual survey in 2009 to meet agency reporting requirements.

History of the Peace Corps/Burkina Faso Community Health Development Project

The Peace Corps Community Health Development Project was initiated in 1995 at the request of the government of Burkina Faso. The purpose of the project was to support the efforts of the Ministry of Health in Burkina Faso--in collaboration with health care professionals, health management committees, and communities--to revitalize primary health care at the village level through the implementation of the Bamako Initiative.

Purpose of the Host Country Impact Studies

This report presents the findings from the impact evaluation conducted in Burkina Faso during July and August of 2009. The project studied was the Community Health Development Project.

The impact study documents the HCN perspective on the impact of Peace Corps Volunteers on skills transfer to and capacity building of host country counterparts and community members and on changes in host country nationals' 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 through this research will help the Peace Corps answer questions about the degree to which the agency is able—across posts, sectors, and sites—to meet the needs of host countries for trained men and women and to promote a better understanding of Americans among HCNs. This information complements the information provided by Peace Corps Volunteers in their Project Status Reports and the Annual Volunteer Survey.

Evaluation Methodology

In 2008, the Peace Corps' Office of Strategic Information, Research and Planning (OSIRP) initiated a series of evaluation studies in response to a mandate from the Office of Management and Budget (OMB) that the agency conduct evaluations of the impact of its Volunteers on Goal 2.

Three countries were selected to pilot a methodology that would examine the impact of the technical work of Volunteers, and their corollary work of promoting a better understanding of

CHAPTER 1: INTRODUCTION

Americans among the people with whom the Volunteers lived and worked. 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 implemented by an in-country research team under the supervision of the Peace Corps' country staff, with technical direction from the OSIRP team. A web-based database was used to manage the questionnaire data and subsequent analysis.

In Burkina Faso, under the direction of Senior Researcher Martine Kirwin, the team conducted interviews in 30 communities where Volunteers worked. One hundred thirty-three Volunteer placements between 2004 and 2010 were identified for possible participation in the study. A representative, rather than a random, sample was drawn from the list of Volunteer assignments since 2004. The Burkinabe team conducted semi-structured interviews with host country nationals who had lived and/or worked with Peace Corps Volunteers. (The interview schedule is available upon request from OSIRP and Appendix 1 contains a full description of the research methodology.)

The overall survey reached 133 respondents in 30 communities. Sites were selected to be as representative of Burkina Faso as possible, including geographic diversity.

Interviews were conducted from July 13 to August 5, 2009 with six groups of Burkinabe (Table 1):

- **Community Health Development Project partners/counterparts:** Members of the COGES, nurses, health center staff
- **Community Health Development Project beneficiaries:** Primary and secondary school students, members of the COGES, food vendors, health center staff, recent mothers, members of a theater group
- **HIV/AIDS activity counterparts⁹:** Members of the COGES, nurses, health center staff
- **HIV/AIDS activity beneficiaries:** Members of the COGES, food vendors, health volunteers, members of a theater group, secondary school students
- **Host family members:** Families that hosted Volunteers during all or part of their service
- **Project stakeholders:** Health ministry officials

⁹ Data from the HIV/AIDS interviews is not included here. They are included in a separate report that focuses on PCV HIV/AIDS work.

CHAPTER 1: INTRODUCTION

Interviewers recorded the respondents' comments, coded the answers, and entered the data into a web-based database maintained by OSIRP. The data were then analyzed by OSIRP researchers and the local senior researcher.

Table 1: Number and Type of Host Country Nationals Interviewed: Burkina Faso

Interview Type	Number of People	Number of Sites
Community Health Development Project Counterparts	23	20
Community Health Development Project Beneficiaries	42	20
Counterparts of HIV/AIDS activities	11	11
Beneficiaries of HIV/AIDS activities	23	11
Host family members	27	27
Project stakeholders	7	-
Total	133	-

How Will the Information be Used?

The information gathered will inform Peace Corps staff at post and headquarters about host country nationals' perceptions of the community projects and the Volunteers. In conjunction with Volunteer feedback from the Annual Volunteer Survey, this information will allow Peace Corps to better understand its impact, identify areas for improvement, and move to address those findings. For example, the information may be useful for Volunteer training and outreach to host families and project partners.

This information is also needed to provide performance information to OMB and the United States Congress. As part of the Peace Corps Improvement Plan, drafted in response to its 2005 Program Assessment Rating Tool (PART) review, the agency proposed the creation of "baselines to measure results including survey data in countries with a Peace Corps presence to measure the promotion of a better understanding of Americans on the part of the peoples served."¹⁰ Feedback from the original pilots was used to revise the methodology rolled out to nine posts in Fiscal Year 2009 and eight posts in FY 2010, for a total of 17 posts across Peace Corps' three geographic regions: Africa; Inter-America and the Pacific; and Europe, Mediterranean, and Asia. Taken together, these studies contribute to the 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.

¹⁰ Downloaded from : <http://www.whitehouse.gov/omb/expectmore/summary/10004615.2005.html> 9-10-08

CHAPTER 2: PROJECT DESIGN AND PURPOSE

Sector Overview¹¹

The Peace Corps/Burkina Faso Community Health Development Project was initiated in 1995 at the request of the government of Burkina Faso. The purpose of the project was to support the efforts of the Ministry of Health of Burkina Faso, in collaboration with health care professionals, health management committees, and communities, to revitalize primary health care at the village level.

The project addresses the serious health issues facing the country, especially the public health system. Already over-burdened prior to the onset of the HIV/AIDS crisis, the system is hard-pressed to maintain even the bare minimum of health services – particularly in poor and/or rural areas. As part of the work of the Bamako initiative, the government created 55 health districts, with a Health Center Management Committee for each health center to manage the facility operations.

The Peace Corps Community Health Development Project was initiated to support the efforts of the Ministry of Health by working with health care professionals, health management committees, and communities to revitalize primary health care at the village level.

Peace Corps community health development Volunteers work to enhance the capacity of health workers in selected village health centers and support and build capacity of health center management committees (COGES). In addition, they promote collaboration among health workers, management committees, and community members; and work to strengthen their skills in developing and implementing health promotion and disease prevention programs.

The goals of the project are listed below:

Goal 1: Capacity building of the COGES

Goal 2: Capacity building of community-based organizations

Goal 3: Capacity building of individuals

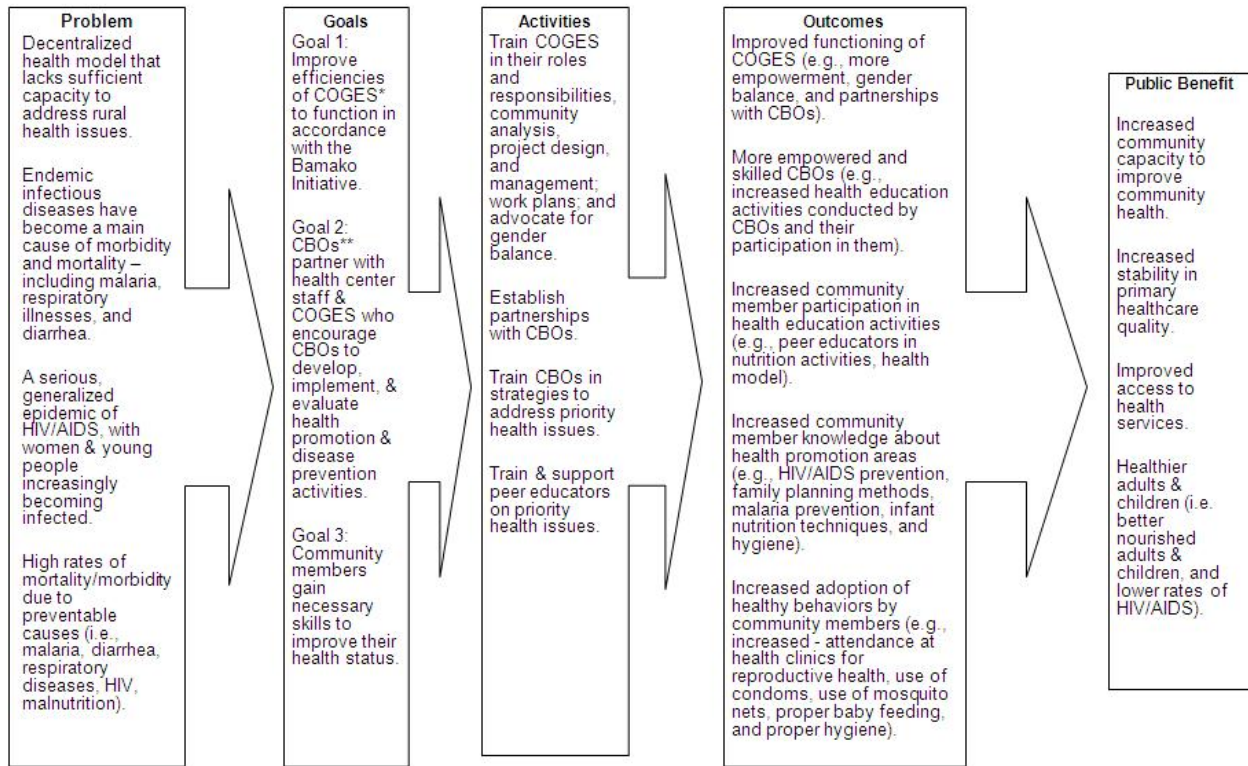
A model of the theory of change underlying this project approach is presented in Figure 1 below:

¹¹ The Sector Overview is based on the *Community Health Development Project Plan 2006-2015* 532-HE-05

CHAPTER 2: PROJECT DESIGN AND PURPOSE

Figure 1: Overview of the Theory of Change for the Community Health Development Project: Burkina Faso

Theory of Change for the PC Burkina Faso Community Health Project:



*COGES=Health Center Management Committees

**CBOs=Community Based Organizations

Updated: 4/13/11

* This figure was compiled from information in the *Community Health Development Project Plan*, developed in 1994.

CHAPTER 3: GOAL ONE FINDINGS

Performance under the Peace Corps' Goal 1 was examined in two ways, by measuring:

1. The extent to which HCNs observed community and personal changes and reported gaining new technical skills and the capacity for maintaining the changes once the community project ended
2. HCNs' satisfaction with the work of the community project, in particular satisfaction with the extent to which their needs had been met

The community-level changes observed by the project partners are presented first, followed by the individual changes respondents reported.

Did Peace Corps Projects Help Project Partners Meet Skill and Capacity Building Needs?

Counterparts, beneficiaries, and stakeholders were asked about project outcomes in two ways:

1. For each of a list of predefined project outcomes derived from the project plan, respondents were asked whether they saw a change, whether the community's needs were met, and--where applicable--whether the change was maintained after the Volunteer departed.
2. Respondents were also asked to generate a list of changes in their community during the period of the PCV's assignment. For each change listed, the respondent was then asked about the size of the change, the extent to which the PCV was responsible for the change, and--where applicable--whether the change was still evident after the departure of the Volunteer.

Degree to Which the Project Plan Outcomes Were Met

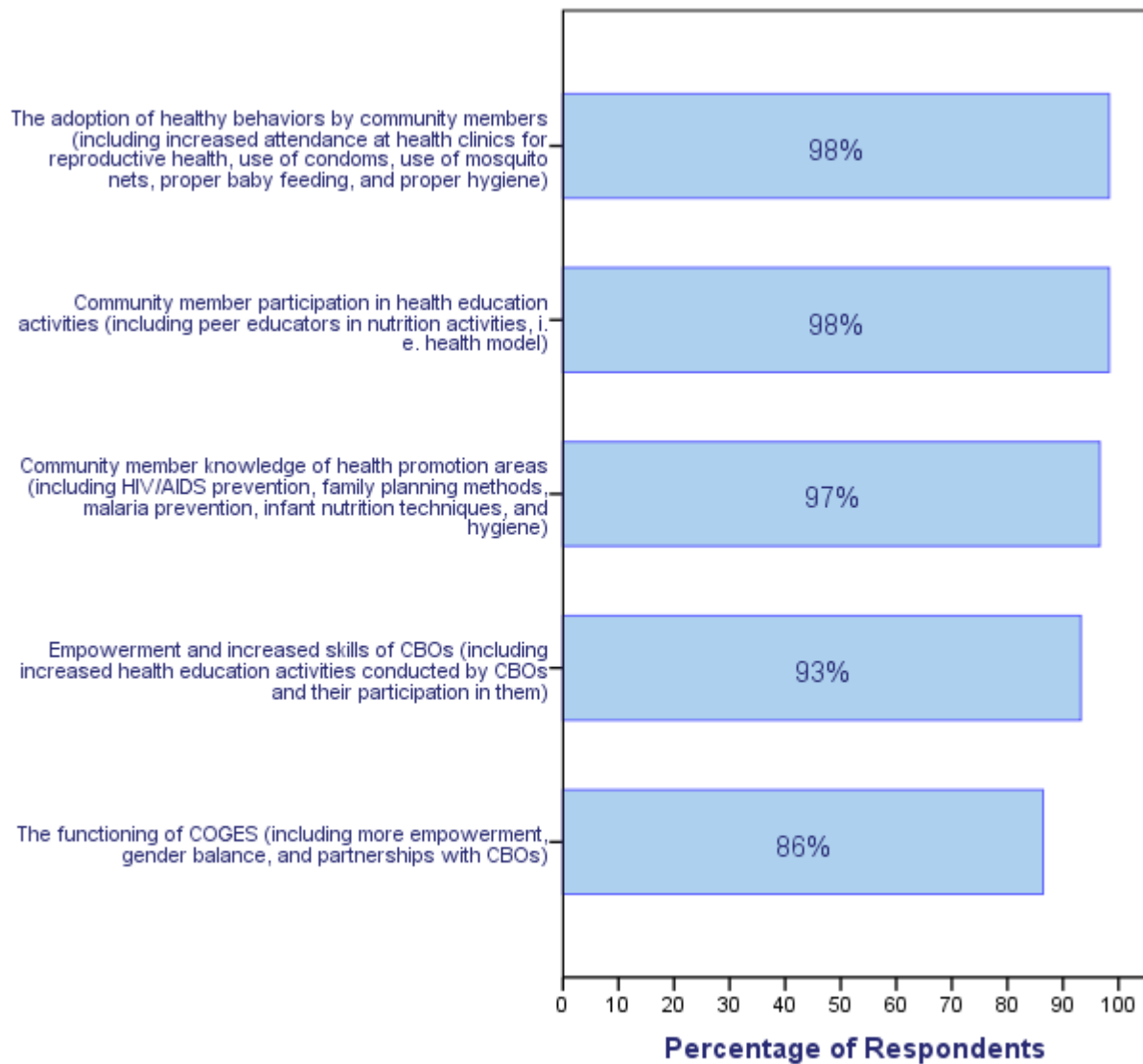
A list of project outcomes was created when a theory of change model was developed for the project (Figure 1). Respondents were asked about the extent to which they saw changes in their communities related to each outcome. The study measured changes in the following community-level outcomes, listed in order, from most to least improved:

1. Adoption of healthy behaviors by community members
2. Increased community member participation in health education activities
3. Increased community member knowledge about health promotion topics
4. Empowerment and increased skills of CBOs
5. Improved functioning of the COGES

CHAPTER 3: GOAL ONE FINDINGS

With regard to the project outcomes, adoption of healthy behaviors by community members and community member participation in health education activities were rated as improved by 98 percent of respondents. Community members' knowledge of health promotion areas was rated as improved by 97 percent of counterparts and beneficiaries (Figure 2).

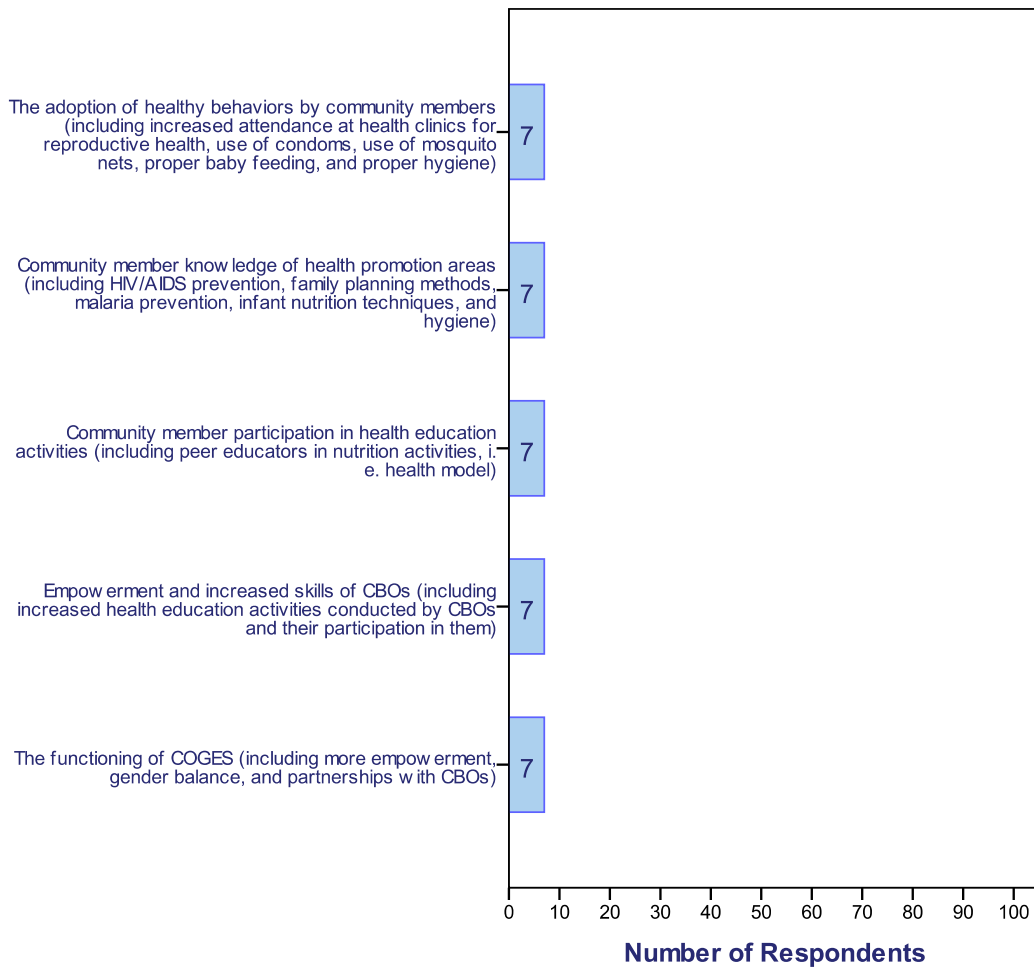
Figure 2: Percentage of Counterparts and Beneficiaries That Rated the Change as at Least Somewhat Better: Community Level (n=59-65)



CHAPTER 3: GOAL ONE FINDINGS

All seven stakeholders indicated that they had seen improvement in each of the five project areas (Figure 3).

Figure 3: Number of Stakeholders That Rated the Change as at Least Somewhat Better: Community Level (n=7)



Community-Level Outcomes

In the absence of data about conditions before the arrival of the Volunteers, counterparts and beneficiaries were asked to think back to *how they saw their community* when the Volunteer arrived and compare that to the *current situation*. They were then asked to describe any changes in the community they believed had occurred during that period. For each change mentioned, the counterparts and beneficiaries were asked if they viewed the change as small, medium, or large, and the extent to which they attributed the change to their interaction with the Volunteer.

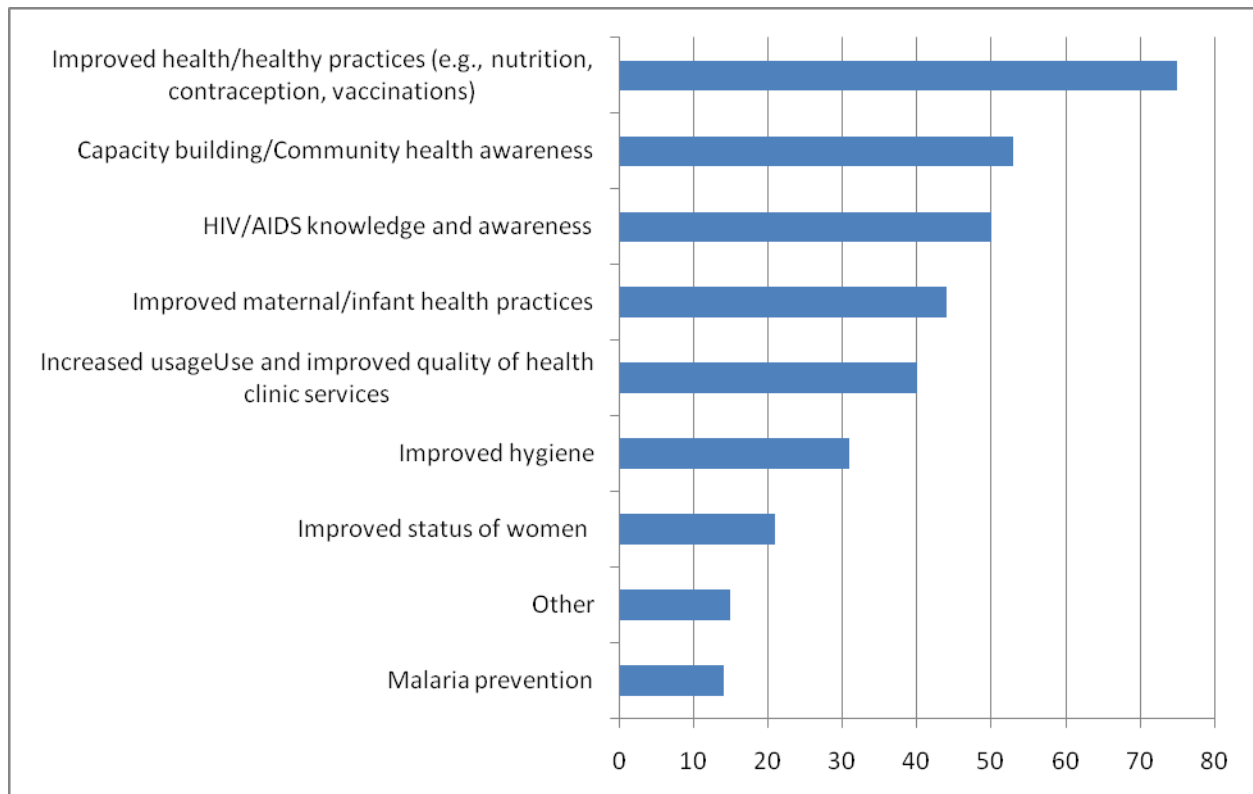
CHAPTER 3: GOAL ONE FINDINGS

These changes were grouped into the following nine categories, listed in order from most to least improved:

1. Improved health/healthy practices (e.g., nutrition, contraception, vaccinations)
2. Capacity building/Community health awareness
3. HIV/AIDS knowledge and awareness
4. Improved maternal/infant health practices
5. Increased usage and quality of health clinic services
6. Improved hygiene
7. Improved status of women
8. Other
9. Malaria prevention

Improved health/healthy practices were the most frequently mentioned change. Changes in capacity building/community awareness, awareness and practices related to HIV/AIDS, and improved maternal and infant health practices were also frequently mentioned (Figure 4). The changes perceived as less frequently achieved were: the improved status of women and malaria prevention. Of the 343 changes mentioned by counterparts and beneficiaries, 87 percent were rated as large changes and 89 percent were assessed as having been largely due to the Peace Corps' project.

