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

Host Country Impact Study
Tanzania

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

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ACKNOWLEDGEMENTS[1]

Several people at Peace Corps/headquarters were instrumental in the work of the impact evaluation series. Three regional program and training advisers, Barbara Brown, Michael McCabe, and Margaret McLaughlin, shepherded the studies from initial concept to reality in their regions. Valuable support and input also came from Tanzania Country Desk Officer Julie Bohn, and Kami Hayashi and Jessica Rogers from the Office of Aids Relief.

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The success of this study is ultimately due to the work of Senior Researcher Christopher Awinia who skillfully encouraged the partners [2]of Peace Corps Volunteers to share their experiences and perspectives.

ACRONYMS AND DEFINITIONS

Acronyms

HCN	Host Country National
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICT	Information and Communication Technologies
OSIRP	Office of Strategic Information, Research and Planning
PC/TZ	Peace Corps/Tanzania
PCV	Peace Corps Volunteer
PEPFAR	President's Emergency Plan for AIDS Relief
PLWA	People Living with AIDS
PST	Pre-Service Training
STI	Sexually Transmitted Infection
TTC	Teacher Training College
TEFL	Teaching English as a Foreign Language

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	Individuals who have a major involvement in the design, implementation or results of the project

EXECUTIVE SUMMARY

Introduction

In 2008, the Peace Corps began 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 administers an annual survey that captures the perspective of currently serving Volunteers.[3] While providing critical insight into the Volunteer experience, the survey can only address one side of the Peace Corps' story. The host country impact studies are unique for their focus on learning about the Peace Corps' impact directly from host country nationals who lived and worked with Volunteers.

This report presents the findings from the study conducted during January and February of 2010 in Tanzania. The focus of the research was the Secondary Education Project and the Health Education Project.

Purpose of the Host Country Impact Studies

Tanzania's Host Country Impact Study was initiated to assess the degree to which the Peace Corps is able to both meet the needs of the country in developing educational and health capacity and to promote a better understanding of Americans among host country nationals. The study will allow the Peace Corps to have a better picture of the Secondary Education and Health Education Projects and address areas that could be improved.

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

The major research questions addressed in the study are:

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

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[3] 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.

Evaluation Methodology

This study is based on data provided by counterparts, beneficiaries, and stakeholders of the Secondary Education Project and the Health Education Project including:

- 56 Counterparts/Project partners (39 for Secondary Education and 17 for Health Education)
- 27 Beneficiaries (18 for Secondary Education and 9 for Health Education)
- 23 Host family members
- 21 Comparison group "counterparts" (11) and "beneficiaries" (10)
- 23 Counterparts and beneficiaries who were interviewed about HIV/AIDS activities [4]

The overall survey reached 150 respondents in 21 communities.

Interviews were conducted from January 25 to February 3, 2010. (A full description of the methodology is found in Appendix 1. Please contact OSIRP for a copy of the interview questionnaire.)

Project Design and Purpose

Since the 1960s, secondary education has been a key programming area of Peace Corps/Tanzania (PC/TZ). In the 1990s, the country instituted major educational reforms with the implementation of the Education and Training Policy (1995) and the National Higher Education Policy (1999). By 1996, the Peace Corps had shifted to a focus on secondary school math and science teaching. The current purpose of the Secondary Education Project is to support the improvement of the skills and knowledge of students at secondary schools and teacher training colleges through direct teaching by PCVs.

Peace Corps/Tanzania's initial work in the health sector grew out of its Secondary Education Project. These Volunteers worked part time as math or science teachers in secondary schools, with the remainder of their time devoted to health education. Based on a 2004 project review, Health Education Project Volunteers began to focus exclusively on health education in order to better address the challenges of HIV/AIDS in Tanzania. The Health Education Project is currently designed to assist the Tanzanian government in improving the health of Tanzanians by promoting healthy behaviors among community members, particularly teachers and students.

Evaluation Findings

The evaluation findings indicate the successful implementation of the Secondary Education Project and the Health Education Project by PC/TZ. While the report provides a detailed description of all the study questions, the key findings are:

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

Goal 1 Findings

Education and health capacity improved

- 98% of Secondary Education Project counterparts and beneficiaries reported improvements in English language fluency among teachers, in teachers' knowledge of HIV/AIDS prevention, and in students' performance on English language skills
- 96% of Secondary Education Project counterparts and beneficiaries reported improved student knowledge of HIV/AIDS prevention and student performance in math, science, computer or critical thinking skills
- 100% of Health Education Project counterparts and beneficiaries reported that teachers' knowledge of child abuse prevention, knowledge and awareness of HIV/AIDS transmission, and prevention methods had improved
- The most frequently, spontaneously mentioned change among Secondary Education Project respondents was the improvement in a range of academic skills
- The most frequently, spontaneously mentioned change among Health Education Project respondents was the change in knowledge and awareness related to HIV/AIDS avoidance
- Secondary Education Project respondents, when compared with respondents from of comparison group sites, reported greater school-level changes in five of the seven areas asked about. The largest changes were reported in student performance in English language skills; student performance in math, science, computer or critical thinking skills; teachers' use of "new "educational approaches; and student/teachers' use of computer or information technologies.
- Secondary Education Project respondents, when compared with respondents from of comparison group sites, reported greater individual-level changes in four of the five areas asked about. The largest changes were reported in respondents' knowledge of math, science, computer or critical thinking skills; use of "new" educational approaches among teachers; and individual use of computer or information communication technologies.

Individual education and health capacity was built

- The most frequently, spontaneously mentioned individual-level change among both Secondary Education Project and Health Education Project respondents was increased awareness and knowledge about HIV/AIDS
- 96% of Secondary Education Project counterparts and beneficiaries reported improvements in their English language skills, 94% reported increased knowledge of HIV/AIDS prevention and 92% reported increased knowledge of math, science, computer or critical thinking skills
- 100% of Health Education Project counterparts and beneficiaries reported improvement in four of the five areas about which they were asked. These were the ability to avoid/minimize risky behaviors, knowledge of child abuse prevention, use of participatory approaches to teach about health issues (especially HIV/AIDS), and access to health information about disease prevention (e.g., HIV/AIDS/STI, malaria, typhoid, cholera)

Capacity building was sustained

- More than 60% of the respondents from both projects reported daily professional and personal use of the skills developed through the projects
- 84% of the changes mentioned by Secondary Education respondents and 72% of the changes mentioned by Health Education respondents were sustained after the departure of the Volunteers
- 77% of Secondary Education respondents and 68% of Health Education respondents reported having built their capacity to continue their work

Satisfaction with Peace Corps work

- 51% of Secondary Education and 69% of Health Education respondents indicated that they were very satisfied with their respective project outcomes, while 45% of Secondary Education and 31% of Health Education reported being somewhat satisfied.

Factors contributing to project success

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

Barriers to project success

- Lack of funding was mentioned as a barrier to project success by 82% of Secondary Education Project respondents and 81% of Health Education Project respondents

Goal 2 Findings

HCNs developed more positive opinions of Americans

- Before interacting with PCVs, 52% of counterparts and beneficiaries, and 64% of host family members reported at least a moderate knowledge of Americans. After interacting, 94% of counterparts and beneficiaries and 100% of host family members reported at least a moderate level of understanding of Americans.
- Before interacting with PCVs, 55% of counterparts, beneficiaries, and host family members reported at least a somewhat positive opinion of people from the United States. After the interaction, 91% of the respondents reported a more positive opinion of Americans.

CHAPTER 1: INTRODUCTION

Background

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

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

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

> **Peace Corps'**
> **Core Goals**
>
> **Goal 1**- To help the people of interested countries in meeting their need for trained men and women.
>
> **Goal 2**- To help promote a better understanding of Americans on the part of the peoples served.
>
> **Goal 3**- To help promote a better understanding of other people on the part of Americans.

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

The Peace Corps conducts an annual survey of currently serving Volunteers[5]; however, it tells only one side of the Peace Corps' story. In 2008, the Peace Corps began a series of studies to determine the impact of its Volunteers. The studies are unique for their focus on learning about the Peace Corps' impact directly from the host country nationals who lived and worked with Volunteers.

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[5]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.

History of the Peace Corps/Tanzania Secondary Education and Health Education Projects

Beginning in the 1960s, secondary education was a key programming area of PC/TZ. In the 1990s, the country instituted major educational reforms with the implementation of the Education and Training Policy (1995) and the National Higher Education Policy (1999). As a result, the Peace Corps began to revise the Secondary Education Teacher Project, and by 1996 it had shifted to a focus on secondary school math and science instruction. The current purpose of the Secondary Education Project is to support the improvement of the skills and knowledge of students at secondary schools and teacher training colleges through direct teaching by PCVs.

Peace Corps/Tanzania's initial work in the health sector grew out of its Secondary Education Project which has had a long and positive history in Tanzania. Starting in 2000, Health Education Volunteers worked part-time as math or science teachers in secondary schools, with the remainder of their time devoted to health education. The Health Education Project is currently designed to assist the Tanzanian government in improving the health of Tanzanians by promoting healthy behavior among community members, particularly teachers and students.

Purpose of the Host Country Impact Studies

This report presents the findings from the impact evaluation conducted in Tanzania during January and February of 2010. The projects studied were the Secondary Education Project and the Health Education Project.

The impact study documents HCNs' perspectives on the impact of Peace Corps Volunteers on skills transfer to and capacity building of host country counterparts and community members, and on changes in host country nationals' understanding of Americans.

The major research questions addressed in the study are:

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

The information gathered through this research will help the Peace Corps answer questions about the degree to which the agency is able—across posts, sectors, and sites—to meet the needs of host countries for trained men and women and to promote a better understanding of Americans among HCNs. This information complements the information provided by Peace Corps Volunteers in their Project Status Reports and the Annual Volunteer Survey.

Evaluation Methodology

In 2008, the Peace Corps' Office of Strategic Information, Research and Planning (OSIRP), in response to a mandate from the Office of Management and Budget that the agency should conduct evaluations of the impact of Volunteers in achieving Goal 2, began a series of evaluation studies. 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 they served. 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 Christopher Awinia, under the supervision of the Peace Corps' country staff, with technical direction from the OSIRP team. A web-based database was used to manage the questionnaire data and subsequent analysis.

In Tanzania, the team conducted interviews in 21 communities where Volunteers worked. Ninety-three Volunteer placements between 2004 and 2009 were indentified for possible participation in this study. A representative sample rather than a random sample was drawn from the list of Volunteer assignments since 2004. Tanzanian Senior Researcher Christopher Awinia and his team conducted semi-structured interviews with Tanzanians who had lived and/or worked with Peace Corps Volunteers. (The interview schedule is available upon request from OSIRP).

The overall survey reached 150 respondents in 21 communities. Sites were selected to be as representative of Tanzania as possible, including geographic, religious, and social-economic diversity.

Interviews were conducted from January 25 to February 3, 2010 with seven groups Tanzanian nationals (Table 1):

- **Secondary Education Project partners/counterparts**: school teachers or school heads, training college head, district supervisors, regional administrators (39)

- **Secondary Education Project beneficiaries:** school teachers or school heads, training college head (18)

- **Education comparison site "counterparts"** school teachers or school heads, training college head (11)

- **Education comparison site "beneficiaries"** school teachers or school heads, training college head (10)

- **Health Education Project partners/counterparts**: clinic staff, non-governmental organization staff teachers, district supervisors (17)

- **Health Education Project beneficiaries:** out-of-school youth, peer educators, teachers, health staff (9)

- **Host family members:** families that hosted or served as landlords to Volunteers during all or part of their service (23)

- **HCN participating in HIV/AIDS related activities:** health center staff, community members, students (23)

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

Table 1: Number and Type of Host Country Nationals Interviewed: Tanzania

Interview Type[6]	Number of People	Number of Sites
Secondary Education Project counterparts	39	21
Secondary Education Project beneficiaries	18	21
Education comparison site "counterparts"	11	4
Education comparison site "beneficiaries"	10	4
Health Education Project counterparts	17	21
Health Education Project beneficiaries	9	21
Host family members	23	Pre-Service Training site
Counterparts/beneficiaries of HIV/AIDS activities	23	21
Total	**150**	**-**

How Will the Information be Used?

The information gathered will inform Peace Corps staff at post and headquarters about host country nationals' perceptions of the community projects and the Volunteers. In conjunction with Volunteer feedback from the yearly Volunteer Survey and the Close-of-Service Surveys, this information will allow the Peace Corps to better understand its impact and address areas for

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[6] Data from the HIV/AIDS interviews are not included here.

improvement. For example, the information may be useful for Volunteer training and outreach to host families and project partners.

This information is also needed to provide performance information to the United States Office of Management and Budget 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."[7] Feedback from the original pilots was used to revise the methodology rolled out to nine posts in Fiscal Year 2009 and eight posts in Fiscal Year 2010, for a total of 17 posts across Peace Corps' three geographic regions: Africa; Inter-America and the Pacific; and Europe, Mediterranean and Asia. Taken together, these studies will provide the Peace Corps with the data needed assess 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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[7] Downloaded from: http://www.whitehouse.gov/omb/expectmore/summary/10004615.2005.html 9-10-08

CHAPTER 2: PROJECT DESIGN AND PURPOSE

Sector Overview

This study evaluated the Peace Corps' Secondary Education Project and Health Education Project.

Secondary Education[8]

The Tanzanian government began an initiative to increase the number of schools in order to increase access and enhance the quality of secondary education. The demand for education Volunteers is high, especially in science and mathematics. Therefore, the purpose of this project was to support improvement of the skills and knowledge of students at secondary schools and teacher training colleges (TTC) through direct teaching by PCVs. The project places special emphasis on gender equity, environmental and health education, and information and communication technology (ICT) activities. The primary target groups for the project are math and science students, secondary school teachers, and support staff.

Project Goals:

Goal 1: Secondary school students will expand their abilities in mathematics, science, and English, and will improve their critical thinking, problem solving, and life skills

Goal 2: Secondary school teachers and TTC students will enhance their English fluency and abilities to develop and utilize a variety of educational approaches and resources

Goal 3: Secondary schools and teacher training colleges will develop programs incorporating ICT resources relevant to the needs of Tanzania

Goal 4: PCVs and counterparts, in collaboration with community members, will identify and address the needs in their communities

Figure 1 shows a model of the theory of change for Peace Corps/Tanzania's Secondary Education Project

Health Education[9]

This project is designed to assist the Tanzanian government in promoting healthy behaviors among community members, particularly teachers and students. Peace Corps/Tanzania's initial

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[8] Tanzania Secondary Education Project dated July 2005

[9] Health Education Project Revised Project Plan 2005-2010; 621-SH-02A; July 2004

work in the health sector grew out of its Secondary Education Project. Starting in 2000, school health Volunteers worked part-time as math or science teachers in secondary schools, with the remainder of their time devoted to health education. Observation showed that there was an important role Peace Corps Volunteers could play in health education, particularly in addressing concerns about HIV/AIDS and life skills. Observation also showed that the dual function was difficult to manage during both training and Volunteers' work at their sites.

A project review in early 2004, confirmed that it would make sense for Health Education Volunteers to focus exclusively on health education in order to better address the challenges of HIV/AIDS in Tanzania. Currently, Peace Corps Health Education Project Volunteers work in collaboration with a variety of partners and in a variety of settings in order to reach students, out-of-school youth, and teachers. Interventions occur in both primary and secondary schools and focus on activities such as peer education, life skills training, and AIDS Days. Volunteers not only work directly with students, but also work with teachers so as to enable them to confidently and competently teach the HIV/AIDS/STIs and life skills topics that are part of the national curriculum. Additionally, they engage in discussions about how the teachers could make healthy choices for their own lives, be good role models, and serve as advocates for children.

Project Goals:

Goal 1: Young people will be able to assess healthy life choices in order to protect themselves from becoming infected with HIV and other STIs

Goal 2: Tanzanian teachers will be able to assess healthy life choices in order to protect themselves from becoming infected with HIV/AIDS and to model responsible behavior to their students and in their community

Goal 3: Teachers will confidently implement the integrated HIV/AIDS curricula using a participatory approach

Goal 4: Communities will increase their awareness of HIV/AIDS/STI and actively participate in developing HIV prevention strategies

Figure 2 shows a model of the theory of change for Peace Corps/Tanzania's Health Education Project.

Figure 1: Overview of the Theory of Change for the Secondary Education Project: Tanzania

Problem	Goals	Activities	Outcomes	Public Benefit
Low secondary school enrollment

A need to enhance educational quality, including a need for instructional methods that promote critical thinking skills

Difficulty filling educational positions especially in science and mathematics | Goal 1: Students will expand abilities in mathematics, science, English, critical thinking, problem solving, and life skills

Goal 2: Teachers will improve teaching skills, and develop and utilize a variety of educational approaches and resources

Goal 3: Greater integration of ICT resources within schools

Goal 4: Address needs of specifically targeted communities (e.g., OVC, "mamas groups," PLWA, and/or people involved in income generation activities) | Teach secondary school students math, science, critical thinking skills, as well as gender, HIV/AIDS, computer skills, and English

Coach teachers in English skills and new educational approaches that emphasize critical thinking

Teach computer and ICT skills to students, teachers, and school staff.

Use PACA to develop community activities related to HIV/AIDS, health, gender, & the environment | Improved students' knowledge and performance in math, science, critical thinking, HIV/AIDS, ICT and English.

Teachers using varied educational approaches, and improved English fluency

Increased use of ICT resources among students, teachers, and staff

Greater capacity in targeted communities to address HIV/AIDS, gender, & environmental issues | Improved education and skills of secondary school students

Increased capacity of secondary school teachers

Increased regional and local capacity to meet educational needs

Increased community empowerment |

This figure was compiled from information in Peace Corps/Tanzania's Secondary Education Project: Project Plan. Revised 2005.

Figure 2: Overview of the Theory of Change for the Health Education Project: Tanzania

Problem	Goals	Activities	Outcomes	Public Benefit
High prevalence of health concerns such as malaria, typhoid, cholera, diarrheal diseases, respiratory infections, and malnutrition High HIV/AIDS prevalence among adults and youth due to: • Insufficient understanding of HIV/AIDS transmission and avoidance methods • Limited ability in some sectors of the population to manage their own risk exposure • Limited access to condoms and other risk reduction resources	Improve young people's ability to make healthy life choices (especially related to HIV and other STIs) Improve teachers' ability to make healthy life choices (especially related to HIV and other STIs) Increase teachers' role modeling of healthy behaviors Improve teachers' integration of HIV/AIDS lessons into their classrooms Increase community awareness of, and mobilization around, health risks (especially of HIV and other STIs)	Train primary and secondary school peer educators about making healthier life choices Train out-of-school youth about making healthier life choices Train teachers about making healthier life choices and methods for serving as role models Coach teachers on integrating and facilitating the nationally approved HIV/AIDS syllabi in the classroom Conduct HIV/AIDS/STI needs assessments with communities' and develop action plans	Improved knowledge and awareness of HIV/AIDS transmission and avoidance methods among youth, peer educators, teachers, and other community members Reduce prevalence of behaviors that increase risk of illness (especially HIV/AID) Improve teachers' knowledge of child abuse prevention Increase teachers' use of participatory approaches to teaching about health issues (especially HIV/AIDS) Increase integration of HIV/AIDS and life skills curricula in classrooms Improve community members' access to health information about disease prevention, (e.g., HIV/AIDS/STI, Malaria, typhoid, cholera) Increase community activities addressing identified HIV/AIDS/STI needs	Reduced illness rates (especially HIV/AIDS) Increased individual ability to avoid/minimize risky behaviors Increased community empowerment

This figure was compiled from information in Peace Corps/Tanzania's Health Education Project Plan. Revised July 2004.

CHAPTER 3: GOAL ONE FINDINGS

Performance under the Peace Corps' first goal was examined in two ways:

1. The extent to which HCNs observed community changes and personal changes and reported gaining new technical skills and the capacity for maintaining the changes once the community project ended.

2. HCNs' satisfaction with the work of the community project, in particular, satisfaction with the fact that their needs had been met.

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

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

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

1. For each project outcome derived from the project plan, respondents were asked if changes had occurred, whether the community's and school's needs had been met, and, where applicable, whether the change had been maintained after the Volunteer departed.

2. Respondents were also asked to generate a list of changes in either the community or school during the period of the PCV's assignment. For each change listed, the respondent was then asked about the size of the change, the extent to which the PCV was responsible for the change, and, where applicable, whether the change was still evident since the departure of the Volunteer.

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

Through the process of developing the project theory of change (Figure 1), a list of project outcomes was created. Respondents were asked about the extent to which they saw changes related to each outcome in their communities or schools. The community/school-level outcomes used in this study are listed below:

1. A change in student performance in math, science, computer, or critical thinking skills
2. A change in student performance in English language skills
3. A change in teacher knowledge of HIV/AIDS prevention
4. A change in student knowledge of HIV/AIDS prevention
5. A change in teacher use of new educational approaches
6. A change in English language fluency among teachers

7. A change in student and/ or teacher use of computer or other information and communication technologies

Among counterparts and beneficiaries, the outcomes most frequently rated as improved were English language fluency among teachers, teachers' knowledge of HIV/AIDS prevention, and students' improved performance in English language skills (Figure 3).

Figure 3: Percentage of Secondary Education Project Counterparts and Beneficiaries that Rated the Change as At Least Somewhat Better: Community/school Level (n=52-55)

Outcome	Percentage
English language fluency among teachers	98%
Teachers' knowledge of HIV/AIDS prevention	98%
Student performance in English language skills	98%
Students' knowledge of HIV/AIDS prevention	96%
Student performance in math, science, computer or critical thinking skills	96%
Teachers using new educational approaches	82%
Students' or teachers' use of computer or information communication technologies	75%

Percentage of Respondents

Secondary Education Project Community/School-Level Outcomes

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

These changes were grouped into ten categories. Of the ten categories, six related to specific academic topics or generalized academic improvements. The remaining four related to other factors relevant to school capacity.

Academic Improvements (general or topical)
1. English language
2. Environmental education
3. General academic improvement
4. Health education
5. Science/math
6. Technology

Extra Curricular Improvements
7. Resources
8. Sports
9. Teaching/classroom management
10. Other/unclear

A range of academic skills, led by health-related knowledge and skills, was the most frequently, spontaneously mentioned change (Figure 4). Fifty-seven percent of the 237 changes mentioned by counterparts and beneficiaries were rated as "large changes," and 94 percent were assessed as having been largely due to the Peace Corps' project.

According to respondents, 84 percent of the changes were maintained to at least some extent after the Volunteer left the community.

