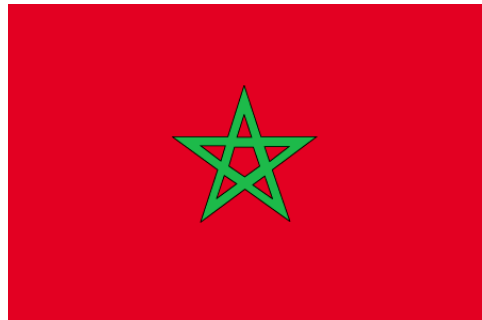




*Office of Strategic Information,
Research and Planning*

Host Country Impact Study Morocco



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

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ACKNOWLEDGEMENTS¹

Several people at Peace Corps/headquarters were instrumental in the work of the impact evaluation series. Three regional program and training advisers, Barbara Brown, Michael McCabe, and Margaret McLaughlin, shepherded the studies from initial concept to implementation in their regions. Valuable support and input also came from Morocco Country Desk Officer Alexandra Mattson.

The interest and support from the Peace Corps' staff in the countries where the research was conducted were critical in the endeavor. Our sincere appreciation is extended to Country Director David Lillie and Program and Training Officer Gordon Mengel who were stationed at post during the study period. We also want to thank Associate Peace Corps Director for the Community Health in Rural Morocco Project El Mostafa Lamqaddam.

The success of the studies is ultimately due to the work of the local research team headed by Senior Researcher Theo Schoemaker whose team skillfully encouraged the partners² of Peace Corps Volunteers to share their experiences and perspectives with us.

¹ Although these studies were a team effort by all members of the OSIRP staff, we would like to recognize Alice-Lynn Ryssman for her role as the study lead and the support provided by Susan Jenkins.

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

ACRONYMS AND DEFINITIONS

Acronyms

APCD	Associate Peace Corps Director
CBO	Community-Based Organization
HCN	Host Country National
OSIRP	Office of Strategic Information, Research and Planning
PC/M	Peace Corps/Morocco
PCV	Peace Corps Volunteer
TBA	Traditional Birth Attendants

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 1.1.1b.

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. 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 (HCNs) who lived and worked with the Volunteers.

This report presents the findings from the study conducted in Morocco during January of 2010. The focus of the research was the Community Health in Rural Morocco Project.

Purpose of the Host Country Impact Studies

Morocco's Host Country Impact Study was initiated to assess the degree to which the Peace Corps had been able to contribute to the country's need to improve health outcomes, 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 in Rural Morocco Project and identify 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?
- 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 data provided by counterparts, beneficiaries, and stakeholders of the Community Health in Rural Morocco Project including:

- 25 Counterparts/project partners
- 21 Beneficiaries
- 22 Host family members
- 6 Project stakeholders

Overall, the survey reached 74 respondents in 21 communities.

Interviews were conducted from January 16, 2010 to January 28, 2010 (see Appendix 1 for a full description of the research methodology).

Project Design and Purpose

Peace Corps/Morocco has been involved in the Moroccan health sector since 1988. The Community Health in Rural Morocco Project addresses rural health needs resulting from Morocco's inadequate obstetrical and maternal health services, poor water quality, and inadequate sanitation and waste disposal in these areas. The project's purpose is to respond to local health needs and build the capacity of local individuals, health professionals, and community-based organization (CBO) members through formal and informal training and skill development.

Evaluation Findings

Based on the feedback of those interviewed, the execution of the Community Health in Rural Morocco Project was uneven. While the report provides a detailed description of all the study questions, the key findings are noted below:

Goal 1 Findings

Health Outcomes Were Modestly Achieved

- Seven project outcomes were measured in the study (Figure 2)
- On the positive side, two project outcomes were almost fully achieved.
 - *improved hygiene and nutrition practices*: 17 of 24 counterparts and 18 of 20 beneficiaries reported that community members improved their hygiene and nutrition practices
 - *pre-natal checkups*: 14 of 24 counterparts and 13 of 20 beneficiaries reported increases in the number of women using pre-natal checkups

EXECUTIVE SUMMARY

- Two project outcomes were partially achieved. Beneficiaries were slightly more likely to report the outcomes as achieved than were counterparts.
 - *solid waste disposal and water sanitation*: 65 percent of beneficiaries rated this outcome as improved, whereas only 38 percent of counterparts did
 - *amount of time that health professionals devote to health education*: 55 percent of beneficiaries (11 of 20) rated this outcome as improved, whereas only 46 percent (11 of 24) of counterparts did
- Less positively, three project outcomes were not achieved, according to both counterparts and beneficiaries.
 - *reported improvements in community HIV/AIDS activities*: Less than half of the counterparts (10 of 24) and approximately one quarter of the beneficiaries (6 of 20) reported improvement
 - *changes in the procedures used by traditional birth attendants*: 9 of 24 counterparts and 7 of 20 beneficiaries reported improvement
 - *increased capacity among local community-based organizations*: 9 of 20 beneficiaries and 7 of 24 counterparts reported improvement

Individual Beneficiary Capacity Was Minimally Improved

- Nine of twenty-four counterparts and ten of twenty beneficiaries reported allowing more time for health education activities in their work; seven of 24 counterparts and 12 of 20 beneficiaries reported improving their personal hygiene and nutrition practices
- For the most part, counterparts' capacity was not enhanced as they were trained medical personnel who did not receive nor need training from Peace Corps Volunteers; eighteen of the twenty-five reported at least five years of clinical/field experience

Capacity Building Was Somewhat Sustained

- Between 30% and 45% of respondents report daily professional and personal use of the skills developed through the projects
- 17 of 24 counterparts said that the project was at least somewhat effective in building capacity to improve rural community health

Satisfaction with Peace Corps Work

- Twenty of 25 counterparts and 20 of 21 beneficiaries were at least somewhat satisfied with the Peace Corps Volunteers' work, with 11 of 25 counterparts and 14 of 21 beneficiaries reporting being very satisfied

Factors Contributing to the Project Success

- The most frequently mentioned factor in the success of the project was the enthusiasm of the Volunteer

Barriers to Project Success

- A lack of funding was the most frequently mentioned barrier to project success, mentioned by thirty-eight of forty-six counterparts and beneficiaries (82%) and all six stakeholders
- Counterparts received little training from the Peace Corps. Seventeen of twenty-five counterparts reported not receiving training related to their role as a counterpart and 17 of 25 counterparts (68%) received no technical training through the project (Figure 9)
- Eight of nineteen (42%) beneficiaries reported receiving no technical training through the project (Figure 10)

Goal 2 Findings

HCNs Developed More Positive Opinions of Americans

- A majority of respondents say their knowledge of Americans increased as a result of knowing the Volunteer and that they have a more positive feeling about Americans after the experience
- Prior to interacting with a Peace Corps Volunteer (PCV), 14 of 46 counterparts and beneficiaries and 4 of 22 host family members reported at least a moderate knowledge of Americans. After interacting with a Volunteer, 30 of 46 (65%) of the counterparts and beneficiaries and 16 of 22 host family members (73%) reported at least a moderate level of understanding of Americans
- A greater percentage of host families members (14 of 22) reported more positive opinions of Americans than did counterparts and beneficiaries (27 of 46 counterparts and beneficiaries) after interacting with Peace Corps Volunteers

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 the 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. 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 Volunteers⁵; however, it tells only one side of the Peace Corps' story. In 2008, the Peace Corps began 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 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.

⁵Peace 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.

The History of the Peace Corps /Morocco Community Health in Rural Morocco Project

Peace Corps/Morocco has worked in the health sector since 1988 when the Hygiene and Sanitation Project was initiated. The project sought to reduce infant mortality by helping participating communities to access safe water and adequate sanitation facilities. As it evolved, the project gradually moved away from maintaining wells and building latrines towards the development of a broad-based health education plan promoting behavioral change and proper hygiene practices. A second health sector project was started in 1993. The Maternal and Child Health Project focused on improving women and children's health through education on a variety of topics including, pre- and post-natal care, family planning, and immunization. In 2006, these two projects were merged into one.

Purpose of the Host Country Impact Studies

This report presents the findings from the impact evaluation which was conducted in Morocco during January of 2010. The project studied was the Community Health in Rural Morocco 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 to 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

CHAPTER 1: INTRODUCTION

and Budget that Peace Corps conduct evaluations of the impact of its Volunteers in achieving 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 Americans among the people with whom the Volunteers worked. In collaboration with the Peace Corps' country director, 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 in-country by Senior Researcher Theo Schoemaker and a team of interviewers, 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 Morocco, the team conducted interviews in 21 communities where Volunteers worked. One hundred-ten Volunteer placements between 2004 and 2009 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 in-country senior researcher and his team conducted semi-structured interviews with Moroccans 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.)

Researchers reached 74 respondents in 21 communities in 10 regions of Morocco. Sites were selected to be as representative of Morocco as possible, including geographic, ethnic, and linguistic diversity.

Interviews were conducted from January 16, 2010 to January 28, 2010 with four groups of Moroccans (Table 1):

- **Community Health in Rural Morocco Project partners/counterparts:** Nurses and doctors working in local dispensary, clinic, or hospital; teachers in schools; members of local health associations or CBOs (25)
- **Community Health in Rural Morocco Project beneficiaries:** Nurses, community members, students, teachers (21)
- **Host family members:** Families that hosted or served as landlords to Volunteers during all or part of their service (22)
- **Community Health in Rural Morocco Project Stakeholders:** Provincial and national representatives from the Ministry of Health (6)

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

CHAPTER 1: INTRODUCTION

Table 1: Number and Type of Host Country Nationals Interviewed in Morocco

Interview Type	Number of People	Number of Sites
Project Counterparts	25	21
Project Beneficiaries	21	21
Host Family Members	22	21
Stakeholders	6	-
Total	74	-

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 yearly Volunteer Survey, this information will allow the Peace Corps to better understand its impact and address areas for improvement. 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 the United States 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 a Peace Corps presence to measure the promotion of a better understanding of Americans on the part of the peoples served."⁶ Feedback from the original pilots was used to revise the methodology rolled out to nine posts in Fiscal Year 2009 and 8 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 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.

⁶ Downloaded from : <http://www.whitehouse.gov/omb/expectmore/summary/10004615.2005.html> 9-10-08

CHAPTER 2: PROJECT DESIGN AND PURPOSE

Sector Overview⁷

The purpose of the Community Health in Rural Morocco project is to respond to local health needs by building the capacity of local individuals, health professionals, and community-based organization (CBO) members through formal and informal training and skill development. The Community Health in Rural Morocco project supports the priorities of the Ministry of Health to address local health needs due to Morocco's high rates of maternal and neonatal death, low use of prenatal health care services, poor water quality, inadequate sanitation, unsafe waste disposal, lack of major obstetrical intervention capabilities (particularly in rural areas), and the shortage of standard quality services in some maternal wards.

Project Goals:

The goals of the Community Health in Rural Morocco project are three-fold:

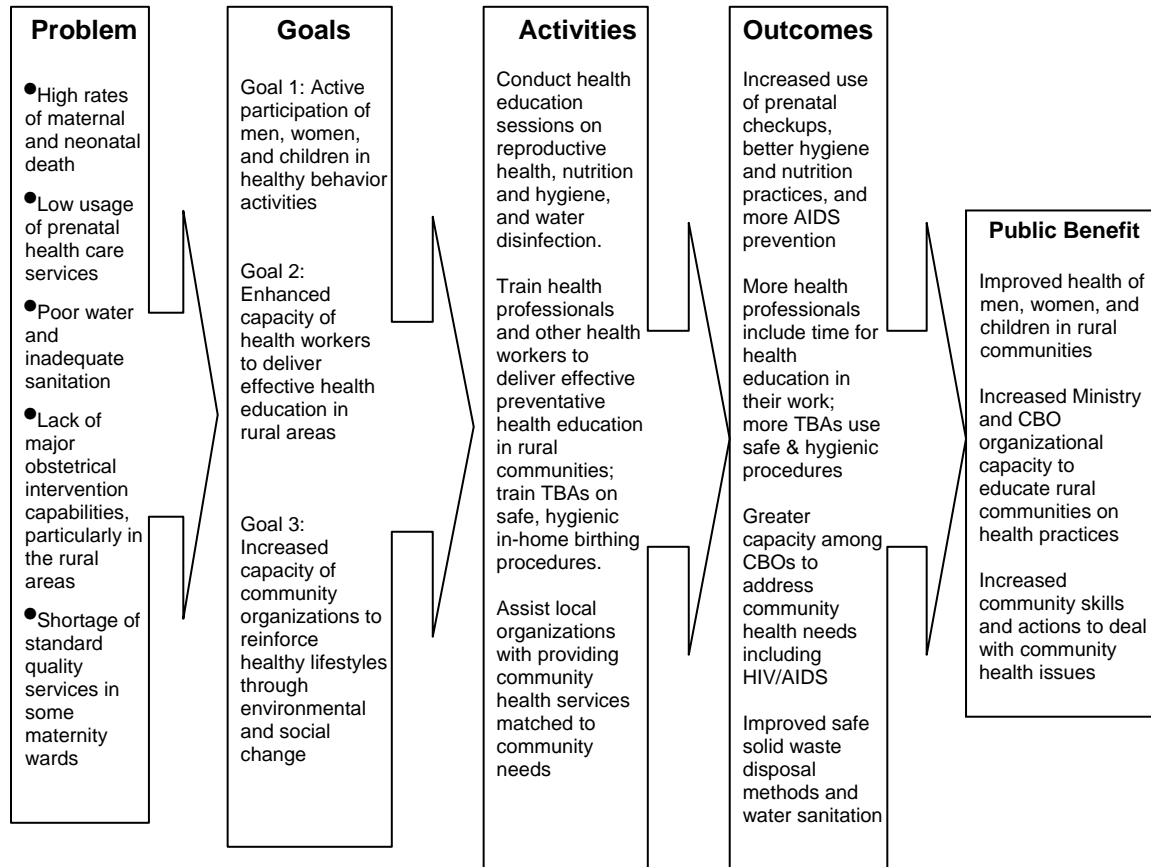
1. Community members (men, women, and children) will actively participate in activities that promote personal health and reinforce appropriate health behaviors.
2. Targeted professional and non-professional health workers will have enhanced capacity to deliver effective preventive health education throughout rural communities.
3. Communities, local organizations and local institutions will have increased capacity to reinforce healthy lifestyles through environmental and social change.

A model of the theory of change for the Community Health in Rural Morocco Project is shown in Figure 1.

⁷ The Community Health in Rural Morocco Project began in 2007 when two projects, "Hygiene and Sanitation" and "Maternal and Child Health", were merged; placements for both earlier projects were included in the sampling frame.

CHAPTER 2: PROJECT DESIGN AND PURPOSE

Figure 1: Overview of the Theory of Change for the Community Health in Rural Morocco Project



This figure was compiled from information in the Peace Corps Community Health in Rural Morocco Project Summary: Project Plan. Project Plan 378-HE-01E Finalized: May 27, 2009

CHAPTER 3: GOAL ONE FINDINGS

Performance under the Peace Corps' first goal 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 that 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 about whether they saw a change, whether the community's and school'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 either the community or the school during the period of the PCV's assignment.

Degree to Which the Education Project Plan Outcomes Were Met: Community Level

Through the process of developing the project theory of change, shown in Figure 1, a list of project outcomes was created. Respondents were asked about the extent to which they saw changes in their communities or schools related to each outcome. The study measured changes in the following community-level outcomes:

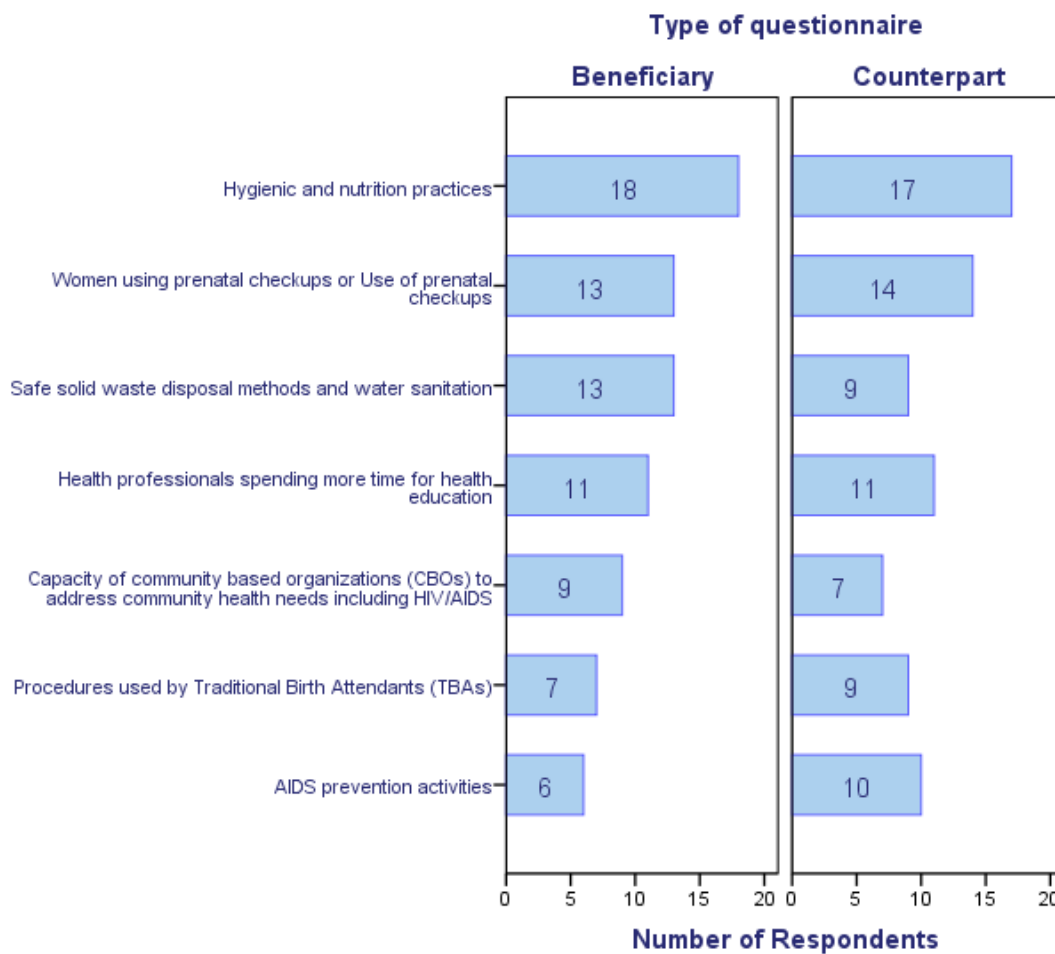
1. Women's use of prenatal checkups
2. Community members' hygiene and nutrition practices
3. Local AIDS prevention activities
4. The amount of time spent by health professionals on health education
5. Procedures used by Traditional Birth Attendants (TBAs)

CHAPTER 3: GOAL ONE FINDINGS

6. The capacity of CBOs to address community health needs, including HIV/AIDS
7. The use of safe solid waste disposal methods and water sanitation

With regard to project outcomes, hygiene and nutrition practice and women’s use of prenatal checkups were the outcomes most frequently rated as improved by counterparts and beneficiaries (Figure 2). Among counterparts, the areas least frequently rated as improved were CBO capacity, procedures used by TBAs and the use of safe solid waste disposal methods and water sanitation. The areas least often rated as improved by beneficiaries were AIDS prevention activities, procedures used by TBAs and CBO capacity.