Figure 4: Ways Communities Changed Since the Start of the Peace Corps Project: Burkina Faso (n=343 changes)



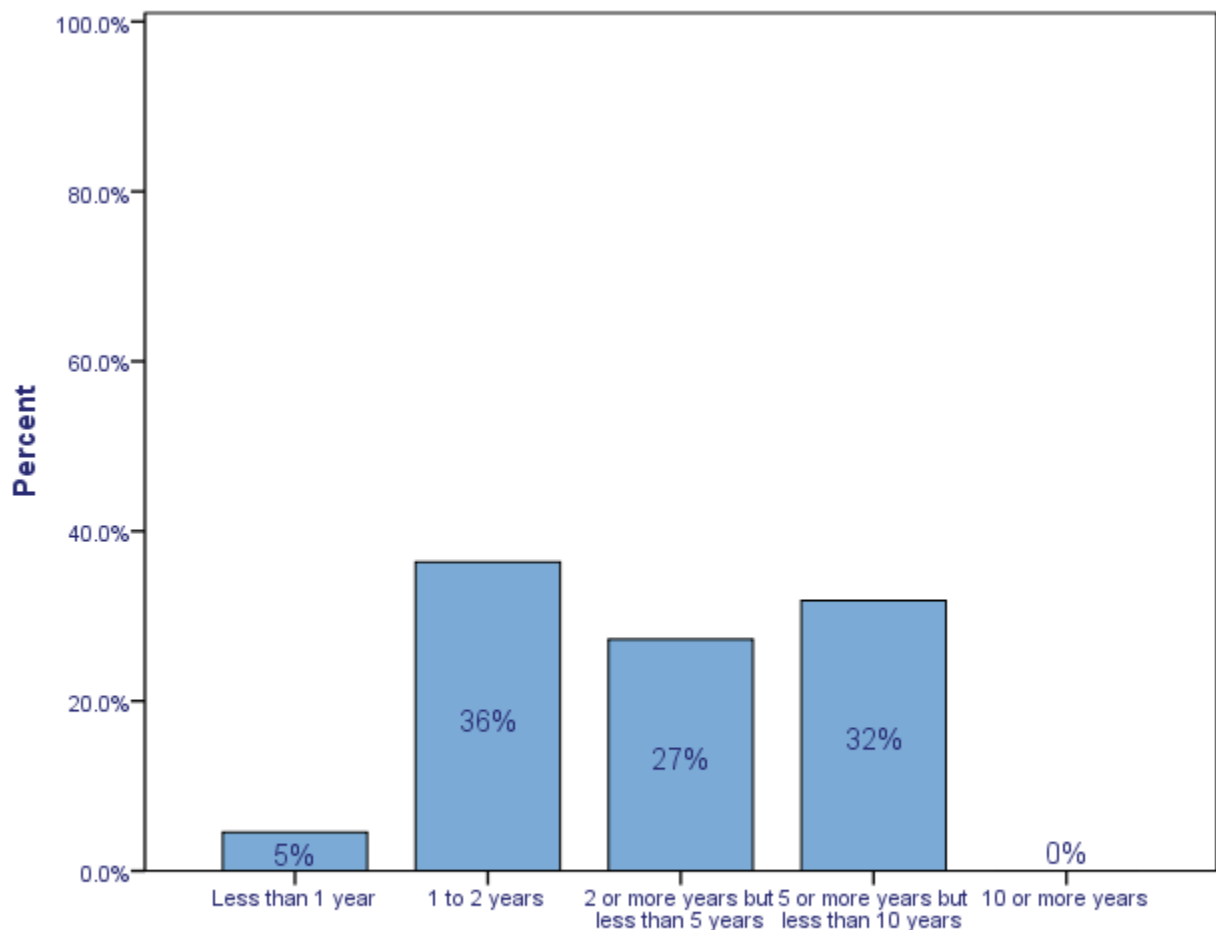
Findings on Individual Changes

In order to provide the context for the individual-level changes reported, this section starts with an overview of counterparts' prior professional experience related to community health. The section continues with respondents' feedback about the areas in which they have changed, information about how those changes occurred, and the extent to which they have been able to maintain those changes after the departure of the Volunteer.

Counterparts' Prior Professional Community Health Experience

The majority of the community health counterparts were new practitioners in their field. Over two-thirds (68%) of the counterparts had worked in the community health field for less than five years. Twenty-seven percent had worked between two and five years, thirty-six percent had one to two years of experience, and five percent had one year of experience. One-third (32%) of the counterparts had between five and ten years of experience (Figure 5).

Figure 5: Number of Years Counterparts Have Worked in Community Health: Burkina Faso (n=23)



Degree to Which the Project Plan Outcomes Were Met

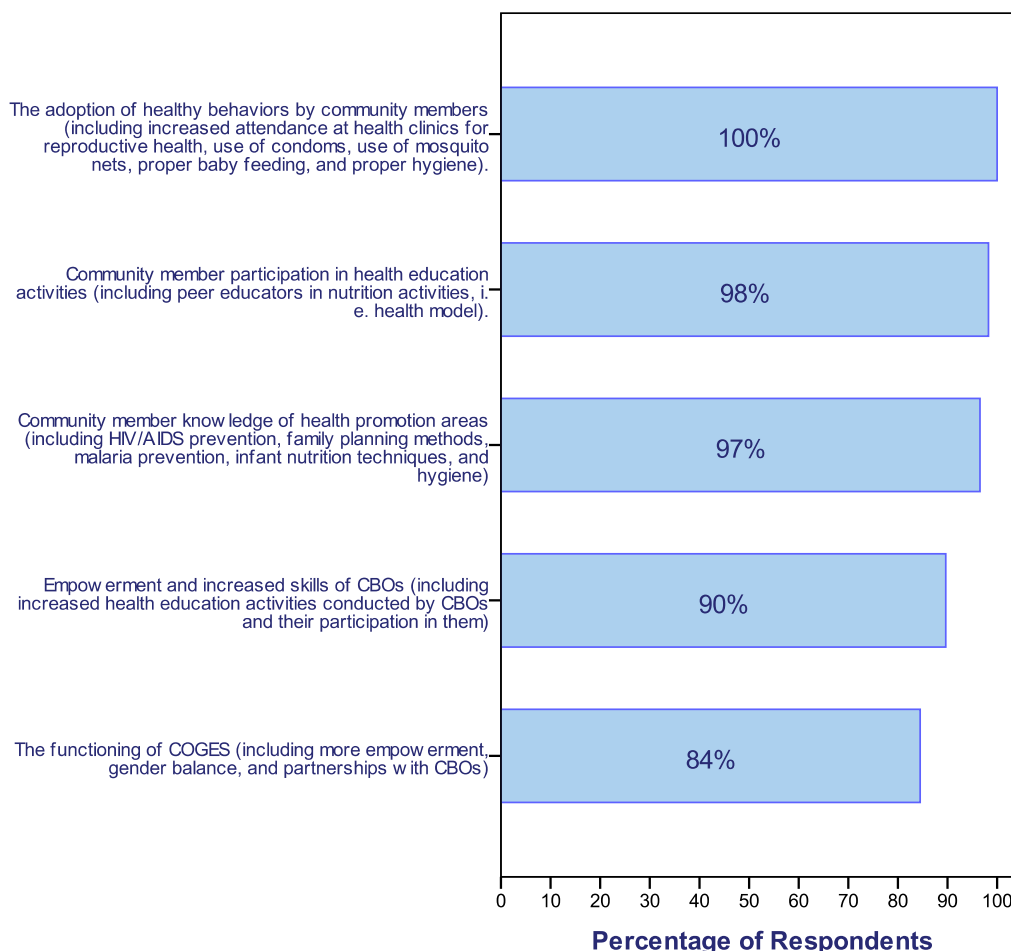
Through the process of developing the project theory of change (Figure 1), a list of individual-level project outcomes was created. Respondents were asked about the extent to which they saw changes in themselves related to each outcome. The study measured the changes in the following individual-level outcomes:

1. The functioning of COGES
2. The empowerment of and increased skills of CBOs
3. Community member participation in health education activities
4. Community member knowledge of health promotion areas
5. The adoption of healthy behaviors by community members

All five individual-level project outcomes were successfully achieved: 100 percent of respondents reported that they had adopted healthier behaviors. Ninety-eight percent increased their participation in health education activities; 97 percent increased their knowledge about health promotion topics, 90 percent reported that the local CBOs were more empowered and increased their use of new skills, and 84% said the health center management committees were functioning better (Figure 6).

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Figure 6: Percentage of Counterparts and Beneficiaries that Rated the Change as At Least Somewhat Better: Individual Level (n=58 to 63)



Individual-Level Outcomes

In the absence of data about conditions before the arrival of the Volunteers, counterparts and beneficiaries were asked to think back *to how they saw themselves* when they started working with a Volunteer and compare that to *how they currently see themselves*. They were then asked to report any changes in themselves during that period. For each change mentioned, the counterparts and beneficiaries were asked whether they viewed the change as small, medium, or large, and the extent to which they attributed the change to their interaction with the Volunteer.

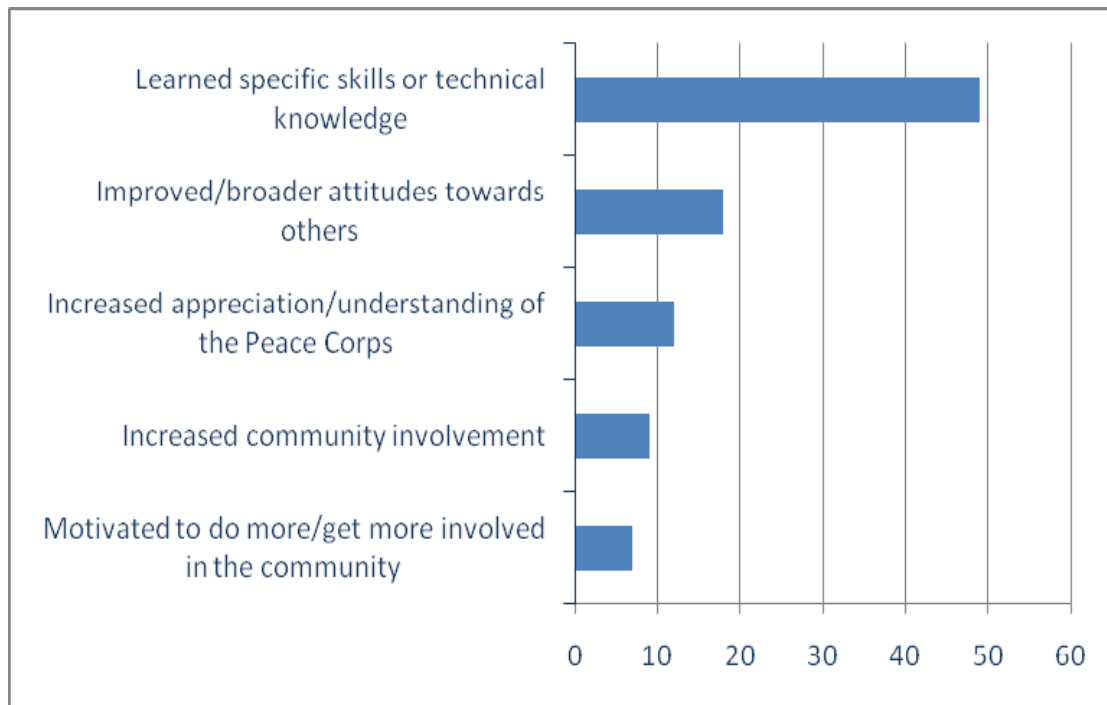
The changes were grouped into the following five categories, listed in order, from most to least improved:

1. Learned specific skills or technical knowledge
2. Improved/broader attitudes towards others
3. Increased appreciation/understanding of the Peace Corps
4. Increased community involvement
5. Motivated to do more/get more involved in the community

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The most common improvement noted by individuals was self-improvement in specific skills or technical knowledge, such as computer skills, sanitation practices, and water management techniques. Some respondents acknowledged they observed changes in their attitudes towards others, but far fewer indicated that the changes included becoming more involved in their community (Figure 7).

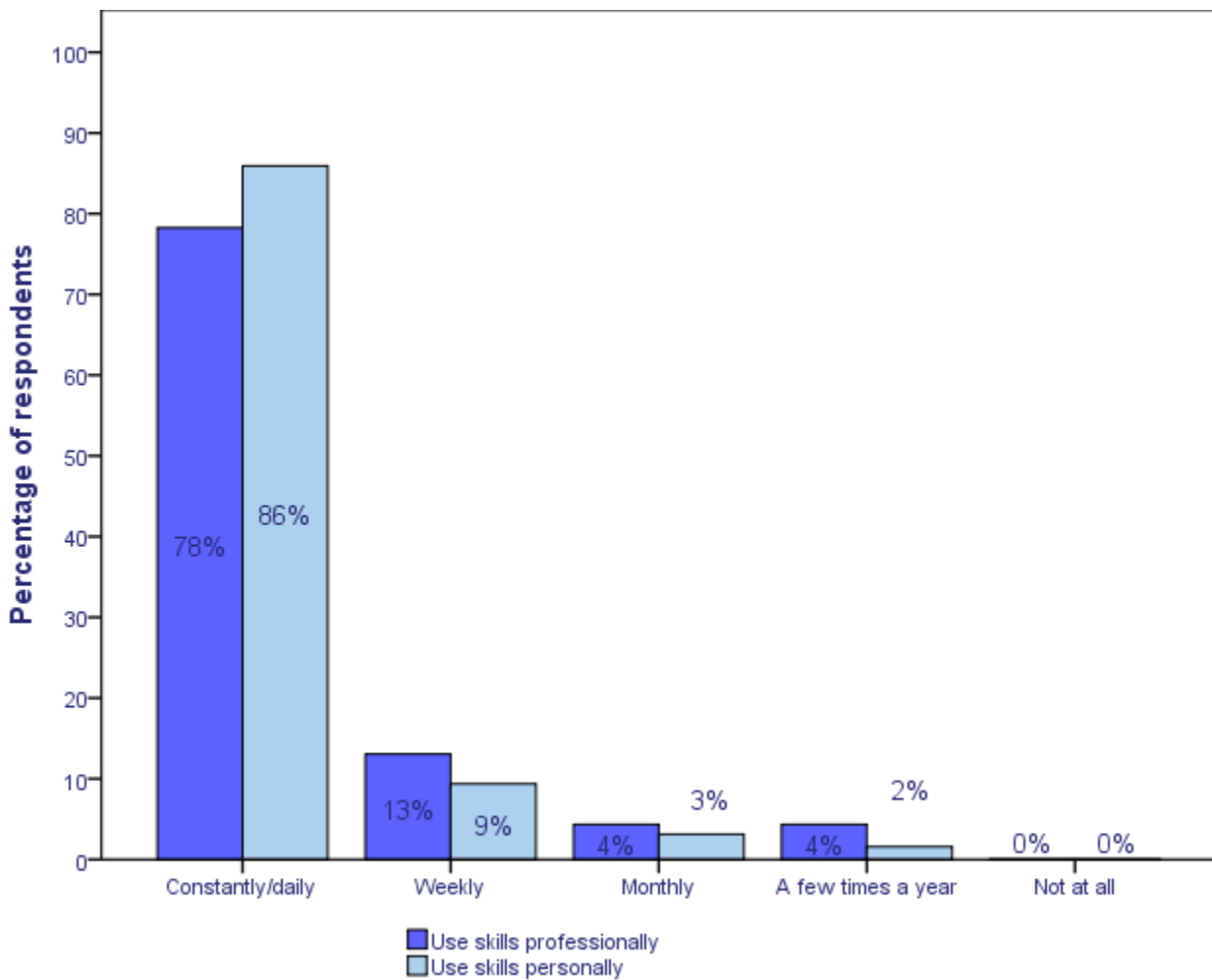
Figure 7: Ways Individuals Changed Since the Start of the Peace Corps Project: Burkina Faso (n=95 changes)



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The importance of learning new skills/knowledge is reinforced by the frequency with which respondents reported using the skills learned through the project constantly or daily, in both their work (78%) and in their personal lives (86%). This finding suggests that the skills transmitted were practical, useful, and needed (Figure 8).

Figure 8: Frequency with Which Counterparts and Beneficiaries Reported Using Skills Learned Through the Peace Corps' Project: Burkina Faso



* Questions regarding work life were asked only of counterparts: n=23. Both counterparts and beneficiaries were asked about using the skills in their personal life: the number of respondents was 65.

Ways Counterparts Use Project Skills in Their Work Life

Now I participate in many COGES activities and I bring my experience to help people understand certain things pertaining to health.

Thanks to the PCV I have become more punctual and rigorous at work.

I participate a lot in educating throughout the community and especially when I go to the Center of Health and Social Promotion (CSPS).

Ways Counterparts and Beneficiaries Use Project Skills in Their Personal Lives

Counterparts

I brush my teeth every day. I told my little brother to sleep under a mosquito net.

I must wash my hands each time before eating or [after]going to the bathroom. My children sleep under a mosquito net.

Give more love to children because the PCV loves children.

Beneficiaries

When I feel the need, for example, I teach people about health issues at the market, in the fields, and outside. I now train people in the CBO, thanks to the training that I originally received.

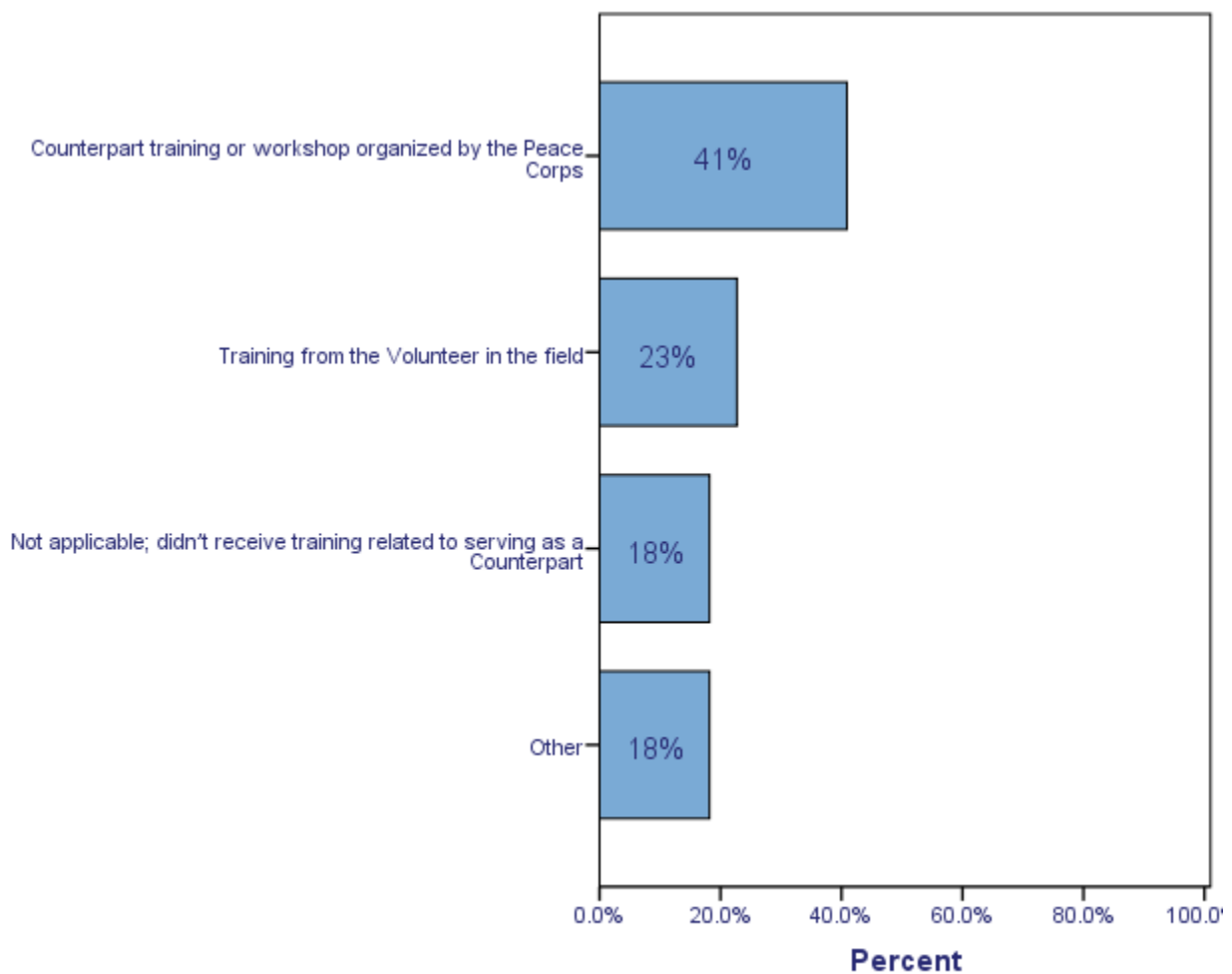
In my life, all these changes have become routine for me. Each day I fight against the phenomenon of giving birth in the home because of my health lessons.