Figure 4: Ways Communities and Schools Changed Since the Start of the Secondary Education Project: Tanzania (n=237 changes)
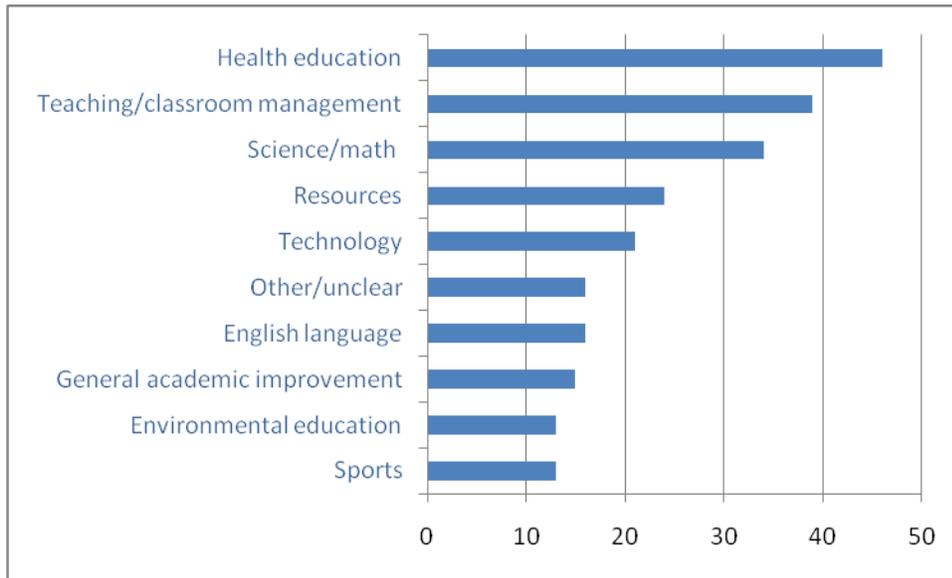
**Degree to Which the Health Education Project Plan Outcomes Were Met: Community Level**

Through the process of developing the project theory of change (Figure 2), a list of project outcomes was generated. Respondents were then asked about the extent to which they had seen changes in their communities related to each outcome. The community-level outcomes used in this study are listed below:

1. A change in knowledge and awareness of HIV/AIDS transmission and prevention methods among teachers
2. A change in knowledge and awareness of HIV/AIDS transmission and avoidance methods among peer educators
3. A change in the prevalence of behaviors that increase risk of illness (esp. HIV/AID) among youth
4. A change in the prevalence of behaviors that increase risk of illness (esp. HIV/AID) among teachers and other community adults
5. A change in teachers' knowledge of child abuse prevention
6. A change in peer educators' knowledge of child abuse prevention
7. A change in teachers' use of participatory approaches to teaching about health issues (esp. HIV/AIDS)
8. A change in integration of HIV/AIDS and life skills curricula in classrooms
9. A change in community members' access to health information about disease prevention (e.g., HIV/AIDS/STI, malaria, typhoid, cholera)
10. A change in community activities addressing identified HIV/AIDS/STI needs

With regard to the project outcomes asked about, 100 percent of counterparts and beneficiaries indicated that teacher' knowledge of child abuse prevention, and knowledge and awareness of HIV/AIDS transmission and prevention methods had improved (Figure 5).

Figure 5: Percentage of Health Education Project Counterparts and Beneficiaries that Rated the Change as At Least Somewhat Better: Community/school Level (n=23-25)
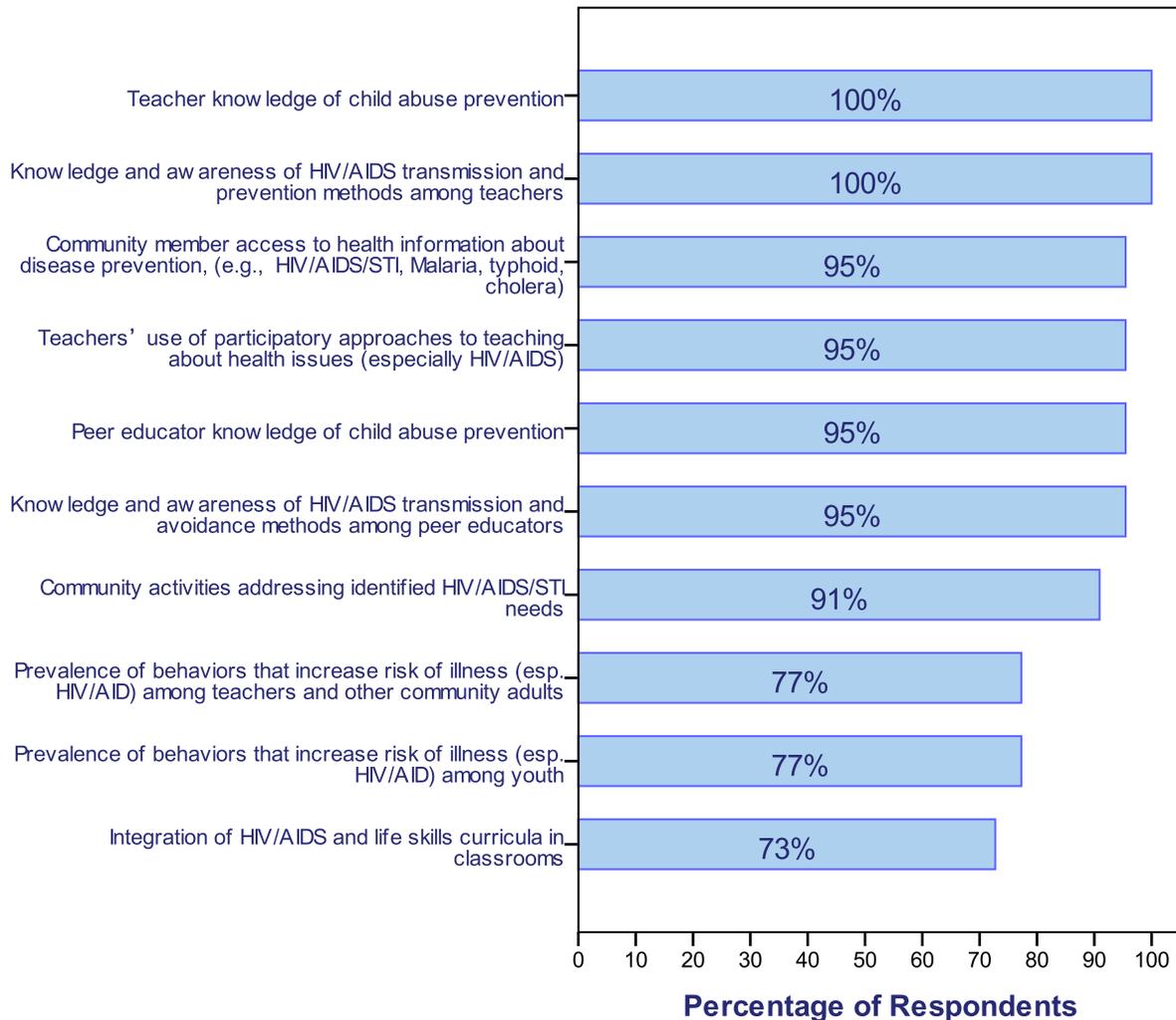
Health Education Project Community-Level Outcomes

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

These changes were grouped into the following six categories:
1. Generalized knowledge
2. Health education
3. Healthy behaviors
4. Education/training
5. Knowledge or behaviors related to HIV/AIDS
6. Other/unclear

Changes in knowledge or behaviors related to HIV/AIDS were the most frequently, spontaneously mentioned change (Figure 6). Seventy-five percent of the 99 changes mentioned by counterparts and beneficiaries were rated as large changes and 83 percent were assessed as having been largely due to the Peace Corps project.

According to respondents, 72 percent of the changes were maintained to at least some extent after the Volunteer left the community.

Figure 6: Ways Communities Changed Since the Start of the Health Education Project: Tanzania (n=99 changes)
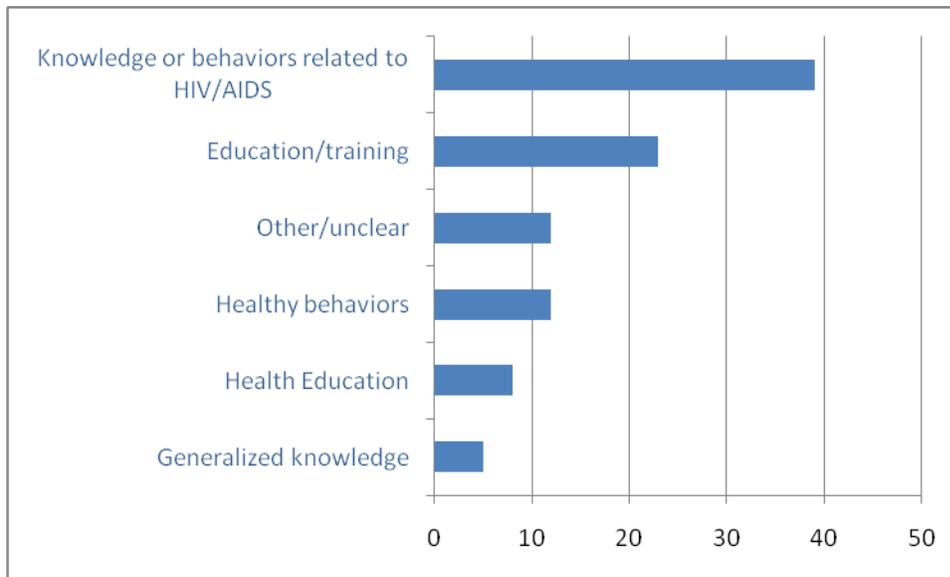
Findings on Individual Changes

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

Prior Secondary Education Experience

Most of the Secondary Education Project counterparts reported working in the education field between two and ten years (Figure 7).

Figure 7: Number of Years Secondary Education Project Counterparts Worked in the Education Field: Tanzania (n=38)
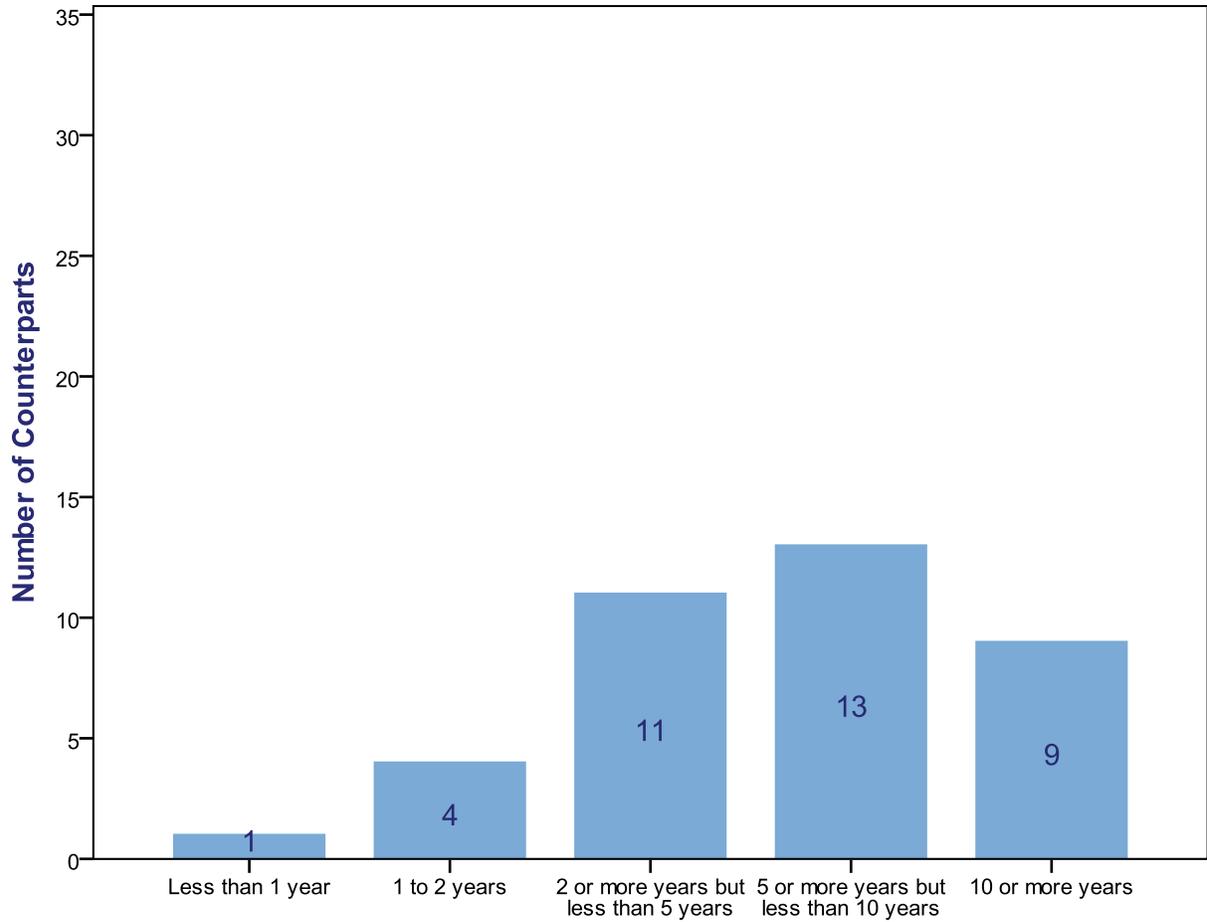
Prior Health Education Experience

Half of the respondents reported having worked in the health field between two and five years, with most of the rest having at least five years of experience (Figure 8).

Figure 8: Number of Years Health Education Project Counterparts Worked in the Field: Tanzania (n=14)
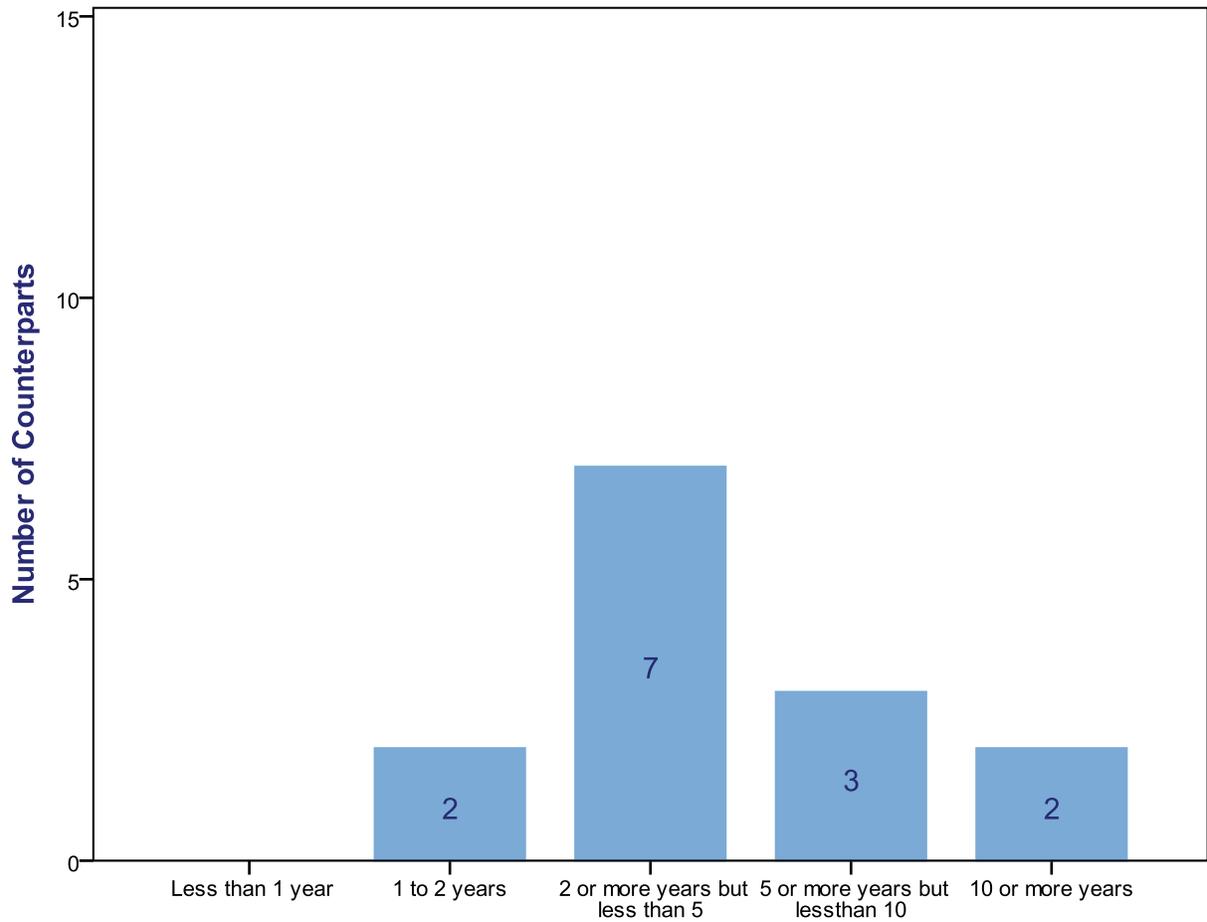
Degree to Which the Secondary Education Project Plan Outcomes Were Met: Individual Level

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

1. A change in knowledge of math, science, computer, or critical thinking skills
2. A change in English language skills

3. A change in knowledge of HIV/AIDS prevention
4. A change in use of new educational approaches (asked of counterparts only)
5. A change in use of computers, information, and communication technologies

With regard to individual-level project outcomes, English language ability was the most frequently rated as improved (Figure 9).

Figure 9: Percentage of Secondary Education Project Counterparts and Beneficiaries that Rated the Change as At Least Somewhat Better: Individual Level (n=49-54)
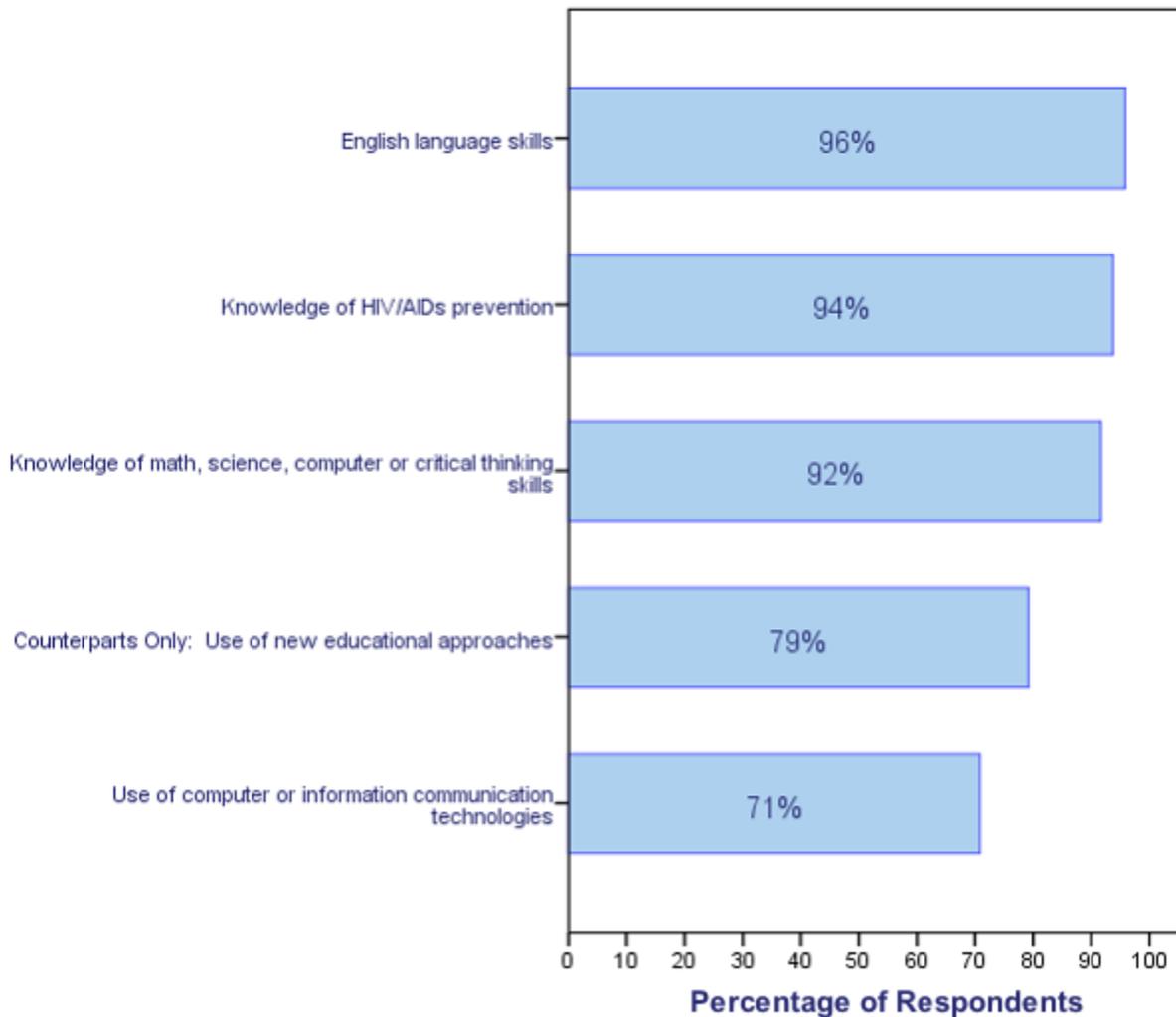
Individual-Level Outcomes: Secondary Education Project

In the absence of data about conditions before the arrival of Volunteers, counterparts and beneficiaries were asked an open ended question about *how they saw themselves* when they started working with a Volunteer and to compare that to *how they currently see themselves*.

Fifty-five responses were received and analyzed for common themes. Most of those interviewed responded that they had improved in the following areas:

1. Specific knowledge areas especially technology and HIV/AIDS
2. Cooperation with others
3. Increased commitment to work
4. Personal improvements such as increased self-esteem
5. An increased desire to help others (volunteerism)

**Degree to Which the Health Education Project Plan Outcomes Were Met: Individual Level**

Through the process of developing the project theory of change (Figure 2) a list of individual-level project outcomes was created. Respondents were asked about the extent to which they saw changes in themselves related to each outcome. The individual-level outcomes used in this study are listed below:

1. A change in knowledge and awareness of HIV/AIDS transmission and avoidance methods
2. A change in ability to avoid/minimize risky behaviors
3. A change in knowledge of child abuse prevention
4. A change in use of participatory approaches to teaching about health issues (especially HIV/AIDS)
5. A change in access to health information about disease prevention, (e.g., HIV/AIDS/STI, malaria, typhoid, cholera)

With regard to the individual-level project outcomes, all or most of the respondents indicated improvement on all outcomes (Figure 10).

