



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

**Host Country Impact Study
Togo**



**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 success of this study is ultimately due to the work of Senior Researchers Gilles Adjane Koura and Dr. Vincent K. Agbovi and their research team, who skillfully encouraged the partners of Peace Corps Volunteers to share their experiences and perspectives.

¹ 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 prepared and analyzed tables for the post. Dr. Elizabeth Danter conducted the analysis of the results of the study and authored this report. Janet Kerley provided advice and input as OSIRP's Chief of Research, Evaluation, and Measurement. Laurel Howard formatted and copy-edited the report, and OSIRP Director Dr. Cathryn L. Thorup reviewed and made the final substantive edits to the report.

Acronyms and Definitions

Acronyms

APCD	Assistant of the Peace Corps Director
BCC/IEC	Information Education Communication/Communication for Behavior Change
CHA	Community Health Agent
CHAP	Community Health and AIDS Prevention
CGE	College of General Education
COGES	Comité de Gestion (Management Committee)
MOH	Minister of Health
NGO	Non-Governmental Organization
OSIRP	Office of Strategic Investigation and Research Planning
OVC	Orphans and Other Vulnerable Children
PCV	Peace Corps Volunteer
PDH	Prefectoral Director of Health
PLWHIV	Person living with HIV/AIDS
VDC/CVD	Village Development Committee

Definitions

Beneficiaries Individuals who receive assistance and help from the project; the people that the project is primarily designed to benefit

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

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, including host country ministries and local non-government agencies that are sponsoring and collaborating on a Peace Corps project. ² There may be a single agency or several agencies involved in a project in some capacity

² 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 1*.

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 historic 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.³ While providing critical insight into the Volunteer experience, the survey can only address one side of 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 Togo from January to July of 2011. The focus of the research was the Community Health Expansion and AIDS Prevention 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 analysis of the data, presented in a format that is standard for all the country reports.

Purpose

Togo'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 Togo with a better understanding of the Community Health Expansion and AIDS Prevention 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?
- Did HCNs' opinions of Americans change after interacting with the Peace Corps and Peace Corps Volunteers (PCVs)?

³ Peace Corps surveyed Volunteers periodically from 1975 to 2002, when a biennial survey was instituted. The survey became an annual survey in 2009 to meet agency reporting requirements.

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 associated with the Community Health Expansion and AIDS Prevention Project during interviews with the research team. The study included interviews with:

- 58 Counterparts
- 87 Beneficiaries
- 27 Host Family members
- 20 Stakeholders

The study reached 192 respondents in 20 communities

All interviews were conducted between February 13 and February 28, 2011. (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 Community Health and AIDS Prevention Project was to assist the Ministry of Public Health and other partners in the development and expansion of community health activities, particularly in the following priority areas: the fight against HIV/AIDS, the fight against malaria, and growth monitoring/nutrition. Specifically, the project's purpose was to provide women and youth of communities with greater access to quality community health education services resulting in improved child, maternal, and family health, and increased awareness about HIV/AIDS and STDs prevention strategies. Each health zone received two successive Volunteer generalists who worked with counterparts to support and expand the work of their counterparts in all villages in the region. In total, sixty Volunteers served in 30 communities.

Evaluation Findings

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

The project had its greatest impact in terms of change, sustainability, and meeting community and individual needs in two main outcome areas: 1) knowledge of issues related to HIV/AIDS; and, 2) overall health of the community.

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 hygiene, nutrition, family planning, and HIV-prevention behaviors, all of which led to healthier communities and homes.

Whether at work or socializing outside of work, project participants tended to interact with the Volunteer two to five times a week. 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 strong work habits and positive attitudes 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 and AIDS Prevention Project Plan
- The most common Volunteer activity reported by counterparts and beneficiaries was HIV/AIDS awareness, whether through Girls' Clubs, community meetings, or counseling at the health center. Next was hygiene and sanitation training or projects. Also mentioned were the promotion of the use of Moringa, a medicinal plant used to improve nutrition; discussion of family planning; and, weighing children and educating parents and persons living with HIV/AIDS (PLWHA) about nutrition.

Project Participant Training

- Counterparts most frequently stated they received training in HIV/AIDS prevention and care (48%) followed by preventative health issues (26%)
- Beneficiaries most often received training in HIV/AIDS prevention and care (40%), followed by preventative health issues (33%) and promoting a healthy lifestyle (24%)
- 87 percent of counterparts and 89 percent of beneficiaries believed the training significantly enhanced their skills.

Intended Outcomes: Community Capacity Building

- Most outcomes showed high rates of community change
 - 100 percent of beneficiaries and 95 percent of counterparts stated that health-related behaviors among community members improved in their communities
 - 100 percent of beneficiaries and 99 percent of counterparts stated that the overall health of community members increased

- Community health services were significantly improved
 - 90 percent of counterparts and 87 percent of beneficiaries responded that the availability of high quality services had increased
 - 95 percent of counterparts and 89 percent of beneficiaries said the management and/or service capacity of health care providers and/or NGOs serving in the community had improved
- Around half of the counterparts and beneficiaries reported that community changes were completely or somewhat sustained
 - 60 percent of beneficiaries and 57 percent of counterparts said that knowledge of issues related to HIV/AIDS was sustained
 - 54 percent of the counterparts reported sustained changes in health-related behaviors among community members and community participation in identifying and solving local health problems
 - 59 percent of the beneficiaries saw sustained change in community knowledge of preventative health issues
- The outcomes largely met community needs
 - 86 percent of counterparts and 74 percent of beneficiaries expressed that the Volunteers' work with health-related behaviors among community members met their needs
 - 84 percent of counterparts and 74 percent of beneficiaries said that the knowledge of preventative health issues among community members met their needs

Intended Outcomes: Individual Capacity Building

- Most outcomes showed high rates of individual change
 - 98 percent of counterparts and 96 percent of beneficiaries increased their HIV prevention behaviors
 - 96 percent of counterparts and 93 percent of beneficiaries increased their knowledge of HIV/AIDS issues
 - 90 percent of counterparts and 87 percent of beneficiaries reported that the availability of high quality health services had improved
 - 90 percent of beneficiaries and 89 percent of counterparts used their new skills daily in their personal life
 - 78 percent of counterparts and 77 percent of beneficiaries stated the Volunteers' activities were very effective in building individual and community capacity
- Individual changes were somewhat sustained
 - 75 percent of beneficiaries and 69 percent of counterparts sustained their behaviors for preventing HIV
 - 69 percent of beneficiaries and 72 percent of counterparts sustained their knowledge of HIV/AIDS issues
 - 69 percent of beneficiaries and 66 percent of counterparts sustained their improvements in overall health

- Outcomes largely met individual needs
 - 90 percent of counterparts and 84 percent of beneficiaries said that Volunteers' work to improve overall health met their needs
 - 85 percent of counterparts and 82 percent of beneficiaries stated the Volunteers' work on health behaviors met their needs

Unintended Outcomes: Community and Individual Capacity Building

- Counterparts and beneficiaries reported that because of the work of the Volunteer, girls were not getting pregnant and thus were staying in school longer. Married partners were more likely to remain faithful to their spouse, or used condoms when participating in extramarital sex. Youth were more likely to seek out availability of condoms. Additionally, married couples' relationships seemed to improved. One respondent noted there was less domestic abuse. Changes in attitude about PLWHA meant that parents were willing to live with their afflicted children. PLWHA no longer felt the stigma that was once attached to their disease. There appeared to be fewer misperceptions about the disease and a greater understanding that it could be managed with medication.

Factors Contributing to Project Success

- The project's success derives from a combination of three factors: community interest and ability to participate in project activities; the personality and professionalism of the Volunteer; and, the community leaders' support for the project goal.

Factors Hindering Project Success

- Counterparts and beneficiaries most frequently stated that Volunteer's difficulty in mastering the local language led to poor understanding. General disinterest led community members not to attend the health talks or participate in the health trainings. Lack of funding also posed a challenge to project success. Additionally, respondents indicated that project outcomes were limited by distance or transportation issues. Some respondents expressed that an expectation for compensation led community members not to participate in project activities. Finally, a few respondents mentioned that the seasonal nature of the agriculture community interfered with attendance at community trainings.

Satisfaction with Peace Corps Work

- The overwhelming majority of respondents were satisfied or very satisfied with the changes resulting from the project and the Volunteer's work
- 100 percent of beneficiaries and 95 percent of counterparts expressed a desire to work with another Volunteer

Agency Goal Two Findings

Changes in Understanding and Opinions of Americans

- Prior to meeting a Volunteer, five percent of counterparts, 12 percent of beneficiaries, and 27 percent of host families had no understanding of Americans
- After interacting with a Volunteer

- 29 percent of counterparts indicated they had a thorough understanding of Americans; 16 percent stated they had a moderate understanding of Americans
- 56 percent of beneficiaries had a thorough understanding of Americans; 40 percent had a moderate understanding of Americans
- 48 percent of host family members had a thorough understanding of Americans; 48 percent had a moderate understanding of Americans
- Prior to meeting a Volunteer, 16 percent of counterparts, 29 percent of beneficiaries, and 38 percent of host family members had neither a positive nor negative opinion of Americans
- After interacting with a Volunteer
 - 80 percent of counterparts had a much more positive opinion of Americans; 13 percent had a somewhat more positive opinion
 - 65 percent of beneficiaries had a much more positive opinion of Americans; 23 percent had a somewhat more positive opinion
 - 73 percent of host family members had a much more positive opinion of Americans; 19 percent had a somewhat more positive opinion

Causes of Change in Opinions of Americans

- 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
- Beneficiaries talked about the Volunteer's giving and supportive personality, the care they gave the host country individuals, and their humility when working with others. Volunteers were willing to share their knowledge, and they were responsible, helpful, and hard-working
- Host family members most often cited positive aspects of the Volunteer's personality, such as their helpfulness and generosity

Changes in Behaviors and Outlook on Life

- Counterparts, beneficiaries, and host families who reported a more positive opinion of Americans stated they had become:
 - More aware of the risk of HIV, and were more faithful to one partner and increased their use of condoms
 - More punctual and focused in their professional life
 - More attentive to one's general health and health practices
 - More considerate toward PLWHA
 - More confident in working with others
 - More aware of American culture

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 210,000 men and women have served in 139 countries. Peace Corps activities cover issues ranging from education to work in the areas of health and HIV/AIDS 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 local community members. 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.⁴ 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.