Every day when I prepare porridge for my children. I improve the meals [I serve] my family and I keep my family clean.

How Did Skills Transfer Occur?

Forty-one percent of counterparts reported receiving formal training through the Peace Corps related to working as a counterpart. Additionally, 23% of the counterparts indicated they received informal or on-the-job training about working as a counterpart from the Volunteer in the field. Eighteen percent noted they received no training related to serving as a counterpart (Figure 9).

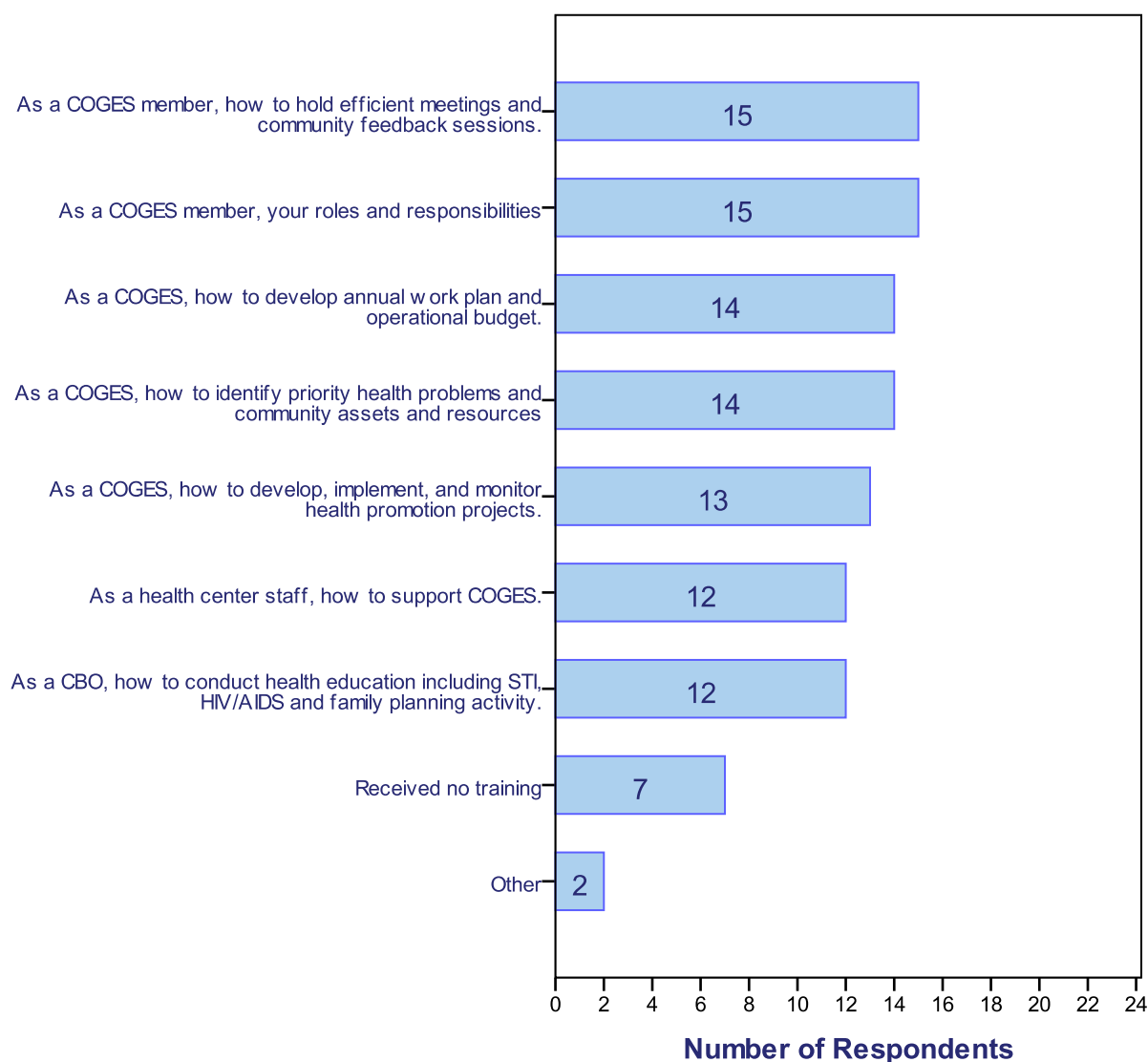
Figure 9: Counterpart Training: Burkina Faso (n=22)



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Over two-thirds (65%) of counterparts received training on six key elements of participating in and/or running a Health Center Management Committee (COGES) (Figure 10). Two counterparts noted they received “other” training on topics such as: computer literacy, house construction, and project management. Seven of the 23 counterparts (30 percent) indicated they received no technical training.

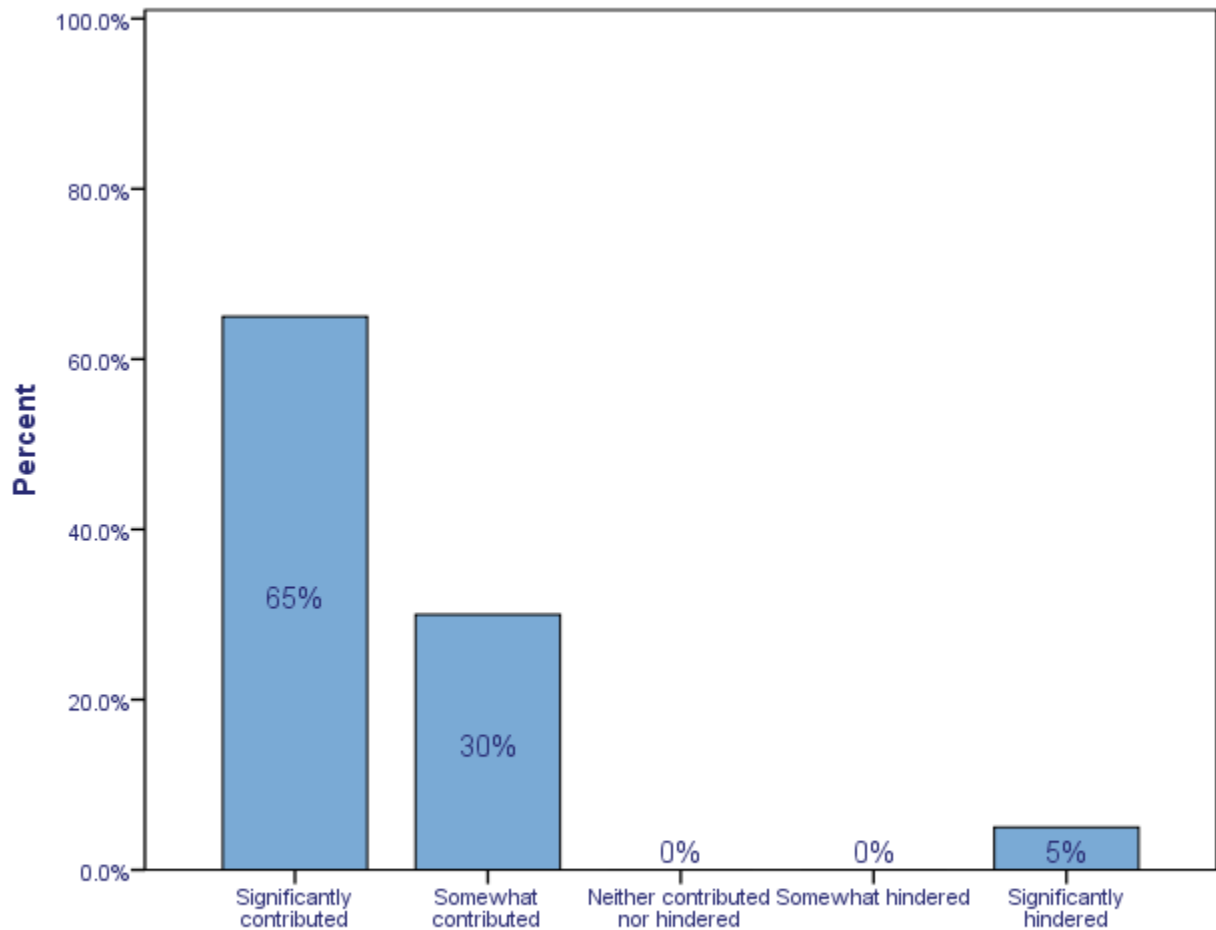
Figure 10: Technical Training Received: Burkina Faso (n=23)



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When asked about the value of the training, respondents were largely positive, with 65 percent of respondents saying that the training significantly contributed to building their technical skills. While two people (5%) indicated that the training significantly hindered them, they did not explain their answers (Figure 11).

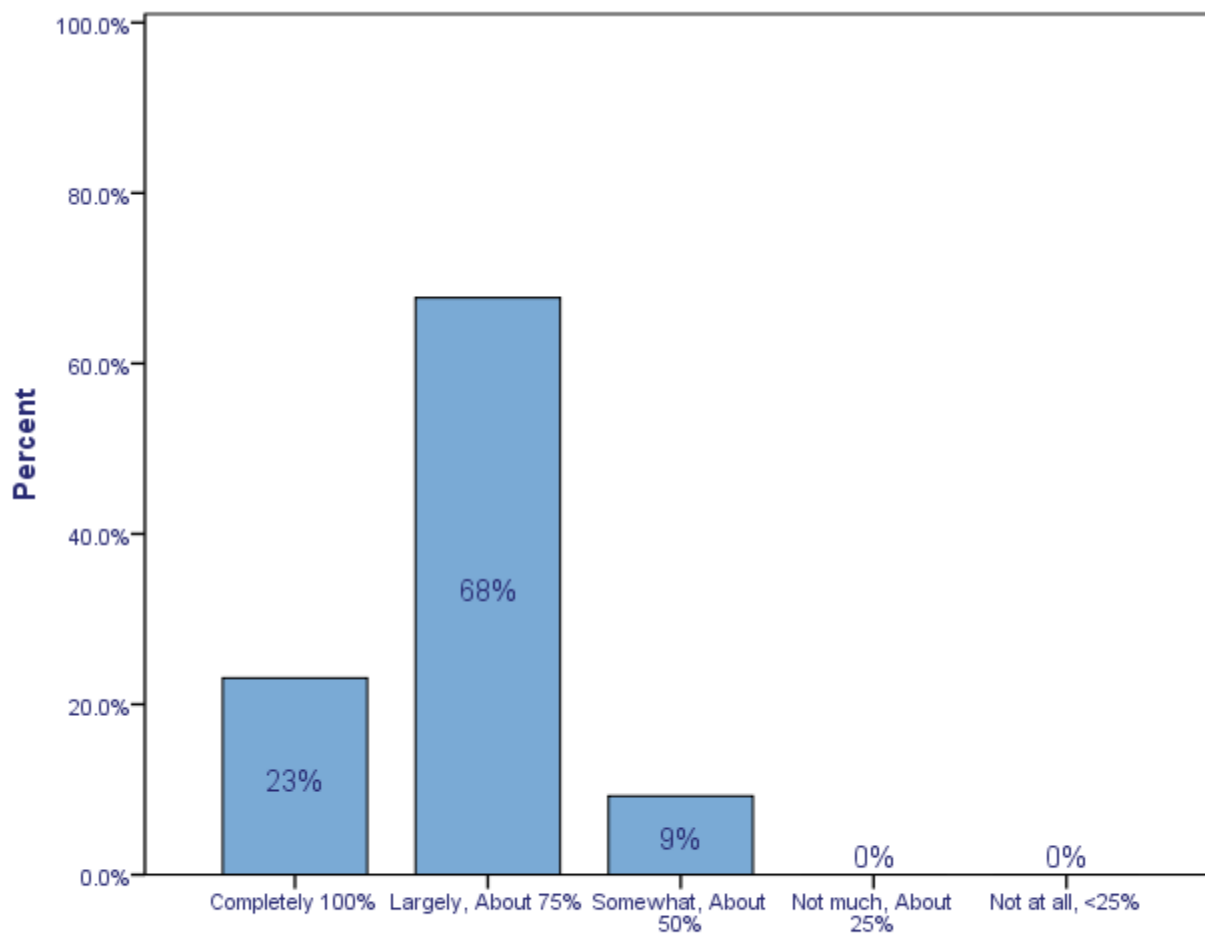
Figure 11: Usefulness of Training for Project Success, Building Technical Skills, and Project Sustainability: Burkina Faso (n=40)



Did Skills Transfer Lead to Sustainable Changes?

All counterparts and beneficiaries reported that the changes realized in their communities were sustained to at least the 50 percent level after the departure of the Volunteer (Figure 12).

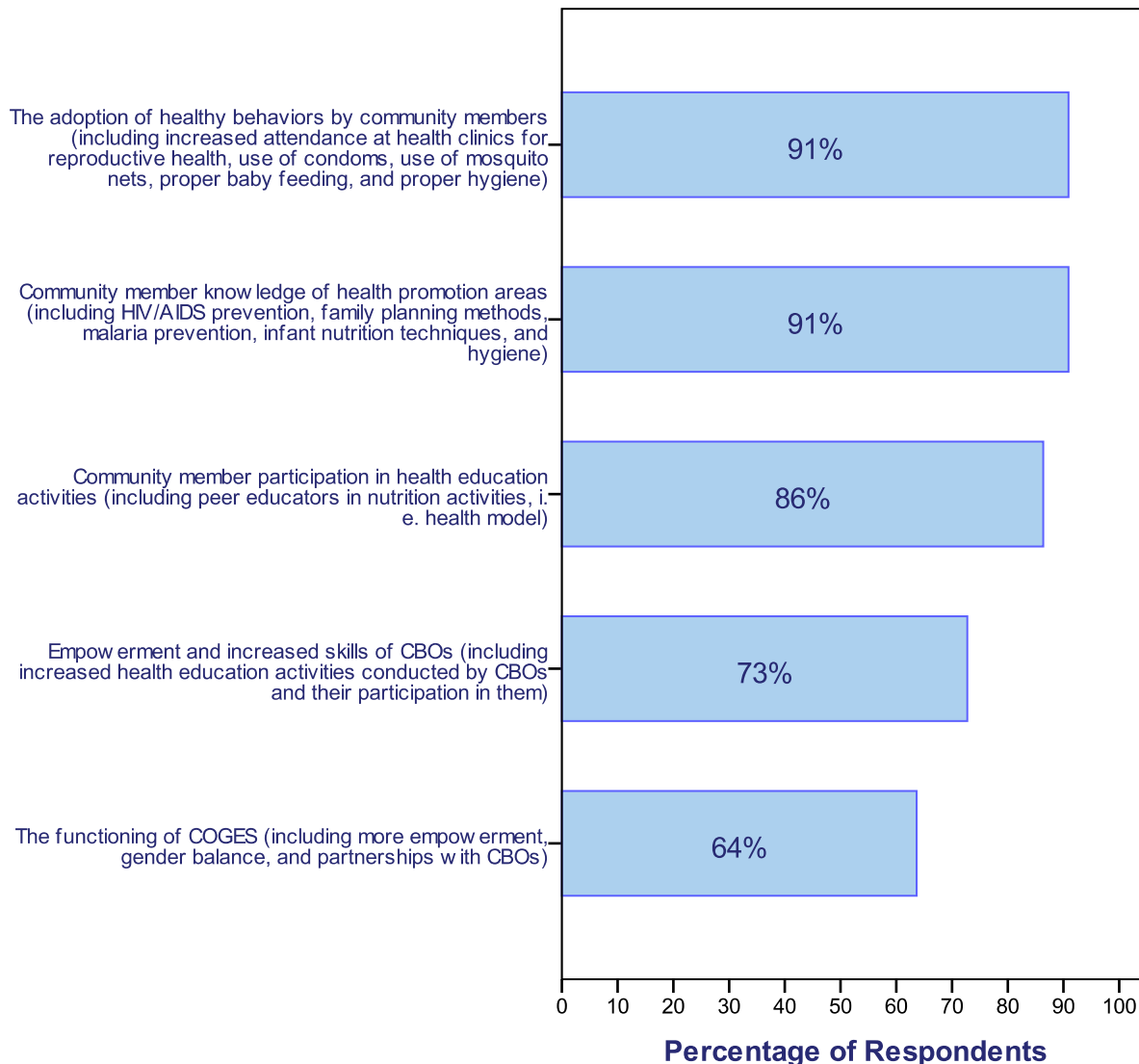
Figure 12: Extent to Which Projects Were Sustained After the Volunteers' Departure: Burkina Faso (N=49)



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When asked about the sustainability of specific project outcomes, 91 percent of counterparts reported that, after the Volunteer left, they continued to practice the new healthy behaviors they had learned and adopted (Figure 13). A majority of counterparts indicated that other project-related changes were also maintained, including: community members' participation in health education activities (86%), the increased skill-level and empowerment of CBOs (73%), and the improved management of COGES (64%).

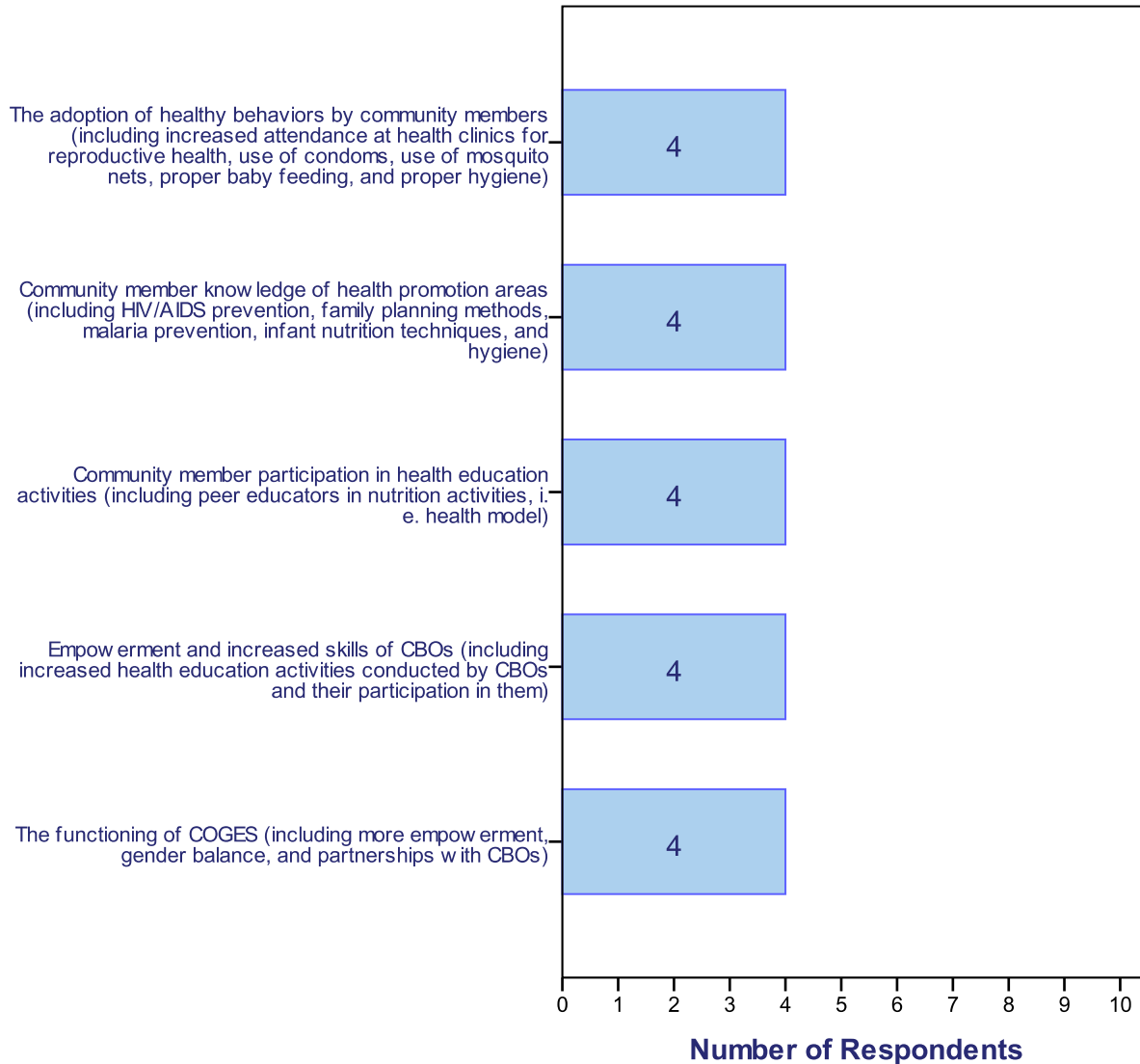
Figure 13: Degree to Which Counterparts Reported that Project Specific Changes were Sustained (n=22-27)



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The sustainability of the changes was confirmed by four of seven stakeholders who reported that all of the changes were maintained (Figure 14). The remaining three stakeholders either did not answer or said they did not see evidence of changes being sustained.