Figure 2: Number of Project Counterparts (n=24) and Beneficiaries (n=20) who Rated the Change as at Least Somewhat Better: Community Level

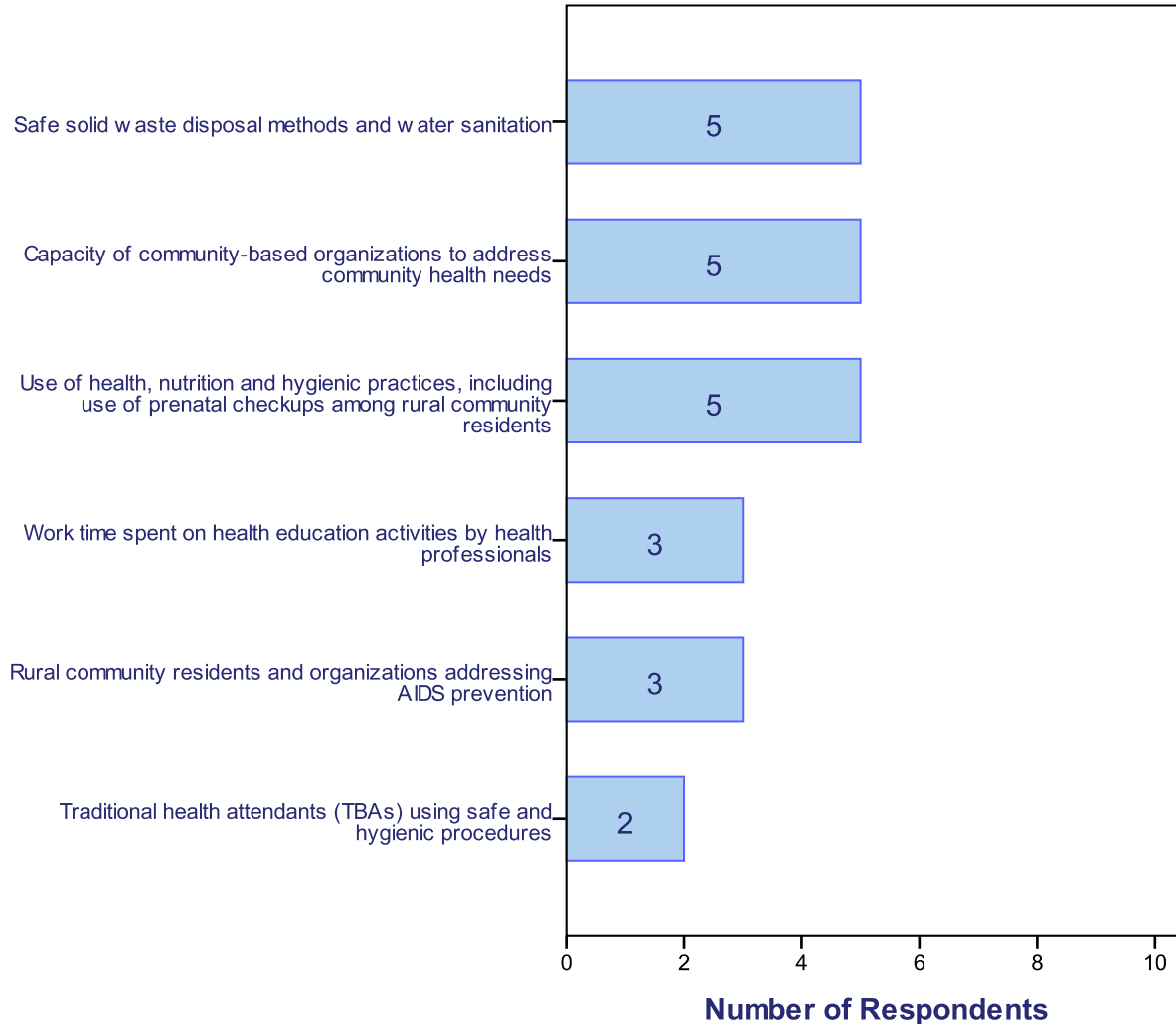


CHAPTER 3: GOAL ONE FINDINGS

Five of the six stakeholders interviewed reported improvements in the following three areas (Figure 3):

1. Safe solid waste disposal methods and water sanitation
2. Capacity of community-based organizations to address community health needs
3. Use of health, nutrition and hygienic practices, including use of prenatal checkups among rural community residents

Figure 3: Number of Project Stakeholders who Rated the Change as at Least Somewhat Better: Community Level (n=6)



CHAPTER 3: GOAL ONE FINDINGS

Community-Level Outcomes

In addition to the pre-defined project outcomes, counterparts and beneficiaries were asked to comment on any other project accomplishments observed. Those accomplishments are listed below:

1. Youth and other community members were motivated to adopt healthy behaviors (teeth brushing and physical exercise)
2. English language ability improved
3. Community members became more open to discussing sexual health issues
4. Health providers were trained on project management
5. Materials and physical resources (e.g., health posters, toilets, wells, libraries, garbage cans) were built/developed
6. Trust increased among women in the community
7. Traditional birth attendants received training on health care practices

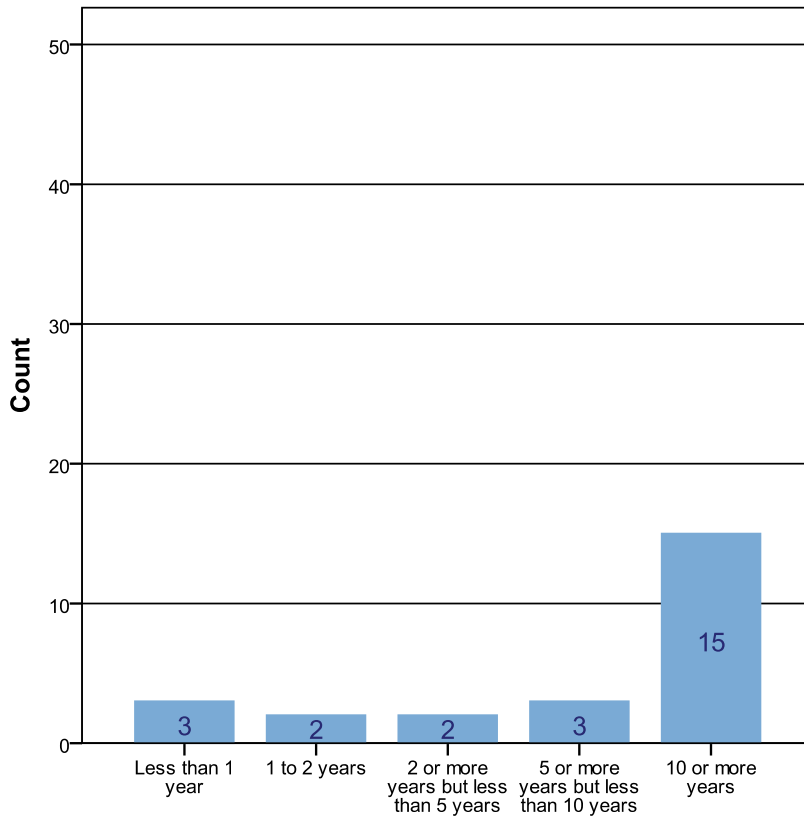
Findings on Individual Changes

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

Counterparts' Prior Community Health Experience

The Moroccan counterparts were experienced medical personnel and had extensive clinical experience prior to their work with the Peace Corps. Fifteen of the twenty-five counterparts reported having worked in the community health field for 10 or more years (Figure 4).

Figure 4: Number of Years Community Health in Rural Morocco Project Counterparts Have Worked in the Health Field: Morocco (n=25)



Degree to Which the Community Health in Rural Morocco Project Plan Outcomes Were Met: Individual Level

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:

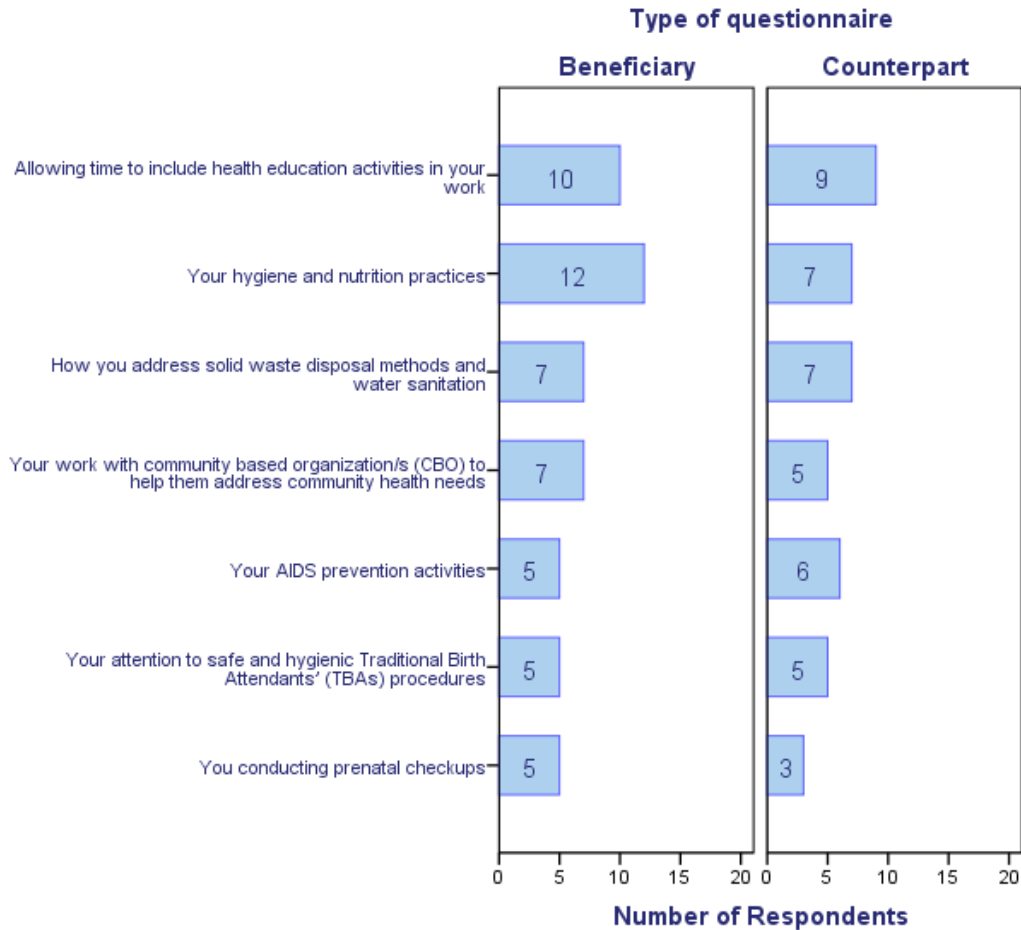
1. The conduct or scheduling of prenatal checkups
2. Hygiene and nutrition practices
3. AIDS prevention activities
4. The inclusion of health education activities in health staff members' work
5. TBAs' attention to safe and hygienic procedures

CHAPTER 3: GOAL ONE FINDINGS

6. CBOs' capacity to address community health needs
7. Ways respondents address solid waste disposal methods and water sanitation

With regard to the individual-level project outcomes asked about, the changes that were the most frequently rated as improved were health workers taking the time to include health education activities in their work and individuals' improved hygiene and nutrition practices (Figure 5).

Figure 5: Number of Community Health in Rural Morocco Project Counterparts (n=24) and Beneficiaries (n=19) who Rated the Change as at Least Somewhat Better: Individual Level



CHAPTER 3: GOAL ONE FINDINGS

Eleven of twenty-one beneficiaries reported using the skills that they gained through the project in their personal lives (they were not asked about how the skills were used in their professional lives). A smaller number of counterparts reported using these skills in either their personal lives (nine of 25) or their professional lives (eight of 25) (Figures 6 and 7).

Figure 6: Frequency with Which Community Health in Rural Morocco Project Beneficiaries (n=21) Report Using Skills Learned Through the Peace Corps Project: Morocco

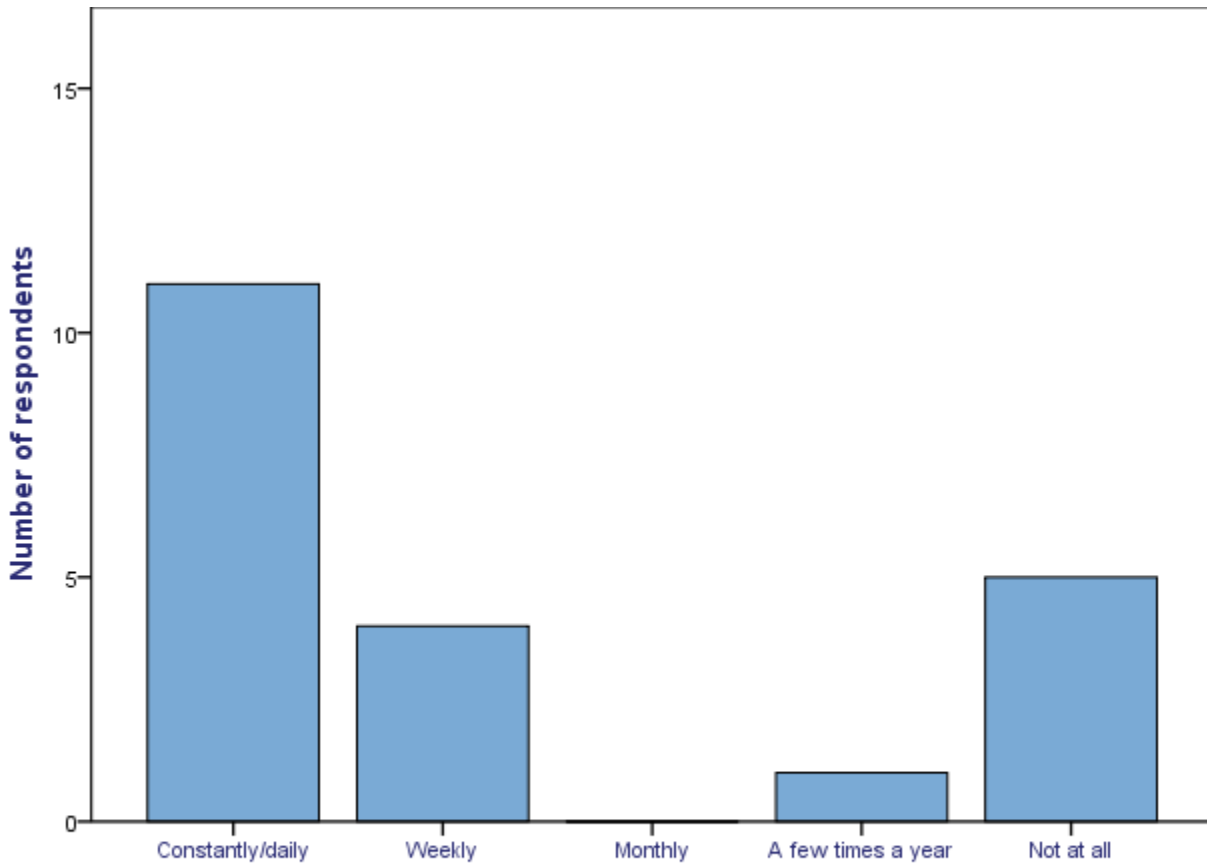
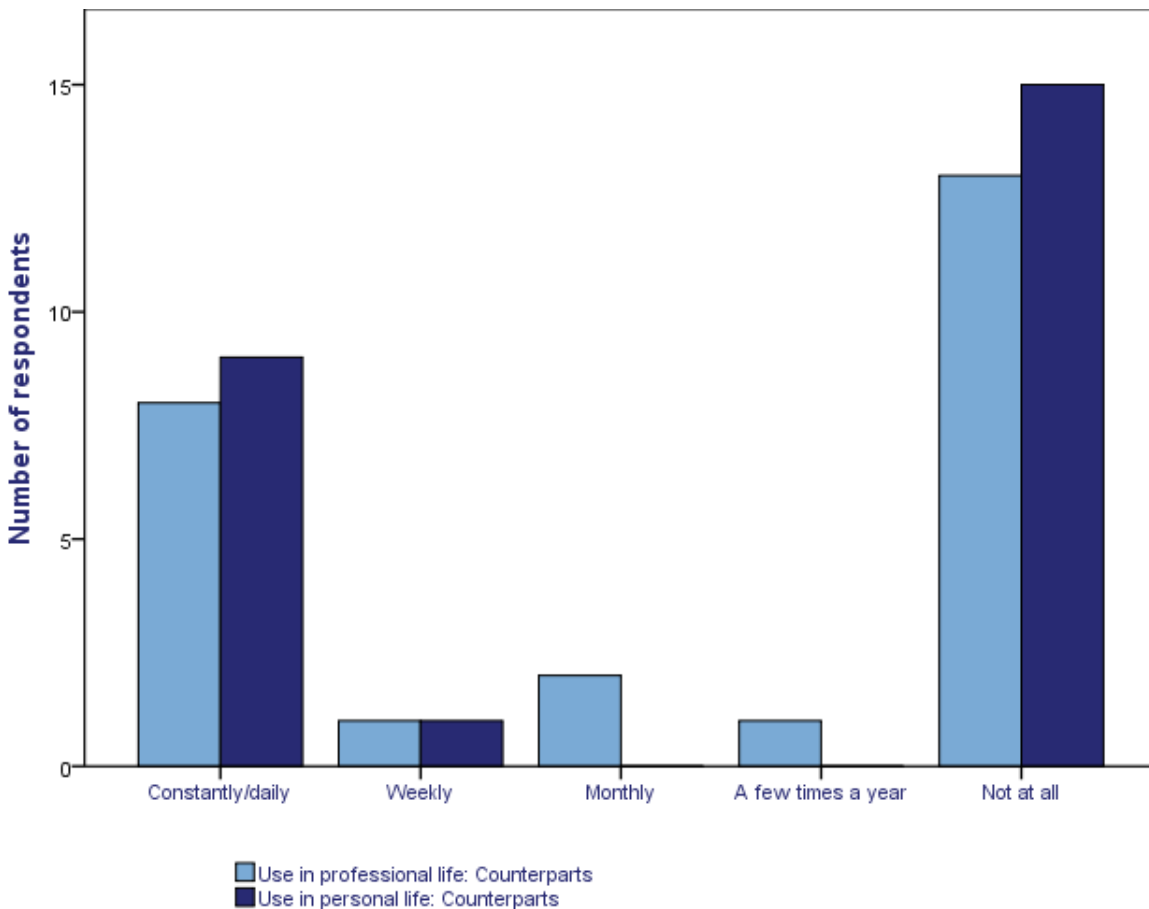


Figure 7: Frequency with Which Community Health in Rural Morocco Project Counterparts (n=25) Report Using Skills Learned Through the Peace Corps Project: Morocco



Ways Counterparts Used or Did Not Use Project Skills in Their Work Life

I use visual aids in my work every day.

Because the [health] association has worked with several volunteers, we are now more ready to work with outsiders who offer their assistance.

[I cannot use the skills gained from the PCV because]I did not learn anything professionally from the Volunteers. After all I have been working in the health field for a long time as a doctor and hospital director.

[I did not gain usable skills from the PCV.]I am a nurse, so I [have]e the same education/health education [as the]h PCVs, and I knew the subjects that the PCVs talked about like hygiene, nutrition, water treatment and so on.

I didn't learn things from him [the Volunteer], instead I trained him.

Ways Counterparts and Beneficiaries Used or Did Not Use Project Skills in Their Personal Lives

Counterparts

I didn't learn things that affect my personal life; we are the same and I did the things they taught before even the first PCV came to this site.

As a father, I do the same thing with my kids and myself as well. I got a hand washing game from the PCV in which I count to 20 while washing my hands with soap. It's funny and at the same time practical because I used to wash my hands very quickly.

Beneficiaries

I noticed that the Volunteer treated people equally and I have thought about that and try to treat people justly and equally. I think I learned that from the Volunteer. Also, I learned about punctuality and responsibility.

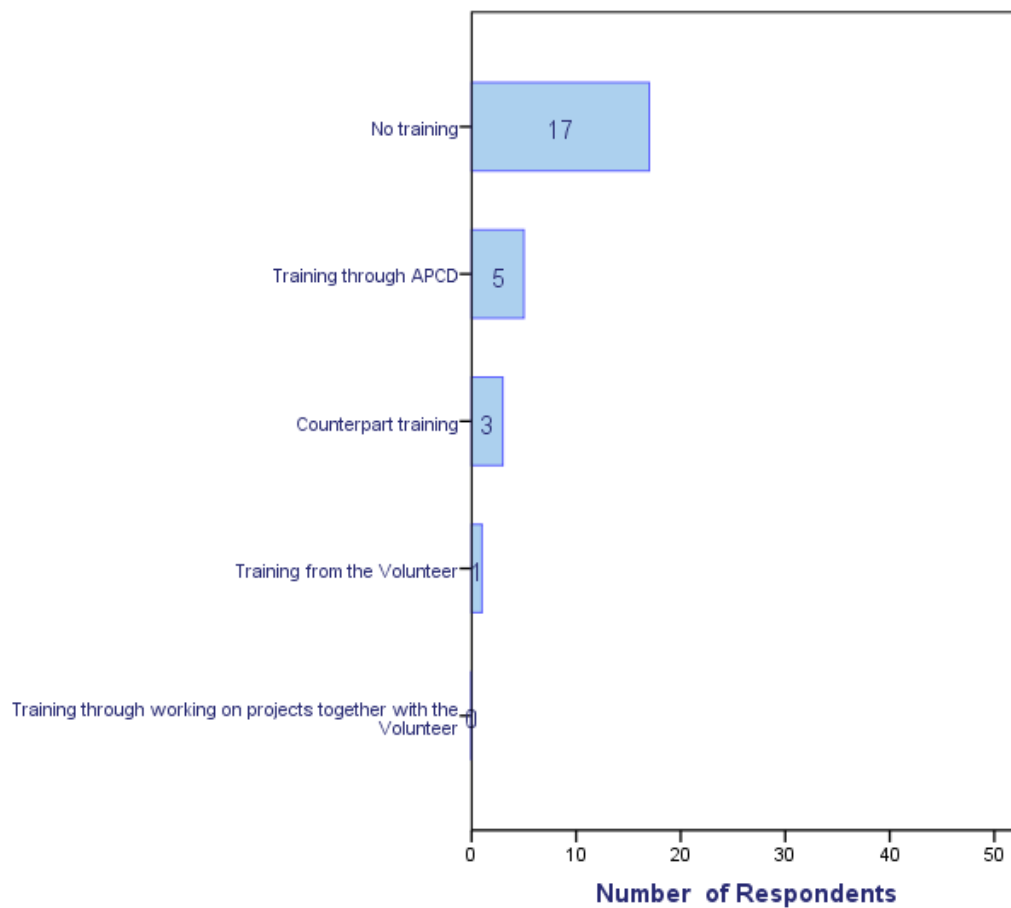
I use soap and the medical kit that they gave me and I use the hygienic practices.