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

Purpose

This report presents the findings from the impact evaluation conducted in Togo from January to July 2011. Impact evaluations describe “long-term economic, sociocultural, institutional, environmental, technological, or other effects on identifiable populations or groups produced by a project, directly or indirectly, intended or unintended.”⁵ The project studied in Togo was the Community Health Expansion and AIDS Prevention (CHAP) Project. The study documents host country nationals’ perspectives of Peace Corps Volunteers’ impact 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 data analysis 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.”⁶

⁵ Bamberger, M, Rugh, J. and Mabry, L. (2006). *Real World Evaluation*. Thousand Oaks, CA: Sage Publications. p.39

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

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

Togo Community Health Expansion and AIDS Prevention Project (CHAP)

Volunteers have been working in the health sector since Peace Corps/Togo's beginning in 1962. The first health Volunteers were involved in medical care at regional hospitals and dispensaries. Peace Corps then progressively moved from medical assignments to public health and community health education interventions. The projects Volunteers worked in during the 1970s, 80s and 90s were: School-based Health Education; Water and Sanitation; Community Health for Child Survival; and, Community Education for Guinea Worm Eradication.

CHAP lasted from 1995 to 2010. It was initiated in June 1995 by consolidating and expanding several past HIV/AIDS/STI prevention projects. For example, CHAP followed the *Community Health Education for Child Survival Project*, conducted from 1985-1990, in which Volunteers mobilized and educated the community about vaccinations, diarrhea and malaria. CHAP's purpose was to provide the community's women and youth with greater access to quality community health education services resulting in improved child, maternal and family health and increased awareness about HIV/AIDS/STI prevention strategies.

CHAP Volunteers focused their efforts on the three Ministry of Health (MOH) priorities (HIV/AIDS, malaria, and infant growth monitoring/nutritional education), and worked on other community health issues as needed. Volunteers collaborated with Togolese and other partners to train and assist community health agents, local health facilities, non-governmental organizations, schools, and various associations in their efforts to improve health and life conditions of served communities with their active participation. From 1995 to 2003, 110 Volunteers (100 generalists and 10 specialists) served on the project.

Following a 2004 evaluation, a project advisory committee was formed to monitor and evaluate the development of the CHAP framework and project. The CHAP project goals and objectives represented the priorities of numerous stakeholders (MOH at all levels, current and past Volunteers, community leaders, staff of local and international NGOs, and UN agencies), while also taking into account the timeframe of Volunteers' two-year assignments.

CHAP Project Goals

The purpose of CHAP project was to assist the Ministry of Health and other partners in the development and expansion of community health, particularly in the following priority areas: the fight against HIV/AIDS, the fight against malaria, and Growth Monitoring/Nutrition. Each health zone received two Volunteers who worked with counterparts to support and expand the work of their counterparts in all villages in the region. Project Goals were developed to accomplish this purpose and are described below.

CHAP Goal One: Mothers and youth (ages 9 to 25) demonstrate a positive and responsible change in their knowledge, practices, attitudes, and behavior related to HIV/AIDS, malaria, infant growth monitoring and nutrition.

To accomplish Goal One, Volunteers reach out to mothers and youth at their homes or through organizations. They lead discussions on the importance of breastfeeding, immunizations, the local production of nutritious food, and malaria and its prevention through the use of treated bed nets.

Volunteers also conduct trainings to increase awareness of HIV/AIDS, including the importance of voluntary screening, condom use, and the practice of healthy living.

CHAP Goal Two: Community health agents and community members use Information, Education, and Communication for Behavior Change (IEC/CCC) techniques in their regular activities to educate people in target domains.

Volunteers and their community partners train and assist health agents (nurses, birth attendants, and others) in IEC/CCC skills development, resulting in the rural health facilities personnel planning and implementing regular and well-run weekly health education activities.

Volunteers and their community partners train and assist teachers of primary and secondary schools and other community group (unions and religious) leaders in school-based health classes teaching and in general health education, especially in the domains of the CHAP program, resulting in primary school teachers teaching regular weekly health classes. Secondary school teachers initiate and conduct health/HIV-AIDS/Girls/Peer Education clubs.

Volunteers and their community partners identify and train community health workers (including general health, birth attendants, and traditional healers) in villages of the rural health zones, resulting in villages with active community health workers organizing regular IEC/CCC and other specific activities such as nutritional cooking demonstrations within their communities.

CHAP Goal Three: NGOs and local associations reinforce their capacity to intervene with their partners in the field for the development of community health, especially in the priority areas of the CHAP program.

Volunteers and their partners assist organizations and local associations, rendering them capable of developing and managing community health development projects. As a result, the organizations will have implemented a sustainable community health development project.

Volunteers and their partners collaborate in the creation and/or reinforcement of associations of people living with HIV/AIDS in the health regions of the country, resulting in functioning associations of PLWHA health care clinics.

CHAP Goal Four: Community health improves due to the active participation of the populations in community health development projects, especially in the domains of the CHAP program.

Volunteers and their community partners create or reactivate Village Development Committees (CVDs) and Management Committees (COGES) in their activities to mobilize their communities on the importance and utilization of health facilities.

Volunteers and their community partners aid communities in organizing and participating in annual campaigns for the prevention of HIV/AIDS and community-based support to people living with HIV/AIDS, including orphans and vulnerable children (OEV) affected by the disease. As a result, communities have held HIV/AIDS campaigns and started mobilizing resources for the prevention and support of people living with HIV/AIDS and OEV.

Theory of Change

A theory of change is a conceptual model used to understand the relationships between the problems a program is designed to alleviate, and the assumptions made regarding how program activities will address those problems. OSIRP staff reviewed the theory of change for the CHAP project with the local research team during the impact evaluation training that took place in Togo (Figure 1).

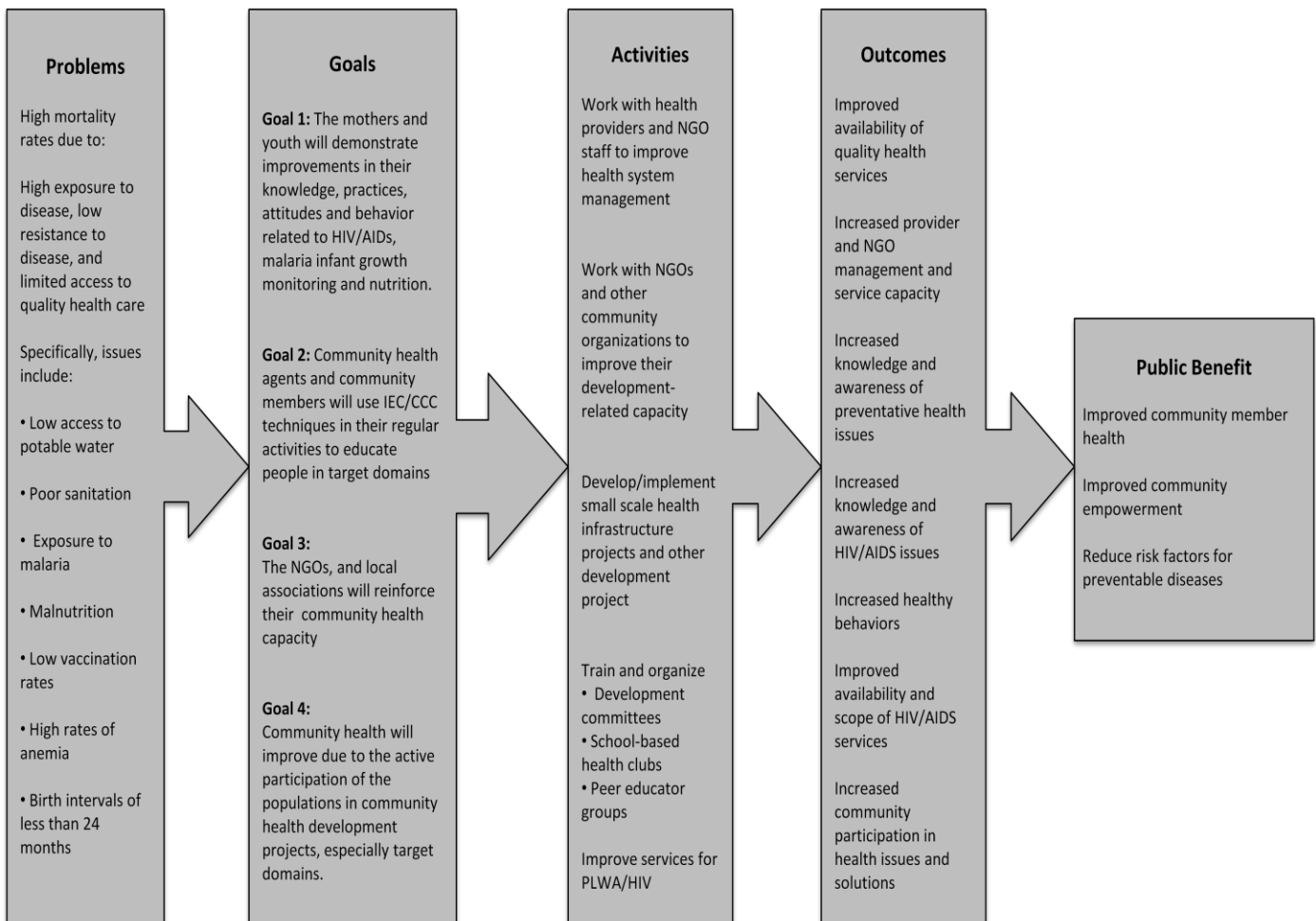
As already discussed, CHAP was designed to address community-based problems such as high exposure yet limited resistance to disease, limited access to health care, low access to drinkable water, exposure to mosquitoes that can cause malaria, and risky health behaviors. CHAP staff members worked to increase the community's awareness of healthy behaviors, such as condom use, breastfeeding, good nutrition, and the use of treated bed nets to prevent malaria.

The impact evaluation measured the degree to which Volunteers' activities were successful in the Togolese communities and what the outcomes of the activities were (Peace Corps Goal One). Underlying the program description were the questions,

- What will the project do?
- What change did the project cause?
- Were the changes satisfactory?
- Were the changes sustained?
- How could the project be improved?

