



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

## **Host Country Impact Study Peru**



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

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

It is the mission of the Office of Strategic Information, Research, and Planning (OSIRP) to advance evidence-based management at 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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The interest and support from the Peace Corps staff in the countries where the research was conducted were critical in the endeavor. Our sincere appreciation is extended to Country Director Sanjay Mathur, Director of Programming and Training Marko Dolan, and Health APCD Emilia Villanueva.

The success of this study is ultimately due to the work of Senior Researcher Dr. Jorge Aragon and his research team from PACT Peru, who skillfully encouraged the partners of Peace Corps Volunteers to share their experiences and perspectives.

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<sup>1</sup> Although these studies were a team effort involving numerous members of the OSIRP staff, we would like to recognize Susan Jenkins who developed the study's work plan, trained the in-country research team, and supervised the fieldwork. Matthew Gallagher conducted the analysis of the results of the study and authored this report. Janet Kerley provided advice as OSIRP's Chief of Research, Evaluation, and Measurement. Laurel Howard formatted and copy-edited the report, and OSIRP Director Cathryn L. Thorup reviewed and made the final substantive edits to the report.

## Acronyms and Definitions

### Acronyms

HCN	Host Country National
OSIRP	Office of Strategic Information, Research, and Planning
PCV	Peace Corps Volunteer
PST	Pre-Service Training
IST	In-Service Training

### Definitions

Beneficiaries	Individuals who receive assistance and help from the project; the people that the project is primarily designed to advantage
Counterparts/ Project partners	Individuals who work with Peace Corps Volunteers; Volunteers may work with multiple partners and counterparts during their service. Project partners also benefit from the projects, but when they are paired with Volunteers in a professional relationship or 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	Host country agency sponsors and partners <sup>2</sup> . 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.

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<sup>2</sup> This definition, while narrower than the one commonly used in the development field, is the definition provided in the *Peace Corps Programming and Training Booklet I*.

## Executive Summary

### Introduction

In 2008, the Peace Corps launched a series of studies to determine the impact of its Volunteers on two of the agency's three goals: building local capacity and promoting a better understanding of Americans among host country nationals (HCNs). The Peace Corps conducts an annual survey that captures the perspective of currently serving Volunteers.<sup>3</sup> While providing critical insight into the Volunteer experience, the survey can only address one side of the Peace Corps' story. The agency's Host Country Impact Studies are unique for their focus on learning about the Peace Corps' impact directly from the host country nationals who lived and worked with Volunteers.

This report is based upon the findings from a study conducted in Peru from October to November of 2010. The focus of the research was the Community Health Project. The results of the findings from the local research team were shared with the post immediately upon completion of the fieldwork. This 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, and some analysis of the data, presented in a format that is standard for all the country reports.

### Purpose of the Host Country Impact Studies

Peru's Host Country Impact Study was initiated to assess the degree to which the Peace Corps is able to meet the needs of the host country in improving health outcomes and in promoting a better understanding of Americans among host country nationals. The study provides Peace Corps Peru with a better understanding of the Community Health 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 and identifies areas for improvement.

The major research questions addressed in the study are:

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

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<sup>3</sup>Peace Corps surveyed Volunteers periodically from 1973 to 2002, when a biennial survey was instituted. The survey became an annual survey in 2009 to meet agency reporting requirements.

- Did HCNs' opinions of Americans change after interacting with the Peace Corps and Peace Corps Volunteers (PCVs)?

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

## **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:

- 74 Counterparts
- 120 Beneficiaries
- 48 Host Family members
- 27 Stakeholders

The study reached 269 respondents in 24 communities.

All interviews were conducted from September to December 2010. (See Appendix 1 for a full description of the methodology. Please contact OSIRP for a copy of the interview questionnaires.)

## **Project Design and Purpose**

The purpose of the Community Health Project is to improve the health conditions of families and youth living in low-income rural communities through the adoption of sustainable healthy lifestyle practices.<sup>4</sup> The project was designed and launched in 2002 to assist Peru's Ministry of Health in implementing its National Health Plan, which focuses on providing quality health services to excluded sectors of the population including the rural poor.

The impact study covers two consecutive project plans developed for Peru's Community Health Project. The first project was launched in August 2002 and the second commenced in August 2008. Both project plans included activities that allowed Volunteers to work with rural communities to promote good nutrition, hygiene, and sanitation practices (including improved latrines). The project plan in 2008 was augmented to provide a wider variety of possible health topics for Volunteers to work with, thereby allowing them to better respond to the needs and interests of their assigned communities. Activities were added for the Volunteers to promote

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<sup>4</sup> Information on the Community Health Project in Peru comes from the two project plans that span the timeframe of this impact study: *Peace Corps Peru Community Health Project Plan*, Peace Corps, August 2002, and *Peace Corps Peru Community Health Project Plan*, Peace Corps, August 2008.



healthy sexual behaviors by working with youth through a life skills training program, as well as to promote home gardens, small animal husbandry, and improved stoves.

## **Evaluation Findings**

The evaluation findings indicate that the intended goals of the Community Health Project were initially met, although sustaining the outcomes after the Volunteers left has been a challenge.

The project had the greatest impact in terms of change, sustainability, and meeting community and individual needs in three main outcome areas: 1) improving hygiene practices, 2) decreasing the number of gastrointestinal and diarrheal illnesses among children, and 3) improving level of activities to prevent pregnancy and STDs.

Respondents were primarily satisfied with the outcomes of the project because project participants acquired new knowledge that has produced positive change and improved their communities and personal lives. Counterparts frequently described their increased professional capacity to share knowledge on health issues as a positive project outcome. Respondents specifically mentioned their satisfaction with improved latrines, stoves, hygiene, and nutrition, which has, in turn, led to healthier and cleaner communities and homes.

As a result of working and living with the Peace Corps Volunteers, the respondents changed the way they perceived people from the United States, developing a more positive opinion of Americans. Respondents based their perception of people from the United States on the good nature and values exhibited by Volunteers.

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

### **Agency Goal One Findings**

#### **Volunteer Activities**

- Volunteers implemented all eight activities outlined in the Community Health Project Plan, while also implementing six additional activities
- Volunteers implemented seven of the intended activities consistently (improved stoves, sanitation, nutrition, gardens, training health promoters, hygiene, and reproductive health). Volunteers implemented one of the intended activities inconsistently (animal husbandry)

#### **Project Participant Training**

- Counterparts most frequently stated they received training in washing hands (68%), nutrition (66%), HIV/AIDS prevention (57%), and gardens (54%)
- Beneficiaries most frequently stated they received training in washing hands (74%), nutrition (63%), gardens (50%), and potable water (42%)

- 98 percent of beneficiaries and 97 percent of counterparts indicated that the training enhanced their skills

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

- Most outcomes showed high rates of community change
  - 100 percent of beneficiaries and 99 percent of counterparts stated that personal hygiene improved in their communities
  - 97 percent of counterparts and 93 percent of beneficiaries noted a lower number of gastrointestinal and diarrheal illnesses among children
- Community health services were improved
  - 75 percent of counterparts and 73 percent of beneficiaries responded that the quality of their health services was better
  - 66 percent of counterparts and 70 percent of beneficiaries indicated that the capacity of their health service providers was better
- Community changes were somewhat sustained
  - 70 percent of counterparts and 75 percent of beneficiaries shared that improved hygiene practices were fully sustained. However, only 52 percent of counterparts and 39 percent of beneficiaries stated that family gardens were fully sustained
  - Counterparts and beneficiaries stated that the most positive and lasting outcomes of the Community Health Project were improved stoves (24%), better hygiene practices (21%), and improved nutrition (16%)
- The outcomes largely met community needs
  - 81 percent of counterparts and 83 percent of beneficiaries expressed that the Volunteers' work on improved hygiene practices met their needs
  - 72 percent of counterparts and 75 percent of beneficiaries indicated that the Volunteers' work on improving reproductive health met their needs
  - Few respondents answered questions on the direction of community change, sustainability, and met needs of the early childhood stimulation outcome. While typically rated low in all of these areas, the results of this community outcome are of questionable reliability due to this low response rate

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

- Most outcomes showed high rates of individual change
  - 97 percent of counterparts and 99 percent of beneficiaries improved their personal hygiene practices
  - 94 percent of counterparts and beneficiaries improved their personal nutrition
  - 99 percent of counterparts and beneficiaries shared that the Volunteers' work was effective in building their capacity as local health promoters
  - 88 percent of counterparts and 77 percent of beneficiaries use their new skills daily in their personal life
  - 64 percent of counterparts use their new skills daily in their professional life

- Individual changes were somewhat sustained
  - 80 percent of counterparts and 78 percent of beneficiaries sustained their improved personal hygiene practices
  - 77 percent of counterparts and 73 percent of beneficiaries sustained their reduced number of diarrheal and gastrointestinal illnesses
  - 74 percent of counterparts and 81 percent of beneficiaries sustained their level of activities to maintain reproductive health
- The outcomes largely met individual needs
  - 88 percent of counterparts and 83 percent of beneficiaries stated that the Volunteers' work on improved hygiene practices met their needs
  - 77 percent of counterparts and 90 percent of beneficiaries shared that the Volunteers' work on reducing their number of diarrheal and gastrointestinal illnesses met their needs

#### **Unintended Outcomes: Community and Individual Capacity Building**

- Due to the work of the Volunteers, communities learned how to organize themselves to affect change. These included how to determine areas of concern, uniting the community (including authorities) around a particular topic, and organizing participatory meetings

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

- According to respondents, the project's success derives from a combination of three factors: community interest and participation in project activities, the personality and professionalism of the Volunteer, and cross-sectoral support for the project goals from community leaders, health center staff, families, and health promoters

#### **Factors Hindering Project Success**

- According to respondents, four factors limited project success: community disinterest, lack of participation, lack of support from community leaders, and initial distrust of the Volunteer
- Due to the necessary fieldwork involved in the Community Health Project, daily interaction with the Volunteer was limited, with only 14% of counterparts and 4% of beneficiaries interacting with the Volunteer on a daily basis

#### **Satisfaction with Peace Corps Work**

- 96 percent of counterparts, 99 percent of beneficiaries, and 100 percent of stakeholders were satisfied or very satisfied with the changes resulting from the project
- 99 percent of counterparts and 96 percent of beneficiaries expressed a desire to work with another Volunteer

## Agency Goal Two Findings

### Changes in Understanding and Opinions of Americans

- Prior to meeting a Volunteer, 36 percent of counterparts, 62 percent of beneficiaries, and 46 percent of host families had no previous knowledge of Americans
- After interacting with a Volunteer,
  - 61 percent of counterparts indicated that they had some understanding of Americans. 11 percent stated that they had a thorough knowledge of Americans
  - 51 percent of beneficiaries indicated that they had some understanding of Americans. 6 percent stated that they had a thorough knowledge of Americans
  - 52 percent of host family members indicated that they had some understanding of Americans. 25 percent stated that they had a thorough knowledge of Americans
- Prior to meeting a Volunteer, 58 percent of counterparts, 79 percent of beneficiaries, and 42 percent of host family members had neither a positive nor negative opinion of Americans
- After interacting with a Volunteer,
  - 88 percent of counterparts indicated that they had a more positive opinion of Americans. 7 percent stated that they had a much more positive opinion of Americans
  - 78 percent of beneficiaries indicated that they had a more positive opinion of Americans. 8 percent stated that they had a much more positive opinion of Americans
  - 52 percent of host family members indicated that they a more positive opinion of Americans. 38 percent stated that they had a much more positive opinion of Americans

### Causes of Change in Opinions of Americans

- In work situations, respondents reported that they changed their opinions of Americans through their observations on how the Volunteers approached their professional activities with enthusiasm and dedication, instilled confidence in the local health promoters, and did not discriminate against community members due to demographic differences
- In social situations, respondents stated that they changed their opinions because they saw that Volunteers were genuine, polite, and helpful people that enjoyed talking and learning about Peruvian culture
- The Volunteers' positive demeanor and behavior inspired many host family members to describe them in terms of family

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

- Counterparts, beneficiaries, and host families who reported a more positive opinion of Americans stated they had:
  - Increased their communication skills, in terms of sharing their ideas and opinions with family members and neighbors, as well as at community meetings
  - Increased their participation, in terms of attending community events and socializing with family and friends
  - Increased their healthy eating habits
  - Improved their hygiene habits
  - Improved their parenting skills

## Chapter 1: Introduction

### Background

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

By the end of 1961, Peace Corps Volunteers were serving in seven countries. Since then, more than 200,000 men and women have served in 139 countries. Peace Corps activities cover issues ranging from education to work in the areas of health and HIV/AIDS to community economic development. Peace Corps Volunteers continue to help countless individuals who want to build a better life for themselves, their children, and their communities.

In carrying out the agency's three core goals, Peace Corps Volunteers make a difference by building local capacity and promoting a better understanding of Americans among the host country 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 and urban areas that lack sufficient local capacity. Volunteers operate from a development principle that promotes sustainable projects and strategies.

#### Peace Corps' Core Goals

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

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

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

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

The Peace Corps conducts an annual survey of currently serving Volunteers; however, it tells only one side of the Peace Corps' story.<sup>5</sup> In 2008, the Peace Corps launched a series of studies to better assess the impact of its Volunteers. The studies are unique for their focus on learning about the Peace Corps' impact directly from the HCNs who lived and worked with Volunteers.

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<sup>5</sup>Peace Corps surveyed Volunteers periodically from 1973 to 2002, when a biennial survey was instituted. The survey became an annual survey in 2009 to meet agency reporting requirements.

## Purpose of the Host Country Impact Studies

This report presents the findings from the impact evaluation conducted in Peru from September to December 2010. The project studied was the Community Health Project. The study documents the host country nationals' perspectives on the impact of Peace Corps Volunteers 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 will 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, 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."<sup>6</sup>

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

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<sup>6</sup> Office of Management and Budget, *Program Assessment: Peace Corps. International Volunteerism, 2005. Improvement Plan.*

## The Peru Community Health Project

The Peace Corps has most recently worked in the health field in Peru since 2002, when the initial project plan was designed to assist Peru's Ministry of Health in implementing its National Health Plan. That plan focuses on providing quality health services to excluded sectors of the population, including the rural poor. The primary vehicle for providing these services is the local volunteer health education service providers, known as 'Health Promoters', with whom the Peace Corps Volunteers work to address several concerns of the Peruvian government, including family health, hygiene (including improved latrines), nutrition, and capacity-building of local Health Promoters.

The project launched in 2008 was augmented to provide a wider variety of possible health topics for Volunteers to work with, thereby allowing them to better respond to the needs and interests of their assigned communities. Activities were added for the Volunteers to promote healthy sexual behaviors by working with youth through a life skills training program, as well as to promote home gardens, small animal husbandry, and improved stoves.

### Project Goals

The impact study covers two consecutive project plans developed for Peru's Community Health Project. The first project launched in August 2002 and the second was initiated in August 2008. As the 2008 project plan builds upon, but still includes, all aspects of the 2002 project plan, the goals of the more recent plan are presented below.

**Goal 1: Rural Health Promotion:** Low-income families living in rural communities will adopt improved health behaviors (hygiene, general health, and nutrition). The three activities for this goal are:

1. PCVs and Project Partners will train community members to perform as health promoters using a training of trainers' methodology.
2. PCVs and Promoters will raise the awareness of rural mothers on the importance of improved health practices through home visits.
3. PCVs and Promoters will orient community members on the importance of establishing a family-scale food production unit.

**Goal 2: Rural Environmental Promotion:** Low-income families living in rural communities will practice improved environmental health behaviors. The three activities for this goal are:

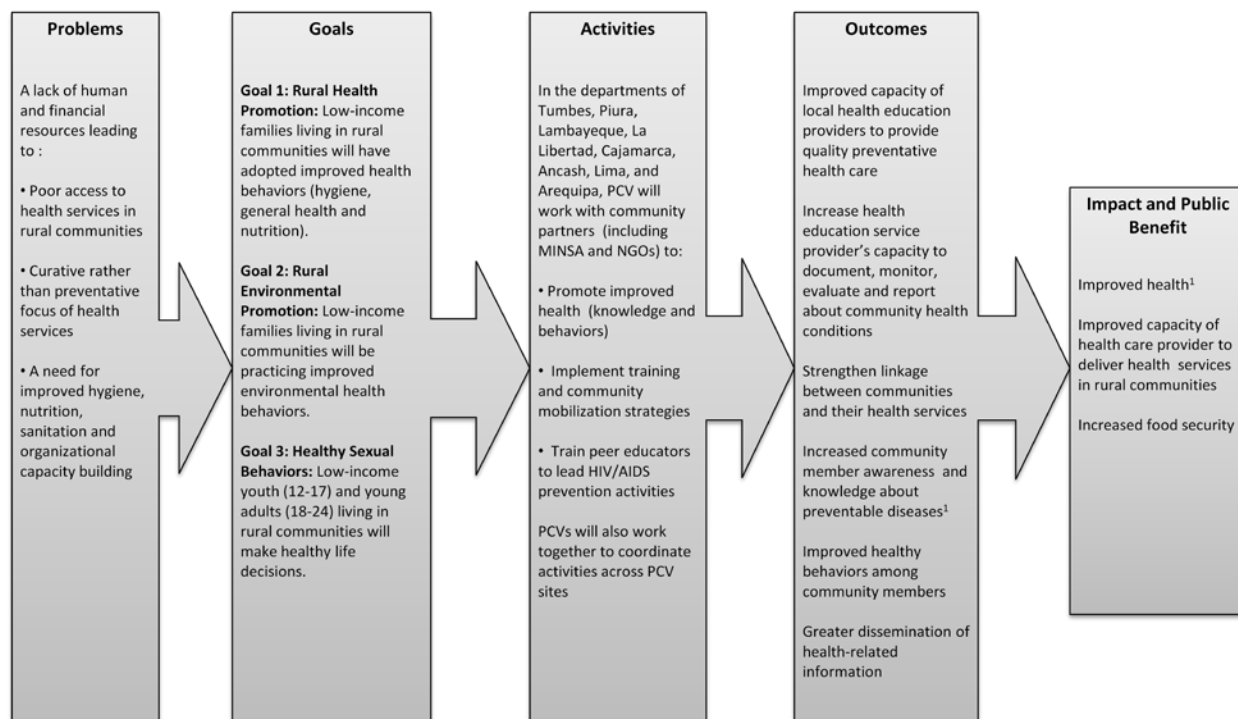
1. PCVs and Project Partners will train community members as hygiene promoters using a training of trainers' methodology.
2. PCVs and Promoters will train rural mothers on proper hygiene practices through home visits.
3. PCVs and Hygiene Promoters will train community members to build and maintain a healthy kitchen (construction of an improved stove) and latrine.



**Goal 3: Healthy Sexual Behaviors:** Low-income youth (12-17) and young adults (18-24) living in rural communities will make healthy life decisions. The two activities for this goal are:

1. PCVs and Project Partners will train youth and adult youth in the prevention of HIV/AIDS, and adolescent pregnancy as peer educators.
2. PCVs and 96 (Youth Groups) will train at least 4,800 rural youth in the prevention of HIV/AIDS and adolescent pregnancy.

**Figure 1: Theory of Change for the Peru Community Health Project<sup>7</sup>**



Priority health areas include respiratory infection, infant and maternal mortality, diarrhea, malnutrition, dehydration, hygiene/hygiene-related diseases, garbage disposal, latrine maintenance, HIV/AIDS transmission and prevention, and pregnancy prevention. Other skill areas include leadership, assertive communication, and self-esteem.

### Evaluation Methodology

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

<sup>7</sup> Source: Adapted from the Peace Corps Peru Community Health Project Plan initiated in 2002 and the Peace Corps Peru Community Health Project Plan initiated 2008.

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 the Peace Corps' country director at each post, OSIRP piloted a methodology to collect information *directly from host country nationals* about skills transfer and capacity building, as well as changes in their understanding of Americans.

The research was designed by OSIRP social scientists and implemented in country by senior researcher Dr. Jorge Aragon, from PACT Peru, a non-profit whose mission is to build capacity in organizational and community development, and a team of interviewers, under the supervision of the Peace Corps country staff. The OSIRP team provided technical direction. A web-based database was used to manage the questionnaire data and subsequent analysis.

In Peru, the team conducted 269 semi-structured interviews in 24 communities where Volunteers worked. Eighty-nine Volunteer placements between 2005 and 2010 were identified for possible participation in the study. A representative, rather than a random, sample was drawn from this list of Volunteer assignment sites. Interviews were conducted in Spanish and Quechua between September and December 2010. (The interview schedule is available upon request from OSIRP, and Appendix 1 contains a full description of the research methodology.)

## Respondents

Four groups of Peruvians were interviewed (Table 1):

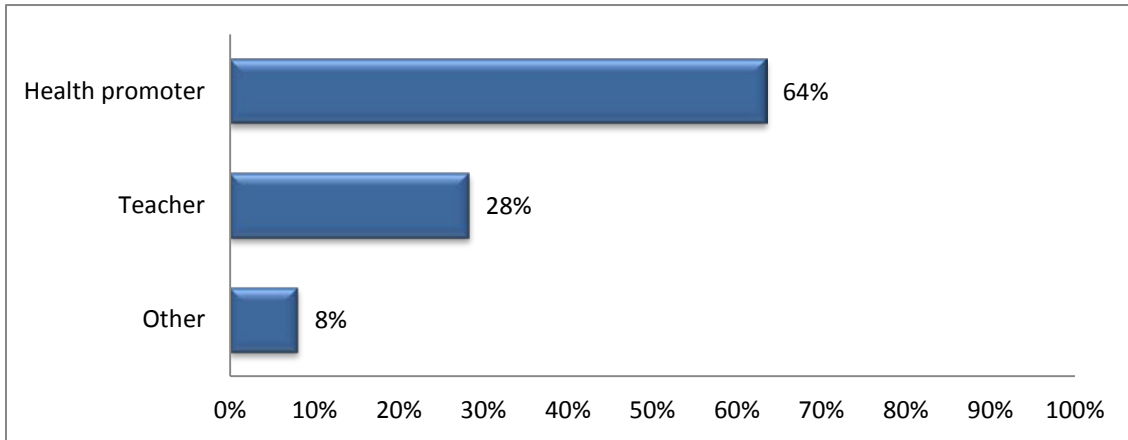
- **Counterparts:** Health promoters, and peer educators (74)
- **Beneficiaries:** Mothers with small children, and youth aged 15-24 (120)
- **Host Family Members:** Families the Volunteer lived with and/or landlords of the Volunteers during all or part of their service (48)
- **Stakeholders:** Ministry of Health officials at national and regional levels, local authorities, and community leaders (27)

**Table 1: Number and Type of Respondents: Peru Community Health Project**

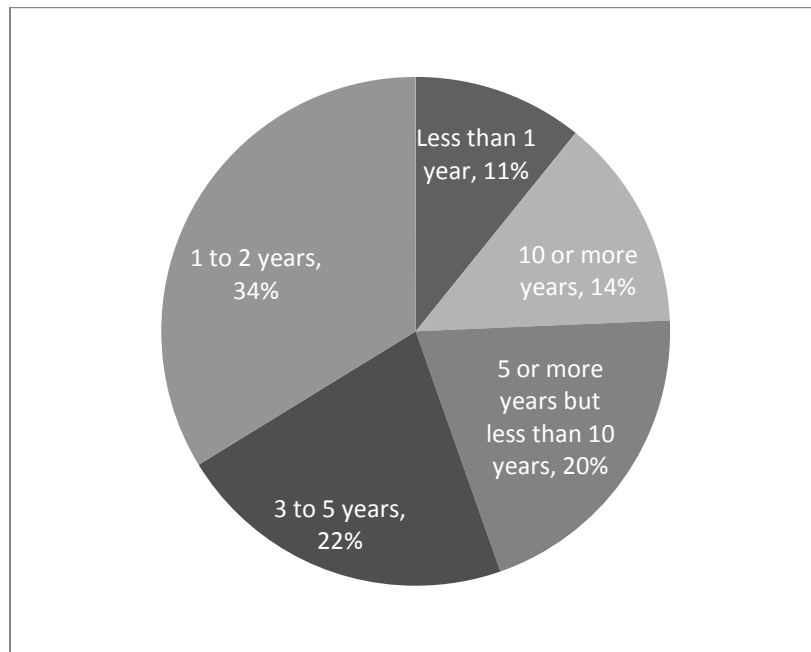
Interviewee Type	Number of Respondents	Number of Sites
Counterparts	74	24
Beneficiaries	120	24
Host Family Members	48	24
Stakeholders	27	Unknown
<b>Total</b>	<b>269</b>	-

Health promoters (64%) and teachers (28%) comprised the majority of the respondents among counterparts (Figure 2). Other counterparts included four school administrators, one NGO director and one representative of a mothers' group. The field experience of counterparts was varied, with the highest percentage of respondents (34%) having spent one to two years working in the health field (Figure 3).