Figure 14: Degree to Which Stakeholders Reported that Project Specific Changes were Sustained (n=7)



Overall HCN Satisfaction

Two measures of overall satisfaction with the Peace Corps' project were included in the interviews. These were satisfaction with the:

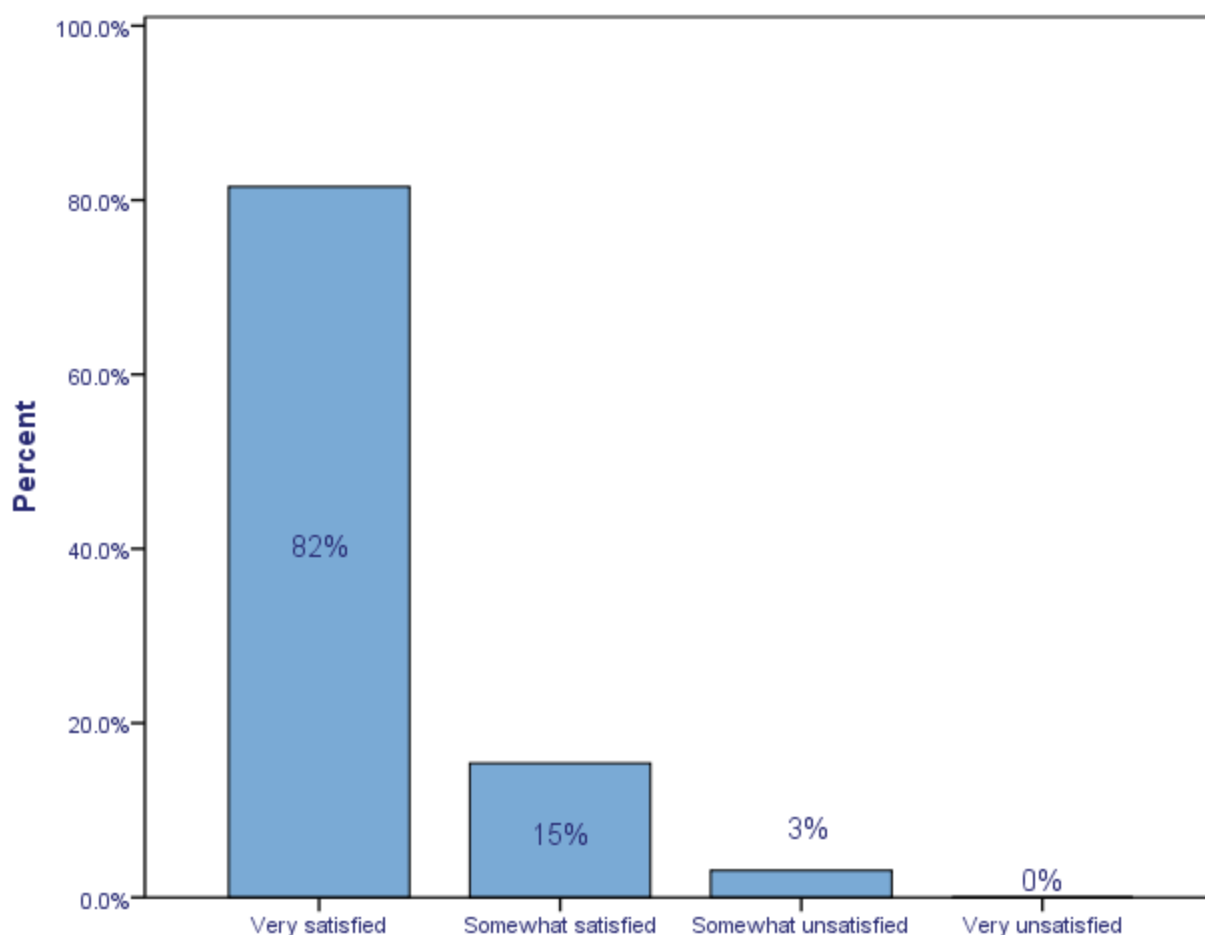
- 1) Reported changes
- 2) Degree to which the project met their needs.

The findings on these questions are reported below.

Overall HCN Satisfaction with Reported Changes

Counterparts and beneficiaries expressed overall satisfaction with the changes in the community resulting from their work with Peace Corps. Eighty-two percent of respondents reported being “very satisfied” with the project outcomes and fifteen percent were “somewhat satisfied” (Figure 15).

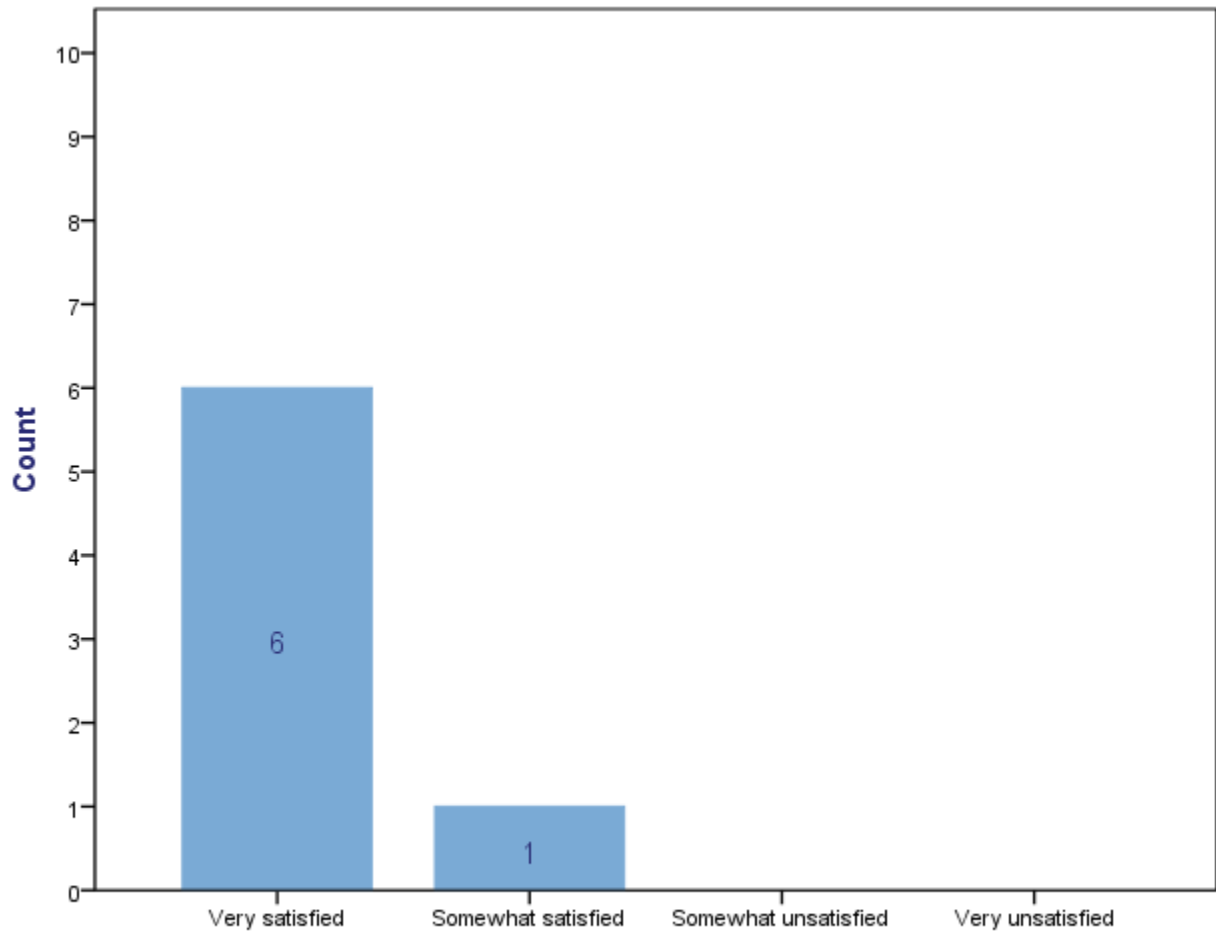
Figure 15: Counterpart and Beneficiary Satisfaction with Project Outcomes: Burkina Faso (n=65)



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Six of the seven stakeholders interviewed reported being “very satisfied,” while one reported being “somewhat satisfied” (Figure 16).

Figure 16: Stakeholder Satisfaction with Project Outcomes: Burkina Faso (n=7)



HCNs' Comments About Overall Satisfaction with the Project Work:

Counterparts

We are satisfied because it lowered the stigma against people with HIV.

In general, we are very satisfied with their work because their work still exists (nutritional center, mill, and wells). It is too bad we do not have another PCV at the moment.

Truly it [respondent's satisfaction] is the number of people who now seek treatment at the CSPS, many women, men, and children regularly come to the CSPS when they are sick.

Beneficiaries

Very satisfied with the number of people who come to vaccinations now. Now only people wearing gloves touch the blood that comes from birth.

I am very satisfied with changes in my community. Thanks to the work of PCVs, the community has become more solid. There is better hygiene and our kids are doing better.

The satisfaction is not complete because the work is not finished and we have a long way to go.

Stakeholders

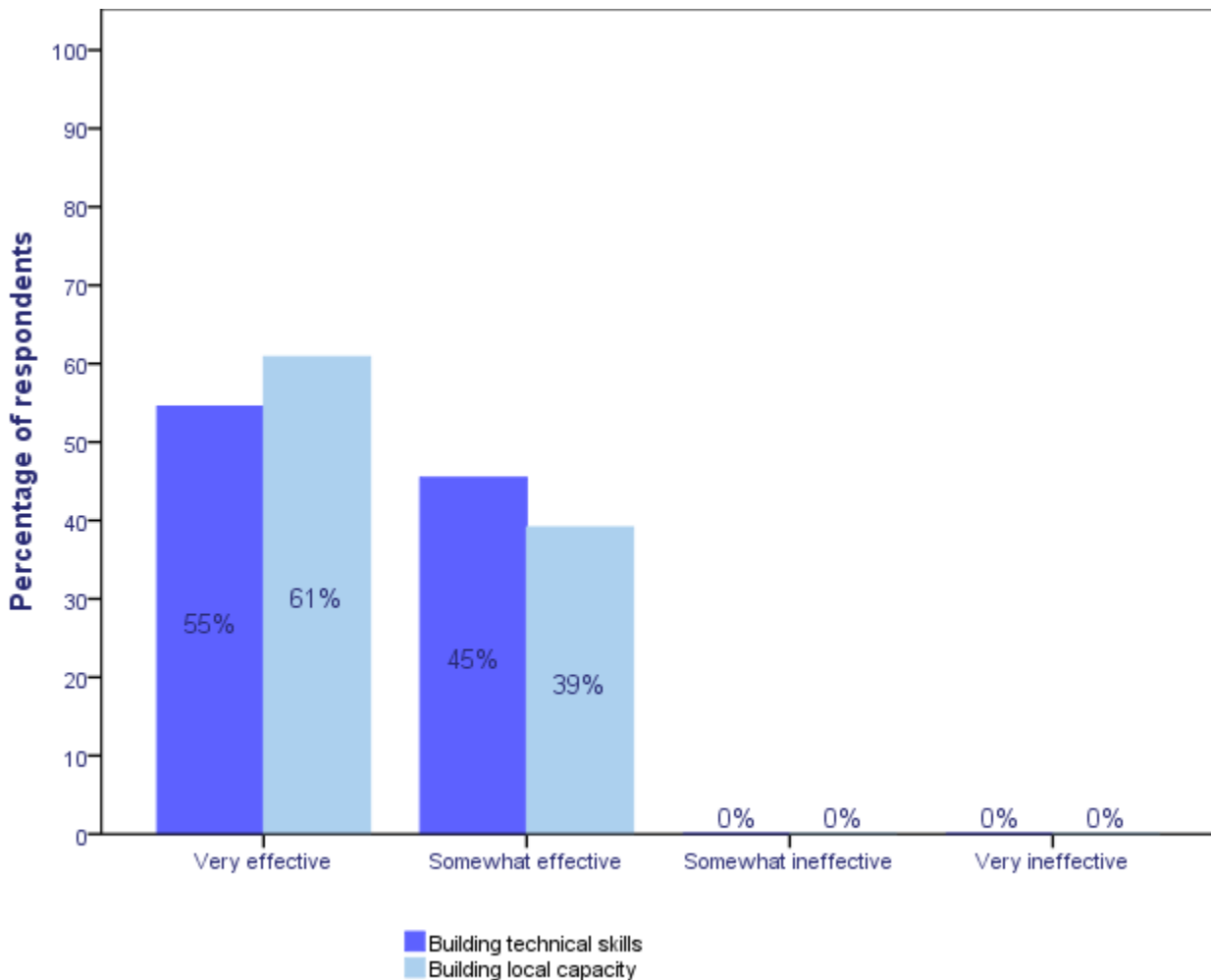
I am entirely satisfied with the work of PCVs because the results are great. They should be commended because most of the PCVs were courageous and they gave their best. Their communities still ask for them.

Truly satisfied in terms of the creation of theater troupes, construction of latrines, HIV prevention, [and] pre-natal consultations - even helping with baby deliveries and helping newborns who are undernourished, I am very satisfied with the results.

Did HCNs Think Their Needs Were Met?

All respondents indicated that the project was at least somewhat effective in building community members' skills and local capacity (Figure 17).

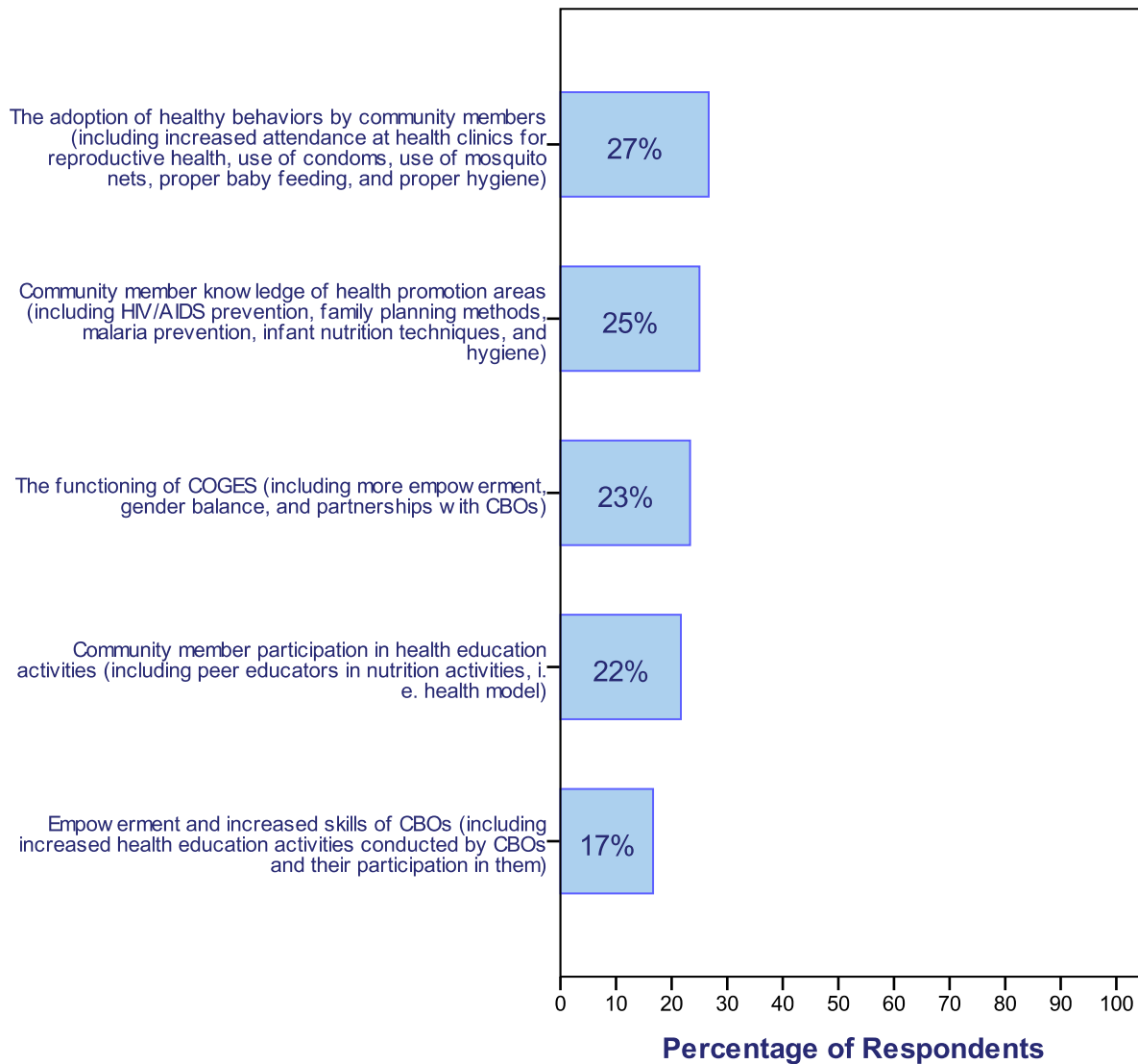
Figure 17: Counterpart (n=22) and Beneficiary (n=23) Rating of Local Capacity Building: Burkina Faso (n=22 to 23)



CHAPTER 3: GOAL ONE FINDINGS

When asked about the degree to which community needs were met for each project area, a minority of counterparts and beneficiaries reported that those needs were met (Figure 18).

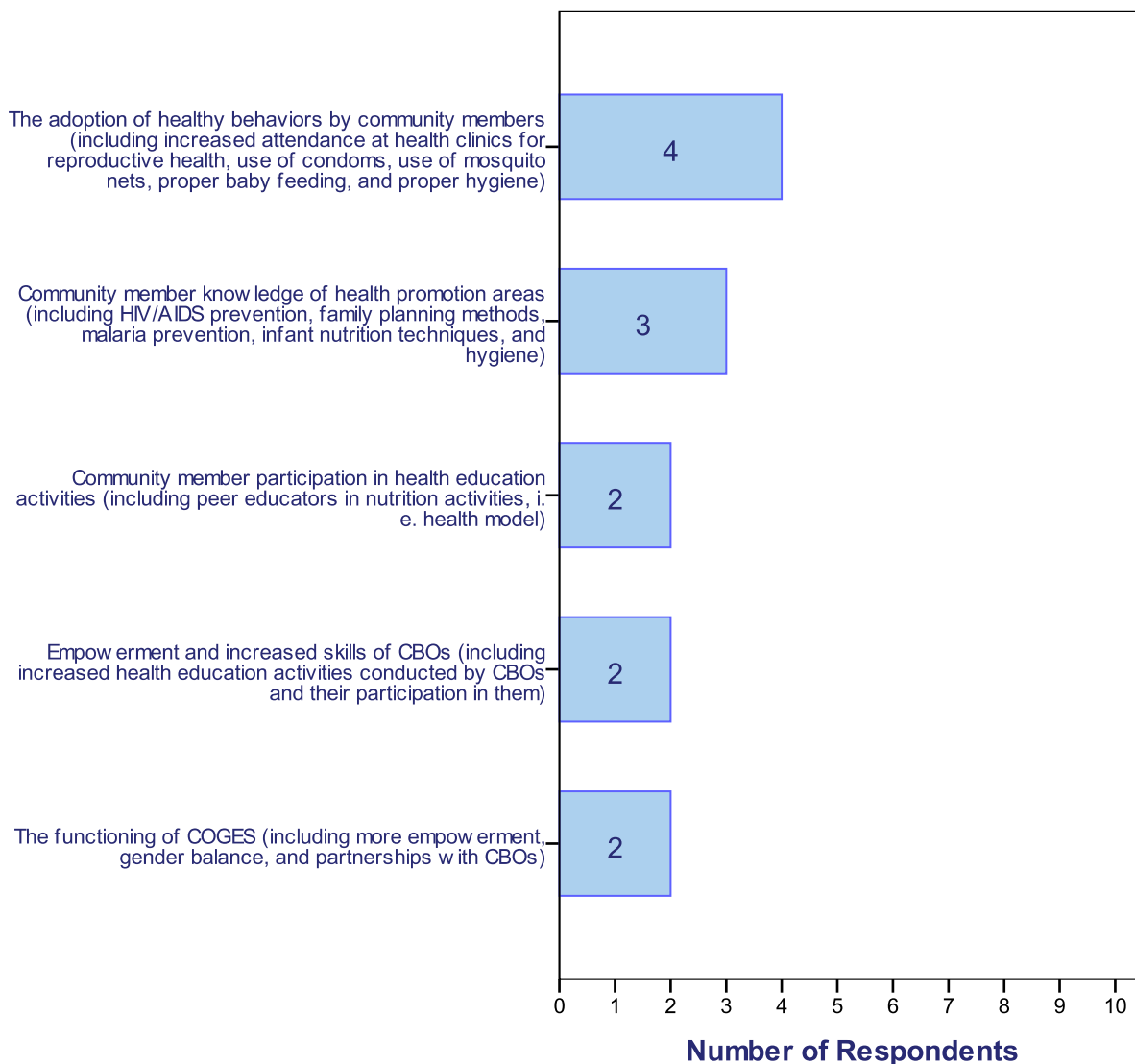
Figure 18: Degree to Which Counterparts and Beneficiaries Think that Community Needs were Met (n=60-65)



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Four of the seven stakeholders reported that community needs were met related to the adoption of healthy behaviors (Figure 19). A minority of the stakeholders agreed that the community needs were met in terms of improved knowledge, increased participation in health related activities, and improved management of the health committees.