Figure 10: Percentage of Health Education Project Counterparts and Beneficiaries that Rated the Change as at Least Somewhat Better: Individual Level (n=25-26)
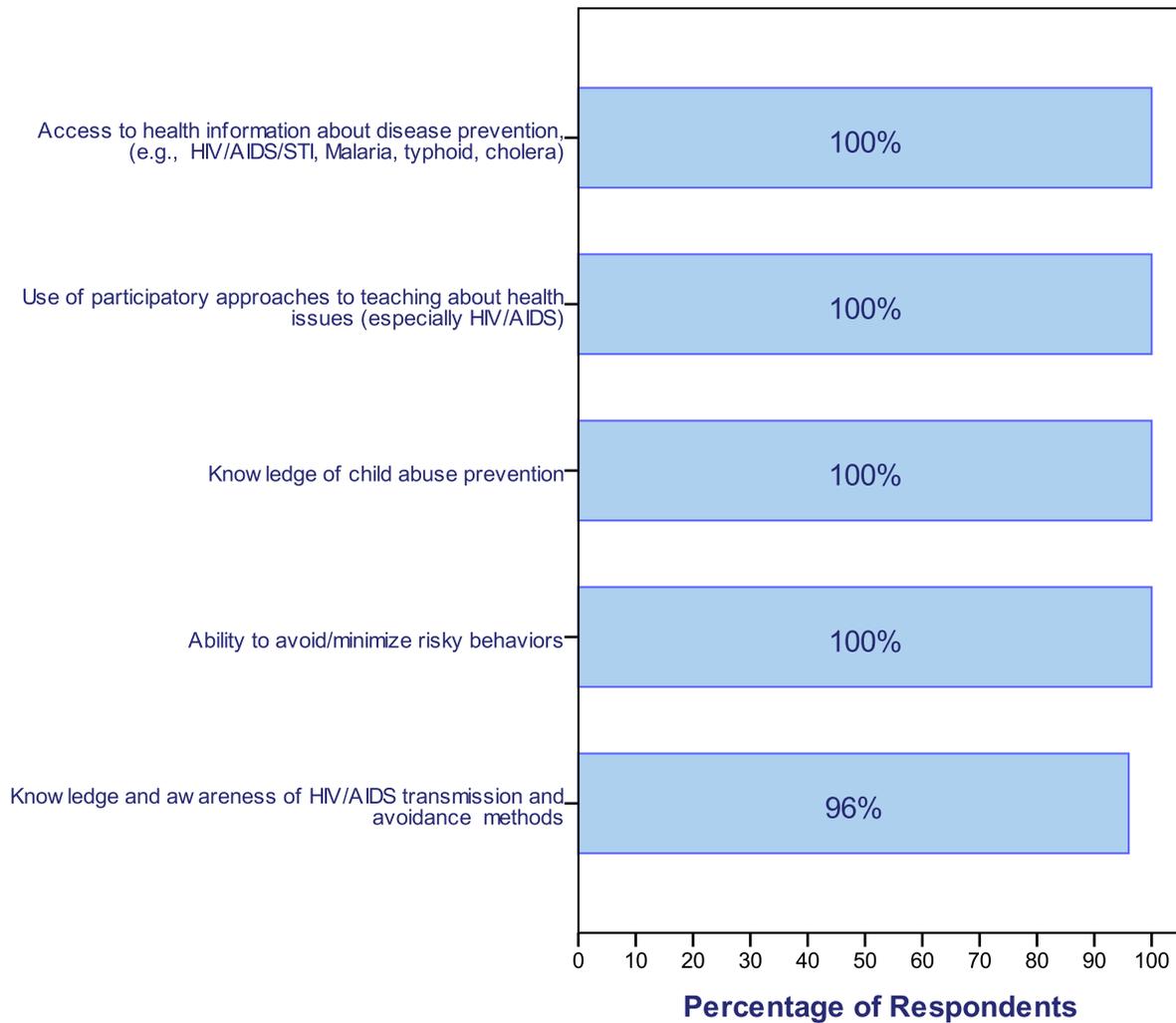
Individual-Level Outcomes: Health Education Project

In the absence of data about conditions before the arrival of Volunteers, counterparts and beneficiaries were asked an open ended question about *how they saw themselves* when they started working with a Volunteer and to compare that to *how they currently see themselves*. Twenty-three responses were received and analyzed for common themes. Most people responded that they had improved in the following areas:

1. Increased awareness of health issues especially HIV/AIDS
2. Healthier behaviors/reductions in risky practices
3. Better (less stigmatizing) attitudes towards people living with HIV/AIDS
4. An increased spirit of volunteerism/dedication to their work

The frequency with which respondents reported using the skills learned through the projects in both their work and personal lives suggests that, for the most part, the skills transmitted were practical, useful, and much needed (Figures 11 and 12).

Figure 11: Frequency with Which Secondary Education Project Counterparts and Beneficiaries Report Using Skills Learned Through the Peace Corps Project: Tanzania
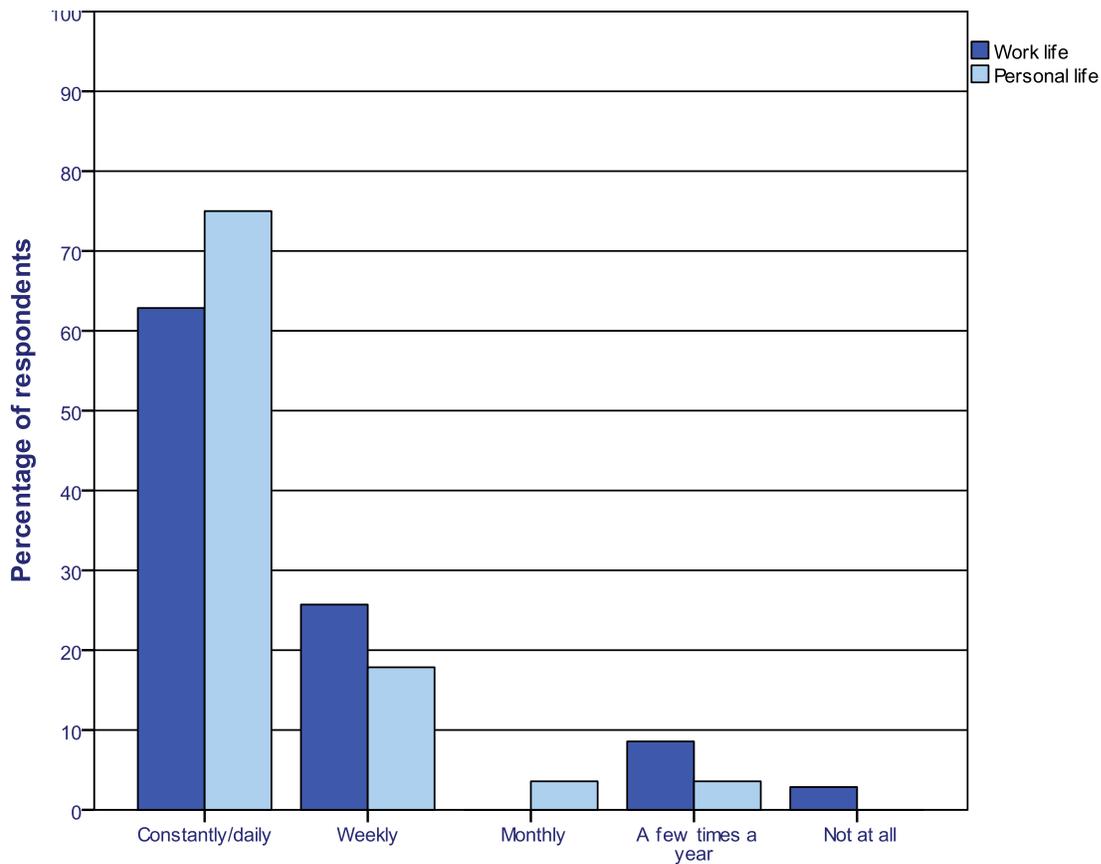
* Work life was asked only of counterparts, n=35. Response rate for personal life was 56.

Figure 12: Frequency with Which Community Health Education Project Counterparts and Beneficiaries Report Using Skills Learned Through the Peace Corps Project: Tanzania
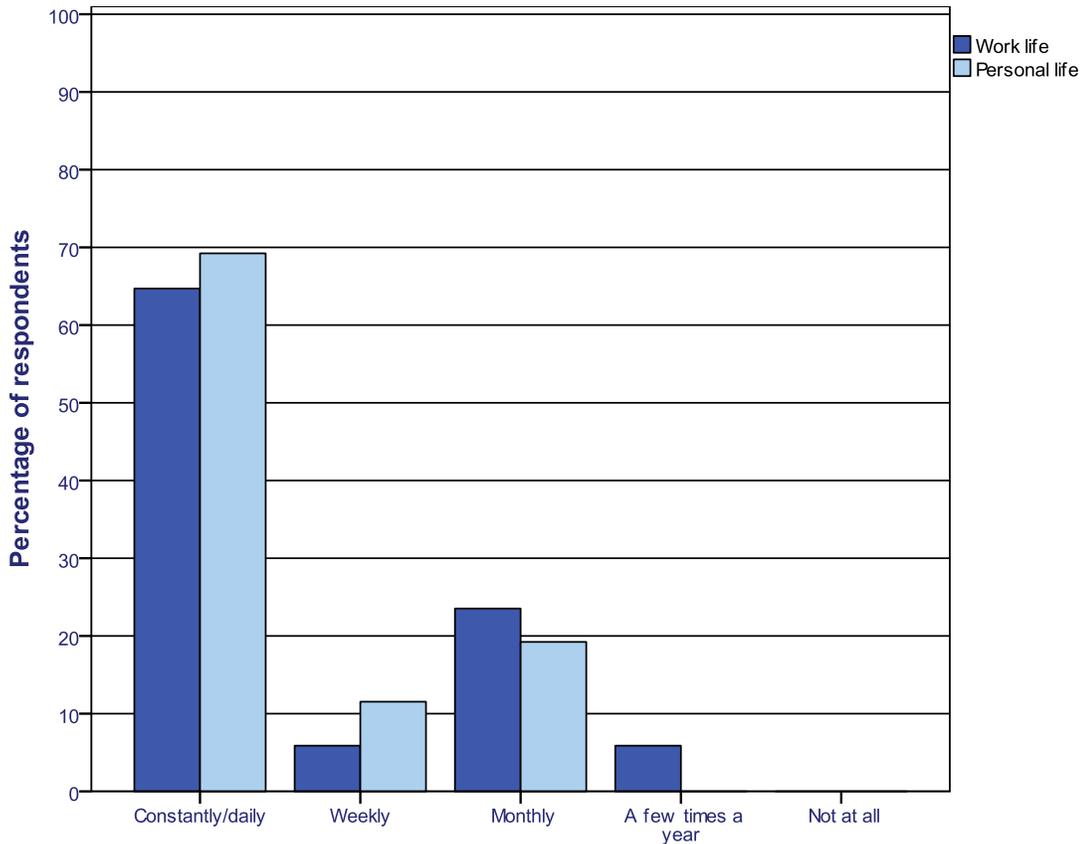
* Work life was asked only of counterparts (n=16). Response rate for personal life was 31.

Ways Counterparts Use Project Skills in Their Work Life

Secondary Education Project

[I have used what I learned] *several times; I have been using things I learned like husbandry, agriculture, games etc.*

I use the computer daily to communicate. I protect myself from HIV/AIDS. I give students peer education and employ practical teaching to students in the class.

Health Education Project

I use the computer daily. I counsel the students as part of my job. I discuss with my colleagues the implications of diseases, the use of computers and so forth.

We started a non-governmental organization, Help Tanzania Society (HETASO). One of the things we do is [to] *help the orphans.*

Ways Counterparts and Beneficiaries Use Project Skills in Their Personal Lives

Secondary Education Counterparts

[I use what I learned] *constantly. I keep my environment clean so I can eradicate diseases like cholera and malaria.*

The volunteers were hard working, so I used that technique to [organize] *the community work and to ensure our own development.*

Secondary Education Beneficiaries

[Regarding] *HIV/AIDS, I take blood tests.* [Regarding] *computer skills, I can now use* [the computer] *properly.* [Regarding] *English, I can now communicate fluently in English.*

I use both the English and Kiswahili languages at home and school.

Health Education Counterparts

[I use what I learned] *all the time at home, especially in health affairs (e.g. washing hands before eating, cleaning my home and surrounding area, tree planting, and protecting myself against HIV/AIDS.)*

*My health is improving through physical exercise.*

Health Education Beneficiaries

[I use what I learned] *all the time, especially the protection and avoidance of the HIV/AIDS virus. I overcome the different temptations which may result in HIV/AIDS infection.*

How Did Skills Transfer Occur?

When asked about their training to serve as a counterpart, Secondary Education Project respondents reported being trained in different ways; 31 of 39 respondents reported receiving at least one form of counterpart training, with 13 of the 39 reporting receiving more than one form of counterpart training. Eight of the 39 Secondary Education Project respondents reported receiving no counterpart training at all. Twelve of 17 Health Education Project respondents reported receiving at least one form of counterpart training, with three of the 17 reporting receiving more than one form of counterpart training. Five of the 17 Health Education Project respondents reported receiving no counterpart training at all. The overall percentages of respondents reporting receiving each type of counterpart training are provided in Figures 13 and 14.

Figure 13: Secondary Education Project Counterpart Training: Tanzania (n=39)
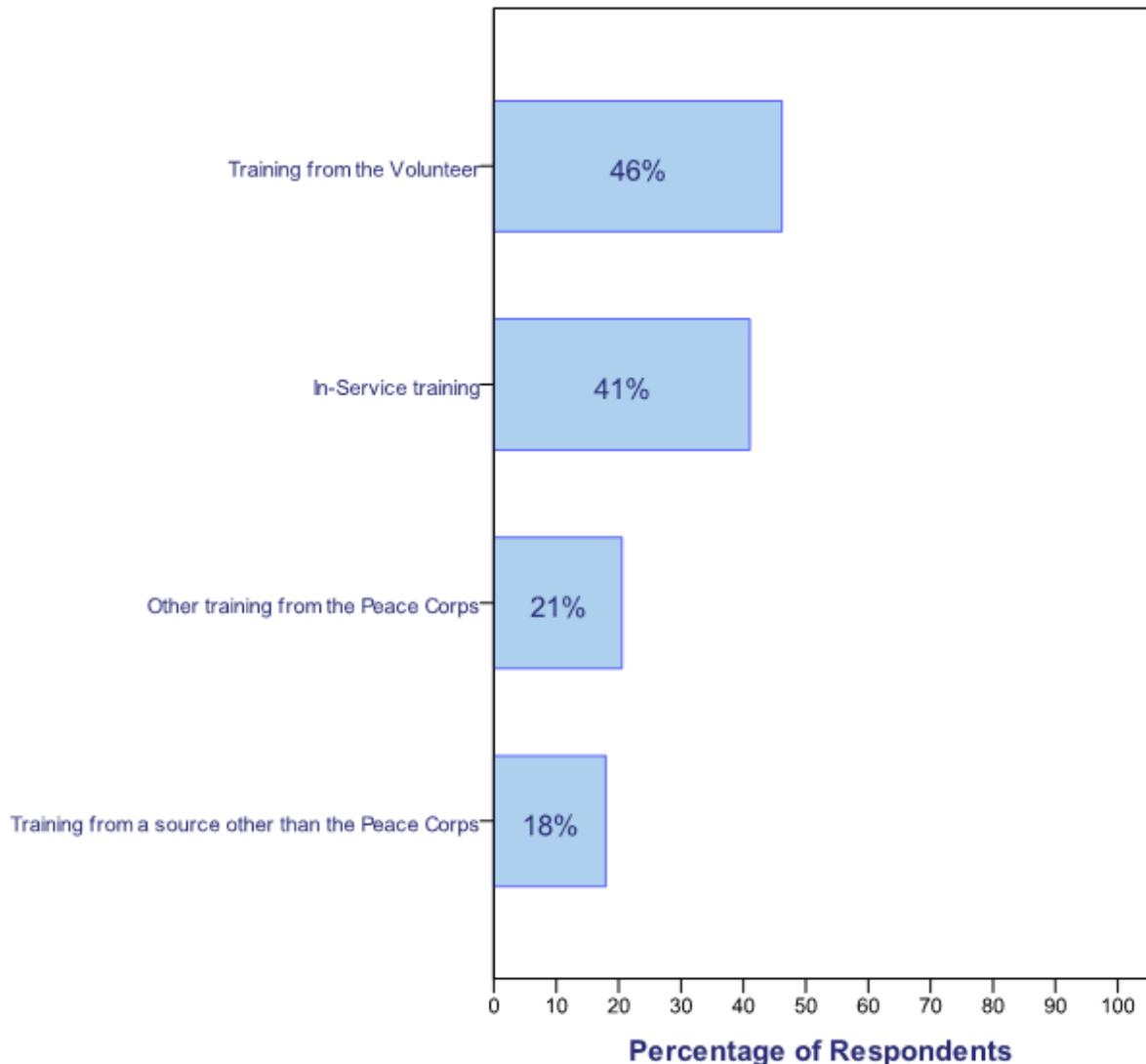
**Figure 14: Health Education Project Counterpart Training: Tanzania (n=17)**
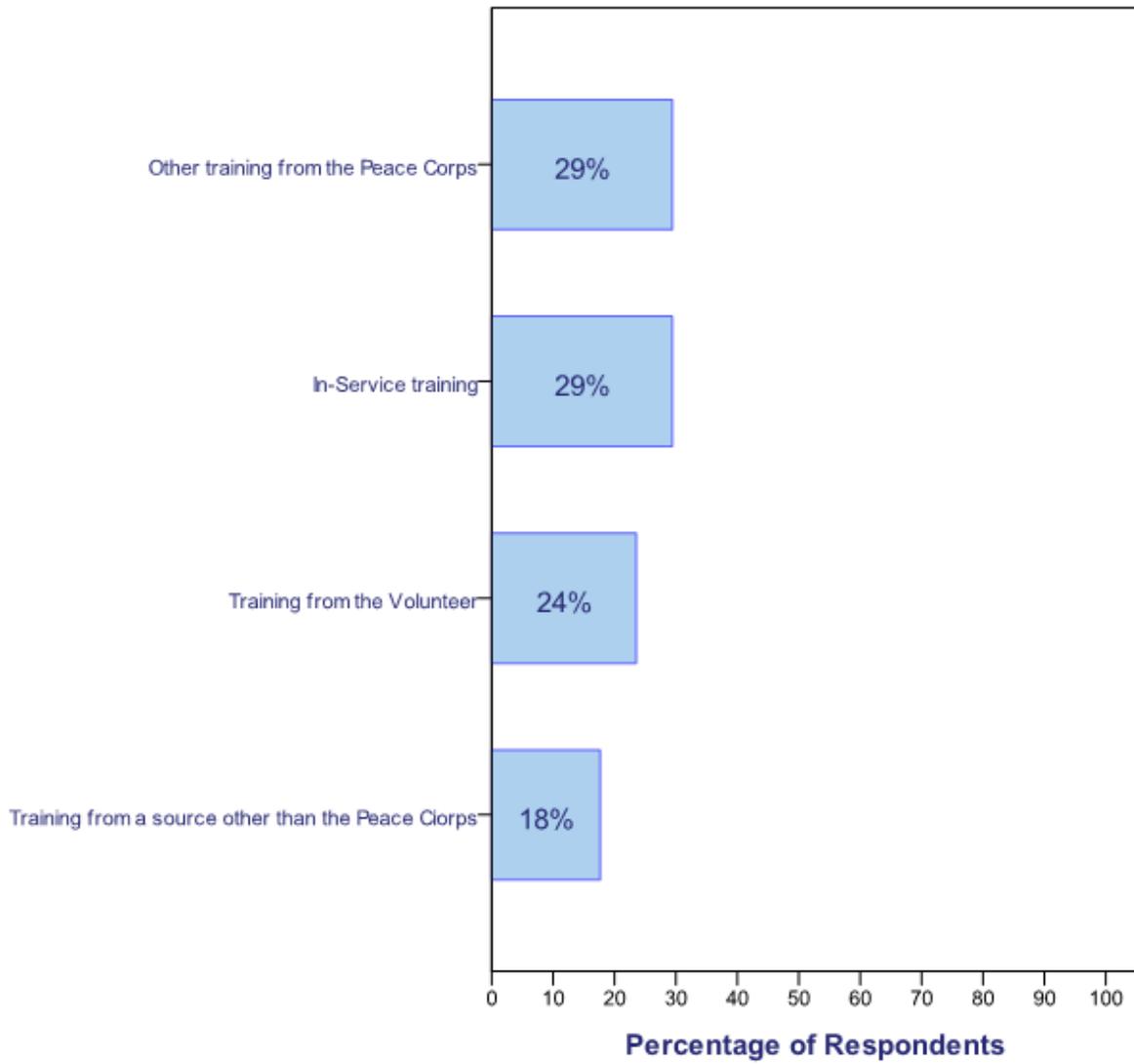
Counterparts reported receiving a range of technical training in the focus areas of the project (Figures 15 and 16). Figure 15 shows that seventy-nine percent of Secondary Education Project counterparts reported being trained to serve as a role model for healthy living and HIV avoidance was the skill most often acquired by counterparts. Figure 16 shows that eighty-two percent of Health Education Project counterparts reported being trained on HIV transmission and prevention.

**Figure 15: Technical Training Received by Secondary Education Project Counterparts: Tanzania (n=39)**
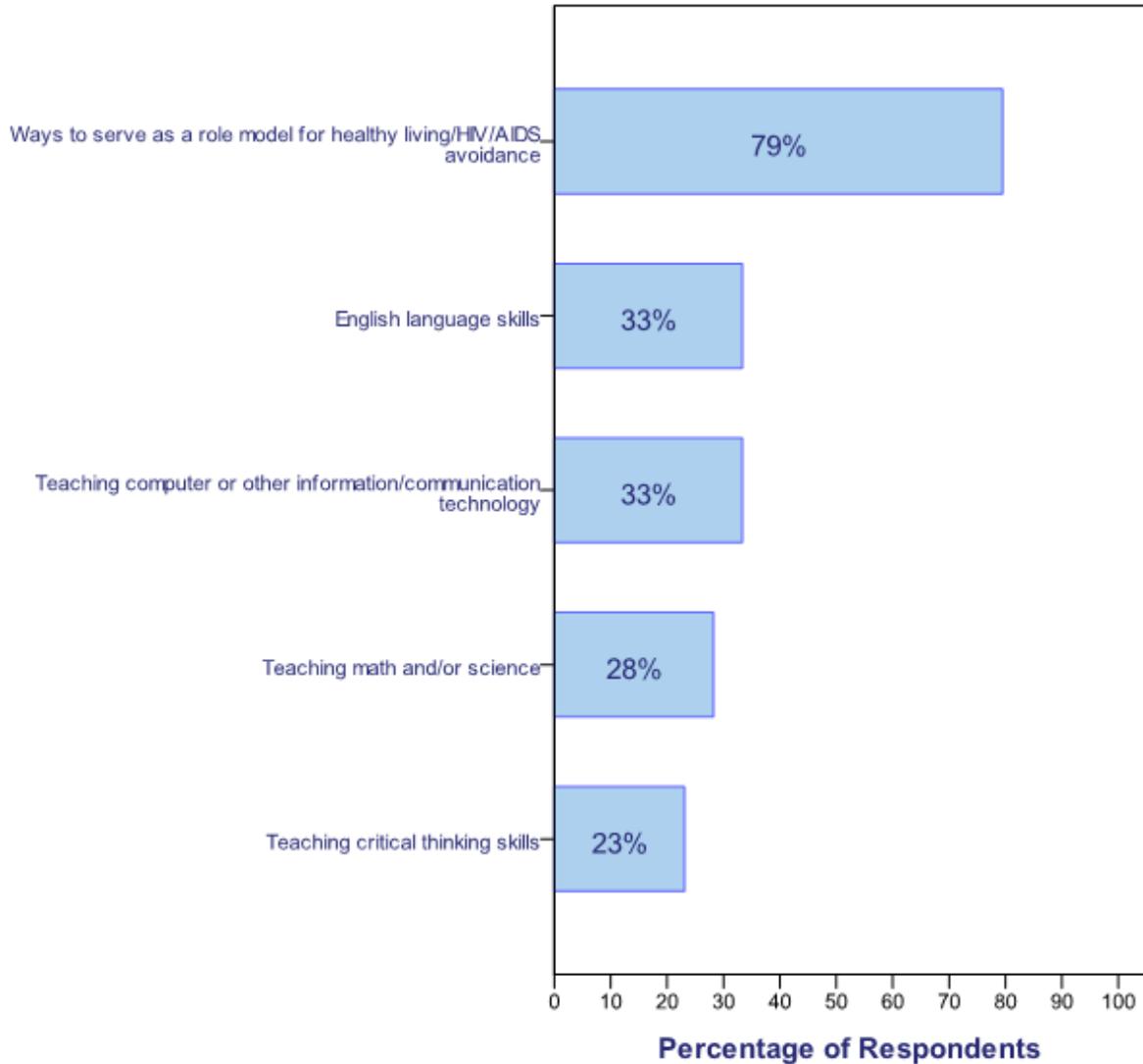
Figure 16: Technical Training Received by Health Education Project Counterparts: Tanzania (n=17)
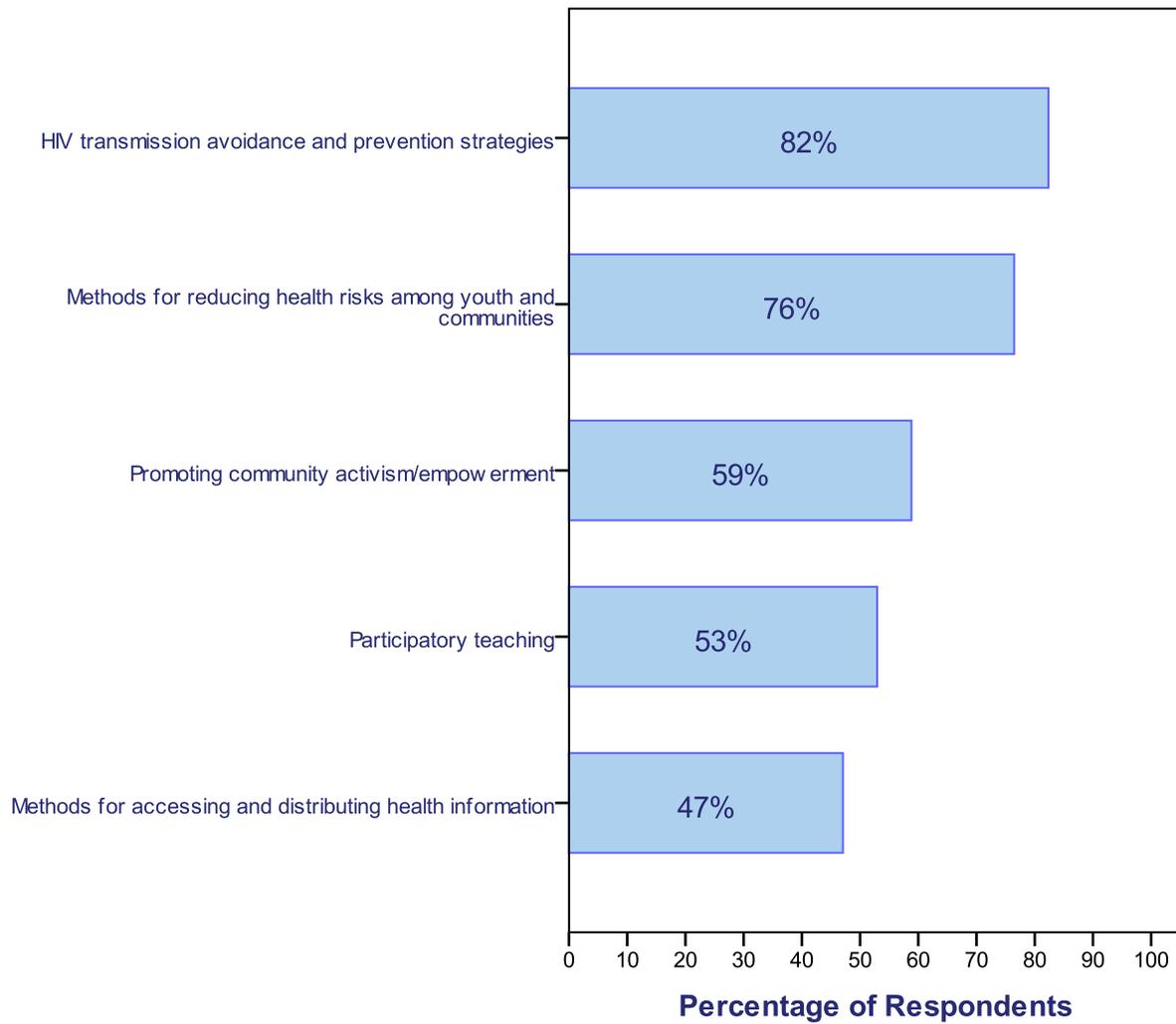
When asked about the value of the training, respondents were largely positive, with most respondents from both projects saying that the training contributed to their technical skills, project success, and project sustainability (Figures 17 and 18).