The CHAP theory of change provided the foundation for the impact evaluation. Results are described according to the steps of the model.

Figure 1: Theory of Change for the CHAP Project in Togo



Source: Adapted from the Peace Corps/Togo Community Health Expansion and AIDS Prevention (CHAP) Project Plan (693-HE-01) Initiated: August 1995

Evaluation Methodology

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

Three countries were selected to pilot a methodology that would examine the impact of the technical work of Volunteers (Goal One), and their corollary work of promoting a better understanding of Americans among the people with whom the Volunteers lived and worked (Goal Two). 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 was implemented in-country by the local Senior Researchers Gilles Adjane KOURA and Dr. Vincent K. Agbovi and a team of local interviewers under the supervision of the Peace Corps/Togo staff. OSIRP staff provided initial training and technical direction. To ensure comparability across countries, the research used a standard interview protocol that also incorporates individual project goals. Once the data were collected, researchers entered it into a web-based database and OSIRP provided the data to the team for analysis.

In Togo, research teams conducted interviews in four regions of the country under the direction of the senior researcher Gilles Adjane Koura, a global health specialist with Public Health Policy and Prevention, and Vincent K. Agbovi, a sociologist. OSIRP identified Volunteer placements between 2005 and 2010 for possible participation in the study. A representative, rather than a random, sample was drawn from this list of Volunteer assignment sites. The teams conducted 192 semi-structured interviews in 20 communities across Togo. The Togo research team conducted the interviews between February 13 and February 28, 2011.

Respondents

Four groups of host country individuals were interviewed (Table 1), including the following:

Counterparts: Counterparts are individuals who are paired with Volunteers in a professional relationship based on their position in an organization or community. In Togo, the counterparts included community health workers, rural dispensary staff members, NGO/association partners, educators, midwives, radio staff, and a hotel manager.

Beneficiaries: Beneficiaries are the people that the project is primarily designed to advantage. Here, beneficiaries included NGO/association partners, Village Development Committee (CVD/CVQ) or Comité de Gestion (COGES) members, members of a mothers' group, educators, and school administrators.

Host family respondents: Volunteers live with families during all or part of their training and/or service. Interviewees included the families the Volunteer lived next door to, rented a room or house from, or were housemates with.

Stakeholders: Stakeholders are people who have a major involvement in the design, implementation or results of the project.⁷ CHAP stakeholders included Regional Ministry of Health staff, NGO/association partners, staff of the Ministry of Territory, Canton Chief, and staff.

Table 1: Number and Type of Respondents: Togo CHAP Project

Interview Type	Number of People	Number of Districts
Counterparts	58	16
Beneficiaries	87	9
Host Family respondents	27	15
Stakeholders	20	Unknown
Total	191	20

NGO representatives or partners represented the largest proportion of beneficiary respondents (29%) followed by other community representatives such as a church leaders, business managers, and radio station staff members (20%). The majority of counterpart respondents were rural dispensary health workers (28%), followed by community health workers (26%) (Figure 2). The field experience of the respondents was varied, yet half the beneficiary respondents and 42 percent of counterparts had more than five years of experience in community health (Figure 3).

⁷ 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*.

Figure 2: Background of Counterparts and Beneficiaries

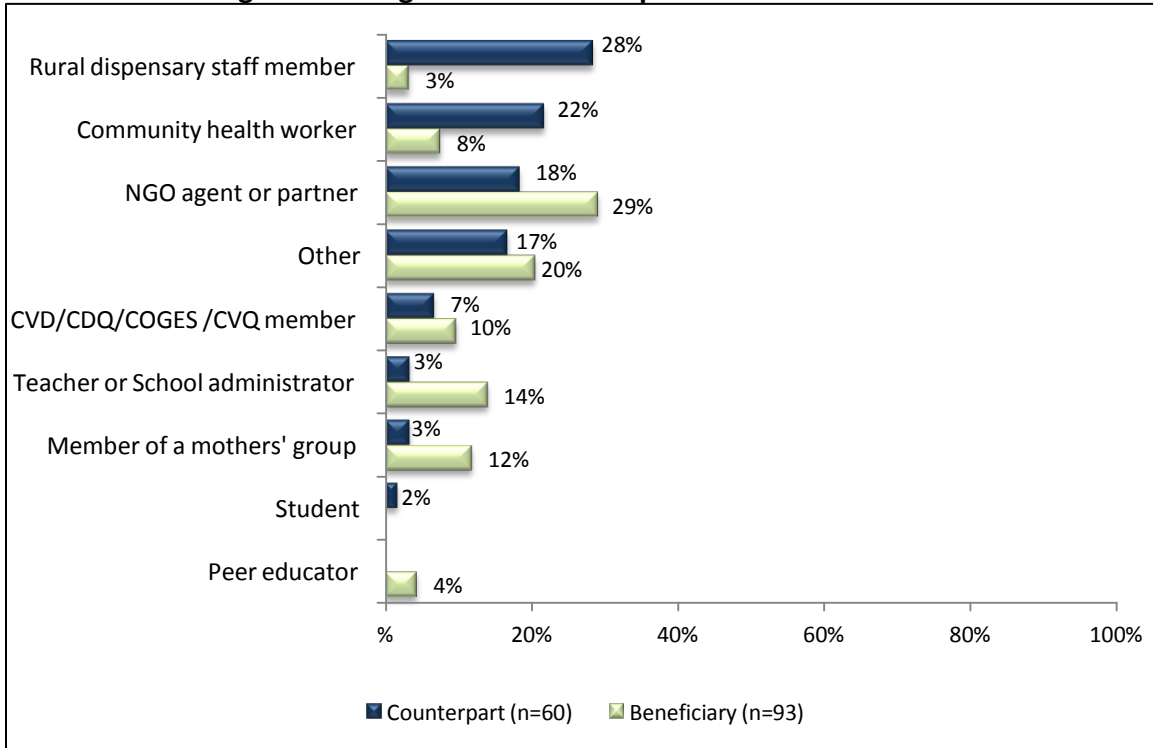
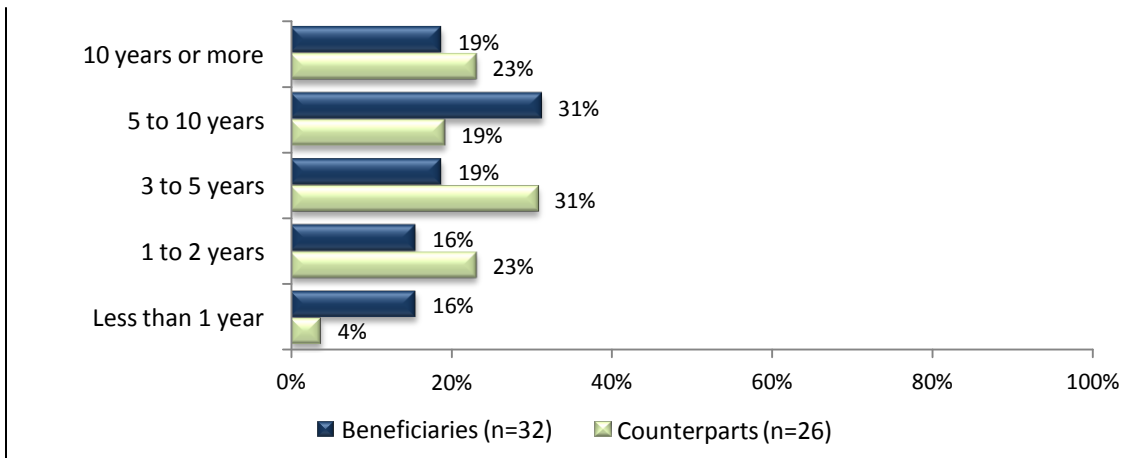


Figure 3: Experience Levels of Counterparts & Beneficiaries



Stakeholders’ backgrounds were fairly evenly divided among Regional Ministry of Health staff (35%), NGO and association partners at the national level (30%), and other community members (35%) including (Figure 4):

- The health facility of the district
- Staff of the Ministry of the territory administration

- Prefects
- Prefectoral health directors
- Heads of cantons and villages

Figure 4: Background of Stakeholders (n=20)

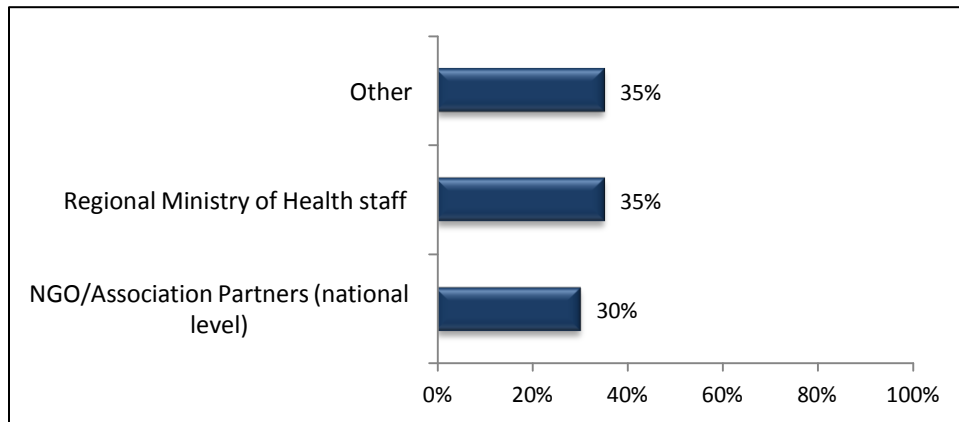
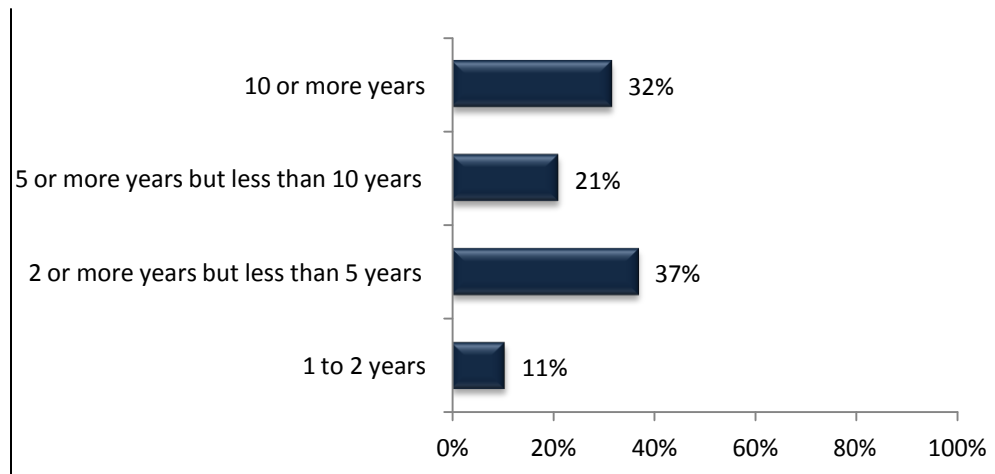


Figure 5: Experience Level of Stakeholders (n=20)



The greatest proportion of the stakeholders interviewed had between two and five years of work experience, though 32 percent had over ten years of experience (Figure 5).