**Figure 2: Background of Counterparts (n=74)**

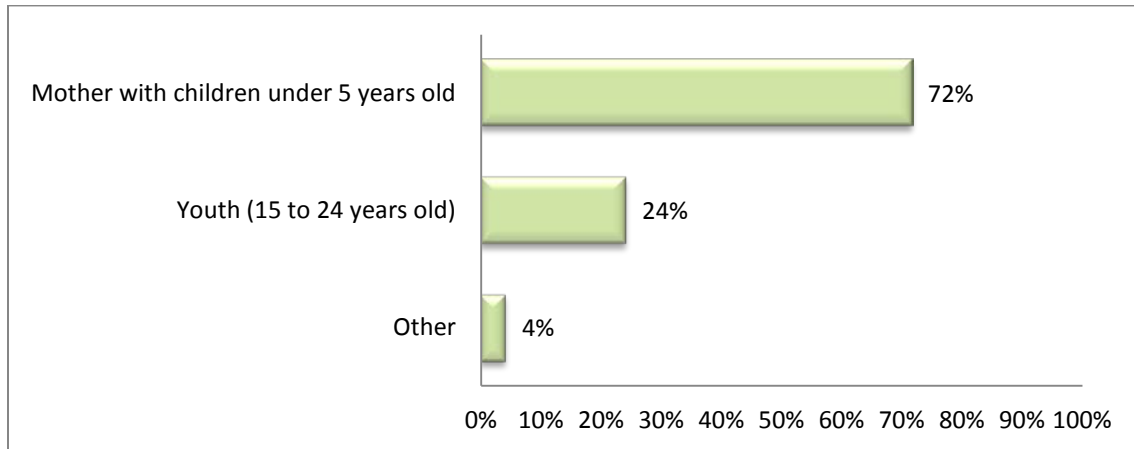


**Figure 3: Experience of Counterparts (n=74)**



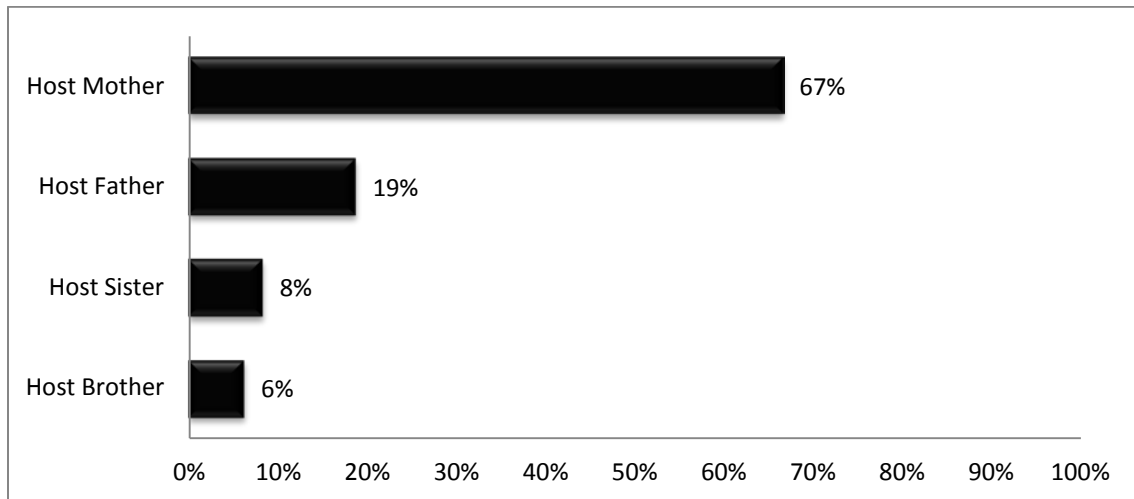
Mothers with young children represented the bulk of beneficiary respondents (72%), with another 24 percent being youth 15-24 years of age (Figure 4). Other beneficiaries included grandmothers raising young children and single women benefitting from improved stoves. The age of almost all the youth interviewed ranged between 15 and 17, while the age of most mothers ranged between 22 and 40.

**Figure 4: Background of Beneficiaries (n=120)**



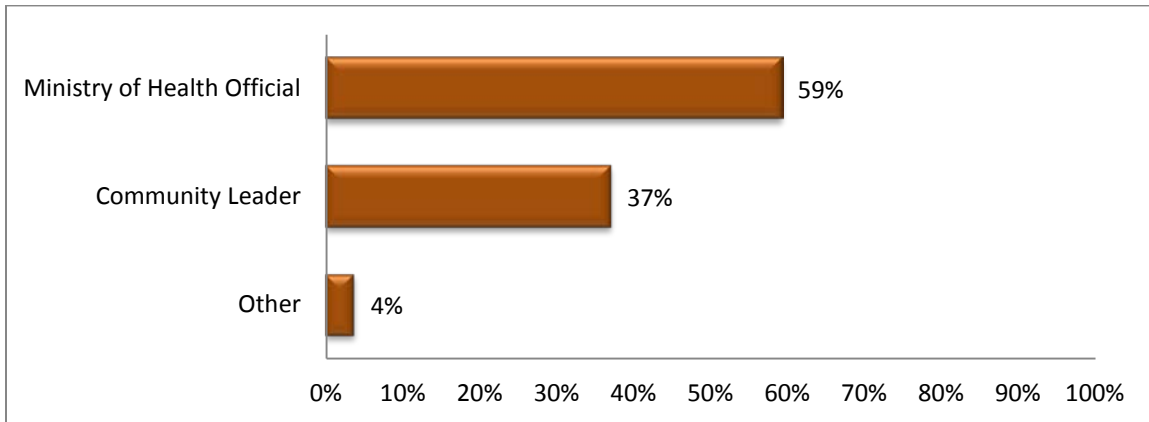
Host mothers comprised the majority of host family respondents (67%) followed by host fathers (19%), host sisters (8%) and host brothers (6%) (Figure 5).

**Figure 5: Background of Host Families (n=48)**

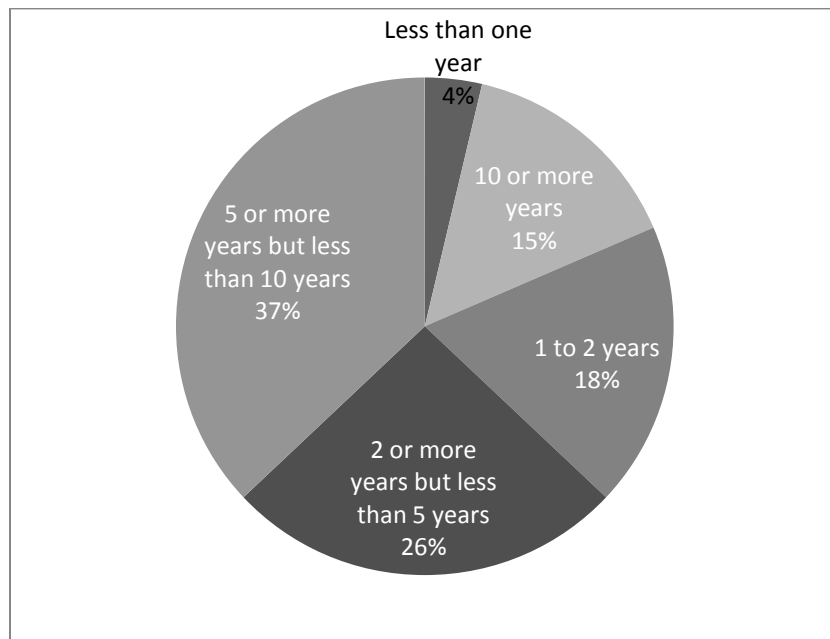


Ministry of Health officials were the majority of the respondents among stakeholders (59%) with another 37 percent being community leaders (Figure 6). The stakeholder categorized as 'other' did not specify their position. The field experience of stakeholders was varied, with the highest percentage of respondents (52%) having spent over five years working in the health field (Figure 7).

**Figure 6: Background of Stakeholders (n=27)**



**Figure 7: Experience of Stakeholders (n=27)**



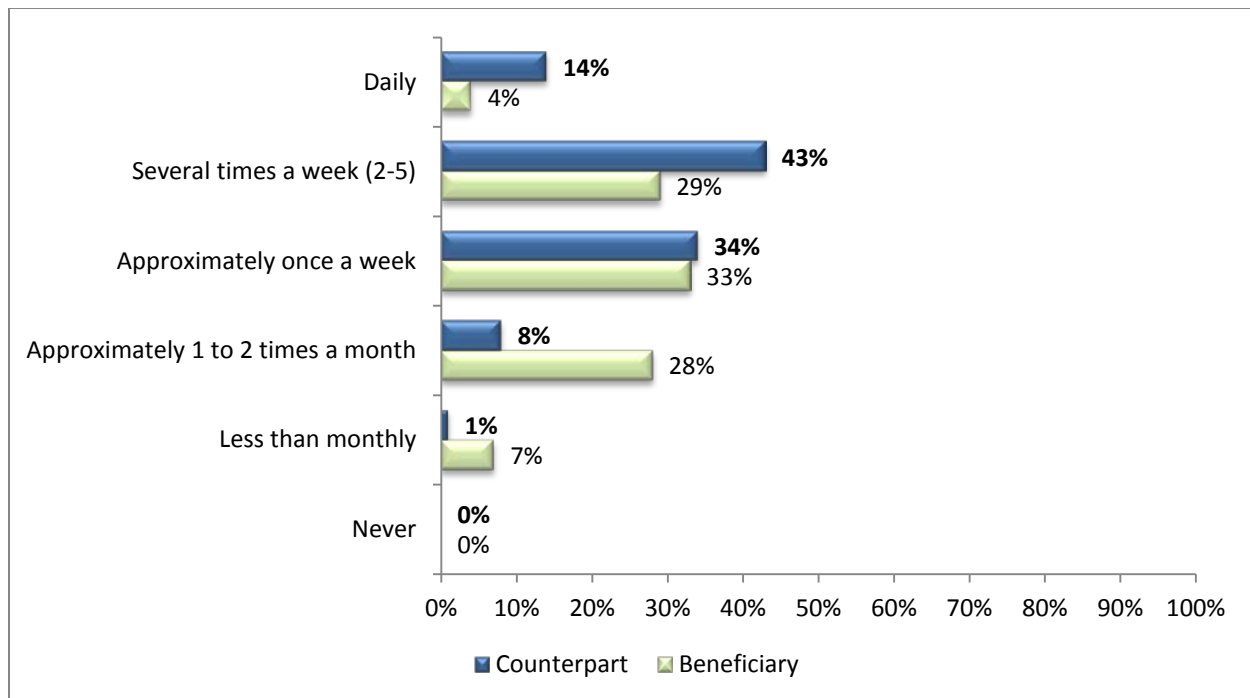
## Chapter 2: Goal One Findings

All Peace Corps projects support the agency's primary 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 Project is to improve the health conditions of low-income community members living in rural communities through the adoption of healthy lifestyle practices. In addition, the project seeks to strengthen linkages between the communities and their health service providers, and improve the capacity of health educators to provide preventative health care to their constituents. 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.

### Frequency of Interaction with Volunteers

During work hours, the greatest number of counterparts (43%) worked with the Volunteer several times a week. For beneficiaries, time spent with the Volunteer varied between once a week (33%), several times a week (29%) and one to two times per month (28%). Daily interaction with the Volunteer was limited, with only 14 percent of counterparts and 4 percent of beneficiaries indicating this level of interaction (Figure 8).

**Figure 8: Frequency of Interaction with Volunteer during Work**

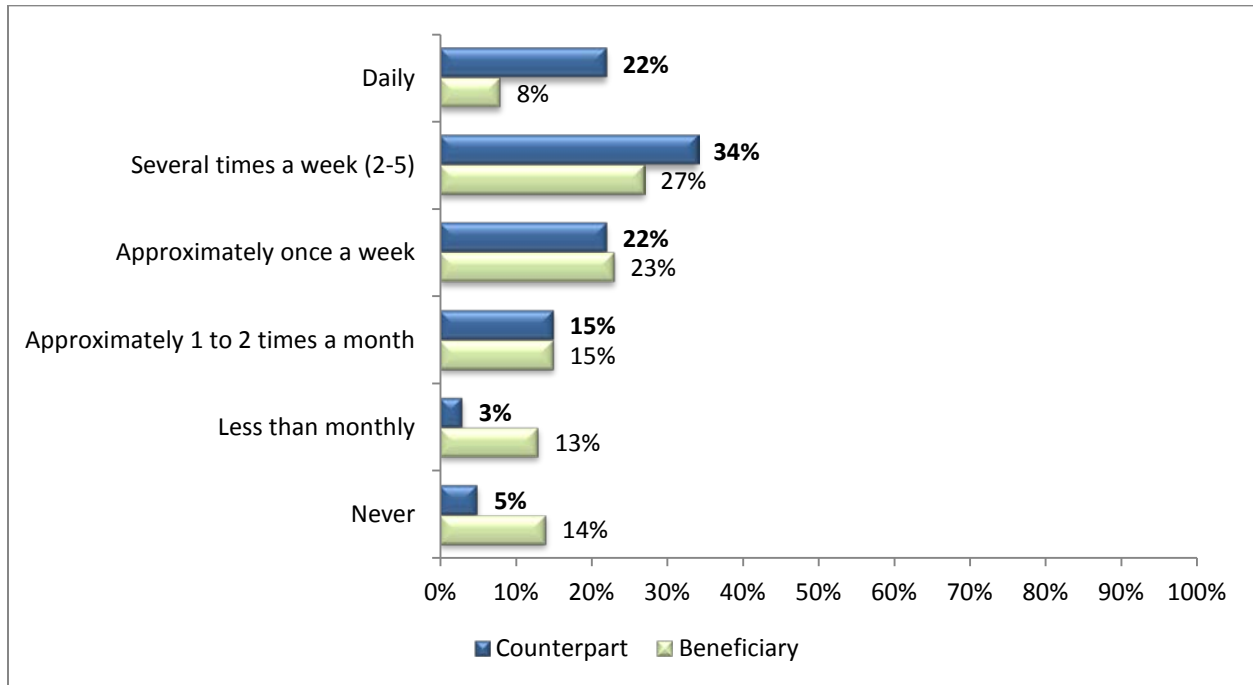


For counterparts, N=74, for beneficiaries N=120

Overall, counterparts interacted more often with the Volunteer outside of work hours than did beneficiaries, but interaction between the Volunteers and their counterparts and beneficiaries varied (Figure 9). For counterparts, the greatest percentage interacted with the Volunteer several times a week (34%). For beneficiaries, 27 percent interacted several times a week and

23 percent interacted once a week. Indeed, 14 percent of beneficiaries responded that they never interacted with the Volunteer outside of work, while only 5 percent of counterparts indicated this lack of interaction. For stakeholders, 96 percent responded they had known about Peace Corps projects and activities for more than one year, indicating some level of familiarity with the agency’s mission and methods.

**Figure 9: Frequency of Interaction with Volunteer Outside of Work**



For counterparts, N=74, for beneficiaries N=120

### Project Activities

The impact study covers two consecutive project plans developed for Peru’s Community Health Project. The first project plan (August 2002) outlines seven activities which focus on training community members to become health promoters, promoting good hygiene practices, improving sanitation (including improved latrines), and improving nutrition practices. The second project plan, initiated in August 2008, outlines eight activities, which include the same themes found in the first project plan, but added activities which allowed Volunteers to promote healthy sexual behaviors by working with youth through a life skills training program, as well as promoting home gardens, small animal husbandry, and improved stoves within their communities.

During the survey component of the impact study, the 194 counterparts and beneficiaries were asked to describe the activities that the Volunteers implemented in their communities. Based on the analysis of these responses, Volunteers implemented all eight intended project activities while initiating six additional activities. The following list provides the eight project activities, as described by the counterparts and beneficiaries, in rank order:

- 33% - Building improved stoves
- 31% - Improved sanitation practices, including building latrines and waste management
- 28% - Nutrition, including preparing balanced meals
- 25% - Gardens
- 22% - Training of Health Promoters
- 21% - Better hygiene practices, including hand washing
- 20% - Healthy sexual behaviors, including training on HIV, STDs, and family planning
- 4% - Animal husbandry

Counterparts and beneficiaries also described six activities that do not appear in the project plan of the Community Health Project. These activities were:

- 8% - Teaching English
- 6% - Participating in a local school's summer program
- 4% - Painting a mural
- 4% - Organizing sports events
- 3% - Setting up a community library
- 2% - Teaching computer skills

When asked to describe the activities that the Volunteers implemented in their communities, stakeholders chose to describe the higher level goals of the Community Health Project, and most often mentioned that the Volunteers worked with the local health promoters, implemented demonstration workshops on a variety of health topics, and engaged in general project management. Eight stakeholders did specifically mention the Volunteers' work with improved stoves, and seven mentioned organic gardens as a primary activity.

### **Intended Outcomes**

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

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

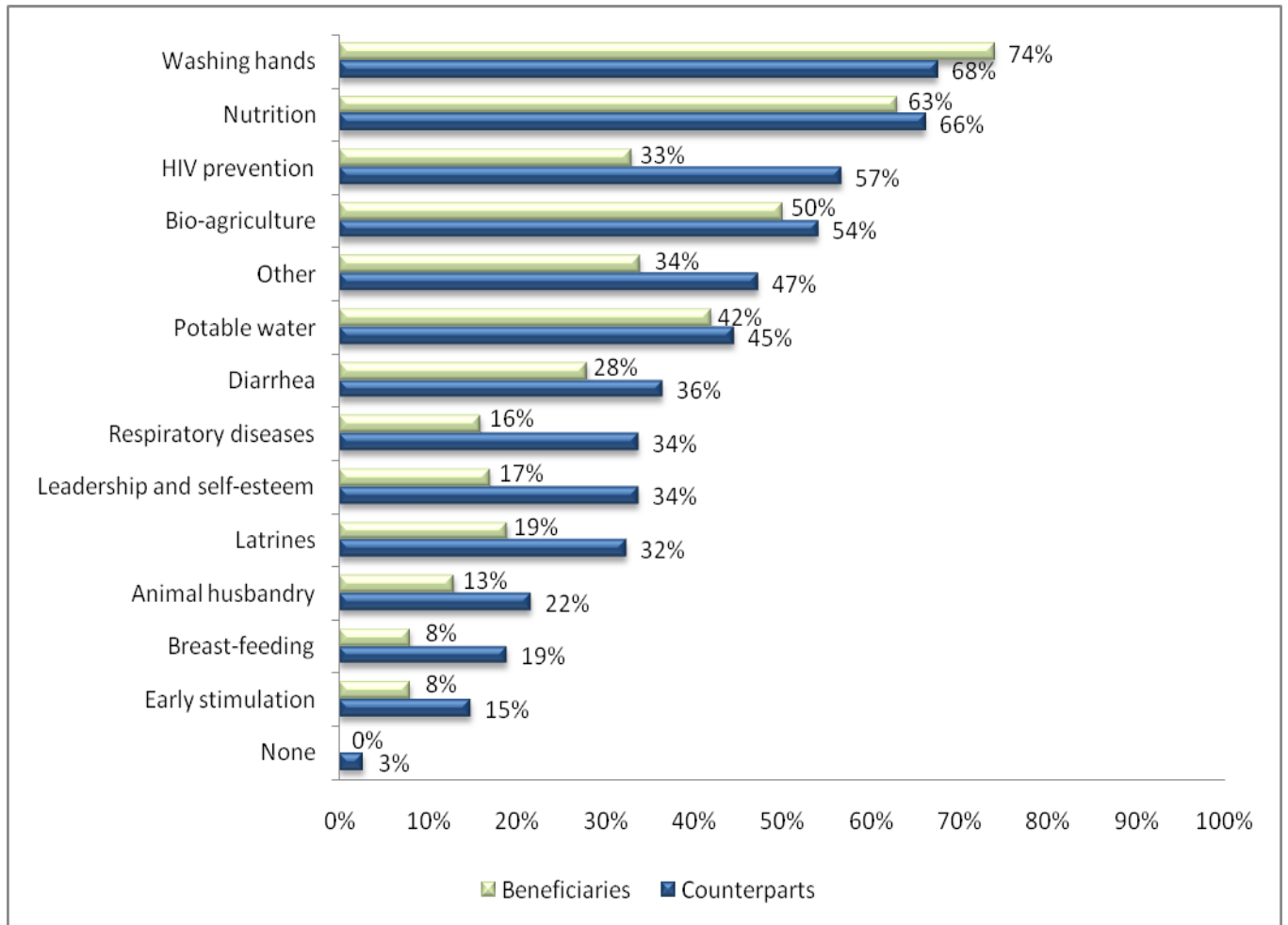


## Training Received

Training provided by Volunteers is one method 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 first. Intended outcomes observed by the project participants at the community-level are presented second, followed by the individual-level changes that respondents reported.

Training for counterparts and beneficiaries in the Community Health Project was provided in the areas of nutrition, hand-washing, animal husbandry, bio-agriculture (gardens), HIV/AIDS prevention, leadership and self-esteem, early childhood stimulation, potable water, respiratory diseases, diarrhea, breastfeeding, and latrine use.

**Figure 10: Training Received by Counterparts and Beneficiaries**



For counterparts, N=74; for Beneficiaries, N=120

Counterparts most frequently stated they received training in hand washing (68%), nutrition (66%), HIV/AIDS prevention (57%), and bio-agriculture (54%). Forty-seven percent of

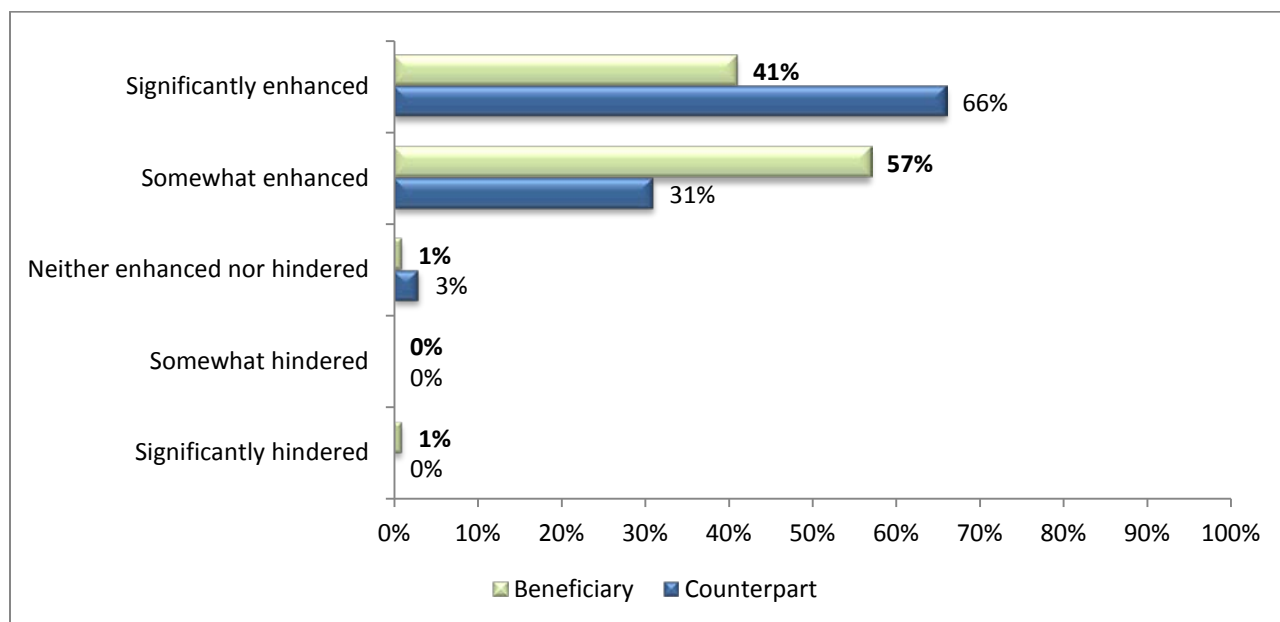
counterparts described formal training in other areas, and specifically mentioned training they received in building improved stoves, solid waste management, recycling, and improving environmental health.

Beneficiaries most frequently stated they received training in hand washing (74%), nutrition (63%), bio-agriculture (50%), and potable water (42%). Thirty-four percent of beneficiaries described formal training in other categories, and specifically mentioned training they received in building improved stoves and solid waste management. In the case of improved stoves, Peru’s Community Health Project did not emphasize this activity in the 2002 project plan. However, the construction of improved stoves and training community members on their use was formally incorporated into the 2008 project plan.

Smaller percentages of counterparts and beneficiaries reported being trained in early childhood stimulation<sup>8</sup> and breastfeeding. These two topics receive only a brief mention in the two project plans.

Two counterparts and one beneficiary stated they did not receive any training at all.

**Figure 11: Extent Training Enhanced Skills of Counterparts and Beneficiaries**



For counterparts N=74, for Beneficiaries N=119

Both groups felt the training had enhanced their overall skills (Figure 11). The skills most often cited as improving for both respondent groups were nutrition, hygiene, and using improved cooking stoves. Sixty-six percent of counterparts and 41 percent of beneficiaries believed their

<sup>8</sup> The project plans of Peace Corps Peru do not specifically define early childhood stimulation. For the purposes of this report, early childhood stimulation is taken to mean any activity that stimulates infants’ sense of touch, taste, smell, sight, and sound and helps them build important developmental skills.

skills were significantly enhanced. An additional 31 percent of counterparts and 57 percent of beneficiaries stated the training somewhat enhanced their skills.

### **Community-Level Change**

The project theory of change (Figure 1) generated a list of project outcomes. Counterparts, beneficiaries, and stakeholders were asked about the following community-level outcomes:

1. A change in the number of diarrheal and gastrointestinal illnesses among children
2. A change in the number of respiratory illnesses among children
3. A change in children's weight and height
4. A change in the consumption of food from the family garden and poultry production
5. A change in the consumption of balanced meals among families
6. A change in early childhood stimulation
7. A change in the level of activities to prevent pregnancy and STDs
8. A change in hygiene

Counterparts, beneficiaries, and stakeholders were asked about these project outcomes through a matrix question. For each project outcome derived from the project plan, respondents were asked if changes had occurred and about the direction of those changes, whether the change had been maintained after the Volunteer departed, and whether the community's needs had been met.

### **Changes Resulting from the Project<sup>9</sup>**

Among counterparts, 100 percent stated that hygiene among community members was better due to the work of the Volunteers (Figure 12). When discussing the positive hygienic changes among their community members, counterparts not only cited overall improved cleanliness, but also its link to improved latrine maintenance and garbage disposal.