Figure 19: Degree to Which Stakeholders Think that Community Needs were Met (n=7)



Would HCNs Want to Work with the Peace Corps Again?

Another measure of satisfaction with the results of the work conducted through the Peace Corps' project is whether counterparts and beneficiaries would want to work with another Volunteer. All *beneficiaries* said they would welcome another Volunteer. Ninety-five percent of *counterparts* reported they would welcome another Volunteer. The respondents cited the lack of trained personnel in their areas, the strong motivation of Volunteers, and their contributions in specific areas, such as health and CBO development, as their rationale for requesting another Volunteer.

HCNs' Responses About Why They Would Welcome Another Volunteer:

Counterparts

We would always like to receive a PCV because they reinforce the ability of the CSPS staff and above all people listen to them during health education activities.

We really wish to receive another PCV, but we really wish the housing problem would be resolved.

The work of the PCV has really helped us obtain [achieve] our objectives and has diminished the work of our staff. The community listens better to the PCV.

Beneficiaries

Our school has a limited amount of staff and Volunteers help in critical areas, yes, because they teach us a lot and they accept what we do.

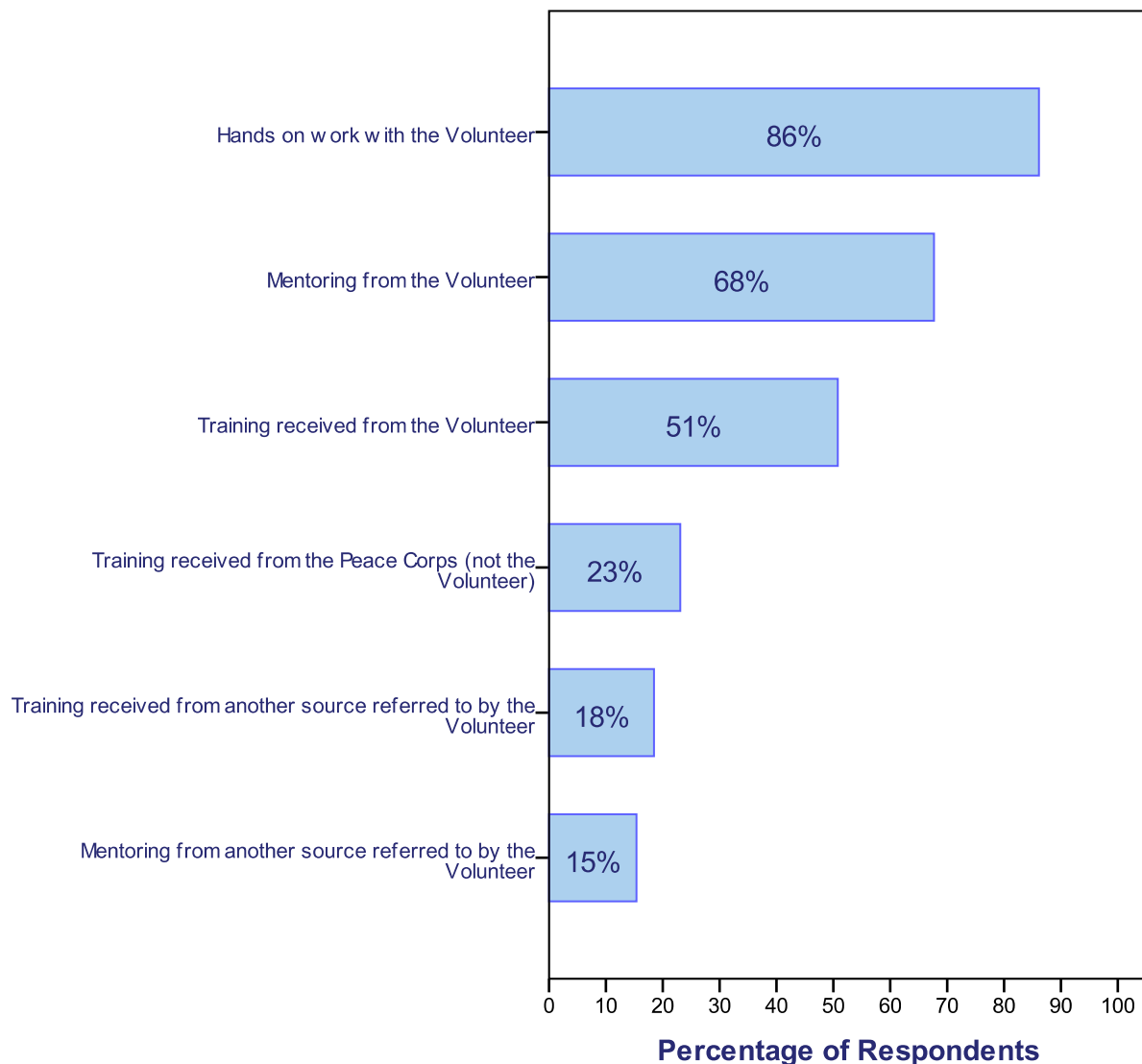
I am ready to receive another PCV because they support the staff and the community in the activities of the CSPS, especially when there is a lack of staff. It will allow me to acquire experience and know how.

We will always be ready to receive other PCVs for the durability of what we learned. The exchange of knowledge and techniques is valuable.

Support and Barriers to Project Performance

Eighty-six percent of beneficiaries and counterparts observed that the primary factor contributing to the success of the projects was the hands-on work of the Volunteer (Figure 20). They also noted that the Volunteers' mentoring (68%) and training (51%) contributed to the success of the project. A smaller number noted they had access to training from Peace Corps (23%), other training (18%) and mentoring opportunities (15%) beyond what the Volunteer provided directly and they indicated these elements also contributed to the success of the project.

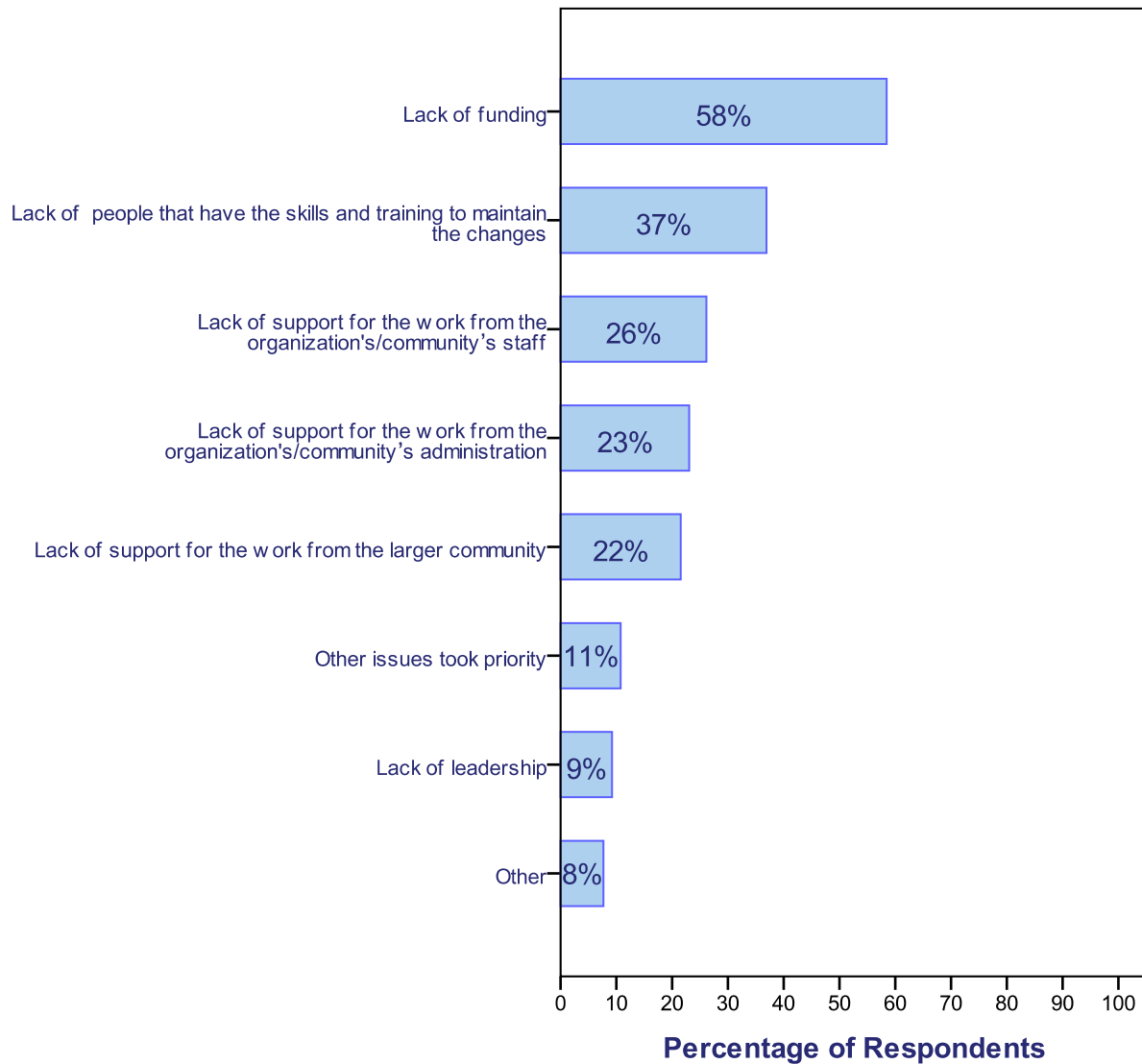
Figure 20: Factors Credited with Project Success: Burkina Faso (n=65)



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Over half (58%) of the respondents cited lack of funding as the principal barrier to sustaining the project after the Volunteers leave. A second factor noted by over a third of respondents (37%) as a barrier to successful implementation and sustainability of the project was the lack of personnel with the necessary skills and training (Figure 21).

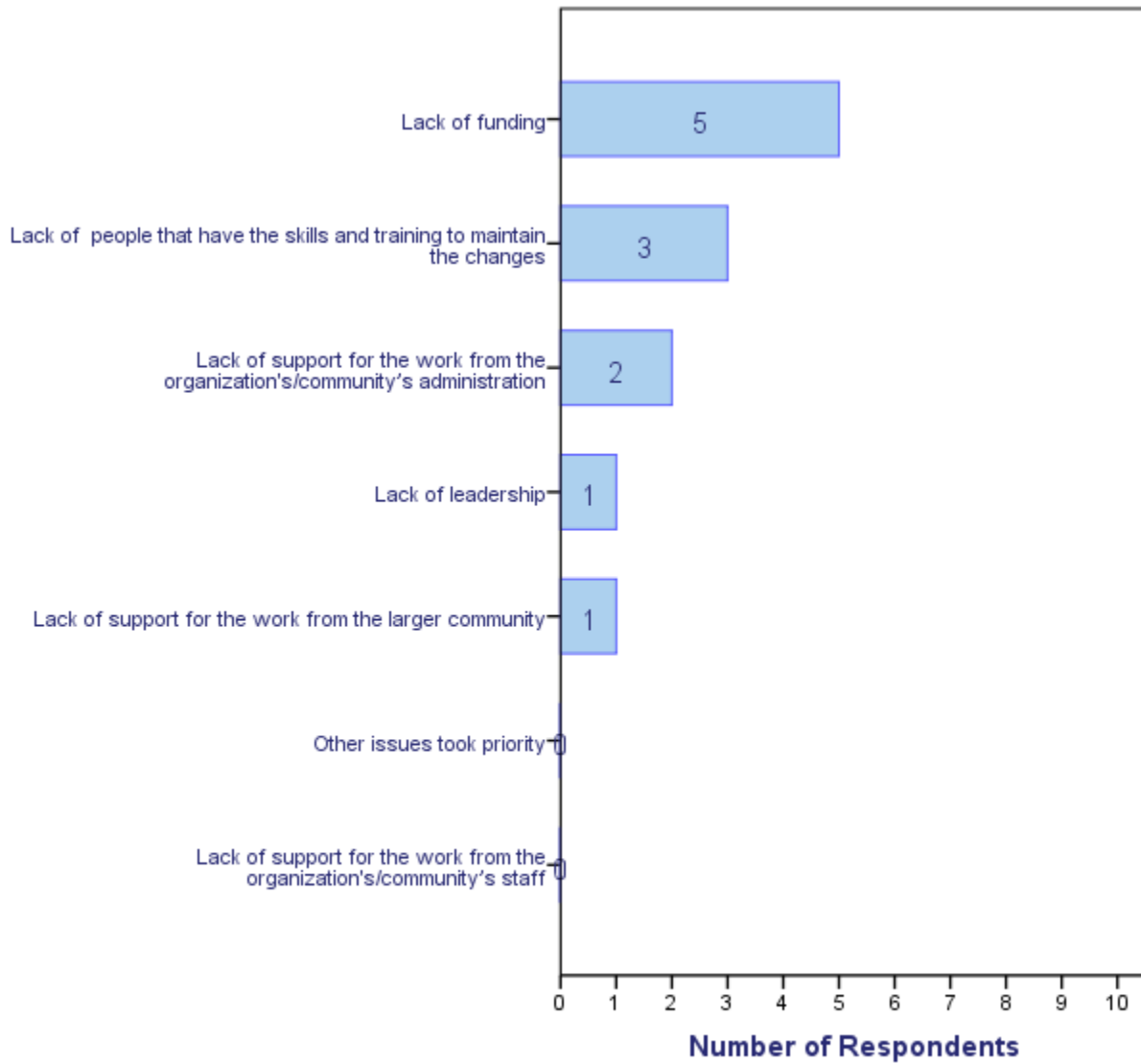
Figure 21: Barriers to Project Sustainability Reported by Counterparts and Beneficiaries: Burkina Faso (n=65)



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The majority of the stakeholders (5 of 7) held the same opinion that lack of funding was a significant barrier to sustainability (Figure 22).

Figure 22: Barriers to Project Sustainability Reported by Stakeholders: Burkina Faso (n=7)



HCNs' Comments About Barriers to Project Success:

The population is motivated but there must also be financial resources that accompany the work.

The ignorance of community members, also the lack of will, lack of support, and lack of reminders in terms of proper behavior.

The fact that the population is expecting money from the PCV is a handicap and creates people holding back. Free work is difficult. The place where the PCV lives also causes problems.

Lessons Learned Regarding Goal 1 Performance

Two themes emerged from the research that merit additional analysis:

Counterpart Training. Eighteen percent of counterparts reported that they did not receive training related to serving as a counterpart (Figure 9). The post may want to examine the impact that this lack of training may be having on Volunteers, counterparts, and the results of the project. Also, it could be helpful to look at recent Annual Volunteer Survey results to see how Volunteers rate their relationships with counterparts.

Specific Community Needs. While overall satisfaction with the project was high, less than 30 percent of respondents indicated that their needs had been met (Figure 20). Post may find it useful to examine the issue of the low number of HCNs who felt their specific needs had not been met to determine if this is a result of structural factors outside of Peace Corps' control or whether there are ways that the project can address this issue.

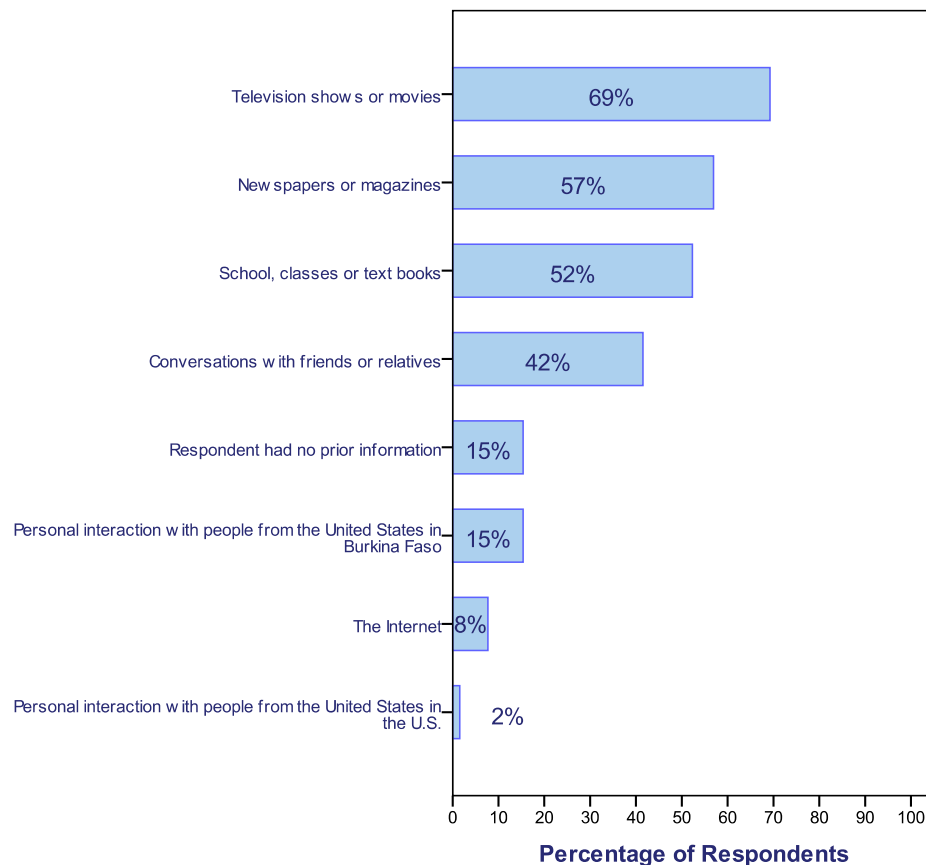
CHAPTER 4: GOAL TWO FINDINGS

This section addresses how and to what extent Volunteers promoted a better understanding of Americans among the HCNs with whom they worked and lived. The section begins with a description of what Burkinabe thought about Americans prior to interacting with a Volunteer and how they acquired that information. The section continues with a description of how much and in what ways Burkinabe interacted with Volunteers and concludes with their opinions of Americans after interacting with Volunteers.

How Did Burkinabe Get Information About Americans Prior to Interacting with the Volunteer(s)?

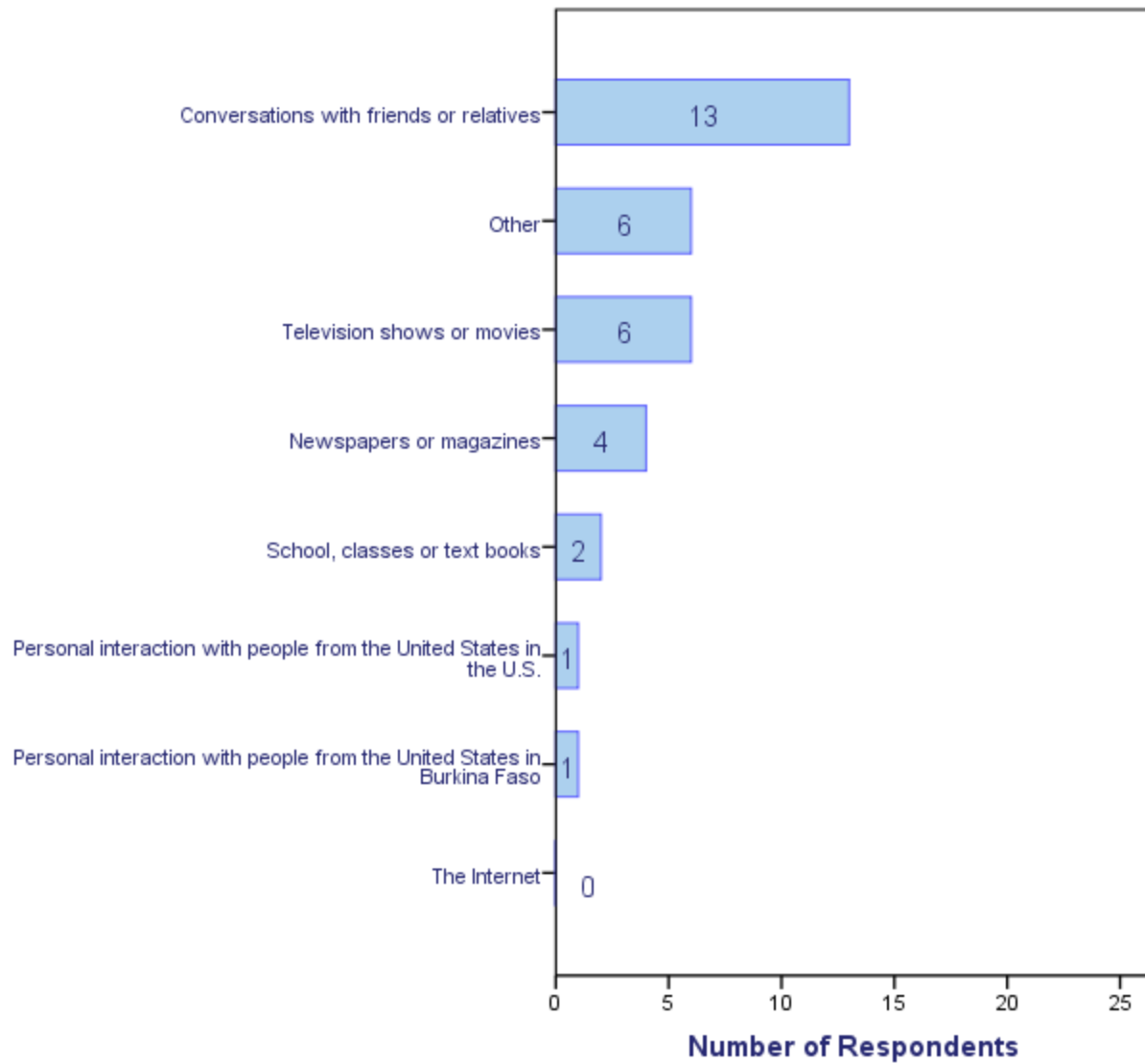
Burkinabe counterparts, beneficiaries, and host family members learned about Americans from a wide range of sources prior to the arrival of a Peace Corps Volunteer. Among counterparts and beneficiaries, 69 percent reported learning about Americans from television or movies (Figure 23). Among host family members, 48 percent (13 of 27) reported that friends and family were their source of information about Americans, while only 22 percent (6 out of 27) reported that television or movies was their primary source of information (Figure 24).