Figure 17: Usefulness of Training for Secondary Education Project Technical Skills and Project Sustainability: Tanzania
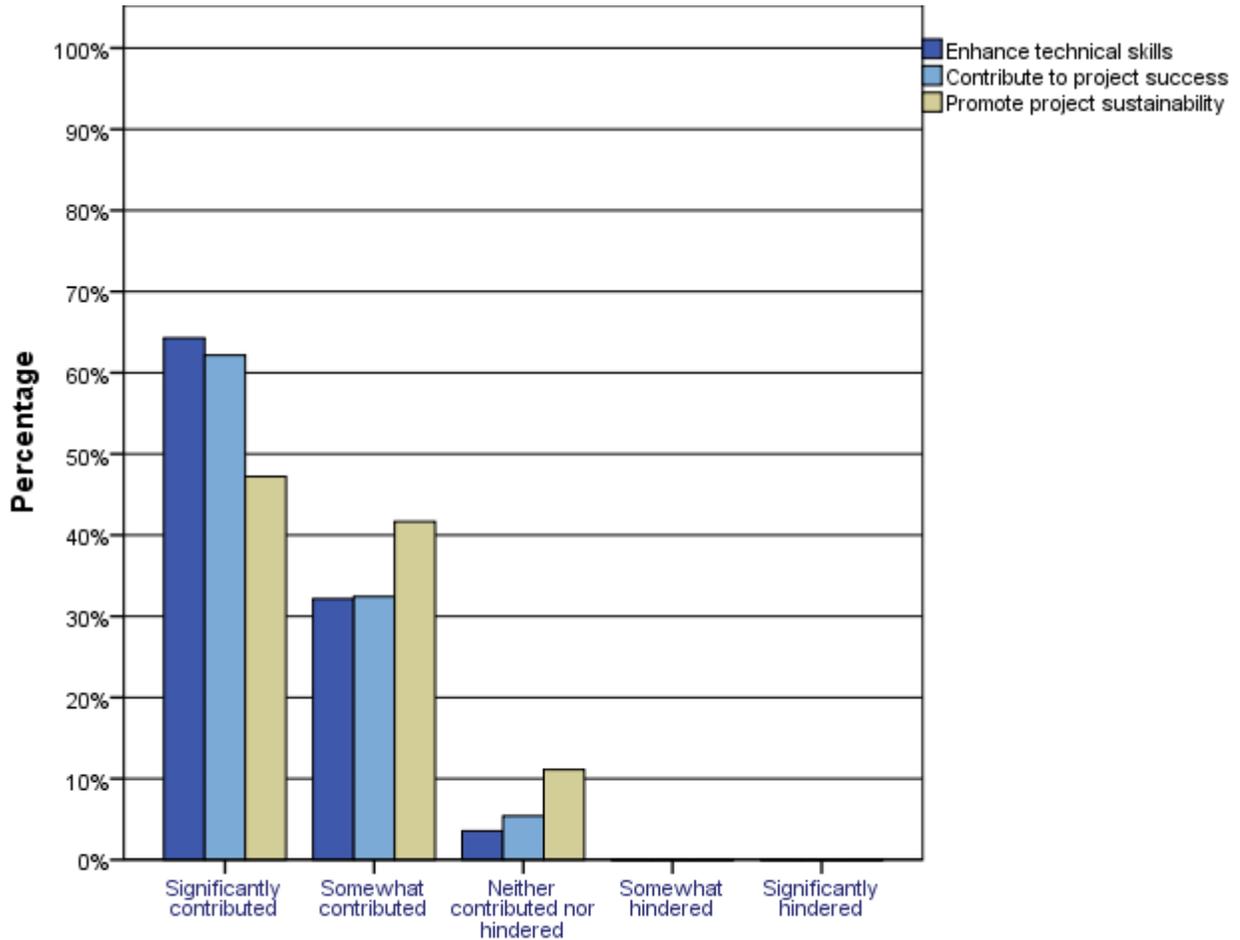
* Success and sustainability were asked only of counterparts, n=37, response rate for individuals' skills was 57.

Figure 18: Usefulness of Training for Health Education Project Technical Skills and Project Sustainability: Tanzania
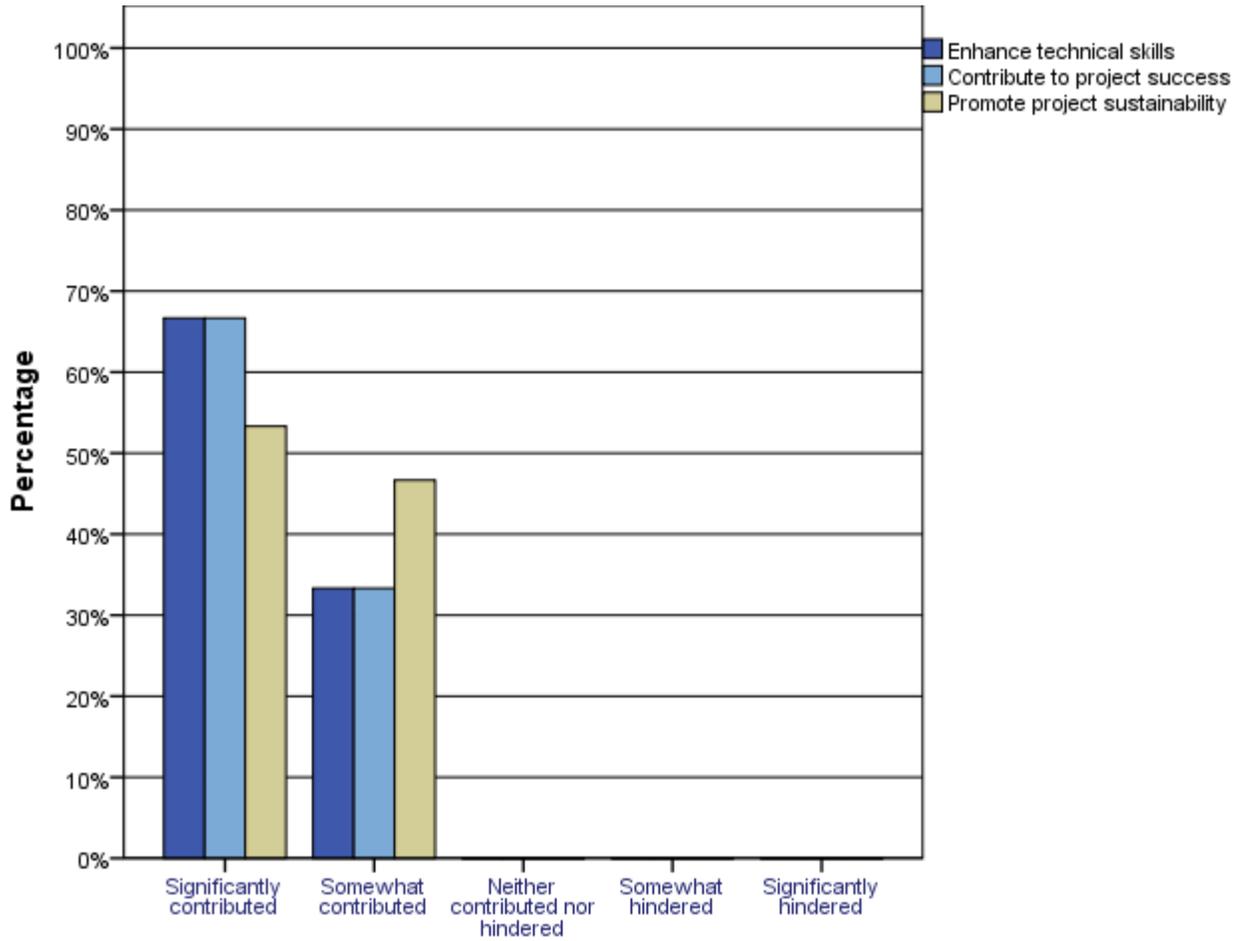

* Success and sustainability were asked only of counterparts, n=15, response rate for individuals' skills was 24.

**Did Skills Transfer Lead to Sustainable Changes?**

Ninety-five percent of Secondary Education Project counterparts and beneficiaries reported that the changes realized in their communities and schools were maintained to at least the 50 percent level after the end of the project (Figure 19). Eighty-five percent of Health Education Project counterparts and beneficiaries reported that the changes realized were largely maintained (Figure 20).

Figure 19: Extent to Which Secondary Education Projects Were Sustained after Volunteer Departure: Tanzania (n=56)
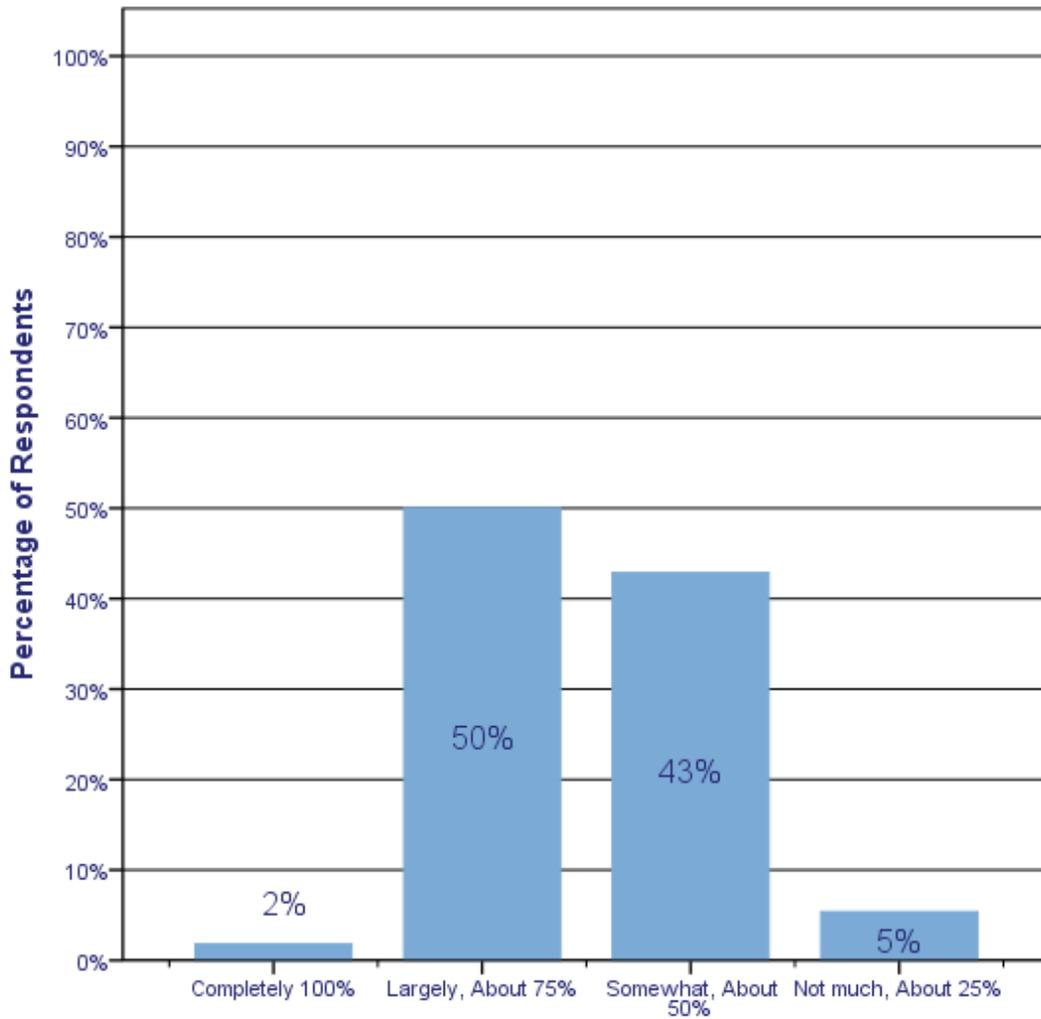
Figure 20: Extent to Which Health Education Projects Were Sustained after Volunteer Departure: Tanzania (n=26)
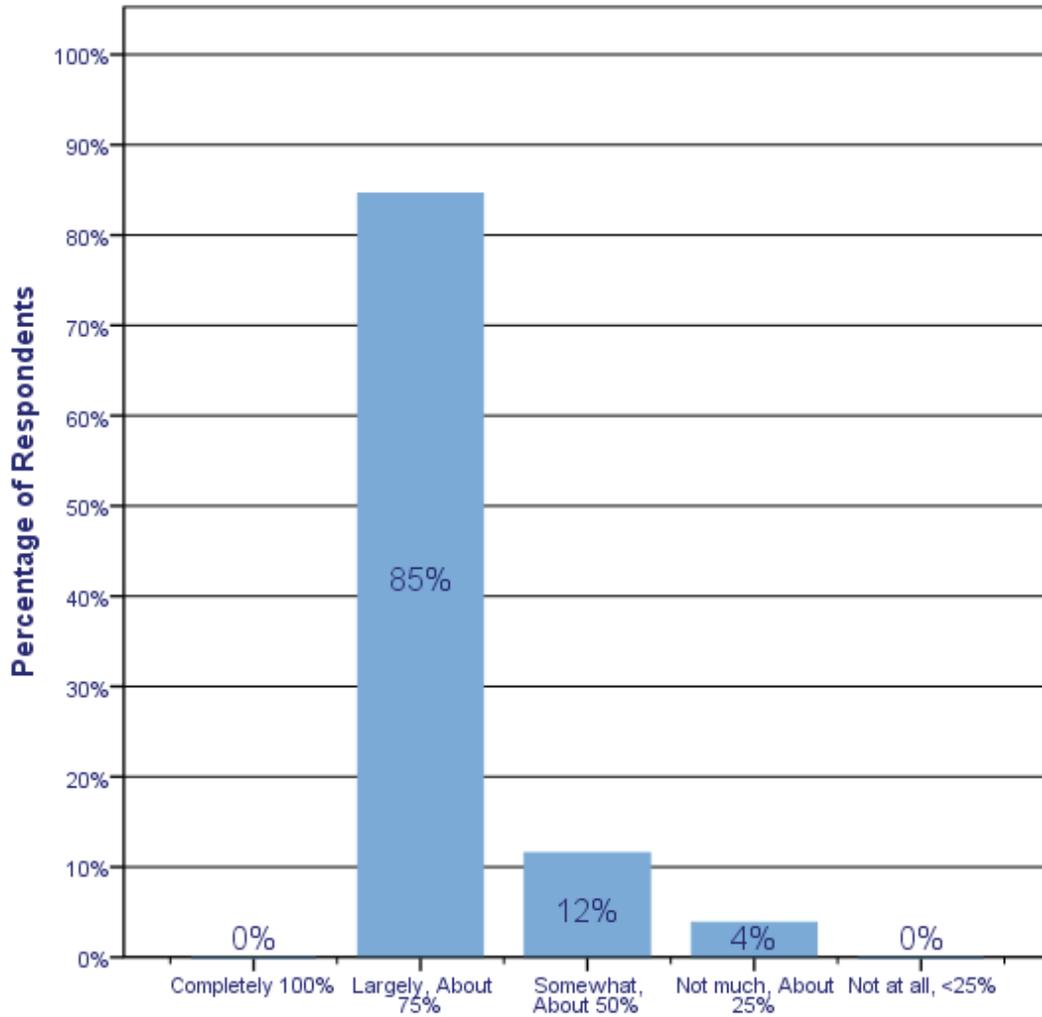
When asked about the degree to which different groups were trained to maintain the work, 77 percent of the Secondary Education Project respondents said that participation in the project prepared them, as individuals, to maintain the work. Fewer said that the project prepared either the school or the community to maintain the work (Figure 21). Among Health Education Project respondents, 68 percent said that participation in the project largely prepared them, as individuals, to maintain the work. Fewer said that the project prepared either the school or the community to maintain the work (Figure 22).

Figure 21: Extent to Which the Secondary Education Project Prepared Individuals and Organizations to Maintain the Work upon Departure of the Volunteer: Tanzania (n=52-53)


Percentage of Respondents
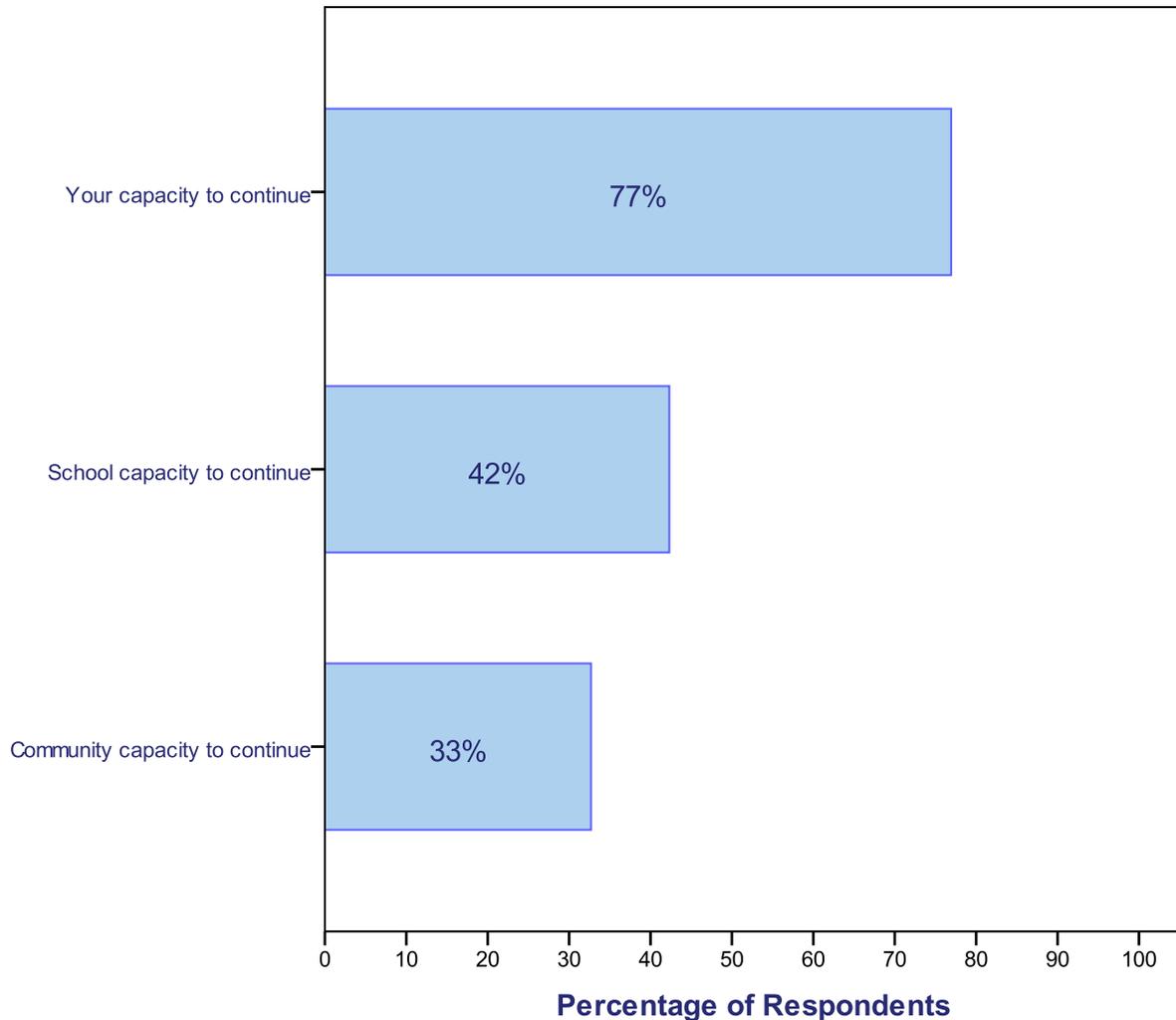
Figure 22: Extent to Which the Health Education Project Prepared Individuals and Organizations to Maintain the Work upon Departure of the Volunteer: Tanzania (n=22)

