



Office of Strategic Information, Research, and Planning

Host Country Impact Study Nicaragua



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

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It is the mission of the Office of Strategic Information, Research, and Planning (OSIRP) to advance evidence-based management at the Peace Corps by guiding agency planning, enhancing the stewardship and governance of agency data, strengthening measurement and evaluation of agency performance and programs, and helping shape agency engagement on certain high-level, government-wide initiatives.

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¹ Although these studies were a team effort by members of the OSIRP staff, we would like to recognize Janet Kerley and Courtney Santonicola as co-study leads, as well as the support provided by Chris Amesquita. Janet Kerley led the field work and is the primary author of this report. Karen Van Roekel finalized the report, and OSIRP Director Dr. Cathryn L. Thorup reviewed the study and made the final substantive edits to the study. Laurel Howard and Danielle Porreca did the final copy-editing.

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

Acronyms and Definitions

Acronyms

HCN	Host Country National
MCH	Maternal and Child Health
MoH	Ministry of Health
NGO	Nongovernmental Organization
OMB	Office of Management and Budget
OSIRP	Office of Strategic Information, Research, and Planning
PAC	Project Advisory Committee
PCV	Peace Corps Volunteer

Definitions

Beneficiaries	Individuals who receive assistance and help from the project; the people who the project is primarily designed to help or support
Counterparts/ Project partners	Individuals who work with Peace Corps Volunteers; Volunteers may work with multiple partners and counterparts during their service. Project partners also benefit from the projects, but when they are paired with Volunteers in a professional relationship or when they occupy a particular position in an organization or community (e.g., community leader), they are considered counterparts 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 ³	Host country agency sponsors and partners. These include host-country ministries and local non-governmental agencies that are sponsoring and collaborating on a Peace Corps project. There may be a single agency or several agencies involved in a project in some capacity.

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

Executive Summary

Introduction

In 2008, the Peace Corps launched a series of studies to determine the impact of its Volunteers on two of the agency's three goals: building local capacity and promoting a better understanding of Americans among host country nationals (HCNs). The Peace Corps conducts an annual survey that captures the perspective of currently serving Volunteers.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 the Peace Corps' impact directly from the host country nationals who lived and worked with Volunteers.

This report presents the findings from the study conducted in Nicaragua during July and August of 2009. The focus of the research was the Community Health Education Project in the health sector. The results of the findings from the local research team were shared with the post immediately upon completion of the fieldwork. This Office of Strategic Information, Research, and Planning (OSIRP) report is based upon the data collected by the local team and contains a thorough review of the quantitative and qualitative data, supported by respondents' quotes, presented in a format that is standard across all the country reports.

Purpose of This Study

Nicaragua's Host Country Impact Study was conducted to assess the degree to which the Peace Corps is able (1) to meet the needs of the country by improving health outcomes for Nicaraguans living in rural and isolated areas with limited access to health services, and (2) to promote a better understanding of Americans among host country nationals. The study provides Peace Corps/Nicaragua with a better understanding of the Community Health Education Project and the impact it has had on local participants. In addition, the evaluation provides insight into what host country nationals learned about Americans and how their opinions about Americans changed after working with a Volunteer. Finally, the study identifies areas for improvement.

The major research questions addressed in the study are:

- Did skills transfer and capacity building occur?
- What skills were transferred to organizations/communities and individuals as a result of Volunteers' work?
- Were the skills and capacities sustained past the end of the project?
- How satisfied were host country nationals (HCNs) with the project work?

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

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

Evaluation Methodology

This report is based on data provided by counterparts, beneficiaries, stakeholders, and host family members of the Community Health Project during interviews with the research team.

The study included interviews with:

- 55 Counterparts/project partners
- 58 Beneficiaries
- 44 Host family members
- 5 Stakeholders
- 45 Students in 3 focus groups

Overall, the survey reached 207 respondents in 30 communities: 162 respondents through semi-structured interviews and 45 youth through focus groups. All interviews were conducted from July 24 to August 8, 2009. *(A full description of the methodology is found in Appendix 1. Please contact OSIRP for a copy of the interview questionnaire.)*

Project Design

In 1992, the Nicaraguan Ministry of Health (MoH) invited Peace Corps to provide community health Volunteers to assist with the training and education⁵ of local public health workers regarding the most critical public health needs in isolated regions of the country.

The project was revised in 1999 to address the effects of Hurricane Mitch⁶ on local communities and again in 2004. The current framework (February 2007), focuses on Volunteers' work "on primary areas of need as expressed by Nicaraguan agencies."⁷

The original goals – forming community health advisory committees and training community health workers – expanded to include providing preventive health education for mothers and infants, as well as schoolchildren and adolescents.⁸

⁵Peace Corps Nicaragua. Community Health Education Project Plan. Revised February 2007. p. 6.

⁶Ibid. p. 8.

⁷Ibid. p. 6.

⁸Ibid. p. 6.

Project Goals

The project framework identified three goals for Peace Corps in communities where Peace Corps Volunteers work:

Project Goal 1: Community Environmental Health Practices: Reduce the incidence of water-borne, food-borne, and vector-borne diseases.

Project Goal 2: Adolescent Health Life Skills: Promote healthy sexual behavior in adolescent and adult populations and reduce unwanted pregnancies in adolescent populations. Youth will live healthier lives and be better equipped to meet life's challenges by adopting healthier behaviors and increasing knowledge of safe reproductive health practices.

Project Goal 3: Maternal/Child Health and Nutrition: Help to reduce the high rates of maternal-child mortality and morbidity. Community members will increase their awareness of key maternal and child health (MCH) issues in school-based programs, birth-waiting centers, health center/posts, and community groups.⁹

Evaluation Findings

The evaluation findings indicate the intended goals of the Community Health Education project were successfully met, with Project Goal 2 showing the highest rate of change, followed by Project Goal 1 and, to a lesser extent, Project Goal 3. The outcomes were sustained after the Volunteers left the communities, although not at the same high level as when PCVs were present.

As a result of living and working with Peace Corps Volunteers, the host country respondents learned more about people from the United States and, as a result, developed a more positive opinion of Americans.

While the report provides a detailed description of all the study questions, the key findings with regards to Peace Corps Core Goals One and Two are¹⁰:

Goal One Findings

Volunteer Activities:

- Volunteers promoted adolescent life skills, HIV/AIDS prevention activities, maternal and child health practices, and environmental health practices, primarily by working in rural health posts, health centers, municipal health departments, and with a variety of NGOs

⁹ Peace Corps Nicaragua. *Community Education Project Plan*. May 2005. p.13.

¹⁰ Peace Corps' three Core Goals are listed on p.14.

- Volunteers and project partners interacted regularly about their work
 - 45 percent of the counterparts interacted daily with the Volunteer; 29 percent interacted with the Volunteers several times a week
 - 12 percent of beneficiaries interacted with a Volunteer daily; 57 percent saw them several times a week

Training Provided to Project Participants

- 62% of the counterparts received training to work with Volunteers via Volunteer Orientation; 55% received it in Counterpart Day Training
- All of the counterparts and all but two beneficiaries (97 percent) received technical training to prepare them to work in community health education activities
- 96 percent of the counterparts interviewed reported training enhanced their technical skills (89 percent: significantly; 7 percent: somewhat)
- 84 percent of beneficiaries reported training significantly contributed to enhancing their skills

Community-Level Changes Were Achieved

- The vast majority of the counterparts reported observing improvements in intended project outcomes:
 - Disease Prevention and Awareness (87%)
 - HIV/AIDS Prevention Practices (93%)
 - Healthy Behaviors for Youth (89%)
 - Maternal-Child Health and Nutrition Practices (72%)
- 87 percent of the beneficiaries, primarily young people under age 20, reported HIV/AIDS prevention practices had improved while 98 percent said that disease awareness and prevention practices in general had improved
- 41 percent of the beneficiaries saw improved sexual and reproductive health practices

Community Changes Were Sustained

- The proportion of counterparts who reported their perception of the positive changes as continuing or enduring ranged from a high of 79 percent for safe sexual and reproductive health behaviors to 74 percent for HIV/AIDS prevention and awareness.

Changes Met Communities Needs

- The proportion of counterparts who reported that the outcomes were completely meeting the communities' needs varied across the sectors to some extent:
 - 61 percent for HIV/AIDS prevention practices;
 - 60 percent for healthy behaviors for youth;
 - 42 percent for maternal-child health and nutrition practices.

Changes in Behavior Related to HIV/AIDS

- 96 percent of counterparts reported that knowledge about HIV/AIDS had increased in the community
- 82 percent said use of counseling and testing services and condoms had increased
- 73 percent of counterparts reported their perception that project participants were avoiding risky behavior

Other Project Accomplishments Reported by the Study Respondents

- 49 percent reported learning specific skills and gaining technical knowledge, such as computer literacy and sanitation practices
- 18 percent reported having a more open attitude toward others and new ideas
- 9 percent increased their community involvement; 7 percent were motivated to do more for the community

Capacity Building was Achieved

- 91 percent of counterparts reported continuing to use the professional skills developed through the project on a daily (67%) or weekly (24%) basis after the Volunteer's departure
- 100 percent of counterparts had worked previously with at least one Peace Corps Volunteer
 - 29 percent had worked with one Volunteer
 - 36 percent had worked with two Volunteers
 - 35 percent had worked with three or more Volunteers
- This finding suggests the program may not be expanding capacity building to new groups of HCNs, but may be deepening the knowledge and skills of a core group of counterparts.

Satisfaction with Peace Corps Work

- 89 percent of the counterparts were very satisfied with the Peace Corps' work
- 100 percent of the counterparts and 98 percent of the beneficiaries would like to work with another Volunteer

Factors Contributing to Project Success

- 74 percent of the respondents attributed project success to their own willingness to collaborate with the Volunteer and learn new information and ways of working
- 20 percent said the hands-on work with the Volunteer was a major factor in project success

Barriers to Project Success

- Lack of funding to carry out the project activities was the most frequently mentioned barrier to project success, specifically:
 - Lack of project funds for transportation to the remote sites covered by the clinics

- Lack of funds for training materials and other project needs

Goal Two Findings

Changes in Understanding and Opinions of Americans

- Prior to meeting a Volunteer:
 - 27 percent of counterparts felt they had a thorough (9%) or moderate (18%) understanding/knowledge of Americans
 - 28 percent of beneficiaries felt they had a thorough (7%) or moderate (21%) understanding/knowledge of Americans
- After living and/or working with a Volunteer, respondents reported an increased understanding of Americans:
 - 99 percent of counterparts had a thorough (44%) or moderate understanding/knowledge (55%)
 - 93 percent of beneficiaries had a thorough (26%) or moderate understanding/knowledge (67%)
 - 71 percent of host families had a thorough (16%) or moderate (55%) understanding/knowledge

Changes in Opinions of Americans

- Before interacting with a Volunteer, 41 percent of counterparts were neither positive nor negative in their opinions of Americans and 25 percent were either somewhat or very negative.
- After interacting with a Volunteer, respondents' opinions of Americans improved significantly
 - 87 percent of counterparts indicated they had a more positive opinion of Americans
 - 97 percent of beneficiaries indicated they had a more positive opinion of Americans
 - 93 percent of host family members indicated they had a more positive opinion of Americans

OSIRP concurs with the conclusion of the senior Nicaraguan researcher who stated, "Through the work of the Volunteers, most of the people were able to recognize two very important aspects: a) a similarity in the values of both societies and, b) a lessening of the idealization and stigmatization of the [way of] life of the people of 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. Peace Corps grew from that inspiration into an agency of the federal government devoted to world peace and friendship.

By the end of 1961, the first Peace Corps Volunteers were serving in seven countries. Since then, more than 210,000 men and women have served in 139 countries. Peace Corps activities cover issues ranging from education to work in the areas of health and HIV/AIDS and community economic development. 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 participants. 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.

Peace Corps' Core Goals

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

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

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

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

The Peace Corps conducts an annual survey of currently serving Volunteers; however, it tells only one side of the Peace Corps' story.¹¹ In 2008, the Peace Corps launched a series of studies to better assess the impact of its Volunteers. The studies are unique for their focus on learning about the Peace Corps' impact directly from the host country nationals (HCNs) who lived and worked with Volunteers.

¹¹ Peace Corps surveyed Volunteers periodically from 1975 to 2002, when a biennial survey was instituted. The survey became an annual survey in 2009 to meet agency reporting requirements.

Purpose

This report presents the findings from the impact evaluation conducted in Nicaragua during July and August of 2009. Impact evaluations describe “...long-term economic, sociocultural, institutional, environmental, technological, or other effects on identifiable populations or groups produced by a project, directly or indirectly, intended or unintended.”¹² The project studied was the Community Health Education Project. The study documents HCNs’ perspective on the impact of Peace Corps Volunteers (PCVs) on skills transfer to and capacity building of host country counterparts, beneficiaries, and stakeholders, and changes in their understanding of Americans.

The major research questions addressed in the study are:

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

The information gathered is designed to inform Peace Corps staff at post and headquarters about host country nationals’ perceptions of the projects, the Volunteers, and the resulting impacts. In conjunction with Volunteer feedback from the Annual Volunteer Survey and a forthcoming Counterpart Survey, this information will allow the Peace Corps to better understand its impact and address areas for 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 Office of Management and Budget (OMB) and the United States Congress. As part of the Peace Corps Improvement Plan, drafted in response to its 2005 Program Assessment Rating Tool review, the Peace Corps proposed the creation of “baselines to measure results including survey data in countries with Peace Corps presence to measure the promotion of a better understanding of Americans on the part of the peoples served.”¹³

Feedback from the three pilots conducted in 2008 was used to revise the methodology rolled out to six posts in 2009, ten posts in 2010, and five posts in 2011. A total of 24 posts across

¹² Bamburger, M., Rugh, J. and Mabry, L. (2006). *Real World Evaluation*. Thousand Oaks, CA: Sage Publications, p. 39.

¹³ Office of Management and Budget, Program Assessment: Peace Corps. International Volunteerism, 2005. Improvement Plan.

Peace Corps' three geographic regions – (1) Africa; (2) Inter-America and the Pacific; and (3) Europe, the Mediterranean and Asia – have conducted host country impact studies. Taken together, these studies contribute to Peace Corps' ability to document the degree to which the agency is able to both meet the needs of host countries for trained men and women and promote a better understanding of Americans among the peoples served.

Peace Corps/Nicaragua Community Health Education Project

In 1992, Peace Corps/Nicaragua was invited by Nicaragua's Ministry of Health to provide community health workers to assist with training and education. The Peace Corps implemented the project in collaboration with the Ministry of Health (MoH), USAID, and non-governmental organizations (NGOs) in order to address the most critical public health needs in isolated regions of the country. These regions have high levels of poverty and the local population has difficulty in accessing health services.

The project was subsequently revised in 1999 to address the effects of Hurricane Mitch (October 1998) on the health situation of the local population. The original project plan focused Volunteers' activities in two areas: the formation of health advisory committees and training volunteer community health workers. In 2004, Peace Corps/Nicaragua conducted a review of the project, utilizing site visits and input from Volunteers, counterparts, and the project advisory committee (PAC).

In May 2005, the project framework was reviewed and updated in light of the then current state of health in the country. Mortality for children under five remained high. (26% of Nicaraguan children died before their fifth birthday in 2009, more than double the rate in the United States)¹⁴. "The main causes of infant and child mortality are diarrheal illness and respiratory infections. Poor hygiene and inadequate nutrition exacerbate the situation, especially in the rural areas."¹⁵ The health team was also concerned about the adolescent population – "25 percent of the population is now less than 18 years of age and more susceptible to sexually transmitted infections and societal pressures."¹⁶

A review of the project revealed that Peace Corps Volunteers were also "organizing teen groups, teaching health in the schools, and working directly with mothers and other community members on nutrition, hygiene, and general health promotion."¹⁷ Over time, it became clear that other health issues could also be addressed by the Volunteers. Maternal and child health, a local and national priority, as well as the education of schoolchildren and adolescents were "increasingly acknowledged as appropriate and important targets of preventive health education."¹⁸

¹⁴ UNICEF At a Glance: Nicaragua, published online at www.unicef.org/infobycountry/nicaragua_statistics/html.

¹⁵ Peace Corps Nicaragua. *Community Health Education Project Plan*. Revised February 2007. Ibid. Plan p. 2

¹⁶ Ibid. p. 6

¹⁷ Ibid. p. 6

¹⁸ Ibid. p. 6

Project Goals

This research was designed to evaluate the three main goals for the communities where Peace Corps Volunteers work as articulated in the 2005 Community Education Project Plan:

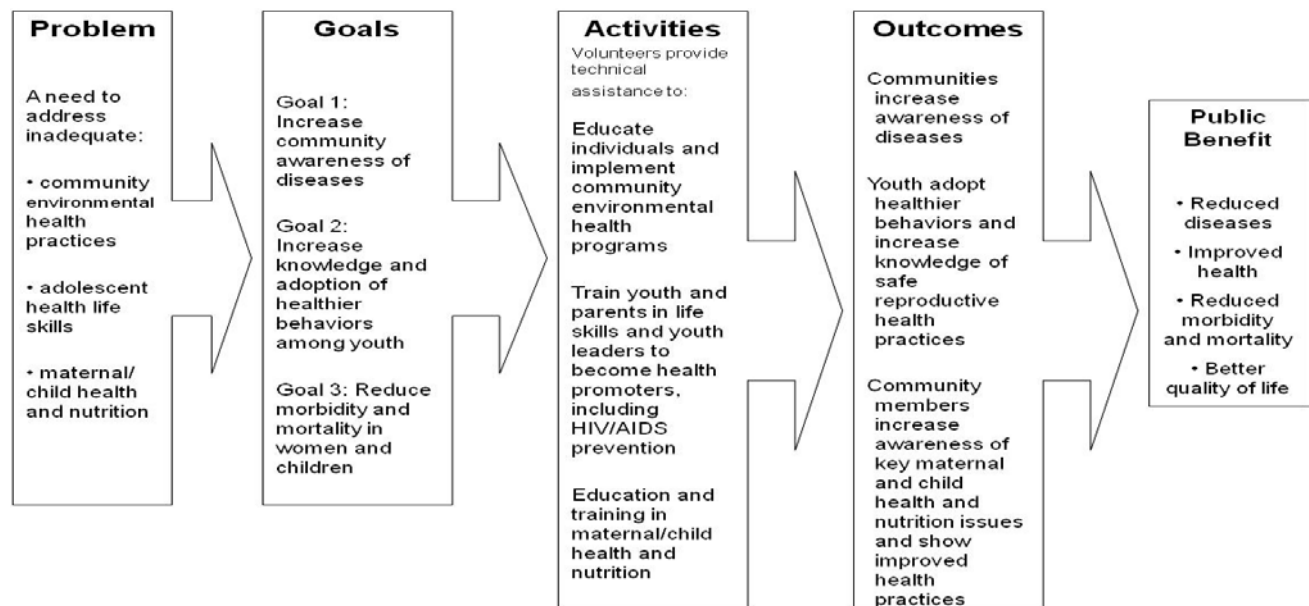
Goal 1: Community Environmental Health Practices: Reduce the incidence of water borne, food borne, and vector borne diseases.¹⁹

Goal 2: Adolescent Health Life Skills: Promote healthy sexual behavior in adolescent and adult populations and reduce unwanted pregnancies in adolescent populations. “Youth will live healthier lives and be better equipped to meet life’s challenges by adopting healthier behaviors and increasing knowledge of safe reproductive health practices.”²⁰

Goal 3: Maternal/Child Health and Nutrition: Help to reduce the high rates of maternal-child mortality and morbidity. “Community members will increase their awareness of key maternal and child health (MCH) issues in school-based programs, birth waiting centers, health center/posts and community groups.”²¹

A model of the theory of change²² underlying this project approach is presented in Figure 1 below. This model provided the foundation for the impact evaluation.