Figure 23: Counterpart and Beneficiary Sources of Information About Americans Prior to Interacting with a Volunteer: Burkina Faso (n=65)



CHAPTER 4: GOAL TWO FINDINGS

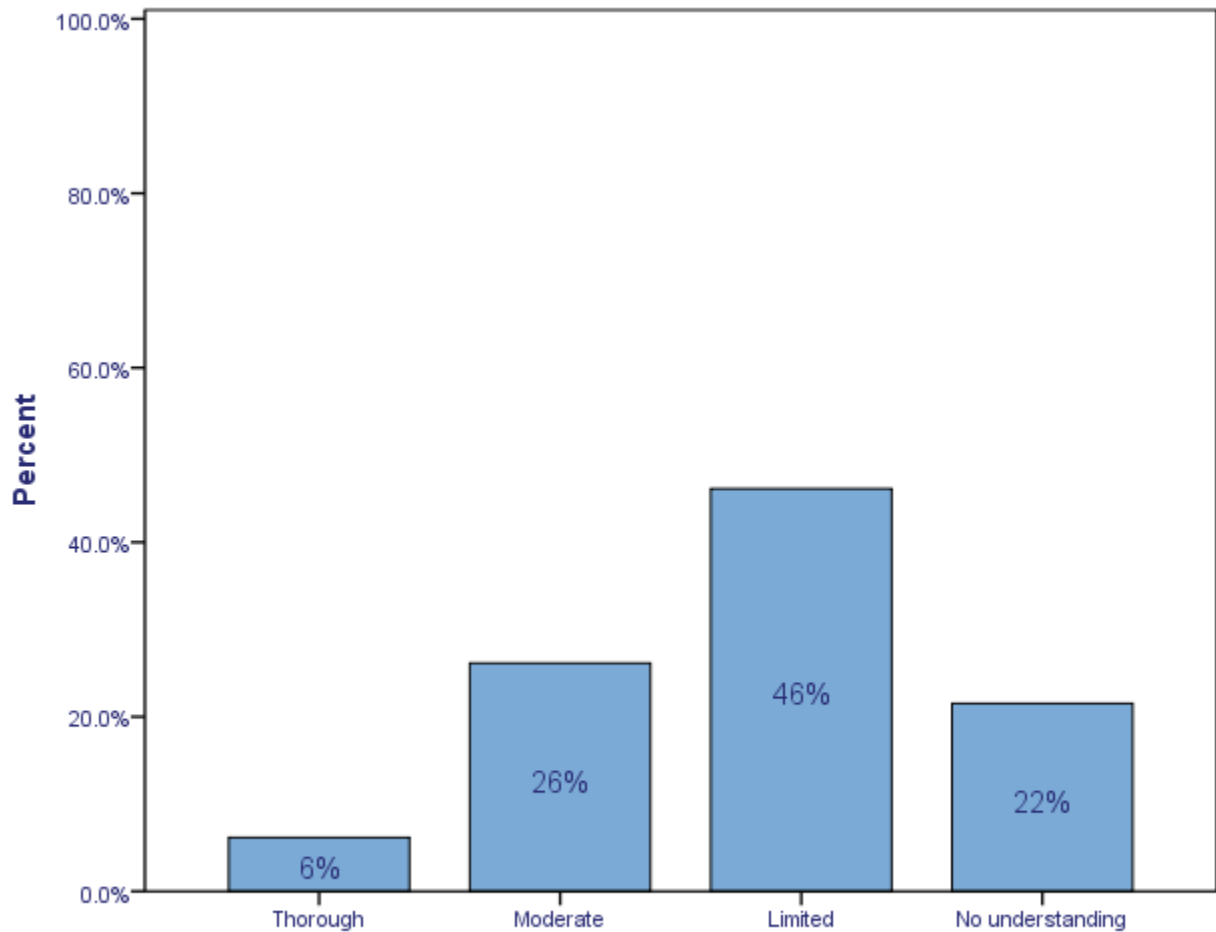
Figure 24: Host Family Member Sources of Information About Americans Prior to Interacting with a Volunteer: Burkina Faso (n=27)



What Were Respondents' Opinions About Americans Prior to Interacting with a Volunteer?

Before interacting with Volunteers, the majority of the respondents reported having a limited understanding (46%) or no understanding (22%) of Americans. Thirty-two percent of counterparts and beneficiaries reported a moderate understanding (26%) to thorough understanding (6%) of people from the United States (Figure 25).

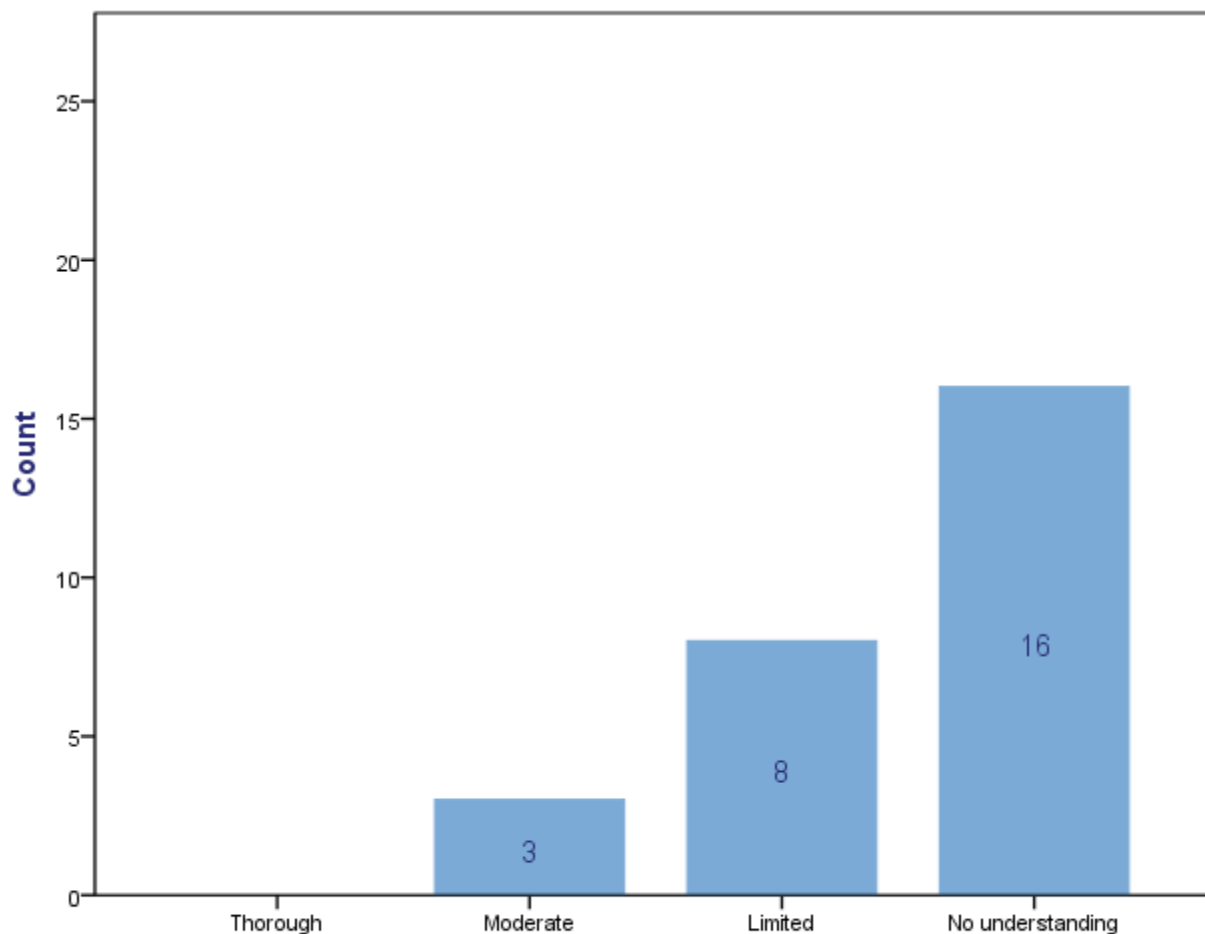
Figure 25: Counterpart and Beneficiary Levels of Understanding of Americans Before Interaction: Burkina Faso (n=65)



CHAPTER 4: GOAL TWO FINDINGS

Host family members reported a far more limited understanding of Americans; 89 percent reported having a limited understanding (30%) or no understanding (59%) of Americans (Figure 26) before interacting with a Volunteer.

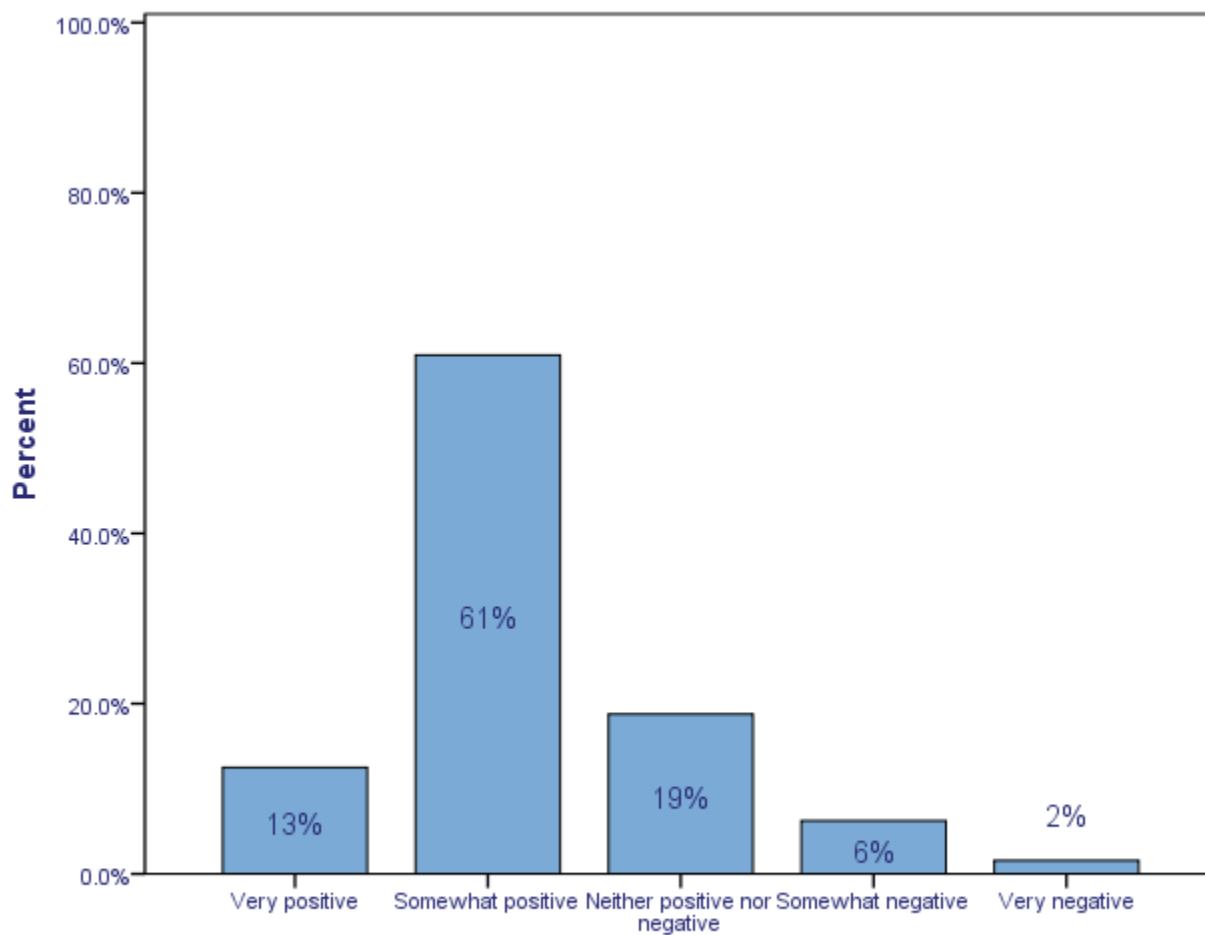
Figure 26: Host Family Member Level of Understanding of Americans Before Interaction: Burkina Faso (n=27)



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Nevertheless, in spite of the limited contact with and limited knowledge about Americans, seventy-four percent of counterparts and beneficiaries reported having a somewhat positive (61%) or very positive (13%) opinion of Americans prior to interacting with a Volunteer (Figure 27).

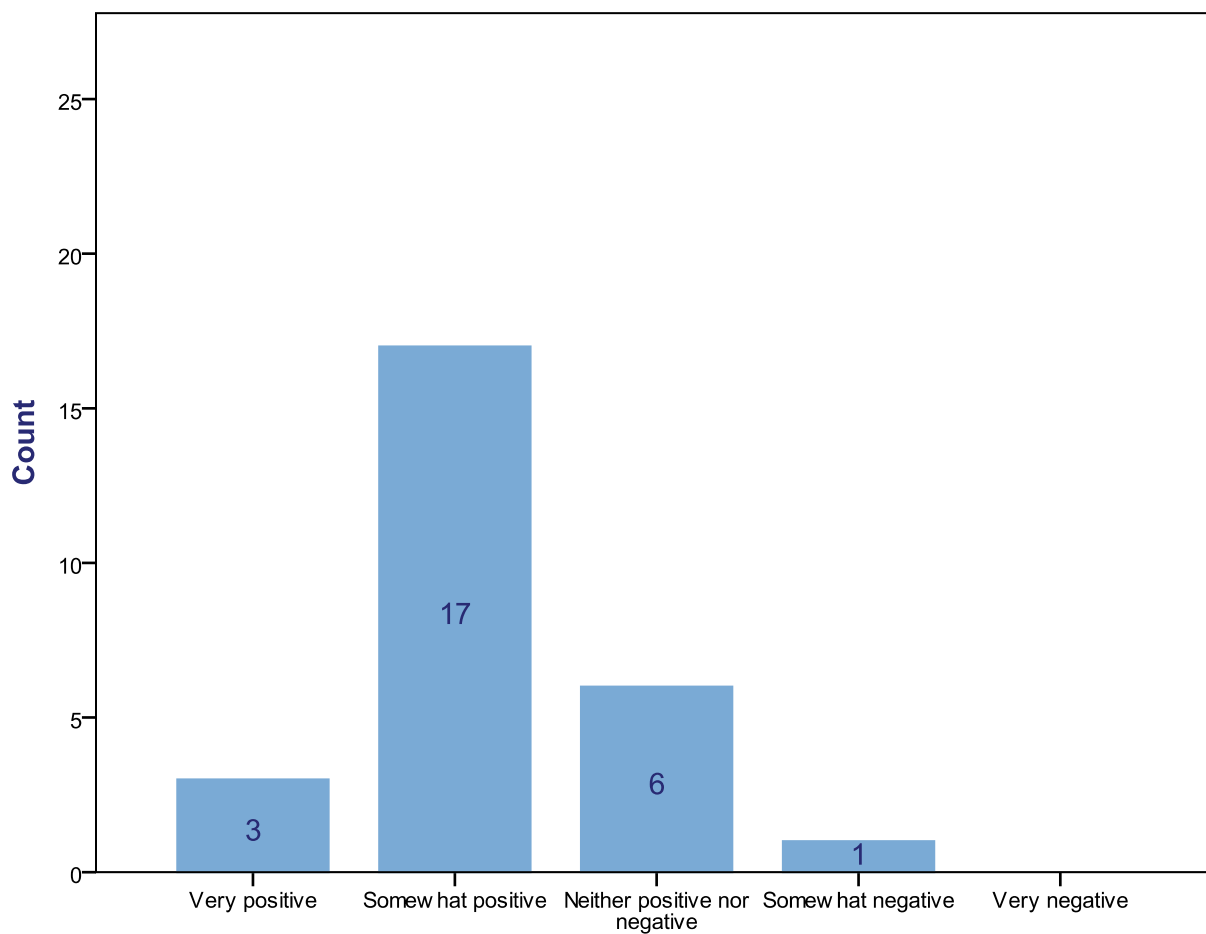
Figure 27: Counterpart and Beneficiary Opinions of Americans Before Interaction (n=65)



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Among host family members, 20 out of 27 (74 percent) reported an at least somewhat positive opinion of Americans before interacting with a Volunteer (Figure 28).

Figure 28: Host Family Member Opinion of Americans Before Interaction (n=27)



HCNs' Opinions of Americans Prior to Interacting with Volunteers:

There are good and bad people. They help greatly, generous, workers.

A country that helps poor countries to develop and that is more advanced than the rest of the world in almost every domain.

Americans are rigorous, serious, and work without a break.

Rich, likeable, generous, and with an open spirit.

They have a strong military and have their hand on the entire world.

I didn't know much about Americans, except what I saw in films.

To What Extent Did Respondents Have Experience with the Peace Corps and Volunteers?

Beneficiaries, on average, reported knowing two Volunteers over a period of two and a half years. Counterparts reported knowing an average of two Volunteers over a period closer to two years. Host family members reported hosting an average of two Volunteers, and hosting the most recent of those Volunteers for approximately 21 months.

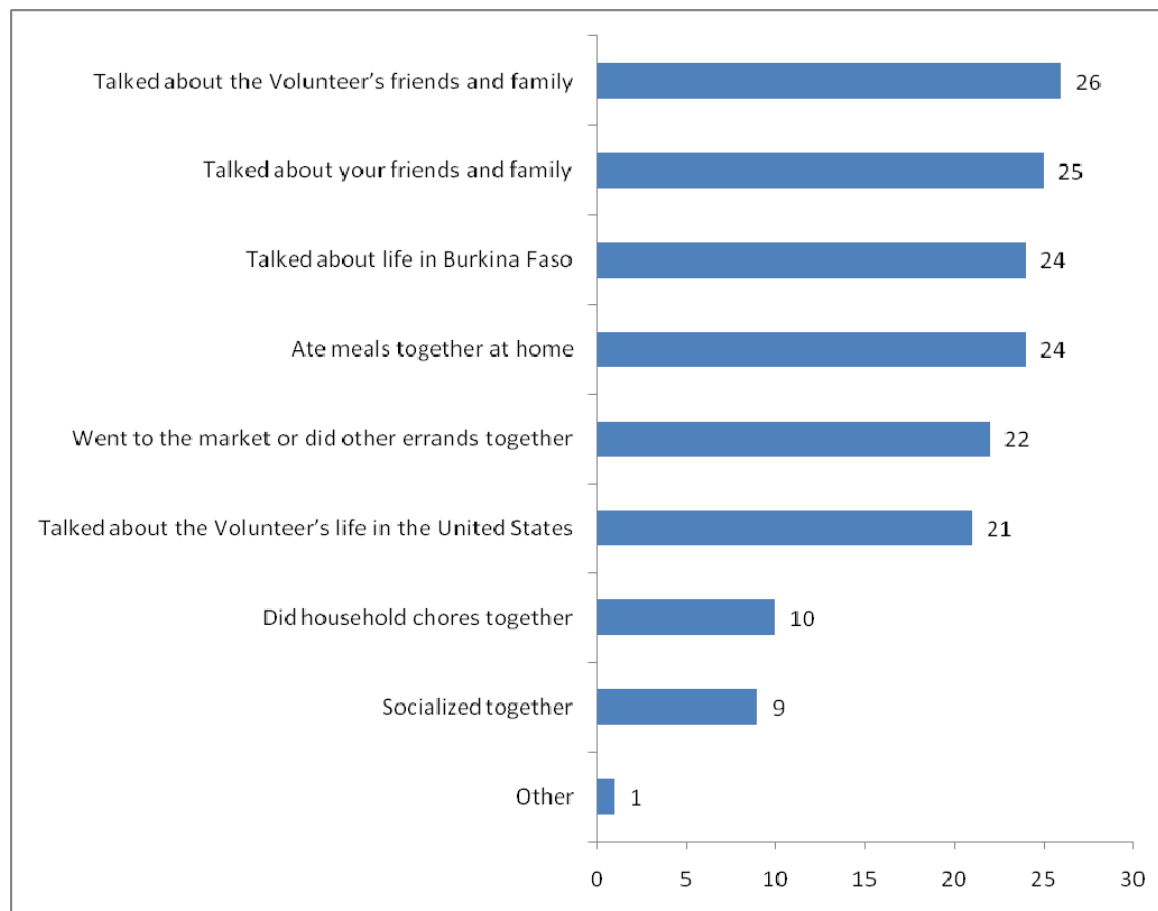
How Much and What Kinds of Contact did HCNs Have with Volunteers?