CHAPTER 2: GOAL ONE FINDINGS

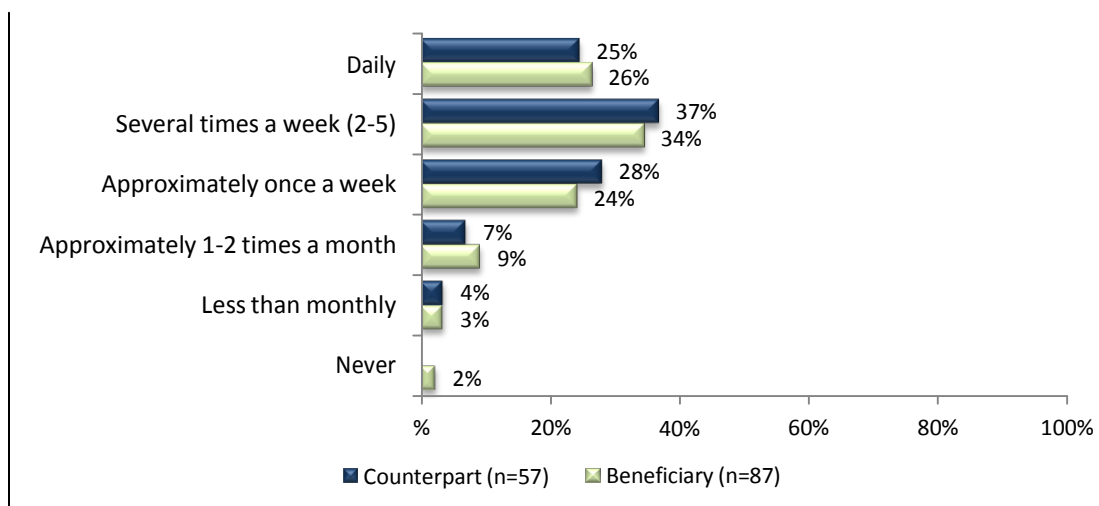
All Peace Corps projects support the agency's first goal of building the technical capacity of local men and women, allowing communities that previously lacked sufficient local capacity to take steps to improve their conditions. The primary goal of CHAP was to provide women and youth of communities with greater access to quality community health education services resulting in improved child, maternal, and family health; and, increased awareness about HIV/AIDS prevention strategies. Volunteers working in this project were 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

The primary hypothesis of the impact studies is that consistent interaction between project participants and the Volunteer increases the transfer of technical skill and capacity building while also creating a better understanding of Americans by the Togolese.

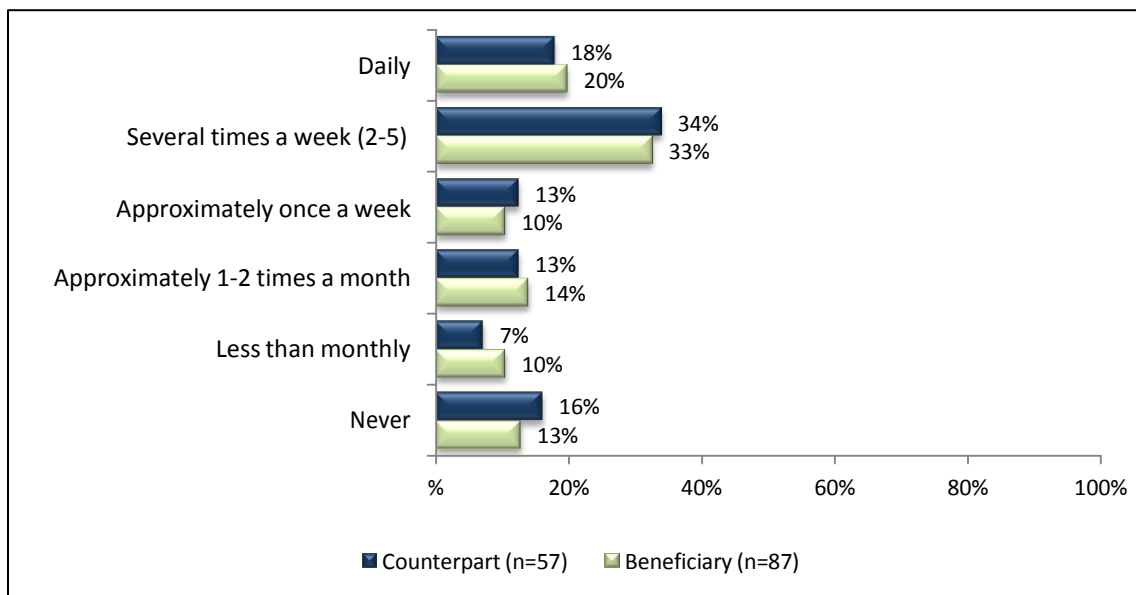
Whether at work or socializing outside of work, project participants tended to interact with the Volunteer two to five times a week. The largest proportion of counterparts (37%) and beneficiaries (34%) worked with the Volunteer two to five times a week. Twenty-five percent of counterparts and twenty-six percent of beneficiaries interacted with Volunteers at work on a daily basis. Twenty-five percent of counterparts and twenty-six percent of beneficiaries interacted with Volunteers at work on a daily basis (Figure 6).

Figure 6: Frequency of Interaction with Volunteer During Work



About a third of beneficiaries (33%) and counterparts (34%) interacted with Volunteers outside of work several times a week (Figure 7). Eighteen percent of counterparts and twenty percent of beneficiaries socialized with the Volunteer outside of work on a daily basis. Beneficiaries and counterparts were very similar in each measure of frequency of interaction.

Figure 7: Frequency of Interaction with Volunteer Outside of Work



Project Activities

Respondents were asked to describe the activities that the Volunteers carried out in their communities. Based on the analysis of these responses, Volunteers engaged in activities that aligned with each of the four CHAP goals.

CHAP Goal One activities targeted the individual members of the community, specifically mothers and youth (ages 9 to 25). Volunteer activities included speaking with mothers’ groups, girls’ clubs and other community centers to raise awareness on a variety of health topics. CHAP Goal One was primarily achieved through Volunteers’ work at the health center. There they participated in patient care through monitoring children’s weights, providing information about family nutrition, coordinating vaccinations, and conducting prenatal counseling.

CHAP Goal Two activities targeted service providers. Volunteers trained community health agents and community members to use IEC/CCC techniques in their regular activities to educate people in target domains.

CHAP Goal Three activities targeted organizations and community resources. NGOs and local associations built capacity to intervene with their partners in the field for the development of community health, especially in the priority areas of the CHAP program. Volunteer infrastructure activities were centered on the production and use of Moringa tree nurseries⁸. Volunteers worked with NGOs and were active in improving waste management, and the construction of drilling water wells and latrines. They also built a school and a health hut. Business skills activities included financial management and the production of liquid soap and mosquito repellent. Volunteers worked with the radio station in a large-scale community awareness campaign. Additionally, Volunteers assisted the health center staff in language translation, monthly reporting, data management, and the inventory of the pharmaceutical stock.

CHAP Goal Four activities targeted the community as a whole through the active participation of the populations in community health development projects, especially in the domains of the CHAP program. Volunteers spoke with parents about the importance of providing care to their afflicted children and other members of the community. They shared information with them about HIV and AIDS so that community members had an alternative to relying on traditional medicine or fear-based beliefs. Volunteers taught the community about the importance of condom use and how to prevent infection from occurring.

Some respondents worked with Volunteers on a combination of goals. For example, a nurse counterpart described the Volunteer's activities as:

...the home visit, educational talks on HIV/AIDS and family planning, nutritional advice, the weighing of children, the setting up of the solar plate and a small freezer to preserve the vaccines, training of the community health agents, the setting up of the water drilling well, latrines construction, activities of cleaning the market and...the dump, awareness on food hygiene.

The most common Volunteer activity reported by counterparts and beneficiaries was HIV/AIDS awareness, whether through Girls' Clubs, community meetings, or counseling at the health center. The next most frequently reported activity was hygiene and sanitation training or projects. Also mentioned were the promotion of the use of Moringa, discussion of family planning, weighing children, and educating parents and PLWHA about nutrition.

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 core goal of transferring technical skills and building local capacity. Performance under Peace Corps' first goal was examined in three ways:

⁸ Moringa is a medicinal plant used to improve nutrition.