Figure 1: Overview of the Theory of Change for the Community Health Education Project



¹⁹ Peace Corps Nicaragua. Community Education Project Plan. May 2005. pp. 12-13.

²⁰ Ibid., p.13

²¹ Ibid.

²² A theory of change is a conceptual model used to understand the relationships between the problems a program is designed to alleviate, and the assumptions made regarding how program activities will address those problems.

A revised framework was devised in 2007 with the intent to ensure that Volunteer work would be focused on the primary areas of need identified by Nicaraguan agencies. As the project goals evolved, the project became more focused on youth development, with an emphasis on preventing sexually transmitted diseases, especially HIV/AIDS.

Evaluation Methodology

In 2008, OSIRP launched a series of evaluations in response to the OMB mandate to assess the impact of Volunteers in achieving Goal Two.

Three countries were selected to pilot a methodology that would examine the impact of the technical work of Volunteers, and their corollary work of promoting a better understanding of Americans among the people with whom the Volunteers lived and worked. In collaboration with 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 (Goal One), as well as changes in their understanding of Americans (Goal Two).

The research was designed by OSIRP social scientists and implemented in country by senior researcher Dr. Freddy Solis, from Alva Consultants and Advisers, and a team of interviewers under the supervision of the Peace Corps country staff. The OSIRP team provided technical direction.

In Nicaragua, the team conducted 162 semi-structured interviews in 30 communities where Volunteers worked. The sites for the semi-structured interviews were selected to be as representative of Nicaragua as possible, including geographic diversity. One hundred forty-one (141) placements between 2001 and 2008 were identified for possible participation in this study. A representative, rather than a random, sample was drawn from this list of Volunteer assignment sites. Interviews were conducted in Spanish from July 24 to August 8, 2009. (The interview schedule is available upon request from OSIRP, and Appendix 1 contains a full description of the research methodology.) In addition, three focus groups were conducted with 45 youth.

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 senior researcher and his team.

Respondents

In planning this survey, the research team spoke to five local stakeholders, and then individuals from four groups of Nicaraguans were interviewed. 74 percent of these respondents were women. Additionally, students and members of teen clubs participated in focus groups in three communities where the team was also conducting interviews with counterparts and beneficiaries (Table 1).

- **Counterparts:** Health workers and teachers (55)

- **Beneficiaries:** Individual interviews with youth in school, members of adolescent groups, members of mother's groups, health workers, and teachers (58)
- **Focus Groups:** 3 groups with 15 students in each group (45)
- **Host Family Members:** Families that hosted or served as landlords of Volunteers during all or part of their service (44)

Table 1: Number and Type of Respondents

Interview Type	Number of Respondents	Number of Sites
Counterparts	55	30
Beneficiaries	58	30
Focus Groups (3 groups with 15 students each)	45	3
Host Family Members	44	30

The majority (81%) of the *counterparts* in the sample were community health workers (75%) or community members (6%). Thirteen (13) percent of the counterparts were teachers.²³ The rest were individual government workers from the mayor's office, a youth center, the head of nursing and an MoH health educator.

A great majority of the *beneficiaries* were young people under the age of 20. Over half (57%) of the *beneficiaries* interviewed belonged to an adolescent ("teen") club; students (21%) were the second largest group of beneficiaries. Volunteer community health workers represented 17 percent of the respondents. An additional 7 youth (12%) were associated with a community program such as the 'maternity house,' an HIV/AIDS association, and a group called "Say Yes to Life." (These youth may have been health workers for these organizations, but their role was not captured clearly in the interviews.) Nine youth (15%) were from some other category such as former youth club members.²⁴

In Nicaragua, Volunteers live with a host family during their Pre-Service Training as well as at their permanent work site. The families interviewed for this study included both types. Host mothers comprised the majority of host family respondents (68%), followed by host sisters and host brothers (20%).

Prior Experience Working with Peace Corps Volunteers

Of the counterparts interviewed, all had previously worked with at least one Peace Corps Volunteer—29 percent had worked with one Volunteer, 36 percent had worked with two Volunteers, and 35 percent had worked with three or more Volunteers (16% with three, 13% with four, and 5% with five Volunteers).

²³ Respondents could report belonging to more than one category.

²⁴ The percentages that are cited here exceed 100% because some respondents belonged to more than one group such as a member of a youth club who was also a community health worker.

Peace Corps/Nicaragua's policy of placing Volunteers consecutively at the same site helps to explain the high number of Volunteers with whom counterparts have worked. As reported by the Peace Corps staff in Nicaragua:

In order to make sure there is sustainability of the Volunteers' health education activities, one site receives three generations of Volunteers in a row, which means six years of [Peace Corps'] work. There are some exceptions, though, when this time is shorter because the Volunteer does not receive enough support or when there is a safety or security issue in the site. There are other sites that have strong needs (very poor rural communities) and lack support from other NGOs plus counterparts working effectively with the Volunteers. In such cases we might consider [it] necessary to extend our work with a fourth placement.²⁵

This finding suggests that the program is not expanding the capacity building to new HCNs, but may be deepening the knowledge and skills of a core group of counterparts. It may also help explain why 71 percent of the counterparts said that, at the beginning of their work, they were 'very clear' about the purpose of the Peace Corps as an institution and another 24 percent were somewhat clear. The remaining five percent had some degree of confusion.

The Nicaraguan host families were also very familiar with the Peace Corps. Nearly half (42%) had hosted more than three Volunteers, and some (7%) had hosted as many as ten to twelve Volunteers.

²⁵ Email from Peace Corps Staff to OSIRP staff. October 10, 2012.

Chapter 2: Goal One Findings

All Peace Corps projects support the agency's first goal of building the technical capacity of local men and women to improve their own lives and conditions within their communities. The primary goal of the Community Health Education Project is to improve community health care in rural and isolated Nicaraguan communities where local residents have little access to health care services. Volunteers working in this project are expected to achieve these goals through specific activities outlined in the project plan, as well as through community-generated activities at the grassroots level.

Project Activities

Peace Corps Volunteers were expected to promote adolescent life skills, improved maternal and child health practices, environmental health, and HIV/AIDS prevention activities in rural health centers, municipal health departments, and with a variety of NGOs. As a result of these efforts, the community's overall capacity to implement and organize health prevention programs was expected to increase.

The Volunteers, according to the project plan, would increase capacity in preventive health at four levels: the individual level, the level of the service provider, the organizational level, and the community level. The types of activities designed for each group are described below:

- *Individual:* Volunteers would provide health education directly to the men and women, boys and girls of the community.
- *Service Providers:* Volunteers assist the community health promoters, midwives, teen health promoters, community leaders, local teachers and nurses. They provide education on health topics and focus on training the health care providers in participatory health education techniques.
- *Organizational Level:* Volunteers work with the MoH and NGOs to build individual capacities within the health organizations, to improve the provision of basic public health services.
- *Community Level:* Volunteers work with community health advisory committees and a variety of village health groups to increase the municipal focus on improving community environmental health projects.

During the field work, the researchers observed that,

In general, the work approach of the Volunteers center[ed] on non-formal, participatory education in health and on improving the capacity of the health providers and members of the community to optimize the incorporation of health promotion practices within their work and daily routines.[...]

Depending on the Volunteer's placement, his or her counterpart may be a Ministry of Health employee (director [of a clinic], [health] educator, nurse, [or] doctor). When the Volunteer was placed with an NGO, a representative of the organization is named [as the counterpart]. The Volunteer then work[ed] with community stakeholders, including teachers, community leaders, midwives, volunteer health promoters, [educators] from NGOs, community health workers (brigadistas), and other local stakeholders.²⁶

The researchers noted that “the Peace Corps Volunteers made singular efforts to promote health and prevention of HIV/AIDS;”²⁷ one area of focus of the project’s second goal was adolescent health life skills. Dr. Solis’ field observation was corroborated by Peace Corps/Nicaragua staff who noted, in reference to Project Goal 2, Adolescent Health Life Skills, that “the majority of activities of this goal involve HIV education.”²⁸

Frequency of Interaction with Volunteers

Respondents were asked to estimate the amount of time they spent with the Volunteer during work hours and outside of work hours, as an indication of the degree to which the Volunteer had integrated into the work and social life of his/her community.

Nearly half of the counterparts (45%) reported interacting daily with the Volunteer, and 29 percent reported they interacted with the Volunteer several times a week (Figure 2). The beneficiaries were nearly the opposite. Twelve percent interacted on a daily basis, whereas 57 percent saw the Volunteer several times a week. Another 20 percent of counterparts and 24 percent of beneficiaries saw the Volunteer at least weekly. Very few of the respondents reported low levels of interaction (e.g.: five percent of the counterparts and 7 percent of the beneficiaries interacted with the Volunteer monthly).

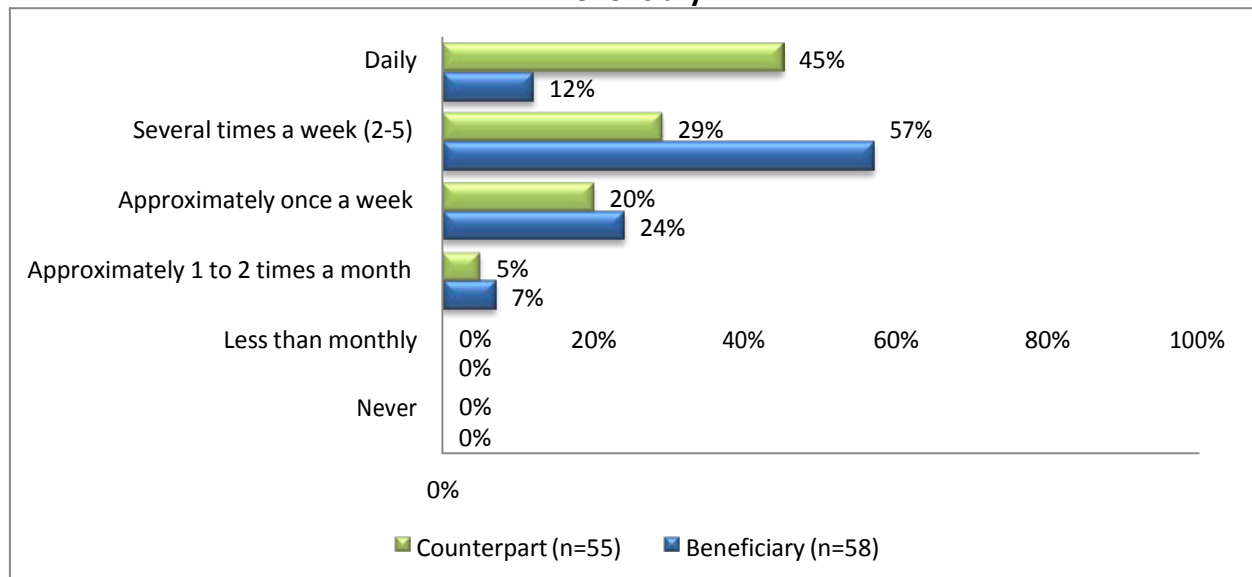
These data suggest that the primary point of contact for the Volunteer in planning and providing services was the *counterpart* at his or her home base (e.g.: a health clinic or other community organization). Hence, it is logical that the counterparts reported having the most frequent interactions with the Volunteers. The type of *beneficiary* groups receiving outreach services (e.g.: adolescent clubs, school-based programs, and mothers’ clubs) did not meet daily, so their opportunities to interact with Volunteers were less frequent. These findings suggest that the frequency of interaction of the Volunteers was appropriate for each group.

²⁶ The descriptions of Volunteers’ activities come from, Solis. *Final Report Impact Study, Community Health Education Project*. Alva Consultorias y Asesorias. 2009. p. 6

²⁷ Solis. Ibid. p. 20.

²⁸ Email communication from PC/Nicaragua staff to OSIRP staff. October 10, 2012.

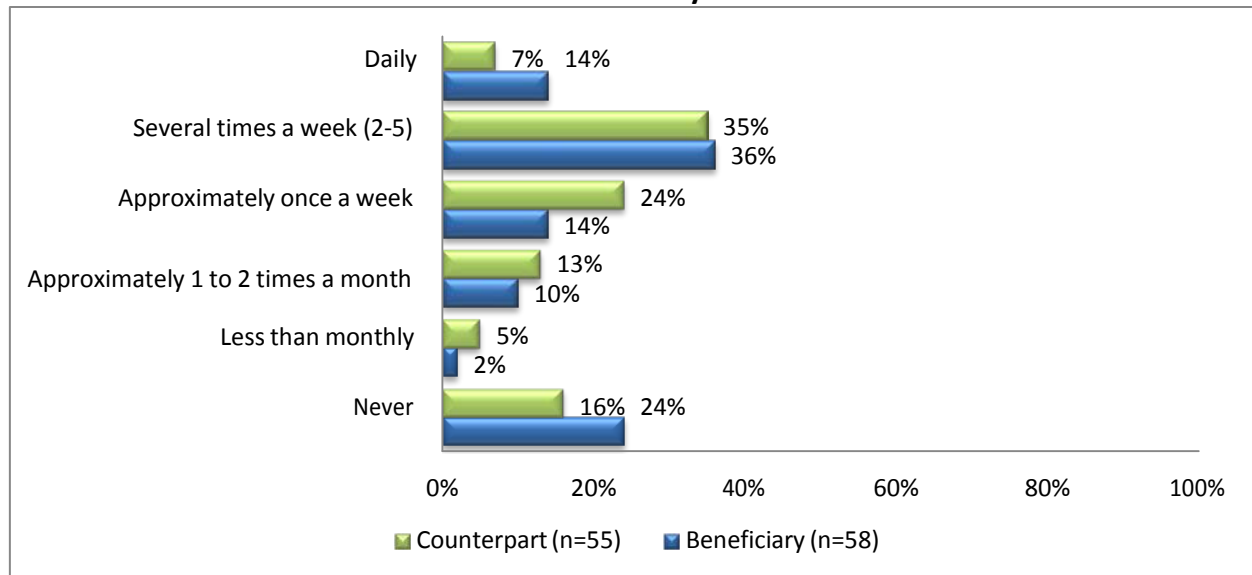
Figure 2: Frequency of Interaction with the Volunteer during Work Hours by Counterpart and Beneficiary



Both counterparts and beneficiaries reported frequent interaction outside of work with the Volunteer, although the frequency of interaction was less often than at work. Two-thirds of the counterparts (66%) and beneficiaries (64%) reported interacting with the Volunteer outside of work at least once a week and many did so more frequently. For instance, 42 percent of the counterparts reported interacting outside of work on either a daily basis (7%) or several times a week (35%). Half of the beneficiaries reported they interacted either daily (14%) or several times a week (36%) with the Volunteer outside of work (Figure 3).

A third of the counterparts (34%) and beneficiaries (36%) reported infrequent or no interaction outside of work (Figure 3). While the exact reasons for this were not reported, some possible explanations emerged. Some of the counterparts did not live in the community in which they worked, making it difficult to socialize after work. Similarly, Volunteers also worked in (and traveled to) communities some distance from their homes. Participants in mothers' clubs and teen clubs would not have had the opportunity to socialize frequently with Volunteers. Finally, Peace Corps staff in Nicaragua noted that Volunteers might be viewing their service as a "day-job (9-5)" rather than an all-day, every-day commitment, and thereby socializing less within the community.

Figure 3: Frequency of Interaction with the Volunteer Outside of Work by Counterpart and Beneficiary



Intended Outcomes

Performance under the Peace Corps' first goal was examined in three ways, by measuring:

1. The extent to which HCNs observed community changes and personal changes and reported gaining new technical skills.
2. The extent to which the capacity to sustain the changes was in place by the time the community project ended.
3. The extent to which community participants were satisfied with the work undertaken as part of the community project, in particular, the extent to which the project met the community and personal needs of local participants.

The community-level changes observed by the project partners are presented first, followed by the individual changes reported by respondents. Through the process of developing the project theory of change (as shown in Figure 1 on page 17), a list of project outcomes was created. Counterparts, beneficiaries, and stakeholders were then asked about project outcomes in two ways:

1. Respondents were asked about the extent to which they saw changes that were anticipated in the theory of change in their *communities*, the direction of these changes, if they met the *community's* needs, whether the changes were maintained after the Volunteer departed, and whether the community's needs had been met.
2. Respondents were also asked to generate a list of changes in their community during the Volunteer's assignment from their own personal perspective. For each change listed, the respondent was then asked about the size of the change, the extent to which the Volunteer was responsible for the change, and where applicable, whether the change was still evident after the departure of the Volunteer.

Each of these ways of assessing the project’s impact will be presented in turn, beginning with the overall outcomes sought by the Community Health Education Project.