Percentage of Respondents
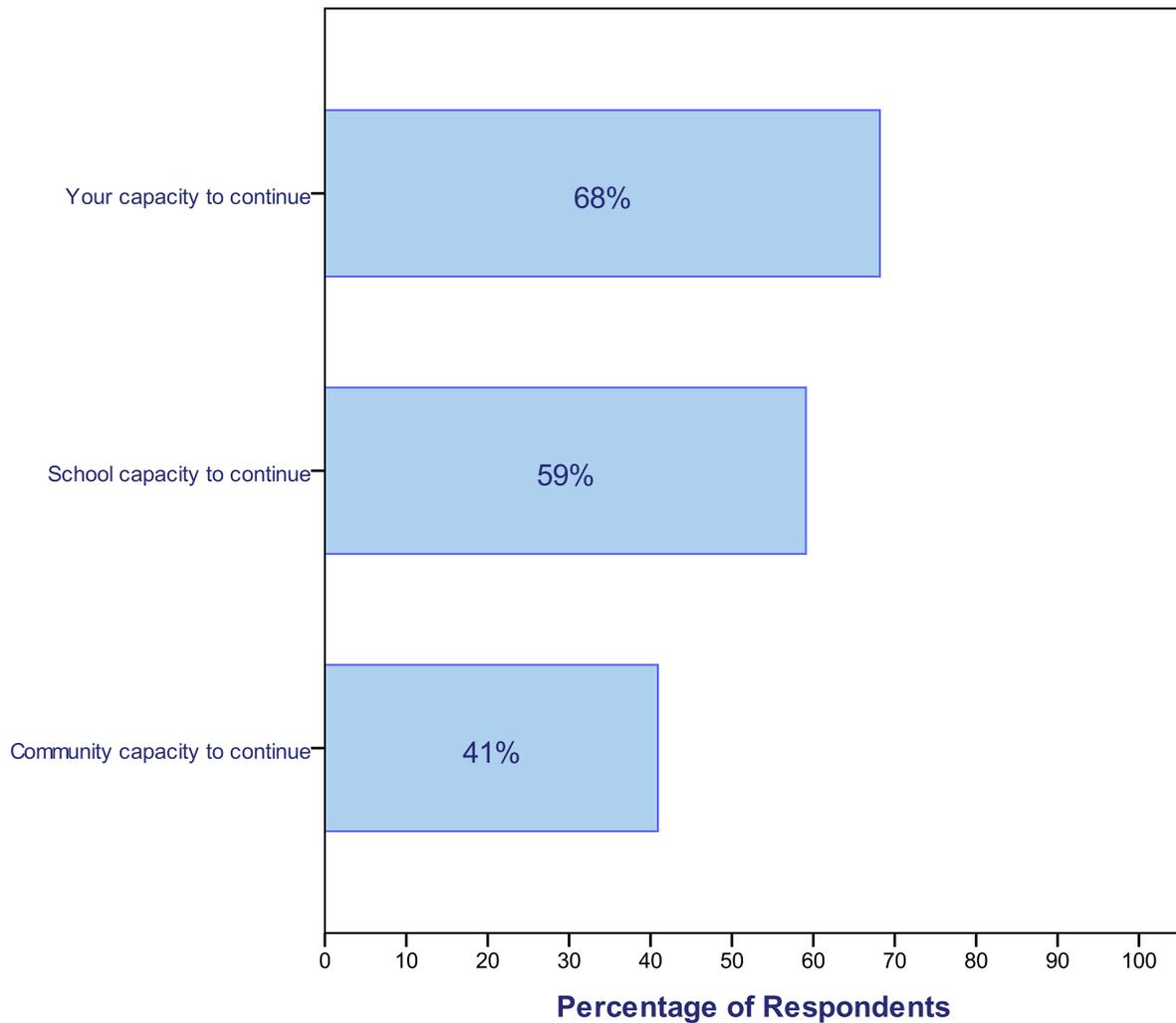
Overall HCN Satisfaction

Two measures of overall satisfaction with the Peace Corps' projects were included in the interviews. They were satisfied with the:

1. Reported changes

2. Degree to which the project met their needs

The findings on these questions are reported below.

**Overall HCN Satisfaction with Reported Changes**

Among both counterparts and beneficiaries, satisfaction with the changes in the community and school resulting from their work with the Peace Corps was high. Fifty-one percent of Secondary Education Project respondents and sixty-nine percent of Health Education Project respondents reported being "very satisfied" (Figures 23 and 24). Respondents that indicated that they were unsatisfied with the project did not offer criticisms of the project per se; rather they said that they were dissatisfied because they no longer had a PVC teaching at their site.

Figure 23: Counterpart and Beneficiary Satisfaction with the Secondary Education Project Outcomes: Tanzania (n=59)
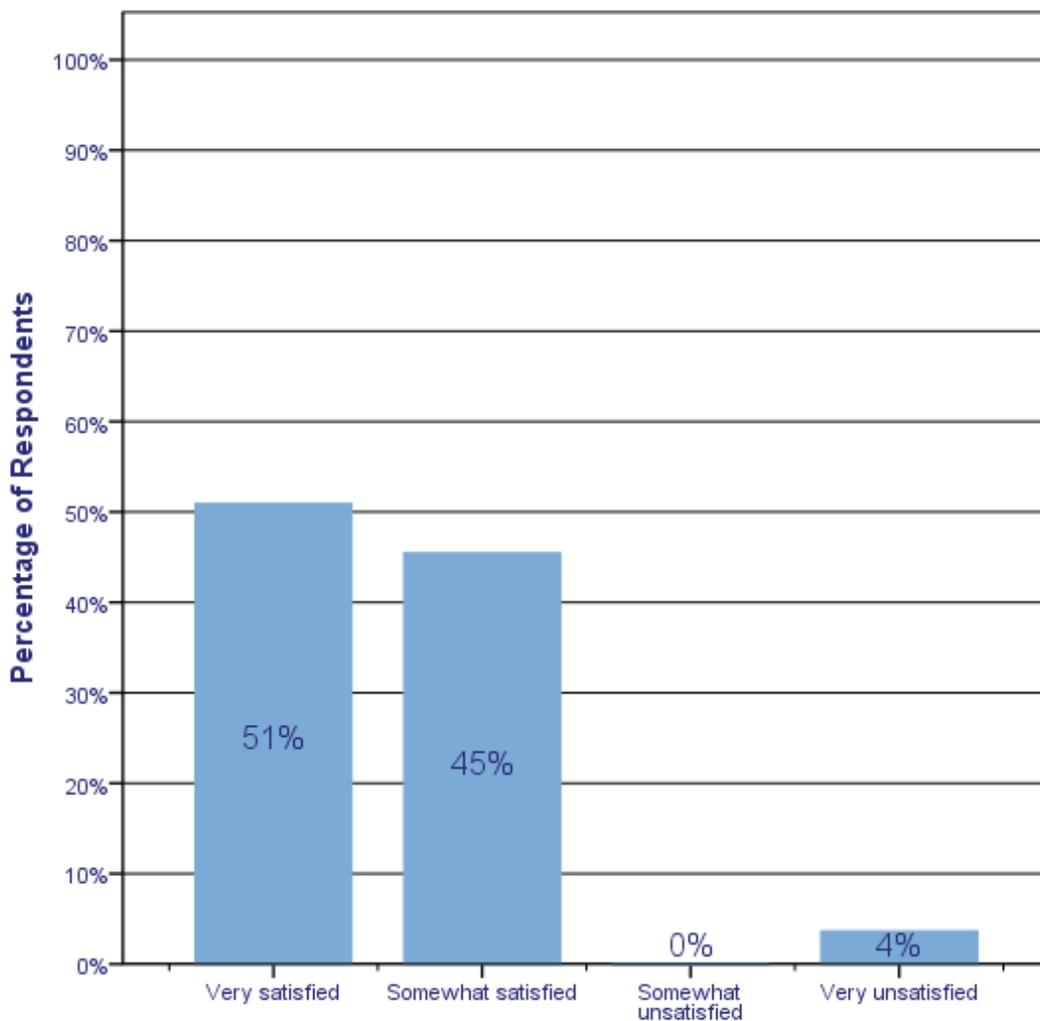
Figure 24: Counterpart and Beneficiary Satisfaction with the Health Education Project Outcomes: Tanzania (n=25)
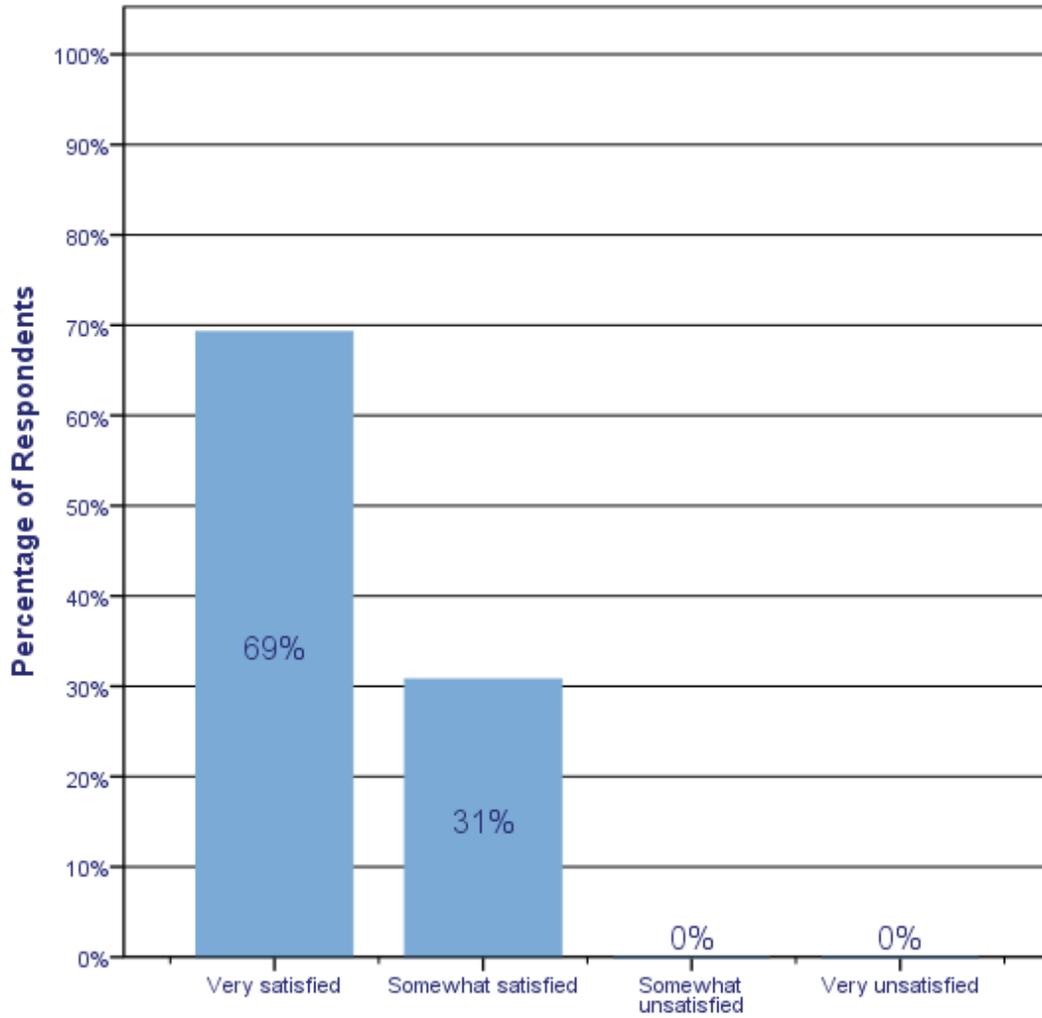
HCNs' Comments About Overall Satisfaction with the Project Work:

Secondary Education Counterparts

The computer class was efficient and English language knowledge has increased among the students.

I have been satisfied to some extent, especially in teaching science subjects and participating in various seminars.

Secondary Education Beneficiaries

I am very satisfied, as my school has changed a lot. Students have been taught the subjects for which the school previously had no teachers. They have been trained to protect themselves from AIDS.

Health Education Project Counterpart

[I am] *fully satisfied. The community has changed especially in HIV/AIDS awareness and knowledge (e.g. they can use condoms).*

Health Education Project Beneficiary

[I am] *fully satisfied. I can educate community members about how they can protect themselves from HIV/AIDS.*

Did HCNs Think Their Needs Were Met?

Most respondents in both projects indicated that the project in which they were engaged had developed skills among the individuals who worked with the PCVs (Figures 25 and 26). The respondents that reported being unsatisfied did not offer comments to explain their dissatisfaction.

Figure 25: Secondary Education Project Counterpart and Beneficiary Rating of Local Skills Building: Tanzania (n=55)
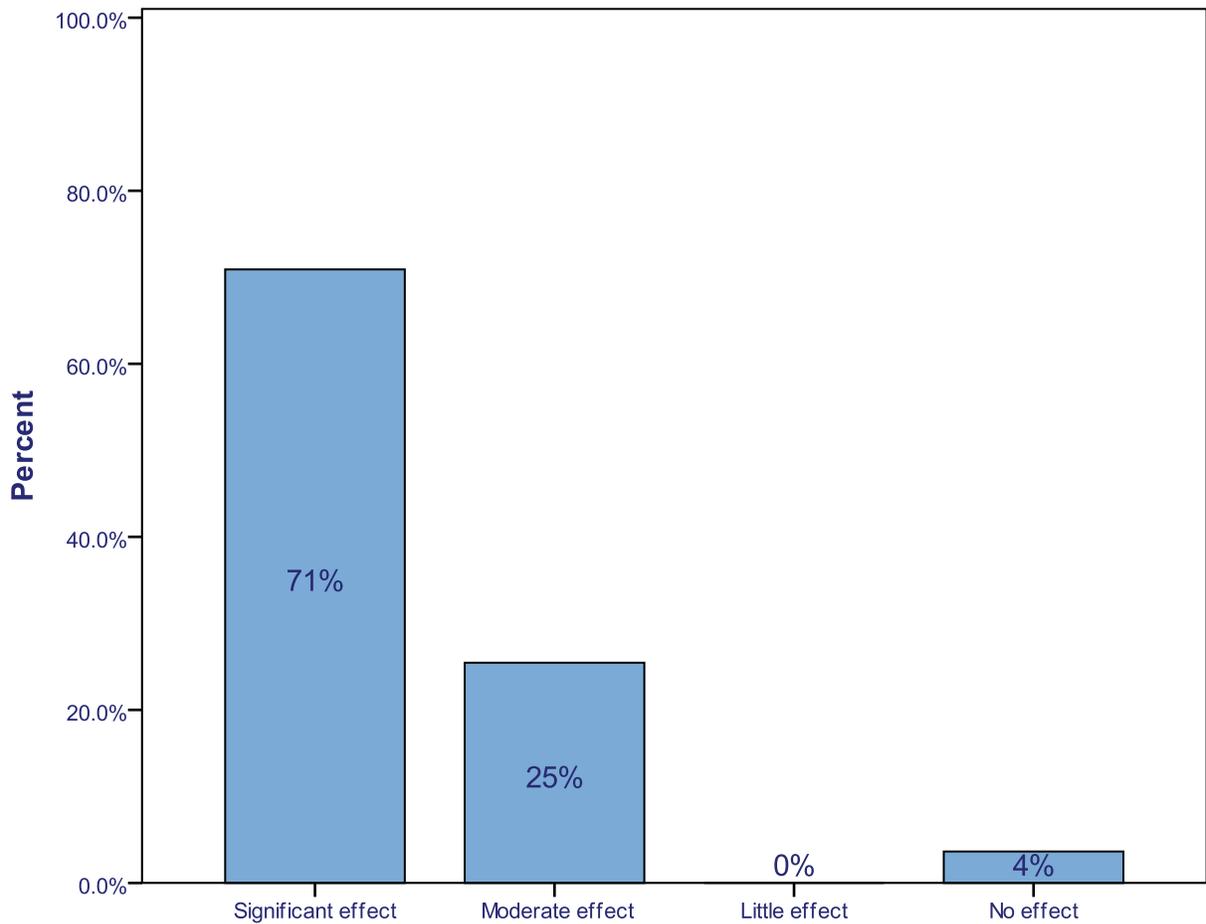
Figure 26: Health Education Project Counterpart and Beneficiary Rating of Local Skills Building: Tanzania (n=26)
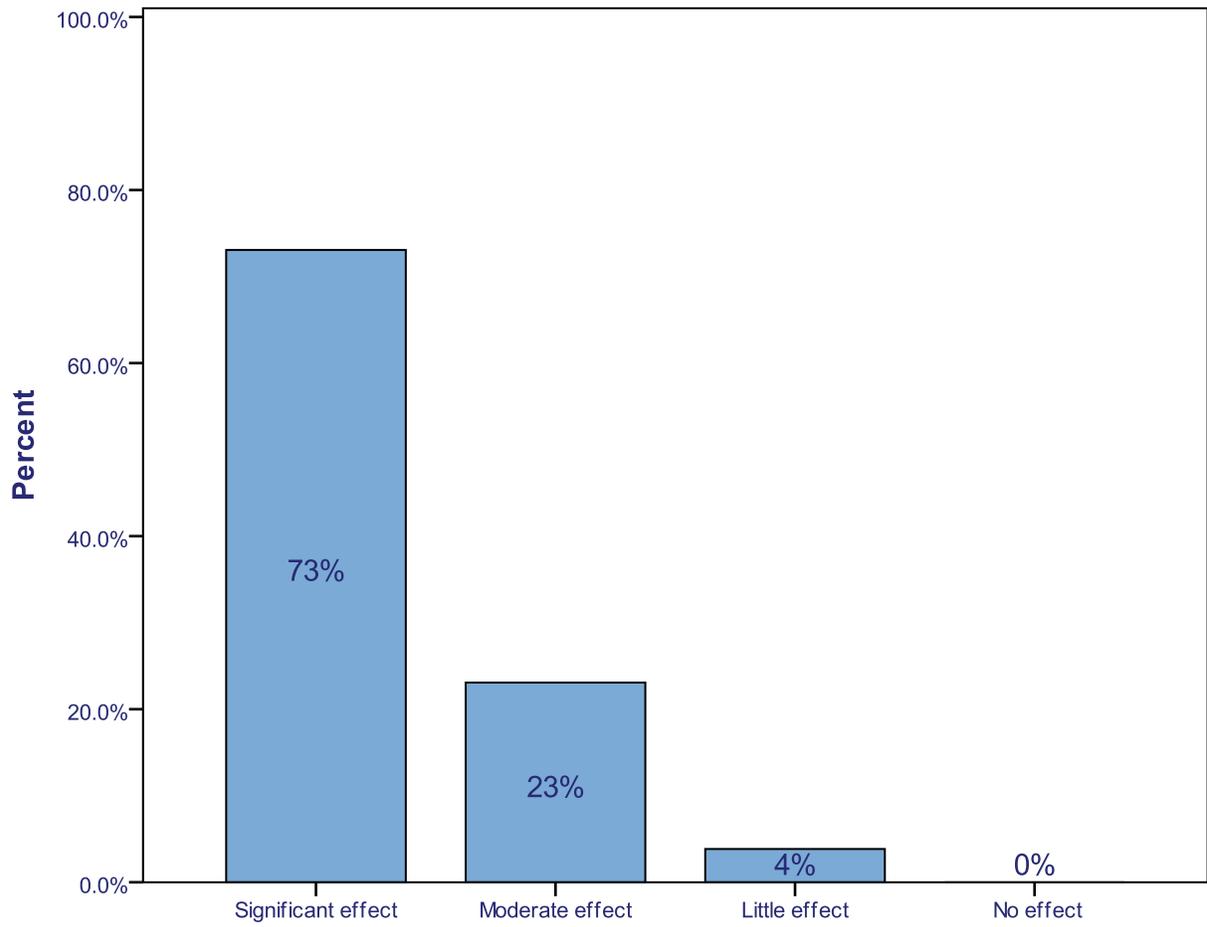
Would HCNs Want to Work with the Peace Corps Again?

Another measure of satisfaction is whether counterparts and beneficiaries would want to work with another Volunteer. All 56 of the Secondary Education Project respondents and 96 percent of the 25 Health Education Project respondents reported that they would want to work with another Volunteer.

HCNs' Responses About Why They Would Welcome Another Volunteer:

Secondary Education Counterparts

> *They encourage*[d] *students to work hard especially in science, sports, mathematics and culture. They volunteered to buy some school materials to ensure the school's development.*

> *Yes, because we have a shortage of science and mathematics teachers in our school.*

Secondary Education Beneficiaries

> *Yes, I am ready because they have the ability to use various teaching approaches/methodologies (e.g. games in teaching mathematics that promote critical thinking and simplify the concepts for the learners/students.)*

Health Education Counterpart

> *I am ready to receive and accommodate the Peace Corps Volunteer(s) in my community, because they were able to organize diverse groups and educate them on how they can protect themselves against HIV/AIDS infections.*

Health Education Beneficiary

> *They volunteered to work with the community without considering members' social classes. They have technological skills and work with people from lower classes. Their services are good.*

## Support and Barriers to Project Performance

Beneficiaries and counterparts from both projects observed that the primary factor contributing to the success of the projects was their hands-on work with the Volunteers (Figures 27 and 28).