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

Training Received

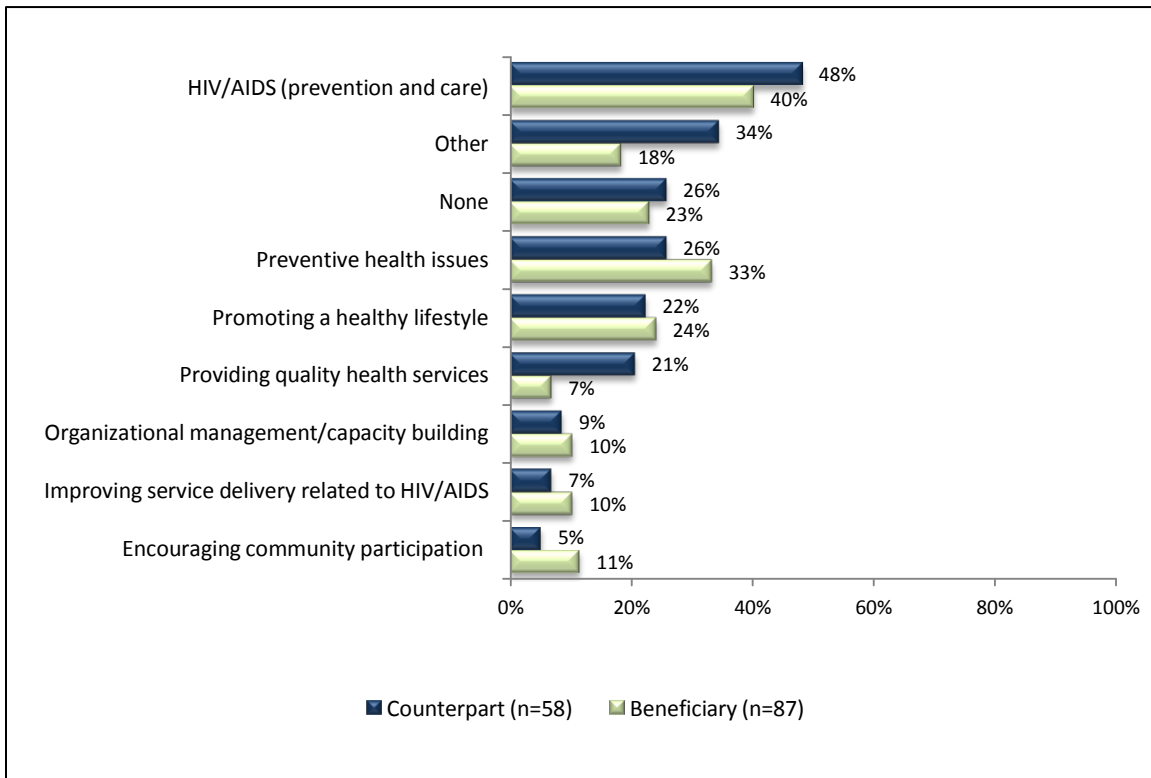
Training provided by Volunteers is one method for building the technical capacity of community members and one of the immediate outputs of any Peace Corps project. In this section, the training received by counterparts and beneficiaries, and the extent to which training enhanced their skills, is presented first (Stakeholders did not receive training from the Volunteers). 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 CHAP Project was provided in the areas of HIV prevention and care, improving service delivery related to HIV/AIDS, providing quality health services, promotion of a healthy lifestyle, organizational management and capacity, and encouraging community participation in raising awareness.

Counterparts most frequently stated they received training in HIV/AIDS prevention and care (48%), followed by preventative health issues (26%). About a third of counterparts reported training received in topics not specified in the project plan.⁹ Other counterparts acknowledged that they received training in promoting a healthy lifestyle (22%) and providing quality health services (21%). Less than 10 percent of counterparts received training in organizational management and capacity building, improving service delivery related to HIV/AIDS, or encouraging community participation. About a quarter of counterparts received no training (Figure 8).

⁹ The type of training was not specified in the local researcher's notes.

Figure 8: Training Received by Counterparts and Beneficiaries



When asked about the training they received, counterparts reported:

[I learned] how to do the home visits, to [understand] family planning, and [to improve] children’s nutrition.

I knew a little bit and now this training has strengthened my knowledge. For example, the Moringa tree is in my locality, I’ve used it for the sauce but I never realized that it’s able to heal a lot of diseases.

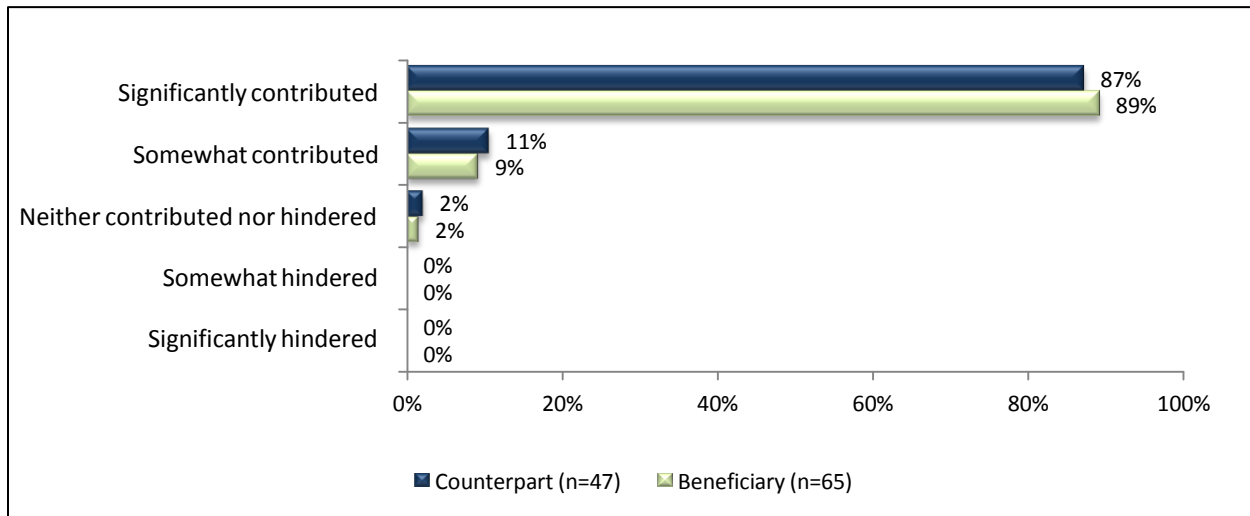
Beneficiaries most often received training in HIV/AIDS prevention and care (40%), followed by preventative health issues (33%) and promoting a healthy lifestyle (24%). Ten percent or less of beneficiaries received training in organizational management and capacity building, improving service delivery related to HIV/AIDS, and providing quality health services. Less than a quarter of beneficiaries interviewed received no training.

Comments that beneficiaries provided about their training included:

She [taught] me how to control my nutrition, how to be sure that the water is drinkable before I drink it. In brief, she [taught] me how to pay attention to my health and the health of the family.

I’ve received training in community health, [improving nutrition] and on HIV/AIDS.

Figure 9: Extent Training Enhanced Skills of Counterparts and Beneficiaries



The vast majority of respondents in both groups felt the training had enhanced their skills (Figure 9). Eighty-seven percent of counterparts and eighty-nine percent of beneficiaries believed the training significantly enhanced their skills. An additional eleven percent of counterparts and nine percent of beneficiaries reported the training somewhat enhanced their skills. When asked how training helped them, respondents stated:

[I learned] how to manage funds. -Counterpart

The Peace Corps training is good for us. We are no longer getting sick like in the past. -Counterpart

The training on family planning has changed my behavior. Now, I'm trying to increase the spacing between the births of two children. In the past, I was not comfortable talking in public, but now I am talkative. -Beneficiary

After the training, I set up a project about household waste management. I've received \$200 for this project. Regarding water and sanitation, the training is helping the community and me a lot. -Beneficiary

Community-Level Changes Resulting from CHAP

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

1. Knowledge of issues related to HIV/AIDS
2. Knowledge of preventive health issues among community members
3. The availability of quality delivery of health services

4. Management /service delivery capacity of health care providers and/or NGOs serving your community
5. Availability of services related to HIV/AIDS
6. Community participation in identifying and solving local health problems
7. Health-related behaviors among members of the community
8. Health of the community

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.

The four project outcomes with the greatest levels of reported change¹⁰ were the same for counterparts, beneficiaries, and stakeholders (Figures 10, 11, and 12):

- Health-related behaviors among community members
- Health of community members
- Knowledge of preventative health issues among community members
- Knowledge of HIV/AIDS issues

Over 80 percent of all counterparts and beneficiaries perceived positive changes for all of the project outcomes. Fourteen percent of counterparts said that community participation in identifying and solving local health issues stayed the same, and 16 percent of beneficiaries said that the availability of HIV/AIDS services were the same. Ten percent of counterparts and 14 percent of beneficiaries reported that the availability of high quality health services had remained the same following the Volunteers' participation in the CHAP project.

One beneficiary noted that since the local Volunteer started working with the community, youth were buying more condoms and women were accessing prenatal counseling. A counterpart reported an increase in hand washing, production of enriched flour, and the use of the treated mosquito net.

It's the change of the mentality of the community to participate in its own development and the construction of the health center. -Beneficiary

¹⁰ Respondents were asked about the extent to which they saw changes related to each outcome in their community, business, or government office on the following scale: Much better; Somewhat Better; The 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 "Worse" were grouped into a single category called "Worse." This resulted in the following scale: Better, The Same, and Worse.

They help us to change our behavior, because seeing someone coming from a long way and acting like us, it helps us to change. -Counterpart

Figure 10: Counterpart Assessment of Community Changes Related to Project Outcomes