Goal 2 of the Peace Corps is based on the belief that through frequent and varied interaction with Volunteers, HCNs will better understand Americans. This section describes the frequency and types of interactions and the frequency of the interaction that HCNs had with Volunteers.

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The majority of the host family members (26) most frequently reported talking with Volunteers about the Volunteer's friends and family or talking about their own friends and family (25 people). The exchange was mutual, as families reporting talking about life in Burkina Faso with the Volunteers (24) and about the Volunteer's life in the United States (21). Significantly, only a small number of the host families (10) reported socializing with the Volunteer (Figure 29).

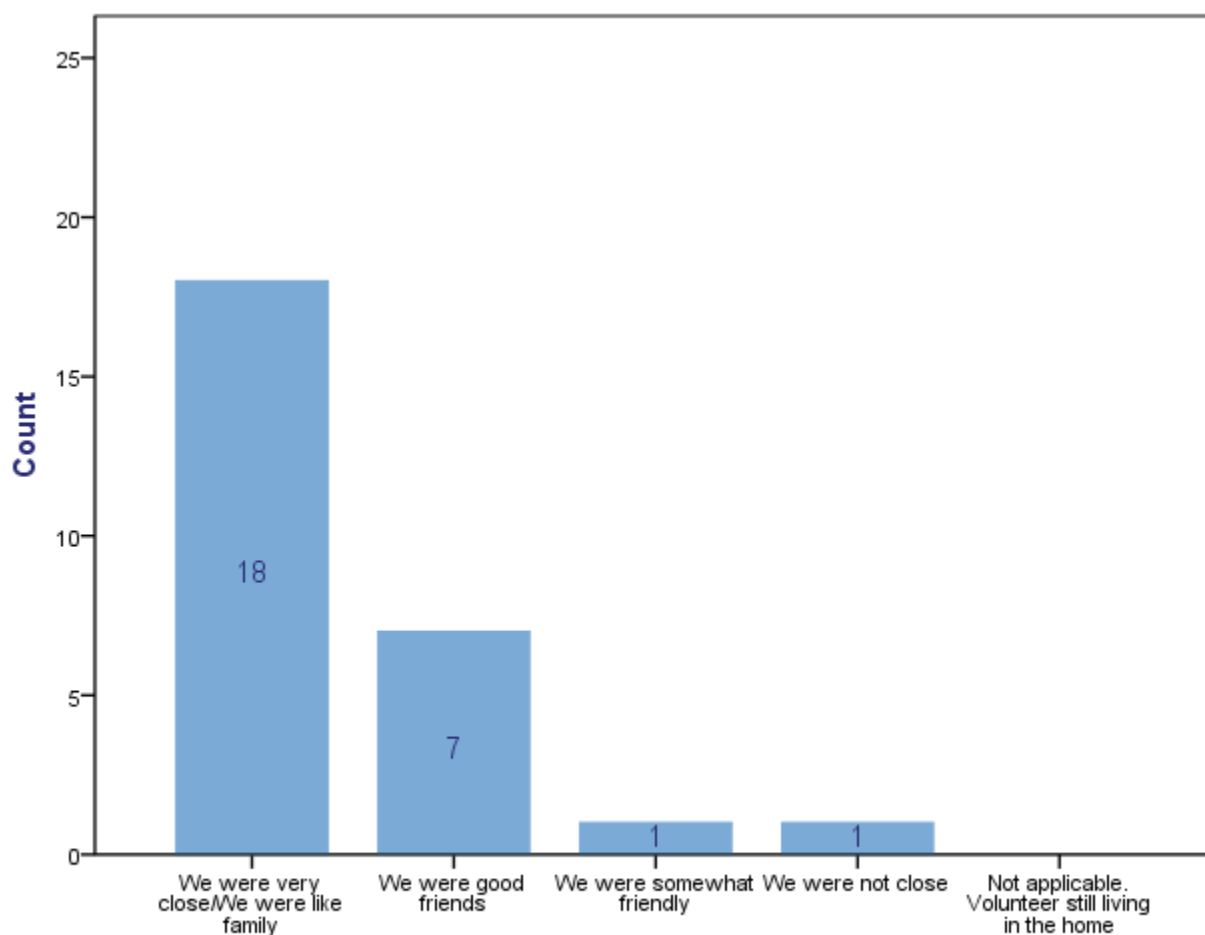
Figure 29: Activities that Host Family Members Shared with Volunteers: Burkina Faso (n=27)



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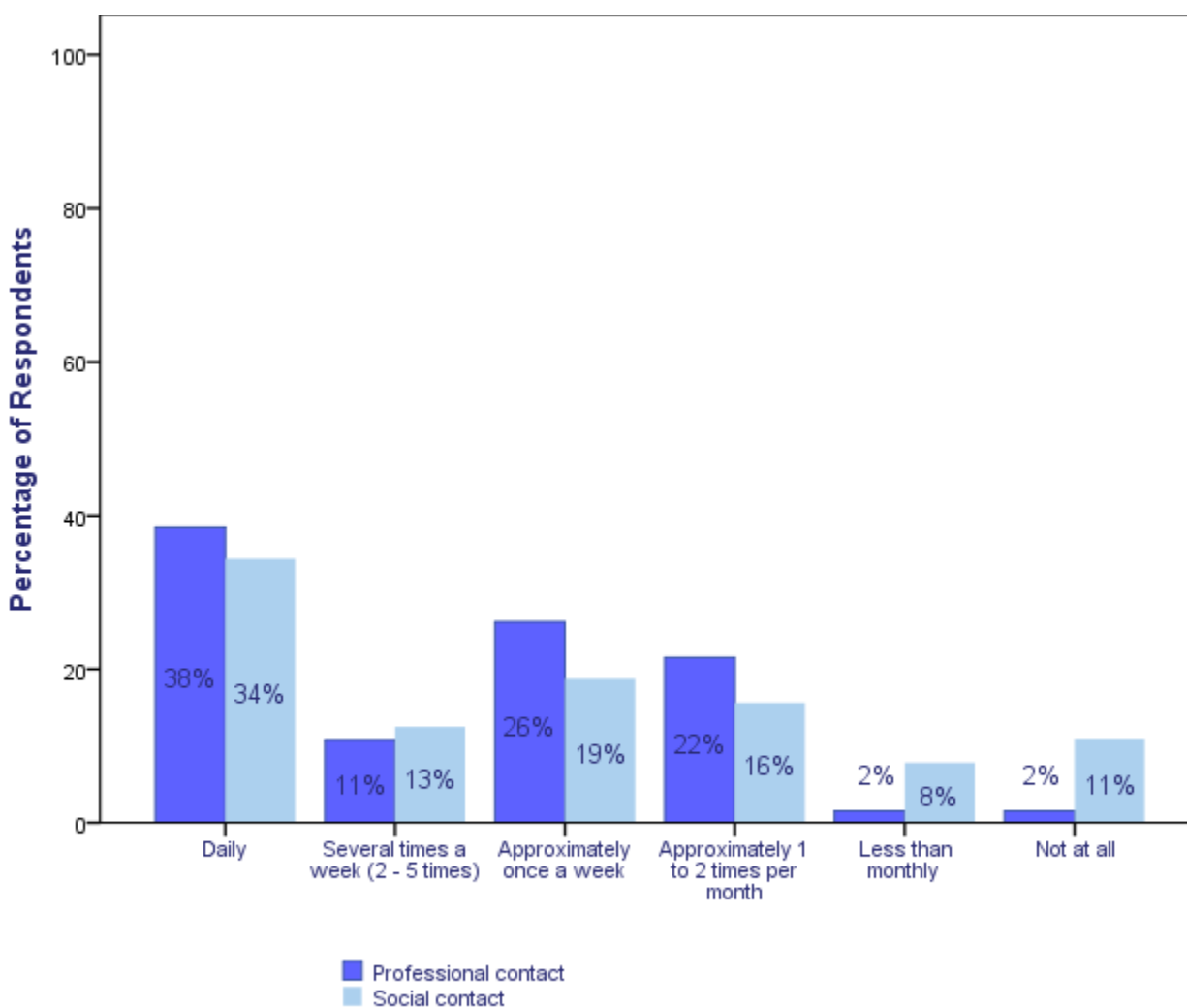
Host family respondents rated their relationships with the Volunteers they hosted positively, with 18 of 27 (67 percent) reporting that they were very close and thought of the Volunteer as part of their family (Figure 30).

Figure 30: Host Family Rating of Their Relationship with the Volunteer: Burkina Faso (n=27)



Host country counterparts and beneficiaries: When contacts were work-related, the majority of both beneficiaries and counterparts saw the Volunteer at least monthly. When the contacts were social (defined as outside of work), the frequency of contact was slightly less. Nineteen percent of respondents reported interacting with the Volunteer less than a monthly basis (8%) or having no social contact at all (11%) with the Volunteer (Figure 31).

Figure 31: Frequency of Volunteer Interaction with Counterparts and Beneficiaries: Burkina Faso (n=65)



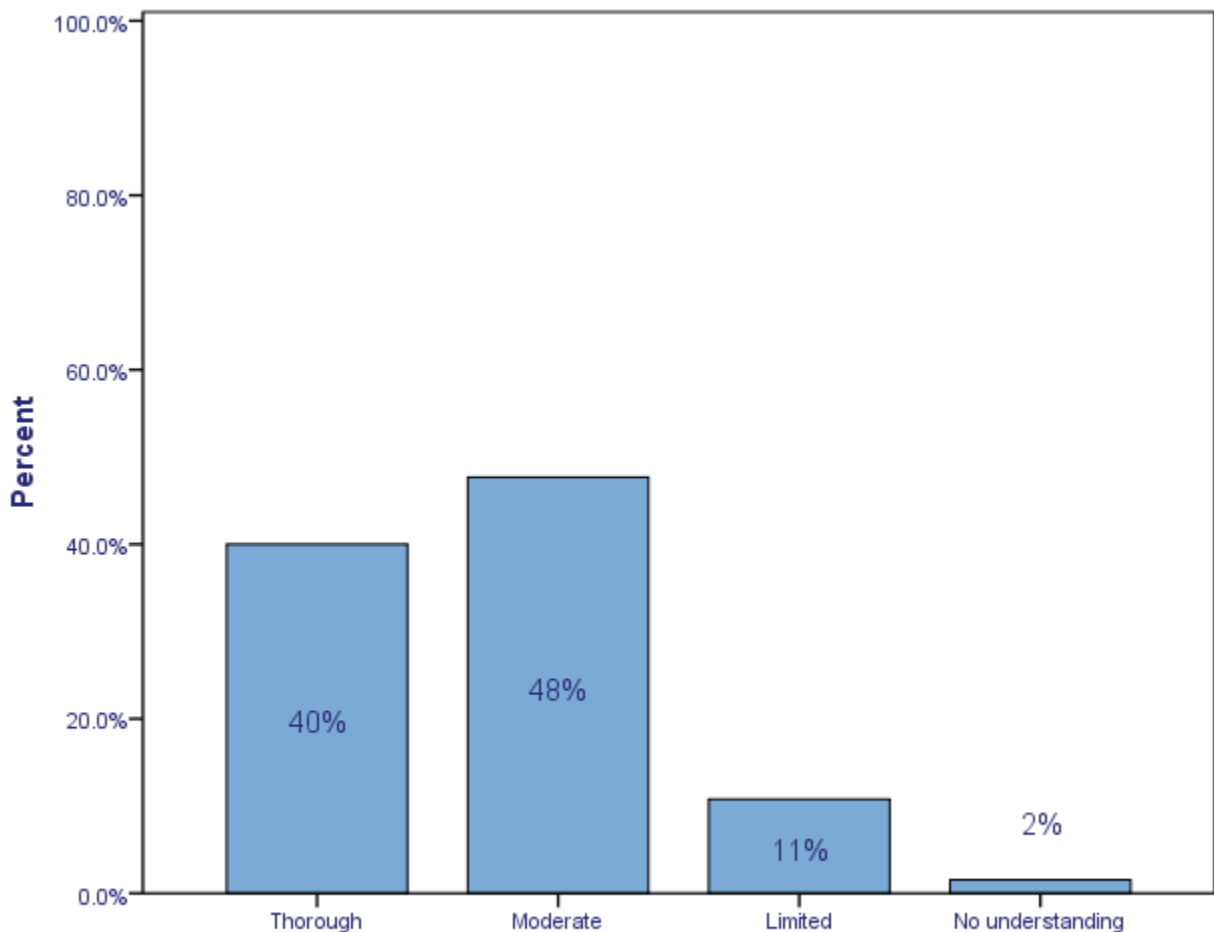
Changes in HCN's Understanding of Americans After Interacting with a Volunteer(s)

This section provides information about changes in HCNs' opinions of Americans as well as some detail about the types of things they learned about Americans from interacting with Volunteers.

Did Respondents' Develop a More Thorough Understanding of Americans Through Their Interaction with Volunteers?

After interacting with Volunteers, counterparts and beneficiaries reported that their level of understanding of Americans increased substantially. Eighty-eight percent of counterparts and beneficiaries reported a moderate understanding (48%) or thorough understanding (40%) of Americans (Figure 32).

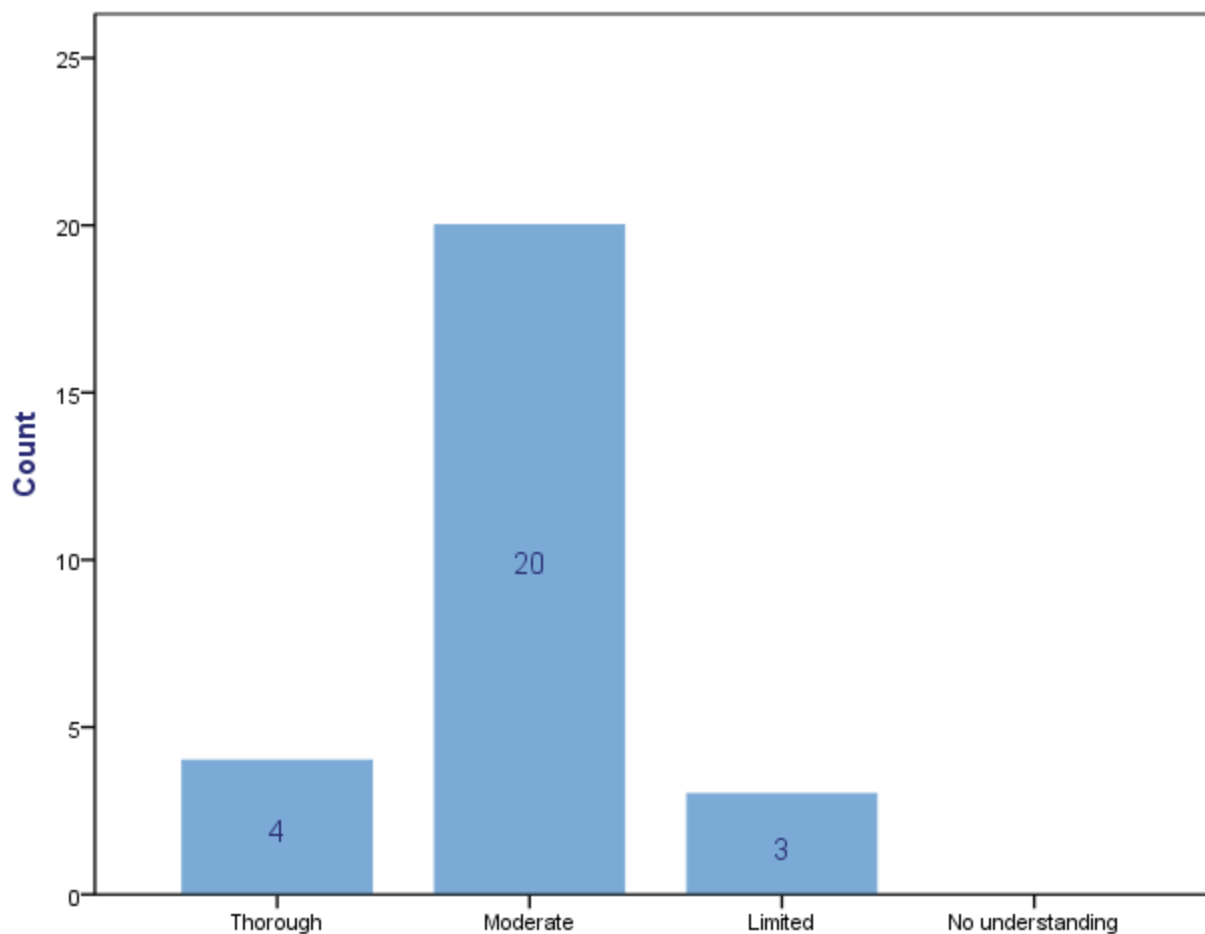
Figure 32: Counterparts' and Beneficiaries' Level of Understanding of Americans After Interaction: Burkina Faso (n=65)



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Host Family members also reported a substantial change in their understanding of Americans after interacting with Volunteers. 89 percent of host family members (24 of 27) reported having a moderate understanding (74%) or thorough understanding (15%) of Americans (Figure 33).

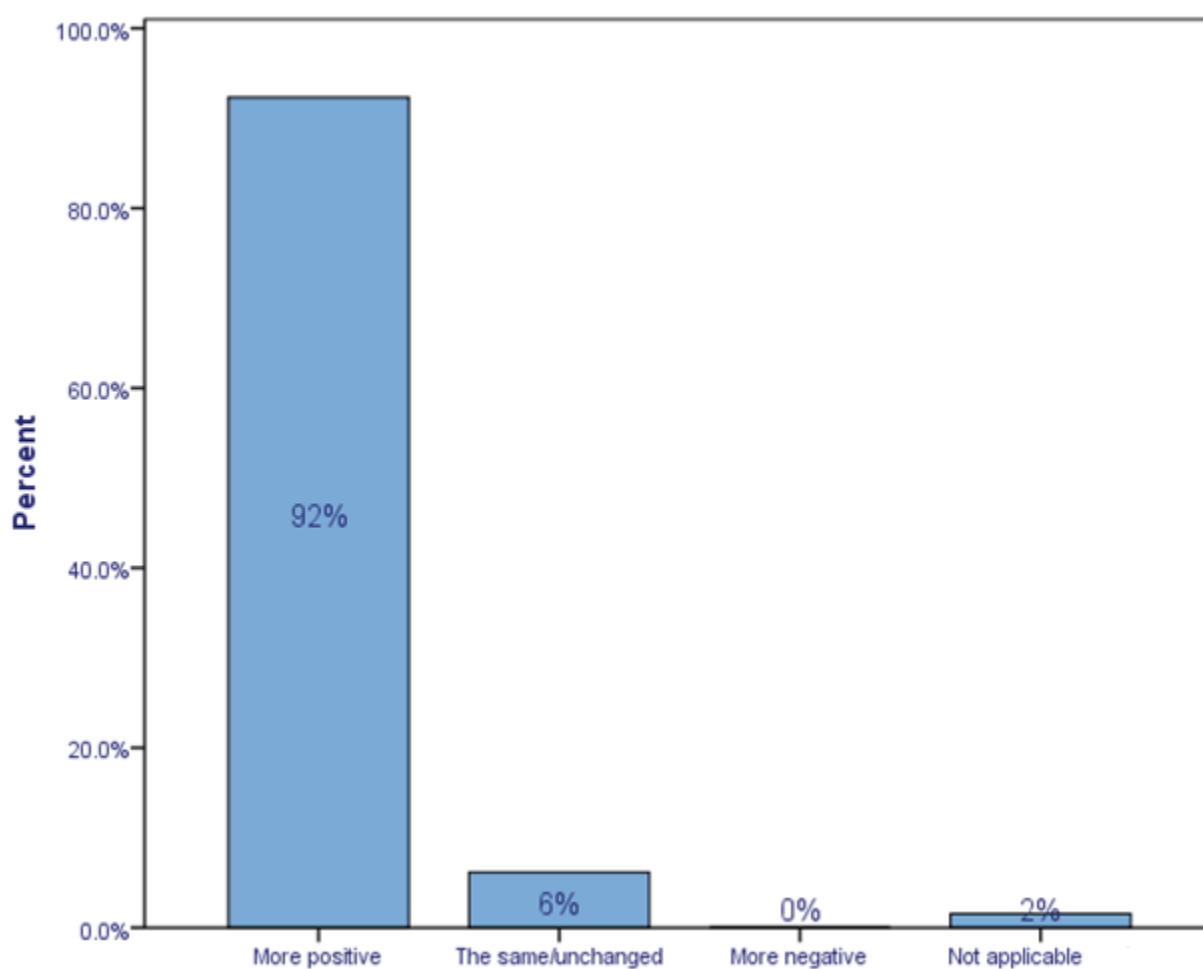
Figure 33: Host Family Member Level of Understanding of Americans After Interaction with a Volunteer: Burkina Faso (n=27)



Were Respondents' Opinions of Americans Better or Worse after Interacting with a Volunteer?