“Now we wash our hands with soap, before we ate without washing our hands.” –  
Counterpart, Musho

“We are better thanks to the advice on hand washing given to children.” – Counterpart,  
Iracá Grande

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<sup>9</sup> Respondents were asked about the extent to which they saw changes related to each outcome in their schools on the following scale: Much Better; Somewhat Better; Same; Somewhat Worse; and Much Worse. OSIRP grouped the “Much Better” and “Somewhat Better” responses into one category called “Better.” The categories of “Somewhat Worse” and “Much Worse” were grouped into a single category called “Worse.” This resulted in the following scale: Better, The Same, and Worse.

“There has been a change at home, in the environment; everything looks more tidy and clean.” – Counterpart, Sicchez

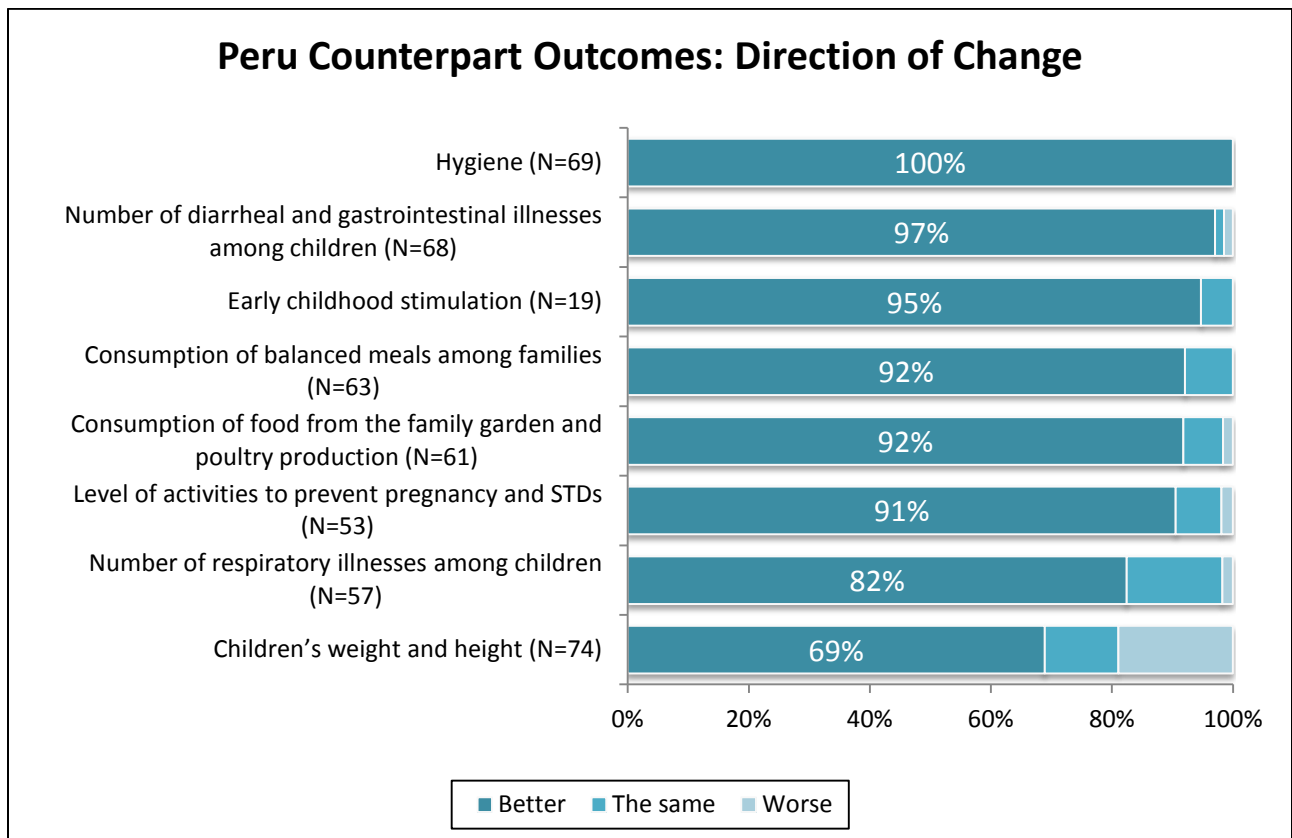
“Before we didn't know where to deposit garbage, we kept getting sick, but now we worked it out. And there is a garbage bin in every classroom.” – Counterpart, Iraca Grande

Counterparts also noted a reduced number of diarrheal and gastrointestinal illnesses among children, with 97 percent rating the situation as improved.

“I think we have made some progress in terms of preventive health. Children don't have diarrhea anymore.” – Counterpart, Nanchoc

A highly positive direction of change in three other preventative health outcome areas was cited by counterparts: family consumption of balanced meals (92%), consumption of food from the family garden and animal production units (92%), and the level of activities to prevent pregnancy and STDs (91%). Early childhood stimulation was also cited as having a positive direction of change (95%), but the low number of respondents for this outcome (n=19) calls into question the reliability of this data point.

**Figure 12: Counterpart Assessment of Changes Related to Project Outcomes**



Like the counterparts, beneficiaries responded that the most positive change seen in their community was in the area of hygiene (99%) (Figure 13). When responding about improved skills in the area of hygiene, beneficiaries exhibited their understanding that improved cleanliness included activities such as hand-washing, maintaining improved latrines, and the proper disposal of garbage, as well as hygiene's link to preventing disease:

"My children don't get sick anymore. They used to get sick all the time due to the lack of hygiene." – Beneficiary, La Matanza

"Yes, the help is for the best. Now everyone in my house knows about washing their hands so we don't get sick." – Beneficiary, Casagrande

"The trainings were very useful. Now we wash our hands after using the bathroom and we disinfect the water." – Beneficiary, Sicchez

"Now we are more careful with our hygiene at home. There's too many flies but now we cover our food and wash it." – Beneficiary, Casagrande

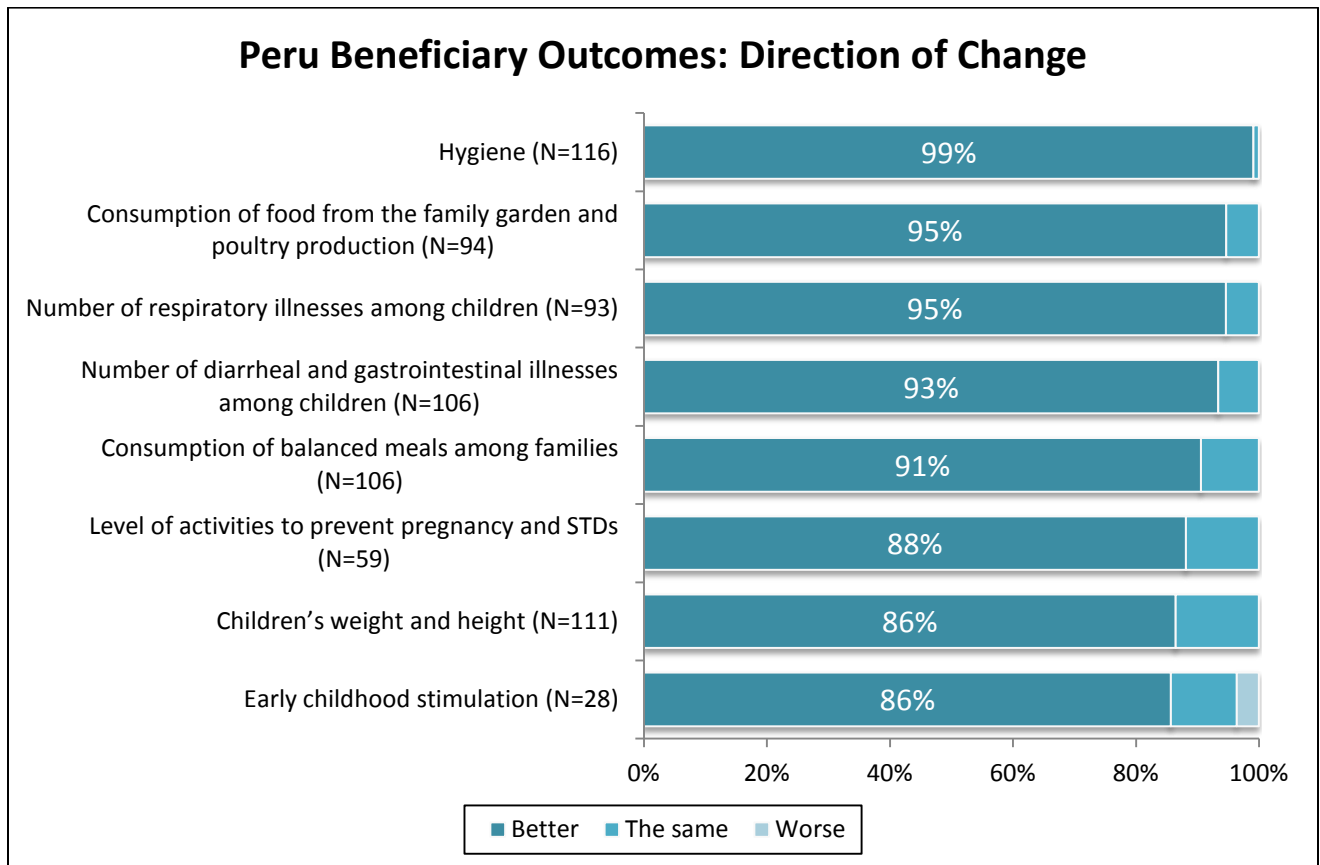
"It helped a lot. For example, the streets used to be filled with garbage but now the streets are clean." – Beneficiary, Musho

"The training of how to keep our houses clean has helped us a lot. They showed us how to wash our hands. They taught us how to prepare food. They also taught us that the animals shouldn't be inside the houses because they could spread illnesses." – Beneficiary, Pozo de los Ramos

Beneficiaries saw positive changes in other project outcome areas as well, and most frequently cited the consumption of food from the family garden and poultry production (95%), the number of respiratory illnesses among children (95%), the number of gastrointestinal and diarrheal diseases among children (93%), and the consumption of balanced meals among families (91%) as improved within their communities (Figure 13).

Like the counterparts, very few beneficiaries answered the outcome question about childhood stimulation, which supports respondents' comments that Volunteers did not focus on this project outcome in their activities or training.

**Figure 13: Beneficiary Assessment of Changes Related to Project Outcomes**



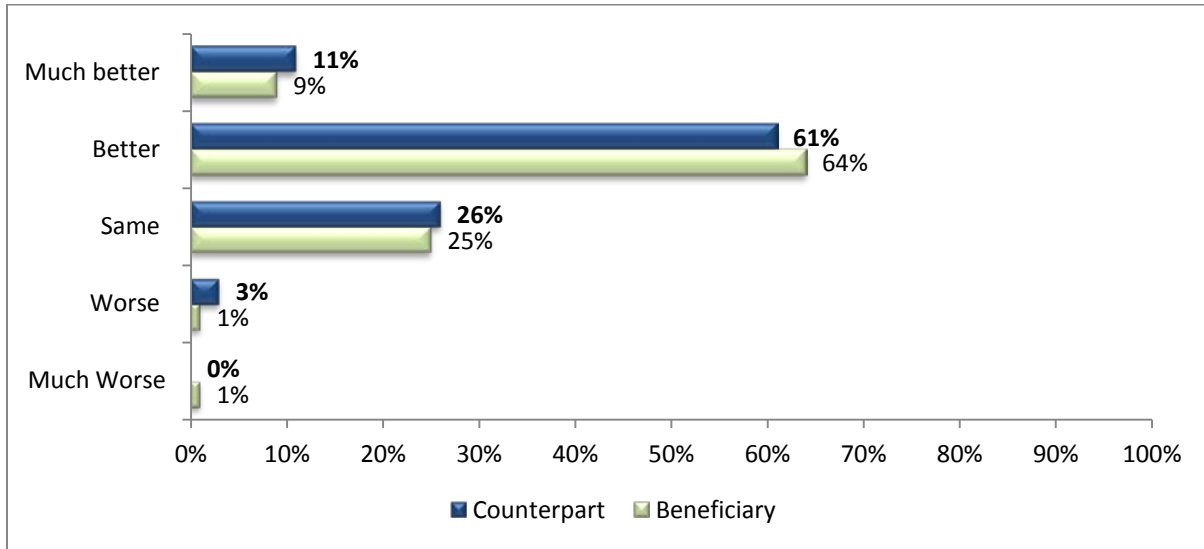
Like the counterparts and beneficiaries, stakeholders reported hygiene practices as the most improved outcome, with 59 percent stating that the direction of change was much better. This change was followed by the reduced number of diarrheal or gastrointestinal illnesses suffered by children (41%), and level of activities to prevent pregnancy and sexually transmitted diseases (41%). Similar to the counterparts and beneficiaries, 59 percent of stakeholders stated that Volunteers did not work in the area of early childhood stimulation.

In a separate question, counterparts and beneficiaries were asked to indicate the best contribution that the Volunteer had made through their work in the Community Health Project. Fifty-one percent of project participants specifically mentioned the benefits of the improved stoves they built with the Volunteers. Although not specifically listed as an outcome in the impact study surveys, project participants described the impact these improved stoves are having on their lives, and specifically noted their link with reduced respiratory illnesses and the increased consumption of nutritionally balanced meals.

Additionally, counterparts and beneficiaries were asked two questions about the change in the health services provided to their community. In the first question, respondents were asked to what extent they had seen a change in the quality of health services in their community. Sixty-one percent of counterparts and 64 percent of beneficiaries indicated that the quality of their

health services is better, and 11 percent of counterparts and 9 percent of beneficiaries stated that their health service is much better (Figure 14). These respondents stated that they considered the health services to be improved because health center staff was doing a better job of educating the community on preventative health issues, were conducting more health talks and home visits within their community, and were making an effort to keep the health center sanitized and tidy.

**Figure 14: Extent of Change in Quality of Community Health Services**

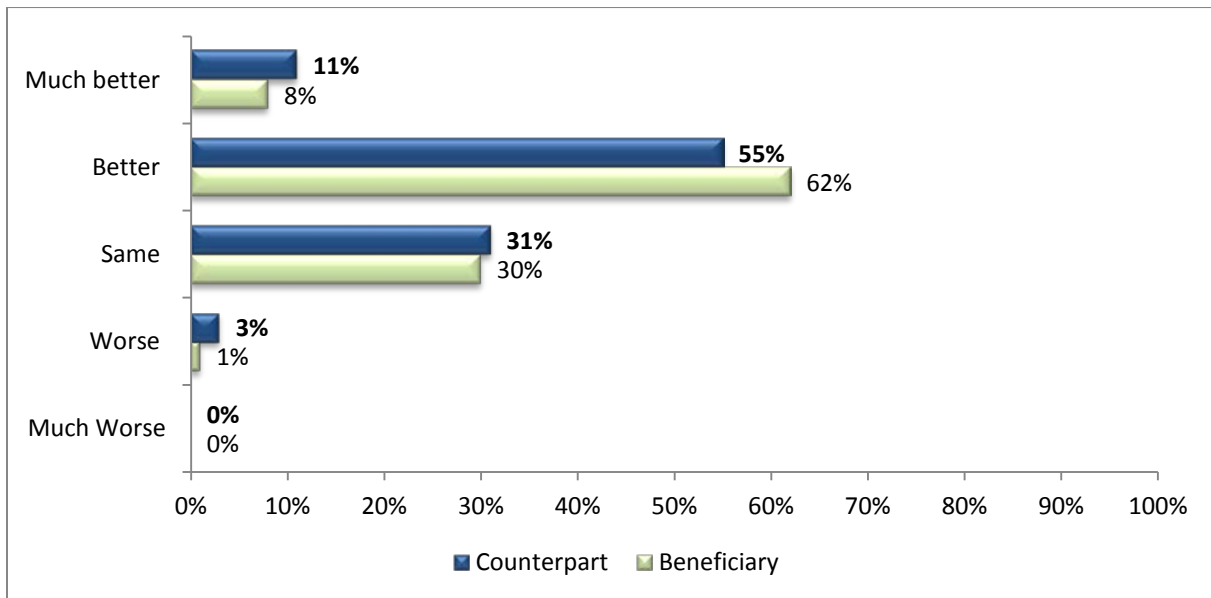


For counterparts, N=74; for beneficiaries, N=120

Respondents also noted that the collaboration and support between the community, health center, and authorities had improved. This situation influenced community members to go to the health center more often due to increased trust. In some cases, authorities hired additional health center staff or expanded hours to meet increased demand. At the same time, 26 percent of counterparts and 25 percent of beneficiaries viewed the quality of their health services as unchanged. A few respondents reported that their health services were worse or much worse. Their comments indicate that the doctor assigned to their community is rarely or never present at the health center.

For the second question about changes in health services, respondents were asked to what extent they had seen a change in the capacity of the health service providers in their community. Results were similar to the previous question, with counterparts (61%) and beneficiaries (64%) most frequently indicating that the capacity of their health service providers was better (Figure 15). Eleven percent of counterparts and 9 percent of beneficiaries expressed that the health service providers' capacity was much better. These respondents most frequently stated that they considered the capacity of health service providers to be better because of improvements in their customer service skills, specifically their patience, kindness, attentiveness, and commitment to honoring the arrival order. Respondents also noted an increase in professional capacity, such as knowledge on health topics like hygiene, family planning, and waste management.

**Figure 15: Extent of Change in Capacity of Community Health Service Providers**



For counterparts, N=74; for beneficiaries, N=120

This increase in capacity led health center staff to more frequently engage with the community through health talks and home visits. Beneficiaries shared that they appreciate these efforts which have led to a greater degree of trust and support of health service providers. Thirty-one percent of counterparts and 30 percent of beneficiaries viewed the quality of their health services as unchanged. A few respondents expressed that their health services were worse or much worse. Their comments indicate that staff made no effort to keep the health center sanitized and are inattentive to patients.

“It has improved. They have more appropriate infrastructure, they are more punctual, more responsible, we get along well, and there is a better relationship with the school.”  
– Counterpart, Iraca Grande

“From the volunteer they've learned more and gained experience.” – Beneficiary, Ñoma

“They fired a nurse that was not very kind and now everyone is more kind. They also respect the arriving order.” – Beneficiary, Pampas de Hospital

“They provide more support for people who need information. There is a mutual support between the people who provide health services and the population.” – Counterpart, Casagrande

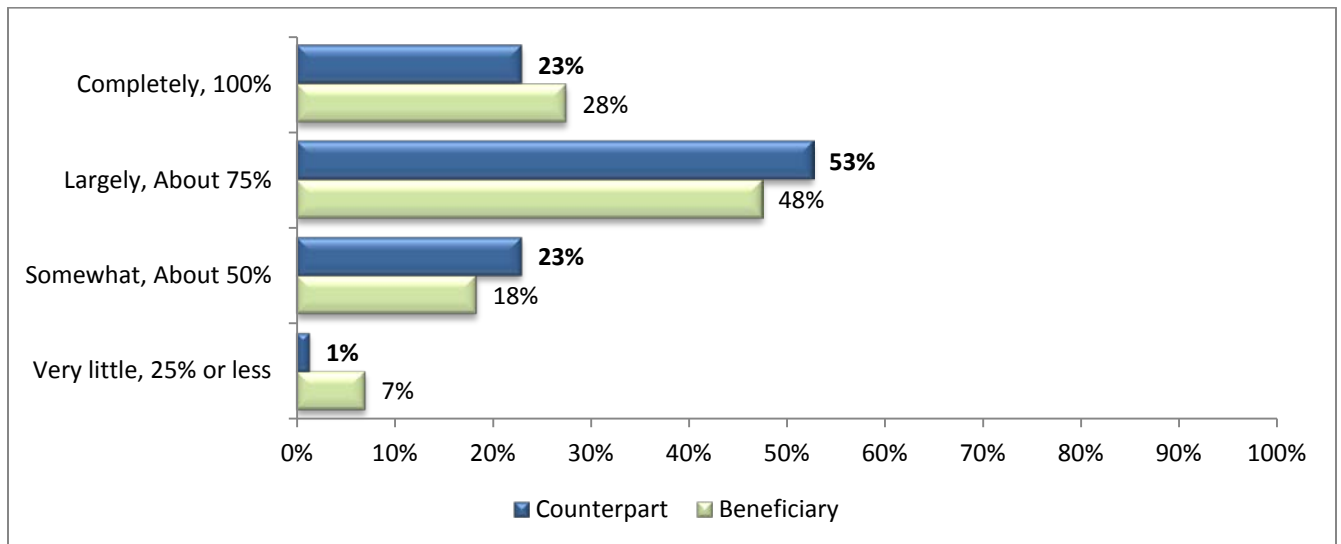
“They have improved because they have been trained by the Peace Corps.” – Counterpart, Caserío de Potrerillo



## Sustainability of Community Change

The majority of counterparts and beneficiaries felt they had completely or to a large extent sustained the changes introduced by the project (Figure 16). Twenty-three percent of counterparts reported they had completely maintained the changes and another 53 percent reported maintaining the changes to a large extent. Twenty-eight percent of beneficiaries stated they had completely maintained the changes and another 53 percent stated they had maintained the changes to a large extent.

**Figure 16: Extent to which Counterparts and Beneficiaries Maintained Changes**



For counterparts, N=74; for beneficiaries, N=120

Respondents were then asked to assess the extent to which each change had been maintained by the community on the following scale: yes, to some extent, and no. While respondents previously indicated a very positive direction of change for all outcomes during the Volunteers' service (see figures 12 and 13), these trends were not sustained at the same rate once the Volunteer left, but were still relatively high (Figures 17 and 18).

Seventy percent of counterparts and 75 percent of beneficiaries cited better hygiene practices as the most sustained aspect of the project. This outcome was also cited by both respondent groups as the most positive change resulting from the project, indicating that not only had the Volunteers properly trained project participants in improved hygiene practices, but they had also properly informed them on the importance of continuing the practice due to its connection with improved overall health.

According to counterparts, the second most sustained change was the number of respiratory illnesses among children (67%). Counterparts noted that this outcome was maintained through the use of improved stoves. Indeed, as noted above, 51 percent of all project participants stated that improved stoves was the best contribution of the Community Health Project.

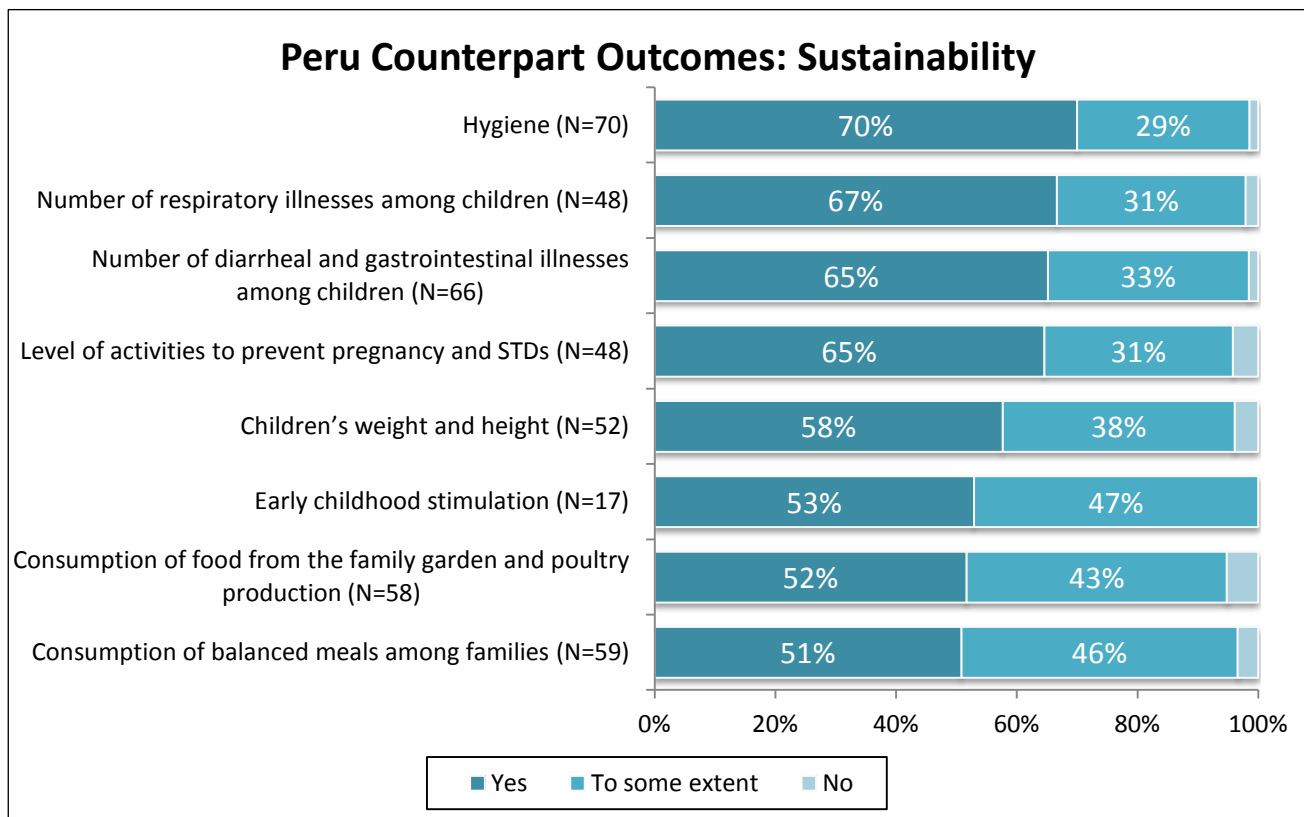
Because of this, it is of critical importance for Volunteers to not only construct improved stoves and train community members in their use, but to also train them on how to maintain the improved stoves in order to sustain this positive outcome.