Figure 27: Factors Secondary Education Project Counterparts and Beneficiaries Credited with Project Success: Tanzania (n=59)
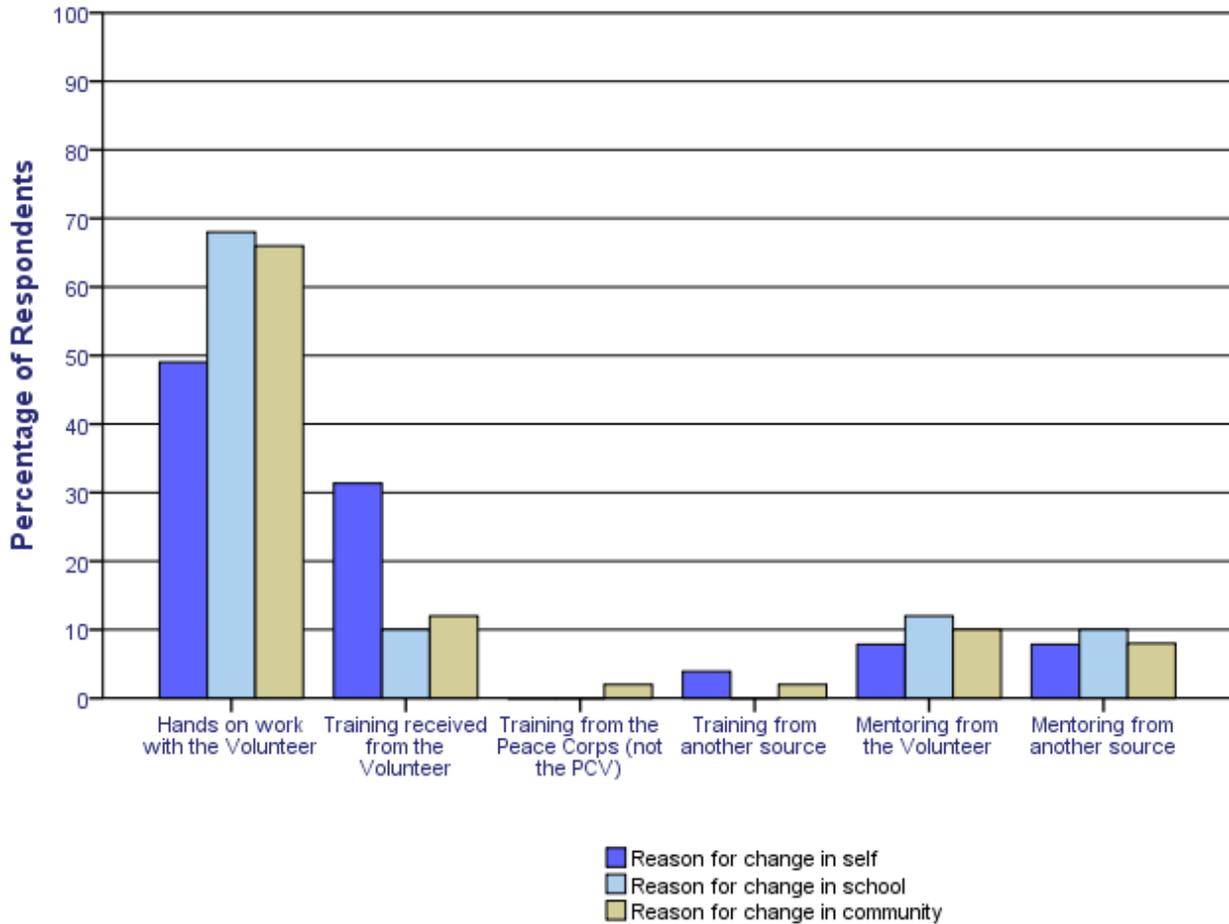
Figure 28: Factors Health Education Project Counterparts and Beneficiaries Credited with Project Success: Tanzania (n=25)
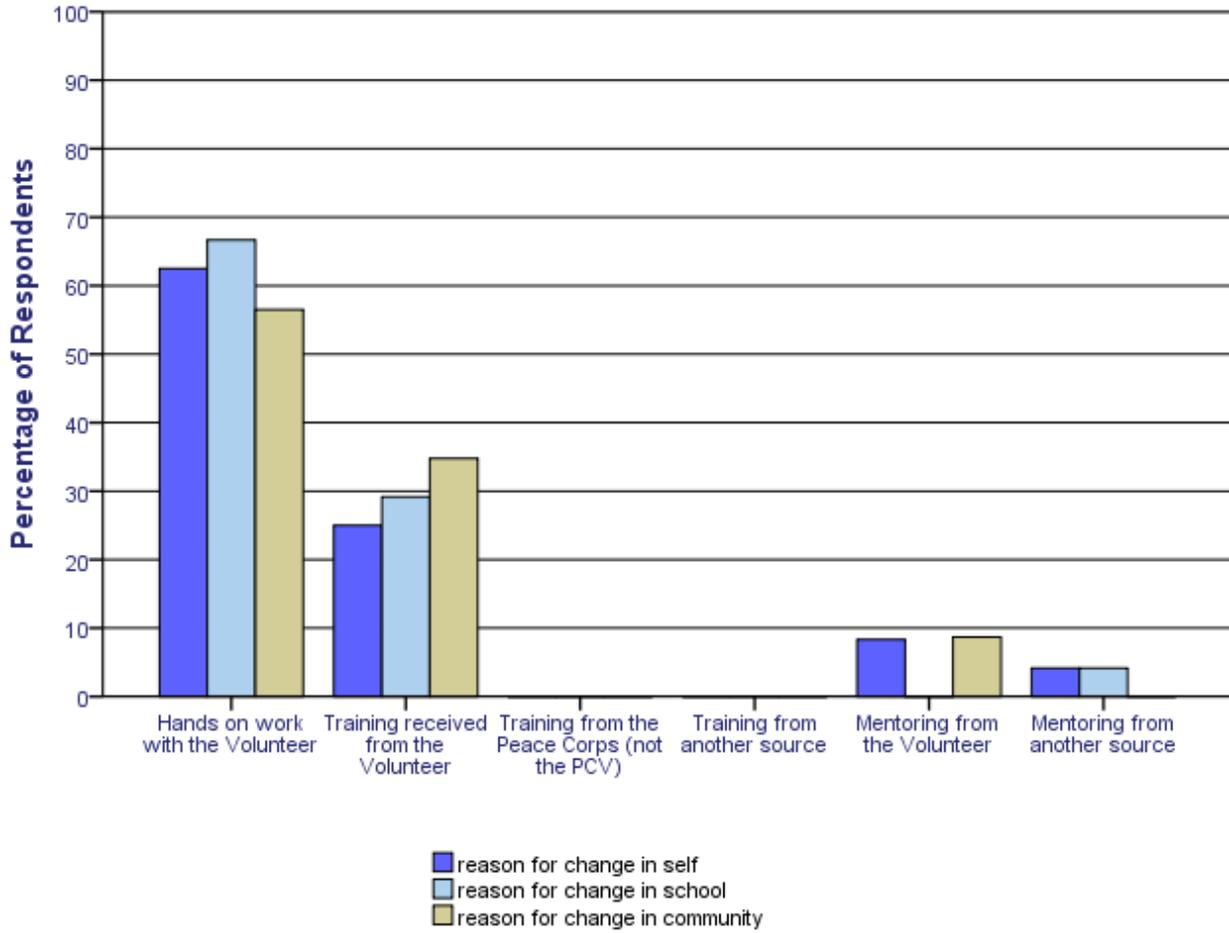
The lack of funding and trained people to continue the work was cited by 82 percent of Secondary Education Project respondents as the principal barriers to sustaining the education work (Figure 29). Eighty-one percent of Health Education Project respondents mentioned a lack of funding as a barrier to sustaining the project and 73% cited the lack of trained people (Figure 30).

Figure 29: Barriers to Project Success among Secondary Education Project Counterparts and Beneficiaries: Tanzania (n= 59)
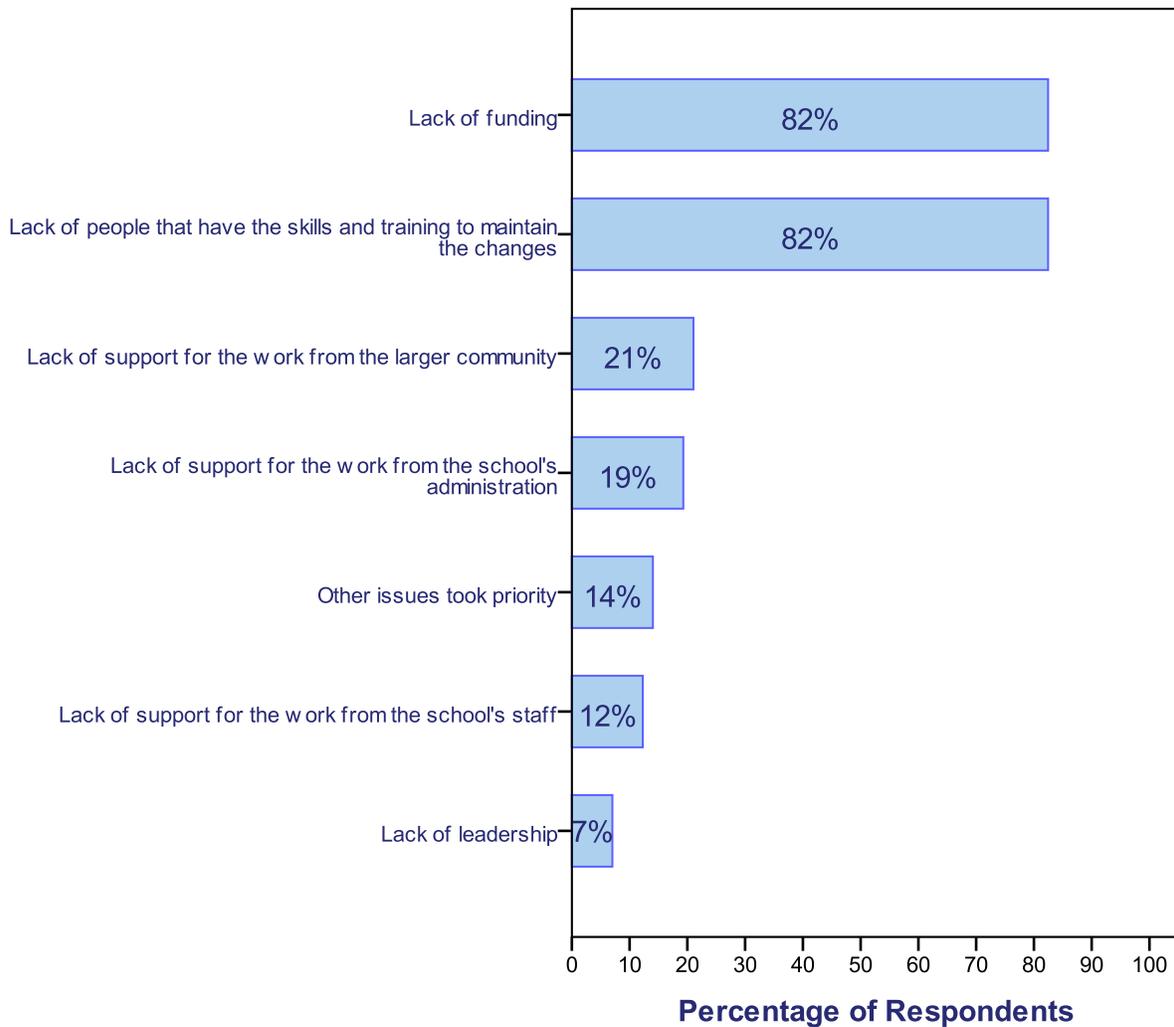
Percentage of Respondents

Figure 30: Barriers to Project Success Among Health Education Project Counterparts and Beneficiaries: Tanzania (n= 26)
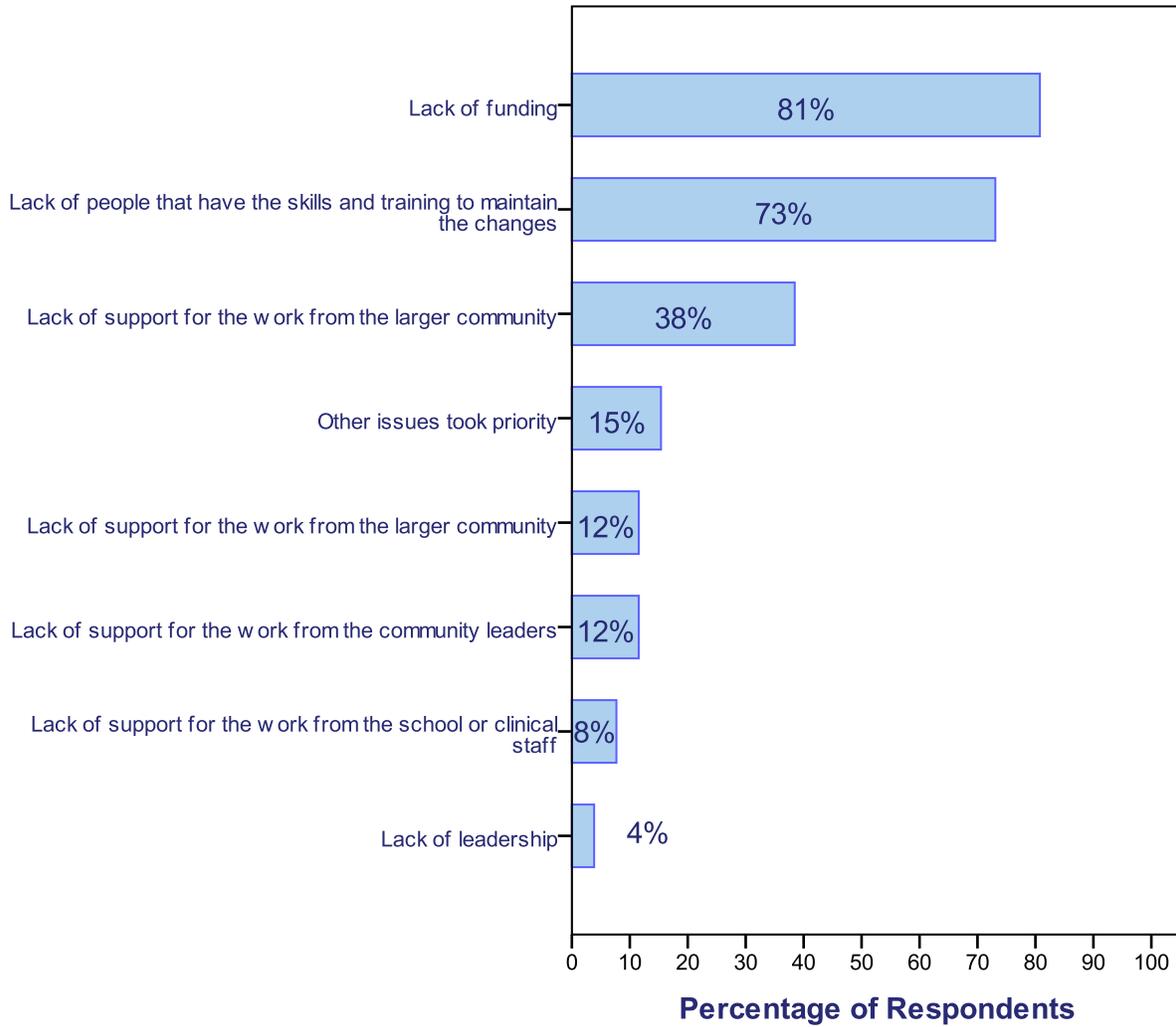
HCNs' Comments About Barriers to Project Success:

Secondary Education Project Respondents

> [We] *lack textbooks for the new syllabus and lack teaching and learning aids.* [We] *lack modern libraries and laboratories and we possess poor English language skills.*

> *[We have a] lack of finances/tight budget, inadequately skilled workers, for instance, teachers.*

Health Education Project Respondents

> *Bad weather conditions [the area is too cold], few skilled people, financial problems, and a lack of cooperation with students.*

> [We have] a *shortage of experts from the community.* [Another challenge is that] *the community prioritizes tribal customs which encourage* [risky] *sexual practices.*

## Comparing Changes in Secondary Education Project Communities and Matched Comparison Group Communities

In addition to interviewing HCNs who interacted with PCVs, the research team in Tanzania also interviewed 21 individuals in four communities which did not receive PCVs. These included 11 comparison "counterparts" and 10 comparison "beneficiaries". Their responses were compared to those from the 39 counterparts and 18 beneficiaries who had worked with PCVs in the Secondary Education project.

Demographic Comparison

Members of both the project group and comparison group represented the same types of people, with the majority from both groups being teachers or students from secondary schools. With regard to counterparts' length of time in the field of education, members of the comparison group were more likely to have zero to two year or more than 10 years of experience as compared to members of the project group who were most likely to report 2 to 10 years of teaching experience (Figure 31).

Figure 31: Length of time in the Education Field: Project Group Compared to Comparison Group (n=48)
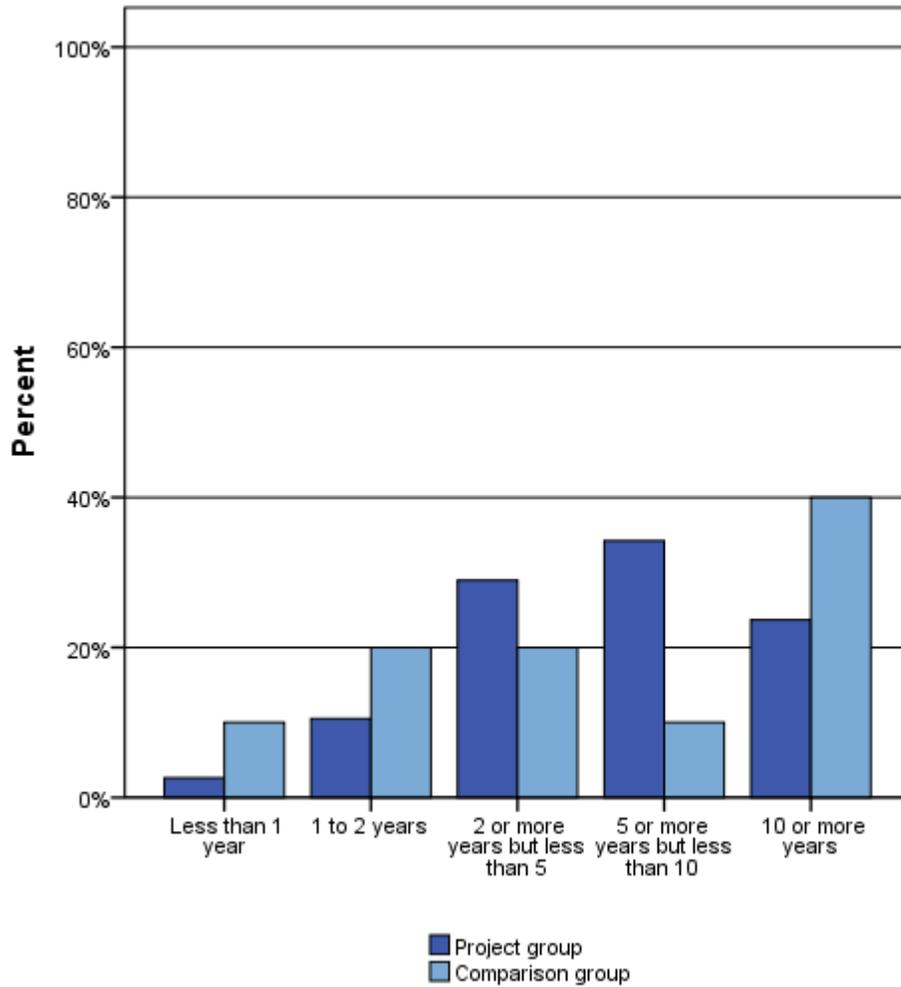

Organizational-Level Changes

In the absence of data about prior conditions both the project group and the comparison group were asked about changes in their schools over time. Project group members were asked about the period between when the Volunteer arrived and the current time and comparison group members were asked about approximately the same five-year period.

In most cases, members of the project group rated the improvement in their school more positively than did members of the comparison group (Figure 32). The largest differences were seen in student performance in English language skills; student performance in math, science, computer or critical thinking skills; teachers' use of "new" educational approaches; and students'/teachers' use of computer or information communication technologies.

Figure 32: Percentage of Respondents that Rated Their Schools as Better: Project Group Compared to Comparison Group (n=73-76)
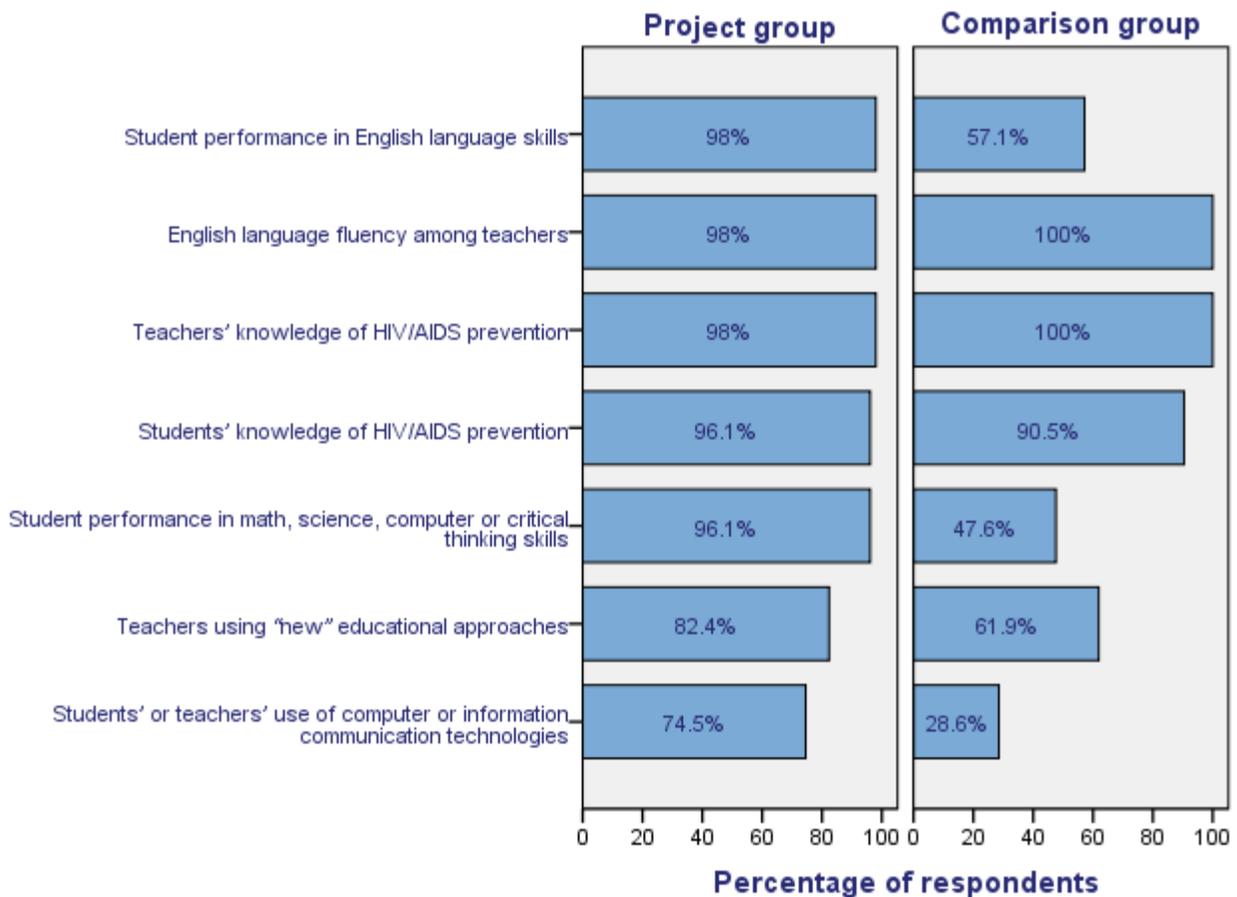
When asked about how they themselves had changed, members of the project group, as compared to members of the comparison group, were more likely to report noticeably greater improvement in three of the five areas asked about (Figure 33). These were with regards to counterparts' and beneficiaries' own math, science, computer and critical thinking skills; teachers' use of "new" educational approaches; and counterparts' and beneficiaries' own use of computer or information communication technologies.