After interacting with Peace Corps Volunteers, ninety-two percent of counterparts and beneficiaries reported more positive opinions of Americans (Figures 34). All seven stakeholders and all 27 host family members also rated their opinions of Americans as more positive.

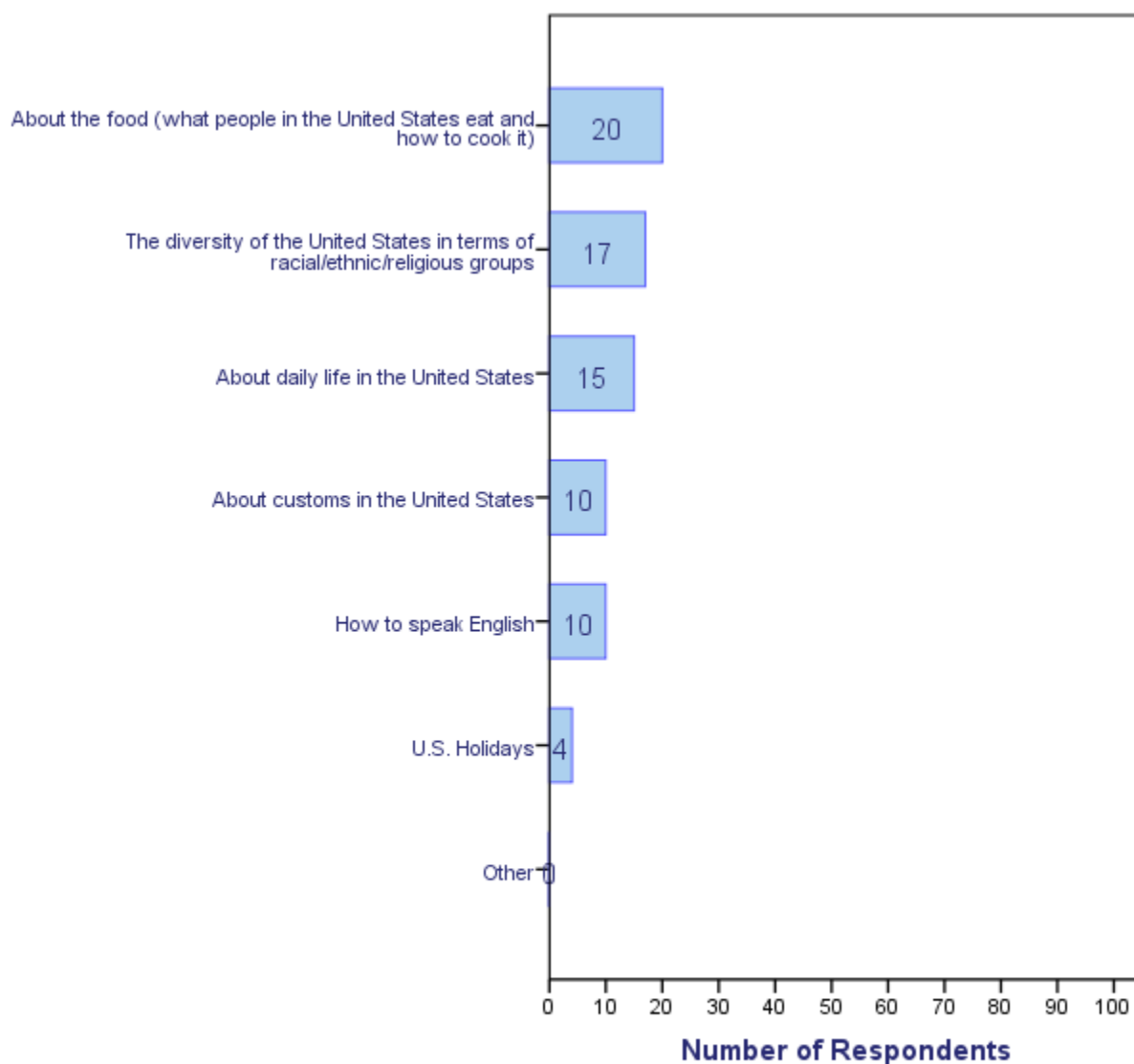
Figure 34: Counterparts' and Beneficiaries' Change in Opinion of Americans after Contact with Volunteers: Burkina Faso (n=65)



Findings on What Burkinabe Learned About Americans from Volunteers

The Burkinabe host families learned about a range of topics from Americans. As might be expected, sharing information about food was at the top of the list (20 of 27), . However, families also reported that learning about the racial, ethnic, and religious diversity of the United States was nearly as frequent (17 of 27). A variety of issues about daily life and customs were mentioned as well (Figure 35).

Figure 35: What Host Family Members Report Learning from Volunteers: Burkina Faso (n=27)



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When asked about their opinions of Americans after interacting with Volunteers, most host family respondents indicated that—as was the case with counterparts and beneficiaries-- they too had changed their opinions of Americans.

HCNs' Opinions About Americans After Interacting with Volunteers

Counterparts

Generally they are honest and they work hard.

[They are] hard workers, likeable, kind, teach people, no gender discrimination, respectful and considerate of other humans, they think they can make a change among poor people.

Beneficiaries

Americans have pity for other people. They want them to develop.

Good, honest, they accept blacks because there are blacks there.

Hard workers, courageous, very pragmatic. Patriotic, likeable, and care about others.

Host family members

They are workers and their presence proved it. They are interested in the life of others, when someone is sick they are worried and pay for medicine. They are generous, they like work that is done well and they are punctual.

Hard workers, respectful, do not discriminate by gender or wealth. Generous, intelligent, like to transfer intelligence. They like work that is done well. [They are] punctual. They pay attention to our customs.

Lessons Learned Regarding Goal 2 Performance

In general, the Burkinabe reported a much greater understanding of and better opinion of Americans after interacting with Volunteers. One area for additional research that may inform the training of both host families and Volunteers is listed below:

Social Contact. A small group of counterparts and beneficiaries (11%) reported they had no social contact with Volunteers (Figure 30). Previous analysis of the Goal 2 data indicates that social contact, as well as contact at work, is an important part of Peace Corps' developmental model that contributes to Peace Corps achieving Goal 2. Post may wish to look into ways of encouraging social contact between PCVs and counterparts and beneficiaries.

CONCLUSIONS

Peace Corps meets its goals of building local capacity (Goal 1) and promoting a better understanding of Americans among host country nationals (Goal 2) primarily through the service of its Volunteers. A key characteristic of that service is that Peace Corps Volunteers live in the communities where they work and deliver technical interventions directly to beneficiaries living in rural and urban areas that lack sufficient local professionals. The Host Country Impact Studies are one way Peace Corps measures the impact of its Volunteers. In particular, these studies document the perspective of local citizens on the work of Peace Corps Volunteers.

The Burkina Faso findings indicate that the three main goals of the project—building the capacity of Health Center Management Committees (COGES), building the capacity of community-based organizations, and building individual capacity—were achieved. Individuals adopted healthier behaviors, participated in health education activities, and reported increased knowledge about health issues.

Technical training was provided by the Volunteers to a large number of respondents and the results reported indicate that it was practical and useful. The counterparts in the Health Center Management Committees report that the organizations are functioning better, as are the Community Based Organizations.

The changes resulting from the project have been largely sustained since the Volunteers left their sites. Overall, counterparts, beneficiaries, and stakeholder were satisfied with the work of the project. As is the case in other countries studied as part of this series, the most frequently mentioned factor contributing to the success of the project was the hands-on work of the Volunteer.

The Goal Two objectives were also achieved. Burkinabe who interacted with Volunteers reported a significant increase in their understanding of Americans after their interaction with Volunteers. Prior to interacting with a Peace Corps Volunteer, about a third of the counterparts and beneficiaries had some knowledge of Americans. At the time of the survey—and after interacting with a Volunteer(s), 88 percent reported a moderate to thorough understanding of Americans.

Despite the low level of understanding of Americans before working and living with the Volunteers, respondents had at least a somewhat positive opinion of Americans. After interacting with Volunteers, 95 percent reported more positive opinions of Americans.

A small number of counterparts did not receive training on their roles and responsibilities as a counterpart. An area for further investigation is the finding that while overall satisfaction with the project was high, when asked about *specific* need areas, few respondents indicated that their specific community's needs had been met.

CONCLUSIONS

The local senior researcher and her team also offered three recommendations for further investigation:

“Based on the responses collected, three main themes for more investigation emerged:

1. Pre-implementation preparation to inform actors of what to expect from Peace Corps.
2. Planning for sustainability. How may Peace Corps ensure that the positive changes that they bring remain in place after the departure of the PCV?
3. More material support for PCVs. This was not quantifiable, but a common refrain from HCNs was that PCVs have many good ideas and projects, yet they do not have the material support to execute the plans.”¹²

The Peace Corps will continue its efforts to assess its impact and to use the findings to improve operations and programming.

¹² Taken from the post and local research team’s final report, *PC/BF.Host Country National Impact Study: Burkina Faso Community Health Project*. January 5, 2010. Burkina Faso. p.78.

APPENDIX 1: OSIRP DESCRIPTION OF THE METHODOLOGY

How Were the Community Sites and Interview Respondents Selected?

In Burkina Faso, the team conducted interviews in 30 communities where Volunteers lived and worked. One hundred thirty-three placements between 2004 and 2010 were identified for possible participation in the study. A representative, rather than a random, sample was selected from the list of Volunteer assignments. Sites that were extremely remote or deemed dangerous were excluded. Individual respondents were then selected in one of three ways:

1. In 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 to be interviewed.
3. In cases where there were still multiple possible respondents, the research team randomly selected the respondents.

How Were the Data Collected?

The research questions and interview protocols were designed by OSIRP staff and refined through consultations with the country directors and regional staff at Peace Corps.

A team of local interviewers, trained and supervised by a host country senior researcher contracted in-country, conducted all the interviews. Interviewers used written protocols specific to each category of respondent. The interviewers conducted face-to-face structured interviews with the following groups of Burkinabe nationals:

- **Community Health Development Project partners/counterparts:** Members of the COGES, nurses, health center staff
- **Community Health Development Project beneficiaries:** Primary and secondary school students, members of the COGES, food vendors, health center staff, recent mothers, members of a theater group
- **HIV/AIDS activity counterparts¹³:** Members of the COGES, nurses, health center staff

¹³ Data from the HIV/AIDS interviews is not included here. They are included in a separate report that focuses on Peace Corps Volunteers' HIV/AIDS work.

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- **HIV/AIDS activity beneficiaries:** Members of the COGES, food vendors, health volunteers, members of a theater group, secondary school students
- **Host family members:** Families that hosted or served as landlords to Volunteers during all or part of their service
- **Project stakeholders:** Health ministry officials

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

One hundred and thirty-three individuals were interviewed in Burkina Faso for this study.

Table 2: Number and Type of Host Country Nationals Interviewed: Burkina Faso

Interview Type	Number of People	Number of Sites
Community Health Development Project Counterparts	23	20
Community Health Development Project Beneficiaries	42	20
HIV/AIDS Counterparts	11	11
HIV/AIDS Beneficiaries	23	11
Host Family Members	27	27
Project Stakeholders	7	-
Total	133	-

What Data Were Collected?

Interviewers used written protocols specific to each category of respondent. The counterparts and beneficiaries were asked questions related to both Goal 1 and Goal 2. Host family members were asked only questions related to Goal 2. The categories covered for each of the three groups are shown below (Table 3).

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Table 3: Summary of Interview Questions by Respondent Type

Respondent Type	Question Categories	Approximate Length of interview
Counterpart	<p>Goal 1</p> <ol style="list-style-type: none"> 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. Project outcomes and satisfaction with the project 6. Community and individual-level changes 7. Maintenance of project outcomes <p>Goal 2</p> <ol style="list-style-type: none"> 1. Source of information and opinion of Americans prior to the Peace Corps work 2. Type of information learned about Americans from interaction with the Volunteer 3. Opinion of Americans after interaction with the Volunteer 4. Particular things that Volunteers did that helped improve respondent's understanding of Americans 	45 minutes
Beneficiary	<p>Goal 1</p> <ol style="list-style-type: none"> 1. Clarification of the project purpose 2. Frequency of contact with the Volunteer 3. Project outcomes and satisfaction with the project 4. Community and individual-level changes 5. Maintenance of project outcomes <p>Goal 2</p> <ol style="list-style-type: none"> 1. Source of information and opinion of Americans prior to the Peace Corps work 2. Type of information learned about Americans from interaction with the Volunteer 3. Opinion of Americans after interaction with the Volunteer 4. Particular things that Volunteers did that helped improve respondent's understanding of Americans 	30 minutes
Host Family Member	<p>Goal 2</p> <ol style="list-style-type: none"> 1. Source of information and opinion of Americans prior to the Peace Corps work 2. Type of information learned about Americans from interaction with the Volunteer 3. Opinion of Americans after interaction with the Volunteer 4. Particular things that Volunteers did that helped improve respondent's understanding of Americans 	30 minutes

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Respondent Type	Question Categories	Approximate Length of interview
	5. Behavioral changes based on knowing the Volunteer	

APPENDIX 2: HOST COUNTRY RESEARCH TEAM METHODOLOGY

Research Team

Under the direction of OSIRP, Peace Corps/Burkina Faso entered into competitive bidding to select a research team to conduct the study. The following team was selected, and they conducted the research and authored this report with input from Peace Corps/Burkina Faso and OSIRP.

- [Senior Researcher] Martine Deme Kirwin (Burkinabe/American) is a registered nurse (Lansing Community College) and also holds an associate's degree in early childhood education from Ohio University
- Augustin Loada (Burkinabe) is a full professor (University of Bordeaux) of political science at the University of Ouagadougou and Executive Director of the Center of Democratic Governance (CGD)
- Matthew Kirwin (American) is a doctoral candidate in political science at Michigan State University and a recipient of a Fulbright Fellowship for study in Burkina Faso
- Adama Tiendrebeogo (Burkinabe) is an economist and statistician trained at the Institute of Public Economy and Applied Statistics (IREEP) in Benin. He is currently a Researcher at the Center of Democratic Governance (CGD)
- Saidou Ouedraogo (Burkinabe) is an economist and statistician trained at the Institute of Public Economy and Applied Statistics (IREEP) in Benin. He is currently a Research Assistant at the Center of Democratic Governance (CGD)

Site Selection

The Peace Corps/Burkina Faso director for health projects provided a list of PCV villages. From this list OSIRP randomly selected 30 health villages [sites]. Twenty of the villages hosted PCVs that worked on general health issues while the remaining ten hosted PCVs who concentrated on HIV/AIDS activities. In this sense, the HIV/AIDS [focus] villages are a subset of the sample.

An advantage of the {Burkina Faso} study is that the Peace Corps sites were randomly selected. Random selection helps eliminate problems of selection bias.¹⁴ For example, rather than choose PC sites that are in close proximity to the capital to facilitate the research, this study gave all sites, regardless of remoteness, an equal chance of being selected. If, for

¹⁴An error in data that stems from the method by which the data was collected.

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example, we only selected villages close to Ouagadougou, there may be another factor, such as previously higher levels of cosmopolitanism (due to access to media and other factors) that lessens the impact that Volunteers may make as part of the second goal of Peace Corps. On the other hand, the impact of Volunteers in isolated areas may be more pronounced. Unlike impact studies conducted in other countries, in this study no sites were deemed too remote or too difficult to reach. Study sites were randomly selected from the remaining list. Individual respondents were then selected in one of two ways:

1. In many sites, there was more than one counterpart who had worked with a Volunteer. In those cases, once the interviewers arrived at the site the counterpart was selected randomly.
2. In terms of selecting beneficiaries and host family members, the APCD or the Volunteer proposed individuals known to have significantly participated in the project or collaborated with the Volunteer. In some cases RPCVs were able to provide a list of beneficiaries and counterparts. This was accomplished through the efforts of Dr. Claude [Millago] who was able to contact RPCVs in order to obtain a list of beneficiaries and counterparts. One typical example of how this arrangement facilitated fieldwork occurred in the town of Kongoussi. In this case the RPCV was able to supply Dr. Claude with the name of the NGO and NGO members with which she worked. Once the research team arrived at the NGO office they were able to randomly select from the counterparts and the beneficiaries that were present.

Within a host family, the person with the most experience with the Volunteer was asked for an interview. In Burkina Faso, however, the host father frequently served as the respondent. Due to cultural factors, members of the host family frequently deferred to the father as the default respondent out of deference.

Randomization was highest among beneficiaries. For example, since villagers were alerted of our arrival, oftentimes we would have a group of potential beneficiaries to choose from randomly. In terms of counterparts, there was less randomization. In several cases we randomly selected from groups of ten counterparts or more.

D. Data Collection

The OSIRP staff designed the questionnaires which were edited through consultations with the staff at Peace Corps/Burkina Faso and the [local] research team.

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E. Training of Interviewers

Training took place over two days. During the morning of the first day PC/BF led training with a general introduction to Peace Corps followed by a discussion of the PC health program [the Community Health Development Project]. In the afternoon the senior researcher assumed responsibility for the training. Four interviewers were trained in addition to two statisticians who were charged with data entry. This was fortuitous since the statisticians had a chance to review the questionnaires and contribute their insights from their work in Afrobarometer surveys.

The second day of the training permitted the interviewers to practice interviews with one another and to receive feedback on their performance. The research team along with the statisticians and Dr. Claude [Millago] read each questionnaire line by line to make sure that the French translations were easily understandable by Burkinabe. Many changes were made, none of which actually affected the sense or actual meaning of the questions being asked. The meticulous review of the questionnaires allowed the interviewers to become familiar with the questionnaire and visualize how they would ask questions in local languages.

Two teams were formed in order to do the maximum amount of work before the arrival of the full rainy season. Each team consisted of one female and one male interviewer. The Senior Researcher and her assistant accompanied the teams during the pilot study and also during the first several days of the main fieldwork.

F. Pilot Study

The pilot study took place in the village Mogtedo which is located approximately 60 miles from Ouagadougou. Each member of the team had the opportunity to conduct one interview.

The pilot study was extremely important in several ways. First, it allowed the team to identify some issues with the questionnaires. Also we found that several words used to describe Americans were not listed in the Post Interview Assessment Form, these included, powerful, rich, and ready to help. These were promptly added before we started interviews in the rest of the villages. Close contact with OSIRP permitted these issues to be resolved very quickly.

G. Study Participants

- Project partners/counterparts (Members of COGES, non-governmental organizations, health agents)
- Project beneficiaries (individuals who work with local health centers, people who benefited from PC activities, members of community based organizations, high school and middle school students)

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- Host family members (the family with which the PCV lived or spent time (in some villages PCVs did not have host families so these interviews were consequently not conducted)
- Stakeholders (Personnel from the Ministry of Health, Health District directors, more of an elite style interview)

Interviewers used written protocols specific to each category of respondent. At the end of each interview, interviewers completed a post-interview assessment to record their perceptions of the respondent's answers.

[An additional group of sites where Volunteers work had more HIV/AIDS focus were included and an additional set of questions was added to the interview protocols. These villages are similar to other villages in every respect, except additional, more specific questions were asked regarding the impact of Volunteers' HIV/AIDS education activities.

I. Types of Interviews

Each category of respondent had its own written protocol. Counterparts and beneficiaries were asked questions that dealt with both Peace Corps' Goal 1 and Goal 2. Host family members were only asked questions that were related to Goal 2. The categories covered for each of the three groups are described below.

There were five separate questionnaires used in this study. The counterpart questionnaire had two versions; the original and then one that was adapted for [the additional] villages [where Volunteers had focused on HIV/AIDS education activities]. The beneficiary questionnaire was similar in that it had a HIV version and a regular version. In terms of the host family questionnaire, the same one was used in all villages. In regards to the stakeholder interview there was only one version of that as well.

Final thoughts

It is very important that the research team go over the questionnaires line by line to ensure that the language that is being used is easily understandable for HCNs. It is also good to get in touch with RPCVs to find out village contacts. Dr. Claude [Millago] coordinated this and was able to provide a number of key contacts.

It is also important that the research team is constantly in contact with OSIRP. This allowed for the rapid correction of errors in the DatStat template.

At the suggestion of the country director, the research team allowed a Peace Corps Masters International student to accompany the research team during some of its field work. This gave the PCV the opportunity to witness the process of fieldwork. This possibility may be rewarding for other PCV Masters International students in other PC countries as well.

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Peace Corps/Burkina Faso was very helpful in ensuring that the fieldwork went smoothly. In this respect, Dan Rooney, Doug Teschner, and Claude Millogo deserve special thanks. Dr. Millogo, as Associate Peace Corps director of the Community Health Development Project, was indispensable in terms of advice and was always ready to answer phone calls from the research team at odd hours. Peace Corps/headquarters, in particular Heidi Broekheimer, Alice-Lynn Ryssman, and Susan Jenkins, was also very helpful. Their rapid response to questions and suggestions was invaluable.¹⁵

¹⁵ The research methodology section is taken from the post and research team's final report, *PC/BF Host Country National Impact Study: Burkina Faso Community Health Project*. January 5, 2010. Burkina Faso.