Counterparts and beneficiaries also noted that the level of activities to prevent pregnancy and STDs had been sustained (65% and 73%, respectively), signifying that the Volunteers’ health talks on these topics were particularly effective.

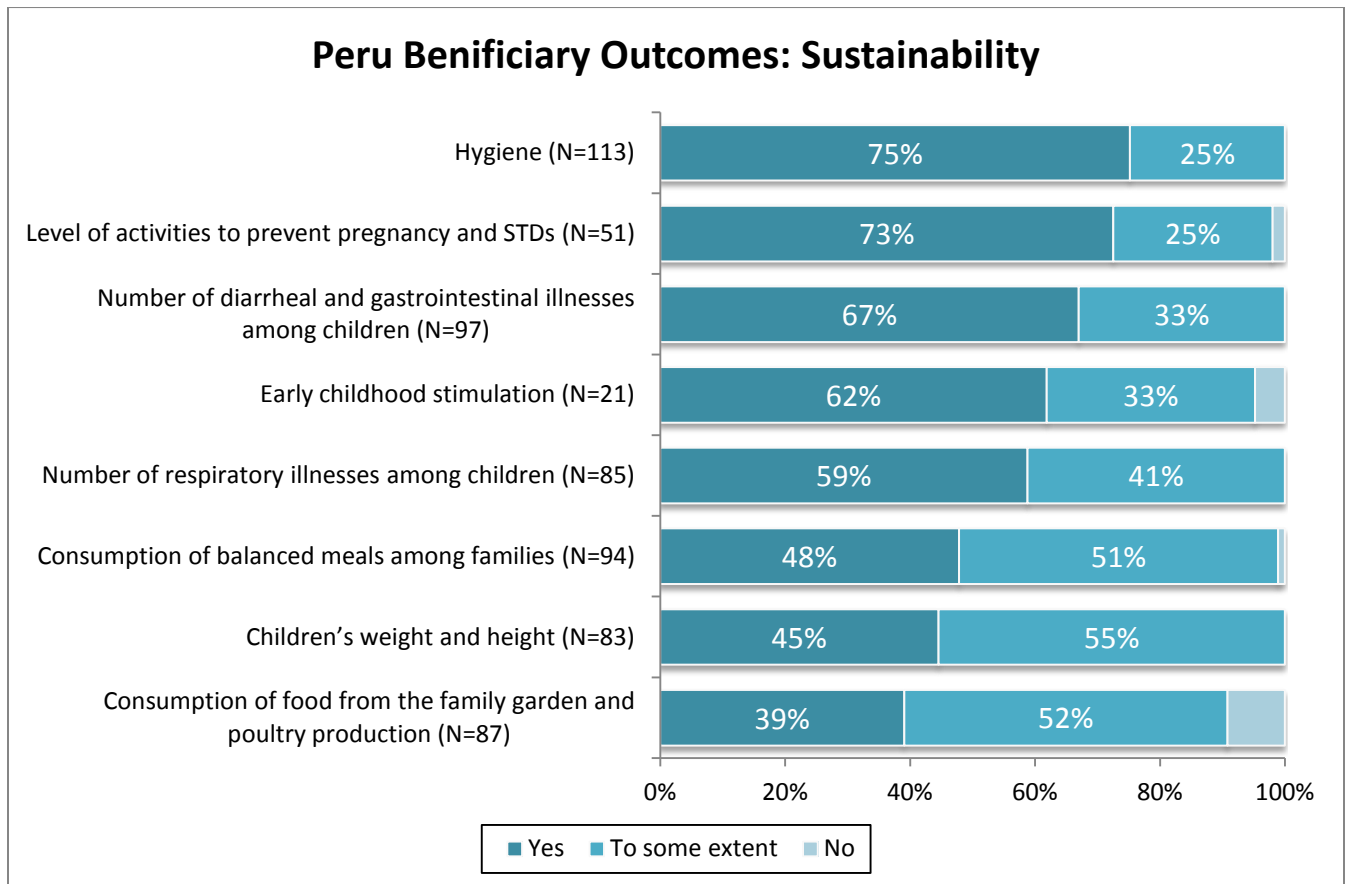
Counterparts and beneficiaries indicated that the reduced number of diarrheal and gastrointestinal illnesses among children was another sustained project outcome (65% and 67%, respectively). These illnesses are closely linked to hygiene, nutrition, and water purification practices, so Volunteers should continue to stress these topics in their trainings and health talks to sustain these positive outcomes.

Finally, consumption of food from the garden was not sustained at a high level, according to counterparts (52%) and beneficiaries (39%). As this outcome was rated highly by both respondent groups in terms of its positive direction of change, training on how to maintain these home gardens once the Volunteer departs should be stressed during PST and IST, especially due to the positive link with improved nutrition.

**Figure 17: Counterpart Assessment of Sustainability**



**Figure 18: Beneficiary Assessment of Sustainability**

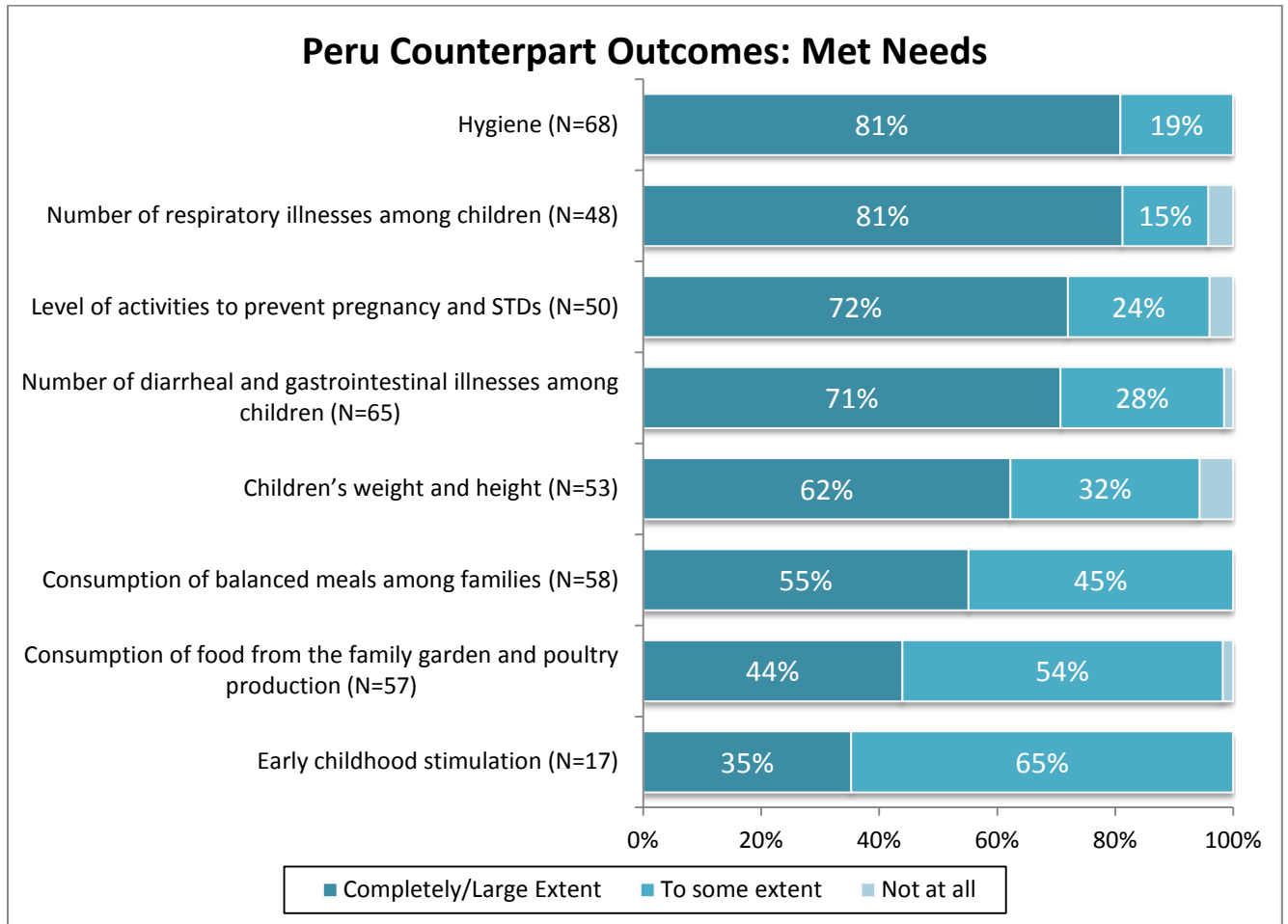


Like the counterparts and beneficiaries, stakeholders most frequently reported that improved hygiene practices had been fully sustained (74%). The second most frequently reported sustained change was the level of activities to reduce pregnancy and sexually transmitted diseases (63%), followed by the number of respiratory disease suffered by children (56%) and the number of diarrheal and gastrointestinal diseases suffered by children (56%).

In a separate question, counterparts and beneficiaries were asked to identify the most positive and lasting outcome of the Community Health Project. The top results are as follows (please note that the results will add up to more than 100 percent as respondents sometimes cited more than one outcome):

- 24% - Improved stoves
- 21% - Better hygiene practices
- 16% - Improved nutrition
- 13% - Overall general knowledge gained on all health issues
- 11% - Gardens
- 11% - Improved latrines
- 9% - Better waste management practices

**Figure 19: Counterpart Assessment of How Well Changes Met Needs**



**Extent to which Changes Met Needs**

Finally, respondents were asked to assess how well the changes met the community’s needs. Counterparts believed that the improved hygiene practices as well as the reduced number of respiratory illnesses among children best met their needs, with 81 percent responding positively to these outcomes (Figure 19). With hygiene also the counterparts’ top ranked outcome for direction of change as well as sustainability, it is clear that they believe the training received on this outcome had the most positive impact on their communities. For the reduced number of respiratory illnesses, 82 percent of counterparts had reported a positive direction of change, which ranked it only seventh out of eight outcomes, but the high level of satisfaction with the outcome’s sustainability and meeting of community needs indicates that the identified change that occurred due to the Volunteers’ work with improved stoves was maintained and highly appreciated.

Counterparts also indicated that outcomes in the areas of pregnancy and STD prevention (72%) as well as the reduced number of diarrheal and gastrointestinal illnesses among children (71%) met community needs. For counterparts, these outcomes also had very positive directions of

change (88% and 93%, respectively) and ranked in the top half of outcomes in terms of their sustainability (4<sup>th</sup> and 3<sup>rd</sup>, respectively). These data points along the impact continuum (direction of change, sustainability, meeting needs) indicate the positive impact created by the Volunteers' work in these two areas.

According to counterparts, the Volunteers' work to improve early childhood stimulation did not meet community needs (35%). This outcome's low ranking in sustainability (6<sup>th</sup> of 8 outcomes) and low overall response rate relative to the other outcomes indicates that Volunteers' work in this area was very limited.

Finally, less than half of counterparts reported that consumption of food from the family garden or animal production unit met community needs (44%). As this outcome was rated highly by counterparts in terms of its positive direction of change (92%), but rated lowly in terms of its sustainability (52%), it must be reiterated that training on how to maintain these home gardens once the Volunteer departs should be stressed during PST and IST, especially due to the outcome's positive link to improved nutrition.

Beneficiaries most often stated that better hygiene practices met their needs (83%, Figure 20). This outcome was also the beneficiaries' top ranked outcome for direction of change as well as sustainability. This information, combined with the input from counterparts seen above, clearly indicates that better hygiene practices had the most positive impact on the communities taking part in this study.

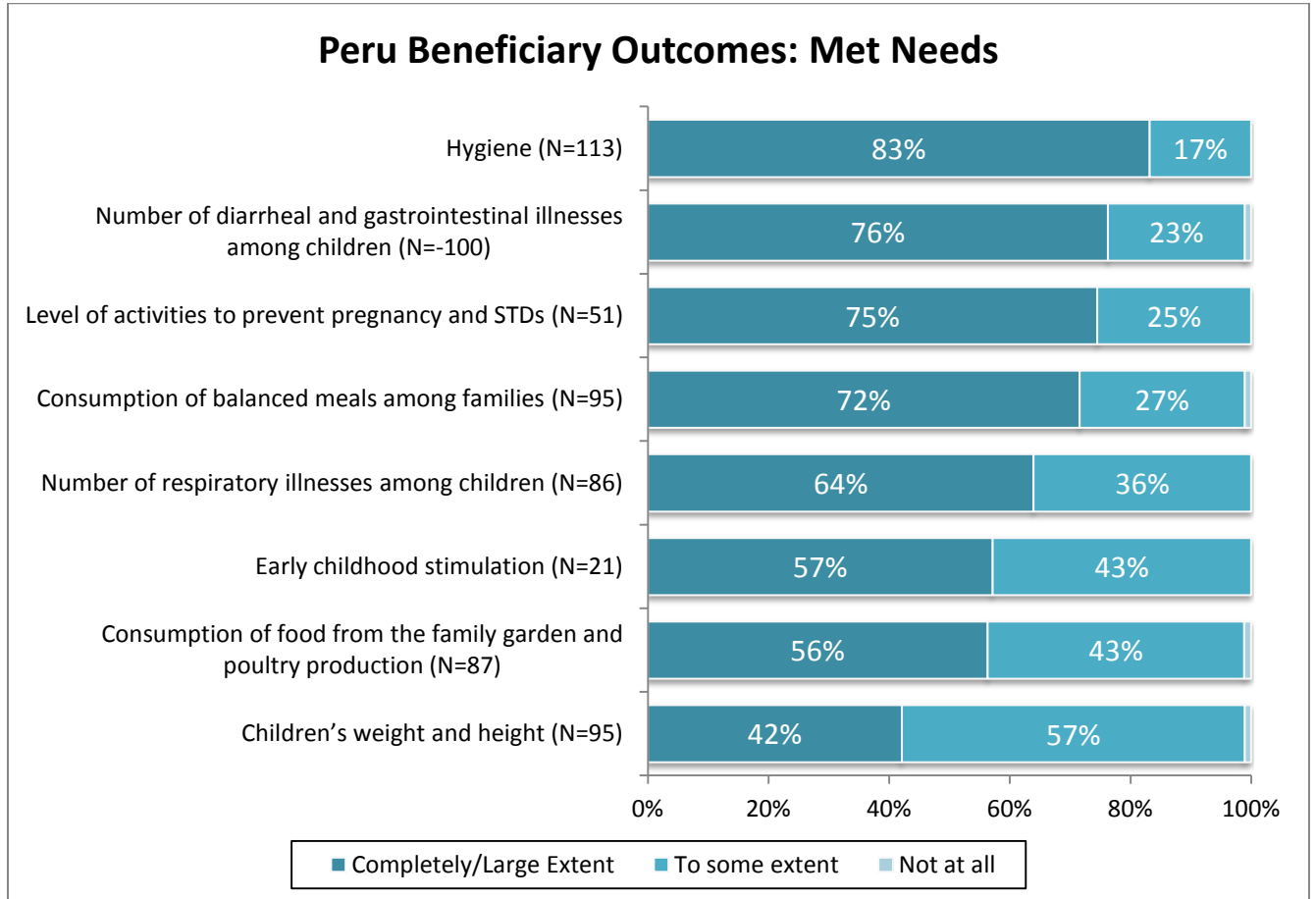
Beneficiaries also reported that the reduced number of diarrheal and gastrointestinal illnesses among children met their needs (76%). This beneficiary outcome featured in the top half of direction of change and sustainability (4<sup>th</sup> and 3<sup>rd</sup>, respectively) signifying a high degree of community impact in this area. As stated previously, these illnesses are closely linked to a variety of issues on which the Volunteers work, including hygiene, nutrition, and water purification practices, which indicates that Volunteers should continue to stress these topics in their trainings and health talks in order to continue the positive impact reported by the community.

The level of activities among beneficiaries to prevent pregnancy and STDs also met community needs (75%). This outcome was also rated highly by beneficiaries in terms of direction of change (88%) and sustainability (73%), which points to an understanding and application of the Volunteers' training in this area.

Like the counterpart group, beneficiaries' needs in the area of early childhood stimulation (57%) and consumption of food from gardens and animal production units (56%) were not fully met. Beneficiaries also reported that healthy practices meant to affect their children's weight and height did not meet their needs (42%). Beneficiaries indicated low levels of satisfaction for this outcome in the areas of direction of change and sustainability (7<sup>th</sup> of 8 outcomes in both). Beneficiary comments do not provide a further description of this dissatisfaction, so it is unclear where the Volunteers' work fell short in this area. It should be noted that the terms 'height' and

'weight' do not appear at all in the two project plans covered by this impact study, so the inclusion of this outcome in the survey matrix can be questioned.

**Figure 20: Beneficiary Assessment of How Well Changes Met Needs**



Among stakeholders, 59 percent reported that the better hygiene practices met their needs completely or to large extent (n=27). The level of activities to prevent pregnancy and STDs was the second most frequently cited outcome that met community needs (51%), followed closely by the reduced number of diarrheal or gastrointestinal illnesses suffered by children (48%). Like the other respondent groups, stakeholders reported that the level of activities promoting early stimulation among children did not meet the community needs (15%).

**Summary of Community Outcomes**

Overall, counterparts, beneficiaries, and stakeholders viewed the following outcomes as having the greatest impact in terms of change, sustainability, and meeting community needs:

1. Better hygiene practices (Average rank: 1)

2. Number of gastrointestinal and diarrheal illnesses among children (Average Rank: 2.9)
3. Level of activities to prevent pregnancy and STDs (Average Rank: 3.4)
4. Number of respiratory illnesses among children (Average Rank: 4.1)

Counterparts, beneficiaries, and stakeholders were in agreement that better hygiene practices had the greatest impact in the communities where Volunteers served. Across the impact continuum, all respondent groups ranked this outcome at the top.

Consistently high rankings can be seen for the reduced number of gastrointestinal and diarrheal illnesses among children, signifying that all respondents groups were satisfied with the direction of change, sustainability, and having needs met for this outcome. Furthermore, these illnesses are closely linked to a variety of issues on which the Volunteers work, including hygiene, nutrition, and water purification practices, thus Volunteers should continue to stress these topics in their trainings and health talks in order to maintain the positive impact reported by all respondent groups.

The level of activities to prevent pregnancy and STDs received high percentage marks for its direction of change, and was also ranked highly for its sustainability and meeting the needs of the community. This seems to indicate that for the members of the community where change did occur, the sustainability and met needs were readily apparent. Volunteers may want to increase the frequency of or expand the number of age groups attending these trainings in order to produce even greater positive change within their communities.

Finally, all respondent groups indicated a high level of impact in the area of reduced respiratory illnesses among children. Fifty-one percent of project respondents specifically mentioned the stoves as the best contribution of the Community Health Project. Project participants see the impact these improved stoves are having on their lives, and made the connection to reduced respiratory illnesses and the increased consumption of nutritionally balanced meals. Because of this, it is of critical importance for Volunteers to not only continue constructing improved stoves and train community members on their use, but to also train them on how to maintain the improved stoves in order to sustain this positive outcome.

All respondent groups reported that early stimulation of children and increasing the height and weight of children had the least impact. Counterparts and beneficiaries reported that they did not receive training in these outcome areas, and neither issue features prominently in the project plans of the Community Health Project.

## Changes at the Individual Level

The project theory of change model (Figure 1) generated a list of individual or personal-level project outcomes. Counterparts and beneficiaries were asked about the extent to which they saw changes in themselves related to each of the following outcomes:

1. A change in your hygiene
2. A change in your nutrition
3. A change in your number of diarrheal and gastrointestinal illnesses
4. A change in your number of respiratory illnesses
5. A change in your level of activities to prevent pregnancy and STDs
6. A change in your level of early stimulation of your children
7. A change in your consumption of foods from a family garden or animal production unit

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

### Individual Changes Resulting from the Project

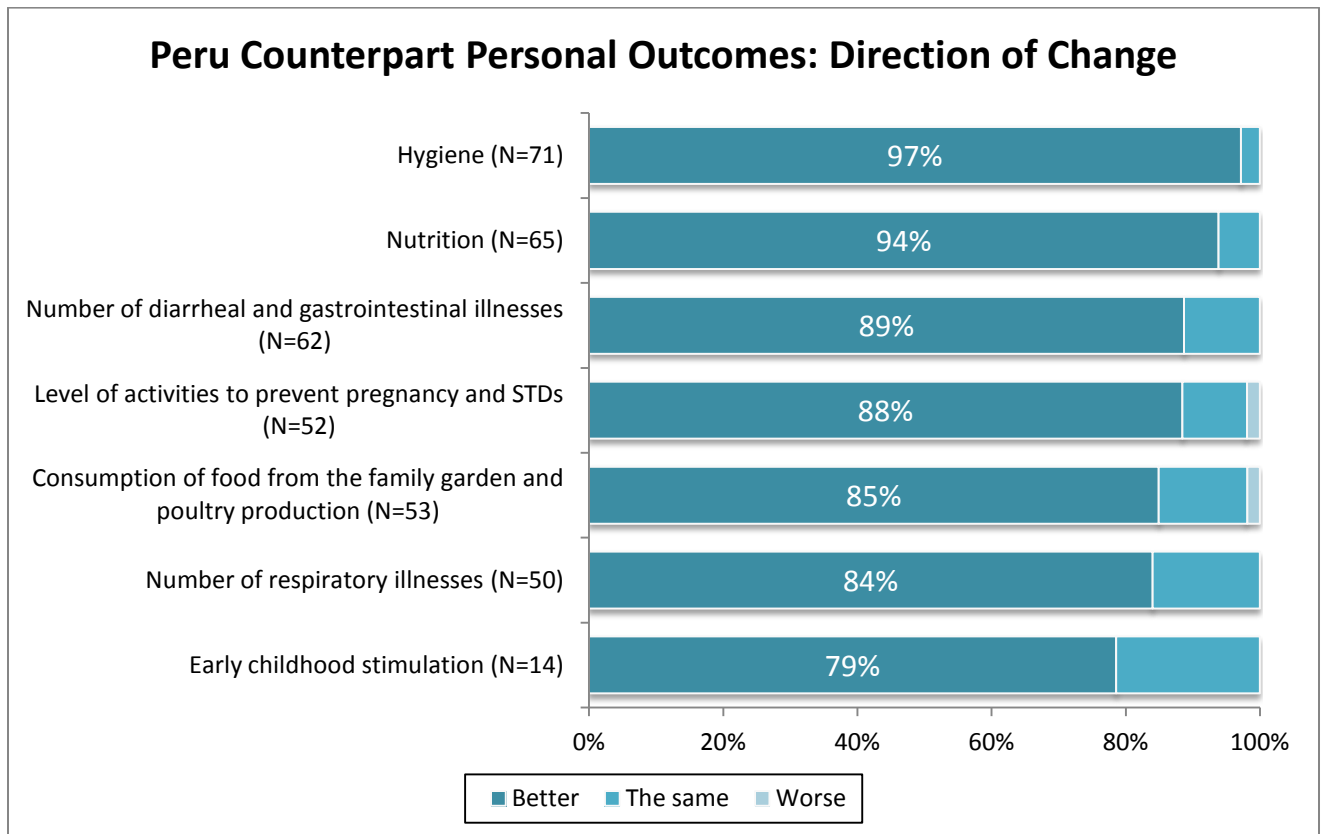
Both counterparts and beneficiaries felt they had experienced two significant personal changes as a result of working with the Volunteer. First, counterparts (97%) and beneficiaries (99%) reported that their hygiene was the most improved change due to their work with Volunteers (Figures 21 and 22). This significant change correlates with their observations on hygiene practices within their communities.

Second, counterparts (94%) and beneficiaries (94%) reported that their overall nutrition had improved due to their work with the Volunteer. This general outcome was not part of the question matrix asked about the community, which instead narrowed the question to ask about the consumption of balanced meals. This community outcome was not ranked highly by counterparts and beneficiaries, but when re-worded into a more general nutrition question for individual assessment, the two groups responded very positively. It is unclear if this change can be attributed to the re-wording of the outcome or to the difference between community and individual training dynamics.