I learned a lot but I do not practice all of what I learned.

How Did Skills Transfer Occur?

Seventeen of twenty-five counterparts reported receiving no training through the project related to serving as a counterpart (Figure 8). This finding was verified by PC/Morocco staff. Further, according to the in-country researcher’s report⁸ “*When voicing these preliminary findings during the debrief meeting on 12 February [2010], the PTO confirmed that PC/M actually [does not have] enough means to provide for extensive trainings for counterparts or beneficiaries, and that likewise the preparation for a site is often done very quickly, involving only brief contacts with very few people and without performing local needs assessments.*” A small group of respondents acknowledged their work with the APCD and PCVs as training.

Figure 8: Counterpart Training: Morocco (n=25)

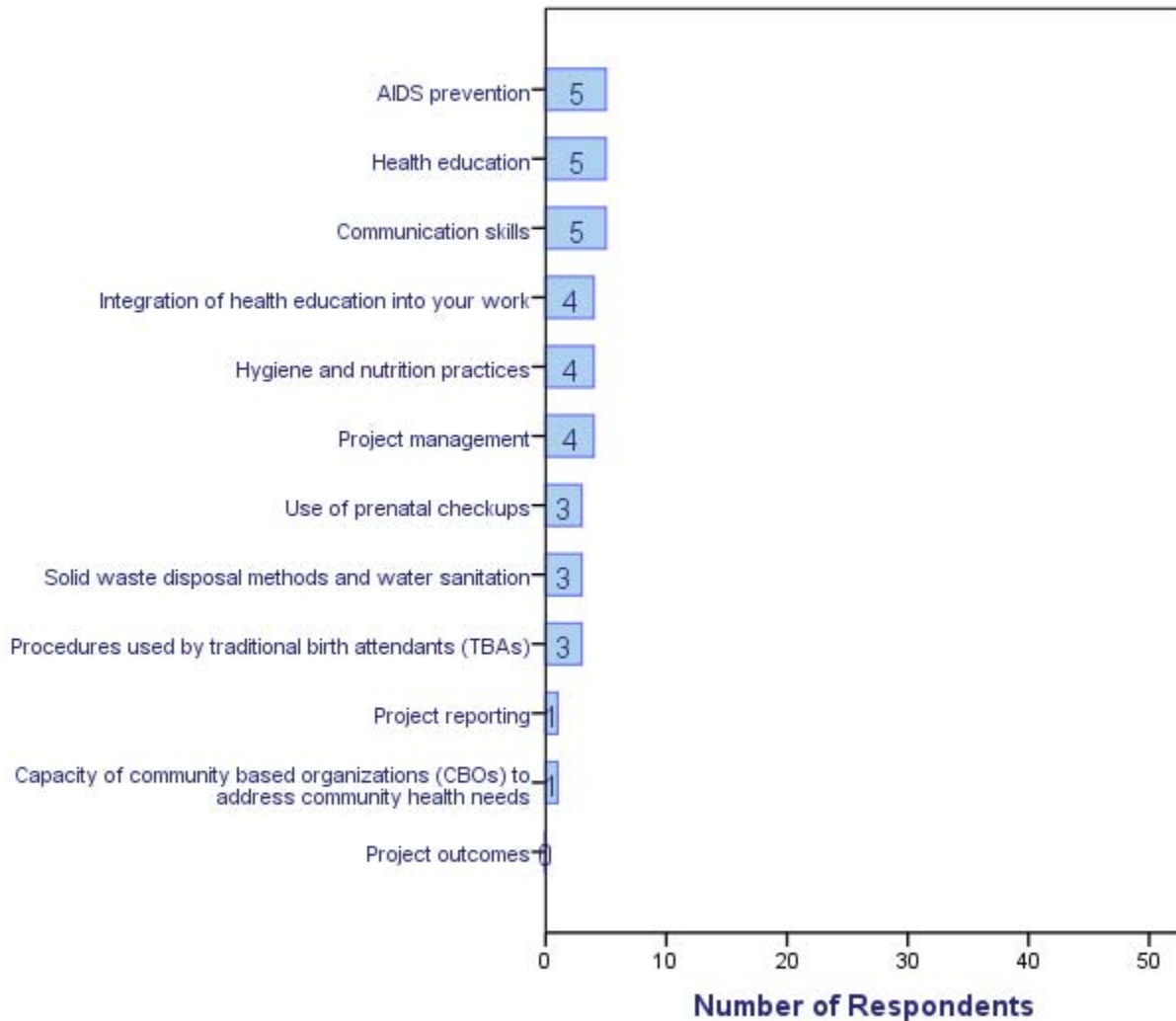


⁸ Schoemaker T. (2010) REPORT (Draft) On Host Country Impact Study, Data Collection Phase, Of Community Health in Rural Morocco Project page 9

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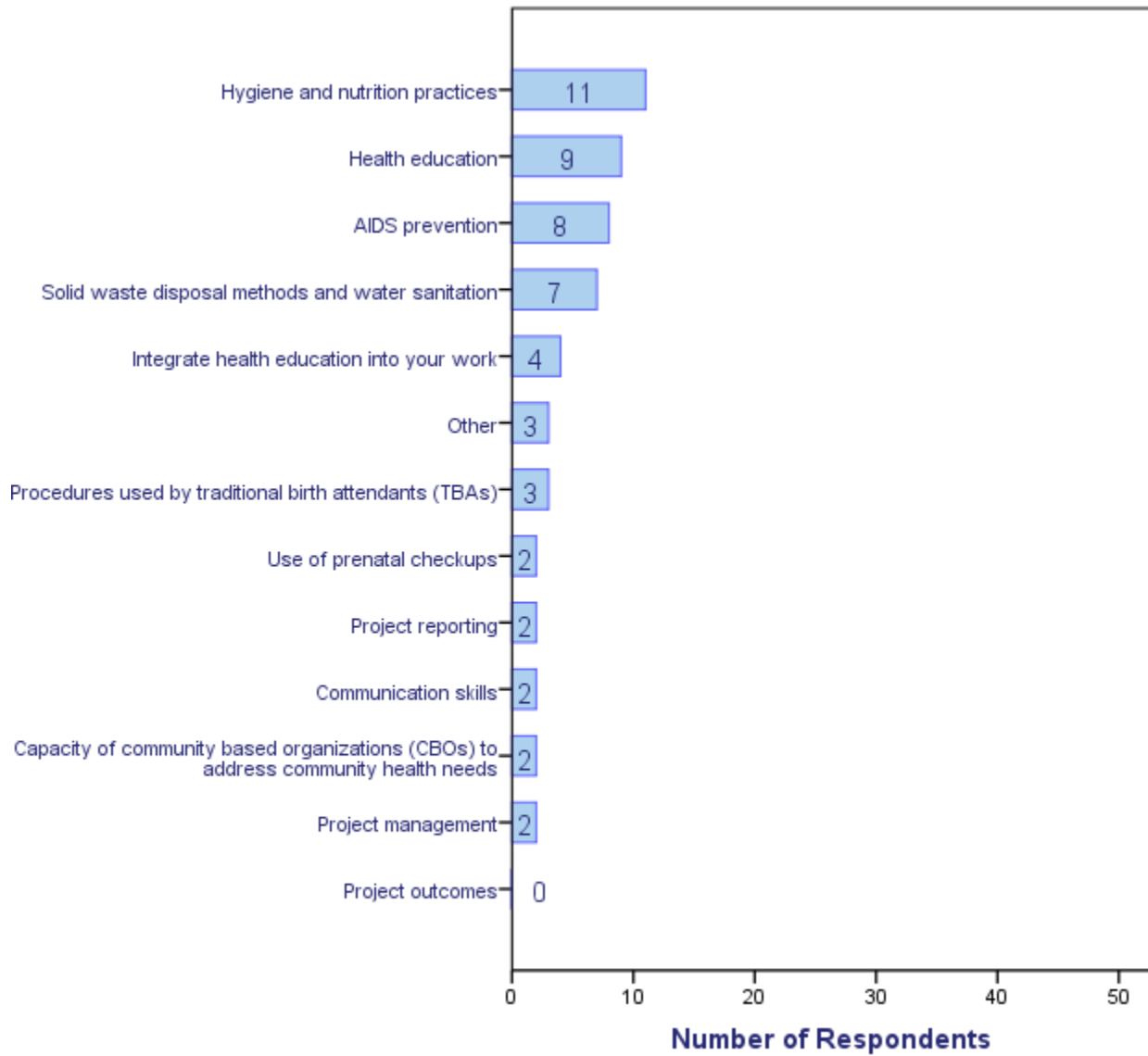
Few counterparts (less than 20 percent) or beneficiaries (less than 55 percent) reported gaining knowledge or skills in the project-related areas listed as expected outcomes for the project (Figures 9 and 10). Few members of either group reported learning new skills in prenatal care, CBO ability to address community health needs, or project management, reporting, or outcomes.

Figure 9: Areas of Knowledge or Skills Development Among Counterparts: Morocco (n=25)



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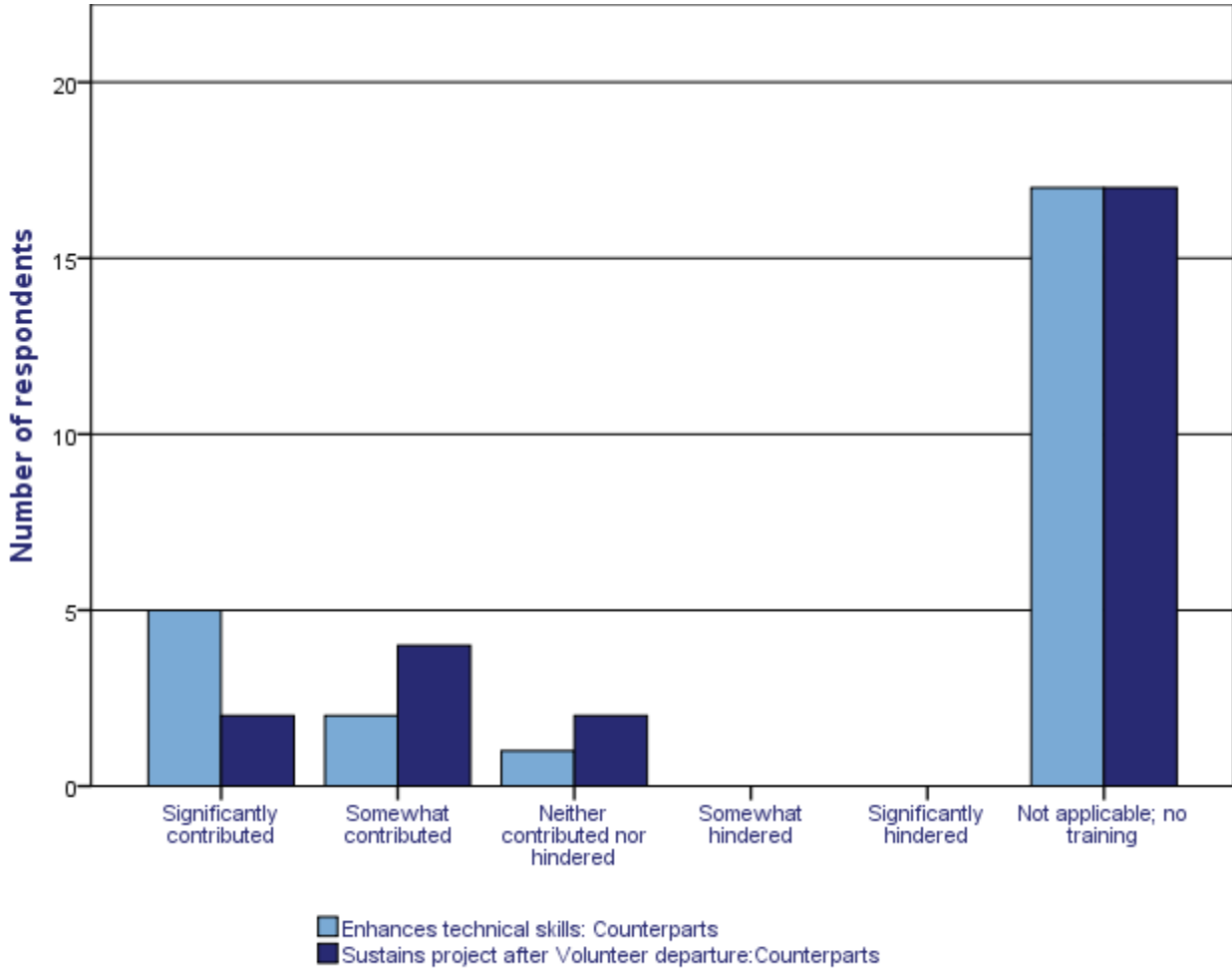
Figure 10: Areas of Knowledge or Skills Development Among Beneficiaries: Morocco (n=21)



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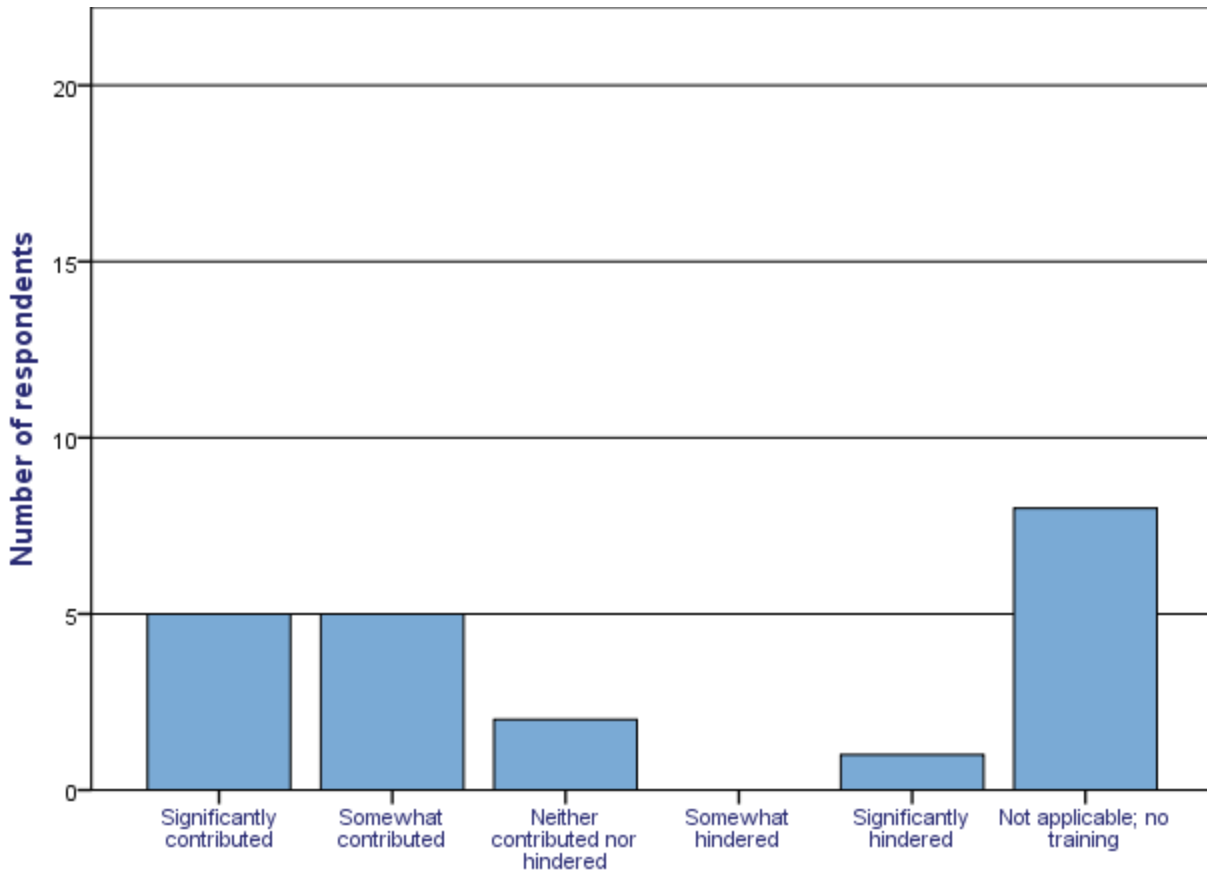
The majority of the respondents (eight of 19 beneficiaries and 17 of 25 counterparts) reported not having received any training. The few who received training (five of eight counterparts and five of eleven beneficiaries) reported that it significantly contributed to their technical knowledge or skills, and two counterparts reported that the training contributed to sustaining the project (Figures 11 and 12).

Figure 11: Usefulness of Training to Counterparts (n=25) of Project Technical Skill Development and Sustainability: Morocco



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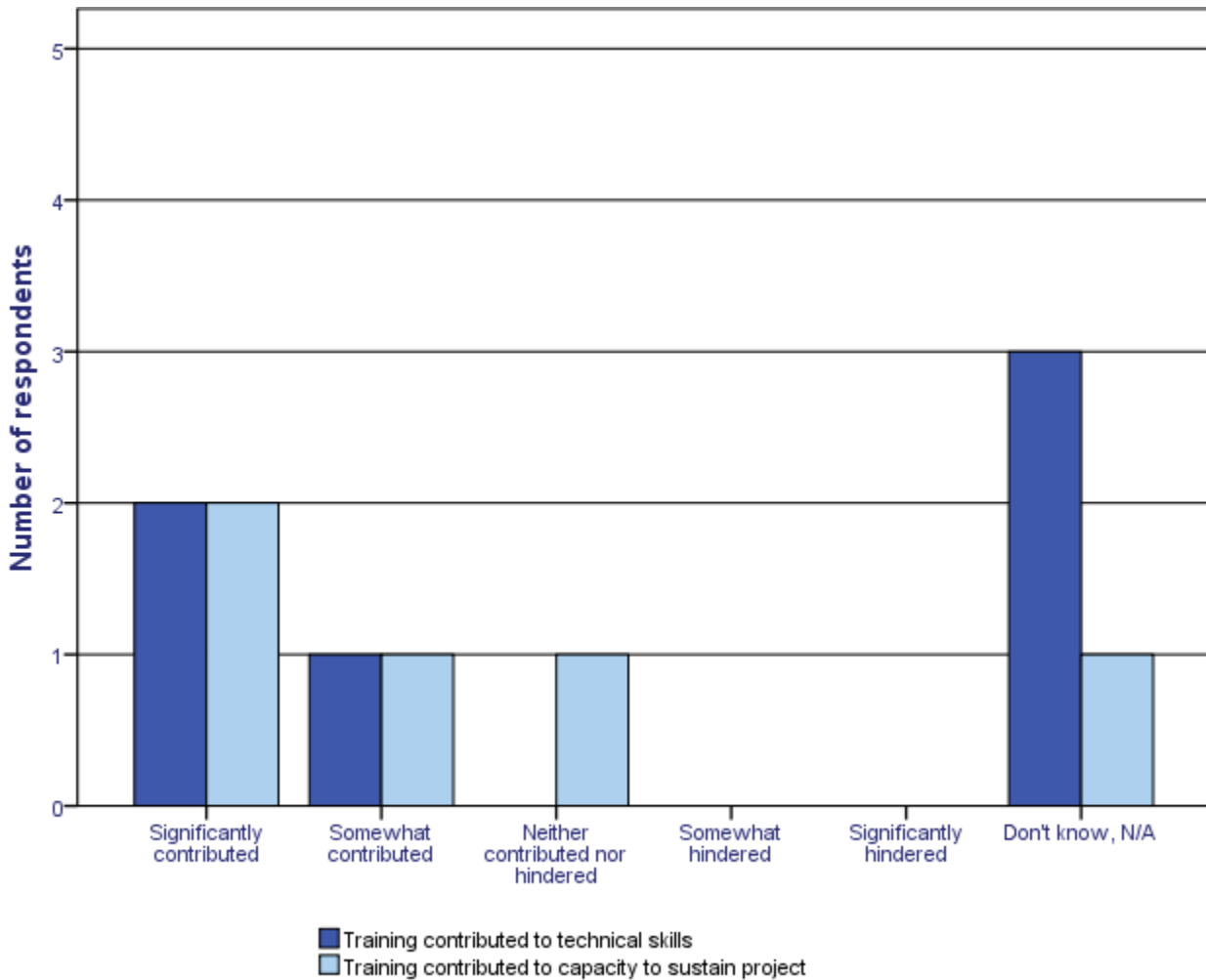
Figure 12: Usefulness of Training to Beneficiaries (n=19) of Project Technical Skill Development: Morocco



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Stakeholders were asked about the effects of training on local communities. Three of the five respondents reported that the training received contributed, at least somewhat, to local skill development and project sustainability while the remaining three said that they did not know whether the training had contributed to local technical skills (Figure 13).