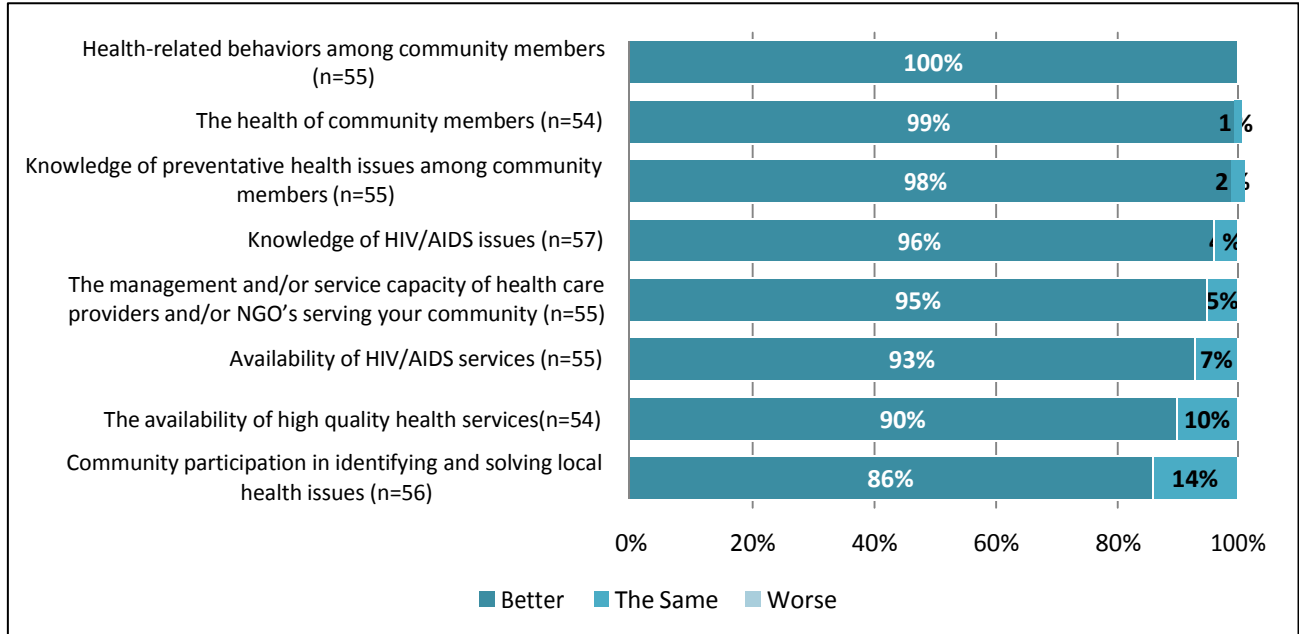
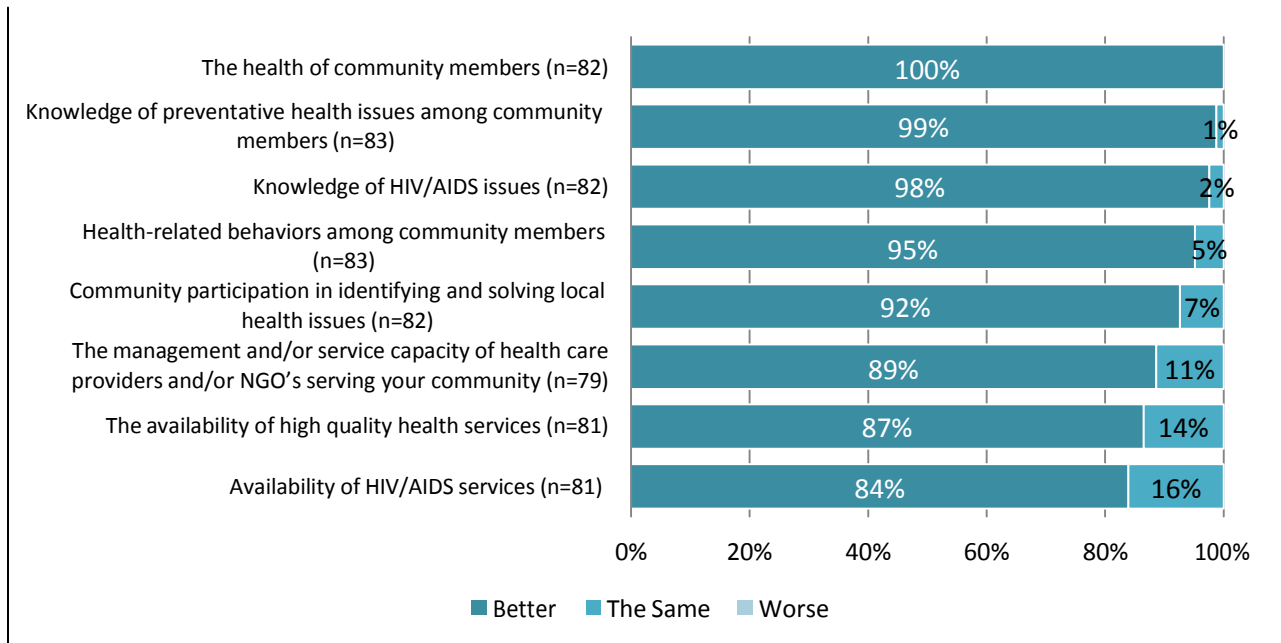


Figure 11: Beneficiary Assessment of Community Changes Related to Project Outcomes



Stakeholders' ratings were slightly lower than counterparts and beneficiaries, but all agreed that the greatest changes in community members were in the knowledge of HIV/AIDS and preventative health care, and health behaviors. They recognized that positive interactions had occurred, yet were mindful of more work to be done. Comments received from stakeholders included:

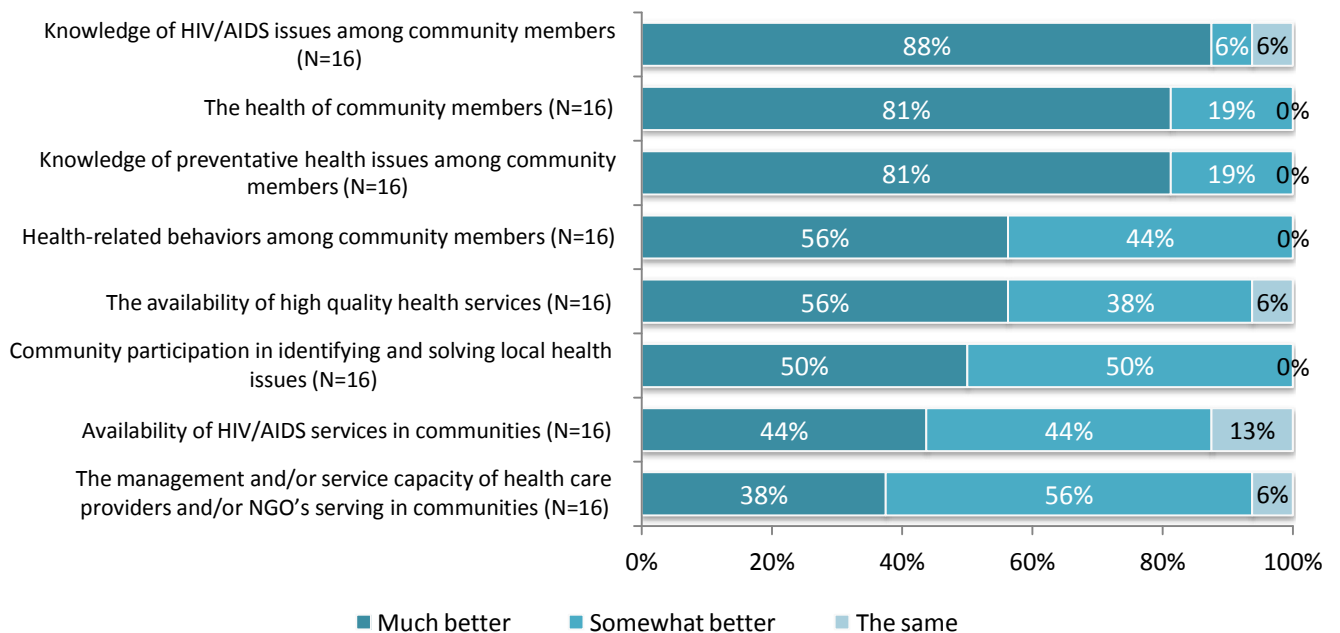
There is no comment; everything is marvelous. And I don't want the end of Volunteers in my village. They eat the meat from dog like us. They dance our traditional dance called Kamou with us. They also drink the local traditional drink called Tchouk.

This has contributed to support the activities of the Prefectoral Director of Health in general and we profited from it!

Their organization gives something more. Like the simple contact with the communities and the integration within the community. We do regret the duration of their intervention because it is short. In addition, their basic training is limited. It will be necessary to improve this training in order to help the Volunteer to have a suitable background for their job.

The trainings are well done. The mobilization is good. There are some difficulties: for example, people agree to do the screening but there are no resources. The population is waiting for the concrete actions that will accompany the training. So, [I am not completely satisfied] .

Figure 12: Stakeholder Assessment of Community Changes Related to Project Outcomes



Improving services for persons living with HIV/AIDS was mentioned in many of the interviews. For example, some respondents emphasized the importance of the Volunteer activities leading to community members' changes in awareness:

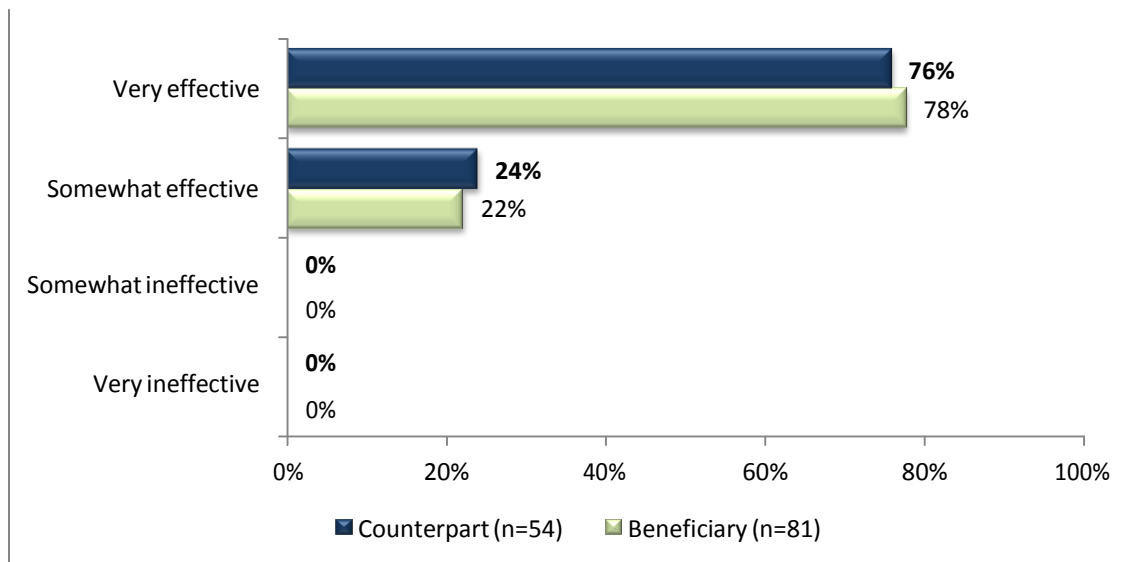
In our grandparents' [time], people used to say that when an individual has diarrhea, is losing weight, [exhibits] (AIDS symptoms), it means that he is damned. But the Americans tell us that it's just a disease called HIV. - Counterpart

The parents understood that they should agree to live with the children living with the virus. -Beneficiary

The families in which there was a PLWHIV were considered impaired or a victim of bad luck. But with the intervention of the Volunteer, they accept their sick people instead of pity. -Beneficiary

Counterparts and beneficiaries were asked how effective the Volunteers' work was in improving their ability to achieve and maintain good health (Figure 13). The majority of respondents said the work was very effective in building community capacity to achieve and maintain good health.