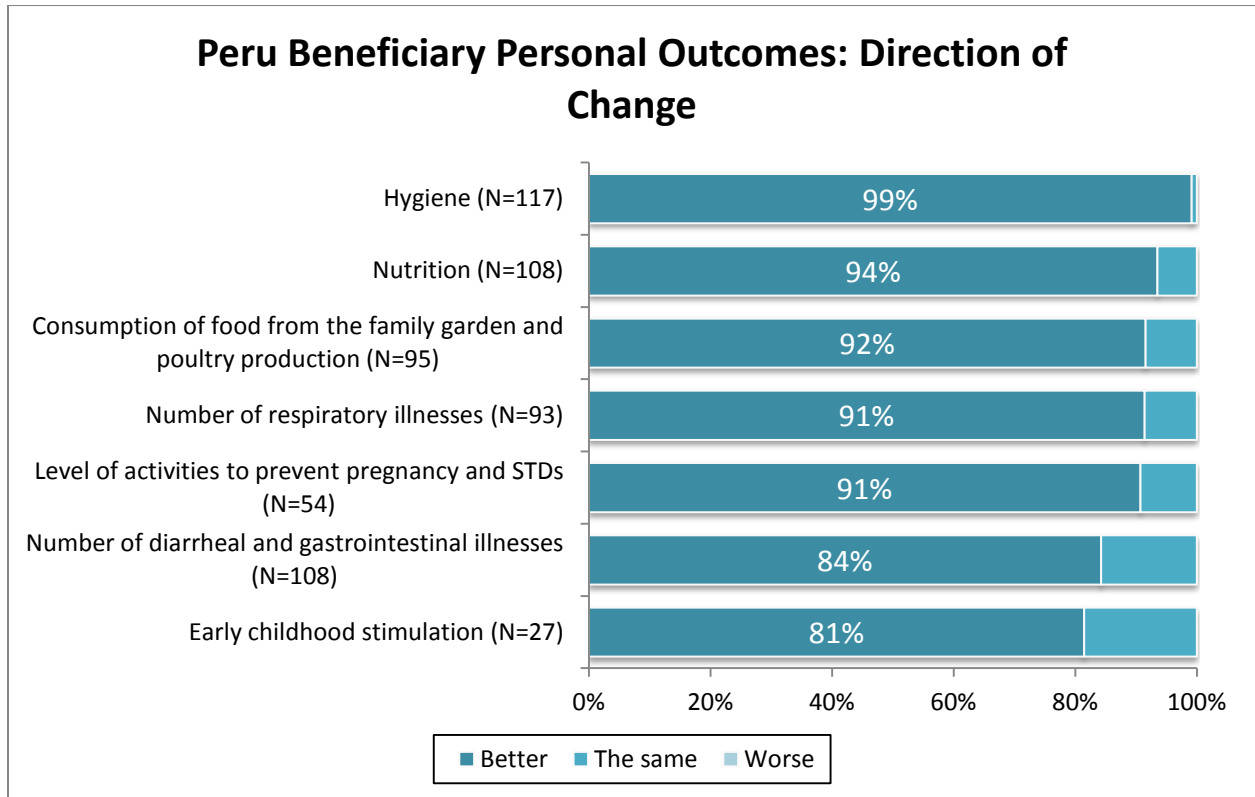
For counterparts and beneficiaries, the outcome with the smallest observed personal change was early childhood stimulation (79% and 81%, respectively). This outcome once again had very few respondents relative to the other outcomes, but these low results are consistent with respondents' observations about changes within the community.



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

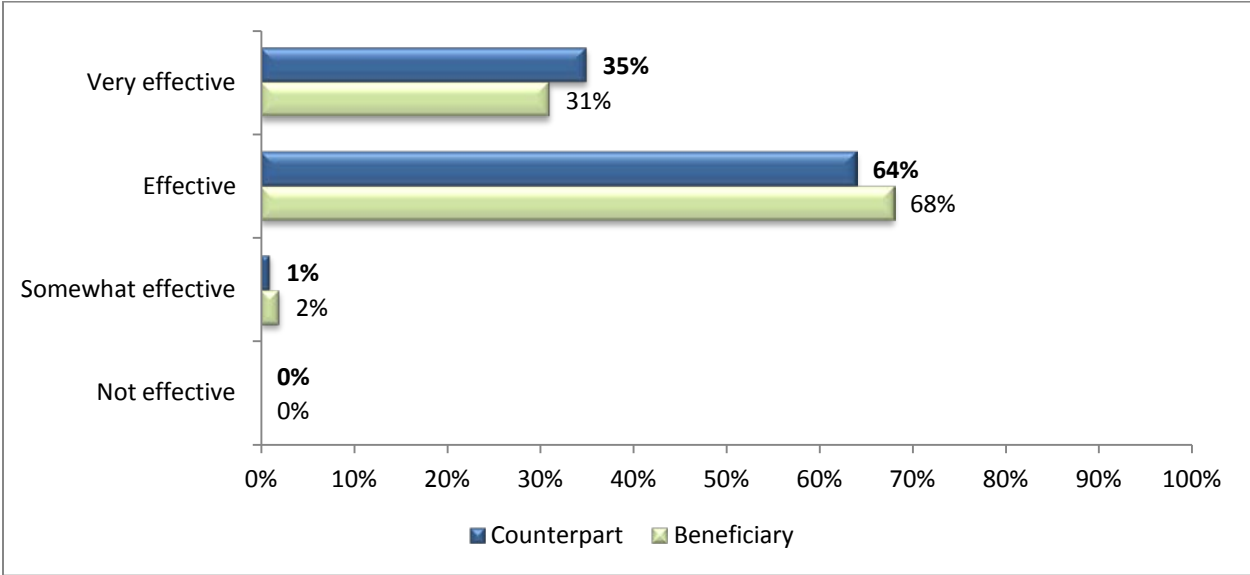


**Figure 22: Beneficiary Assessment of Individual Changes Related to Project Outcomes**



In a separate question, counterparts and beneficiaries were asked how effective Volunteers' work was overall in building their individual capacity or that of other community health promoters (Figure 23). Thirty-five percent of counterparts and 31 percent of beneficiaries stated the activities were very effective in building their capacity. A further 64 percent of counterparts and 68 percent of beneficiaries stated that the activities had been effective. A small percentage of each group stated that the activities were somewhat effective and no respondents found the activities to be ineffective in building capacity.

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



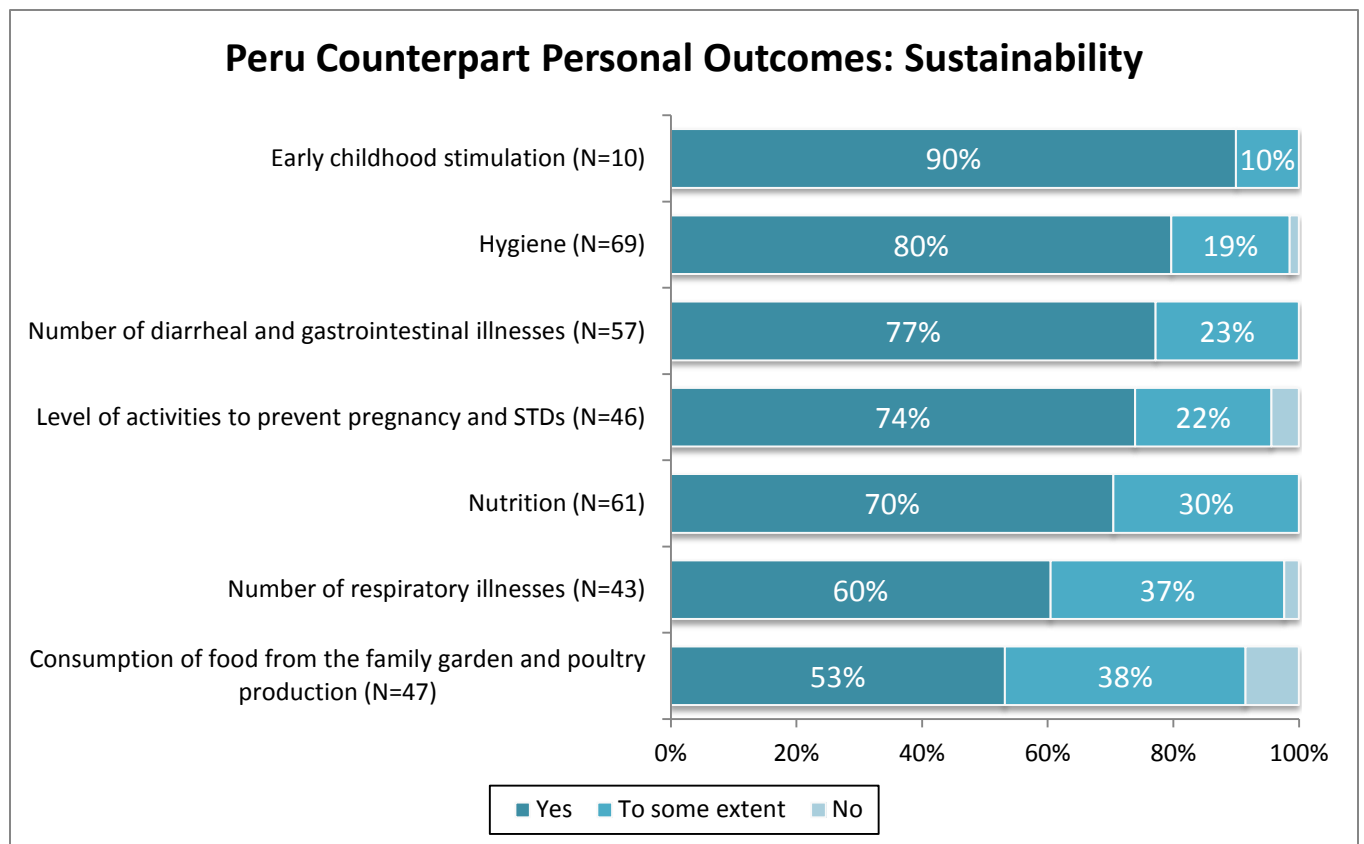
For counterparts, n=74, for beneficiaries, n=120

## Sustainability of Individual Changes

Counterparts most often reported early stimulation of their children as fully sustained (90%, Figure 24). Again, very few counterparts provided responses for this outcome, which makes this data less reliable than the other outcomes. This outcome's heretofore appearance at the bottom of most previous matrix charts places further doubt on the reliability of this particular data point.

Counterparts reported that improvements to their personal hygiene were sustained (80%). Other outcomes with high levels of reported sustainability are the number of diarrheal and gastrointestinal illnesses (77%), level of activities to prevent pregnancy and STDs (74%), and nutrition (70%). Counterparts did not rate their consumption of food from the family garden or animal production units as sustained (53%), and this information aligns with the lower levels of sustainability seen at the community level.

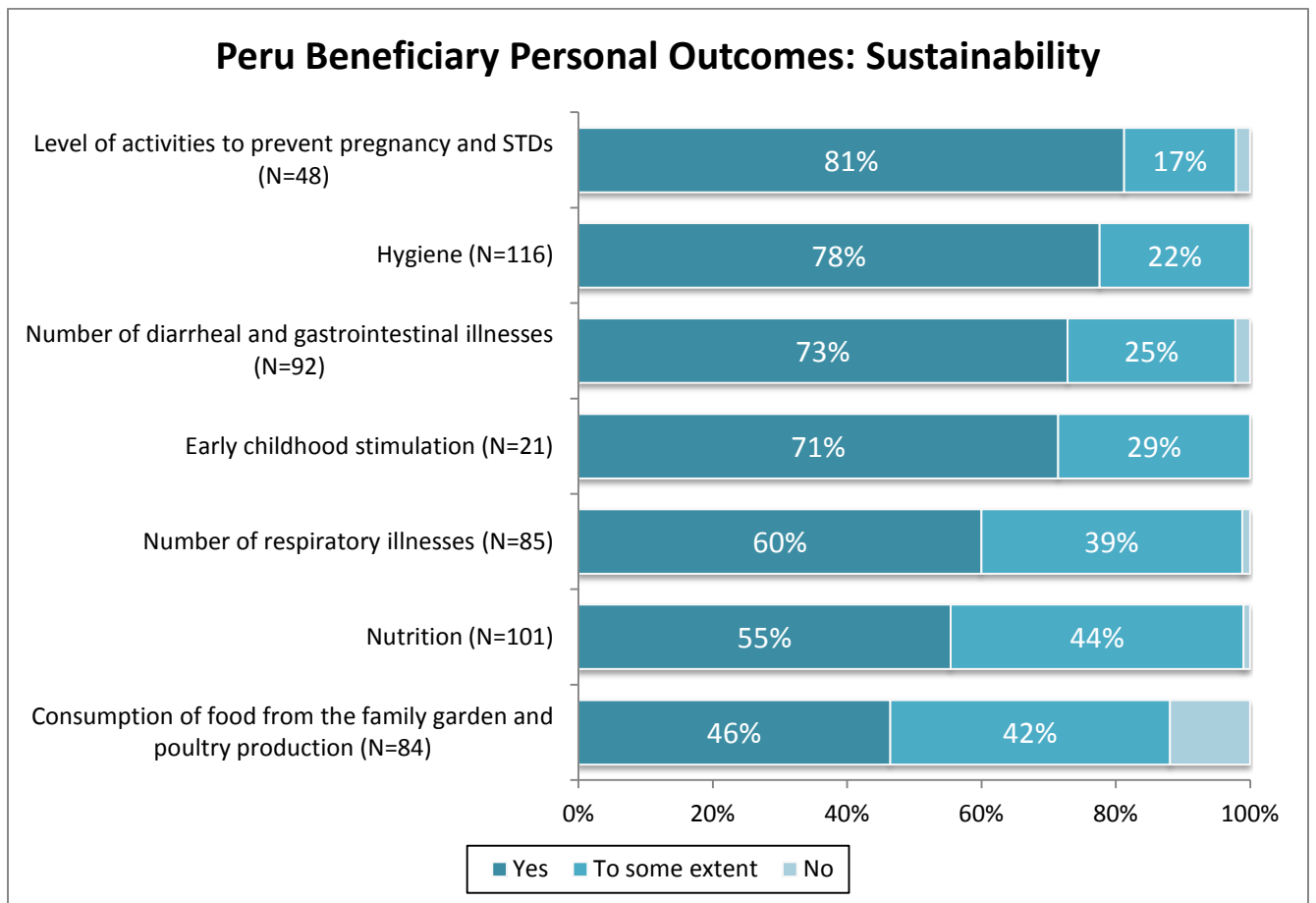
**Figure 24: Counterpart Assessment of Sustainability at the Individual Level**



Among beneficiaries, 81 percent responded that their level of activities to prevent pregnancy and STDs had been the most sustained change (Figure 25). This is the first instance where we have seen this particular outcome ranked first overall throughout the impact continuum. However, beneficiaries had rated this as the second most sustainable outcome at the community level (73%), so these individual results are consistent with those seen at the community level.

Like the counterparts, beneficiaries did not rate their consumption of food from the family garden or animal production units as sustained (46%), and this information aligns with the lower levels of sustainability seen at the community level (39%). Additionally, while beneficiaries had rated the direction of change for their personal nutrition habits quite high (94%), this change was not sustained once the Volunteer left (55%).

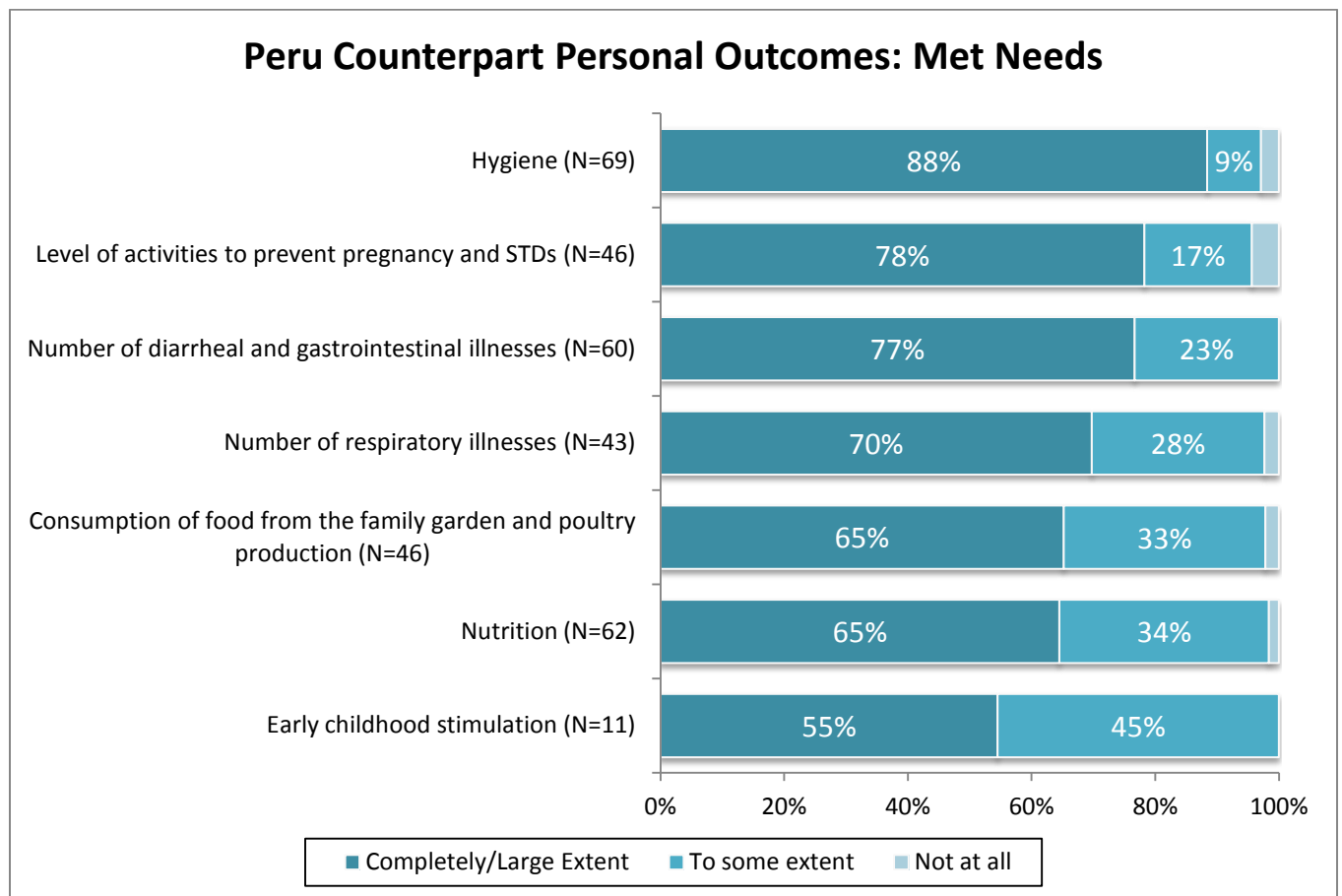
**Figure 25: Beneficiary Assessment of Sustainability at the Individual Level**



## Extent to which Changes Met Individual Needs

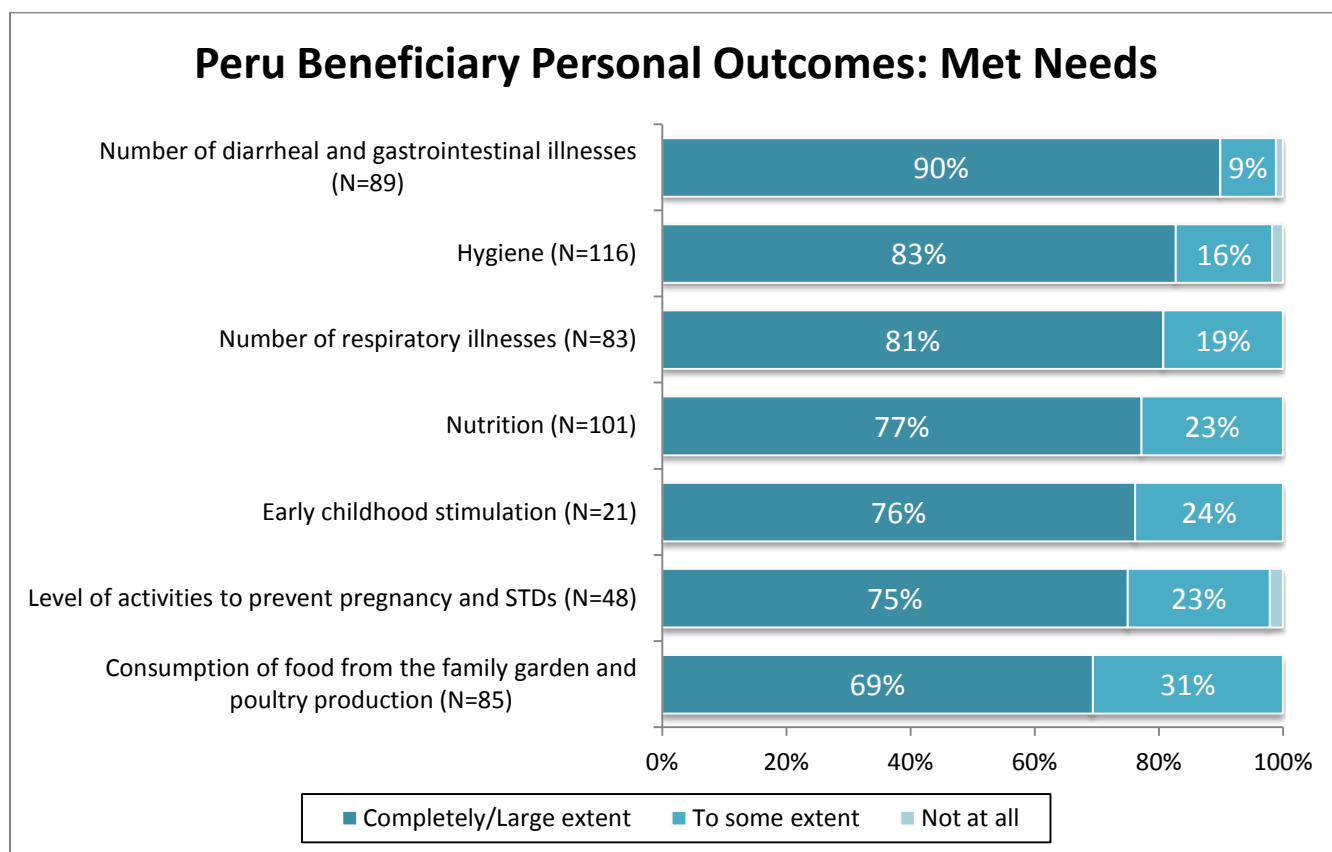
Counterparts most often reported that their improved hygiene habits had met their needs completely or to a large extent (88%, Figure 26). As in the community level outcomes, counterparts consider this outcome to have also had the most impact on their individual capacity building. The level of activities to prevent pregnancy and STDs (78%) and number of diarrheal and gastrointestinal illnesses in their children (77%) also completely or largely met the individual needs of most counterparts. This information aligns with the community-level data where these two outcomes were the consensus second and third ranked outcomes across the impact continuum.

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



Beneficiaries felt that the project outcomes had generally met their needs completely or to a large extent (Figure 27). The outcome that most met the individual needs of beneficiaries was reducing their number of diarrheal and gastrointestinal illnesses (90%). It is interesting that this outcome rated higher than all other outcomes, as its obtention is dependent on the adoption of other outcomes which ranked lower, including improved hygiene (83%) and better nutrition (77%).

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



### How Often Skills are Used Professionally and Personally

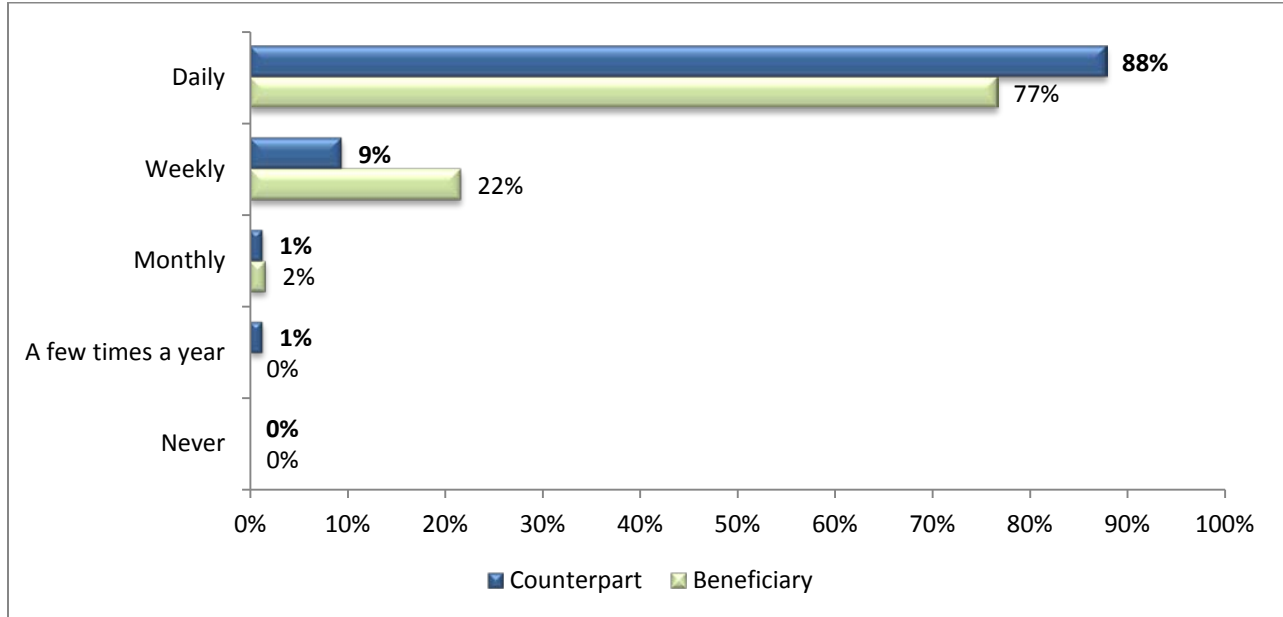
Counterparts and beneficiaries were asked how often they used the skills gained from the project in their personal lives. Counterparts (88%) and beneficiaries (77%) responded overwhelmingly that they use their new skills on a daily basis (Figure 28). Nine percent of counterparts and 22 percent of beneficiaries use their new skills on a weekly basis. No respondents indicated that they never use their new skills.

Counterparts were also asked how often they used the skills gained from the project in their professional lives (beneficiaries were not asked this question). Sixty-four percent of counterparts used the skills they learned during the project on a daily basis, while 26 percent stated they used their new skills on a weekly basis (Figure 29). Only one counterpart responded

that he/she never use the skills learned in his/her professional life, but this same counterpart indicated using the new skills in his/her personal life on a daily basis.