Figure 33: Percentage of Respondents that Rated Improvements in Themselves: Project Group Compared to Comparison Group (n=73-76)
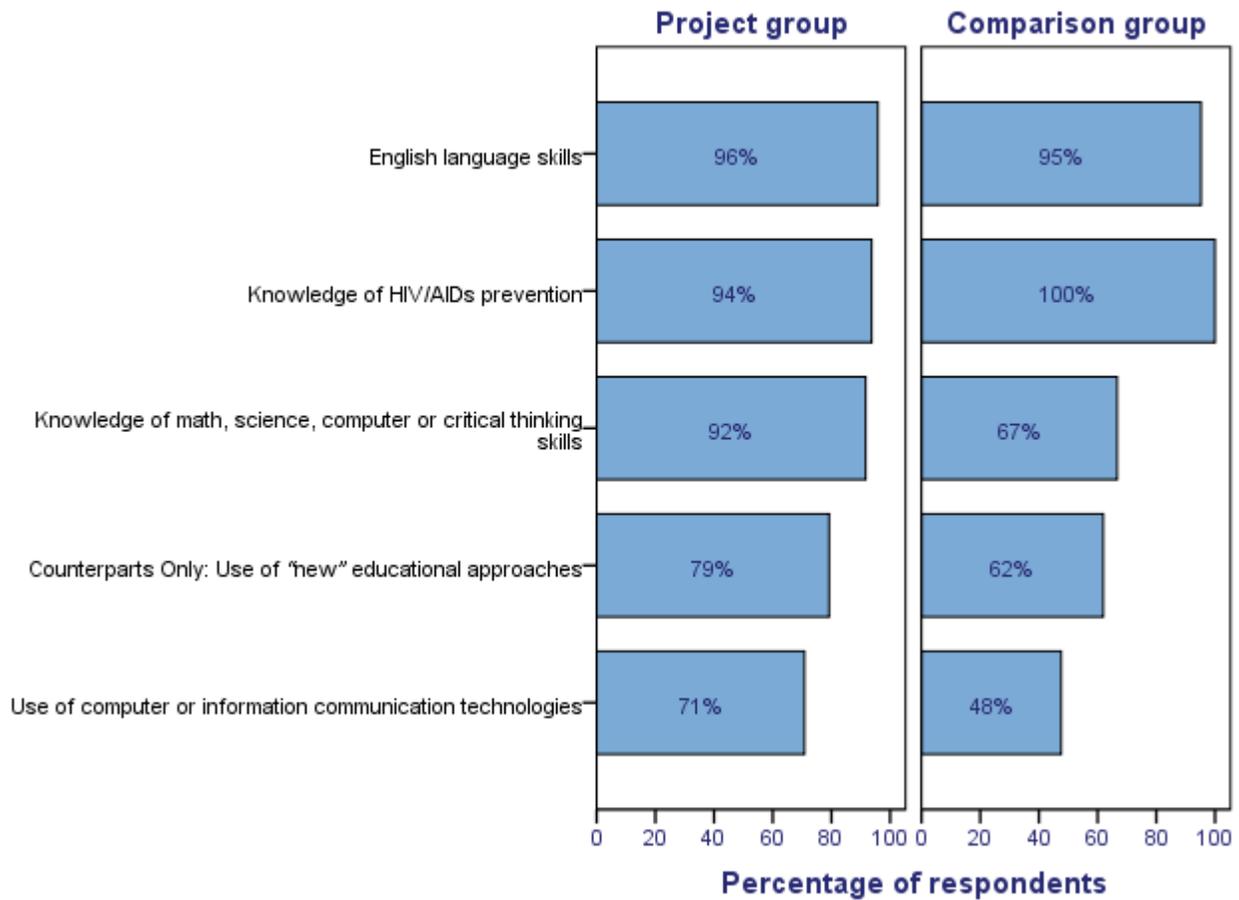
In addition, members of the project group were much more satisfied with the changes in their school over that period than were members of the comparison group (Figure 34). Comments from members of the comparison group focused on issues related to a reported lack of teachers and instructional materials.

Figure 34: Satisfaction with Changes in the School Project Group Compared to Comparison Group (n=76)
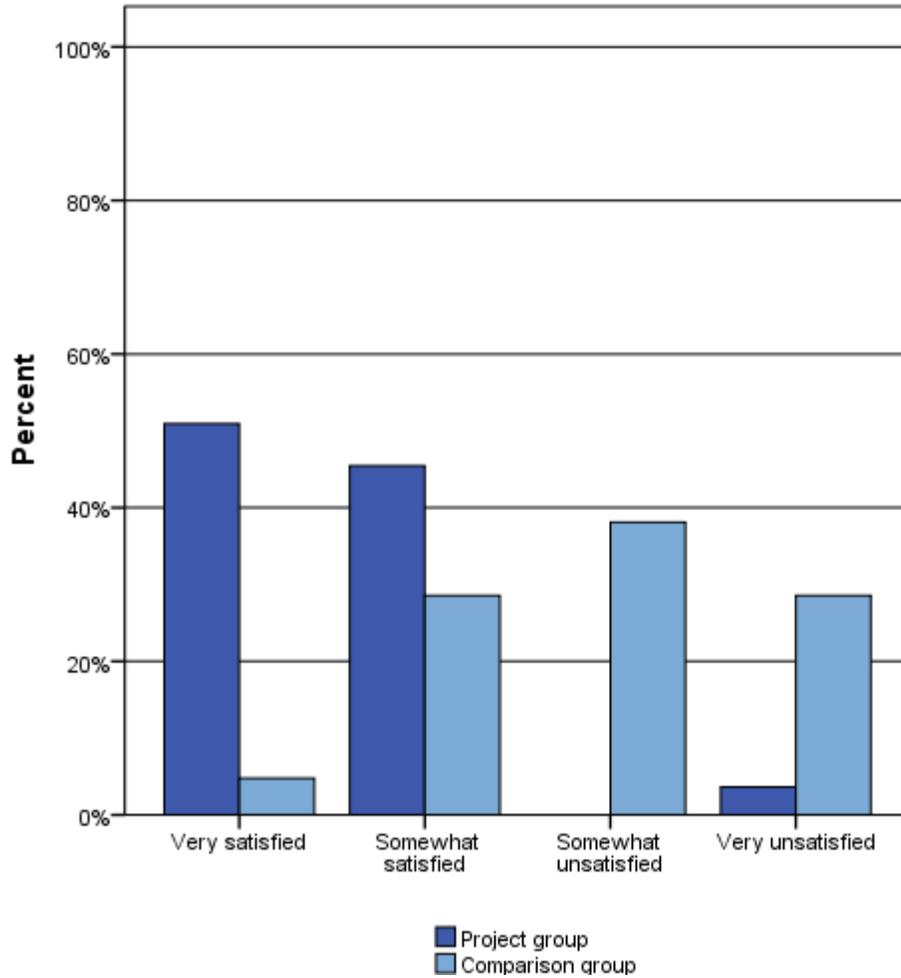
Comparison Group Members Comments About Changes in the School over the Past Five Years:

I am very dissatisfied, because we have very few teachers, very few textbooks and also we don`t have a library, a laboratory and equipment, or a school hall. We don`t have [good] *accommodation s for teachers or for students.*

*I am not satisfied because the students perform very poorly due to the shortage of teachers for science and mathematics.*

I am not satisfied because of the shortage of science and mathematics teachers in our school. All [of our] *teachers are temporary employees and some are borrowed from* [another school].

When asked about the barriers to improving their school, both project group members and comparison group members most frequently blamed the lack of skilled staff (82 percent of project group members and 100 percent of comparison group members, and a lack of funding (82 percent of project group members and 81 percent of comparison group members (Figure 35). Project group members were more likely than comparison group members to report a lack of support from the school administration as a barrier to success, while comparison group members were more likely than project group members to report a lack of support from the larger community as a barrier to success.

Figure 35: Barriers to Improving School Conditions: Project Group Compared to Comparison Group (n=78)
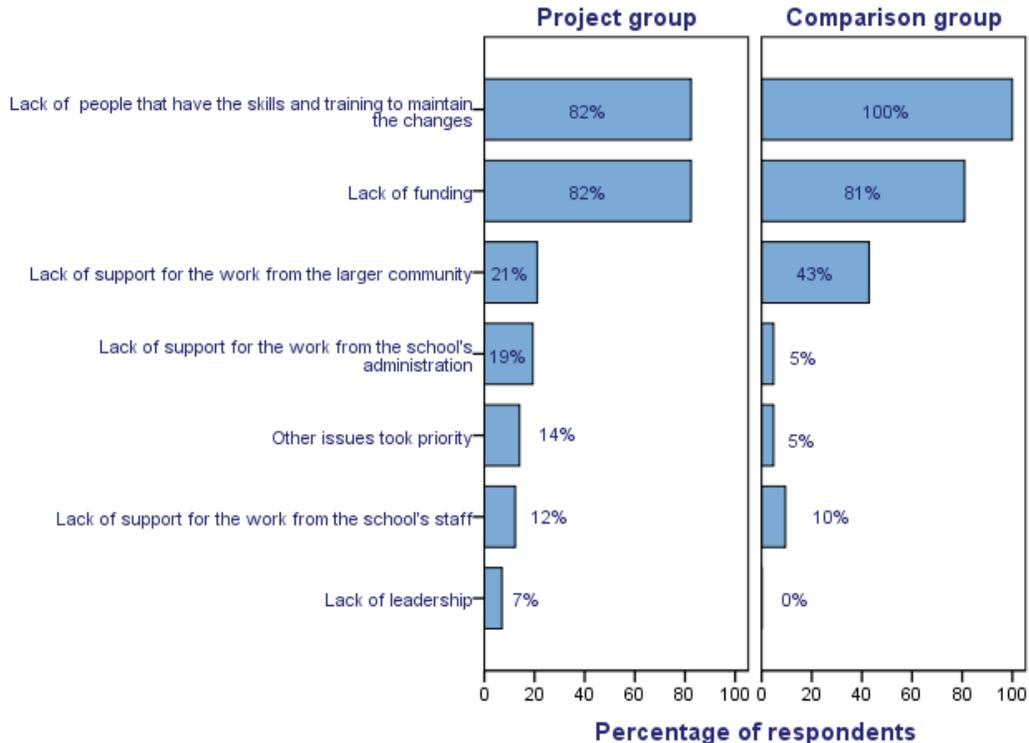
Lessons Learned Regarding Goal 1 Performance

The following theme emerged as a topic requiring additional research at post:

Increasing Individual capacity. When discussing the types of skills that individuals learned, respondents tended to focus on the acquisition of individual knowledge (e.g., learning about the dangers of HIV/AIDS rather than on skills, such as critical thinking, teaching skills, and methods for accessing health information. When asked about the degree to which the project had increased the community's capacity, most respondents reported that while individual capacity levels had increased this did not seem to have translated into gains in school or community capacity. In part, this may be due to the Ministry of Education's frequent movement of teachers between schools which may result in teachers taking their knowledge and skills gains with them before school-level changes are realized.

Comments from the local senior researcher are presented below:

- Comments from respondents suggested that, in some cases, communities and counterparts are not properly prepared for the PCV and that they tend to have unrealistic expectations of the PCV. For example, the project work is hampered when PCVs are perceived as "a special guest" at the start of their placement.

- Sustaining the work and changes achieved after the PCV leaves was also noted as a challenge. Host communities are challenged by a lack of funds and technical skills to carry on the PCV's work. The senior researcher recommended that a sustainability analysis of PCV work be carried out. One option would be for PCVs to conduct activities which are strictly within the realm of the school's financial ability to sustain them.

CHAPTER 4: GOAL TWO FINDINGS

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

How Did Tanzanians Get Information about Americans Prior to Interacting with the Volunteer?

Tanzanian counterparts, beneficiaries, and host family members learned about Americans from a wide range of sources prior to the arrival of a Peace Corps Volunteer. Among counterparts and beneficiaries, sixty-eight percent reported gaining information from television/movies (Figure 36). Among host family members, 14 out of 22 reported learning about Americans form newspapers and magazines (Figure 37).

Figure 36: Counterpart and Beneficiary Sources of Information about Americans Prior to Interacting with a Volunteer: Tanzania (n=83)

Figure 37: Host Family Sources of Information about Americans Prior to Interacting with a Volunteer: Tanzania (n=22)

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

Before interacting with Volunteers, most respondents reported a moderate or limited understanding of Americans (Figure 38).

Figure 38: Level of Understanding of Americans Before Interaction by Respondent Type: Tanzania

With regard to opinions of people from the United States, the majority of respondents reported either a somewhat positive or neutral opinion (Figure 39).

Figure 39: Opinion of Americans Before Interaction by Respondent Type: Tanzania
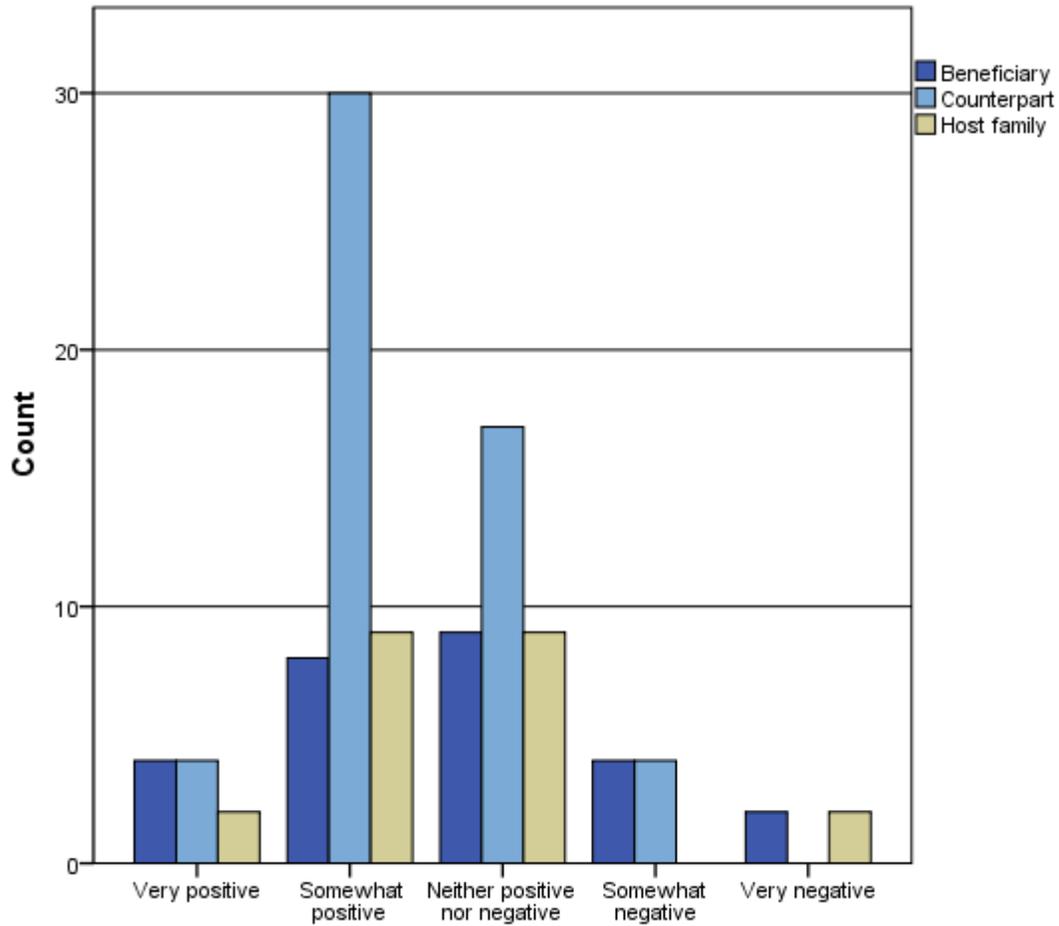
> **HCNs' opinions of Americans prior to interacting with Volunteers:**
>
> *Selfish, uncooperative and impolite*
>
> *Very furious/high-tempered, they are cruel people; they are very bright people and they have a lot of money to give away*
>
> *People who cannot learn languages other than English; they are racists and are self-centered*
>
> *People who are well developed especially in science and technology and they are hard working*
>
> *I had a good attitude* [about Americans]. [I thought they were] *generous, kind, hardworking people*
>
> *My thoughts toward them were positive and that they are good people*

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

Counterparts reported having known an average of three Volunteers over a period of almost four years. Beneficiaries reported having known an average of two Volunteers over a period of 25 months. Host family members reported hosting an average of three Volunteers during the Volunteers' Pre-Service Training (PST) period of approximately 2 months.

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

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

The interaction mentioned by the most host family members was talking about the Volunteer's life in the United States (Figure 40).

Figure 40: Activities that Host Family Members Shared with Volunteers: Tanzania (n=22)
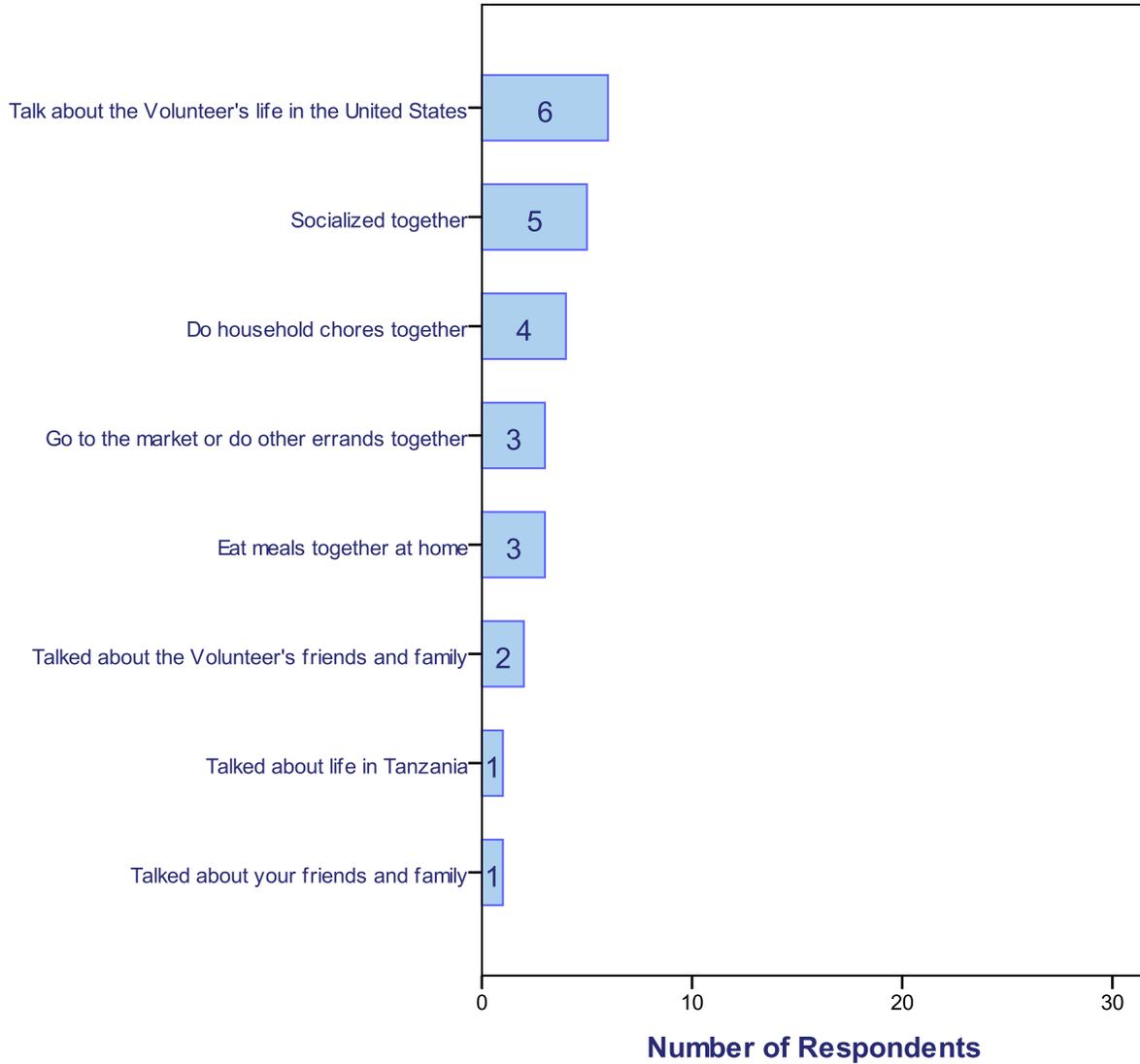
Eighteen of 22 host family respondents reported they were very close and thought of the Volunteer as part of their family (Figure 41).

Figure 41: Host Families' Rating of Their Relationship with the Volunteer: Tanzania (n=22)
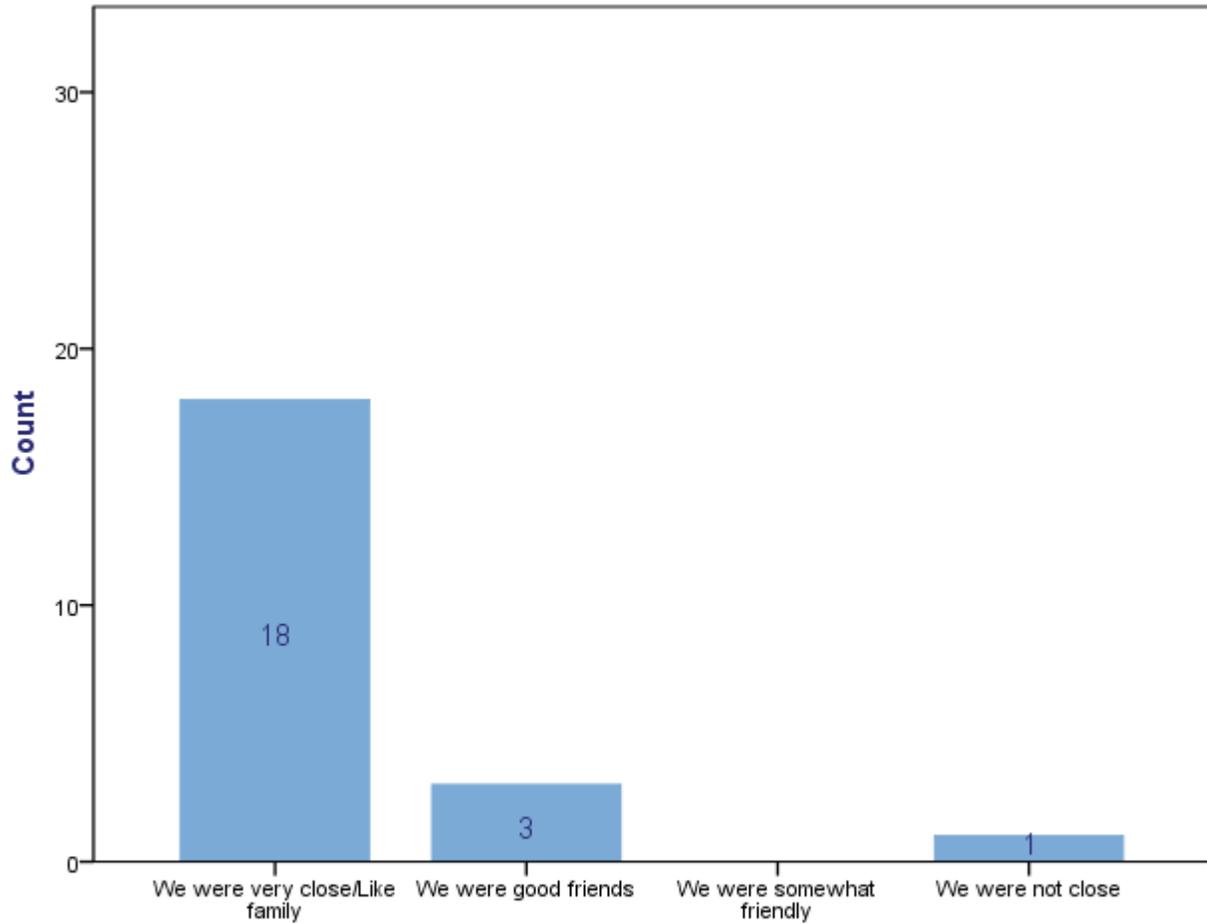
Host country counterparts and beneficiaries: Counterparts and beneficiaries varied with respect to the levels and types of contact they had with Volunteers. When contacts were work-related, 84 percent of the beneficiaries and counterparts saw the Volunteer at least weekly (this includes 22 percent who saw Volunteers daily, 39 percent that saw the PCV multiple times per week and 23 percent who reported seeing Volunteers at least once a week). When the contacts were social (defined as outside of work) 72 percent reported contact at least weekly, including 18 percent who reported daily social contact, 37 percent who reported contact several times a week and 17 percent that reported contact once a week (Figure 42).