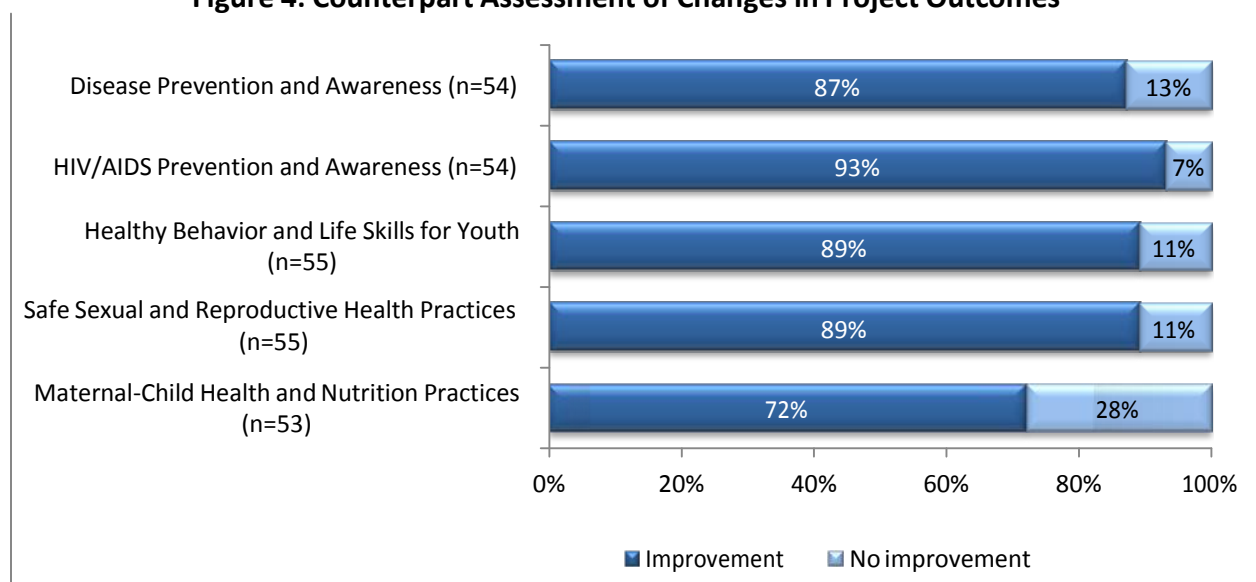
Changes Resulting from the Project

Counterparts and project beneficiaries were asked to reflect back to the beginning of the work of the Peace Corps Volunteers and to assess whether any changes had occurred in their organizations or the way in which they carry out their work related to the five community-level project outcomes:

1. Disease awareness and prevention in general
2. Healthy behaviors and life skills for youth
3. HIV/AIDS awareness and prevention
4. Maternal/child health and nutrition health practices
5. Safe reproductive health practices

Positive change was reported by an overwhelming majority of the counterparts for all of these outcomes with results ranging from a low of 72% improvement in maternal-child health and nutrition practices to a high of 93% in HIV/AIDS prevention and awareness. High levels of improvements were reported in disease prevention and awareness (87%), healthy behaviors and life skills for youth (89%), and safe sexual and reproductive health practices (89%). (Figure 4)

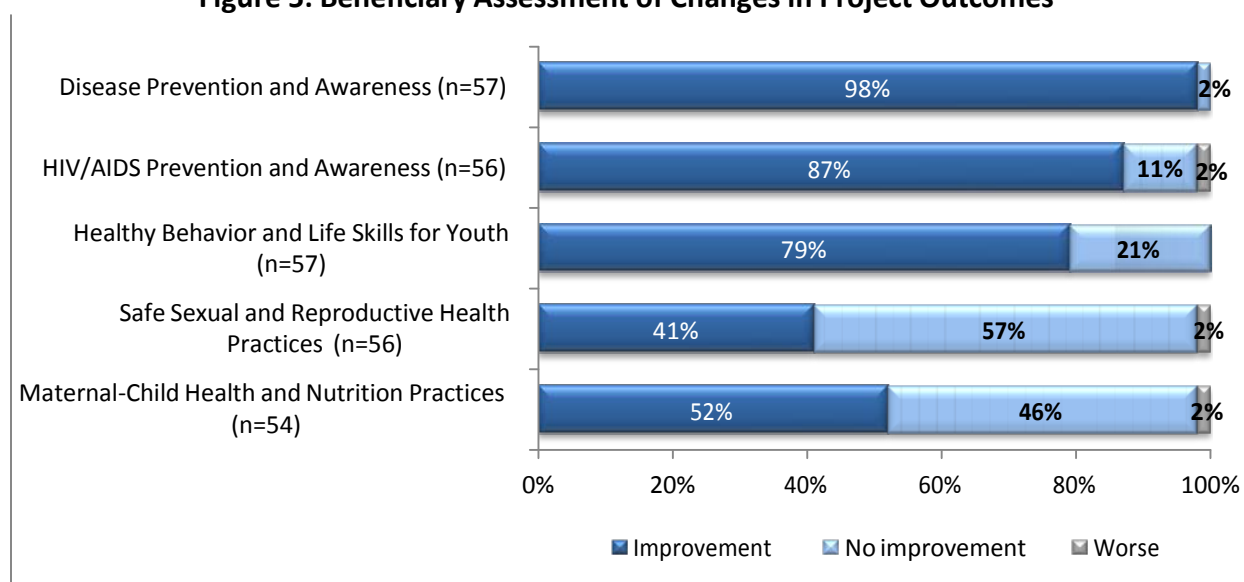
Figure 4: Counterpart Assessment of Changes in Project Outcomes



Beneficiaries—primarily youth under twenty years of age— were nearly universal in their reporting that disease prevention and awareness had improved (98%). The vast majority of the beneficiaries also reported that awareness and prevention of HIV/AIDS (87%) and healthy behavior and life skills for youth (79%) were improved. On the other hand, only 41% of the

beneficiaries felt that safe sexual and reproductive health practices had improved while more than half (57%) felt they had not changed over time and 2% even felt they had gotten worse. Maternal-child health (MCH) and nutrition practices were rated as improved by 52% of the beneficiaries.²⁹ Reporting that outcomes in HIV/AIDS, safe reproductive health, and maternal-child health had worsened during the project was limited to a single individual (2% of those interviewed). (Figure 5).

Figure 5: Beneficiary Assessment of Changes in Project Outcomes



Sustainability of Community Change

The respondents who had reported that improvements were made were asked to reflect on the degree to which the changes had been sustained after the Volunteer left. Respondents in communities in which a Volunteer was still serving were not asked this question, so this analysis is based on approximately half of the counterparts and beneficiaries who were interviewed.

When asked about the degree to which positive community changes were sustained after the PCV departed, about three quarters of the counterparts who had reported positive changes reported that they had been sustained after the Volunteer's departure. This result was found across all five of the project outcomes. (Figure 6)

Similarly, about three quarters of the beneficiaries who had reported positive changes felt that they had been sustained after the Volunteer's departure for every outcome except healthy behavior and life skills for youth, which was felt to have been sustained by all of the beneficiaries who reported improvements to this measure of the project's impact. (Figure 7)

²⁹ Given that most of the respondents who were selected for interviews were members of youth clubs and only one was reported to be from a mother's group, they may not have been the target audience for the MCH activities.

Figure 6: Percentage of Counterparts Who Rated the Change as Still Evident after the Volunteers' Departure

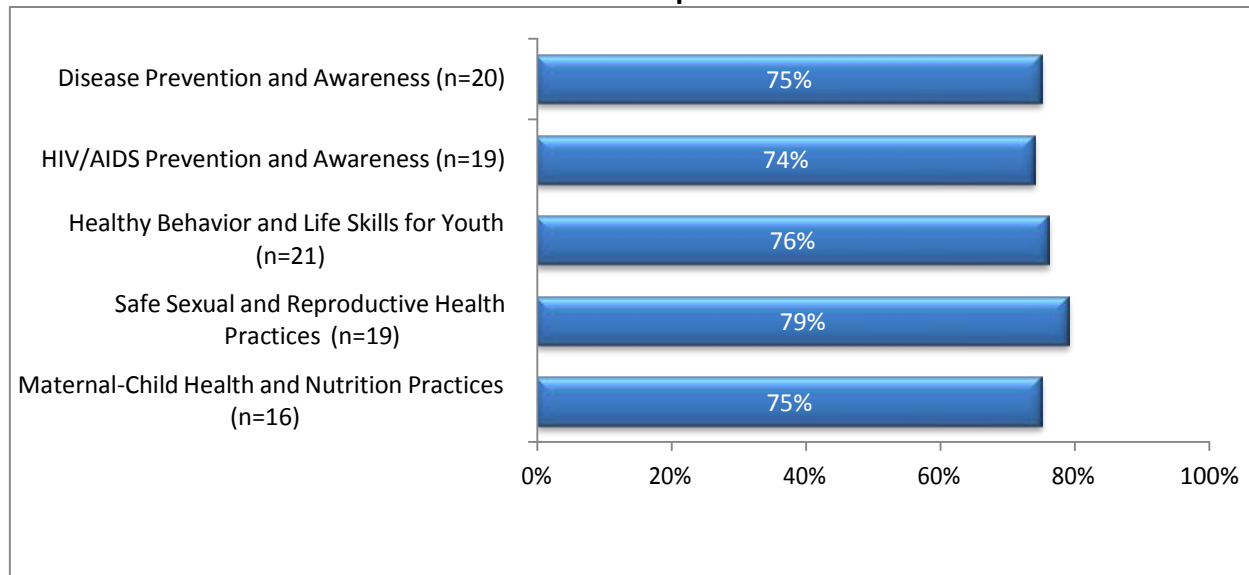
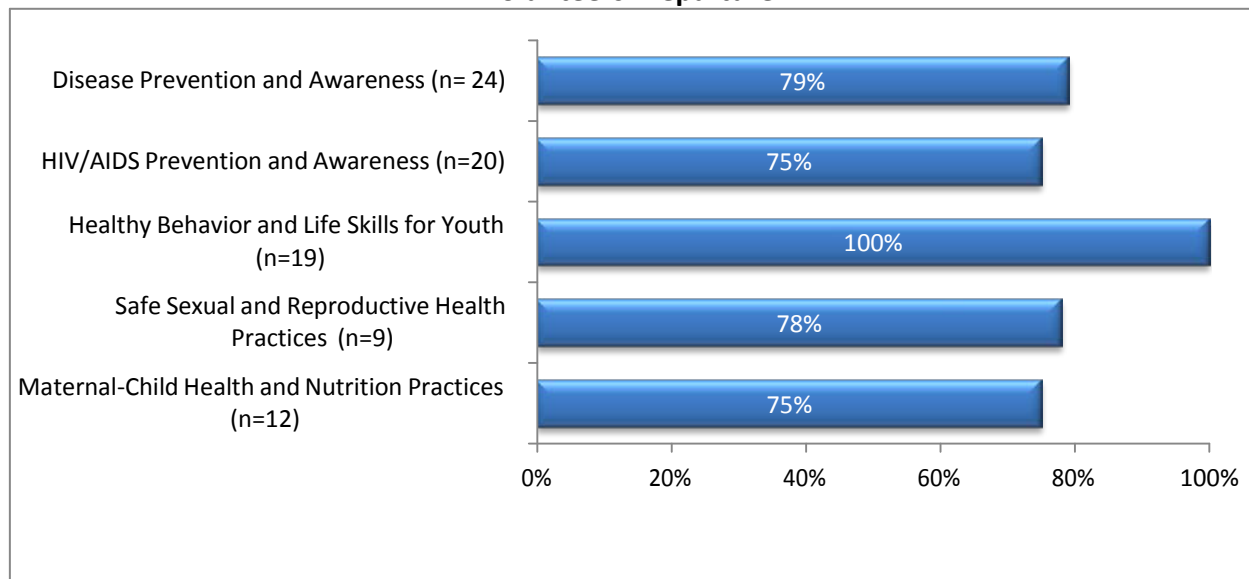


Figure 7: Percentage of Beneficiaries Who Rated the Change as Still Evident after the Volunteers' Departure



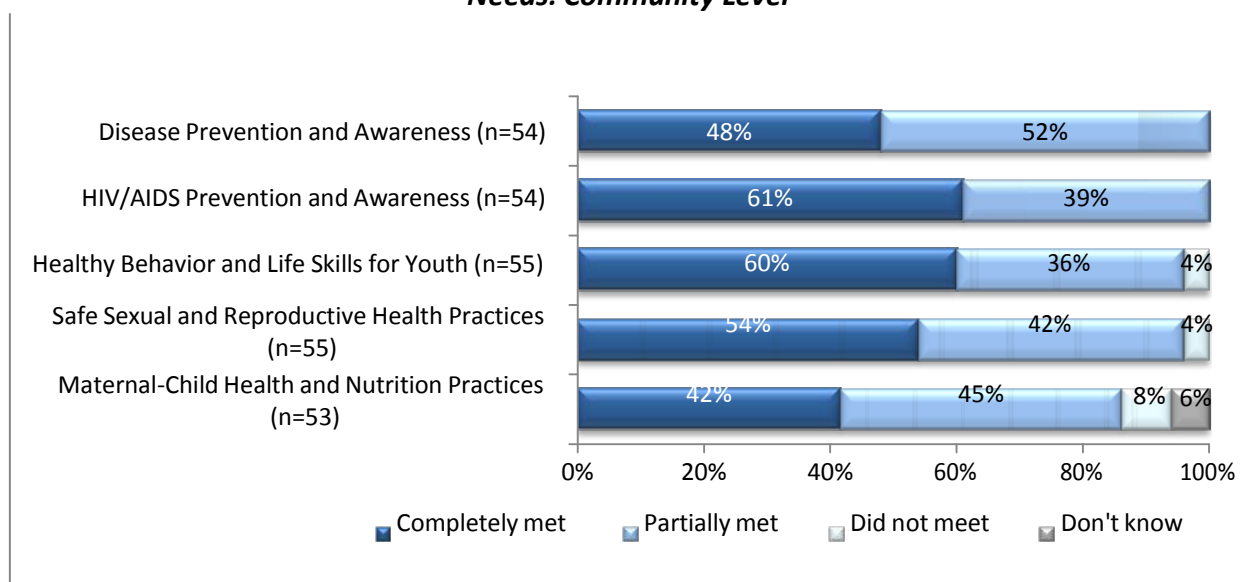
Extent to which Changes Met Community Needs

Finally, respondents were asked to assess how well the changes met the community's needs. This question was posed to all of the respondents, regardless of their response on whether an improvement had been made or not.

The percentage of counterparts who assessed the changes as having *completely* met the local needs ranged from a high of 61 percent for the HIV/AIDS awareness and prevention changes to

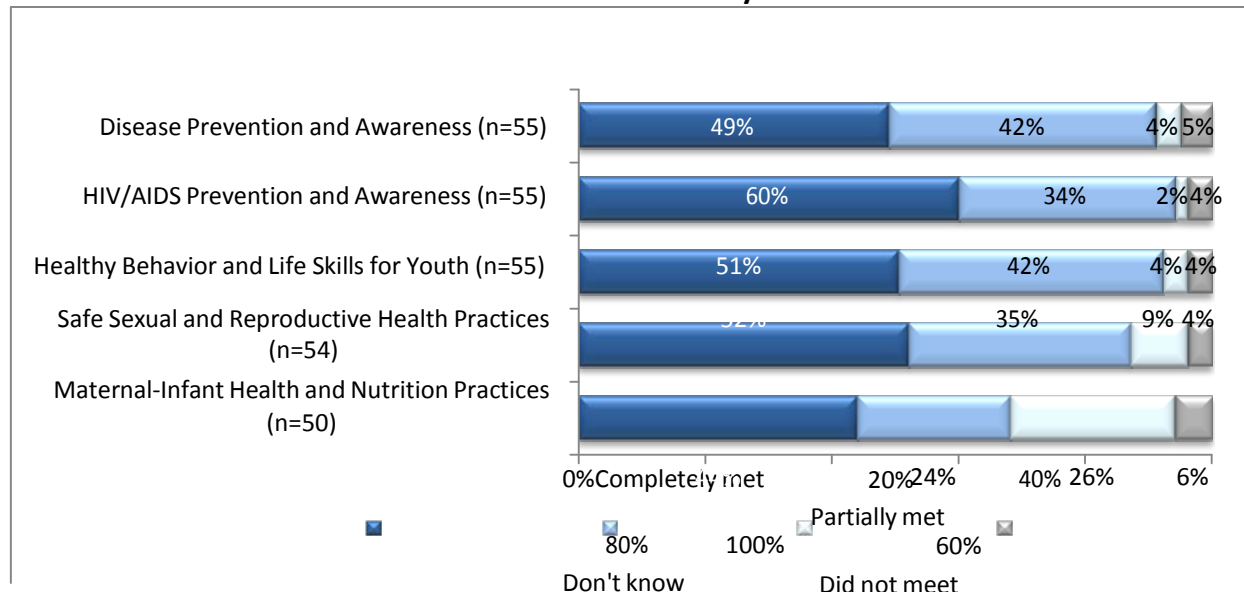
a low of 42 percent for the maternal and child health practices. For each of the project outcomes, a second large group of counterparts noted that the changes *partially* met the needs of the community. Very few individuals reported feeling that the project had not met the needs of the community at all (healthy behavior and life skills for youth: 4%; safe sexual and reproductive health practices: 4%; and maternal-child health practices: 8%). (Figure 8)

Figure 8: Percentage of Counterparts Who Rated the Change as Having Completely Met Local Needs: Community Level



The perceptions of the beneficiaries were similar to those of the counterparts with positive feedback on the degree to which the project *completely* met the communities needs varying from a high of 60% for HIV/AIDS awareness and prevention to a low of 44% for maternal-child health and nutrition. A second sizable group reported that the changes had *partially* met their needs. Very few individuals reported feeling that the project had not met the community's needs at all. The one apparent exception to this was in the area of maternal-child health and nutrition practices where 26% of the beneficiaries reported that it had not met their needs at all. (Figure 9)

Figure 9: Percentage of Beneficiaries Who Rated the Change as Having Completely Met Local Needs at the Community Level



Interestingly, there were isolated cases where the respondents reported that the project had made *improvements* in an outcome and yet had *not met* the needs of the community at all (disease awareness: 2 beneficiaries; healthy behaviors: 1 beneficiary; safe reproductive health practices: 1 beneficiary; maternal-child health and nutrition: 6 beneficiaries).

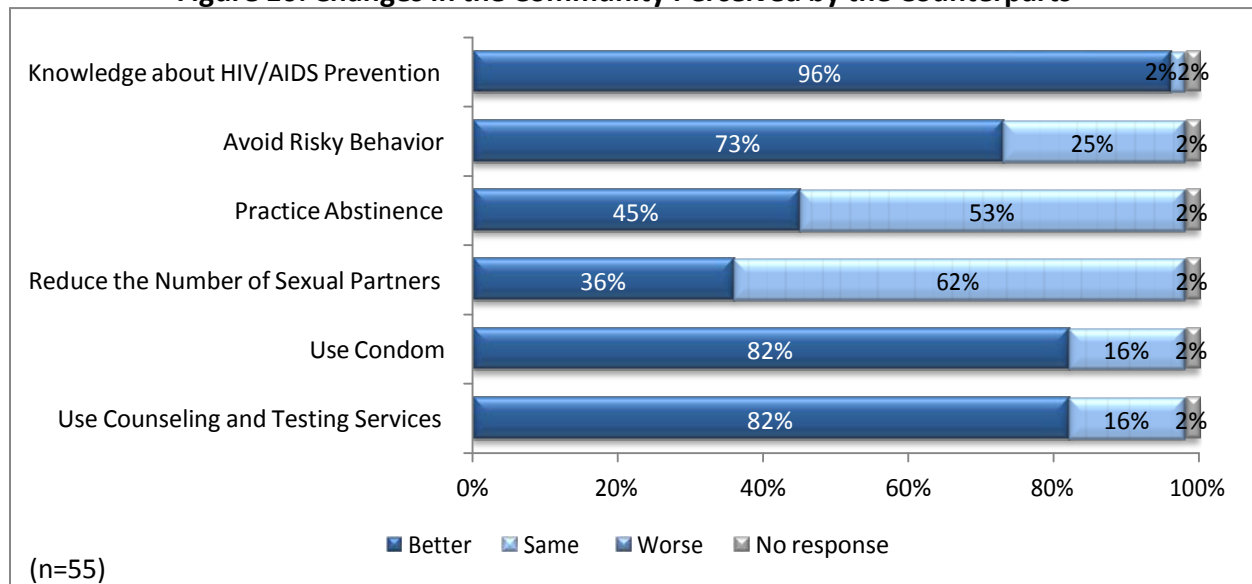
Changes Related to HIV/AIDS Prevention

A separate set of questions was asked about changes in behavior related to HIV/AIDS. Ninety-six (96) percent of the *counterparts* interviewed observed that knowledge about HIV/AIDS in the community had increased. Seventy-three percent of counterparts believed that there had been improvement among members of the community regarding behaviors that put them at risk of contracting HIV.

Forty-five (45) percent of the counterparts interviewed believed that more members of the community are abstaining from sex, especially the youth, and 36 percent reported that young people are reducing the number of sexual partners. In addition, 82 percent of the counterparts interviewed believed that there had been an increase in the use of condoms among members of the community.

Another aspect in which positive change was observed was the perception of 82 percent of counterparts who said the use of counseling services and testing for HIV had increased (Figure 10). The researchers did not verify the counterparts' perceptions of the increased use of counseling and testing services by examining clinics and other medical institutions' records, however.

Figure 10: Changes in the Community Perceived by the Counterparts



“Most of the opinions of the counterparts refer to gradual changes that are based on increased knowledge and greater openness in the community to addressing the issue of HIV/AIDS prevention.”³⁰

Other Types of Community-Level Changes Observed by Respondents

Projects frequently produce unintended or unanticipated consequences, both positive and negative. The research team asked respondents a series of open-ended questions about other changes and accomplishments resulting from the work of the Volunteer not described in the project plan.

In the absence of baseline data about the communities and organizations 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 how it is currently. They were then asked to describe any changes in the community they believed had occurred during that period.