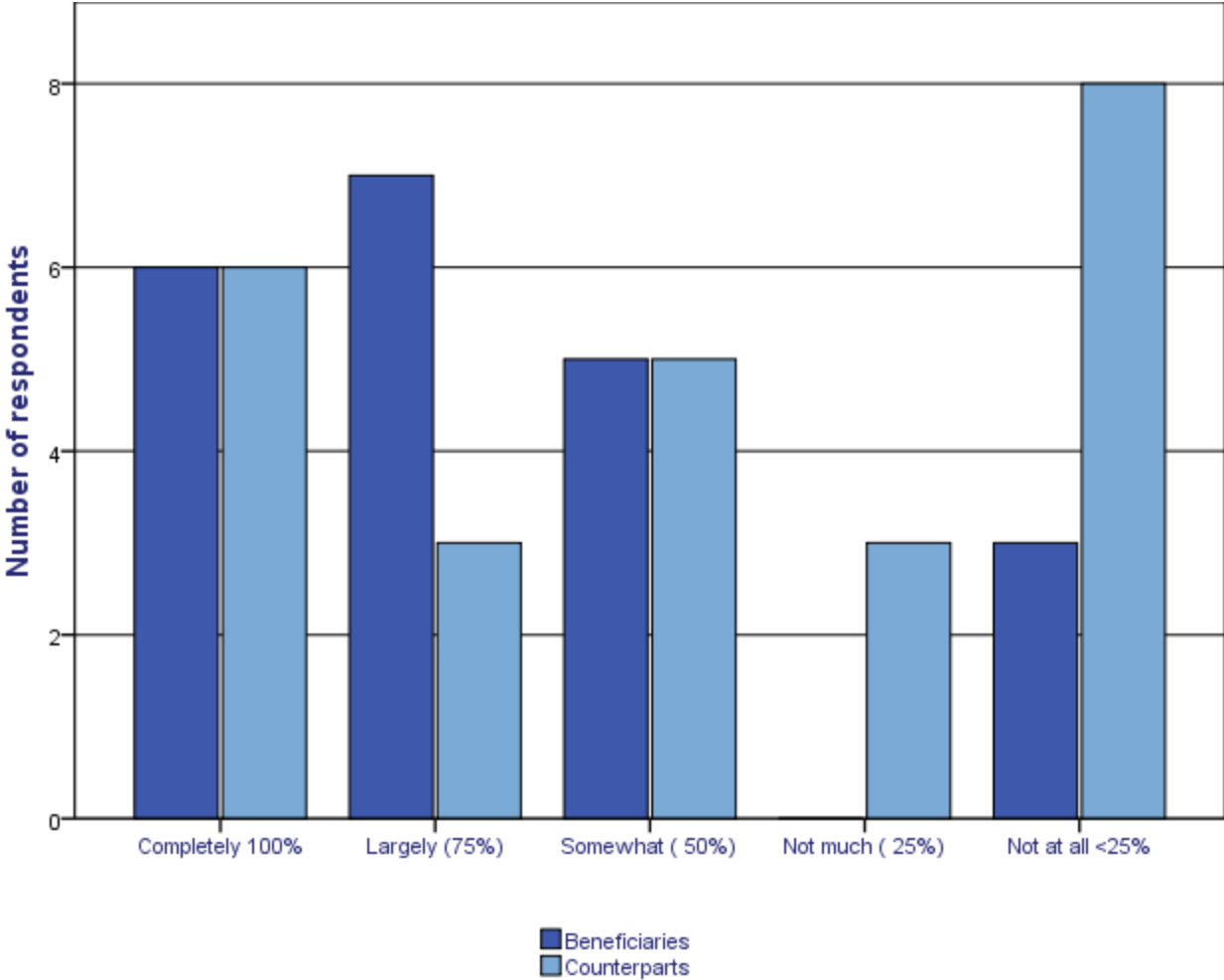
Figure 13: Stakeholder Rating of Training Usefulness for Project Technical Skill Development and Sustainability: Morocco (n=5)



Did Skills Transfer Lead to Sustainable Changes?

Eighteen of twenty-one beneficiaries and fourteen of twenty-five counterparts said that project – related changes were maintained to at least the 50 percent level after the departure of the Volunteer (Figure 14). Three of the twenty-one beneficiaries and eight of the twenty-five counterparts reported that the changes were not maintained at all after the departure of the Volunteer.

Figure 14: Extent to Which Counterparts and Beneficiaries Reported that Projects Were Sustained After Volunteer Departure: Morocco (n=46)



Overall HCN Satisfaction

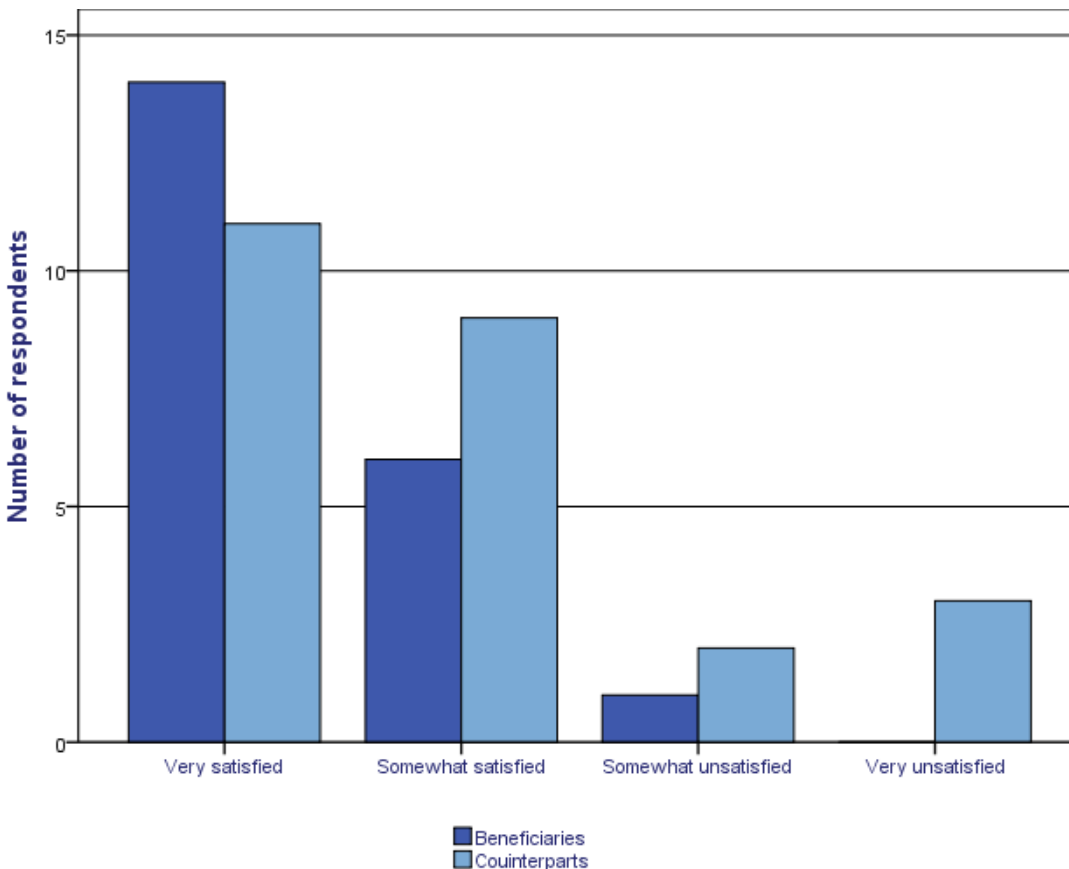
Two measures of overall satisfaction with the Peace Corps’ project were included in the interviews. These were satisfaction with the:

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

The findings on these questions are reported below:

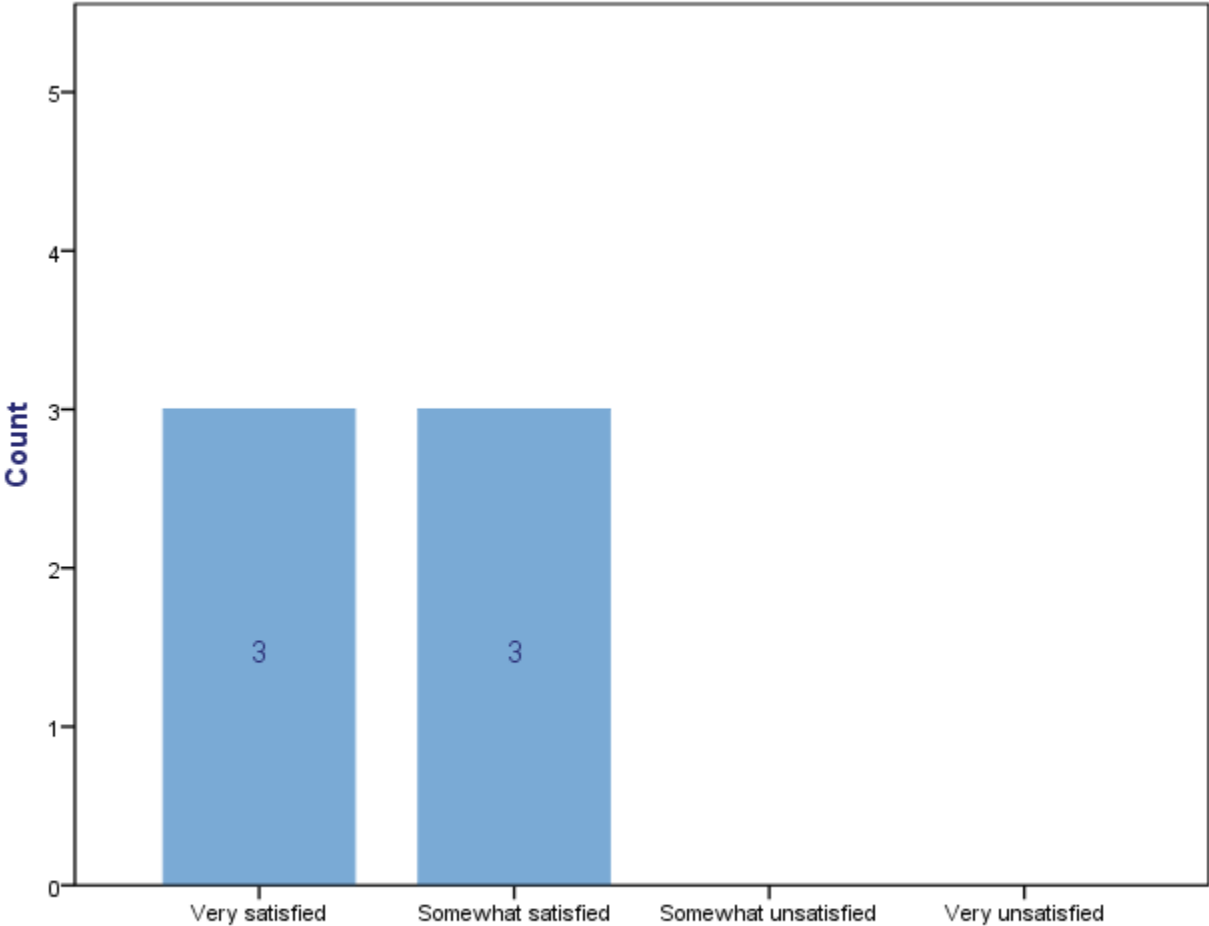
Most counterparts and beneficiaries reported being at least somewhat satisfied with the Peace Corps’ projects (Figure 15). Beneficiaries were somewhat more likely than counterparts, however, to report being very satisfied. Counterparts were the only respondents to report being very unsatisfied. All of the stakeholders reported being at least somewhat satisfied (Figure 16). While it appears that the stakeholders were more satisfied with the project than are the counterparts and beneficiaries, examination of their comments (see below) indicates that in some cases these individuals did not have detailed information about the project activities or outcomes.

Figure 15: Counterpart (n=25) and Beneficiary (n=21) Satisfaction with Project Outcomes: Morocco



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Figure 16: Stakeholder Satisfaction with Community Health in Rural Morocco Project Outcomes: Morocco (n=6)



HCNs' Comments About Overall Satisfaction with the Project:

Counterparts

I am really happy with everything she did here. Even if it was simple, she brought new things to our town.

I am somewhat satisfied with what they have done here. With the kids it was a very productive time and kids did really like it.

Actually, it is good, but still there are a lot of things to improve in terms of health projects.

The PCV has a big language barrier; she is afraid to talk to people; she is very shy; and community members take the initiative to talk to her, which makes things difficult for her. She is not doing a good job, in my opinion.

Beneficiaries

The volunteer didn't have a lot of specific health knowledge so she didn't impact my understanding of health practices, but she worked very well directly with community members. She was good at teaching the basics about garbage disposal and cleanliness.

PCVs tend to be leaders in health issues at this site.

I am very satisfied with their work because they achieved something that the community itself could not achieve.

Stakeholders

I can't tell about the changes personally because they take place at the local level. In broader lines, through reports, I know they must be there. The collaboration and coordination on the other hand, my domain, works very satisfactorily.

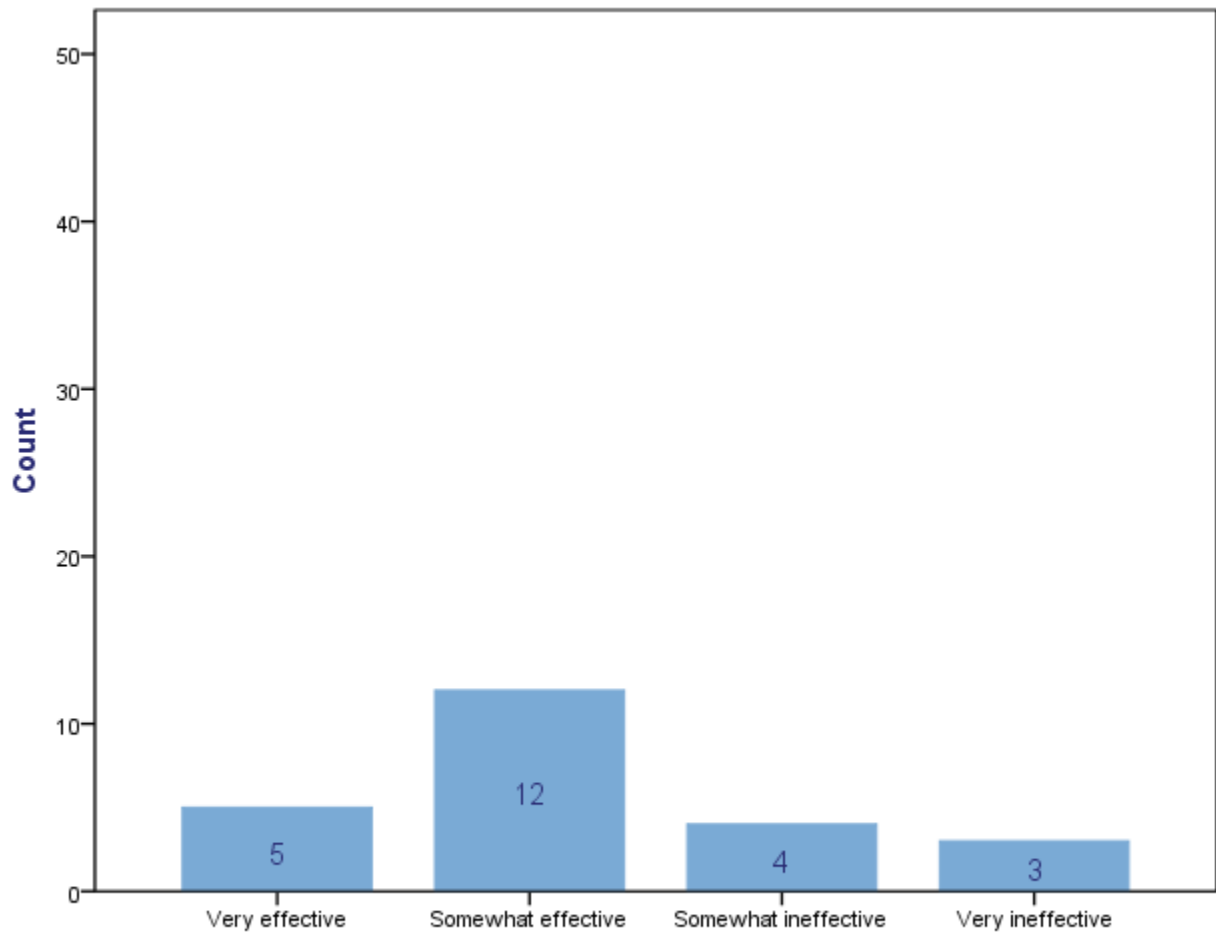
Yes, I am very satisfied, the indicators say that there are no problems raised in the community; [there is] no complaining, and people's feedback is positive. PCVs are doing well in different areas; they are well-integrated, and that is what we are looking for.

Yes [I am satisfied], but from a national perspective, it is only happening on a very local, limited, and small scale, scattered, like sprinkles on a hot plate.

Did HCNs Think Their Needs Were Met?

Seventeen of twenty-four respondents indicated that the project was at least somewhat effective at building relevant capacities (Figure 17).

Figure 17: Project Counterpart Rating of Local Capacity Building: Morocco (n=24)



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. Forty-four of forty-six counterparts and beneficiaries reported that they would want to work with another Volunteer.

HCNs' Responses About Why They Would Welcome Another Volunteer:

Counterparts

Yes for sure, because, as I told you before people trust them and people do what the PCVs ask them to do. So, I see no problem in having another PCV intervene in health education and convince community members to improve their health and have healthy lives.

We would like another Volunteer so they can continue and finish what other Volunteers did. This will help the work of the previous Volunteers to continue.

Yes I want another PCV, but I hope that they may be better in terms of their language competency and be more familiar with health issues.

Beneficiaries

I want another volunteer because I can see that the Volunteer has come to help us and having a Volunteer here benefits us. The Volunteer has lots of new ideas for projects that are exciting.

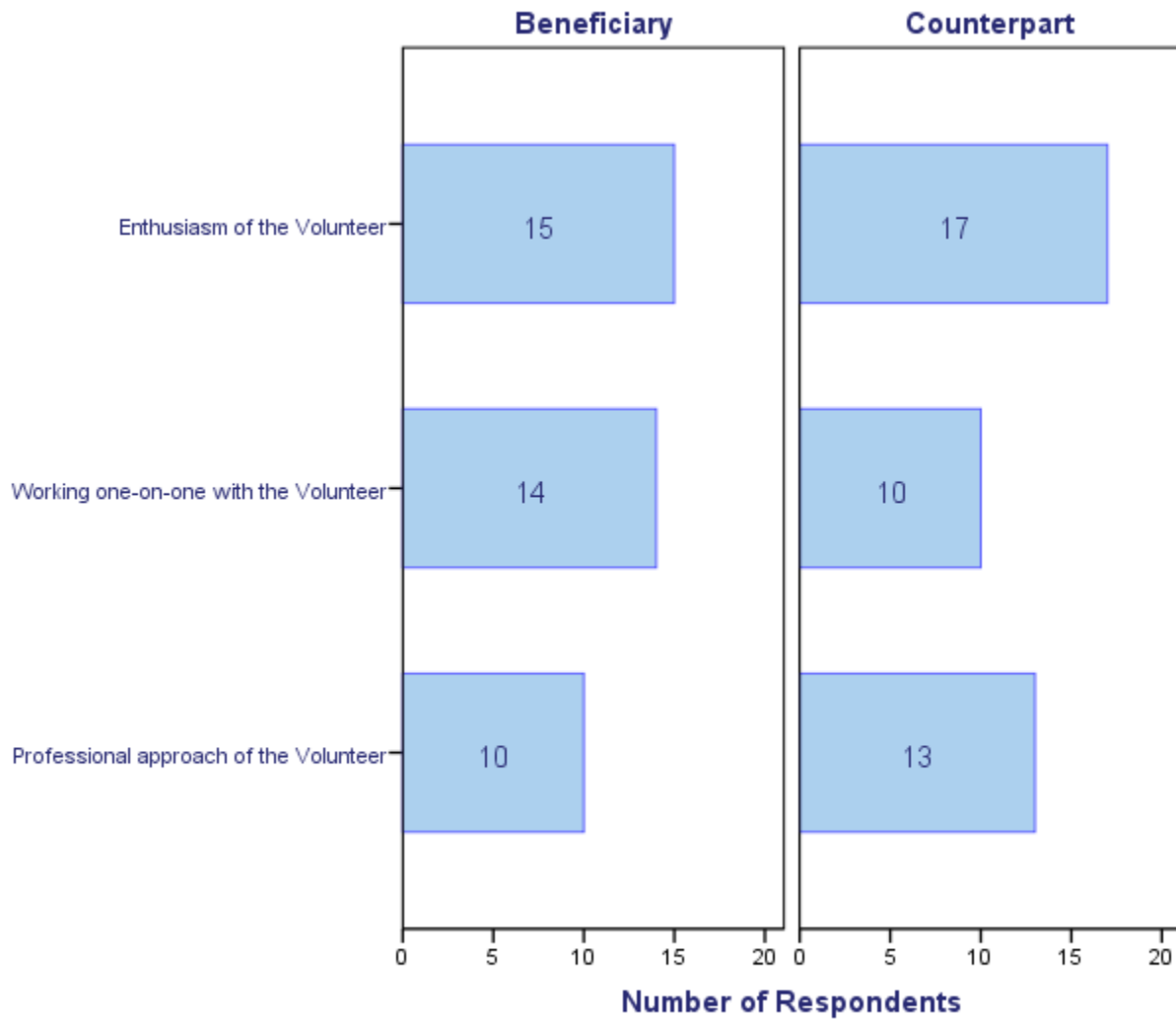
If it would be the same projects/activities, there is no need to send another PCV. We would not like to have another health PCV. We need to work with a small business development PCV like the one in Ait Ouffi.