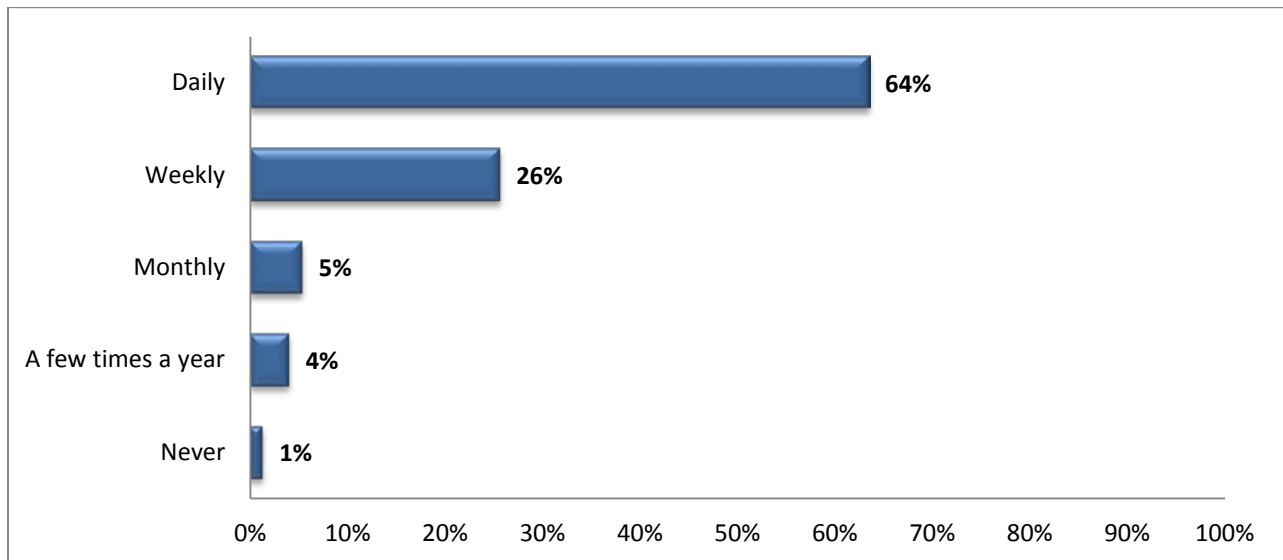
This information is solid evidence that the skills counterparts and beneficiaries gained from Volunteers are being put into practice. The frequency with which these new skills are utilized also indicates that they will be individually sustained and passed on to community members through training and behavior modeling.

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



For counterparts, n=74, for beneficiaries, n=120

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



For counterparts, n=74



## Summary of Individual-Level Outcomes

Overall, counterparts and beneficiaries felt their skills for maintaining a healthy lifestyle had improved as a result of working with the Volunteer. Respondents viewed the following outcomes as having the most individual impact in terms of change, sustainability, and meeting respondent needs:

1. Better hygiene practices (Average rank: 1.5)
2. Number of gastrointestinal and diarrheal illnesses among children (Average Rank: 3.2)
3. Level of activities to prevent pregnancy and STDs (Average Rank: 3.7)

These results *exactly* match the rankings from the community-level outcomes, signifying that these three outcomes are having the greatest impact on all participants in the Community Health Project.

## Other Changes and Accomplishments

Projects frequently produce unintended or unanticipated outcomes, both positive and negative. Research teams asked respondents open-ended questions about other changes and accomplishments resulting from the work of the Volunteer not described in the project plan.

Many counterparts and beneficiaries reported that because of the work of the Volunteer their communities had learned how to organize themselves to affect change in other areas of concern. This involved learning how to determine areas of concern, uniting the community (including authorities) around a particular topic, and organizing participatory meetings.

“We are organizing ourselves to continue with the workshops on child care and nutrition. We are gathering more mothers to train them on domestic violence.” – Counterpart, Casagrande

“Getting organized is helpful and we aren't shy about doing it anymore. Everyone in the community needs to get involved and participate.” - Beneficiary, Potrerillo

“A committee of community recyclers has been created.”- Counterpart, Caleta la Cruz

“They have made us a very united town.” - Beneficiary, Caserío de Potrerillo

Counterparts and beneficiaries also shared that they now trust the local health centers to attend to their medical and health issues. Due to the training and general awareness-raising carried out by Volunteers, community members reported that they now understand how the health center staff can help them, and they are more willing to visit their local health center instead of staying home in hopes of resolution. This change signifies both a change in the attitude of community members towards their local health center, as well as a change in capacity of health center staff to attend to the health concerns of their community.

“People are more interested in receiving medical attention. Before we didn't trust the doctors, but that has changed.” – Beneficiary, Paccha

“If they don't feel well they go to the health center. Before, parents used to play doctor, but now they take them. They don't wait until the last minute.” - Counterpart, San Juan de Lacamaca

“Community members, but especially mothers, trust the health center more and they take their children for check-ups. They know how to take care of them so that they stay healthy.” – Counterpart, Paccha

### **Factors Affecting 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, and the degree to which the daily interaction with the Volunteer produced the change.

### **Factors Contributing to the Project's Success**

Counterparts and beneficiaries both reported that the primary factor for success in the Community Health Project was community interest in the health topics discussed in the Volunteers' health talks and trainings (41 respondents). Respondents indicated that community interest was generated when the health topics presented were appropriate to the expressed needs of the community. This information is critical, as it reinforces Peace Corps' approach wherein country staff is encouraged to develop a project plan that outlines health activities that are salient for Peru's impoverished communities. It also charges Volunteers with the task of assessing and prioritizing their community's health needs in order to ensure that their talks and trainings are addressing those expressed needs.

“We wanted to learn. We are all open to anything that is for the better.” – Beneficiary, Iraca Grande

“The people from the community have shown a lot of interest in learning.” – Beneficiary, Ancoraca

“[It was] the interest of everyone who wanted to improve.” – Counterpart, Paccha

Counterparts and beneficiaries also stated that community participation in project activities is another primary factor for success. While respondents reported that their initial participation is a direct result of community interest in the activity topic, they highlighted that a few additional factors contributed to maintaining this participation.

First, counterparts and beneficiaries considered the dynamic training methods used by the Volunteers to be highly engaging. These methods included utilizing a variety of multimedia tools to convey messages on healthy lifestyles, such as: developing and staging a social drama using local people, using local stories and puppets to enrich presentation content, and producing radio spots.

Second, some respondents noted that their participation was based on incentives. Two of the Volunteers' activities, constructing improved stoves and latrines, promised project participants could keep these products, which drove their participation in these particular health trainings.

"It depends on the population; It's very simple, if people don't participate there is no success." – Counterpart, Musho

"The people from the project explained it using stories and examples, not just theory." – Beneficiary, Pampas de Hospital

"We all got organized so that they could make the improved stove because it was something very important to us." – Beneficiary, Jilili

"People wanted to build latrines. They were motivated." – Counterpart, Ñoma

The Volunteers' character was another key factor that counterparts and beneficiaries specified as critical to project success (43 respondents). From the perspective of the Volunteers' background, counterparts and beneficiaries reported that Volunteers' comprehensive knowledge and capacity to train project participants contributed to project success. Respondents specified that the Volunteers modeled the behavior changes they wished to see, and this motivated community members to make the changes themselves. In terms of the Volunteers' personality, respondents most often cited the Volunteers' dedication, determination, persistence, responsibility, respectfulness, and ability to build trust. Respondents specified that persistent Volunteers were particularly well-suited for the Community Health Project as the Volunteers' ongoing home visits helped to drive the sustainability of community change.

"It was because of the volunteer's mastery of the subject, her communication, and her charisma. – Counterpart, Pampas de Hospital

"Because they constantly came to check our stoves. At first it was the volunteers and now the health center's nurse does it." – Beneficiary, Ancoraca

"The visits of the volunteer. She always came to check if the students and the classroom were clean. The mothers were very supportive as well; they still send clean children to school." – Counterpart, Iraca Grande

Finally, counterparts and beneficiaries expressed that cross-sector support for project activities was a key factor for success (17 respondents). Strong project outcomes were achieved when all sectors of society collaborated on project activities, including community leaders, health center staff, families, and volunteer health promoters.

“The support from the authorities, the health center, and the teachers.” – Counterpart, Corrales

“Peace Corps, the community, and the institutions supported, organized, and worked together.” – Beneficiary, Potrerillo

### **Factors that Hindered and Limited Project Outcomes**

Counterparts and beneficiaries were also asked what obstacles or challenges hindered the project’s success. The factors can be categorized into those related to participant support or to specific aspects of the project itself.

In terms of participant support, counterparts and beneficiaries most frequently stated that community disinterest in project activities hindered the planned outcomes (24 respondents). General disinterest led community members to not attend the health talks or participate in the health trainings, thereby limiting the change that occurred. This information correlates with what counterparts and beneficiaries deemed to be the primary factor for project success: the interest and participation of community members. Lack of support from community leadership (e.g. municipality, mayor, authorities) also posed a challenge to project success (14 respondents).

Ten respondents also indicated that project outcomes were limited by community members arriving late to health talks and trainings, or simply not having the time to attend at all due to other priorities. Finally, six respondents expressed that distrust of the motives or credentials of the Volunteers, Health Promoters, or Health Center staff led community members to not participate in project activities.

“Lack of interest and perseverance from some people. Some don't want to change.” – Beneficiary, San Juan de la Virgen

“Sometimes the authorities wouldn't help. They didn't want us to work with families, they said it was silly.” – Counterpart, Pozo de los Ramos

“Time. Mothers were sometimes late and they would delay the training. Now people who don't show up just miss their chance.” – Counterpart, Rinconada de Llicuar

“Some people didn't get involved because they mistrusted the Volunteer for being a stranger.” – Beneficiary, Potrerillo

“Some people didn't believe we were well qualified to teach them and didn't trust us.” – Counterpart, Pampas de Hospital

Certain characteristics of the project also posed challenges to success. Twelve counterparts and beneficiaries reported that yields from their gardens were limited by an overall lack of available water, soil that was not conducive to gardening, lack of funds to pay for materials, and vegetables being stolen by animals or thieves. Eight respondents noted a general lack of economic resources as an obstacle for achieving project success, particularly in the area of purchasing materials to build the improved stoves. Six respondents expressed that the limited time that the Volunteer serves in the community hindered the breadth and depth of the impact that could be made. Finally, five respondents indicated that talks about sexual health were challenging because community members were embarrassed to discuss the subject.

“We can't water our gardens because we only have water some hours.” – Beneficiary, Nanchoc

“Finding financing options for the projects was difficult.” – Counterpart, Musho

“We worked within the community at first to see the results. Then we were planning to work in the surrounding areas, but we didn't do anything because the Volunteers left.” – Counterpart, Sicchez

“The conservative attitude of parents in relation to sexual subjects.” – Counterpart, Pampas de Hospital

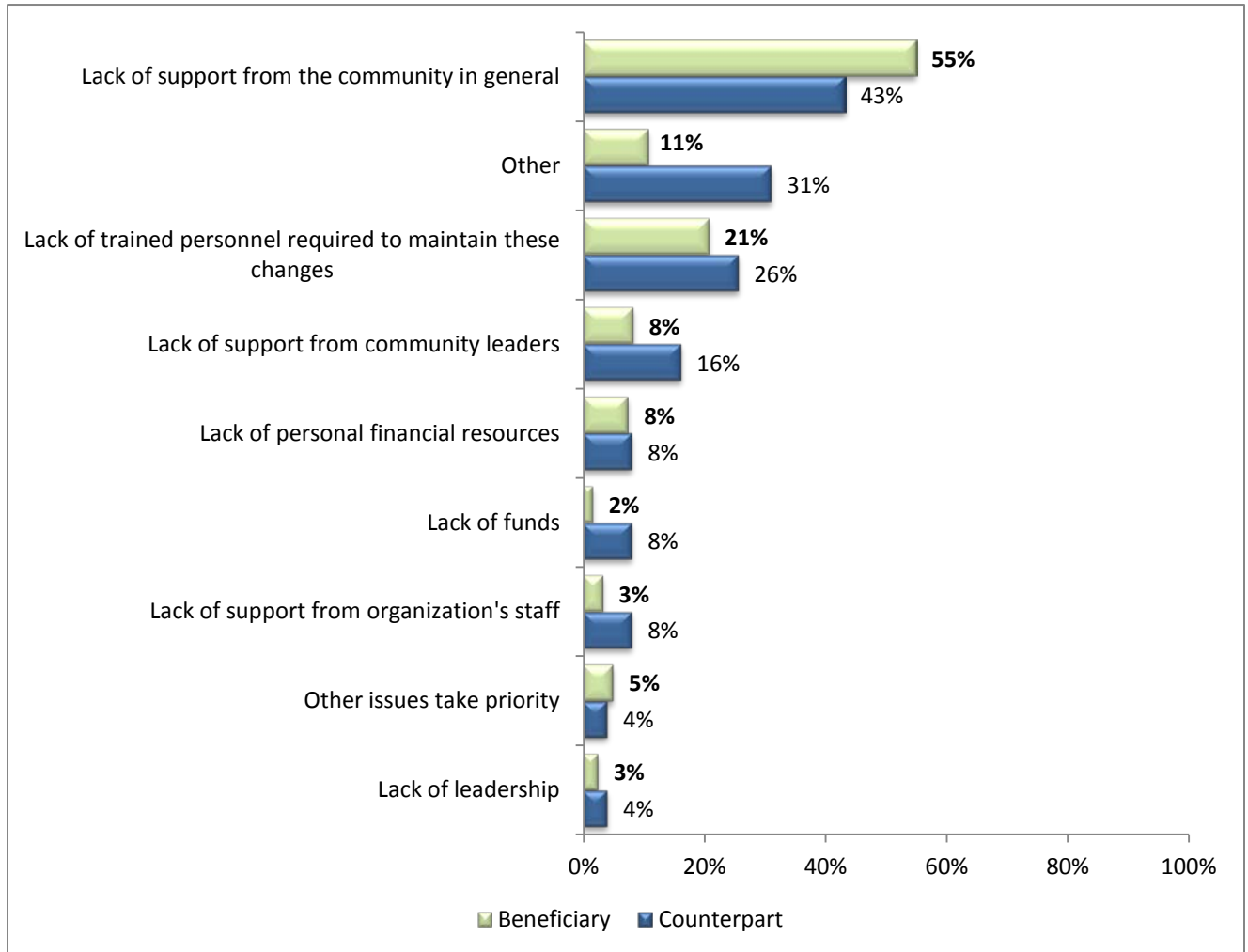
Counterparts and beneficiaries were also asked to list any factors that limited the community's ability to sustain the changes (Figure 30). Both counterparts and beneficiaries agreed that a lack of support from the general community was the primary obstacle to maintaining change (55% and 43% respectively). This information supports the qualitative comments provided by respondents that lack of interest and participation were the main challenges to project success. It also reinforces the importance of asking post staff to develop a project plan that outlines health activities that are salient to Peru's impoverished communities, as well as training Volunteers to accurately assess and prioritize their community's health needs in order to ensure that their talks and trainings are addressing those same expressed needs.

Among counterparts, 31 percent stated that “other” reasons had limited changes resulting from the project. These reasons were the lack of coordination among programs conducting similar health activities as Peace Corps, the overall lack of time among community members to devote to maintaining the project outcomes, the forgetfulness of project participants, and the lack of a Volunteer to monitor community members' adherence to improved health practices.

Twenty-six percent of counterparts and 21 percent of beneficiaries felt that their community lacked the trained personnel required to maintain the changes. These beneficiaries noted that when the Volunteer was living in their community, they proactively monitored project

participants' adherence to healthy lifestyles through home visits, school visits, and health talks. Once the Volunteer left, this proactive approach was not sustained by the health promoters or health center staff. This information indicates that Volunteers not only need to conduct the monitoring and discussion activities themselves, but they must also commit to training a local replacement (i.e. health promoter) to take over these activities in order to fully sustain the changes at the community level.

**Figure 30: Factors Limiting the Sustainability of Project Outcomes**



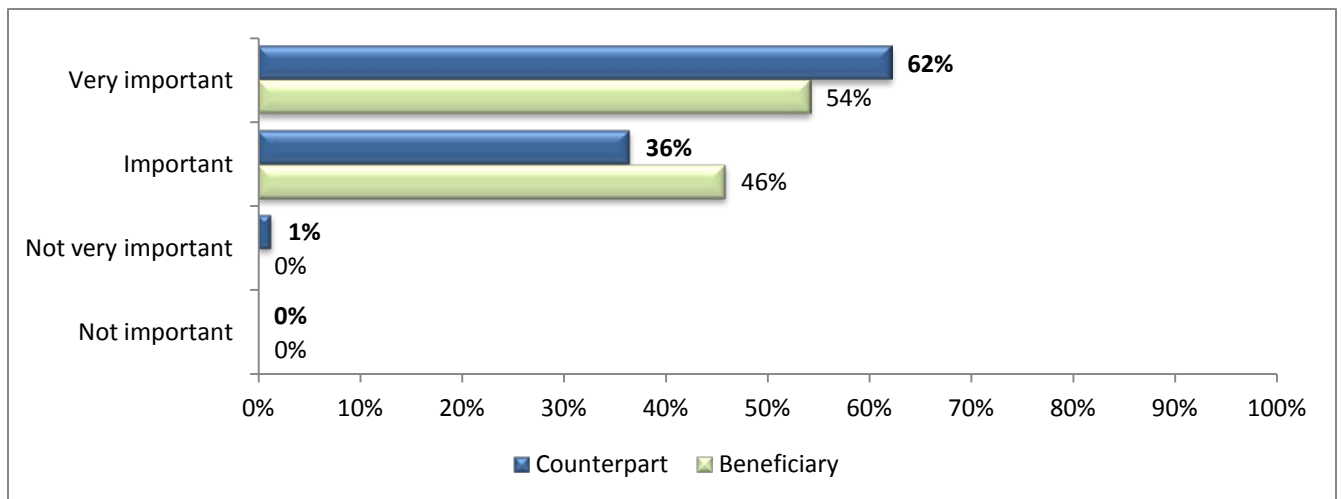
For counterparts, N=74; for beneficiaries, N=120

## Degree to which Daily Interaction with Volunteers Caused the Change

Respondents were asked how important the direct and daily interaction with the Volunteer was in producing the changes they had described. A majority of counterparts (62%) and beneficiaries (54%) indicated that consistent interaction was very important in facilitating community change (Figure 31). A further 36 percent of counterparts and 46 percent of beneficiaries stated the daily interaction was somewhat important for facilitating change. More specifically, respondents felt strongly that the relationships they built with Volunteers were the primary source of change, as changes within the community could only be realized once bonds of trust had been built. Respondents also noted that consistent interaction with the Volunteer served as a reminder to practice the healthy lifestyles they had received training in, encouraged community members to ask the Volunteer questions, and allowed the Volunteer adequate time to model these improved health practices for community members – all observations that could be strengthened over time.

Respondents provided information that daily interaction with the Volunteer was highly important to causing change. However, low levels of daily interaction actually occurred. As stated earlier, due to the necessary fieldwork involved in the Community Health Project, daily interaction with the Volunteer was limited, with only 14 percent of counterparts and 4 percent of beneficiaries interacting with the Volunteer on a daily basis. Interaction more often took place once or several times a week, either through home visits and health talks initiated by the Volunteer or when community members visited the local health center.

**Figure 31: Importance of Daily Interaction in Causing Change**



For counterparts, N=74; for beneficiaries, N=120

From this information, it could be concluded that if Volunteers resolved to limit their service area in order to make more daily interaction possible, then greater change might occur or project outcomes might be sustained at a higher rate.

“When we see strangers we don't trust them but once we get to know them that changes.” – Beneficiary, Iraca Grande

“Yes, because we trusted them because we talked and that trust allowed us to ask.”  
Beneficiary, Musho

“It was very important, they believed in the community.” Counterpart, Pozo de los Ramos

“His responsibility was contagious.” – Counterpart, Corrales

### **Summary of Factors Affecting Outcomes**

According to respondents, the project's success derives from a combination of three factors: community interest and participation in project activities, the personality and professionalism of the Volunteer, and cross-sectoral support for the project goal. Peace Corps staff must work with each community to ensure a foundation of support is built prior to the arrival of the Volunteer. Peace Corps staff must then train the Volunteer on how to conduct a community needs assessment to determine the most salient health topics, how to implement dynamic health talks and workshops to maintain community interest, and how to engage with community leaders to ensure cross-sectoral support for project activities.

Several factors were obstacles to greater project success and capacity building among local participants. In two cases, these negative factors are just the inverse of the positive factors: community disinterest and lack of participation, and lack of support from community leaders. Respondents also indicated that initial distrust of the Volunteer limited project outcomes. Peace Corps staff should find ways to temper the expectations of Volunteers, and stress to them that bonds of trust must be built with the community before any change can be realized. This lack of immediate production may be frustrating to Volunteers, so it must be stated that this situation is not only acceptable, but expected. Respondents also cited numerous project-specific characteristics that posed challenges. Again, when training the Volunteer in community needs assessment, staff will want to stress that the Volunteer needs to consider the readiness and resources available to project participants prior to implementing a project intervention.

Finally, respondents linked daily interaction with the Volunteer to change. As the nature of the Volunteers' work in the Community Health Project limits their daily interaction with their community, Peace Corps staff may want to restrict the Volunteers' geographic range of service in order to facilitate greater daily interaction, thereby generating more localized change and sustaining project outcomes at a higher rate. Finally, Volunteers not only need to conduct the monitoring and discussion activities themselves, but they must also commit to training a local replacement (i.e. health promoter) to take over these activities in order to fully sustain the changes at the community level.



## Satisfaction with Outcomes

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

### Overall Satisfaction

Counterparts, beneficiaries, and stakeholders overwhelmingly reported they were satisfied or very satisfied with the changes resulting from the project. The respondents most frequently stated that they were satisfied with the changes (counterparts 69%, beneficiaries 73%, and stakeholders 81%) (Figure 32). Another 27 percent of counterparts, 26 percent of beneficiaries, and 19 percent of stakeholders were very satisfied with the changes. Respondents were primarily satisfied because project participants acquired new knowledge that produced positive change and improved their communities and personal lives. Counterparts most frequently referenced their increased professional capacity to share knowledge on health issues. Respondents also specifically mentioned their satisfaction with improved latrines, stoves, hygiene, and nutrition, all of which led to healthier and cleaner communities and homes.

“My family's lifestyle has changed. Now I put into practice and share my knowledge with my neighbors.” – Counterpart, Pampas de Hospital

“I am satisfied. Thanks to these projects our families and the community have improved. The community agents have learned a lot and that knowledge didn't just stay with us, we shared it with the families in the community.” – Counterpart, Pozo de los Ramos

“They have left us with a lot of stuff like the improved stoves and the organic gardens and we are very happy.” – Beneficiary, Sicchez

“Because of the stoves, there's less smoke now and the children don't get sick all the time.” - Beneficiary, Jilili

“We're happy about the latrines but not about the volunteer leaving!” – Beneficiary, Ñoma

“Well, the workshop for the parents has really helped us talk about topics that help us have a better life.” – Beneficiary, La Matanza

“You can see the results of their work. The workshops on teenage pregnancies and sexuality have been very important, in the sense that teenage pregnancies have almost disappeared.” – Stakeholder, Director of the C.E. “Ricardo Palma”

“When the volunteer came we organized activities that had never been done before. We built latrines for the entire population. Without the volunteer we would have remained the same.” – Stakeholder, Health Minister of Ñoma

Only 4 percent of counterparts and 1 percent of beneficiaries expressed that they were unsatisfied with the project changes. Their comments, provided below, indicate that the Volunteer was not always available, did not train community members adequately enough to sustain changes, or did not present health topics that were needed by the community.