Over 200 comments were offered, grouped around six main themes: HIV/AIDS; opportunities for youth; reproductive sexual practices; empowerment of women; community organization and networks; and nutrition and hygiene. Representative comments are provided below for each category.

The qualitative comments about community changes reveal that participants increased knowledge, changed attitudes, and took real actions. In most cases, therefore, they provide additional evidence that project outcomes were achieved. In the case of environment which

³⁰ Solis. *Final Report Impact Study, Community Health Education Project*. Alva Consultorias y Asesorias. 2009. p 21.

did not figure prominently in the formal interviews, these comments provided the only evidence that the goal of increasing the municipal focus on improving community environmental health projects³¹ had been at least partially achieved.

HIV/AIDS

- “Youth have a better understanding of how to prevent and treat HIV/AIDS.”
- [The project] “created more groups of adolescents for the prevention of HIV/AIDS.”
- [People] “made a self-help group for people living with HIV/AIDS.”
- “Overall, the community had a greater awareness about HIV/AIDS.”
- “Now they talk about counseling for HIV testing.”
- Greater use of condoms in the community (14 comments): “Condoms are distributed each month in public places.” “Now we know that the condom not only prevents pregnancy but also STIs.”

Opportunities for Youth

- “Youth clubs grew up and existing clubs were improved, leading to new activities for the adolescents in the communities.”
- “Recreational games are organized among the young” and “radio programs appeared for teens.”
- “Youth participated in the training offered by the Peace Corps Volunteers.”
- “The youth began changing their attitudes about sexuality” and “are more open-minded.”
- [There is] “more integration of youth in activities in the community.”

Sexual and Reproductive Practices

- “They have broken the myths and beliefs of the population [since we] had the opportunity to speak on the topic of sexuality.”
- “There is more knowledge of family planning methods’ [and they] broke the taboos that existed.”
- “Parents understand the importance of the issues in reproductive health.”
- [Families] “plan the spacing of births.”
- “With these [practices], women got to practice family planning practices.”

Opportunities for Women

- “[The Volunteers’ activities] have strengthened the work of women in the community” including “forming [a] bread cooperative.”
- “[A] group of women organized a flea market.”
- “Now women are protected against disease or pregnancy” [because of increased use of condoms.]
- “Women now recognize the importance of family planning.”
- “There is more gender equity and more opportunities for women’s education.”

³¹ Peace Corps Nicaragua. Community Education Project Plan. May 2005. p. 4.

- “[Through the project, Volunteers and partners] organized groups for pregnant women, for mothers who were breast-feeding, and nutrition clubs.”

Community Organization and Networks

- “[The community] formed a network of neighborhood brigades.”
- “[I see] improved relations between the institutions of the community on behalf of the municipality.”
- “... better relationships between the youth and the community”
- “...improved community activities and community work”
- “There is greater organization in the community.”
- “We work together.”

Nutrition and Hygiene

- “[The community] increased [its] knowledge of food preparation,” such as using soy, and setting up home gardens.
- Communities formed breast-feeding clubs to teach mothers the value of breast feeding.
- “[There is an] increased sharing of information on health issues.”
- Volunteers taught the “importance of hand washing and brushing your teeth.”
- “There is more hand washing in preschools.”

Environmental Health

- “[The community] has more knowledge about the environment and how to take care of it.”
- [In the community], the garbage is collected and it’s more controlled.”
- “The population [is] more involved in cleaning [name of the community.]
- “Garbage cans were placed in the community.”

The respondents also noted other unintended accomplishments not necessarily planned as a project outcome, but which addressed community needs. These included such changes as creating a library in two communities; creating a community information system to refer users to services; building a home for adolescents; and, in general, raising the quality of life throughout the communities.

Summary of Community Outcomes

Overall, counterparts and beneficiaries viewed the following outcomes as having the greatest impact in terms of change and sustainability: Healthy Behavior (Life Skills) for Youth, Disease Awareness and Prevention. The education about and resulting changes from the HIV/AIDS prevention practices were rated the change that most met the communities’ needs.

Most respondents indicated that the project built relevant capacities in their communities and among community members and overall satisfaction with the project was very high. As one

beneficiary said: "...what is learned and practiced is not forgotten by the people of the community."

Individual-Level Changes Resulting from the Project

This section provides counterpart and beneficiary responses to questions about areas in which they personally changed. As expressed by Dr. Solis, "The project attempts to produce changes in the communities that foster the health of the population. For this [reason], personal changes in the counterparts [and beneficiaries] are fundamental. [And] for this reason, they were asked about their perception of their own changes."³²

Additionally, this section discusses how those changes occurred, including the training provided through the project, and the extent to which participants were able to maintain those changes after the departure of the Volunteer. The training is measured by applying three criteria: Did participants receive training? Was the training useful in improving participants' technical skills? Did the training contribute to project success and to project sustainability? The value of the personal changes is reflected in the large number of counterparts who responded that they use the new skills and information in their work and outside of work.

The value is further revealed in their personal comments:

"At the personal level, I am conscious of my health, my behavior and my decisions; I wish all the young people in my community had the spirit of wanting to maintain the changes."

"In my personal life, I do not have a partner, but I feel fulfilled in transmitting my knowledge to my children in my home and to the rest of the young people in the street."

Although one respondent said, "Personally, I do not put it into practice," she then added "I am satisfied because I have learned it all; I share it with my children and with the population."

Beneficiaries spoke about the changes as a result of learning about disease prevention in general and HIV/AIDS specifically, as expressed in the following comments:

"I always avoid attitudes that put me at risk. For example, I am not afraid of getting an HIV test, I use condoms."

"In addition to being trained, now I have the knowledge, I am a trainer and this allows me to keep everything that I learned very present."

³² Solis. Ibid. p. 18.

“When I talk with other youth I clarify their doubts about the dual function of the condom, because it protects from AIDS and from pregnancy.”

“I fully understand HIV/AIDS; I know that just by shaking hands they are not going to transmit anything to me.”

“I am an HIV carrier and I know that I should use a condom while having sexual relations. If I am going to be with another person I should be clear and tell them I am a carrier in order to not have problems with Law 238.”

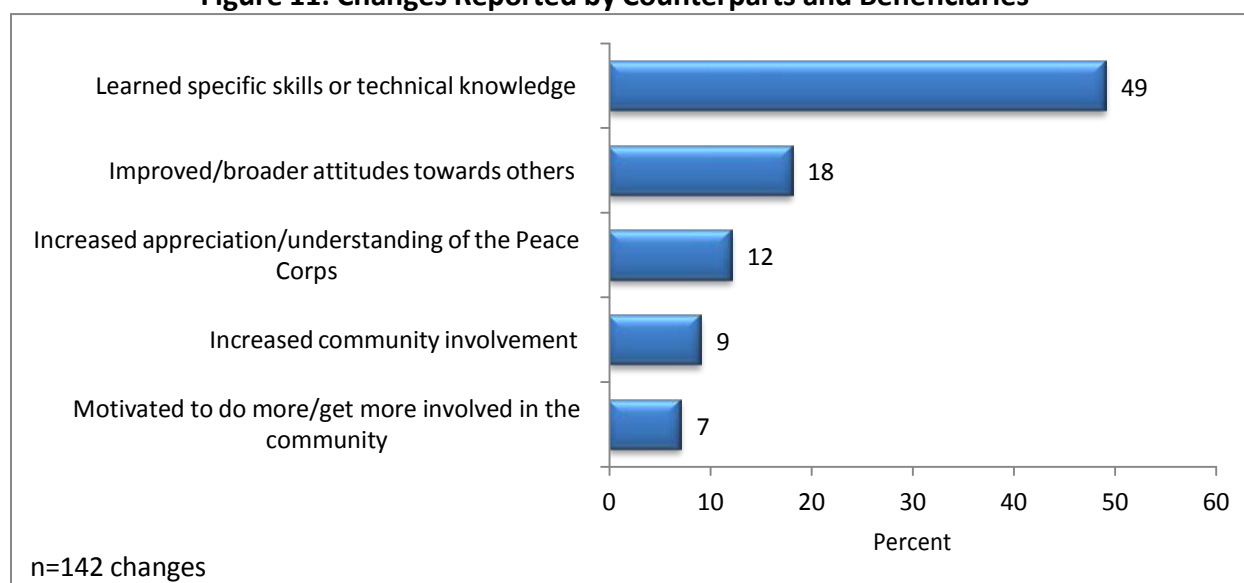
As no baseline data had been collected about the counterparts and beneficiaries before the arrival of the Volunteers, respondents were asked to think back *to how they saw themselves* when they started working with a Volunteer and to compare that to *how they currently see themselves*. They were then asked to report any changes they had seen in themselves during the time they were working with a Volunteer. 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.

Counterparts and beneficiaries reported a total of 95 personal changes. The respondents' descriptions of the changes were grouped into the following five categories:

1. Improved/more open attitude towards others
2. Increased appreciation/understanding of the Peace Corps
3. Increased community involvement
4. Acquisition of specific skills or technical knowledge
5. Motivation to do more/get involved in solving community problems

Forty-nine percent of the changes mentioned referred to increases in specific skills (e.g., computer use) or technical knowledge (e.g. sanitation practices) (Figure 11).

Figure 11: Changes Reported by Counterparts and Beneficiaries³³



Of the 142 individual-level changes mentioned in Figure 11, 68 percent were rated as meaningful and 81 percent were assessed as having been largely due to the Peace Corps project. Both counterparts and beneficiaries thought that all of the changes they noticed in themselves were maintained to at least some extent after the Volunteer left the community.

The changes were grouped, with the largest number of comments relating to specific new skills the respondents learned and are implementing, followed by specific new knowledge learned, improved communication skills, working better together, personal improvements, and cross-cultural learning.

Areas in which respondents reported gaining specific new skills or technical knowledge included the following: (n=39)

- Design of daily and monthly plans (planning methods for work)
- Better project design skills
- Improved organizational level control and monitoring of work plans
- Handling a community bank
- Designing and using new teaching materials and new dynamic/interactive methods for teaching
- Capacity to provide guidance to other institutional groups on how to prevent disease
- Learned methods to monitor the population on health issues
- Acquired greater ability to work with the community network
- How to give an educational presentation
- Techniques for communicating health issues and better techniques in disease prevention

³³ The comments listed are representative of the categories.

- Methods to better coordinate work with teachers
- Youth club organization skills
- Time management

New knowledge was also acquired about a variety of topics, including the following (n=19)

- Methods to treat domestic violence
- Counseling patients
- Additional familiarity with local/community issues
- Health topics, such as:
 - How to better address the issue of sexual and reproductive health
 - Sexually transmitted infections
 - Increasing the awareness among young people about healthy behavior
 - Causes and treatment of cervical cancer
 - HIV/AIDS
 - Methods and spacing of births

Communication Skills for the following: (n=13)

- Group activities
- Increased communication with students regarding sexual and reproductive health

Personal improvement (n=18)

- More motivation to perform work duties
- Better attitude and increased enthusiasm
- Working knowledge and skills over the issue of self-esteem
- Increased generosity
- Decreased fears of talking about HIV
- Better consideration of life goals and objectives

Working better with others/Teamwork (n=10)

- Improved communication and strengthened teamwork
- Increased awareness of group dynamics

Working with the Volunteers (n=8)

- Giving full support to the Volunteer at work
- Improved coordination with the Peace Corps Volunteers
- Shared activities and customs with the Volunteers
- Learned to be more supportive
- Acceptance and recognition that the Volunteer worked to keep the teen club in the urban area

Working better with teens (n=10)

- Better relationships and interaction with teenagers
- Learned how to work and communicate with adolescents
- Greater confidence and fluency speaking with youth

Cross-Cultural Learning (n=7)

- Changed opinions of Americans (Volunteers)
- Greater awareness of the thinking in the United States
- Greater awareness of the diversity of people
- Greater awareness of the work of volunteering

Training Received

Training provided by Volunteers is one method for increasing the technical capacity of local teachers and one of the immediate outputs of any Peace Corps project. In this section, the training received by counterparts and beneficiaries, and the extent to which training enhanced their skills, is presented.

In Nicaragua, the Peace Corps invites counterparts to come to the capital city to meet their Volunteer at the end of the Volunteers' training. At that time, the staff provided one-day training for the counterparts and organized meetings with Peace Corps technical staff about the project. Over half (55%) of the counterparts reported receiving Counterpart Day training and 62 percent said they received an orientation to learn how to work with Volunteers (Figure 12).

During the training for this study, the local research team discussed with Peace Corps staff the types of training provided to counterparts in order to better understand the counterparts' answers. The staff had a difficult time clearly describing the various types of training provided to counterparts; thus, it is not clear if the Volunteer orientation described by some was the same as the Counterpart Day. In the future, the Post may wish to track the number/names of counterparts who receive training and the type of training each receives to determine the degree to which training is being offered/received by a majority of the counterparts.

Figure 12: Percentage of Counterparts Who Received Each Type of Counterpart Training

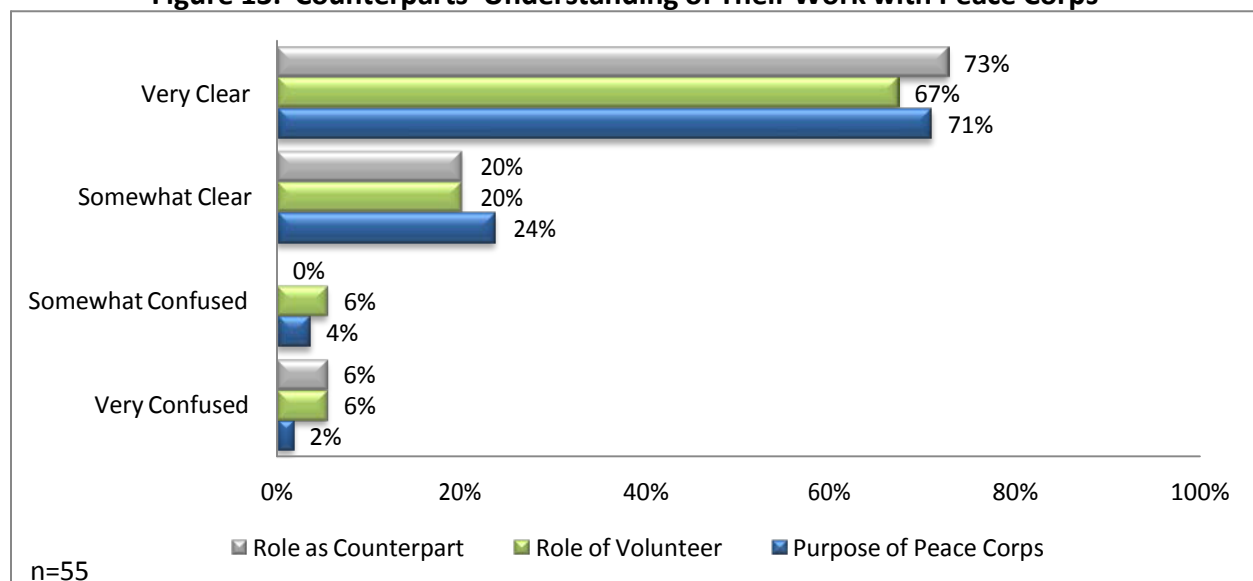


The positive result of this preparatory training was evident in the answers to the question: How prepared were you to work with Volunteers? Counterparts were very clear about the role of the key personnel with whom they work and their responsibilities for successfully achieving Peace Corps' goals: (Figure 13)

- Role of the counterpart in working with Peace Corps (73%)
- Role of the Volunteer (67%)
- Purpose of Peace Corps (71%)

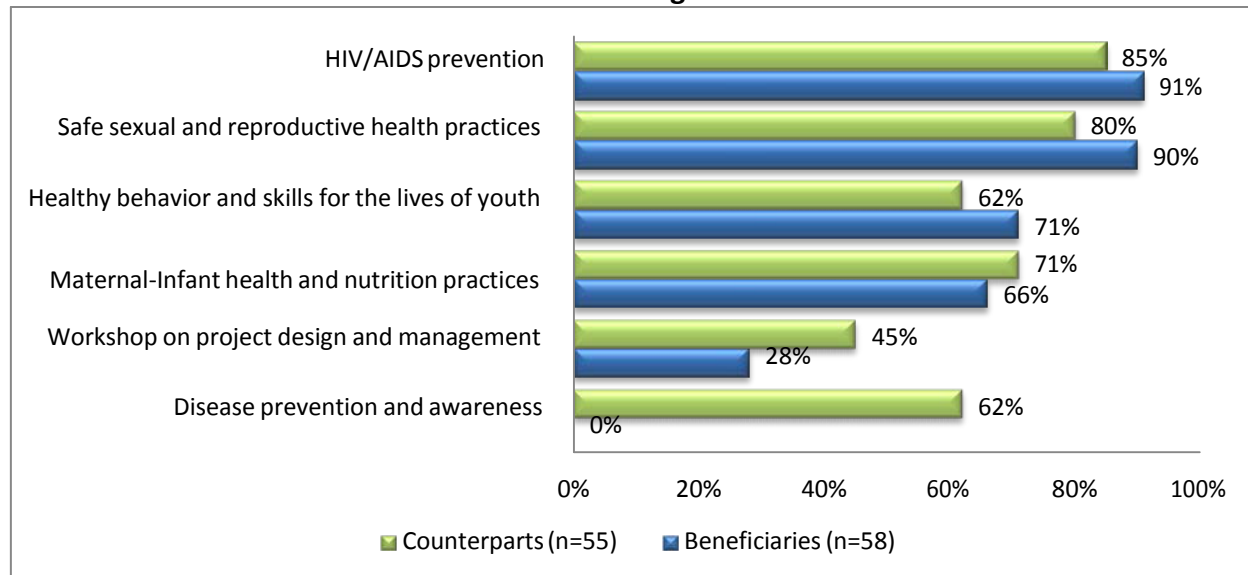
A small percentage, 4%-6%, reported being somewhat confused or very confused about the role of the Volunteer and the purpose of Peace Corps. A small group (6%) also remained unsure of their role as a counterpart (Figure 13). The post may wish to take steps to identify--through course evaluations and discussion with counterparts -- the factors that may be leading to this confusion. For example, are all counterparts able to attend training? Do new counterparts need additional one-on-one sessions? What additional support do counterparts need? Are those who attend the training the same individuals who serve as the Volunteer's counterpart?

Figure 13: Counterparts' Understanding of Their Work with Peace Corps



All counterparts and beneficiaries reported receiving training in one or more of the five technical areas of the Community Health Education Project: health practices in maternal/child health and nutrition; healthy behaviors and life skills for youth; safe reproductive health practices; disease awareness and prevention; and, HIV/AIDS awareness and prevention. In addition, training was provided in workshop design and project management (Figure 14).