I want another PCV but someone who will interact with the population and explain to them the Peace Corps goals.

Support and Barriers to Project Performance

Beneficiaries and counterparts involved in the project observed that the main factor contributing to the success of the project was the enthusiasm of the Volunteer (Figure 18). Comments from respondents emphasize the degree to which Volunteers are open and willing to talk with a wide variety of community members. This is viewed as important to a Volunteers’ ability to encourage community and personal level change.

Figure 18: Factors Project Counterparts and Beneficiaries Credited with Project Success: Morocco (n=46)

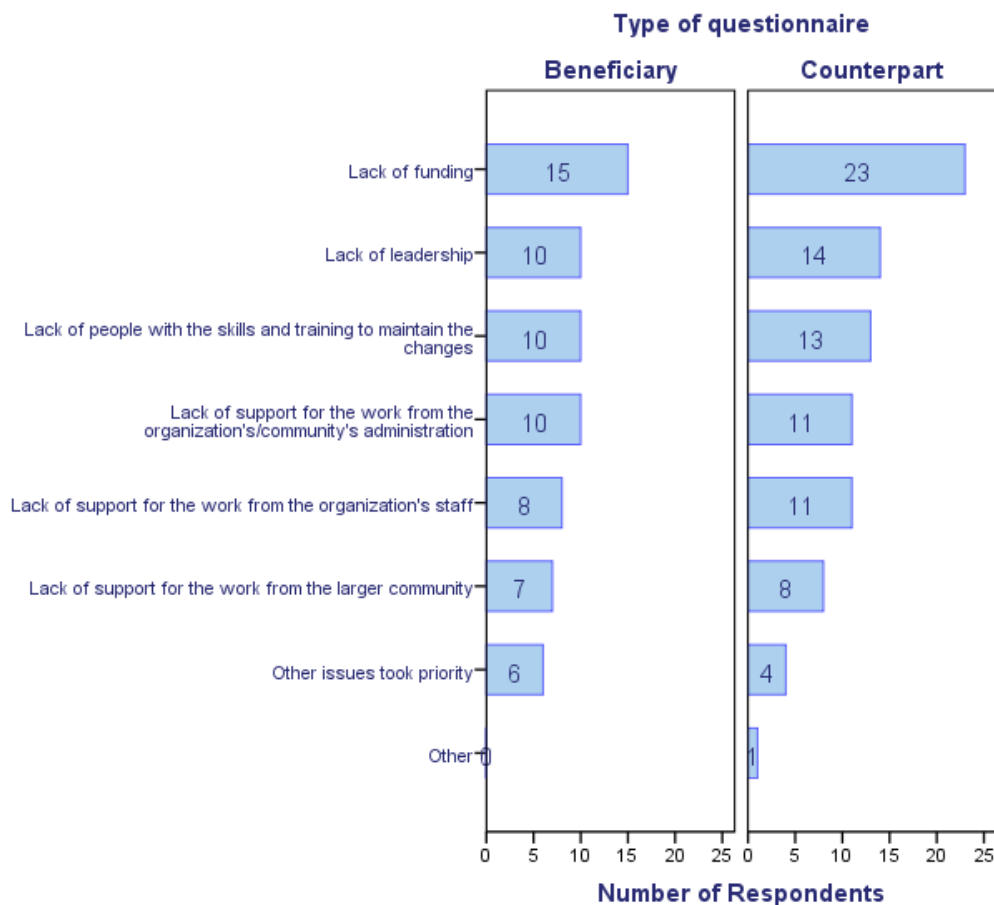


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The most frequently mentioned barrier to project success according to counterparts, beneficiaries, and stakeholders was a lack of funding (Figures 19 and 20). As one respondent noted: *“Lack of funding can hinder sustainability when a project is started without the funds available to continue the service.”*

A comment made by several respondents was that the project work was not completed because Volunteers left their sites before the end of the service. This observation is substantiated by the fact that early termination rates for Morocco between 2007 and 2009 ranged between a high of 43 percent in 2007 and a low of 20 percent in 2009. Another barrier not specifically asked about but derived from the analysis conducted by the in-country senior researcher⁹ is that both counterparts and beneficiaries thought that they *“were ill-prepared before the Volunteer’s arrival, both professionally and as community member[s]. Many of them also [reported not having] any training relating to the PCV”*.

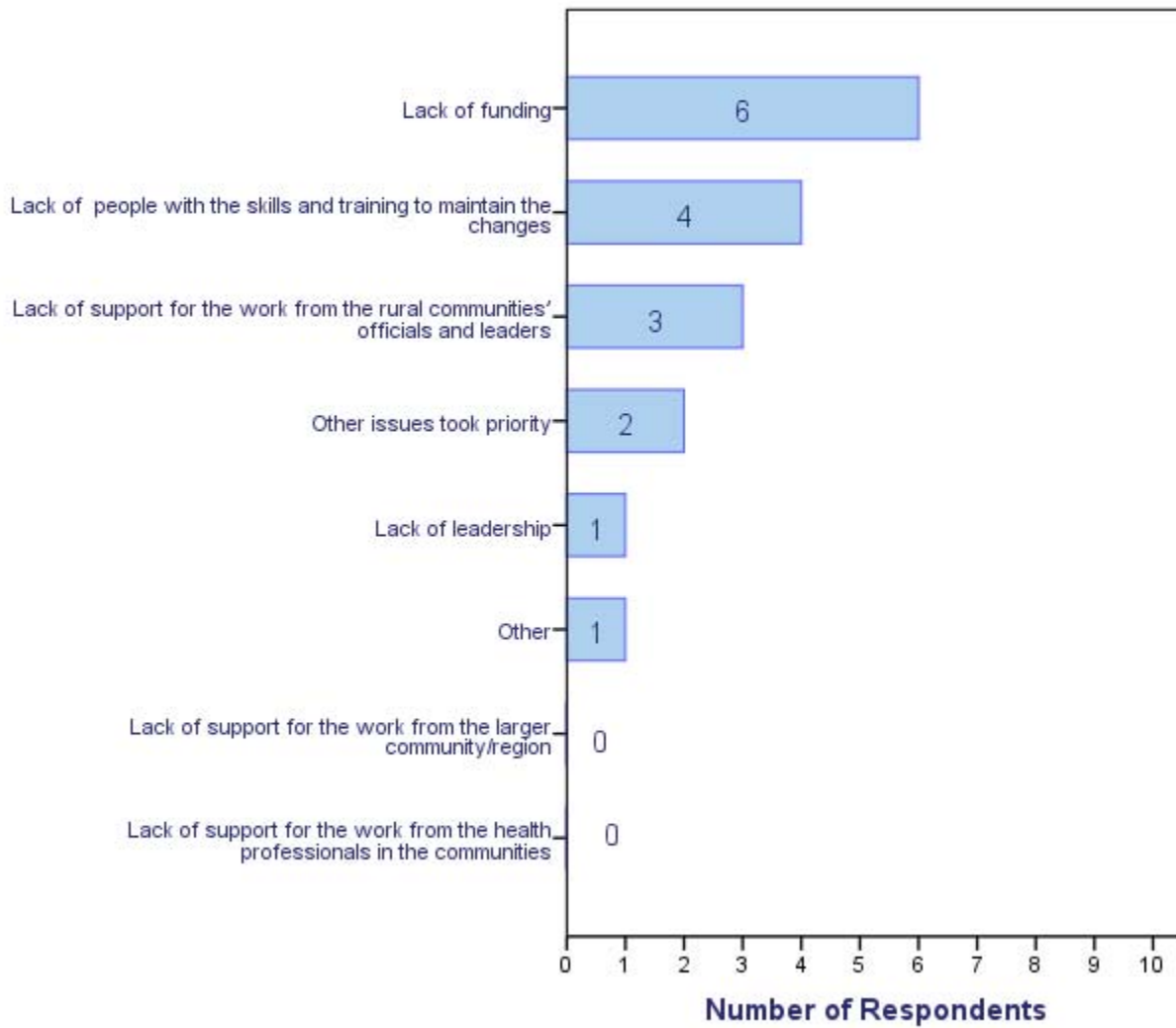
Figure 19: Counterpart (n=25) and Beneficiary (n=21) Rating of Barriers to Project Success: Morocco



⁹ Schoemaker T. (2010) *REPORT (Draft) On Host Country Impact Study, Data Collection Phase, Of Community Health in Rural Morocco Project*, page 8

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Figure 20: Stakeholder Rating of Barriers to Project Success: Morocco (n= 6)



HCNs' Comments About Barriers to Project Success:

Counterparts

People don't have money; most of them are illiterate and incompetent to do such things, unless there are some educated people. But, if there is money all problems can have solutions.

There are people who are interested in doing and continuing these kinds of projects but they need more training and support from other organizations.

Beneficiaries

We don't have a lot of educated people to encourage change and people really like their ways of doing things, whether it is healthy or unhealthy.

[Barriers include] illiteracy, some people still have no idea about the unhealthy behaviors, and can't understand what the PCV, nurse or even the doctor is talking about, poverty and lack of support for poor families for basic things like soap, toothbrush, etc.

Stakeholders

There is a lack of good will. Sometimes local personalities can frustrate a project for any kind of reason.

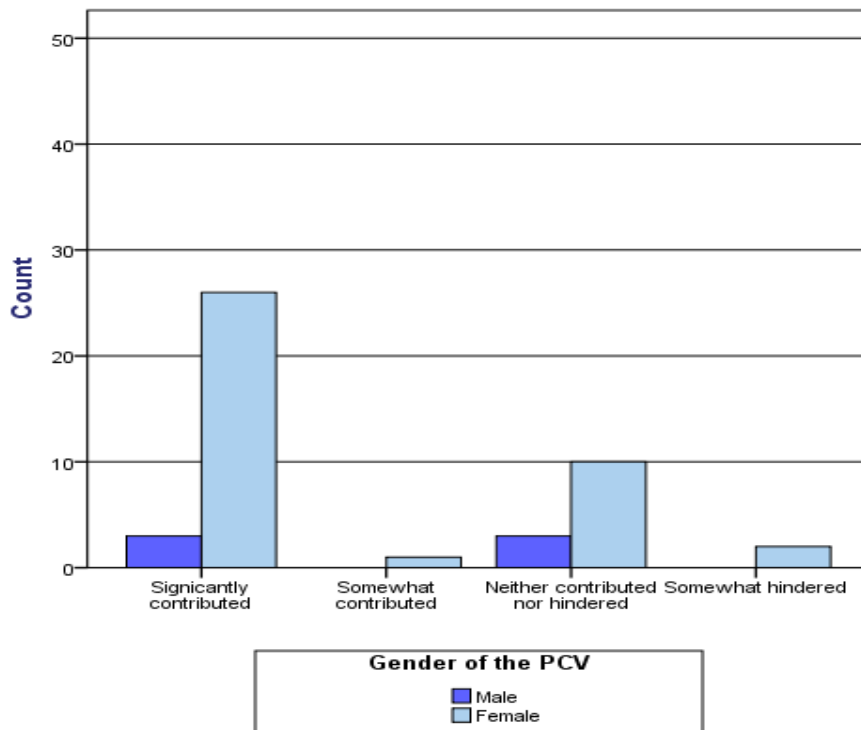
Most of the volunteers leave their sites before finishing their service which makes most of the projects unsustainable.

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The Moroccan study added a question about the impact of the Volunteer’s gender on the project. Most respondents reported that the gender of the Volunteer affected the success of the project (Figure 21). Specifically, all HCNs who had worked with male PCVs indicated that the PCV’s gender either contributed positively to the project or was a neutral factor. Most respondents who had worked with female PCVs (26 of 39) said that the PCVs’ gender significantly contributed to the project’s success. One respondent said that PCV gender contributed somewhat to the project and ten said that it was not a factor. An additional two respondents, who had worked with female PCVs, reported that the PCV’s gender hindered the project. These respondents may have misunderstood the question as neither offered a reason why having a female PCV would hinder the project. In fact, one commented that female PCVs were more effective than male PCVs because of the conservative communities in which they work and the other one said that PCV gender makes no difference.

This finding was elaborated on by the in-country senior researcher¹⁰ who wrote that because many of the beneficiaries were women and “because most rural health projects contain issues of reproductive health, maternal care, STDs and such, and because these sex related topics are surrounded by taboos (if they can be discussed at all!), respondents overwhelmingly responded that female Volunteers would be more effective than males in this respect”.

Figure 21: Reported Effect of Gender on Project Success (n=45)



¹⁰ Schoemaker T. (2010) REPORT (Draft) On Host Country Impact Study, Data Collection Phase, Of Community Health in Rural Morocco Project page 13

HCNs' Comments on the Effect of Gender on Project Success

Counterparts

A female Volunteer can do health education with the local women. It's very conservative here and that's why men would not make any contribution.

It is better to have a female PCV in the health sector in conservative areas like Tazougart. Based on local cultural, social and religious reasons, females can integrate better and it would be very hard if not impossible for a male to explain or even talk [to the women].

Beneficiaries

The gender makes a big difference because it is a very conservative community and women will not speak to men about health problems. It helps to have a female volunteer so we can reach all members of the community. Female volunteers can work with men and women.

In some areas only women are in touch with the kids and stay in the town during the day, so to have a female PCV would be effective for tackling more issues that relate to women.

It depends on the personality, motivation of the PCV, and the kind of project the PCV wants to conduct. For me both genders are the same.

Lessons Learned Regarding Goal 1 Performance

Several topics that would benefit from additional analysis emerged from the research:

Low level of skills transfer: Responses to several questions suggest that respondents are not adopting the health-related behaviors that are the focus of the project (for examples see Figures 5 and 6). The rates of change were especially low regarding pre-natal care and traditional birth attendant practices. When asked specifically about what they learned through the project, few counterparts or beneficiaries reported learning the skills that are the primary focus of the project (Figure 8). The low numbers for any particular skill may be due to a low number of Volunteers working on that particular skill area. If different Volunteers are expected to work in a sub-set of project areas, then the low numbers for each skill make sense. But, if all Volunteers are expected to conduct activities that address all of the project areas, then these low numbers are of concern.

HCN Satisfaction: Notwithstanding the finding that PCVs' projects have minimal impact on capacity building (Goal 1), a large majority of the respondents are happy and satisfied with the projects as such, even when outcomes and changes are small, and not sustained. Respondent satisfaction with the project is also indicated by the fact that practically all respondents would

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like to have another Volunteer come to work with them. Respondents indicate in their comments that PCV input is most welcome and communities appreciate the idea that outsiders take interest and seem to care for them. Additional research should be done to determine the basis for HCN satisfaction with the project.

A need for HCN training: Little training of counterparts was conducted through the project. A majority of counterparts reported receiving no counterpart training (Figure 8). A majority of respondents also reported not receiving any training related to the specific project topics (Figure 11). In addition, low numbers of respondents reporting learning skills through the project (Figures 9 and 10). This finding was confirmed by post staff and suggests that the lack of training reported is an accurate finding rather than underreporting based on an unclear definition of the term training.

Administrative support for project sustainability: A significant number of respondents indicated that a lack of leadership and skilled people were barriers for sustaining the health projects (Figures 19 and 20). This finding was supported by the in-country senior researcher¹¹ who wrote that *“a large majority of respondents were hardly aware of what was going to happen and by whom, and why, before a project started. Sites are apparently simply being assigned by the Ministry of Health and then operationalized by the Peace Corps through some contacts with stakeholders and/or known counterparts. Community needs are defined also by the Ministry of Health: they are central priorities and policies, not necessarily reflecting the actual local situation”*. Two specific issues that would benefit from additional analysis by the post are: training and building local support for projects.

Gender: It appears that the gender of the PCV does affect the success of the project. In traditionally conservative areas such as those represented by the project sites, respondents reported that it is better to have female PCVs. The post is already sensitive to this issue and should continue to take this issue into account when requesting and placing Volunteers in the future.

¹¹ Schoemaker T. (2010) REPORT (*Draft*) On Host Country Impact Study, Data Collection Phase, Of Community Health in Rural Morocco Project page 9

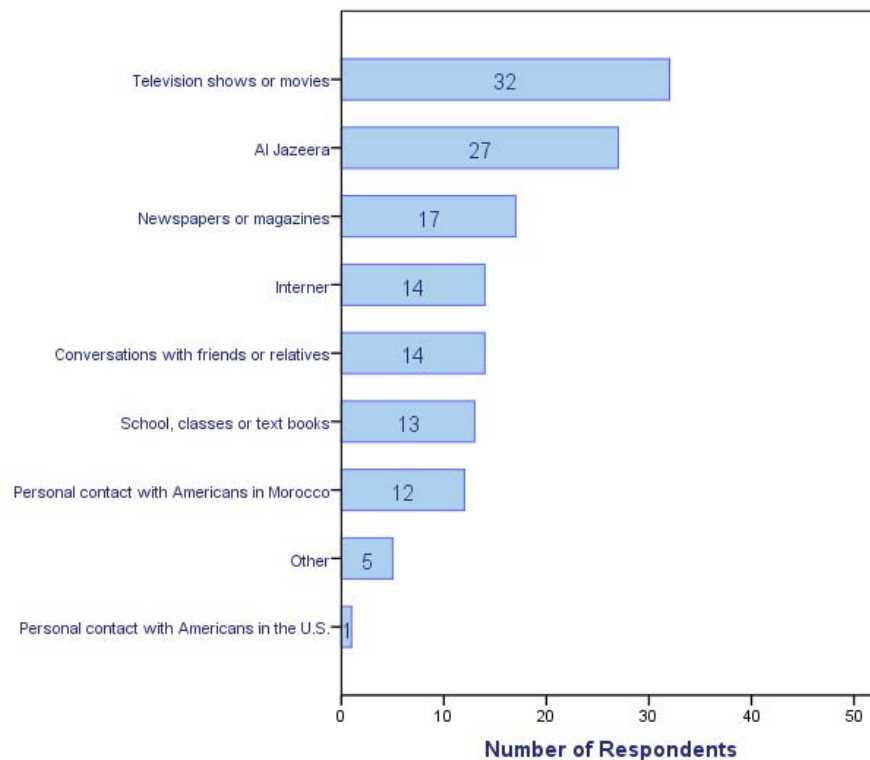
CHAPTER 4: GOAL TWO FINDINGS

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 Moroccans 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 Moroccans interacted with Volunteers and concludes with their opinions of Americans after interacting with Volunteers.

How Did Moroccans Get Information About Americans Prior to Interacting With a Volunteer?