Figure 42: Frequency of Volunteers' Interaction with Counterparts and Beneficiaries: Tanzania (n=83)
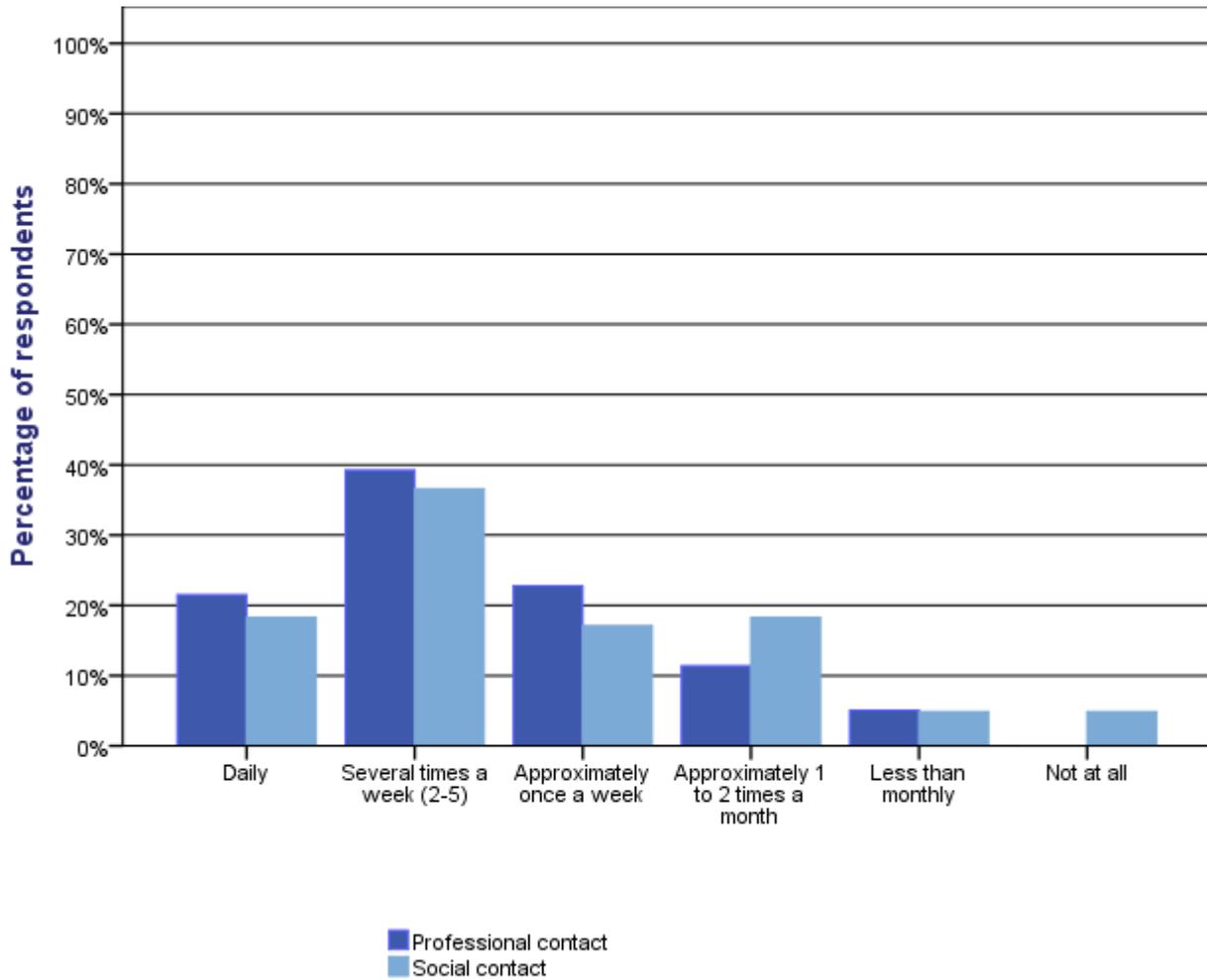
Changes in HCNs' Understanding of Americans After Knowing a Volunteer

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

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

After interacting with Volunteers, most respondents reported having a moderate or thorough understanding of Americans (Figure 43).

Figure 43: Level of Understanding of Americans After Contact with Volunteers: Tanzania (n=125)
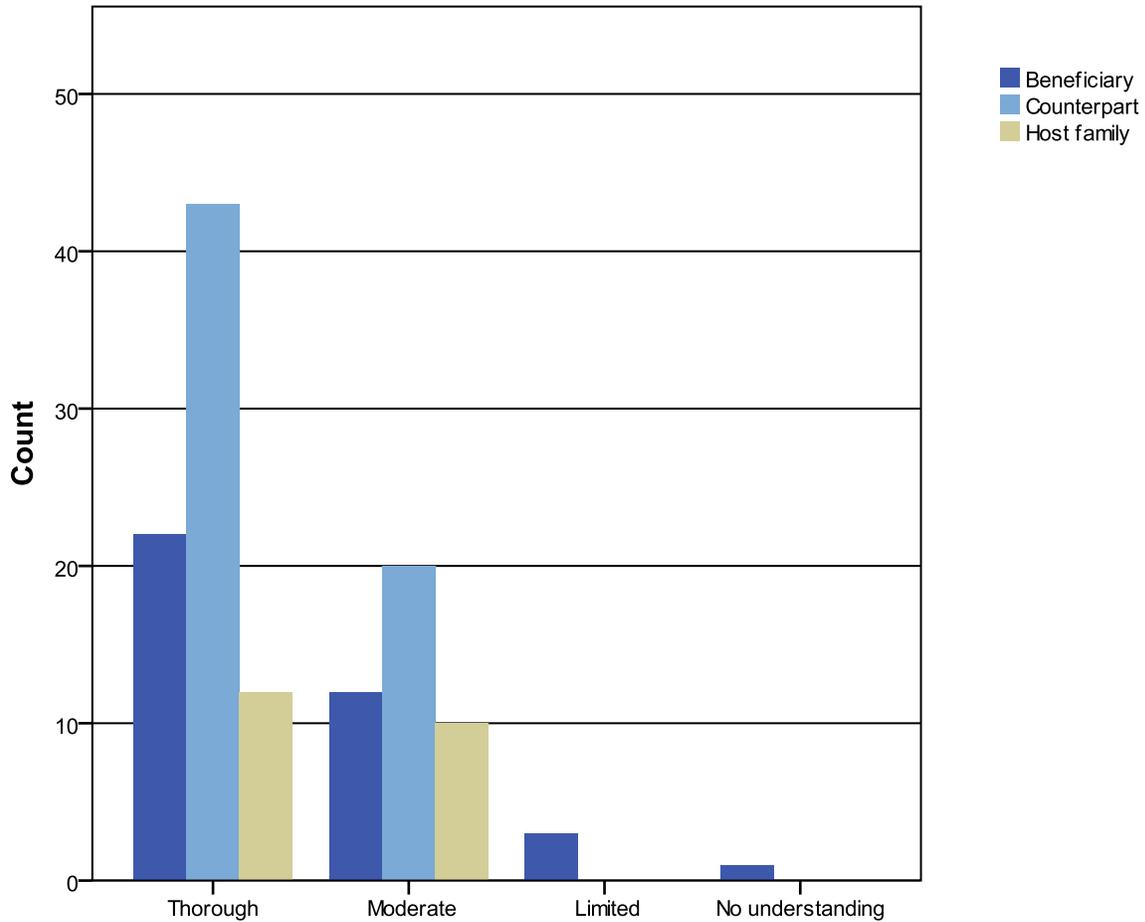
After interacting with Peace Corps Volunteers, most respondents rated their opinions as more positive (Figure 44).

Figure 44: Opinions of Americans After Contact with Volunteers: Tanzania (n=125)
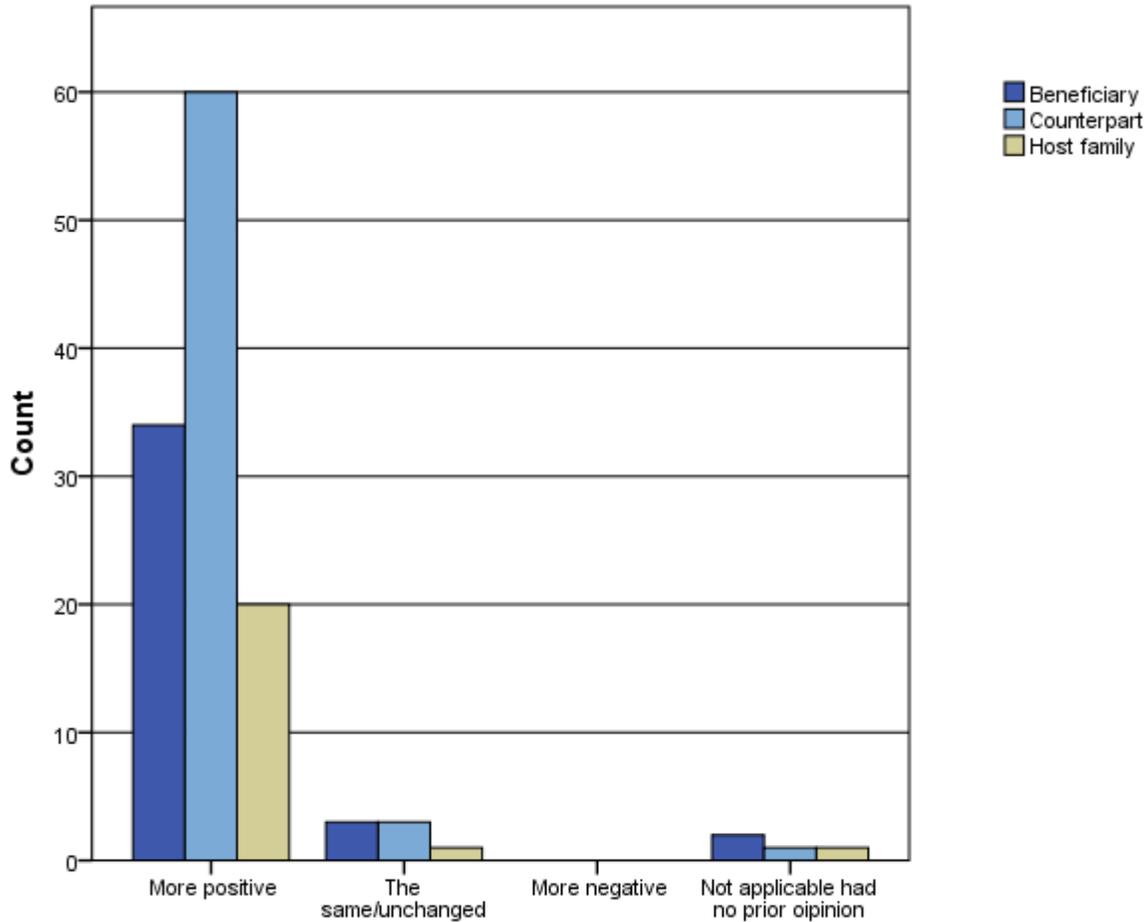
The senior researcher observed that most members of host communities reported that, before the arrival of the PCV, their information about Americans did not come to them first hand (for example, through personal interaction with Americans). However, once the PCV arrived, host communities had an opportunity to interact with Americans and to make their own judgments about them. As a result, Volunteers made a positive contribution to the realization of Peace Corps' second goal ("to help promote better understanding of Americans on the part of people served.")

Findings on What Tanzanians Learned About Americans from Volunteers

When asked what they learned from Volunteers the most frequent response from host family members was that they learned English and about U.S. customs (Figure 45).

Figure 45: What Host Country Nationals Reported Learning from Volunteers: Tanzania (n=22)
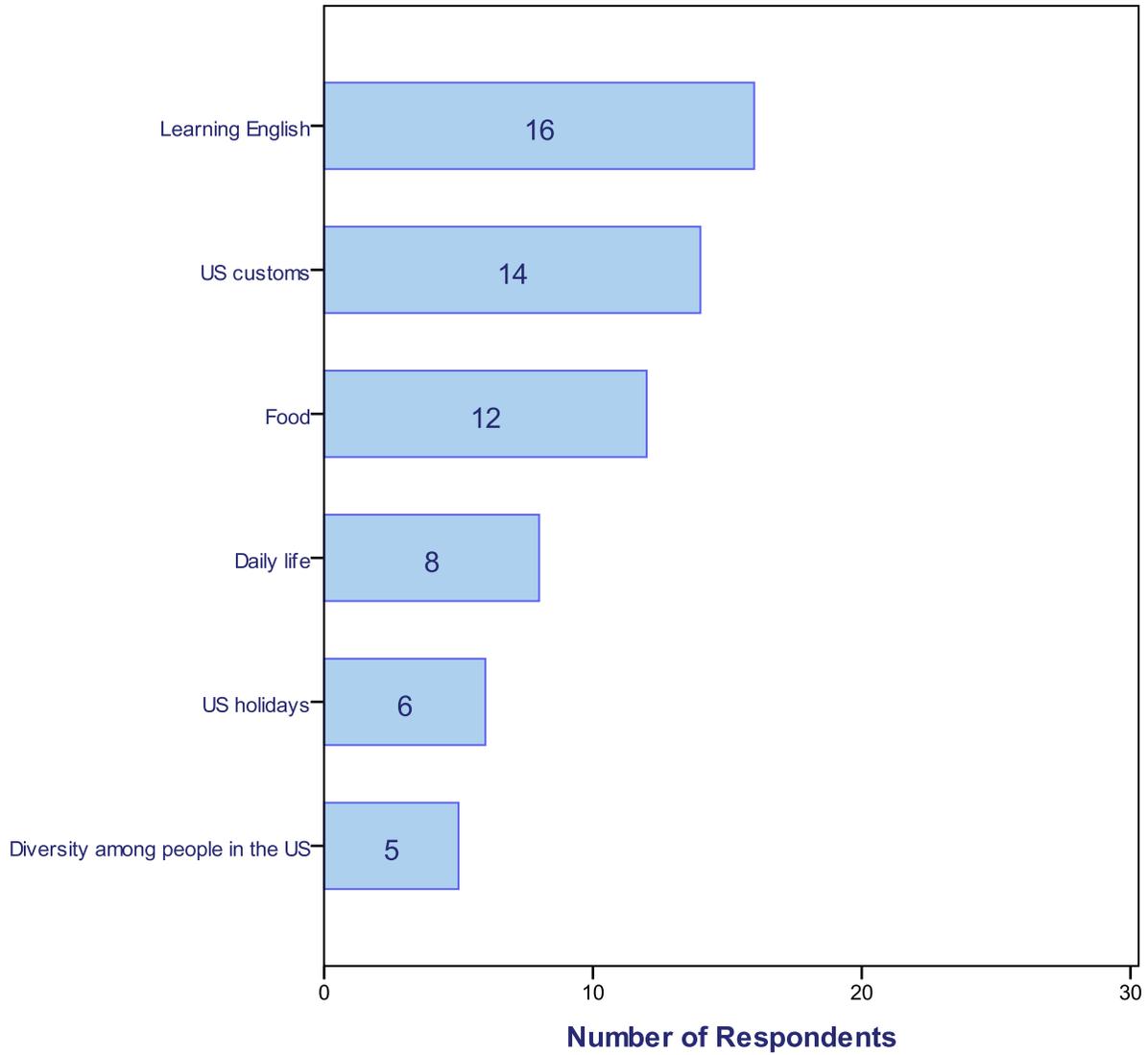
When asked about their opinions of Americans after interacting with Volunteers, most respondents indicated that they had enhanced their understanding and developed more realistic views of Americans. This theme emerged in responses from counterparts and beneficiaries, as well as host family members.

HCNs' Opinions About Americans After Interacting with Volunteers

Counterparts

They are generous, responsible people who respect societal/traditional differences and they are reliable people in their jobs. They are honest and hard-working.

Americans are good people, people of love who like to learn new things all the time (inquisitive).

Beneficiaries

They are good people. They are able to communicate with others by any means, and willing to work with others. They are charming. They are hard-working. They are so friendly.

Host family members

I thought all Americans were Christians, but the volunteer I live with is a Muslim like me.

About their social behavior, they are neither racists nor religious discriminators. About their character, their transparency and their traditions [were memorable].

They like for female children to study until they reach the college/university level. Also, they like for secondary school girls to live in a hostel which is enclosed within the school compound. Also, they hate the abuse of women and do not want women to be marginalized.

When asked what about their interactions with Volunteers was most memorable, respondents provided a variety of responses. The themes that emerged include the cooperation with and concern for members of the community.

What HCNs Found Most Memorable About Interacting with Volunteers

Counterparts

> *Their cooperation and their contribution to solving different social problems in the society.*

> *They spent much of their time teaching students mathematics and English. They show concern for people from all walks of life.*

Beneficiaries

> *Teaching us without using a lot of force (participatory methods). They are time oriented (punctuality).*

> *The way they cooperated with nurses in the hospital to help the sick and expectant mothers.*

Host family members

> *The way they liked to teach practically. Also, they are very creative. Therefore, I won't forget the way they helped me to be creative so that I am able to solve my problems.*

> *Their mutual cooperation with us, [and] they assisted us very much in terms of education about the HIV/AIDS disaster and paying school fees for secondary school girls who were orphans or others who were poor.*

Lessons Learned Regarding Goal 2 Performance

One area that merits additional research is listed below:

Increasing social contact: Social contact is one of the best ways that Volunteers learn about other cultures and teach HCNs about people from the United States. Almost 30 percent of respondents reported having social contact once or twice a month or less (Figure 42). If possible, PCVs and HCNs should be encouraged to find more opportunities for social contact.

CONCLUSIONS

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

The Tanzanian findings indicate that both education and health capacity improved. Specifically, the Secondary Education Project increased English language fluency among teachers, teachers' knowledge of HIV/AIDS prevention, and students' performance in English language skills. When contrasted with the comparison communities, Secondary Education Project respondents reported greater improvement in the areas of student knowledge, use of computers/information technology and teachers' use of "new" educational approaches. The Health Education Project increased teachers' knowledge of child abuse prevention, as well as their knowledge and awareness of HIV/AIDS transmission and prevention. A majority of respondents from both projects reported daily professional and personal use of the skills they developed through the projects. Almost all respondents reported being at least somewhat satisfied with the results of the projects. Regarding Peace Corps' Goal 2, HCNs who interacted with Volunteers reported more positive opinions of Americans.

Several areas were identified for further study and attention. With regard to the interaction between the Volunteer and the community, several challenges were mentioned. First, is the need to make proper arrangements and to manage expectations before a PCV arrives. The second is to reduce the focus on protocol in host institutions/communities prior to the arrival of the PCV so that a PCV is not perceived as "a special guest" at the start of his/her placement. A third challenge relates to how to sustain the work and changes achieved after the PCV leaves and host communities find they lack funds and technical skills to sustain the work initiated with the Volunteer. Finally, related to Goal 2, although social contact is one of the ways that Volunteers increase HCNs' understanding of Americans, a significant number of HCN reported having little or no social contact with PCVs.

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

APPENDIX 1: METHODOLOGY

How were the community sites and interview respondents selected?

In Tanzania, the team conducted interviews in 21 communities with secondary education and 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 2004. 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.

How were data collected?

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.

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 Tanzanian nationals:

- **Secondary Education Project partners/counterparts**: school teachers or school heads, training college head, district supervisors, regional administrators (39)

- **Secondary Education Project beneficiaries:** school teachers or school heads, training college head (18)

- **Education comparison site "counterparts"** school teachers or school heads, training college head (11)

- **Education comparison site "beneficiaries"** school teachers or school heads, training college head (10)

- **Health Education Project partners/counterparts**: clinic staff, non-governmental organization staff teachers, district supervisors (17)

- **Health Education Project beneficiaries:** out-of-school youth, peer educators, teachers, health staff (9)

- **Host family members:** families that hosted or served as landlords to Volunteers during all or part of their service (23)

- **HCN participating in HIV/AIDS related activities:** health center staff, community members, students (23)

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, as well as the results of the Peace Corps' Biennial Volunteer Surveys and Close-of-Service Surveys. However, the results presented in this report are almost exclusively based on the interview data collected through this study.

One hundred and fifty individuals were interviewed in Tanzania for the study (Table 2).

Table 2: Description of Study Participants

Interview Type[10]	Number of People	Number of Sites
Education Project Counterparts	39	21
Education Project Beneficiaries	18	21
Education comparison site "counterparts"	11	4
Education comparison site "beneficiaries"	10	4
Health Project Counterparts	17	21
Health Project Beneficiaries	9	21
Host Family Members	23	PST sites
Counterparts/beneficiaries of HIV/AIDS activities	23	21
Total	**150**	**-**

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[10] Data from the HIV/AIDS interviews and the interviews with the comparison group members are not included here.

APPENDIX 1: METHODOLOGY

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 1 and Goal 2. Host family members were asked only questions related to Goal 2. The categories covered for each of the three groups are shown below (Table 3).

Table 3: Summary of Interview Questions by Respondent Type

Respondent Type	Question Categories	Approximate Length of interview
Counterpart *Stakeholder and comparison group questions were adapted from the counterpart questions.*	Goal 1 1. Clarification of the project purpose 2. Respondent's work history in the field and with the Peace Corps 3. Frequency of contact with the Volunteer 4. Project orientation 5. Project outcomes and satisfaction with the project 6. Community and individual-level changes 7. Maintenance of project outcomes Goal 2 1. Source of information and opinion of Americans prior to the Peace Corps work 2. Type of information learned about Americans from interaction with the Volunteer 3. Opinion of Americans after interaction with the Volunteer 4. Particular things that Volunteers did that helped improve respondent's understanding of Americans	45 minutes
Beneficiary	Goal 1 1. Clarification of the project purpose 2. Frequency of contact with the Volunteer 3. Project outcomes and satisfaction with the project 4. Community and individual-level changes 5. Maintenance of project outcomes Goal 2 1. Source of information and opinion of Americans prior to the Peace Corps work 2. Type of information learned about Americans from interaction with the Volunteer 3. Opinion of Americans after interaction with the Volunteer 4. Particular things that Volunteers did that helped improve respondent's understanding of Americans	30 minutes
Host Family	Goal 2	30 minutes

APPENDIX 1: METHODOLOGY

Respondent Type	Question Categories	Approximate Length of interview
Member	1. Source of information and opinion of Americans prior to the Peace Corps work 2. Type of information learned about Americans from interaction with the Volunteer 3. Opinion of Americans after interaction with the Volunteer 4. Particular things that Volunteers did that helped improve respondent's understanding of Americans 5. Behavioral changes based on knowing the Volunteer	

APPENDIX 2: METHODOLOGY FROM THE HOST COUNTRY RESEARCH TEAM[11]

THE RESEARCH PROCESS
- Phase 1: Preparatory Stage:
    - Review of data collection plan/questionnaire and customizing them to the local context in relation to Tanzania
    - Review PC/TZ project documents
    - Teleconferences with Peace Corps/headquarters
- Phase 2: Translation of interview questions from English to Kiswahili
- Phase 3: Conduct Training of Field Interviewers
- Phase 4: Data collection
- Phase 5: Data entry into Datstat website
- Phase 6: Data analysis and report writing

SAMPLE OF THE STUDY
The study involved the administration of 5 questionnaires as follows:
1. Education (beneficiaries and counterpart)
2. Health (beneficiaries and counterparts)
3. HIV/AIDS (beneficiaries and counterparts)
4. Education comparative site (beneficiaries and counterparts)
5. Host family

Overall, 150 interviews were conducted.
The breakdown of the interview sample is as follows:
- Education (57 interviews)
    - Beneficiaries (18)
    - Counterpart (39)
- Health (26 interviews)
    - Beneficiaries (9)
    - Counterpart (17)
- HIV/AIDS (23 interviews)
    - Beneficiaries (12)
    - Counterpart (11)
- Education Comparative site (21 interviews)
    - Comparison beneficiaries (10)
    - Comparison counterpart (11)
- Host family (23)

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