Figure 14: Percentage of Counterparts and Beneficiaries Who Participated in Technical Training



Counterparts and beneficiaries who reported having received training were asked how useful it had been. Both groups responded overwhelmingly that the training had been very useful. (Figures 15-16)

Figure 15: Percentage of Counterparts Who Rated Training As Useful

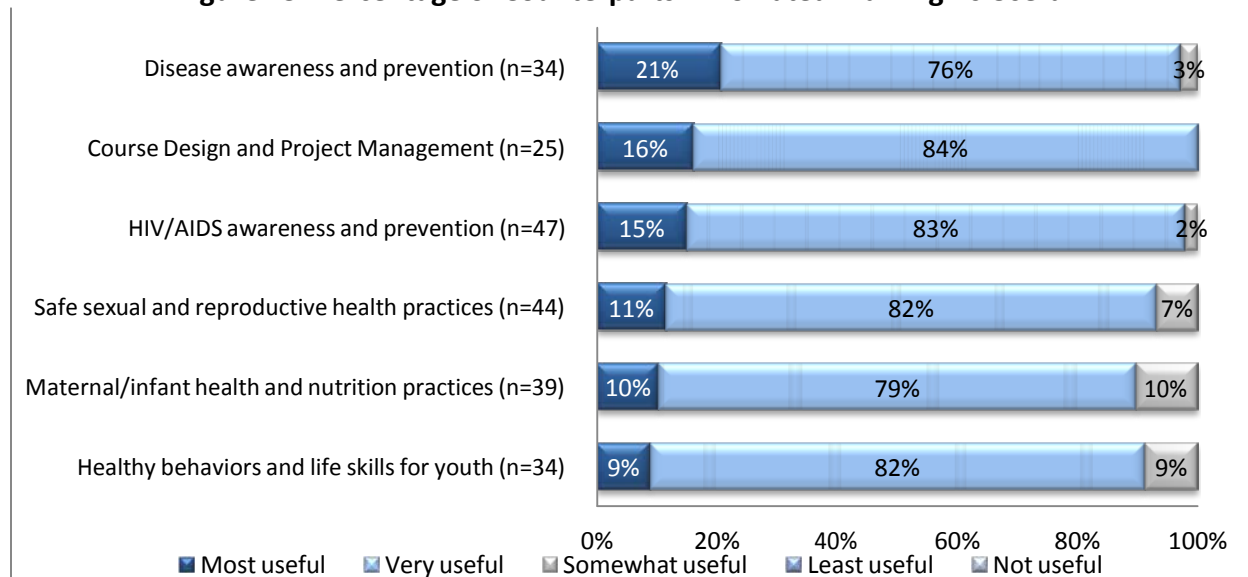
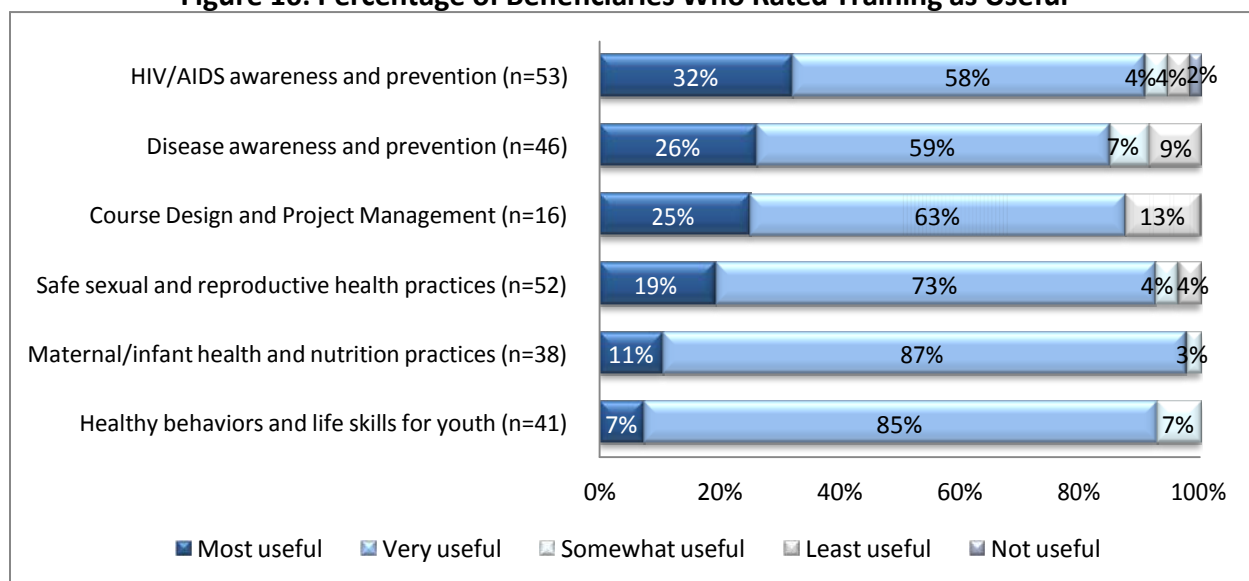


Figure 16: Percentage of Beneficiaries Who Rated Training as Useful



When asked whether and to what extent the training they had received had helped them develop their technical skills, 96 percent of the counterparts responded in the affirmative with 89 percent saying that it had contributed significantly. Similarly, 100 percent of the beneficiaries said that the training had increased their skills with 84 percent saying that it had contributed significantly. (Figures 17-18)

Figure 17: Percentage of Counterparts Who Report that Training Increased Their Technical Skills

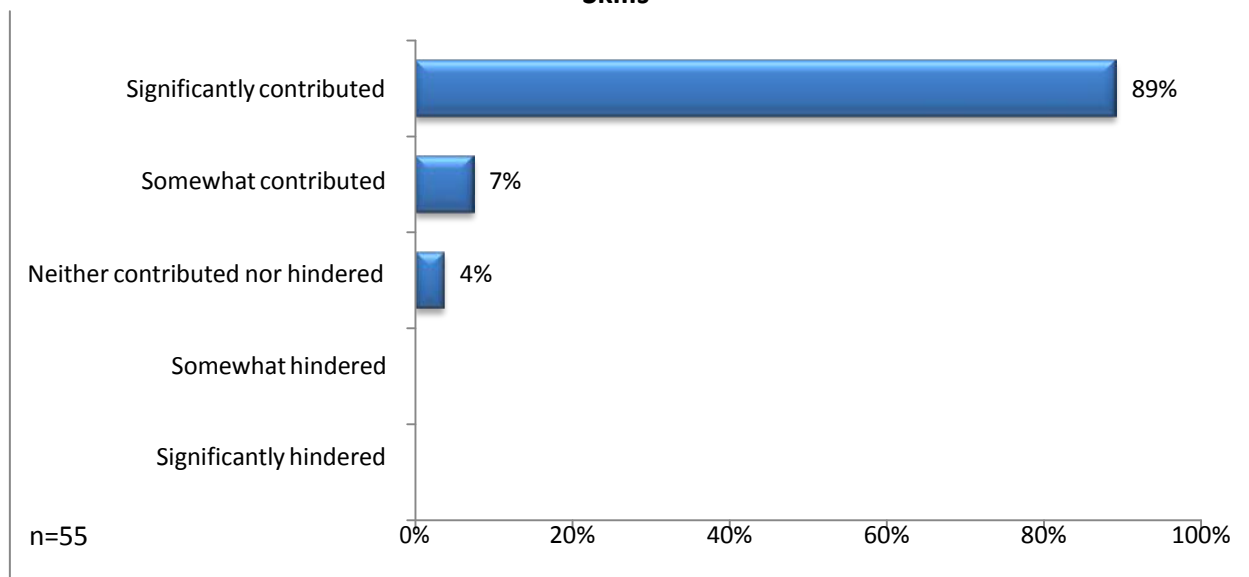
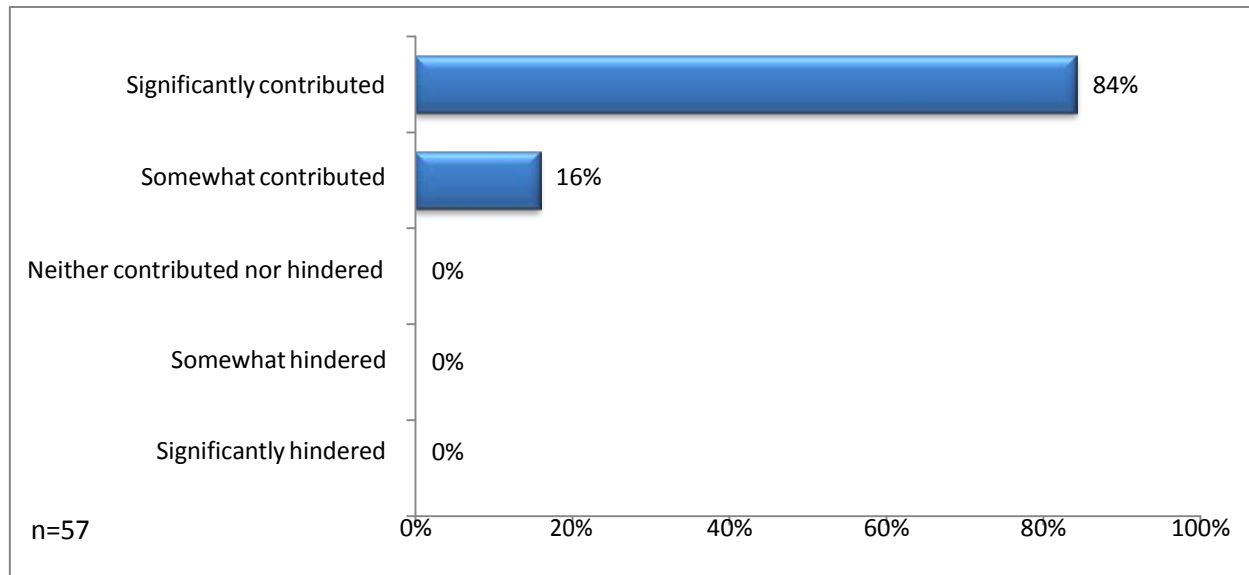


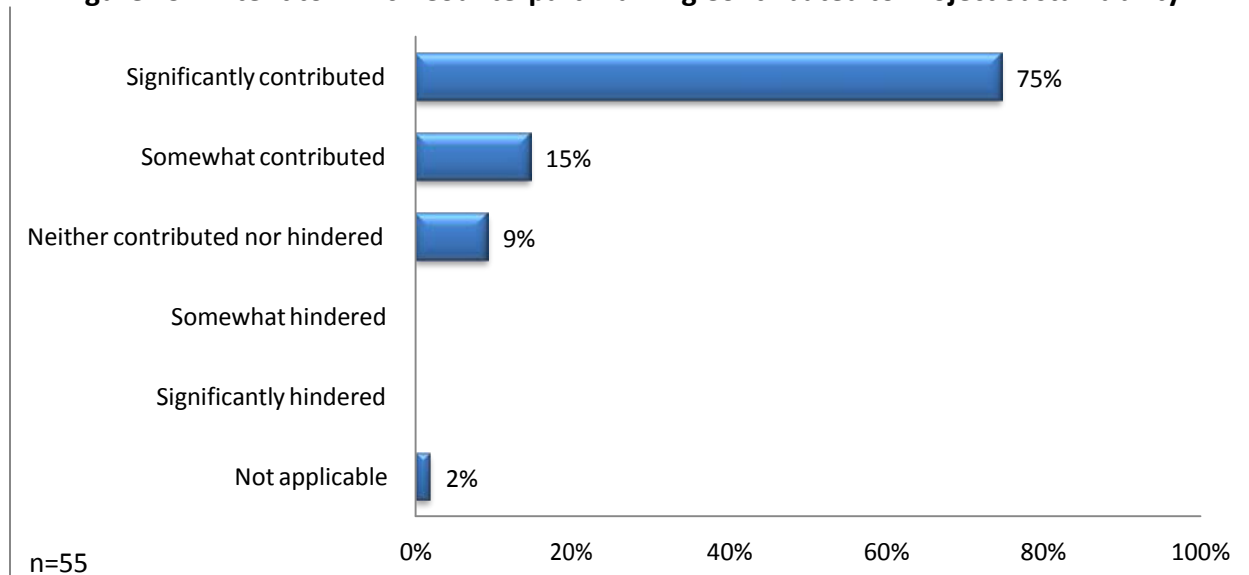
Figure 18: Percentage of Beneficiaries Who Report that Training Increased Their Technical Skills



Skills Transfer Lead to Sustainable Community Changes

When asked about the value of the training in terms of project sustainability, respondents were largely positive, with 75 percent saying that it significantly contributed to project sustainability and 15 percent noting it somewhat contributed (Figure 19).

Figure 19: Extent to Which Counterpart Training Contributed to Project Sustainability



Overall Satisfaction with Project Outcomes

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

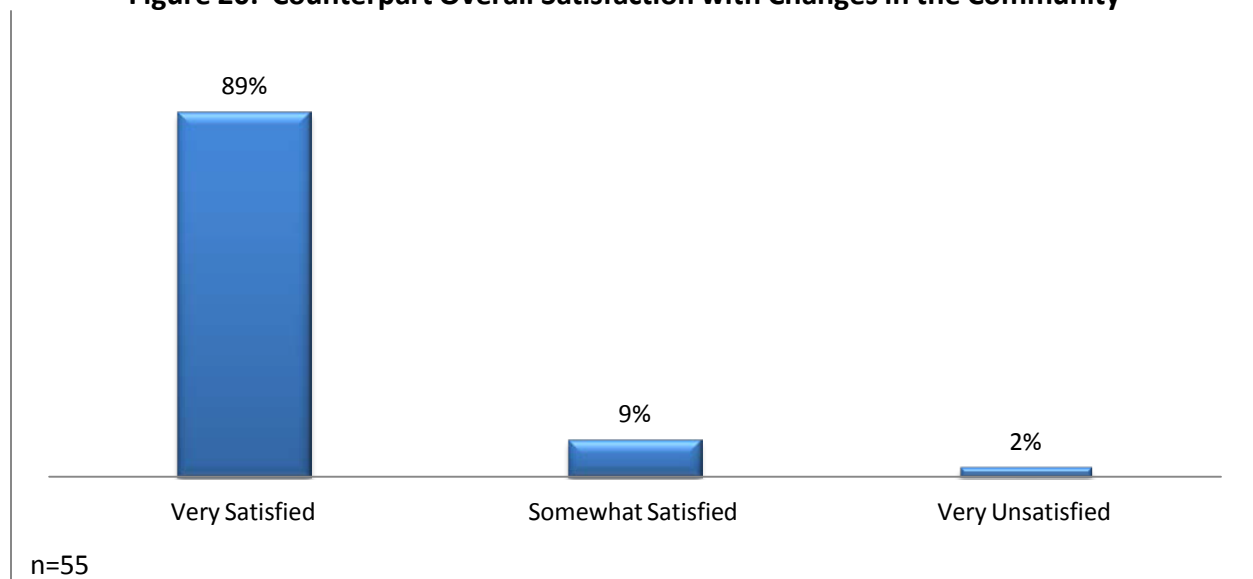
1. Degree to which the project met their needs
2. Percentage of respondents who indicated they like to work with another Volunteer

The findings on these questions are reported below.

Degree to which the Project Met their Needs

The counterparts reported a very high level of satisfaction with the changes generated by the presence of the Peace Corps Volunteers in local organizations and in the community. Eighty-nine percent said they were very satisfied with the changes. Nine (9) percent were somewhat satisfied with the changes and only one person expressed any negative comments. The latter's dissatisfaction stemmed from a concern that other communities that needed the help of the Volunteers were not included in the activities (Figure 20). Dr. Solis noted that "in sites where there are no longer Volunteers, these changes last, but with a tendency to fade."³⁴

Figure 20: Counterpart Overall Satisfaction with Changes in the Community



In addition, counterparts talked about the benefits that came from the attitudinal changes that occur as a result of working with a Volunteer. Some of the comments offered by the counterparts follow:

³⁴ Solis, Freddy. *FINAL REPORT Impact Study, Community Health Project*. Nicaragua. P. 40.

The changes were ...“Excellent, because in spite of the limitations there were big changes that have helped the community work--awareness, strengthening and empowerment.”

“I am very satisfied because the changes in new knowledge, skills, and practices have been evident; the Peace Corps Volunteers are a channel for providing the information.”

“I am satisfied for the success we had with her preparation [training]. Domestic violence was eradicated in the municipality.”

“I am very satisfied because we worked with the vulnerable part of the population, for example: drivers [or] men who visit pool parlors.”

“Above all, the contribution in educational materials was very important because the HIV prevention manuals were produced.”

“Change can be seen in the youth, adolescents, volunteer health workers, sex trade workers; it can be said that we have been able to get people to take care of themselves and prevent HIV.”

Some of the people interviewed also demonstrated a clear understanding that processes designed to change attitudes take a long time. As two counterparts said:

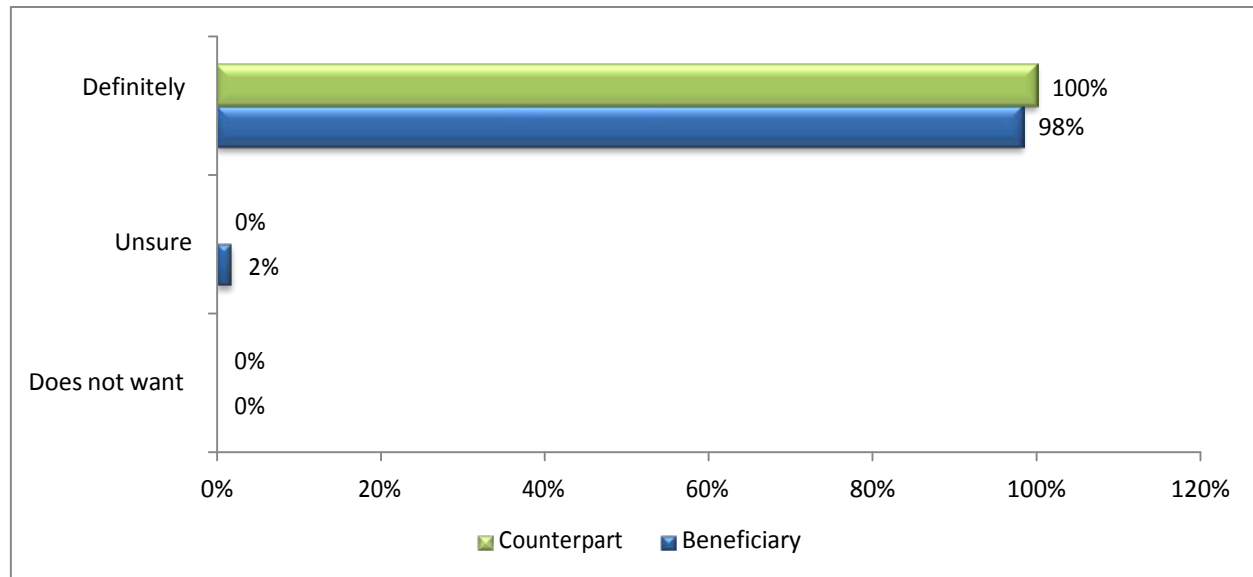
“The changes are partial. People don’t change overnight. Those of us who work in education know that change happens little by little.”

“I cannot see many changes, because when you are working on changes in attitude, you cannot expect immediate results.”

Would HCNs Want to Work with another Peace Corps Volunteer?

Another measure of satisfaction is the degree to which counterparts and beneficiaries express a desire to work with another Volunteer. All of the counterparts and 98 percent of the beneficiaries reported they would welcome another Volunteer (Figure 21). Respondents highlighted the energy and enthusiasm that Volunteers were able to generate among community members and the ongoing need for community improvement as reasons for wanting to work with another Volunteer.

Figure 21: Percentage of Counterparts and Beneficiaries Who Would Like to Work with Another Volunteer



Both beneficiaries and counterparts were asked to describe what benefits the Volunteers brought that would encourage them to ask for another Volunteer. Both groups expressed appreciation for the new information the Volunteers brought to the community about HIV/AIDS and maternal and childhood care. They frequently commented on the innovative methods used to share information and, as a result, how successful the Volunteers were in motivating youth to participate in the educational activities.

Beneficiaries commented on the way the Volunteers worked, the differences they had observed and, especially, their interest in continuing to learn.