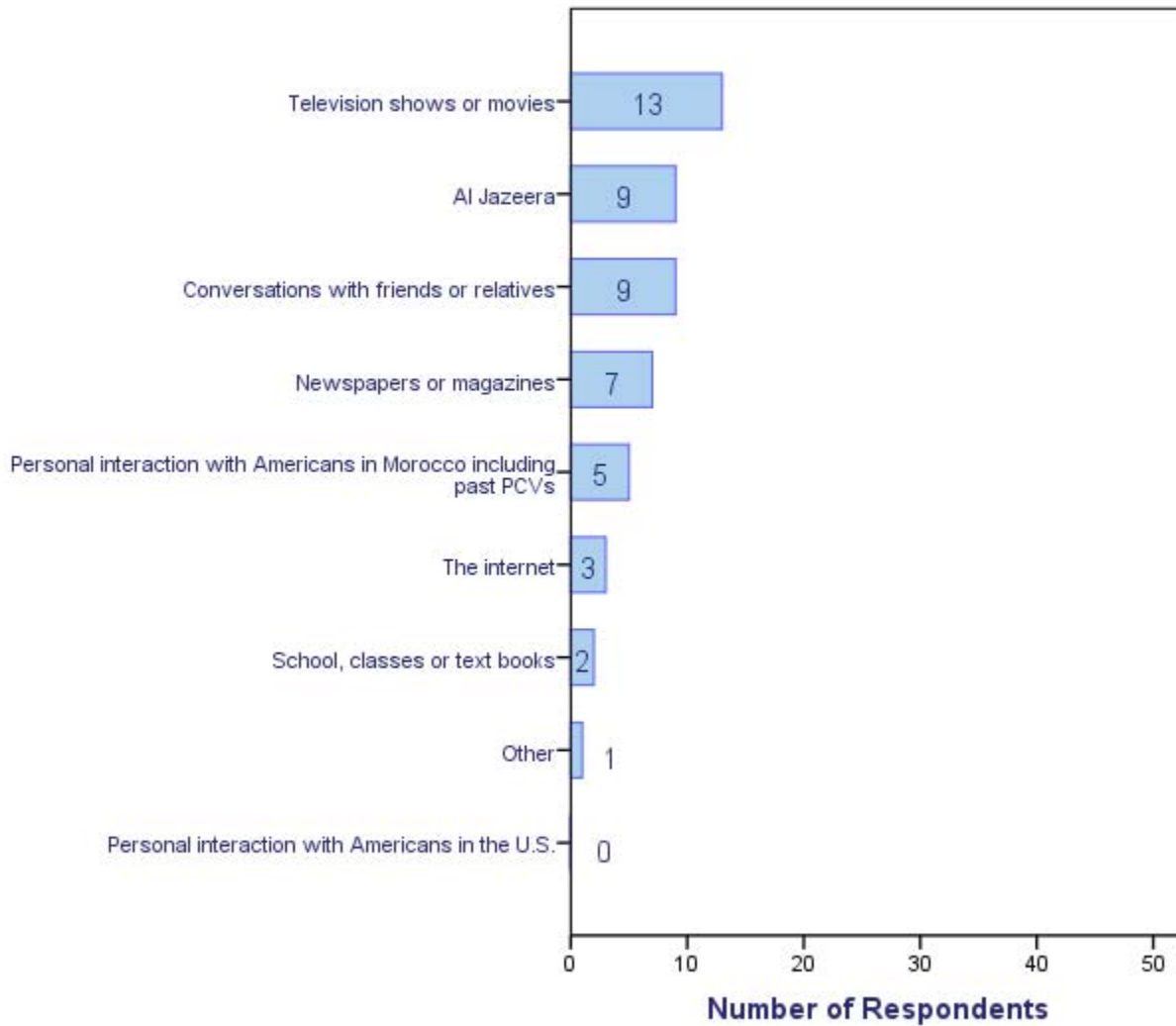
Among counterparts, beneficiaries and host families, the most frequently mentioned source of information about people from the United States was television shows or movies (Figure 22 and 23), followed by print media. Few mentioned having personally interacted with Americans in Morocco or in the United States.

Figure 22: Counterpart and Beneficiary Sources of Information about Americans Prior to Interacting with a Volunteer: Morocco (n=46)



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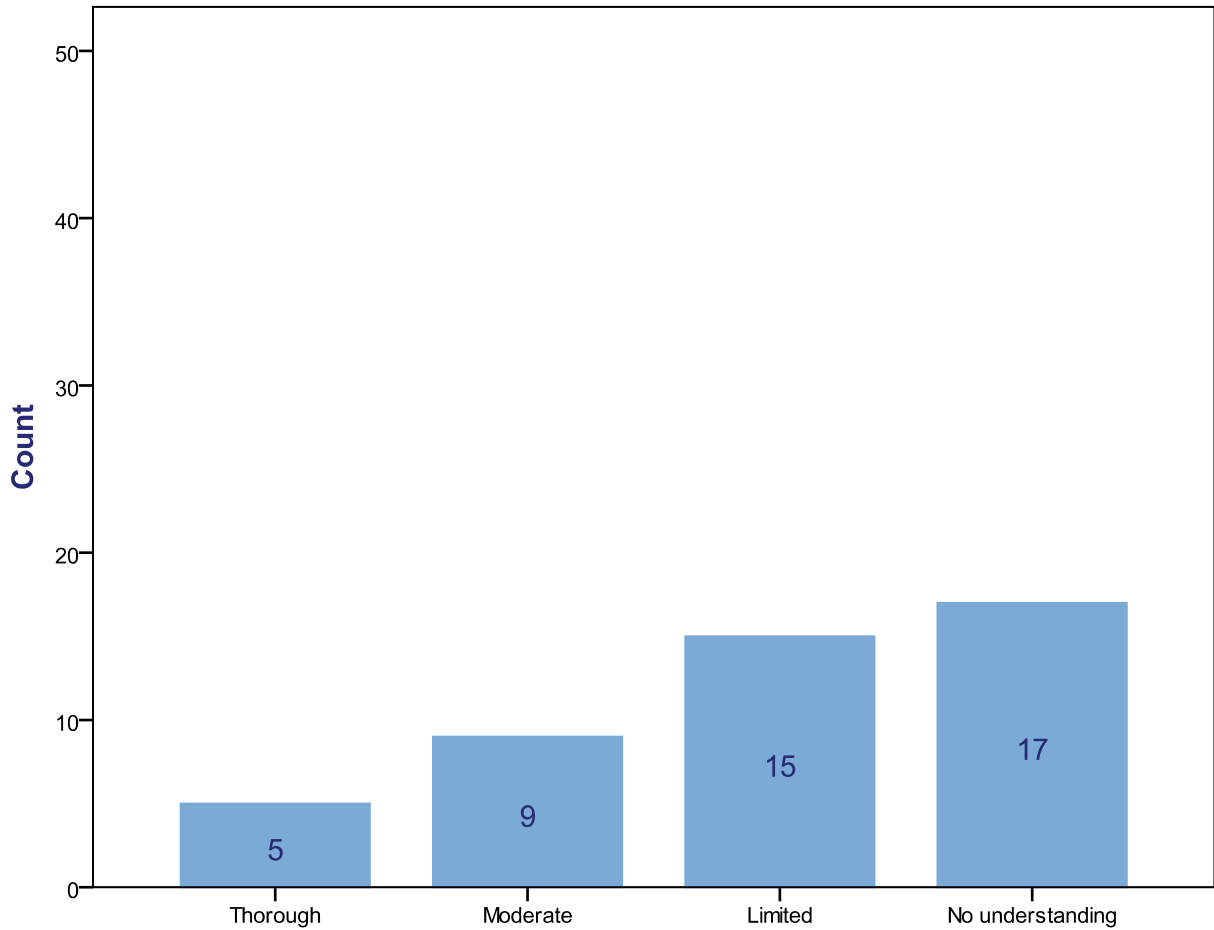
Figure 23: Host Family Sources of Information about Americans Prior to Interacting with a Volunteer: Morocco (n=22)



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

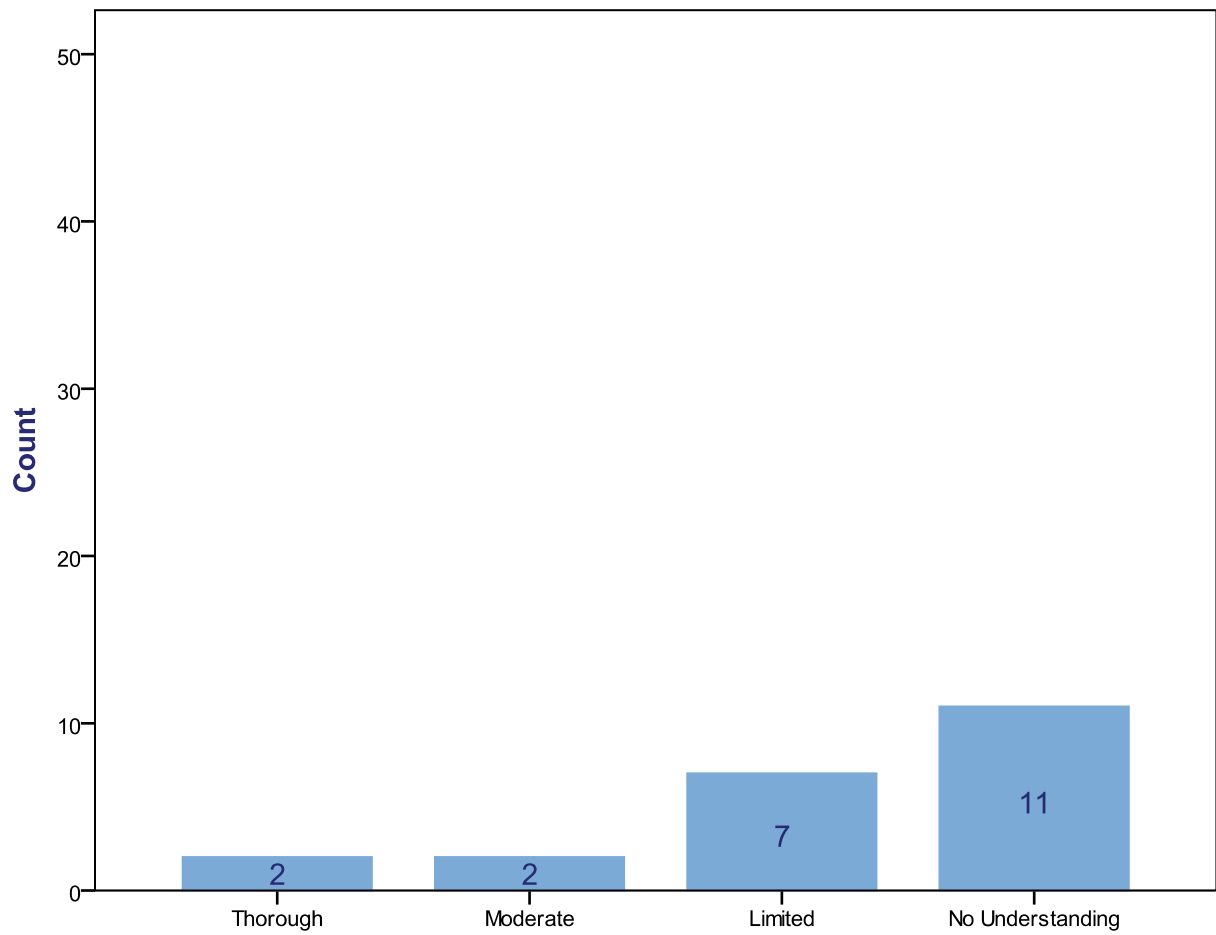
Before interacting with Volunteers, most counterparts and beneficiaries reported either a limited understanding (15 of 46) or no understanding (17 of 46) of Americans (Figure 24). The same trend was evident among host family members (Figure 25).

Figure 24: Counterpart and Beneficiary Level of Understanding of Americans Before Interaction: Morocco (n=46)



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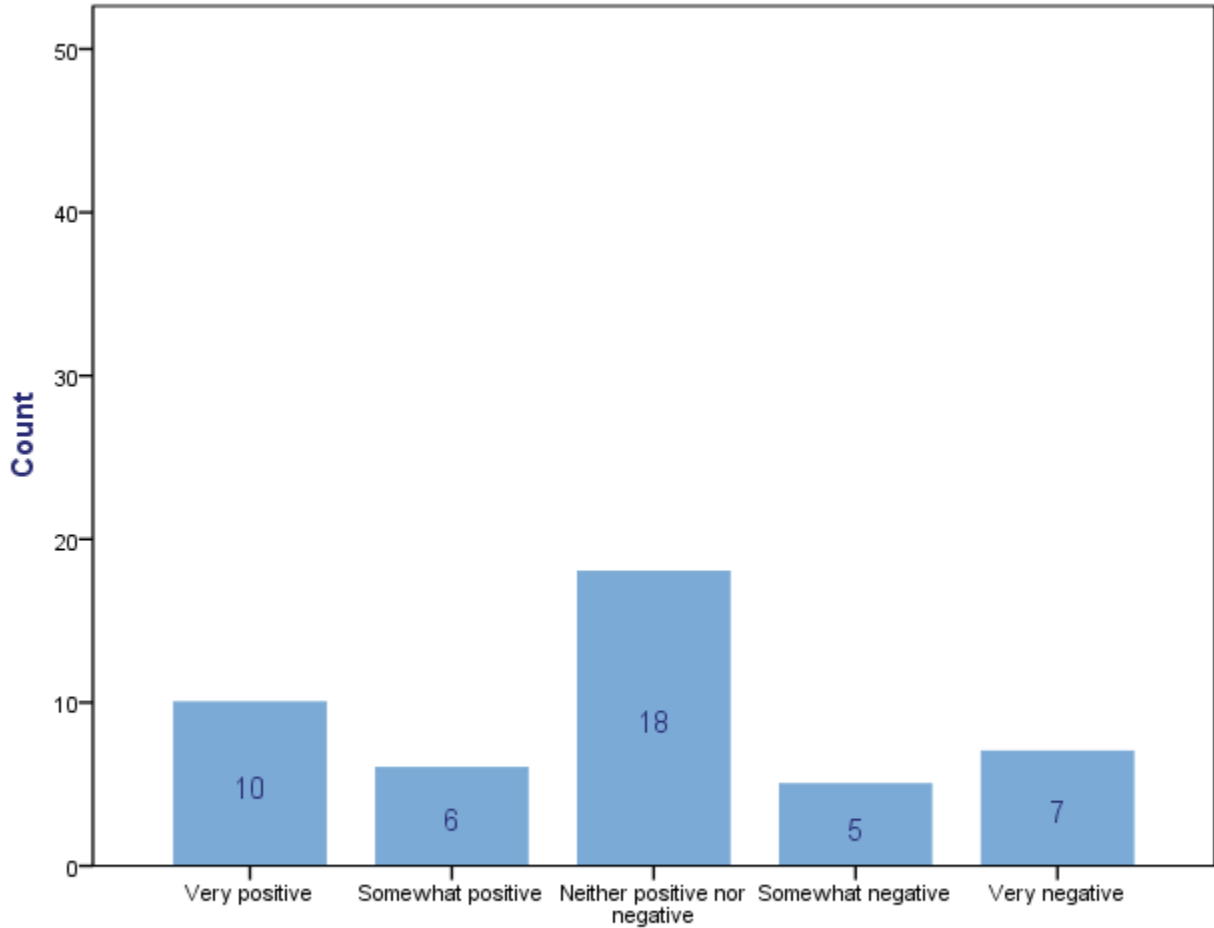
Figure 25: Host Family Member Level of Understanding of Americans Before Interaction: Morocco (n=22)



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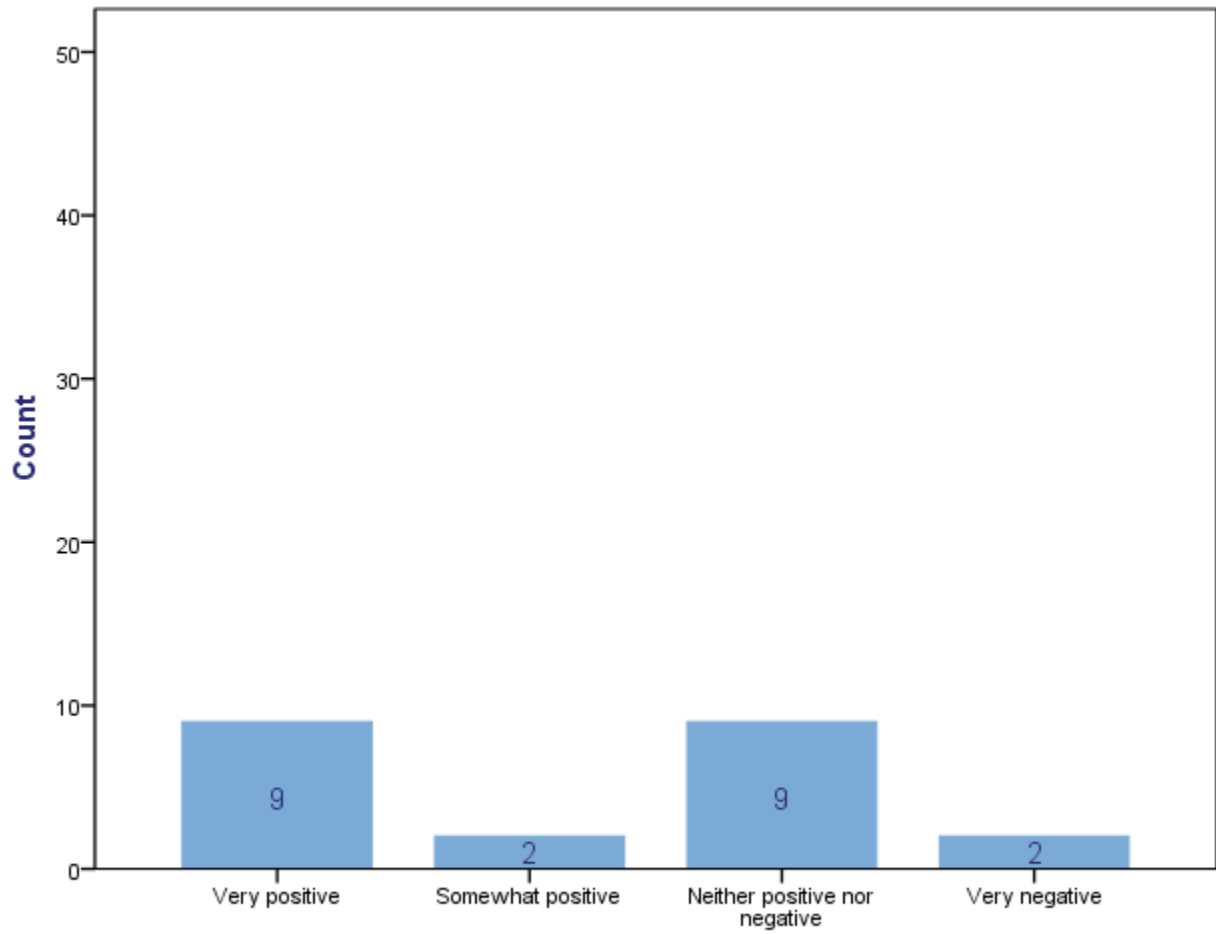
Thirty-four of forty-six counterparts and beneficiaries, as well as twenty of twenty-two host family members, reported either a neutral or positive opinion of people from the United States before interacting with a Volunteer (Figures 26 and 27).

Figure 26: Counterpart and Beneficiary Opinion of Americans Before Interaction: Morocco (n=46)



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Figure 27: Host Family Member Opinion of Americans Before Interaction: Morocco (n=22)



HCNs' Opinions of Americans Prior to Interacting with Volunteers:

Counterparts

They are intellectual, knowledgeable, educated, direct, honest, hardworking, and trustworthy.

[We had a] fear of Americans when they first came; we thought that they had political reasons. Americans like war and like to kill the people of other countries.

I had no clear opinion.

Beneficiaries

In the 1960s and 1970s, America sent flour and oil to people in Morocco. This is what I think of when I think about Americans: they are generous.

They are selfish—they go towards their objectives and they will not be your friends until they knew that they can benefit in some way. They exploit other countries.

The majority of Americans are good, honest, respectful, polite, and treat men and women equally. They are also open. But, their politicians are very cruel and skillful. They are very rich.

Host Family Members

They belong to a democratic country, and they respect time and they are directly/very structured in their lives.

I didn't know much about Americans before; the only thing I could say is that they are people.

I was against Americans. I hated them because of the wars and disasters they made in Iraq and Afghanistan, and their support to Israel. My opinion was that they are cruel, aggressive and unfriendly.

To What Extent Did Respondents Have Experience With The Peace Corps And Volunteers?

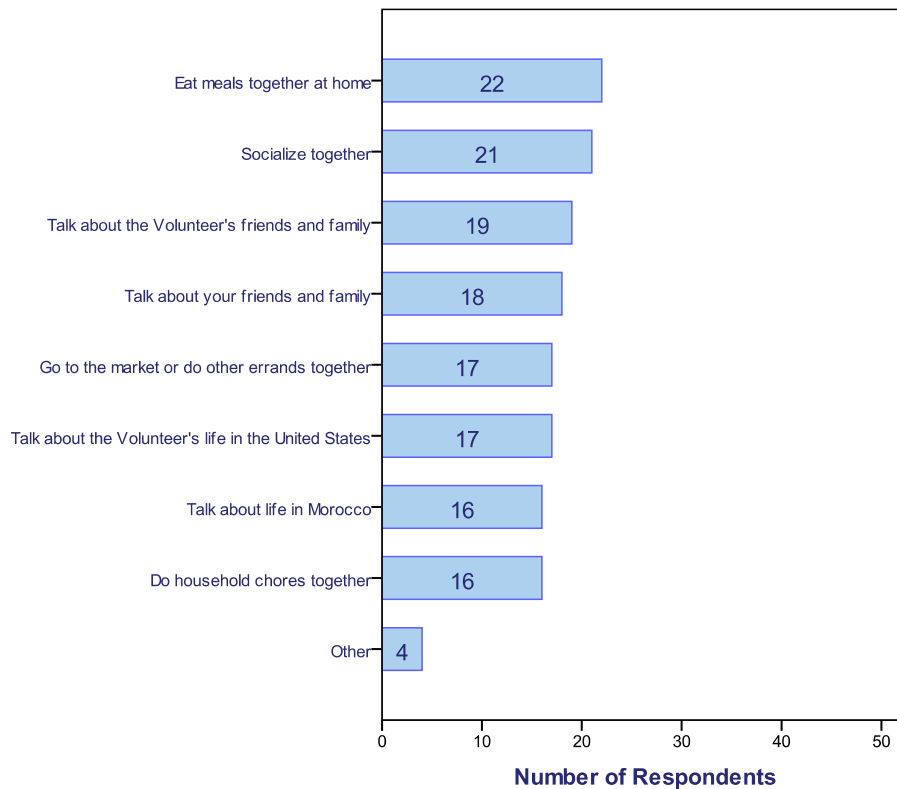
Counterparts and beneficiaries reported having known an average of three Volunteers over a period of two and a half years. Host family members reported hosting an average of two Volunteers and hosting the most recent of those Volunteers for approximately eight and a half months.