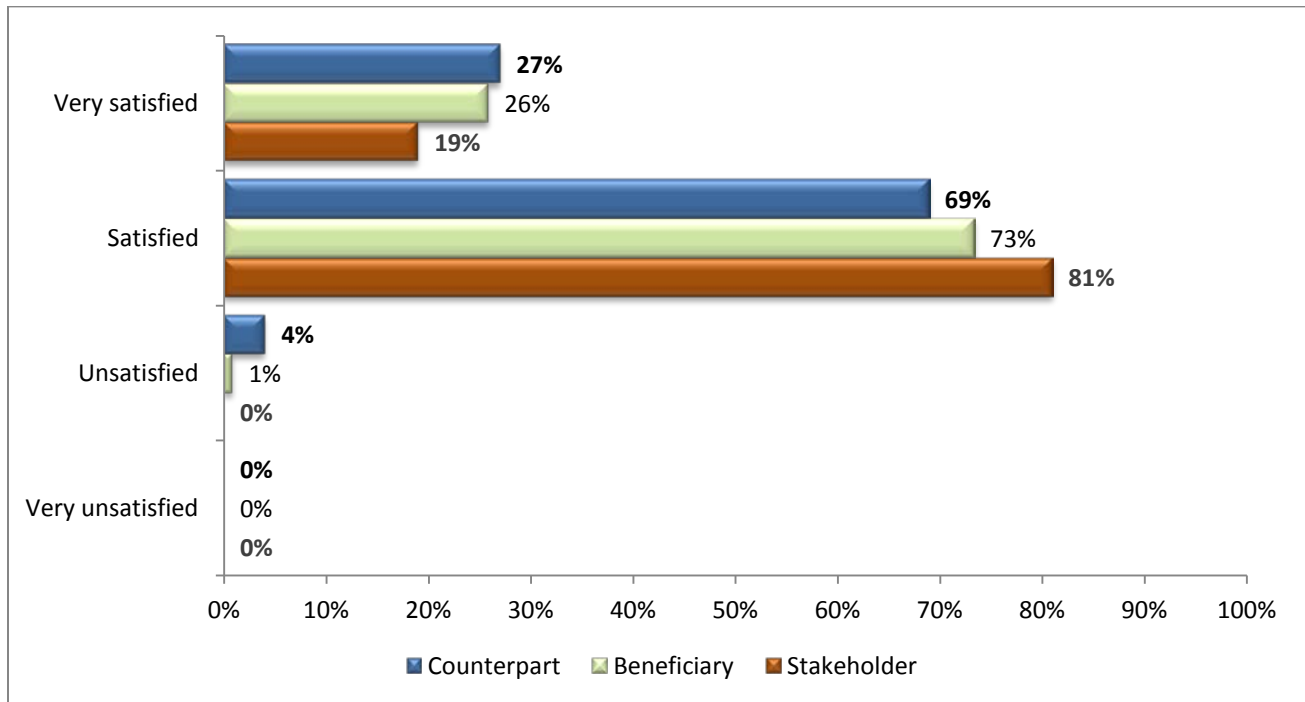
“Sometimes they have another project and don't have time to talk with the teenagers or the organizations so that we could have a better life.” – Beneficiary, Potrerillo

“They don't always help. They are late. They are not always available.” – Counterpart, Casagrande

“At first I was satisfied, now everything is going back to how it used to be.” Counterpart, Mato/Sucre

“It would be better to learn more things about anemia and hepatitis which are more frequent here.” – Counterpart, Pampas de Hospital

**Figure 32: Counterpart, Beneficiary, and Stakeholder Satisfaction**



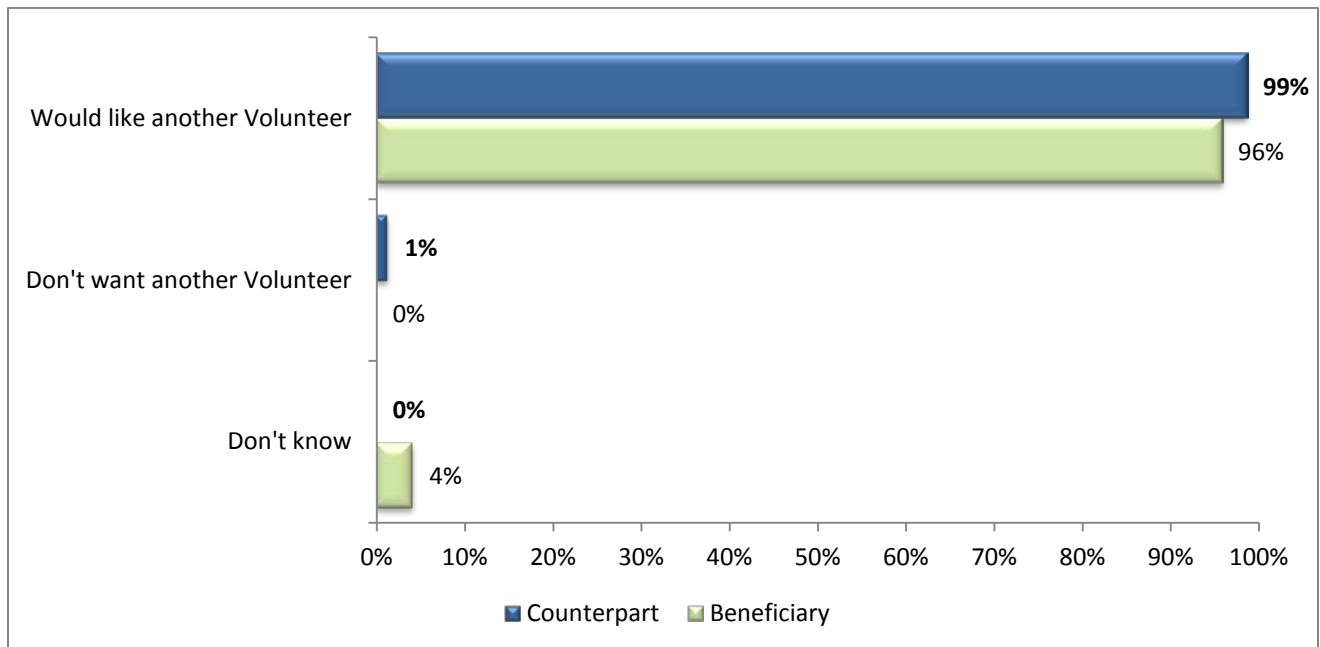
For counterparts, N=74; for beneficiaries, N=120; for stakeholders, N=27

## Desire to Work with Peace Corps Again

Another measure of satisfaction is whether counterparts and beneficiaries would want to work with another Volunteer. Among counterparts, 99 percent stated they definitely wanted another Volunteer and 96 percent of beneficiaries reported that they would want to work with another Volunteer (Figure 33).

The few beneficiaries that were unsure about working with another Volunteer reported being apprehensive because the next Volunteer might not be as highly skilled, hardworking, or friendly as the one with which they had already worked. A single counterpart indicated they did not desire to work with another Volunteer. This respondent was a professor, and noted that working with the Volunteer caused him to neglect his professional responsibilities.

**Figure 33: Counterpart and Beneficiary: Want another Volunteer**



For counterparts, N= 74; for beneficiaries, N= 120

## Summary of Satisfaction

The majority of respondents were satisfied or very satisfied with the changes resulting from the project and the Volunteer's work. Additionally, more than 95 percent of respondents want to work with another Volunteer.

## Goal One Conclusions and Recommendations

Overall, Volunteers implemented the eight activities outlined in the Community Health Project Plan while also implementing six additional activities. Both the counterpart and beneficiary groups felt the training provided by the Volunteers had enhanced their overall skills to affect change in community and personal health issues. Project participants most frequently stated that they received training in the areas of hand washing and nutrition.

The Community Health Project increased the capacity of community members and health promoters to address local health issues, and improved both the quality of community health services and the capacity of community health service providers.

The project had the greatest impact in terms of change, sustainability, and meeting community and individual needs in the following outcome areas:

1. Better hygiene practices

Counterparts, beneficiaries, and stakeholders were in agreement that better hygiene practices had the biggest impact in the communities where Volunteers served.

2. Number of gastrointestinal and diarrheal illnesses among children

Gastrointestinal and diarrheal diseases are closely linked to a variety of issues on which the Volunteers work, including hygiene, nutrition, and water purification practices, so Volunteers should continue to stress these topics in their trainings and health talks to continue the positive impact reported by all respondent groups.

3. Level of activities to prevent pregnancy and STDs

The level of activities to prevent pregnancy and STDs received high percentage marks for its direction of change, and was also ranked highly for its sustainability and meeting the needs of the community. This seems to indicate that for the members of the community where change did occur, the sustainability and met needs were readily apparent. Volunteers may want to increase the frequency of or expand the number of age groups attending these types of trainings in order to realize even more positive change on this topic within their communities.

In terms of unanticipated outcomes, many counterparts and beneficiaries reported that because of the work of the Volunteer, their communities had learned how to organize themselves to affect change in other areas of concern. This involved how to determine areas of concern, uniting the community (including authorities) around a particular topic, and organizing participatory meetings.

Project success was derived from a combination of three factors: community interest and participation in project activities, the personality and professionalism of the Volunteer, and cross-sectoral support for the project goal. This information is critical; it directs Peace Corps country staff to develop a project plan that outlines health activities that are important to Peru's impoverished communities. Peace Corps staff should work with each community to ensure a foundation of support is established prior to the arrival of the Volunteer. Volunteers should assess and prioritize their community's health needs in order to ensure that talks and trainings are addressing those expressed needs. Peace Corps staff should then train the Volunteer on how to conduct a community needs assessment to determine the most salient health topics, how to implement dynamic health talks and workshops to maintain community interest, and how to engage with community leaders to ensure cross-sectoral support for project activities.

While respondents indicated a very positive direction of change for all outcomes during the Volunteers' service, these trends were not sustained at the same rate once the Volunteer left. In particular, when constructing gardens with community members, Volunteers must take into account the availability of water, the arability of the soil, and the project participants' availability of financial resources to maintain the garden. As this outcome was rated highly by counterparts in terms of its positive direction of change, but rated low in terms of its sustainability, post staff may want to include a training module on how to maintain these home gardens once the Volunteer departs (especially in light of due to the outcome's positive link to improved nutrition). Respondents also indicated that the home visits, school visits, and health talks were not highly sustained by local health promoters once the Volunteer left. This information indicates that Volunteers not only need to conduct the monitoring and discussion activities themselves, but must also commit to training a local replacement (i.e. health promoter) to take over these activities in order to fully sustain the changes at the community level once they leave.


All respondent groups reported that early stimulation of children and increasing the height and weight of children had the least impact. Counterparts and beneficiaries reported that they did not receive training in these outcome areas, and neither issue features prominently in the project plans of the Community Health Project. To address these findings, post staff will need to introduce additional training during in-service trainings to better realize these outcomes, or eliminate these outcomes from the project plan altogether.

Several factors were obstacles to project success and therefore capacity building among local participants. In two cases, these negative factors are just the inverse of the positive factors: community disinterest and lack of participation, and lack of support from community leaders. Respondents also indicated that initial distrust of the Volunteer limited project outcomes. Peace Corps staff must temper the expectations of Volunteers, and stress to them that bonds of trust must be built with the community before any change can be realized. This lack of immediate production may be frustrating to Volunteers, so it must be stated that this situation is not only acceptable, but expected. Respondents also cited numerous project-specific characteristics that posed challenges. Again, when training the Volunteer in community needs

assessment, staff should stress that the Volunteer needs to consider the readiness and resources available to project participants prior to implementing a project intervention.

Finally, respondents linked daily interaction with the Volunteer to causing change. More specifically, respondents felt strongly that the relationships they built with Volunteers were the primary source of change, as changes within the community could only be realized once bonds of trust had been built. Respondents also noted that consistent interaction with the Volunteer served as a reminder to practice the healthy lifestyles they had received training in, encouraged community members to ask the Volunteer questions, and allowed the Volunteer adequate time to model these improved health practices for community members. From this information, it could be concluded that if Volunteers reduced the geographic scope of their service areas to allow for greater daily interaction, then more change may occur or project outcomes may be sustained at a higher rate.

Finally, the overwhelming majority of respondents were satisfied or very satisfied with the changes resulting from the project and the Volunteer's work. Additionally, more than 95 percent of respondents want to work with another Volunteer.



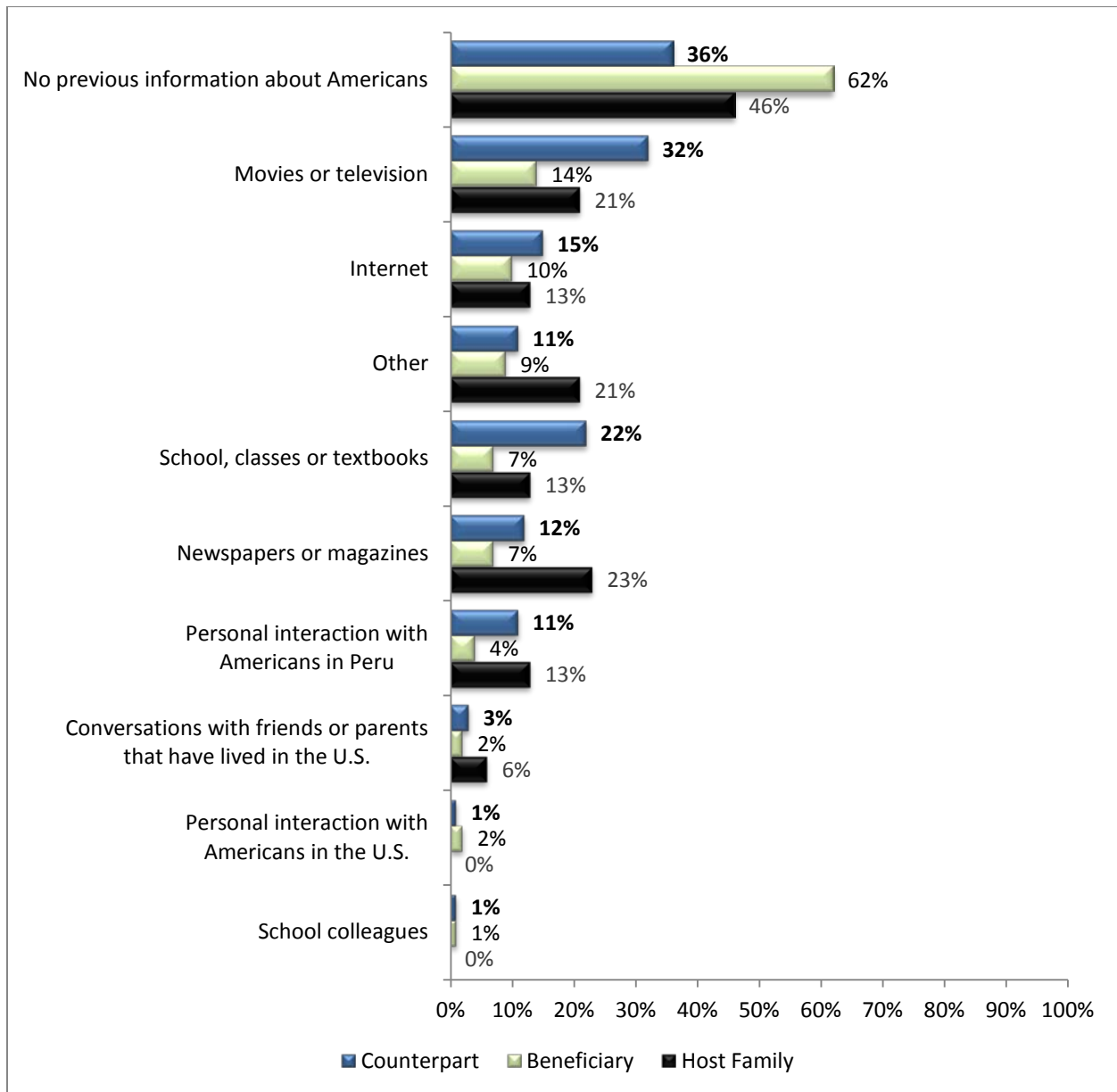
## Chapter 3: Goal Two Findings

This section addresses how and to what extent Volunteers promoted a better understanding of Americans among the Peruvians with whom they worked and lived. The section begins with a description of project participants' sources of information about Americans followed by what counterparts, beneficiaries, and host families thought about Americans prior to working and living with a Volunteer and how their opinions of Americans changed after interacting with Volunteers. The next section discusses the causes of change according to respondents, including descriptions about how much and in what ways Peruvians interacted with Volunteers. The section also describes their impact on respondents' behaviors and outlook on life. The section ends with conclusions and recommendations based on the findings on Goal Two.

### Sources of Information about Americans

Prior to meeting a Volunteer, respondents most often stated that they had no previous information about Americans. Beneficiaries (62%) reported knowing the least about Americans, followed by host family members (46%) and counterparts (36%) (Figure 34). Of the respondents who did have previous knowledge of Americans, 32 percent of counterparts and 14 percent of beneficiaries reported learning about Americans from movies or television, and 23 percent of host family members stated they learned about Americans from newspapers or magazines.

**Figure 34: Counterpart and Beneficiary Sources of Information about Americans**



For counterparts, N=74; for beneficiaries, N=120; for host families, N=48

### Changes in Understanding and Opinions about Americans<sup>10</sup>

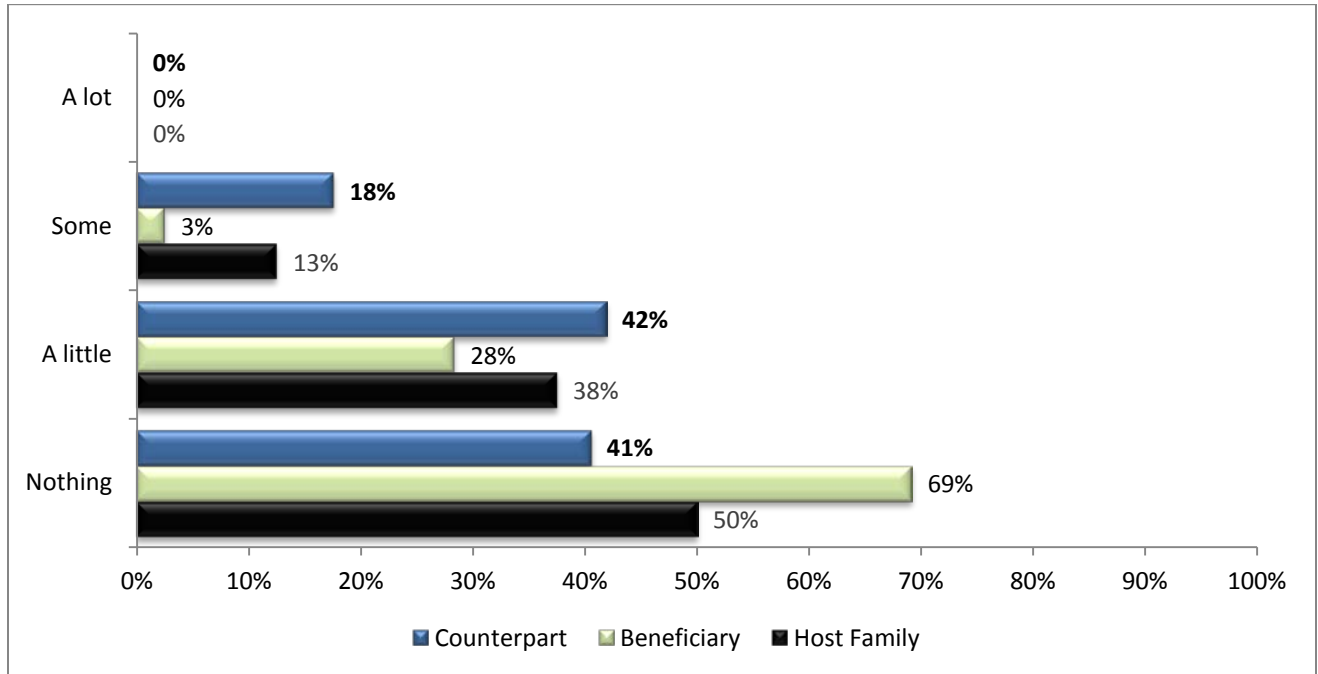
Counterparts, beneficiaries, and host families showed increased understanding of Americans after interacting with a Volunteer. Before interacting with a Volunteer, no counterparts, beneficiaries, or host families reported a thorough knowledge of Americans, and 41 percent of

<sup>10</sup> Understanding is defined as “achieving a grasp of the nature, significance, or explanation of something.” Opinion is defined for this study as “a view, judgment, or appraisal formed in the mind about a particular matter, in this case, people from the United States.”



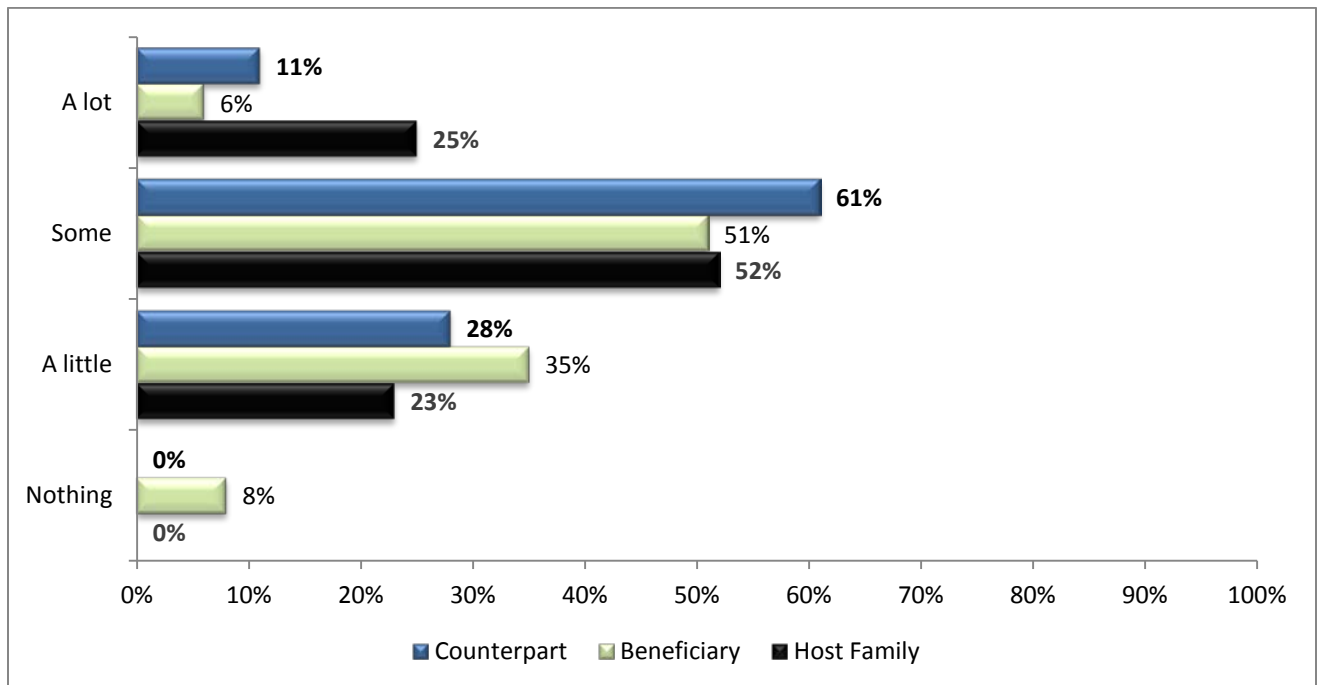
counterparts, 69 percent of beneficiaries, and 50 percent of host families reported having no knowledge of Americans at all (Figure 35).

**Figure 35: Understanding of Americans before Interacting with a Volunteer**



For counterparts, N=74; for beneficiaries, N=120; for host families, N=48

**Figure 36: Understanding of Americans after Interacting with a Volunteer**

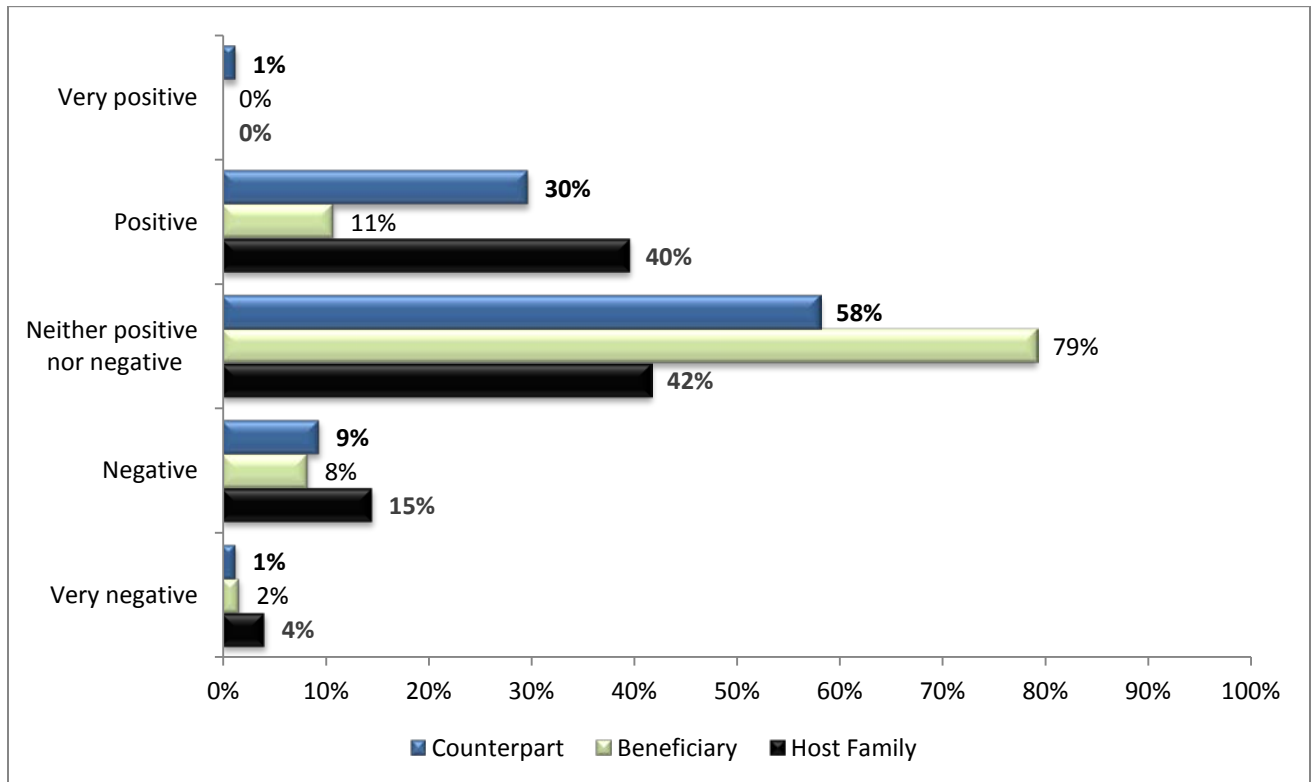


For counterparts, N=74; for beneficiaries, N=120; for host families, N=48

After interacting with a Volunteer, 11 percent of counterparts reported a thorough understanding of Americans, 61 percent reported a moderate understanding and 28 percent reported a limited understanding (Figure 36). For beneficiaries, after interacting with a Volunteer, 6 percent stated they had a thorough understanding of Americans, 51 percent stated they had a moderate understanding, 35 percent stated they had a limited understanding, and only 8 percent reported they still had no knowledge of Americans. Twenty-five percent of host families reported a thorough understanding of Americans after interacting with a Volunteer, while 52 percent stated they had a moderate understanding and 23 percent reported a limited understanding.

When asked what their opinion was about Americans prior to working with a Volunteer, 1 percent of counterparts stated they had a very positive opinion of Americans, 30 percent stated they had a somewhat positive opinion, 58 percent reported a neutral opinion, 9 percent reported a somewhat negative opinion, and 1 percent had a very negative opinion (Figure 37). After interacting with a Volunteer, 7 percent of counterparts reported they had a much more positive opinion and 88 percent stated they had a more positive opinion. Five percent reported their opinion had not changed (Figure 38).