“I like the way they express themselves on the issues and the effort they give to their work motivates the youth to work with them.”

“Yes, [I would like to work with another Volunteer] in order to continue receiving information and to continue supporting new members of the youth clubs.”

“Yes, [I would like to work with another Volunteer] in order to keep up with the information about HIV/AIDS, to maintain the successes we've had, and to strive for more in order to help the community.”

“I’d like another Volunteer because we always got along well and I don’t want the youth club to disappear.”

The counterparts described a need for continuing support for the work begun by the Volunteer and community, especially in facilitating youth clubs and teaching health in the schools. They also found the instructional methods the Volunteers used to be very successful with youth and

they wanted to continue to have Volunteers in their communities, as they view them as an excellent source of new information.

“We need the support from the Volunteers because they use active learning methods and the youth from this community like to work with them.”

“The Volunteers are a professional resource. They come to help improve the skills and practices in the community.”

“Yes, because they are people who come to teach on subjects that the community has little information about. They have a lot of information.”

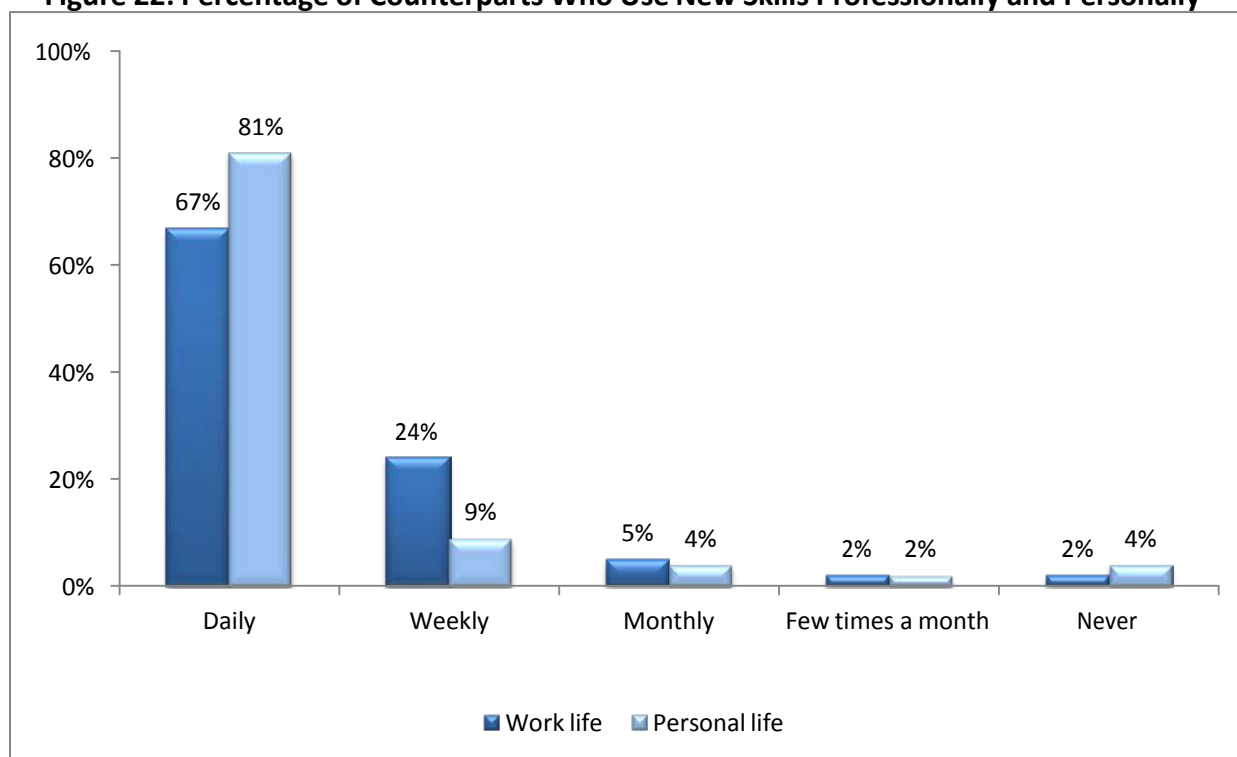
Use of New Skills Professionally and Personally

Counterparts were asked how often they used the skills gained from the project in their professional lives. Sixty-seven (67) percent of the counterparts used the skills they learned during the project on a daily basis in their professional lives, while 24 percent reported using their new skills on a weekly basis and 6 percent used them monthly (Figure 22). One counterpart responded that the skills were used a few times a year; only one said the skills are never used in his or her professional life. The two respondents reporting a low use of new skills were both health workers who reported they learned little new from the Volunteers and, in fact, were often teaching them about medical care, but the vast majority of the other health workers said that they used what they had learned either daily or weekly.

Counterparts were also asked how often they used the skills gained from the project in their personal lives. Most counterparts (81%) responded overwhelmingly that they use their new skills on a daily basis in their personal lives as well (Figure 22). Additionally, 9 percent of the counterparts said they used their new skills on a weekly basis. Only one respondent reported using the skills a few times a year and 4 percent said they never used the skills.

The frequency of use of the new skills is high, which provides solid evidence that skills transfer has occurred and that the skills are being used.

Figure 22: Percentage of Counterparts Who Use New Skills Professionally and Personally



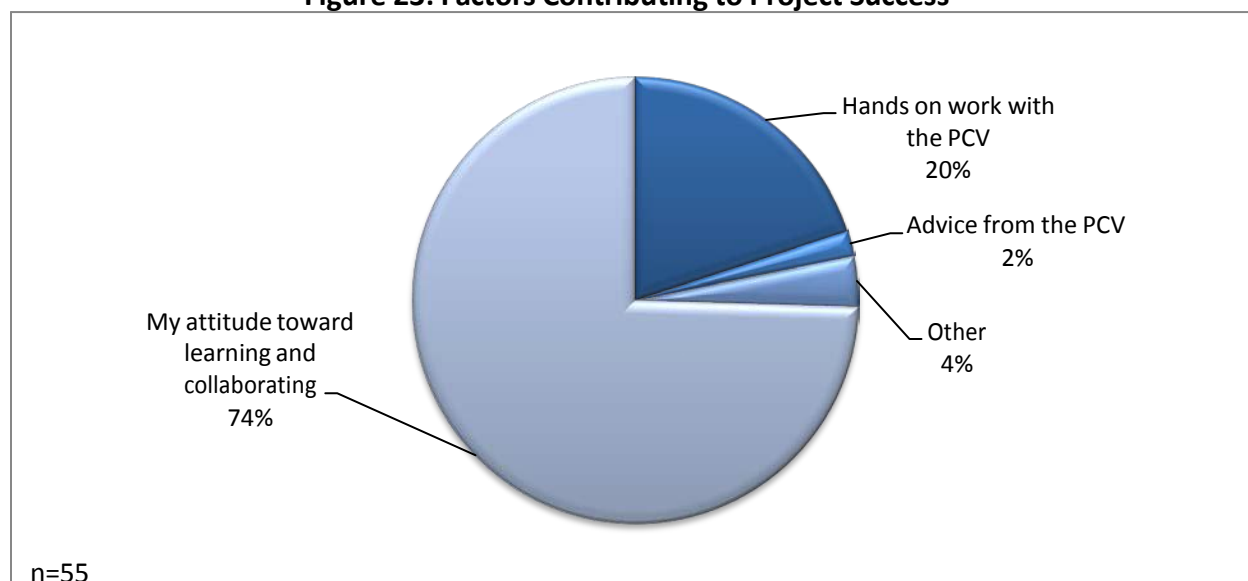
Factors Affecting Project Outcomes

Respondents were asked a series of questions to ascertain what factors contributed to the success of the project, what factors hindered the project outcomes, the reasons why change was not sustained (if applicable), and the degree to which the daily interaction with the Volunteer was responsible for the change.

Factors Contributing to the Project's Success

Counterparts were asked to list any factors contributing to the community's ability to sustain the changes. It is interesting to note that 74 percent of the counterparts mentioned their own willingness to learn and collaborate with the Volunteer as the main factor contributing to success followed by 20 percent who mentioned the hands-on work of the Volunteer and 2 percent who mentioned advice from the Volunteer (Figure 23).

Figure 23: Factors Contributing to Project Success



The descriptive comments provided by the counterparts helped explain the importance of the collaboration and teamwork created through the project between the Volunteer and the partners. Counterparts said shared support for project activities was a key factor for success. Strong project outcomes were achieved when all sectors of society collaborated on project activities, including community leaders, health center staff, families, volunteer health promoters, and Peace Corps Volunteers.

Thirty-eight percent of the comments on factors contributing to project success described the importance of working together and an additional twenty-two percent underscored the importance of having an open attitude toward change.

“There were no barriers to the project work, as each person tried to contribute his/her part—the part which corresponded to them—in order to get the work done. The barriers weren’t the people; it was the very system we work in.”

“The most important factor was working hand-in-hand with the Volunteer from the Peace Corps and then sharing/replicating this information with members of the community.”

[The most important factor was] “a combination of all three: the good will and willingness of the Volunteer; my willingness to collaborate in the tasks; and, the good mutual coordination.”

“Participat[ing] in the trainings, [working] together. Everything that we proposed to do, we did jointly and it was a team effort for all of the trainings.”

“The training offered by the Peace Corps meant that the community network [gained] new information and knowledge.”

“There were changes in people’s attitudes that helped the project. The beneficiaries and the leaders both changed their attitudes.”

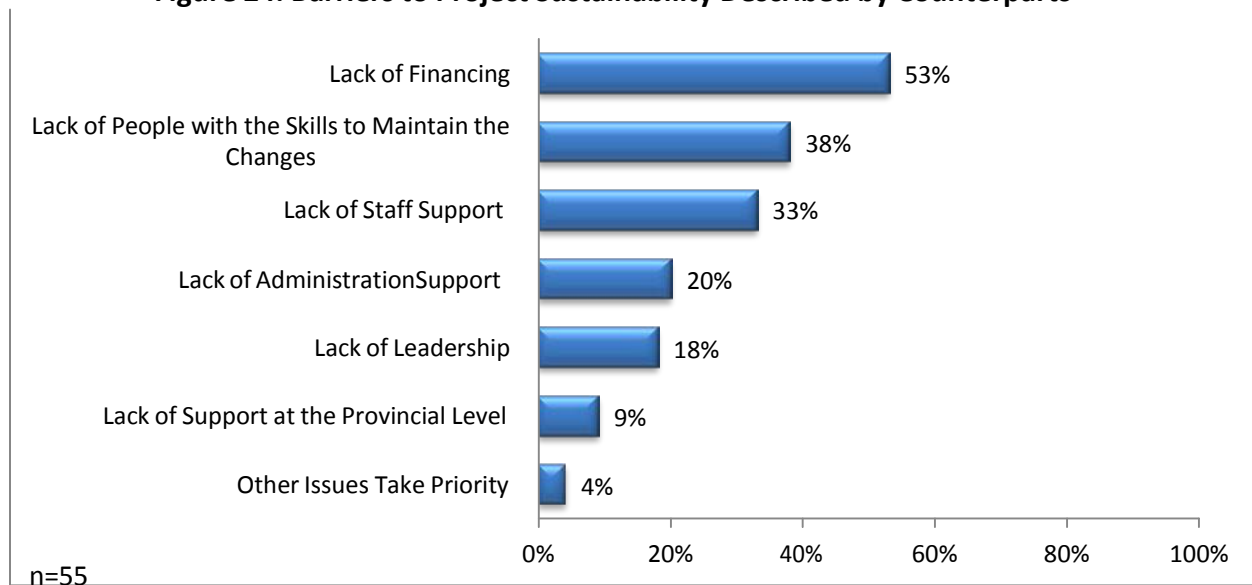
“The work with the youth has been a good example [of the collaboration that took place], because we succeeded in getting land and everything else we needed, to build a clinic which the Volunteer negotiated with a [volunteer] organization in Texas, an unprecedented accomplishment.”

Factors that Limited Project Outcomes

Counterparts were asked to choose, from a list of factors, those that limited outcomes for the project. The principal barrier to project success cited was a lack of funding (53%), followed by a lack of people with the necessary skills to continue the work (38%).

However, a combination of the remaining factors—lack of organizational support, both administrative (20%) and staff (33%); lack of leadership (18%); and, lack of support at the provincial or regional level (9%)—points to a lack of human resources, not financial resources, as the most significant barrier to continuing the work (Figure 24).

Figure 24: Barriers to Project Sustainability Described by Counterparts³⁵



³⁵ Responses do not add to 100% as respondents could choose to provide more than one answer. The total number of responses was 103 among the 55 counterparts who were interviewed.

Counterparts were then asked to explain some of the barriers in greater detail and their qualitative answers provided insight into these obstacles. For example, the lack of funding to pay for transportation was described by 37 percent of the 55 respondents as one of the major factors impeding project success. Volunteers often lived in the community where the regional health clinic or NGO was located, but were expected to provide services to several nearby villages.

In rural Nicaragua, transportation between the villages presented a serious issue. As counterparts explained:

“One obstacle was the lack of transportation to get to the communities, especially since the Volunteers are prohibited from riding motorbikes to access the most remote communities.”

“Difficulties getting out to the communities from the health clinic, because the transportation services would be canceled at the last minute, yet we had people waiting for us who had been invited to a meeting [in another community].”

“The Volunteer had a very strict rule that he/she could not ride on a motorbike or motorcycle, while the community members got around whatever way they could.”

The counterparts explained some of the other financial issues they faced:

“We didn’t have any money to pay for transportation to be able to get to the more difficult to access places.”

“Peace Corps is an organization that doesn't provide any financial resources, but our village is poor.”

“We couldn’t cover all the expenses necessary to carry out the project because they cost more than we could pay. We had to try and coordinate with other institutions.”

“There was no budget for transportation and all the other logistics, including teaching materials [that] we needed for the project.”

“We didn’t have any money to pay for transportation to be able to get to the more difficult-to-access places.”

Counterparts also explained that other obstacles occasionally arose such as a lack of full engagement on the part of community leaders:

“The community leadership was too dependent upon the Volunteer, so often they only worked when the Volunteer was excited about the work and called the meetings.”

“When the director of the clinic changed, the new director didn’t pay any attention to the work of the Volunteer.”

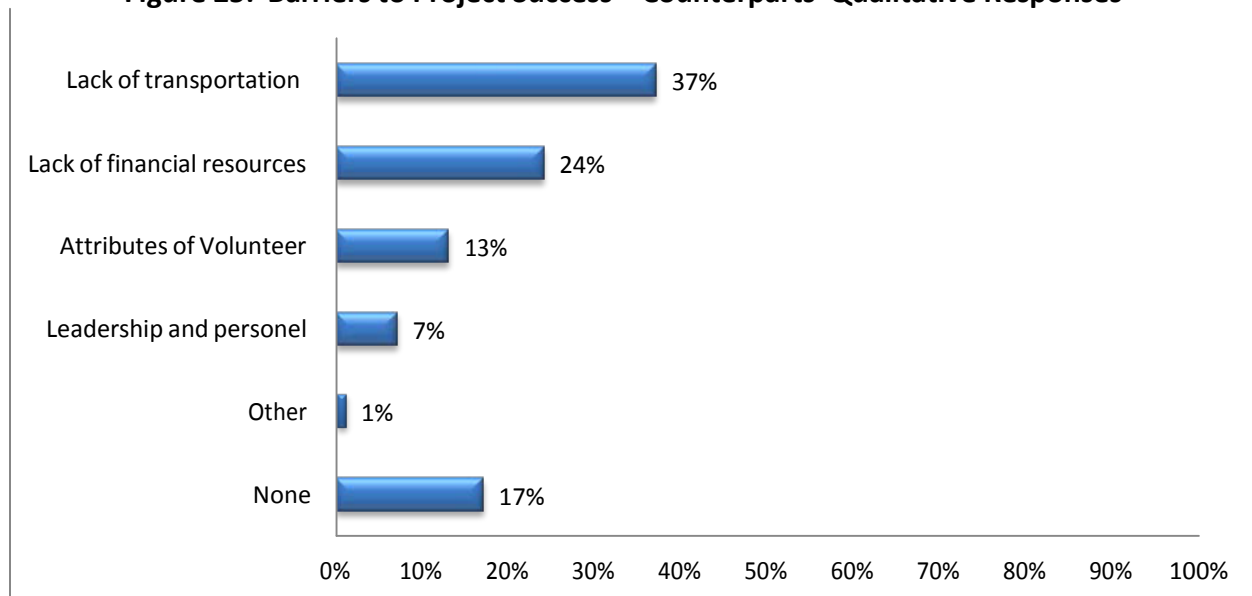
A few comments (7) were made about challenges facing the Volunteer. Sometimes:

“They had difficulty finding appropriate and secure housing.”

“Language was a problem at first, but then he/she overcame that.”

One Volunteer was more reserved than others had been, and he wasn’t as well received by the community. The Volunteers “didn’t adapt well to the food” and “occasionally a Volunteer didn’t take his/her commitment to work seriously.” (Figure 25)

Figure 25: Barriers to Project Success – Counterparts’ Qualitative Responses



Finally, as Dr. Solis explained, changes came gradually. As he observed during the field work, the youth he interviewed said that, “At first, the youth were suspicious and really didn’t pay any attention [to the Volunteer]. So there had to be an observation period in order to be able to work together.”

Summary of Goal One

Overall, counterparts and beneficiaries viewed the following outcomes as having the greatest impact in terms of change and sustainability: healthy behavior (life skills) for youth and disease awareness and prevention. The education about and resulting changes from the HIV/AIDS prevention practices were rated the change that most met the communities’ needs. Three quarters of the respondents in communities that no longer had Peace Corps Volunteers reported that changes were sustained.

Most respondents indicated that the project built relevant capacities in their communities and among community members and overall satisfaction with the project was very high. As one beneficiary said: “what is learned and practiced is not forgotten by the people of the community.”

Chapter 3: Goal Two Findings

Goal Two of the Peace Corps is based on the concept that frequent and varied interaction with Volunteers will lead to mutual learning and that host country colleagues and host families will gain a better understanding of Americans. Through the project in Nicaragua, counterparts and beneficiaries shared both frequent work and social interactions with the Volunteers, as described in Chapter 1. Host family members reported a range of familial and social activities undertaken with Volunteers.