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 number and types of interactions that HCNs had with Volunteers.

All of the host families engaged in the daily activities of their Volunteers - sharing meals, going to the market, doing errands, and socializing together. The socializing seemed to include discussions of family life in both cultures (Figure 28).

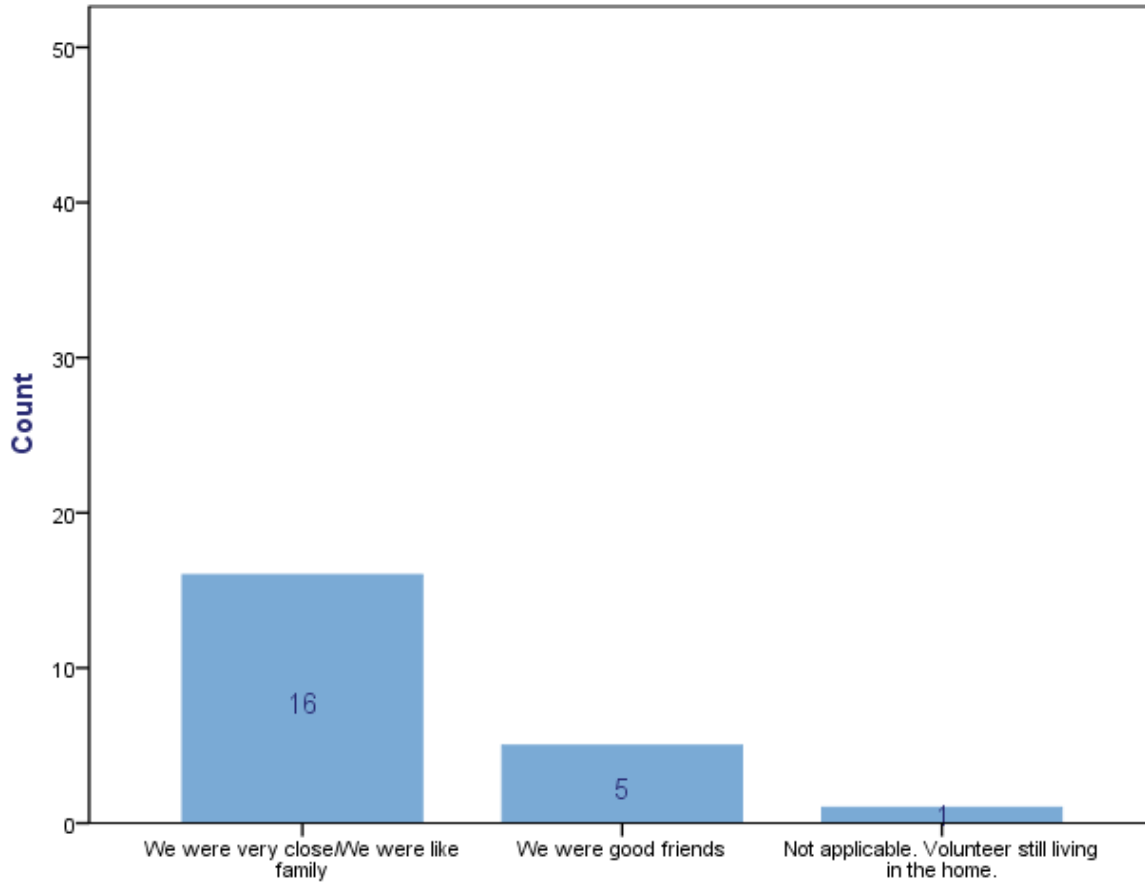
Figure 28: Activities that Host Family Members Shared with Volunteers: Morocco (n=22)



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Respondents rated their relationships with the Volunteers they hosted positively, with 72 percent (16 of 22) reporting they were very close and thought of the Volunteer as part of their family (Figure 29).

Figure 29: Host Family Rating of their Relationship with the Volunteer: Morocco (n=22)



Host Family Comments About Their Relationships with Volunteers:

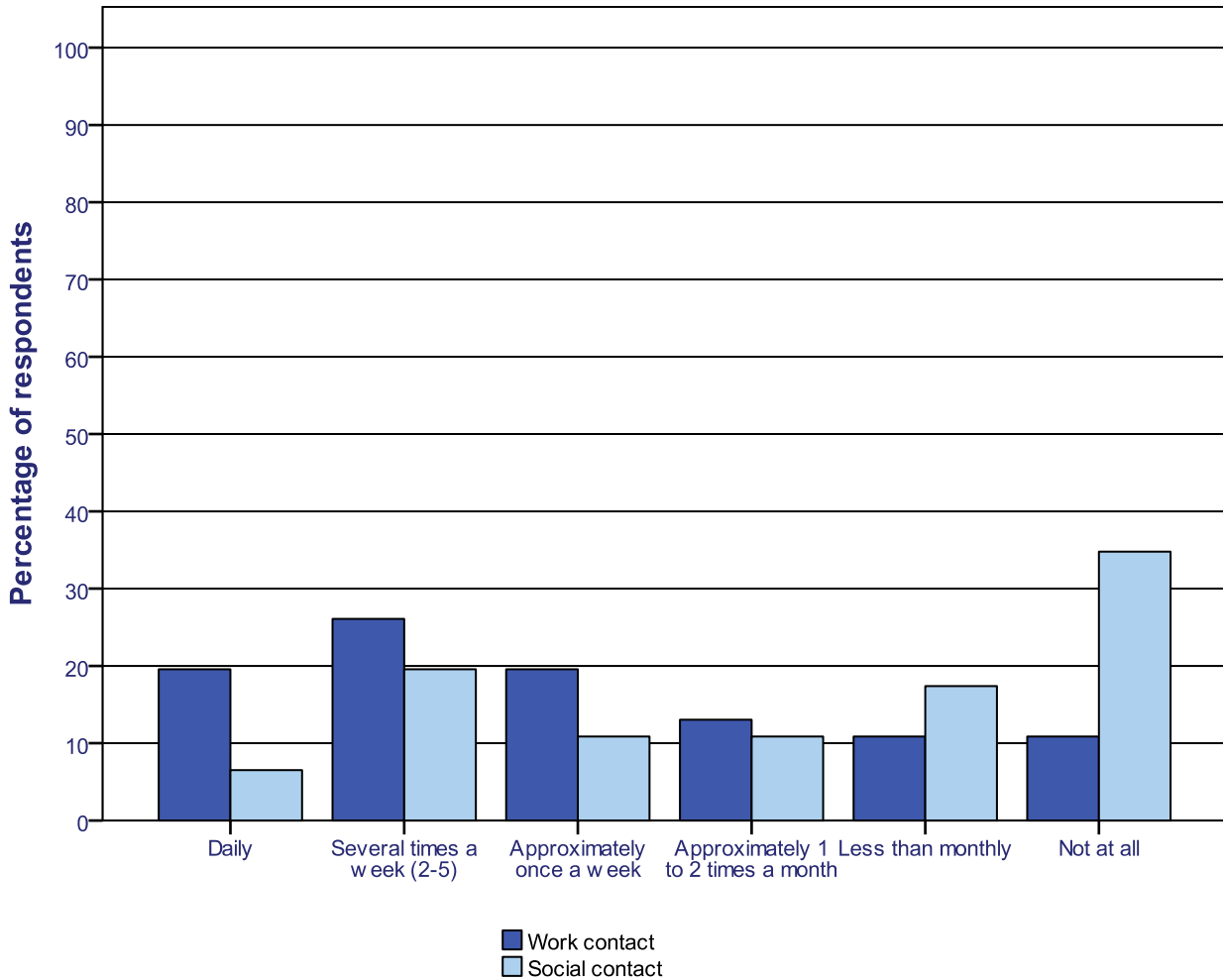
She was one of our family and she treated us the same way. Whenever she had a problem she came to ask for help.

The relationship was even stronger by the end of her stay. I remember when she left for America we all cried and hugged each other. We are still in contact.

It was a great relationship; we were always together talking and enjoying ourselves. He promised to come back to the village. I still remember when his family came to Morocco and we had a party.

Host country counterparts and beneficiaries: When contacts were work related, 65 percent of beneficiaries and counterparts saw the Volunteer at least weekly. When the contacts were social (defined as outside of work), 37 percent of respondents reported social contact at least weekly. However, over one third (35%) reported no social contact at all with the Volunteer (Figure 30). No appreciable difference was reported between counterparts’ and beneficiaries’ social contact with PCVs.

Figure 30: Frequency of Volunteer Interaction with Counterparts and Beneficiaries: Morocco (n=46)



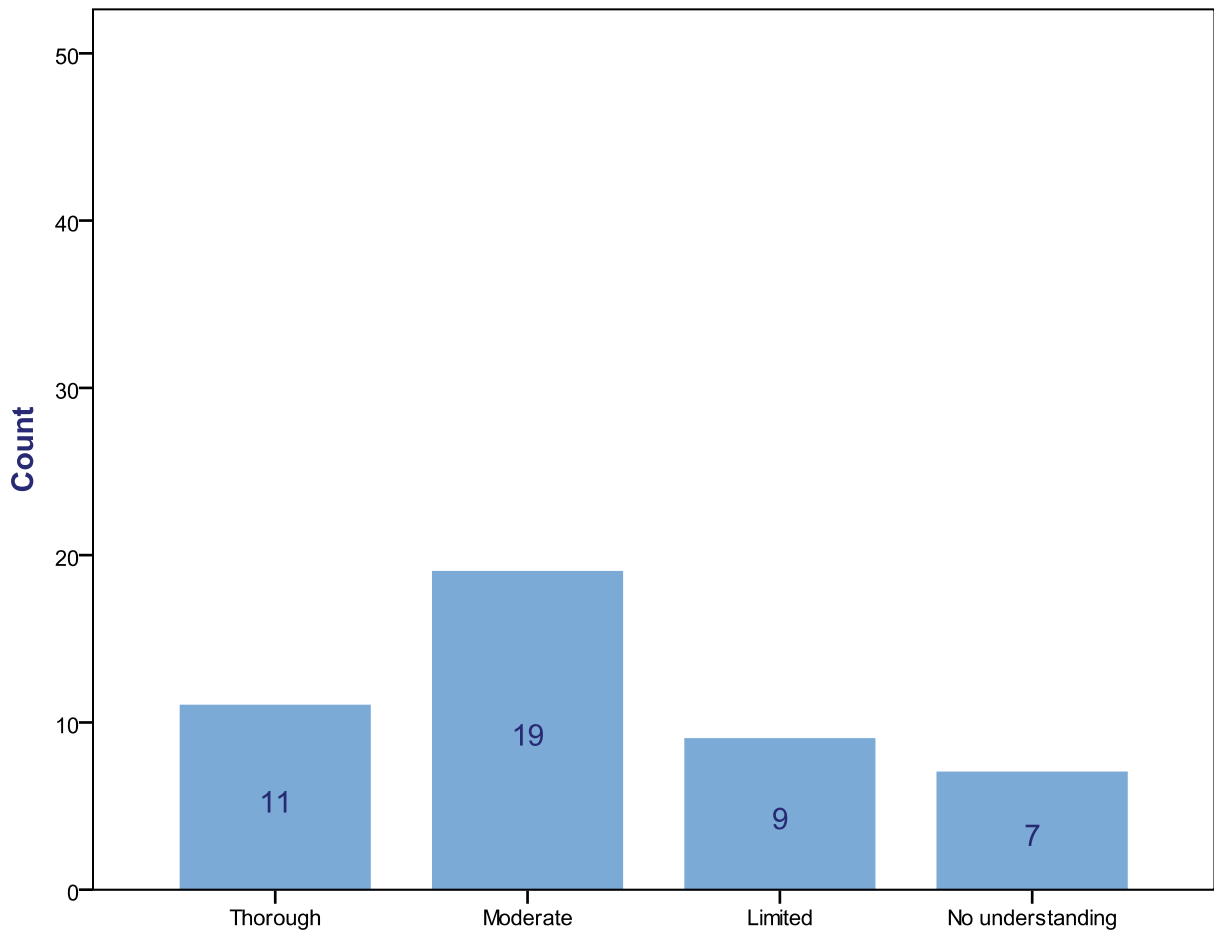
Changes in HCN’s Understanding of Americans After Knowing a Volunteer

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 their interaction with Peace Corps Volunteers.

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

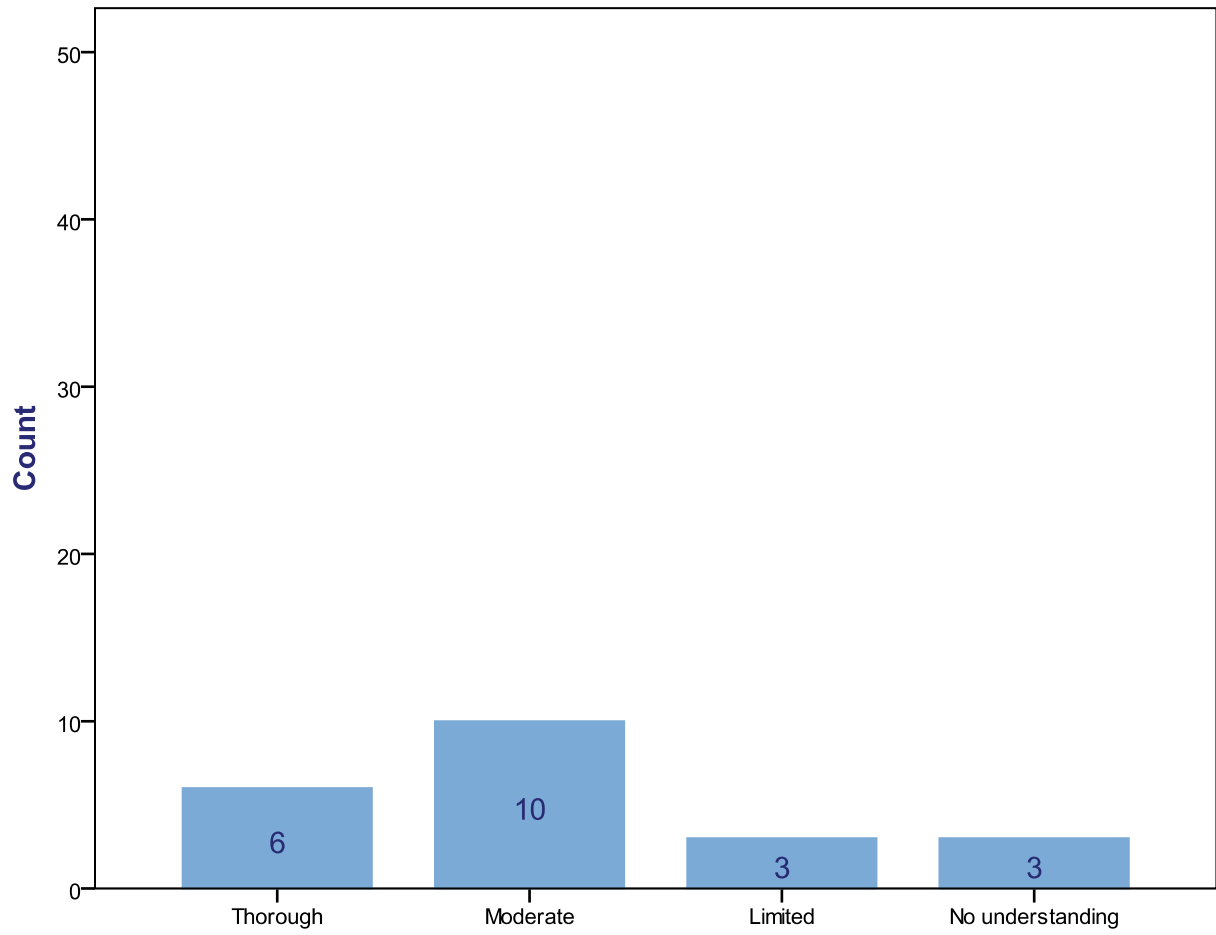
After interacting with Volunteers, 30 of 46 respondents reported having a moderate or thorough understanding of Americans while the remaining 16 reported limited or no understanding (Figure 31). Sixteen of twenty-two host family members reported a moderate or thorough understanding of Americans after living with a Volunteer while the remaining six reported limited or no understanding (Figure 32).

Figure 31: Counterpart and Beneficiaries' Change in Level of Understanding of Americans after Contact with Volunteers: Morocco (n=46)



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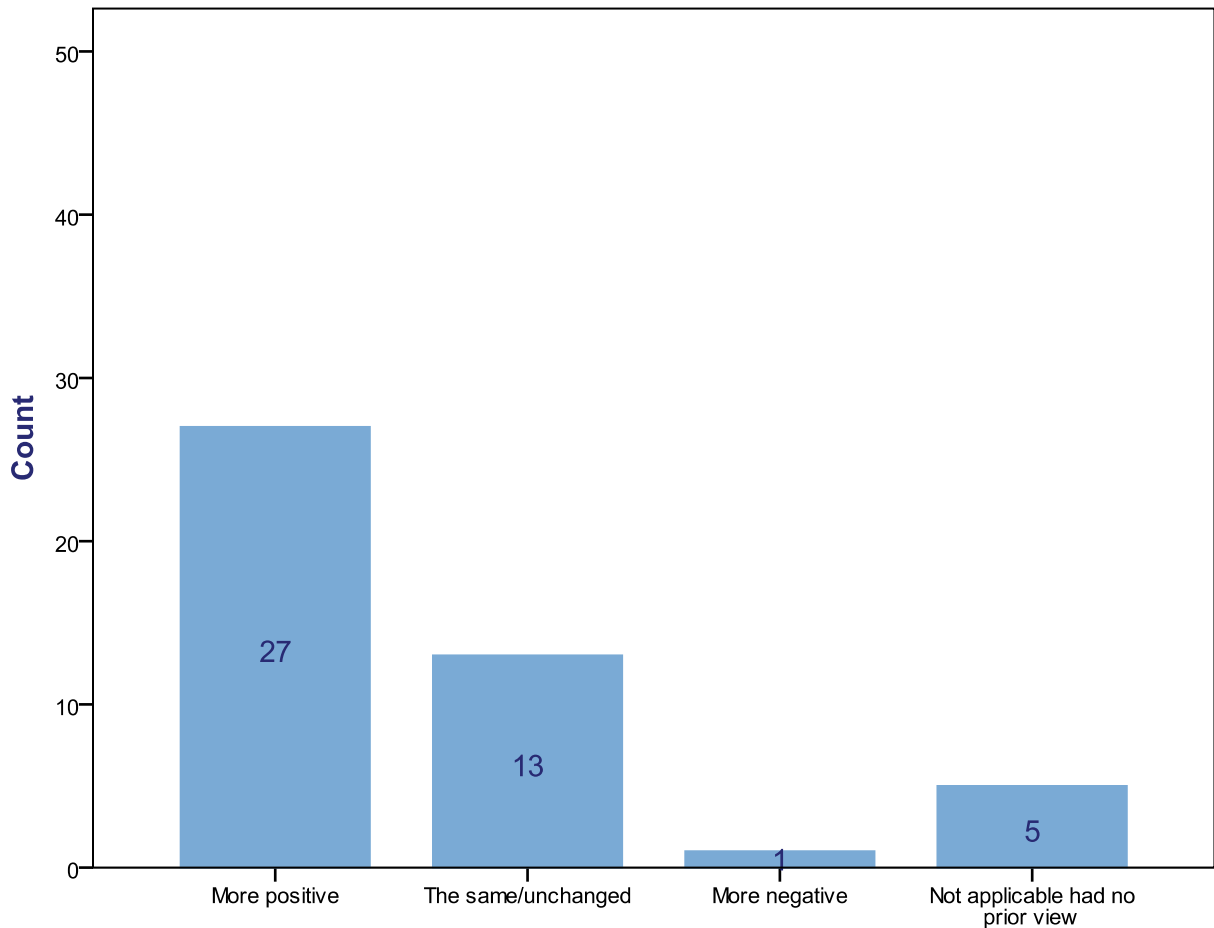
Figure 32: Host Family Members' Change in Level of Understanding of Americans after Contact with Volunteers: Morocco (n=22)