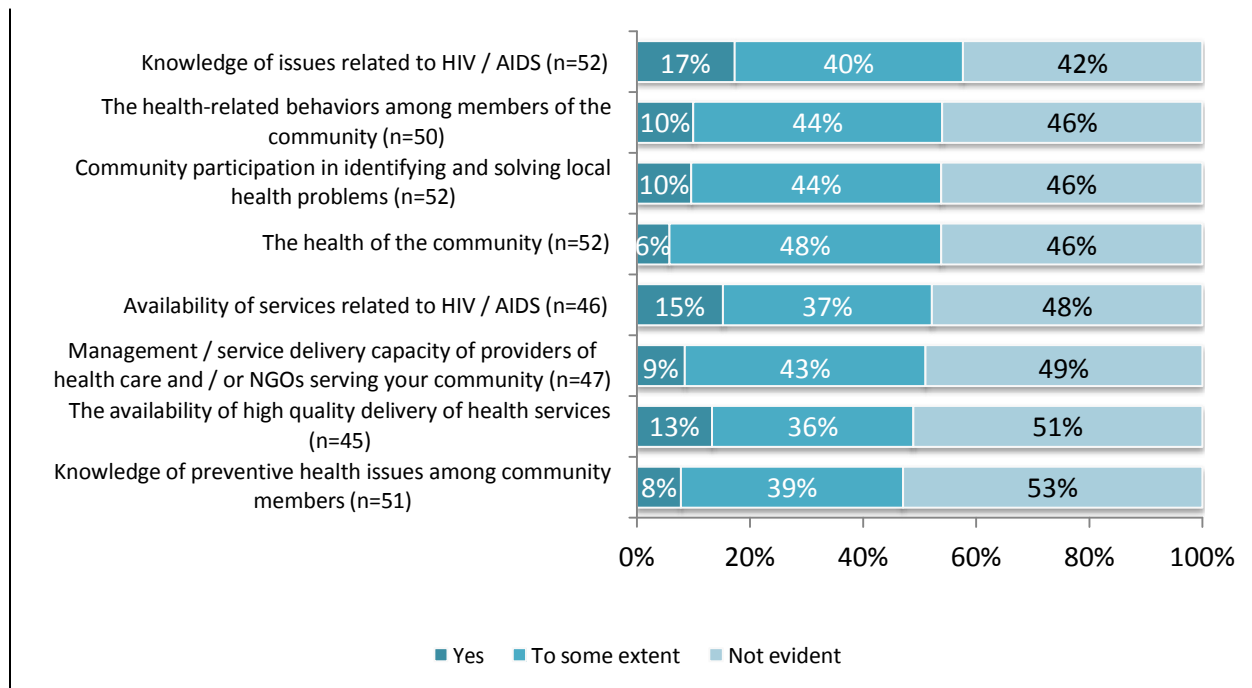
Figure 13: Effectiveness of Volunteers' Work in Building Community Capacity



Sustainability of Community Change

Respondents were asked to assess the extent to which the changes had been maintained by the community on the following scale: yes, to some extent, and not evident.¹¹ Overall, beneficiaries' and counterparts' ratings on whether the changes had been sustained were comparable (Figures 14 and 15). Less than 20 percent of the interviewed counterparts and beneficiaries agreed that the changes achieved through the CHAP program had been fully sustained. Substantially more indicated these changes had been sustained to some extent.

Figure 14: Counterpart Assessment of Sustainability at the Community Level



About half of the beneficiaries identified the health of the community as sustained to some extent, with an additional 15 percent reporting yes. Forty-four percent of beneficiaries said that knowledge of issues related to HIV/AIDS was sustained to some extent, and another sixteen percent said it was fully sustained. Similarly, 40 percent of counterparts said knowledge of issues related to HIV/AIDS was sustained to some extent in the community, and an additional 17 percent said it was fully sustained.

For most of the outcomes, about half of the counterparts and beneficiaries agreed that communities continued to improve their awareness and engage in healthy behaviors completely or to some extent after the Volunteer completed his or her service. Examples described by beneficiaries included:

¹¹ Respondents were also given a choice of "unsure," but these responses were not included for this analysis.

We are continuing to do training; we motivate the girls and encourage the women for the income generating activities. The children have been vaccinated and the parents are aware ... due to our awareness on the realities of the PLWHIV/AIDS.-Beneficiary

The women practice family planning. Some women stop having children. The young girls are not getting pregnant like before.-Counterpart

The latrines are used and they are monitored by the hygiene assistant. The drilled water wells are used and there is a management committee, because we sell the water and it helps maintaining the water wells.-Counterpart

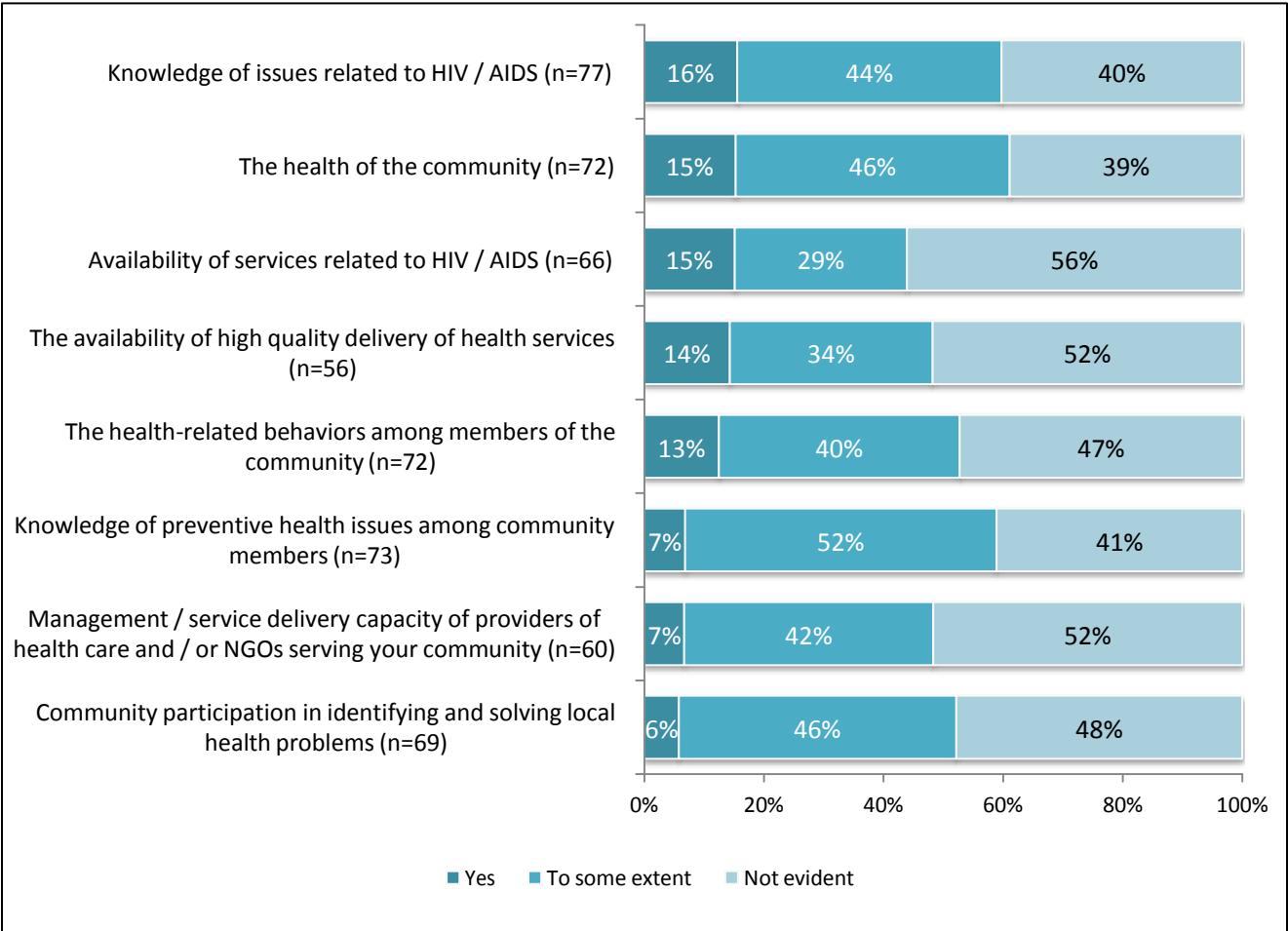
We sell the water and the money received is used to repair the water wells if there is a breakdown; we use the latrines and the solar plate is also well maintained.-Beneficiary

Over half of the beneficiaries said the availability of services related to HIV/AIDS was not sustained. Fifty-three percent of counterparts felt that knowledge of preventative health issues among community members was not sustained after the Volunteer left (Figure 14). In contrast, 59 percent of beneficiaries felt that knowledge of preventative health issues among community members was sustained at least to some extent (Figure 15). Comments on sustainability of projects included:

There are some problems with maintaining the work of the Volunteer because when she was here, the students [valued her work more than a local person's work] . But nowadays, it's difficult for the manager to organize the meetings again. -Beneficiary