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

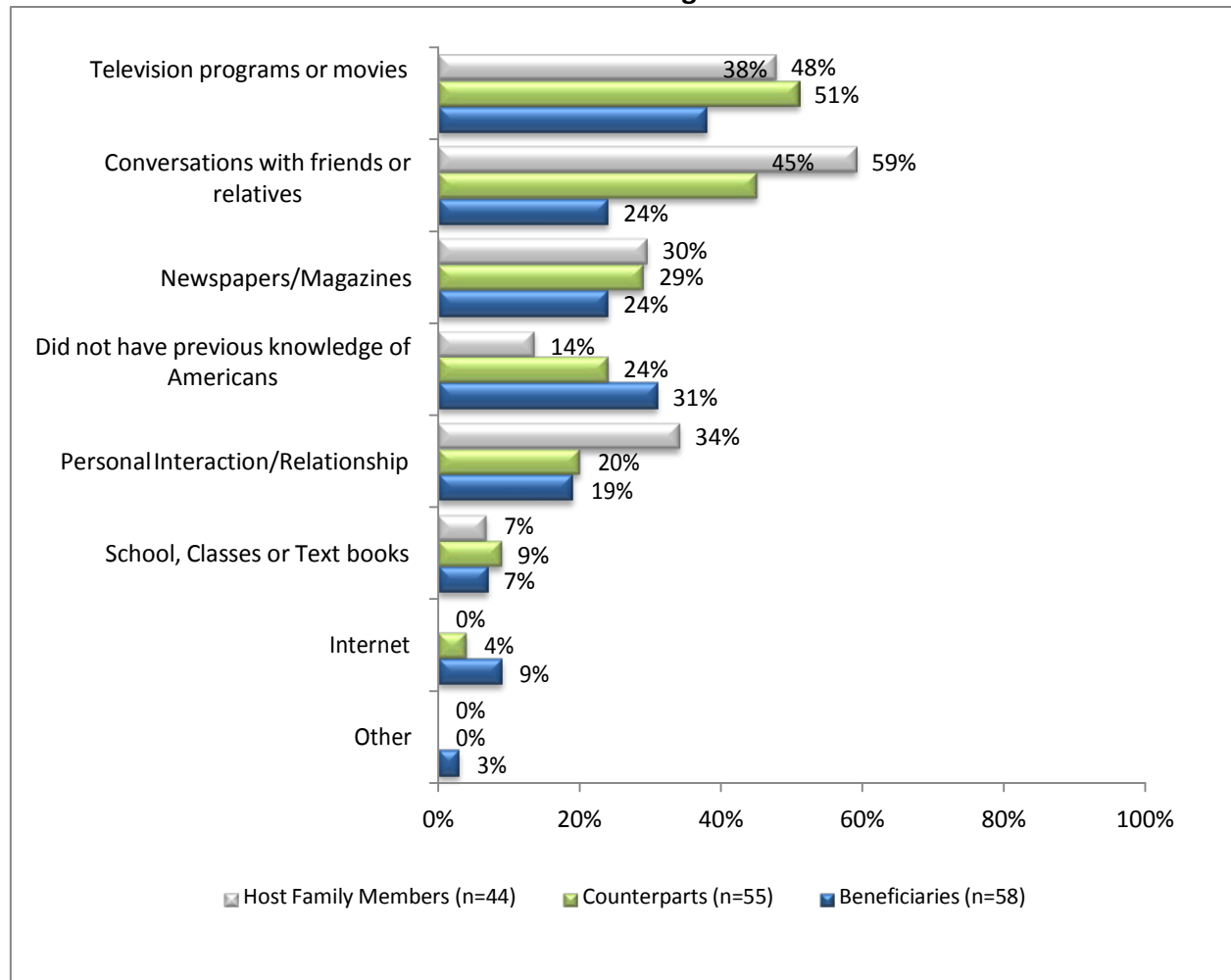
Sources of Information about Americans Prior to Interacting with the Volunteer

The Nicaraguan counterparts, beneficiaries, and host family members learned about Americans from different sources prior to the arrival of a Peace Corps Volunteer. Nearly all the host families either had direct contact with Americans in Nicaragua (34%) or had conversations about Americans with other people who knew them (59%) (Figure 26). The Nicaraguan host families had hosted many Volunteers, some as many as twelve. The host families who hosted Volunteers during their pre-service training, in particular, had frequent contact with the Volunteers based on the post policy of sequencing up to three Volunteers at a site. Only 14 percent said they had no prior knowledge.

All three groups mentioned television or movies and newspapers or magazines as primary sources of information about Americans. Among all groups, few learned about Americans in school, and the internet was the least frequently used source of information.

Overall, beneficiaries had the highest percentage reporting they had no previous knowledge of Americans (31%) (Figure 26). This may be due to the fact that the beneficiaries were all students under 20 years of age so they were young enough not to have had exposure to the Volunteers previously.

Figure 26: Counterparts, Beneficiaries and Host Families: Sources of Information About Americans Prior to Interacting with a Volunteer



Respondents' Opinions About Americans Prior to Interacting with a Volunteer

Prior to interacting with a Volunteer, nearly three-quarters of the counterparts and the beneficiaries had limited or no understanding of Americans. After interacting with Volunteers, both groups were nearly universal in reporting through or moderate understanding (Figures 27-28).

Figure 27: Counterparts' Level of Understanding of Americans Before and After Interaction

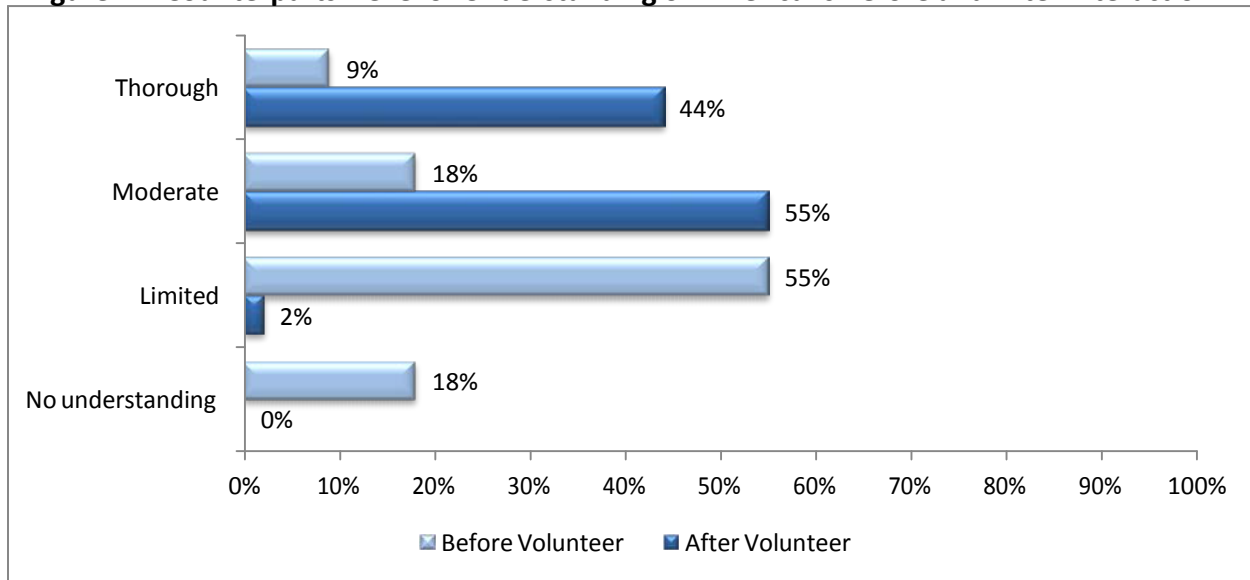
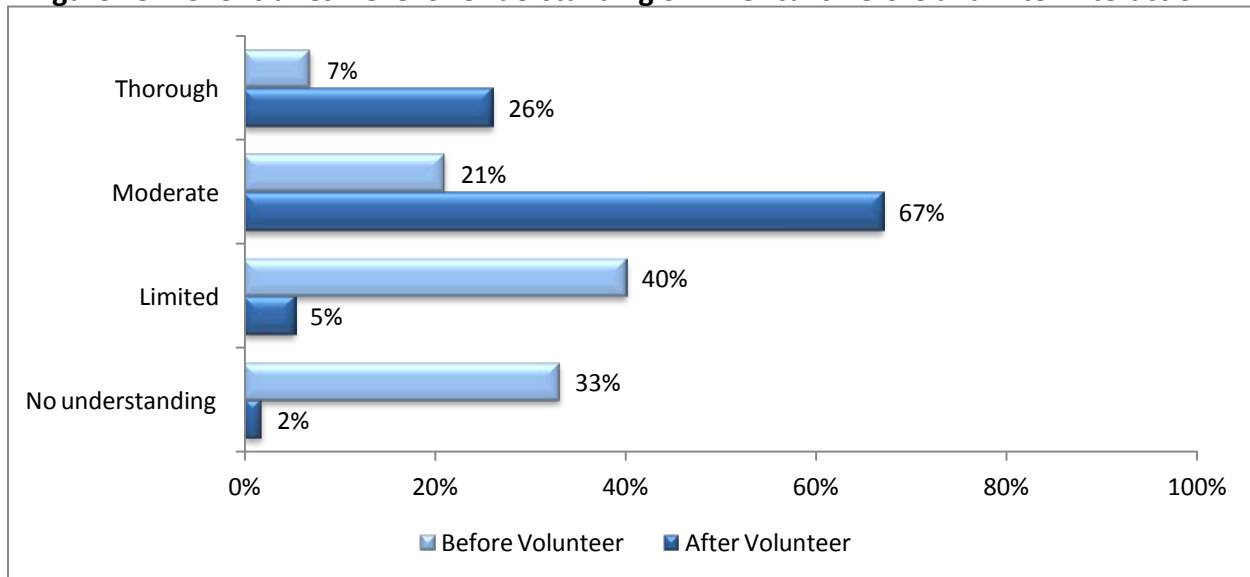
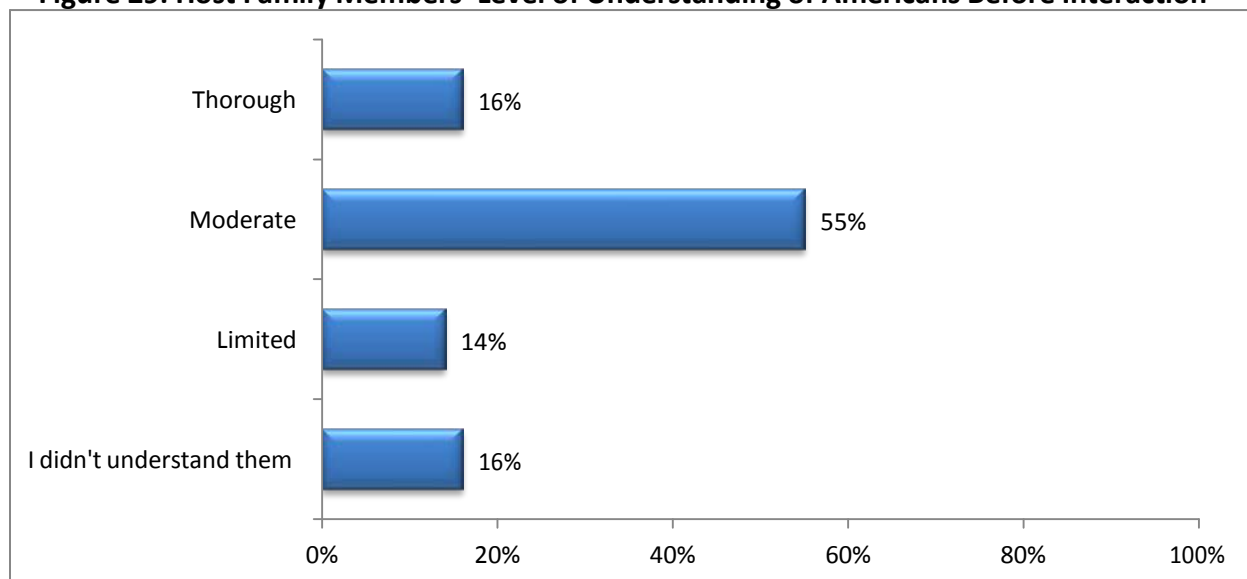


Figure 28: Beneficiaries' Level of Understanding of Americans Before and After Interaction



In contrast, nearly three-quarters (71%) of the host family members reported having a thorough (16%) or moderate (55%) understanding of Americans, presumably gained from having hosted several Volunteers. A small percentage of the family members (16%) said they had no understanding of Americans and 14 percent said they had a limited understanding of Americans (Figure 29).

Figure 29: Host Family Members' Level of Understanding of Americans Before Interaction



While host families reported a high level of understanding before their interaction with the Volunteer in their community, there were mixed views of Americans prior to that interaction.

“They were people who did not relate to poor people. They were arrogant.”

“I thought that they were good people, very hard-working, with good relationships with people.”

Prior to interacting with Volunteers, the largest number of counterparts were neutral or positive in their opinions about Americans. Forty-one percent said they held neither positive nor negative opinions about Americans, while thirty-four percent held either very positive (18%) or somewhat positive opinions (16%).³⁶

A quarter of the counterparts held negative opinions of Americans, however, many were based on the country's history with the United States. The senior researcher explained the opinions in this manner: “The major prior negative opinions about the U.S. people are related to experiences of nationals who have migrated to the United States, and to the war that had occurred in the country that has created distrust in a segment of the population. Other dominant elements are those related to the racial and cultural differences between Nicaraguans and the U.S. people.”³⁷

Several of the comments about Americans from the counterparts *prior* to interacting with the Volunteer are provided below.

³⁶ Understanding is defined as achieving a grasp of the nature, significance, or explanation of something. Opinion is defined for this study as a view, judgment, or appraisal formed in the mind about a particular matter, in this case, people from the United States.

³⁷ Solis. *Final Report. Community Health Education Project*. p. 26.

“They have more opportunities; they have more money because they have the Latinos do the things that they don’t like to do. While they are educating themselves, the Latinos are working.”

“Since I was a girl I thought that the United States always came to loot Nicaragua.”

“I didn’t like them. They waged war against us. The war was terrible. They caused deaths, there were many deaths in this area and they provided the weapons. I never trusted the gringos.”

“That the citizens were good and bad, but the governments had been bad, because I had an experience with other U.S. people in the 1980s when gringos came here to work in health during the revolution.”

“I thought that, since it was a country with money, they were not going to “rub up” against us, they were not going to have a good relationship. [I expected] discrimination, because they are rich and we are poor.”

“That they were people with money, with their problems solved and with money, almost all they wanted to do was travel.”

“I thought that they were racists, classists, even though they are intelligent, innovative, and hard-working.”

“I thought the same way, that they would discriminate against people and that they had closed minds.”

“Very reserved people; not very communicative, with closed minds.”

“Because of their culture and language, I thought that they were difficult, that they did not like to share, and that they were very sophisticated.”

“That they were proud, not interested in the needs of the people.”

“That they were people who liked us to depend on their aid; people who had no love for family; people accustomed to big things; and, people who believe that they can achieve anything.”

“That they were people who did not get close to low income people, and I thought that they did not eat what we ate.”

“That they did not relate to the poor; that they were not interested in the communities; that they were not capable of coming to work with the poor.”

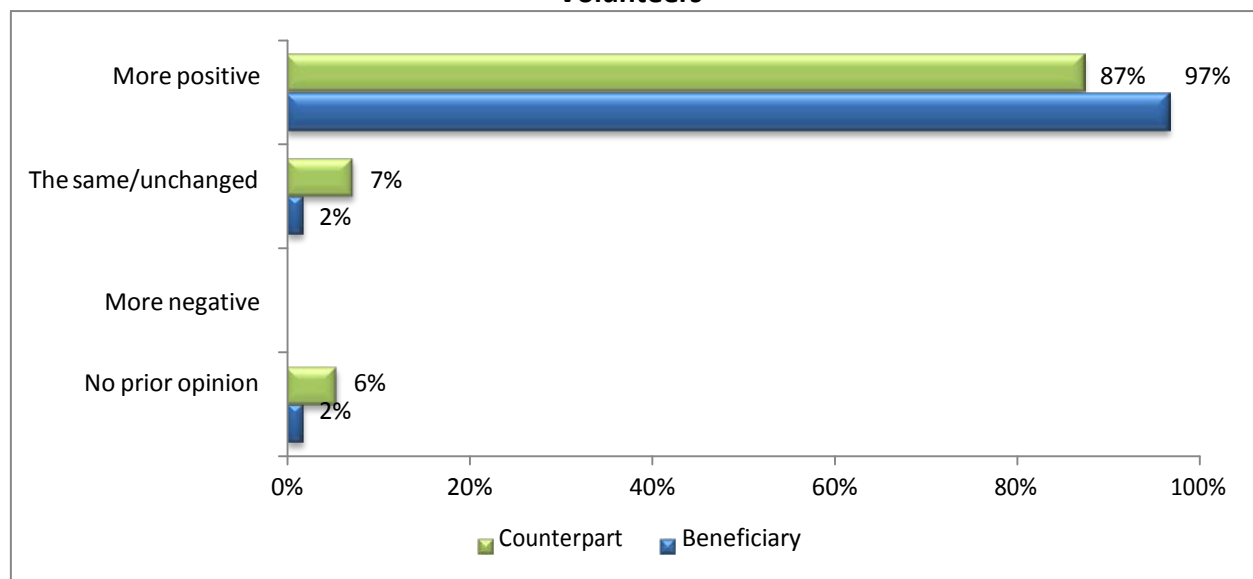
“That they saw us as inferior beings, not all of them, but the majority did.”

Changes in HCN’s Opinions of Americans After Interacting with 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 interacting with Volunteers.

After interacting with Peace Corps Volunteers, the opinions of Americans held by the Host Country Nationals changed significantly. Some 87 percent of counterparts and 97 percent of beneficiaries rated their opinions of Americans as more positive (Figure 30). None reported a more negative opinion.

Figure 30: Counterparts’ and Beneficiaries’ Opinions of Americans After Interacting with Volunteers



The comments offered by *counterparts*, presented below, centered on the observable characteristics of the Volunteers, such as their work ethic. They also noted that the Volunteers were collaborative and friendly. It is interesting to note that the respondents also commented on the hard work of medical teams that had visited Nicaragua when being asked about Peace Corps Volunteers.

“Good people, friendly, helpful, caring, and punctual.”

“They were good people, hard-working; it seems to me there are all kinds, just like us.”

"I thought that they worked positively. I met a U.S. medical team (brigade); they are friendly and good people, even though I did not deal with them."

"Friendly and hard-working people."

"Good, friendly and collaborative people; transmit[ted] knowledge."

"They are people with a high economic level, educated, and that they like to offer support to other countries sending health and education brigades."

"I have always thought that all those who come to the country come to contribute. I would see the medical brigades and others who worked on different activities; I always thought that they made sacrifices."

"They are disciplined people; they fight to obtain their objectives and goals; respectful."

"They are sociable people, willing to cooperate. They like to work as a group in humanitarian work. They show love and practice it."³⁸

Beneficiaries also offered explanations of their opinions of Americans, based on the work with Volunteers, revealing their changed views about life in the United States, race relations, and the ability of the Volunteer to work hard and feel at home in their culture.

"I learned that they were workers and that they have very few holidays in their country."

"I learned to say words in English."

"[I learned] that life in the United States is not easy, because there is a lot of work there. From the age of 18 the youth move away from their families; they almost always eat canned food there, and they don't like to be called gringos."

"...their drive for professional improvement, positive attitudes in terms of work, support offered, willingness to help with the difficulties that we have."

"...the fact that they relate openly to our culture and, above all, to the community."

"... and their way of dealing with people as equals, they are humble people and they like to teach."

"Now I believe that they are not racists, because the president that they have is black; they are caring, sensible, and unselfish; they are friendly."

³⁸ Excerpted from Solis. p. 25.