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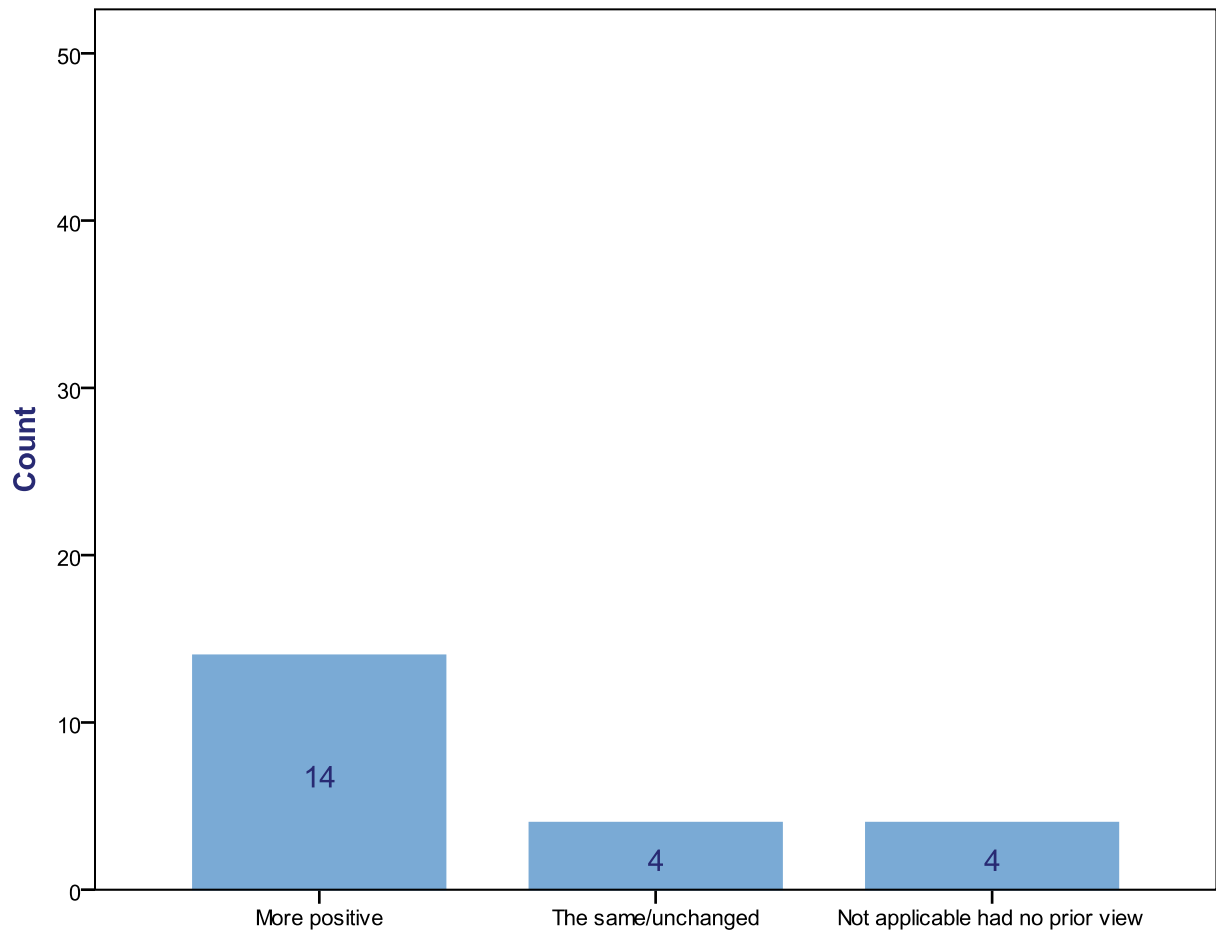
After interacting with Peace Corps Volunteers, 27 of 46 counterparts and beneficiaries, and 14 of 22 host family members, rated their opinions as more positive (Figures 33 and 34). Among the 13 counterparts and beneficiaries who reported no change in their opinion of Volunteers, five reported positive prior opinions, five reported neutral prior opinions, and three reported negative prior opinions. Among host family members who reported no change in opinion, one had a prior positive opinion, two had prior neutral opinions, and one had a prior negative opinion.

Figure 33: Counterpart and Beneficiaries' Change in Opinion of Americans After Contact with Volunteers: Morocco (n=46)



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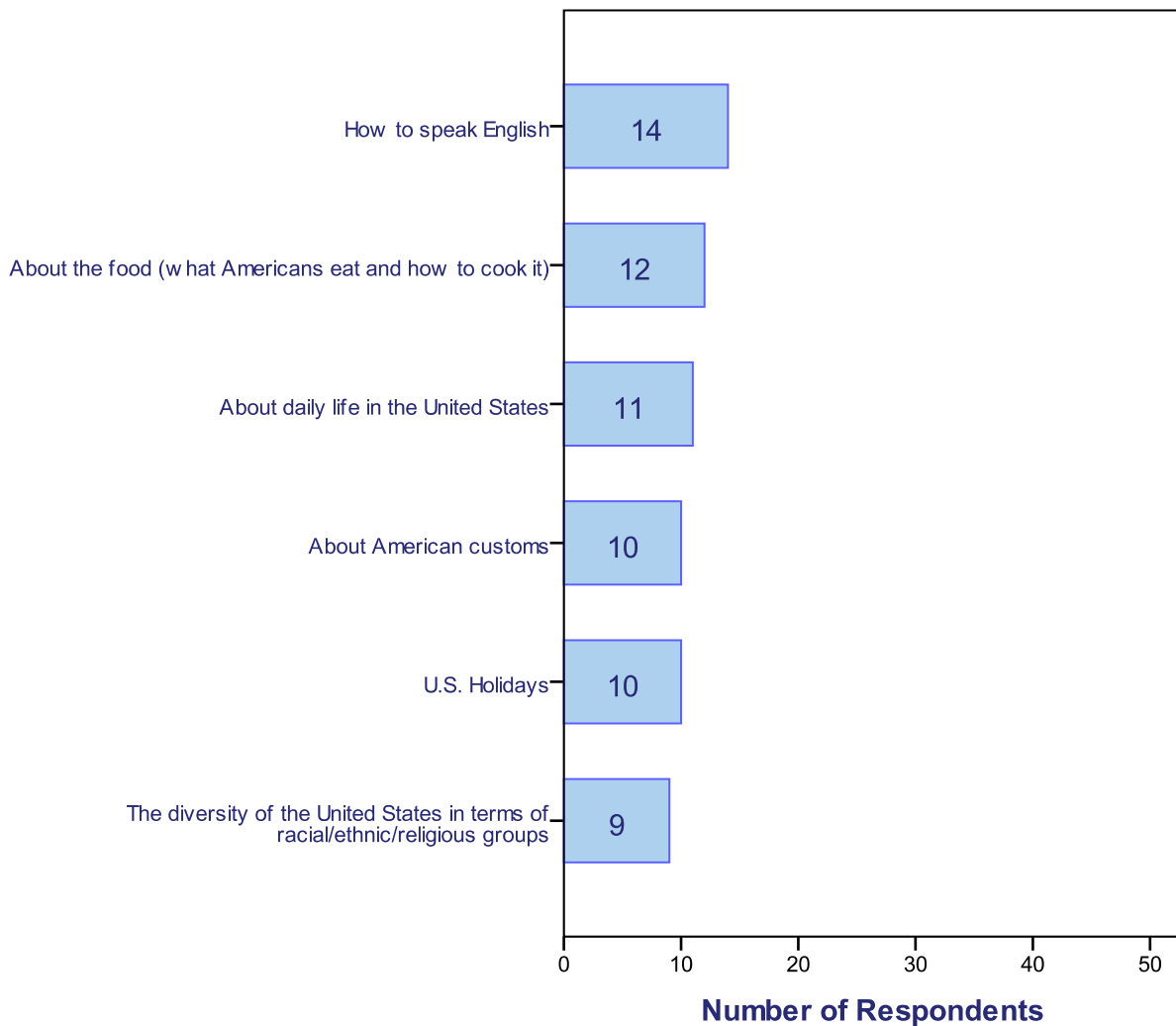
Figure 34: Host Family Members' Change in Opinion of Americans After Contact with Volunteers: Morocco (n=22)



Findings on What Moroccans Learned About Americans from Volunteers

The topic that host family members most frequently reported learning about was how to speak English, followed by learning about American food and daily life in the United States (Figure 35). This included learning about different races and social classes as well as learning about American celebrations of Halloween and Christmas. A barrier to learning reported by several HCN was the communication barrier resulting from, in their words, Volunteers' poor language skills.

Figure 35: What Host Country Nationals Report Learning from Volunteers: Morocco (n=22)



What HCN Reported Learning From Volunteers:

[The Volunteer] explained that in the states, men can do laundry, cook and do not rely on women to do everything for them.

I learned that the United States is very diverse. The volunteer was black and everyone thought that the volunteer was Moroccan. But from the Volunteer, we learned that there are a lot of black Americans.

A majority of respondents said their knowledge of Americans had increased by knowing the Volunteer and that they view Americans more positively after the experience. The in-country senior researcher reported that, “...many respondents make a clear distinction between their view of America as a nation, with often very objectionable politics and behavior (negative) and, on the contrary, American individuals who can be totally kind, unaggressive, respectful, and helpful – all reported as positive attributes. Further, some respondents were reluctant to respond in general terms saying you can’t judge a people based on a single experience with a PC Volunteer, however positive that experience might have been. The extent or degree of interaction between a HCN and a PCV is clearly closely related to language competence. Nevertheless, even when a PCV could not master the local language well, and communication might be superficial or minimal, HCNs still had a positive appreciation.”¹²

¹² Schoemaker T. (2010) REPORT (Draft) On Host Country Impact Study, Data Collection Phase, Of Community Health in Rural Morocco Project page 10

HCNs' Opinions About Americans After Interacting with Volunteers

Counterparts

[They are] *nice people. They respect our religion and our culture by adjusting, watching, and observing.*

[My opinion] *is the same but leaning towards more positive because I see concrete examples of them acting the way I thought about them. They have a positive attitude, and are wise, honest, kind, punctual, refined, motivated, enthusiastic, and patient while working on explaining something to me.*

[I think they are] *open-minded, kind, willing to work together and they treat people equally. But my interaction with the PCV was limited.*

Beneficiaries

They are helpful and just. They respect our culture and try to do what we Moroccans do.

My opinions of Americans are the same, it's very important to have them in Morocco and Moroccans have to know that Volunteers come to help not to spy or destroy.

Host family members

It's positive to the point that I would like to host other Volunteers in my house.

I know that Americans aren't all the same now, that some are good and some aren't.

What HCNs Found Most Memorable About Interacting with Volunteers

Counterparts

I remember when they were trying to communicate with people using their simple and moderate language. But, at least they tried to communicate.

What I remember is their behavior, politeness and kindness. [A worse memory is that] they didn't show their real intention, not open to share anything at all. They seem to be nice but not honest.

Beneficiaries

[I remember] interaction/socializing/shopping together and sharing nice moments

The best memory is that we have a library as a result of the Volunteer's work. The worse memory is that they want to change our local tradition and customs.

Host family members

She was generous and polite and she never complained. She helped me financially.

Because of the volunteer, a lot of projects have been created and have succeeded. For that I'm very excited! And hygiene in the house, for example, my whole family is now aware of brushing their teeth every single day.

Lessons Learned Regarding Goal 2 Performance

One area for future research is listed below:

Limited PCV contact with HCNs: While a number of respondents reported frequent contact with Volunteers, another group reported no work or social contact with Volunteers (Figure 28). This lack of contact is likely to reduce the impact that PCVs have on Goal Two of the Peace Corps. The lack of contact may account for the respondents (7 of 46 counterparts and beneficiaries and 3 of 22 host family members) who reported no understanding of Americans even after interacting with Volunteers (Figures 29 and 30).

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 element of this 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 capacity. The Host Country Impact Studies are one way the Peace Corps measures the effect of its Volunteers. In particular, these studies document the HCN perspective on the work of Peace Corps Volunteers.

The findings on Goal One results in Morocco indicate that the project outcomes were modestly achieved. Two of the project outcomes were almost fully achieved; two were partially achieved and three were not achieved. Some community members improved their hygiene and nutrition practices. Respondents reported allowing more time for health education activities in their work and improving their own hygiene and nutrition practices to some extent. Most respondents reported being satisfied with the work of the Peace Corps.

While there were some positive outcomes, responses to several questions suggest that respondents are not adopting some of the health-related behaviors (such as regular hand washing) that are the focus of the project. In addition, a majority of counterparts reported that they did not receive either counterpart or technical training through the project. Further, there were comments by several counterparts stating that because they were experienced health workers (i.e., doctors, nurses, and hospital administrators) much of the information supplied by the Volunteers was not useful to them professionally or personally. Counterparts did report, however, some other benefits to working with the Volunteers. These included the development of new approaches to their work. For example, respondents mentioned improving their ability to effectively communicate with and address the needs of women and the importance of serving as role models for their children in terms of health and hygiene.

Regarding Peace Corps' Goal 2, HCNs who interacted with Volunteers reported more positive opinions of Americans. As the senior researcher concluded, "the results (for Goal Two) are more positive and straightforward. The views from Host Families contributed considerably to the favorable views, because they normally had intense contact with the Volunteers and got to know them as an (American) person, while, the senior researcher concluded, counterparts and beneficiaries tended to regard the Volunteers from a distance and strictly in a professional manner. The in-country senior researcher¹³, familiar with Moroccan culture, offered this caveat, *"These generally positive results should perhaps be mitigated slightly, for the Moroccan tendency to answer politely and uncritically when asked about others, especially when it concerns foreigners who come to help, as was noticed by the interviewers. Otherwise, these results are not surprising, because Peace Corps obviously recruits Volunteers on agreeable characteristics, as kindness, social skills, cultural flexibility, self-sufficiency, a problem solving attitude, etc."*

¹³ Schoemaker T. (2010) *REPORT (Draft) On Host Country Impact Study, Data Collection Phase, Of Community Health in Rural Morocco Project* page 10

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

APPENDIX 1: METHODOLOGY

How Were the Community Sites and Interview Respondents Selected?

In Morocco, the team conducted interviews at 21 rural health placements. The sample was randomly selected from a list of Volunteer assignments since 2004. 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 asked for an interview.
3. In cases where there were still multiple possible respondents, the research team randomly selected the respondents.

How Were 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 the Peace Corps.

A team of local interviewers, trained and supervised by a host country resident senior researcher contracted in-country, conducted all of the interviews. The interviewers conducted face-to-face structured interviews in one of the local languages (e.g., Darijia, Tashelheit, or Tamazight) with the following categories of Moroccan nationals:

- **Community Health in Rural Morocco Project partners/counterparts:** Nurses and doctors working in local dispensary, clinic, or hospital; teachers in schools; members of local health associations or CBOs
- **Community Health in Rural Morocco Project beneficiaries:** Nurses, community members, students, teachers
- **Host family members:** Families that hosted or served as landlords to Volunteers during all or part of their service
- **Community Health in Rural Morocco Project Stakeholders:** Ministers of health at the provincial and national levels

Interviewers used written protocols specific to each category of respondent. Interviewers recorded the respondents' comments, coded the answers, and entered the data into a web-based

APPENDIX 1: METHODOLOGY

database maintained by OSIRP. The qualitative and quantitative data was analyzed by OSIRP researchers. The qualitative data were also analyzed by the senior researcher.

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.

Seventy-four individuals were interviewed in Morocco (Table 2) as study participants.

Table 2: Description of Study Participants

Interview Type	Number of People	Number of Sites
Counterparts	25	21
Beneficiaries	21	21
Host Family Members	22	21
Stakeholders	6	-
Total	74	-

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).

Table 3: Summary of Interview Questions by Respondent Type

Respondent Type	Question Categories	Approximate Length of interview
Counterpart <i>Stakeholder questions were adapted from the counterpart questions.</i>	Goal 1 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 Goal 2 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	45 minutes

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Respondent Type	Question Categories	Approximate Length of interview
	3. Opinion of Americans after interaction with the Volunteer 4. Particular things that Volunteers did that helped improve respondent's understanding of Americans	
Beneficiary	Goal 1 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 Goal 2 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	Goal 2 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 5. Behavioral changes based on knowing the Volunteer	30 minutes

APPENDIX 2: METHODOLOGY FROM THE HOST COUNTRY RESEARCH TEAM¹⁴

3. METHODOLOGY

3.1 Respondents

The necessary data are collected through structured interviews directly from a range of Moroccan individuals who have either worked or lived with a Volunteer. There are four categories of respondents:

1. Counterparts. These are partners of a Volunteer working together professionally in a project. They can be a doctor or nurse working in a local dispensary, clinic, or hospital; teachers in schools; or staff of community-based organizations.
2. Beneficiaries. People who are actually participating in a PCV's project as a benefiting recipient, student, or otherwise, either as an individual or as a member of a specific community group involved.
3. Host Family members: people with whom a Volunteer lived during all or part of his/her training and service.
4. Stakeholders. These are people with a major involvement or interest in the design, implementation, or results of projects in a given sector, like Government officials, other non-governmental organizations, experts, and funding agencies. This included the Ministry of Health at the provincial and national level only, although arguably they could also have been considered as senior counterparts.

3.2. Sampling

Obviously, not all of the people involved in all of the PCV project locations can nor have to be interviewed to collect a representative amount of relevant data. Therefore, a sample from this statistical population was made. Normally, the Peace Corps' health sector is yearly running projects in 50-60 locations. Each year, around 10-15 of these are phased out and around 10-15 new project sites are successively added. In the last five years, including the current one, the sector

¹⁴ This section was pulled from the research report developed by the in-country research team. As a result the formatting and style vary from those used in the body of the report.

APPENDIX 2: METHODOLOGY FROM THE HOST COUNTRY RESEARCH TEAM

has been or is still active in a total of around 110 sites. To have a representative sample, 20% of these have been selected randomly from placements in all 10 regions where Volunteers have been or are working. This resulted in a list of 21 rural sites spread over all of Southern Morocco. A large majority of the concerned sites still have PCVs working actively. In 4 or 5 sites, Volunteers had left and no other Volunteers had replaced them in those sites. Fortunately, despite the remoteness and the weather conditions at some of the selected sites, all sites in the sample were reached by the researchers.

In each site, at least one counterpart, one beneficiary, and one host family member were identified and interviewed. In case more than one respondent of a category was available, the researcher chose randomly. For host family members, the researcher preferably chose the family member that was closest to the Volunteer.

In a number of sites, the researcher was able to interview more than one respondent in a category. This was done to increase the data input and increase the validity of the findings.

Total number of effective respondents:

- 25 Counterparts
- 21 Beneficiaries
- 22 Host family members

Besides these project sites, stakeholders were interviewed both in a provincial capital town (4) and, at the national level, in Rabat (2).

This resulted in a grand total of 74 respondents for the survey.

3.3. Questionnaires

For each of the respondent categories, an adapted questionnaire of an exploratory or confirmatory nature was designed, including open and closed questions. The most extensive questionnaire was for counterparts because of questions about skill transfer. Beneficiaries received a somewhat shorter version of the counterparts' questionnaire. The host family questionnaire was the shortest, with only Goal 2 questions. Stakeholders had a different questionnaire, with just one Goal 2 question.

All questionnaires started with a general list of site information questions (e.g., where, what, who, when, how many, how long) preceding the actual goal-related questions. This part could mostly be completed prior to the actual interview.

The Goal 1 related questions concerned the respondent's experiences and perceptions of what happened during a specific Peace Corps project and/or with a specific Peace Corps Volunteer, and focused on eventual skill transfer; community and personal changes that occurred because of the project; and the project's sustainability, desirability, and critical success conditions.

The Goal 2 related questions explored HCNs' knowledge of Americans prior to their experience with Peace Corps compared to after having interacted with a Peace Corps Volunteer. Opinions, sources of information, and level of interaction were recorded for

APPENDIX 2: METHODOLOGY FROM THE HOST COUNTRY RESEARCH TEAM

answers to questions regarding prior knowledge of Americans. Whether changes in their opinions took place, whether the changes were positive or negative, and the depth of impact of the interaction was recorded.

3.4. Research team and field work

The Peace Corps/Morocco office hired a senior researcher to manage and be responsible for the whole data collection process. Their task was to prepare and plan the research phase of the project, recruit and train a number of HCN researchers/interviewers, organize and supervise the field work and the data entry stage, and write a report.

The senior researcher followed a suggestion from PC/M and recruited four researchers from a pool of Moroccan language and cross-culture facilitators who were already acquainted with PC/M, knew English, and spoke the Moroccan dialects of the south. They appeared to be a competent and highly motivated group, sufficiently ingenious to solve all kinds of obstacles encountered during the field work. They received a two-day training facilitated by the senior researcher, with assistance from PC/M, and with materials provided by OSIRP.

Each researcher was assigned a cluster of five sites within in the same linguistic group and within the same geographic area that could all be reached by similar means of transportation. These clusters were part of the logistics plan designed by the senior researcher. Each researcher had a list of contacts for potential respondents in each site.

The actual field work and execution of the interviews took place in the second half of January 2010. During this period, the researchers were supervised through daily phone calls by the senior researcher. Practical problems and technical issues concerning specific respondents or even specific questions were dealt with in this way.

The team entered the data from the interviews into the DatStat online system from February 1, 2010 to February 9, 2010. The senior researcher supervised the data entry through the use of access codes, unique for each protocol, and by regular phone calls. Thus, major errors and inconsistencies were caught and corrected.

The research team, the senior researcher, and the PC/M program and training officer met to debrief on February 12, 2010, where issues that had arisen during the field work were exchanged and discussed.

The data collected were further computed, processed, and analyzed by OSIRP, generating findings leading to well-grounded conclusions.