**Figure 37: Opinions of Americans before Interacting with a Volunteer**

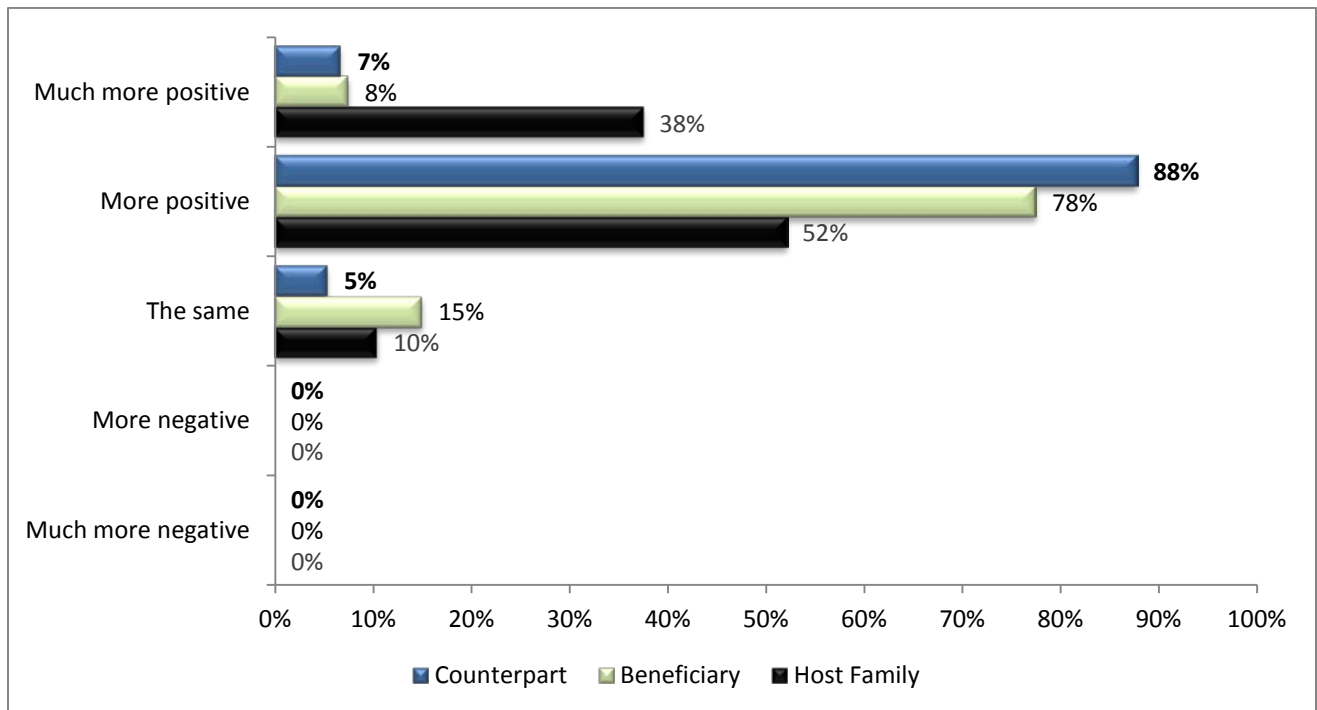


For counterparts, N=74; for beneficiaries, N=120; for host families, N=48

Prior to working with a Volunteer, 11 percent of beneficiaries reported a positive opinion of Americans, 79 percent reported a neutral opinion, 8 percent stated they had a somewhat negative opinion, and 2 percent reported a very negative opinion (Figure 37). After interacting with a Volunteer, 8 percent of beneficiaries reported a much more positive opinion, 78 percent reported a more positive opinion. Fifteen percent reported their opinion had not changed (Figure 38).

Among host families, 40 percent had a positive opinion of Americans prior to interacting with a Volunteer. Forty-two percent reported a neutral opinion, 15 percent had a negative opinion, and 4 percent had a very negative opinion of Americans (Figure 37). After hosting a Volunteer, 90 percent of host family members had changed their opinion of Americans; 38 percent had a much more positive opinion and 52 percent had a more positive opinion of Americans. Ten percent of host families did not change their opinions (Figure 38).

**Figure 38: Opinions of Americans after Interacting with a Volunteer**



For counterparts, N=74; for beneficiaries, N=120; for host families, N=48

When asked to briefly describe their views of Americans prior to working with Volunteers, 77 of 194 counterparts and beneficiaries provided responses. Seventeen respondents (22%) described Americans as people from a more developed country with advanced technology and knowledge. This respondent group often connected this characterization of Americans with their willingness to provide help to other countries through philanthropic means. Thirteen respondents (17%) simply characterized Americans as good and normal people. An additional 9 respondents (12%) described Americans in terms of their physical characteristics: tall and white with blue eyes and blond hair. Another prominent description of Americans was as an arrogant

and racist people who believed they were superior to Peruvians (16%). This respondent group often connected this characterization of Americans with being rich and greedy. Asked to describe their views of Americans after interacting with a Volunteer, 172 of 194 counterparts and beneficiaries provided responses. Fifty-one percent of respondents described Americans as good, friendly, and kind. Twenty-six percent noted that Americans are willing to share their knowledge with community members. Twenty-three percent of respondents characterized Americans as helpful and philanthropic. Fourteen respondents did note that their opinion only represented the Volunteer with whom they were familiar and should not be extrapolated to all Americans.

“We found out that we were confused and [Americans] were not how we thought they were. They have great hearts; they leave their country to come help us.” – Beneficiary, Corrales

“[The Volunteers] were respectful, affectionate, responsible, and kind. Because of these reasons I have a more positive opinion about Americans.” – Counterpart, Casagrande

Prior to hosting a volunteer, host families most often described Americans as good, kind, and polite people who came from a developed country that offered more opportunity than Peru. They also described Americans as unfriendly and arrogant. After interacting with a Volunteer, host families most often described Americans as good people who were hardworking, adaptable, and talkative. Four host family members did note that their opinion only represented the Volunteer who lived with them and should not be extrapolated to all Americans.

“They care a great deal about the development of our communities.” – Host Father, Ñoma

“They are good people that come from afar to help us without expecting anything in return.” – Host Mother, Paccha

## **Causes for Changes in Opinion**

Respondents were asked to discuss what caused the changes in their opinions by referencing specific activities, memories, and learning experiences. These narratives were correlated against the frequency of interaction respondents had with the Volunteer who served in their community, as reported earlier in Chapter Two of this report.

## **Level of Interaction with Volunteers**

Counterparts primarily interacted with the Volunteer to organize health talks and health trainings, and to coordinate home visits. Due to the fieldwork involved in the Community Health Project, counterparts' interaction with the Volunteers was more often several days of

the week (43%) or once a week (34%) rather than daily (14%). Similarly, beneficiaries interacted with Volunteers when attending a health talk or health training, or when visiting the local health center or receiving a home visit. Due to the relative infrequency of these activities, beneficiaries were more likely to interact with the Volunteer once a week (33%), several times a week (29%), or one to two times a month (28%). Interaction with the Volunteer outside of work was also not on a daily basis, but most counterparts and beneficiaries responded that they interacted with Volunteers several times a week (34% and 27%, respectively).

Host family members primarily interacted with Volunteers in a home setting. When asked why they wanted to host a Volunteer, 18 respondents shared that they had been asked by the Health Center or community leadership to do so. Nine families hosted a Volunteer because they were interested in cultural exchange, eight because they had known a Volunteer previously and had a good impression of them, and six families agreed because they knew the Volunteer was going to help their community.

### **Most Frequent Activities**

The activities counterparts and beneficiaries did most often with Volunteers can be separated into two categories: those related to work and those that were outside of work or were of a more personal nature.

At work, 37 percent of counterparts and beneficiaries reported that the activity they engaged in most often with the Volunteer were the periodic talks given by the Volunteer on a variety of health issues. The beneficiaries reported on their attendance at these talks, while the counterparts referenced their role in helping to coordinate these talks. The next most frequently mentioned activity (31%) was the interactive health trainings, which consisted of more hands-on workshops on topics such as building and maintaining improved stoves, preparing balanced meals, and classifying garbage. An additional 9 percent of counterparts and beneficiaries indicated that they interacted with the Volunteer during work-related home visits.

Outside of work, 12 percent of counterparts and beneficiaries stated that they gardened with the Volunteer, 9 percent shared that they cooked together, and 8 percent responded that they played sports, games, or exercised together.

Not surprisingly, 52 percent of host families mentioned cooking and eating as the most frequent activity they did with Volunteers. Eating together was followed by talking (41%), gardening (18%) and going for walks together around the community (18%).

“We prepared breakfast, lunch and dinner, and ate together at the table with my son.” – Host Mother, Huarimayo

“We shared a beer together every payday.” – Host Father, Corrales

“Half of the time she was at the health center in Ciudad Satelite, but she came back every day to have lunch. When she arrived home at night we would watch TV.” – Host Mother, Caleta Cruz

Overall, project participants and host family members improved their understanding and opinion of Americans through their interactions with Volunteers. This information correlates with a key component of Peace Corps’ approach to community development: day-to-day interaction not only builds capacity and technical skills, but also deepens participants’ understanding and knowledge of Americans.

### **Most Memorable Activities**

Activities with Volunteers that counterparts and beneficiaries found to be the most memorable can be separated into three categories: those related to work, those related to the Volunteer’s personality, and specific social events.

Counterparts most often talked about the positive experiences they had with the Volunteer when organizing and presenting health talks and workshops. These respondents shared memories of how the Volunteers approached their professional activities with enthusiasm and dedication, and instilled confidence in the health promoters.

“[They told us] that we shouldn't be embarrassed to express our opinions in front of others, and that we should share what we learn.” – Counterpart, Cabracancha

“She was a very friendly and simple person. She identified with every social class that exists here.” – Counterpart, Ñoma

“During my first health talk we talked about prevention methods. I remember the Volunteer gave me confidence.” – Counterpart, Corrales

Beneficiaries provided memories that reflected all three of the categories. These respondents talked about the Volunteer’s personality, the content of the health talks they gave, and referenced specific memories of social events.

“He was a good person. He even washed cow tripe! He would try anything.” – Beneficiary, Chipillico

“For AIDS Day we made a human chain. It was a great experience.” – Beneficiary, Corrales

“When he said that he would come by, he always kept his word.” – Beneficiary, Jilili

“Her health talks. She did things naturally, and she taught us through her actions.” – Beneficiary, Huanter

When asked about their most memorable activities, host family members most often cited positive aspects of the Volunteer's personality, such as their punctuality, adaptability, and joyfulness. Host family members also cited specific events from the Volunteer's service, such as a Volunteer's attendance at a family funeral, sharing banana smoothies, dancing the marinera during a traditional Peruvian celebration, and preparing burritos and guacamole for a birthday party. Many respondents remarked upon the degree to which the Volunteer was integrated into their host family. For example:

"She told me I was her mom." – Host Mother, Ancoracá

"She became very dear, we all cried when she left." – Host Mother, San Juan de la Virgen

"She was like a daughter. She would take care of me when I was sick." – Host Mother, Pozo de los Ramos

"It seems unbelievable but we remember everything we did together since he arrived: when we walked, cooked, and especially when he accepted becoming the godfather of my children. This made everybody very happy." – Host Father, Ancoracá

### **What Volunteers did to Change Opinions and What Project Participants Learned about Americans**

Counterparts and beneficiaries who reported a more positive opinion of Americans (Figure 36) stated that their opinions improved due to their observations of the Volunteers' work ethic and their personality.

In work situations, counterparts and beneficiaries changed their opinions because they observed Volunteers to be willing to share their knowledge; were responsible, friendly, and hardworking; and did not discriminate against community members due to demographic differences.

"His working style. The way that he communicated the subject matter in a participative manner, through dialogue and talking to people. Now I put that into practice." – Counterpart, San Juan de Lacamaca

"He was very collaborative. And he was always helping with everything." – Counterpart, La Matanza

Outside of work, counterparts and beneficiaries stated that they changed their opinions because they saw Volunteers as genuine, polite, and helpful people. The respondents expressed surprise at how easy it was to relate to the Volunteer and form a relationship with them. The Volunteers' dedication to philanthropic work also impressed the respondents.

“He didn't do anything in particular, he was just genuine and didn't try to hide his shortcomings.” – Counterpart, Casagrande

“She was very happy, very affectionate, and she was always motivating us. I didn't think she could be this way. When I first met her there wasn't a lot of trust, but then it changed. I think most Americans are like her.” – Counterpart, Lajas

For host families, 38 percent reported that they had much more positive opinions after interacting with a Volunteer, the highest rate among all respondent groups (Figure 36). Host families who reported more positive opinions of Americans most often cited that they changed their opinion through their observations of the Volunteer at work or from their overall demeanor and approach to life.

In work situations, host families also changed their opinions because they observed Volunteers as inclusive, respectful, hardworking, willing to share their knowledge, nondiscriminatory, and responsible.

“I watched her work every day. I saw her defend my daughter when the men told her she should be doing laundry.” – Host Mother, Pozo de los Ramos

Outside of work, host family members stated that they changed their opinions because they saw that Volunteers were genuine, polite, and helpful people who enjoyed talking and learning about Peruvian culture. The Volunteers' ability to adapt to Peruvian culture while continuing to help their community also impressed the host family respondents. The Volunteers' positive demeanor and behavior inspired many host family members to describe them in terms of family.

“He was like a son. He obeyed us and always respected our rules.” – Host Mother, Paccha

In terms of what the counterparts, beneficiaries, and host families learned about Americans from the Volunteers, respondents most often stated that Americans were very punctual. Respondents also noted that they learned specific cultural details about Americans, such as wearing green on St. Patrick's Day, eating more vegetables with their meals than Peruvians normally do, leaving their parents' home at eighteen years of age, and that voting in an election in the United States is optional.

“They are punctual. To them the time is the time.” – Beneficiary, Musho

“He was very punctual and used to get in a bad mood when I was late until I began arriving on time.” – Counterpart, Paccha

“Everything they eat is from the supermarket. They have more vegetables and eat more salads in their country. They get married at a good age when you are capable of maintaining a family.” – Beneficiary, Ñoma



“He told us that if they want to study, they had to go away and leave their parents. His exercises; every day he went jogging. Meals are different there, not like our lunch. They dress differently there.” – Beneficiary, Pozo de los Ramos

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

As the final question of the interview, respondents were asked how they had changed their behavior or outlook on life as a result of interacting with the Volunteer. Counterparts, beneficiaries, and host families who had reported a more positive opinion of Americans (Figure 36) stated they had become:

- More communicative, in terms of sharing their ideas and opinions with family members and neighbors, as well as at community meetings
- More participative, in terms of attending community events and socializing with family and friends
- Increased their healthy eating habits
- Improved their hygiene habits
- Improved their parenting skills

“Before they came I had trouble sharing my ideas and participating, but they showed me how to overcome all of that.” – Beneficiary, Caserío de Potrerillo

“Now I am careful with what I give my children to eat. And I make sure it is washed so that they don't get sick.” – Beneficiary, Nanchoc

“I used to see Huantar as a town without progress. Now that the Miss came I see a town with a future.” – Beneficiary, Huantar

“I feel more committed with what I do for the community. I am as enthusiastic as her, even more because I am from around here.” – Counterpart, Lajas

“Before I only used to be at home or at the farm. Now I go out more to conduct workshops. I am no longer shy, and I relate to my friends. Now we meet to go out for walks.” - Counterpart, Pozo de los Ramos

“Before my house and my kitchen used to be messy, but now it is improved, and our health improved. Before I used to be arrogant; I didn't talk too much to other people, but now I say hi to everybody. He told my wife that she should be a responsible mother and talk more. Before she wouldn't talk to my children. Now we live a happier life, and we are more optimistic. - Host Father, Ancoracá

“The dialogue at home has improved, and respect as well. He has changed our lives.” – Host Mother, Casagrande

## Goal Two Conclusions and Recommendations

Prior to meeting a Volunteer, respondents most often stated that they had no previous information about Americans. No counterparts, beneficiaries, or host families reported a thorough knowledge of Americans, while high percentages of counterparts, beneficiaries, and host families reported having no knowledge of Americans at all. After interacting with a Volunteer, respondents showed an increased understanding of Americans and improved opinions about Americans. Through living and working with the Volunteer, project participants grew to describe Americans as good, friendly, and kind people who are willing to share their knowledge and are helpful and philanthropic.

Overall, project participants and host family members improved their understanding and opinion of Americans through their interactions with Volunteers. As described in the summary section of Goal One, however, the nature of the Community Health Project activities limited Volunteers' daily interaction with project participants. This situation may also have limited the degree of change that occurred under Goal Two. Indeed, host family members, who had higher levels of daily interaction with the Volunteers, reported a much higher rate of positive change in their opinions of Americans.

In work situations, respondents stated that they changed their opinions of Americans through their observations of how the Volunteers approached their professional activities with enthusiasm and dedication, instilled confidence in the local health promoters, and did not discriminate against community members due to demographic differences. In social situations, respondents stated that they changed their opinions because they saw that Volunteers were genuine, polite, and helpful people that enjoyed talking and learning about Peruvian culture. The respondents expressed surprise at how easy it was to relate to the Volunteer and form a relationship with them. The Volunteers' ability to adapt to Peruvian culture while continuing to help their community also impressed the host family respondents. The Volunteers' positive demeanor and behavior inspired many host family members to describe them in terms of family.

Overall, project participants and host family members improved their understanding and opinion of Americans through their interactions with Volunteers. This information correlates with a key component of Peace Corps' approach to community development: day-to-day interaction not only builds capacity and technical skills, but also deepens participants' understanding and knowledge of Americans.

## Appendix 1: Methodology

### Site Selection

In Peru, the team conducted interviews in 24 communities with health education placements. The sample of sites at each post was a representative sample rather than a random sample from the list of Volunteer assignments since 2005. Sites that were extremely remote were excluded. Study sites were randomly selected from the remaining list. Individual respondents were then selected in one of three ways:

1. At many sites, only one counterpart had worked with a Volunteer. In those cases, once the site was selected, so was the counterpart.
2. With regard to the selection of beneficiaries and host family members, and in cases where more than one possible counterpart was available, post staff and /or the Volunteer proposed individuals known to have had significant involvement in the project or with the Volunteer. Within a host family, the person with the most experience with the Volunteer was interviewed.
3. In cases where there were still multiple possible respondents, the research team randomly selected the respondents.

### 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 by a host country senior researcher contracted in-country, carried out all the interviews. The interviewers conducted face-to-face structured interviews with the following categories of Peru nationals:

- **Health Education Project partners/counterparts:** health promoters, teachers, mother's club leaders, school leaders (74)
- **Health Education Project beneficiaries:** mothers with children under 5 years of age, grandmothers with grandchildren under 5 years of age, youth aged 15-24 (120)
- **Host family members:** families that hosted or served as landlords to Volunteers during all or part of their service (48)

- **Stakeholders:** local leaders, Ministry of Health staff (27)

Interviewers used written protocols specific to each category of respondents.

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 exclusively based on the interview data collected through this study.

Two hundred and sixty-nine individuals were interviewed in Peru for the study (Table 2).

### What data were collected?

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

**Table 2: 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"> <li>1. Clarification of the project purpose</li> <li>2. Respondent’s work history in the field and with the Peace Corps</li> <li>3. Frequency of contact with the Volunteer</li> <li>4. Project orientation</li> <li>5. Project outcomes and satisfaction with the project</li> <li>6. Community and individual-level changes</li> <li>7. Maintenance of project outcomes</li> </ol> <p>Goal Two</p> <ol style="list-style-type: none"> <li>1. Source of information and opinion of Americans prior to the Peace Corps work</li> <li>2. Type of information learned about Americans from interaction with the Volunteer</li> <li>3. Opinion of Americans after interaction with the Volunteer</li> <li>4. Particular behaviors/attitudes that Volunteers exhibited that helped improve respondents’ understanding of Americans</li> </ol>	45 minutes

<b>Respondent Type</b>	<b>Question Categories</b>	<b>Approximate Length of interview</b>
Beneficiary	<p>Goal One</p> <ol style="list-style-type: none"> <li>1. Clarification of the project purpose</li> <li>2. Frequency of contact with the Volunteer</li> <li>3. Project outcomes and satisfaction with the project</li> <li>4. Community and individual-level changes</li> <li>5. Maintenance of project outcomes</li> </ol> <p>Goal Two</p> <ol style="list-style-type: none"> <li>1. Source of information and opinion of Americans prior to the Peace Corps work</li> <li>2. Type of information learned about Americans from interaction with the Volunteer</li> <li>3. Opinion of Americans after interaction with the Volunteer</li> <li>4. Particular behaviors/attitudes that Volunteers exhibited that helped improve respondents' understanding of Americans</li> </ol>	30 minutes
Host Family Member	<p>Goal Two</p> <ol style="list-style-type: none"> <li>1. Source of information and opinion of Americans prior to the Peace Corps work</li> <li>2. Type of information learned about Americans from interaction with the Volunteer</li> <li>3. Opinion of Americans after interaction with the Volunteer</li> <li>4. Particular behaviors/attitudes that Volunteers exhibited that helped improve respondents' understanding of Americans</li> <li>5. Behavioral changes based on knowing the Volunteer</li> </ol>	30 minutes

## Appendix 2: Methodology from the Host Country Research Team<sup>11</sup>

This impact study consisted of the following stages:

Phase 1: Preparatory Phase

- Revision of instruments (surveys) used in other countries and their adaptation to the local context.
- Coordination with the Peace Corps Central Office.

Phase 2: Translation of surveys from English into Spanish.

Phase 3: Training of interviewers and Pilot Testing of Questionnaires.

Phase 4: Field Work.

Phase 5: Editing and Entering Information into the online database.

Phase 6: Data Analysis and Writing of the Final Report.

The final schedule for this study was as follows:

Activity	Week														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Meeting with PC-Peru to review the study's objectives and the timetable	X														
Review of the Community Health Project documents		X													
Revision and translation of surveys and training materials		X	X												
Selection of interviewers				X											
Training of interviewers and supervision of pilot test					X										
Drafting of a fieldwork plan					X										
Conduct interviews						X	X	X	X	X					
Periodic communications about the status of the project						X	X	X	X	X					
Codification and survey editing									X	X	X				
Entering the collected data into the online database provided by PC											X	X			

<sup>11</sup> This section was excerpted (with minor editing) 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. Jorge Aragon, *Impact Study: Peace Corps Peru*, pg.12-17, 2011.

Writing of the final report in Spanish													X	X	X
Translation of the Final Report into English															X

### Statistical Population and Survey Sampling

This study envisioned the application of surveys in 4 different regions of Peru (Ancash, Cajamarca, Piura and Tumbes). In each one of the selected sites, information about 4 different populations related to the Peace Corps Community Health Project were collected:

Type of Respondent	Definition
<b>Stakeholders</b>	Local authorities, community leaders and health officials.
<b>Counterparts</b>	Health Promoters and Peer Educators.
<b>Beneficiaries</b>	Young mothers with small children and Youth ages 15 - 24.
<b>Host families</b>	Host family members (host father, host mother, host brother or host sister ages 16 or more).

Peace Corps provided a list of 24 sites in which surveys should be conducted. In coordination with Peace Corps – Peru, a sampling distribution was designed according to the sites and types of surveys proposed for this study.

In each of the selected sites, Peace Corps - Peru selected and compiled a list of stakeholders, members of host families, counterparts and beneficiaries who could be interviewed. Regarding the list of host families and stakeholders, they included all the people within the community who belonged to each of these groups. In regards to beneficiaries and counterparts, the list included all the people who had consistently participated in the Community Health Project. Taking into account the availability of those who could be interviewed during the fieldwork in each of the 24 sites, interviewers used this list to make the final selection of the people who were asked to be part of the study. Although a strict quota system was not used, interviewers were asked to conduct a final selection of respondents that would allow to collect information from the various sub-populations within each group (for example, interviewing both young mothers with small children and youth between 15 and 24 years, as beneficiaries, and interviewing both health promoters and peer educators as counterparts of the Community Health Project). It is necessary to mention that the conditions in which this study was conducted, mainly working with rural populations in remote areas, made it

impossible to conduct a completely random sample of the respondents who were finally interviewed.

The following table shows the criteria used to collect the total number of interviews and the quotas for the various sub-populations considered for this study:

Type of Respondent	Definition
<b>Stakeholders: 1 interview</b>	<ul style="list-style-type: none"> <li>• Health Officials (1-2 Interviews)</li> <li>• Leaders / Local Authorities (1 Interview)</li> </ul>
<b>Counterparts: 3 interviews</b>	<ul style="list-style-type: none"> <li>• Health Promoters (1-2 Interviews)</li> <li>• Peer Educators (1-2 Interviews)</li> </ul>
<b>Beneficiaries: 5 interviews</b>	<ul style="list-style-type: none"> <li>• Young mothers with children ages 5 or less (3-4 Interviews)</li> <li>• Youth ages 15-24 (3-4 Interviews)</li> </ul>
<b>Host Families: 2 interviews</b>	<ul style="list-style-type: none"> <li>• Host Mother and Host Father (1-2 Interviews)</li> <li>• Host Sister</li> <li>• Host Brother</li> </ul>

In the cases where none of the people included in the original list that was available, the Volunteer in the site suggested other people who could be interviewed as a replacement. Despite the difficulties to access those sites considered for this study and the limited time to do the field work, our procedure and the work of the interviewers made it possible to meet the goal of collecting a certain number of interviews within the suggested time frame. All the interviews were carried out in October and November 2010. At the end of the fieldwork a total of 269 surveys were obtained.