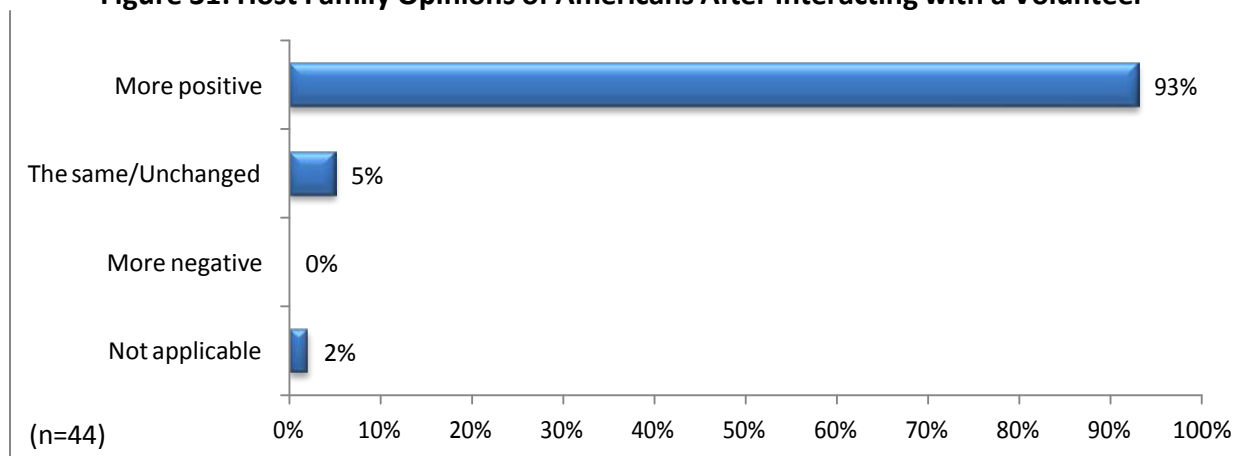
“There was not much time together but I was able to learn that they are people willing to work, voluntarily, that they offer friendship and respect and care for others; that they have a lot of knowledge to impart.”

“I think that if everyone were like the Volunteers, they would be excellent.”

“I cannot generalize because I have only dealt with one Peace Corps Volunteer.”

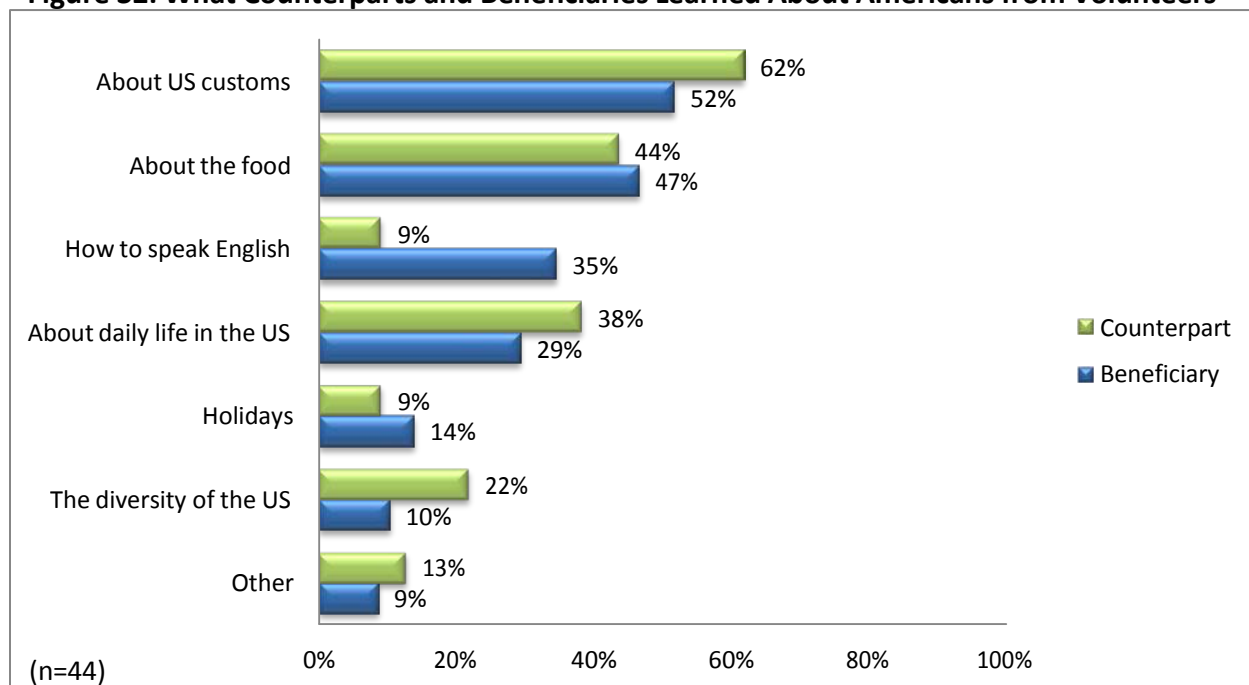
Host families’ opinions also changed significantly, with 93 percent reporting a more positive opinion of Americans after interacting with Volunteers. Five percent reported no change in their opinion, generally because they already had a high opinion of Americans (Figure 31).

Figure 31: Host Family Opinions of Americans After Interacting with a Volunteer



Most counterparts (62%) and beneficiaries (52%) reported they learned about customs and daily life in the US; many especially learned about food (44% and 47%, respectively). Families practiced their English while the Volunteers practiced their Spanish and together they explored holidays and diversity in the U.S. (Figure 32).

Figure 32: What Counterparts and Beneficiaries Learned About Americans from Volunteers



The nature of the relationship between the Volunteers and their host families focused on everyday activities, and the families noted these types of activities in describing their interaction with the Volunteers. Common activities were centered on family life, such as: eating together (93%), doing household tasks (71%), conversing about life in the U.S. (89%) and in Nicaragua (86%), and socializing (84%) (Table 2).

Table 2: Distribution of Host Family Activities with the PC Volunteer (n=44)

Activity	%
Eat food together in the house	93%
Do household tasks	71%
Talk about the friends and family of the Volunteer	89%
Talk about the life of the Volunteer in the U.S.	89%
Talk about their friends and their families	89%
Talk about life in Nicaragua	86%
Go to the market and do other errands together	66%
Socialize together	84%
Other	15%

Host families play a critical role during the Volunteer's pre-service training, helping them adapt to the food, traditions, and rhythms of daily life. The families were also critically important in helping the Volunteers learn Spanish. Host family members reported hosting an average of four Volunteers and hosting them for an average of ten months.

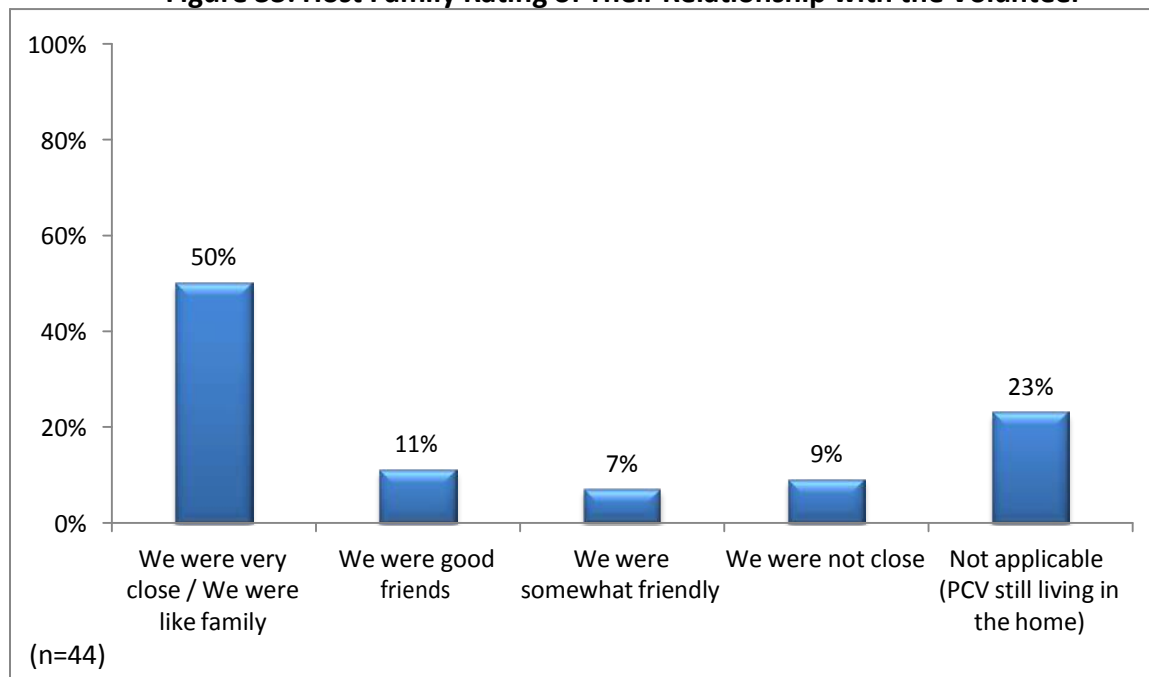
It is not uncommon for a close relationship to develop between the Volunteer and “their” families as can be observed in some comments from the family members interviewed. Half of the family members (50%) reported they “were very close/like family” and another 11 percent said they were good friends (Figure 33).

“Sometimes we would go out for a walk; we would talk; she liked to read; at times we would eat.”

“We would share conversations about their personal lives; we talked about the food that we usually eat and the holidays that they celebrate.”

“Be together, talk, we would talk about the Feast of Diriamba, questions about the idiosyncrasies of this place.”

Figure 33: Host Family Rating of Their Relationship with the Volunteer



Summary of Goal Two

The host country nationals who worked with and lived with the Volunteers generally had a low level of understanding of Americans prior to interacting with the Volunteers, and some had negative opinions of Americans. By the end of the work of the Volunteers in the communities, the respondents reported having increased their understanding of people from the United States. Further, all groups showed a dramatic change in improving their opinions of Americans.

Further, Dr. Solis, the senior researcher, noted that “the major aspects that the interviewees reported learning from the volunteers about the people from the United States were related to

discovering that they are people with different physical and cultural characteristics, but that they are people with feelings and values that are no different from those of the respondents. Most of the responses reveal that they valued “discovering” they are people with more similarities than differences with the national culture.”

While in general, “the Volunteers appear to have transmitted very little concrete information about life in the United States, through the work of the Volunteers, most of the people were able to recognize two very important aspects: [a] similarity in the values of both societies, and a lessening of the idealization and stigmatization of the life of the people of the United States. After the work with the Volunteers, there was a less idealized or stigmatized vision and development of a more human dimension to the citizens of the United States.

Chapter 4: Conclusions and Recommendations

The Peace Corps meets its goals of building local capacity (Goal One) and promoting a better understanding of Americans among host country nationals (Goal Two) 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 areas that lack local professionals. 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 of the Nicaragua Host Country Impact Study support the conclusion that four of the five the main objectives of the project were accomplished. The HIV/AIDS Awareness and Prevention practices objective was particularly successful. Major changes were also reported around the teaching of healthy behaviors for youth. The results attained for the objective related to teaching maternal–child health and nutrition practices were consistently lower in the perceptions of community changes among counterparts as well as beneficiaries.

Goal One

Training

Peace Corps/Nicaragua provided excellent training for the project participants. All counterparts and all but two beneficiaries received training directly related to the technical areas of the project. The counterparts received additional training devoted to learning how to work with the Volunteers.

Noted Dr. Solis, “The study showed that there are differences in the perception of the training, depending on the subjects of the study (counterparts and beneficiaries).”³⁹ Other highlights of Dr. Solis’ report on key accomplishments of the project include the following:

- “Most of the counterparts are health care personnel, which is why they placed a higher value on the training on the methods or tools for establishing communication with the beneficiaries. In contrast, the educational staff from the schools and the community leaders valued the content as well as the methods for transmission of the information.”
- “The counterparts felt that the novel forms of training were useful. They appropriately valued the creativity, the ways of connecting with the youth, the linkages with different people in the community, the perseverance in the work, and the constancy in seeking results through the activities.”

Skills Transfer

- “The major skills transferred to the organizations were related to the work methodologies, the communication tools used for the transmission of the knowledge,

³⁹ Ibid.

and the training conducted by the Volunteers to [connect] with the people who received the information.”

- While some medical personnel said they were teaching the Volunteers about medical issues, not learning from them, they appreciated the value of the communication and educational methods the Volunteers introduced into the Nicaraguan health care system.
“The main facilitating element in addressing the health topics was the experience of living with the Volunteers in the communities, which created trust and credibility in their messages.”
- Of the counterparts interviewed, all had previously worked with at least one Peace Corps Volunteer and other counterparts said they had worked with up to five Volunteers. This finding suggests that the program is not expanding the capacity building to new HCNs, but may be deepening the knowledge and skills of a core group of counterparts.

Sustainability

“There is a consensus among the beneficiaries and the counterparts that sustainability is possible and they report that, in the sites where there are no longer Volunteers, the activities have continued in spite of the absence of Volunteers.” These conclusions are well-supported by the findings discussed throughout the report, particularly the reports of three quarters of the respondents that the improvements in major outcomes have been sustained. The clearest case of this sustainability is in relation to the work of the youth groups:

“Through the project, the youth leaders are being empowered to perform their work. They have been able to improve their self esteem and their confidence to deal with these topics in the schools and in their communities.”

In the remainder of the cases where sustainability was not achieved, the major causes of the lack of preparation for sustainability were thought to be attributable to the late start of sustainability actions and the history of a sustained presence of the Peace Corps in the same communities. This continued Peace Corps presence may have contributed to making the possibility of withdrawal by the organization seem remote.

Overall Satisfaction

The Host Country Nationals reported a high level of satisfaction with the work of the Volunteers. Dr. Solis noted, “This is evident from the Administration of the Ministry of Health Office to the teen clubs and members of the communities, and including the local counterparts and NGO allies.”

Goal Two

Host families reported a high level of understanding of Americans prior to interacting with the Volunteer, whereas the counterparts and beneficiaries reported low levels of understanding of Americans. After living and working with the Volunteer, the level of understanding was reported as significantly increased and the opinions of Americans, which had been low prior to interacting with a Volunteer, improved dramatically. Volunteers were able to share

information on daily life in the U.S. and customs to aid in building this cross-cultural understanding.

Finally, Dr. Solis noted that “through the work of the Volunteers, most of the people were able to recognize two very important aspects: similarity in the values of both societies, and a lessening of the idealization and stigmatization of the life of the people of the United States. After the work with the Volunteers, there was a less idealized or stigmatized vision and development of a more human dimension to the citizens of the United States.”

This latter outcome may be the most important for advancing Peace Corps’ mission of world peace and friendship.

Appendix 1: OSIRP Methodology

Site Selection

The team conducted interviews at 30 health sites. The sample of sites at each post was a representative sample rather than a random sample from the list of Volunteer assignments since 2004. Sites that were extremely remote or deemed dangerous were excluded. Study sites were randomly selected from the remaining list. 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 a Volunteer. Within a host family, the person with the most experience with the Volunteer was asked to be interviewed.
3. In cases where there were still multiple possible respondents, the research team randomly selected the respondents.

Data Collection

The research questions and interview protocols were designed by OSIRP staff and refined through consultations with the Country Director and regional staff at the Peace Corps. OSIRP staff then developed the study's work plan, trained the in-country research team, and supervised the collection of data in the fieldwork database.

A team of local interviewers, trained and supervised in-country by host country senior researcher Dr. Freddy Solis, conducted all the interviews. The interviewers carried out face-to-face semi-structured interviews with the following categories of Nicaraguan nationals:

- **Counterparts:** Health workers and teachers (55)
- **Beneficiaries:** Individual interviews with youth in school, members of adolescent groups, members of mother's groups, health workers, and teachers (58). In addition, three focus groups were conducted along with interviews of four organizations with which the Peace Corps works in the field and one interview at the national level of the Ministry of Health. Fifteen (15) students participated in each group (45)
- **Host Family Members:** Families that hosted or served as landlords of Volunteers during all or part of their service (44)

In all, 207 individuals were interviewed in Nicaragua. 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 senior researcher.

The research teams also reviewed existing performance data routinely reported by posts in Volunteers' Project Status Reports. However, the results presented in this report are almost primarily based on the interview data collected through this study.

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 One and Goal Two. Host family members were asked only questions related to Goal Two. 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	<p>Goal One</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 Two</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 behaviors/attitudes that Volunteers exhibited that helped improve respondents' understanding of Americans 	45 minutes
Beneficiary	<p>Goal One</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 	30 minutes

Respondent Type	Question Categories	Approximate Length of Interview
	Goal Two <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 behaviors/attitudes that Volunteers exhibited that helped improve respondents' understanding of Americans 	
Host Family Member	Goal Two <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 behaviors/attitudes that Volunteers exhibited that helped improve respondents' understanding of Americans 5. Behavioral changes based on knowing the Volunteer 	30 minutes

Appendix 2: Host County Research Team Methodology⁴⁰

The design of the study was developed and proposed by Peace Corps Headquarters and a three-day workshop was held with the technical team of the ALVA Consulting Firm and the Peace Corps Nicaragua team. Information was presented in this workshop regarding the Peace Corps and the design of the study, with an emphasis on the instruments for the information gathering to which adjustments were made to fit the reality of the country. Important concepts were clarified so that the interviewers would be able to select appropriate informants in the field.

The interviewers appealed to the memory of the informants in order to compare the perception regarding the situation of each component of the study both before and after the intervention.

Quantitative and qualitative methodologies were used. The fieldwork was conducted by two groups of interviewers in order to obtain more efficient coverage throughout the country.

In order to determine the sustainability of the changes, questions were asked of counterparts and beneficiaries in places where there no longer are Peace Corps Volunteers.

At the end of the interviews or the focus groups, field notes and expanded field notes were developed and used for the systematization of the information gathered. In addition, both the interviews and the focus groups were recorded and analyzed through the qualitative studies program (NUDIST). The quantitative information was entered on line and processed in SPSS, establishing simple frequency tables and variable cross tabulation.

A processing session was held with the Peace Corps Nicaragua team and with Volunteers for the validation and expansion of the information from the results.

For the description of the results, the database was separated by type of informants and the analysis of the results was conducted by project goals.⁴¹

Recommendations for the Study Methodology

A data baseline is vitally important in conducting an impact study, to make it possible to provide a comparative analysis of the situation before and after the project interventions.

⁴⁰ This section was excerpted (with minor edits) from the research report developed by the in-country research team. As a result, the formatting, language and style vary slightly from those used in the body of the report.

⁴¹ Solis. *FINAL REPORT Impact Study Community Health Education Project Peace Corps Nicaragua*. Pp. 8. As this section is taken from the research report written by the Nicaraguan research team (with minor modifications), the formatting, language, and style vary slightly from those used in the body of the report.

Another way of estimating the impact of the project is to conduct a comparative analysis of intervention sites and sites that were not intervention sites for the project. This provides the basis for a more solid statistical analysis.

For budgetary reasons, these methodologies were not used; thus a decision was made to use the memory of the informants in order to compare prior perceptions to the perceptions after the work of the Project. These limitations should be addressed going forward.

Having a preconceived design of the questionnaires, in addition to having a screen shot prepared at the time the workshop began, before they had been validated, was an effort - that far from helping to save time – delayed the processes for data entry and made the training workshop less efficient.

It is recommended that, once there is a proposed questionnaire, input should be sought from local consultants and Volunteers prior to the workshop. It is more useful for the locals to develop a proposed questionnaire that covers the objectives of the study, with the outside team ensuring that this occurs.

The format and similarities of the questions on the questionnaires meant that this format was not very user-friendly and it doubled the initial estimated time needed for completion.

The Peace Corps and project presentations at the training workshop were very useful; however, the training for filling out the questionnaires became a validation session with constant changes to the questionnaire. This could have been avoided.

It is recommended that the Volunteers continue to be involved in these processes as their contributions have been very valuable in explaining some of the findings and in improving the questionnaires.

Although it is very useful in terms of the transparency of the processes, on-line data entry implies some disadvantages for the local team. Therefore, it is recommended that the design of the database be developed by those that perform the analysis of the information.⁴²

⁴²Solis. *FINAL REPORT Impact Study Community Health Education Project Peace Corps Nicaragua*. Pp. 61-62.