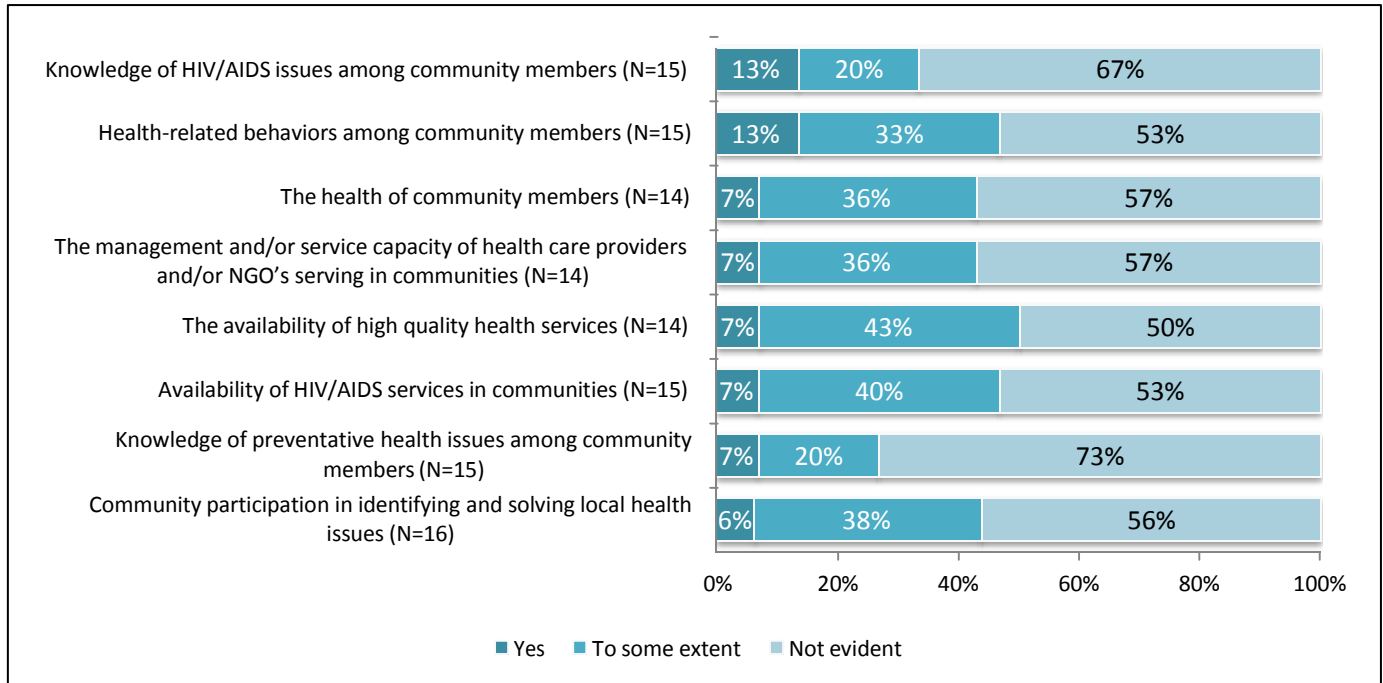
The [type of] field work [is] the same, but with less of keen interest than when the Volunteer was here. -Beneficiary

Figure 15: Beneficiary Assessment of Sustainability at the Community Level



Stakeholders were also asked to describe the extent to which positive changes had been maintained (Figure 16). Less than half of the stakeholders perceived that any of the outcomes were sustained after the Volunteer left the community. The health-related behaviors among community members and knowledge of HIV/AIDS issues among community members were the most sustained outcomes. Half of the stakeholders agreed that availability of high quality health services was sustained to at least some extent.

Figure 16: Stakeholder Assessment of Sustainability at the Community Level



Stakeholders offered comments regarding the sustainability of community change, and shed light on why respondents may not be completely satisfied or believe that changes have not been fully realized:

It is always difficult to have a complete change. It is just continuing work. -Doctor

It is a long process; there is a lot to do. We need to ask for resources in order to train the population about the identification and the resolution of their health problems. [We need to] create screening centers to [improve levels of] participation and train the staff on [delivering] health [services], so [I am not completely satisfied].-NGO worker

Stakeholders summarized that it was a lack of funds; the lack of people with the skills and training to maintain the changes; and a lack of leadership that was preventing sustainability with projects such as CHAP following the Volunteers’ departure. Counterparts and beneficiaries also commented that satisfaction was related to whether or not there was more left to accomplish:

The effort is not about 100 percent but at 50 percent, because we need means to maintain in an effective way what exists. -Counterpart

Nothing is at 100 percent; it can change from [one] day to another. -Counterpart

Yes, we maintain [the knowledge] but from time to time we need the re-trainings and awareness activities; if not, our benefits will be forgotten. -Beneficiary

Some of the respondents said that the work of the Volunteer continues in the community through teachers or NGOs. Others said that the Volunteer was still present in their community so they were not able to address the question.

Extent to which Changes Met Community Needs

Finally, respondents were asked to assess how well the changes met the community’s needs. Counterparts valued the increase in health-related behaviors among members of the community as well as the improved knowledge of preventative health issues among community members, with 86 percent and 84 percent responding positively to these outcomes respectively (Figure 17). Beneficiaries most valued the changes in the community’s knowledge of issues related to HIV/ AIDS (81%) and the overall health of the community (77%) (Figure 18).

Stakeholders were equally satisfied with how well the changes in the knowledge regarding HIV/AIDS issues among community members, the knowledge of preventative health issues among community members, and the availability of high quality health services met the community’s needs (Figure 19).

Figure 17: Counterpart Assessment of How Well Changes Met Community Needs

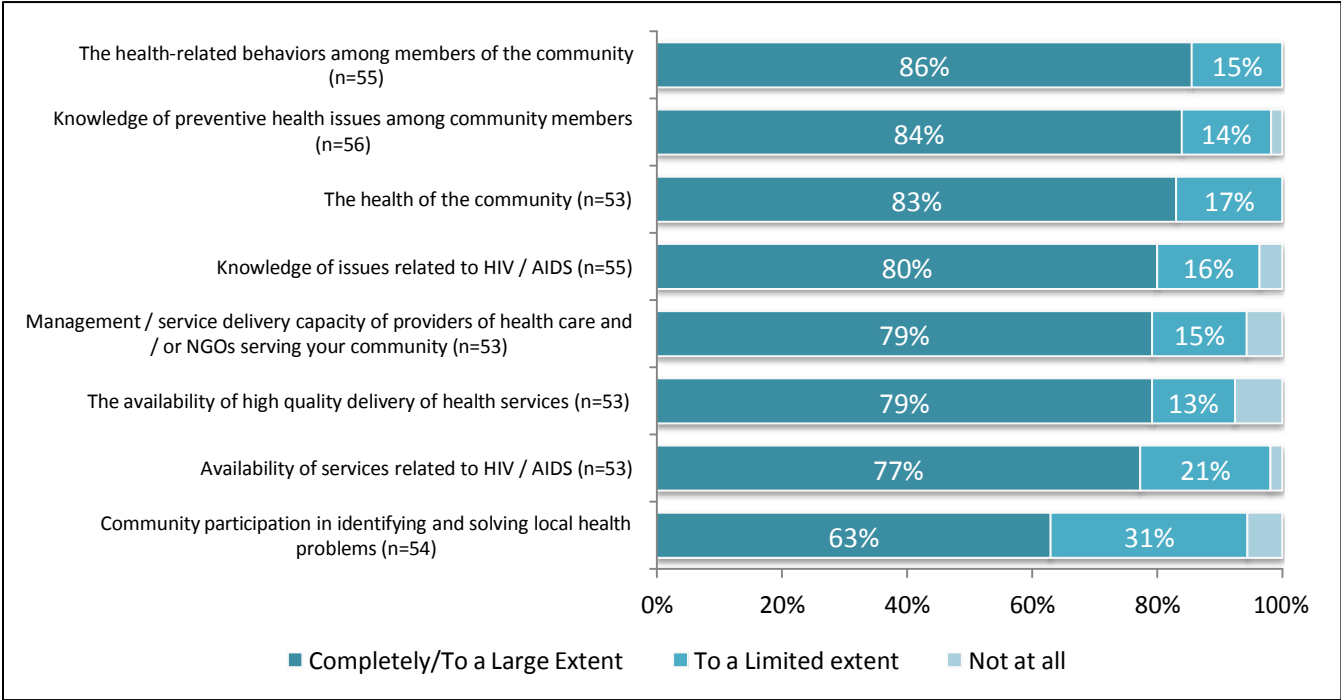


Figure 18: Beneficiary Assessment of How Well Changes Met Community Needs

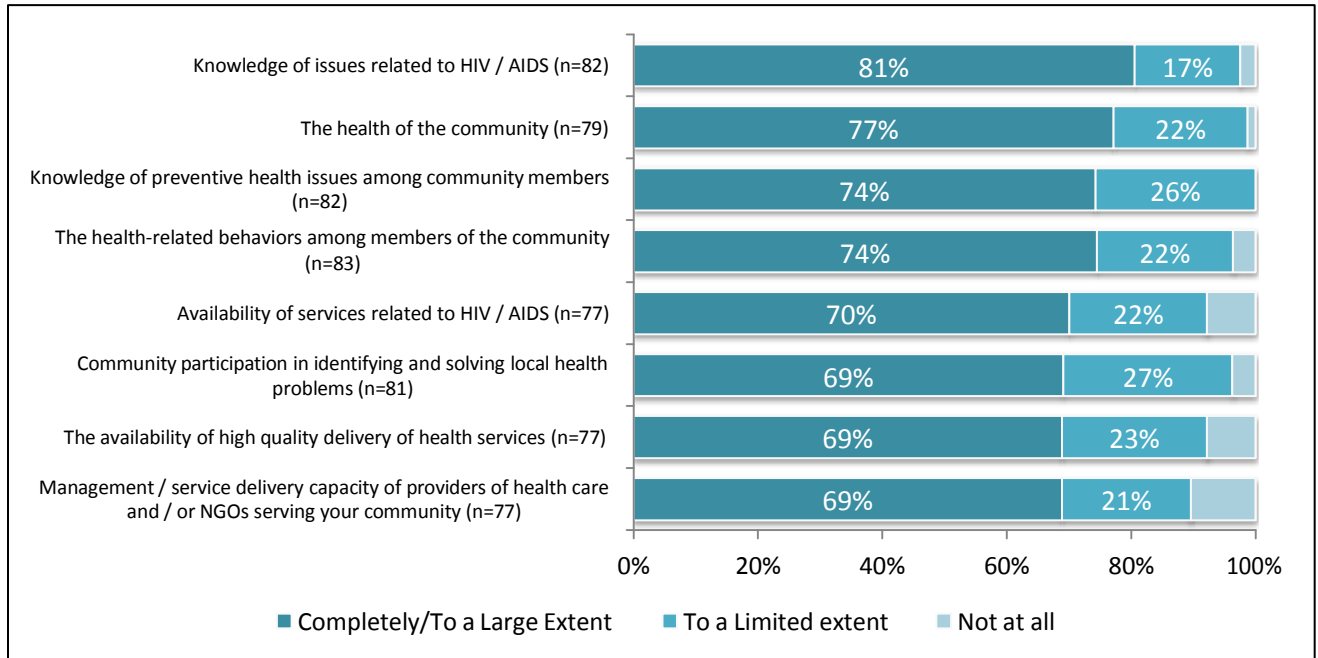
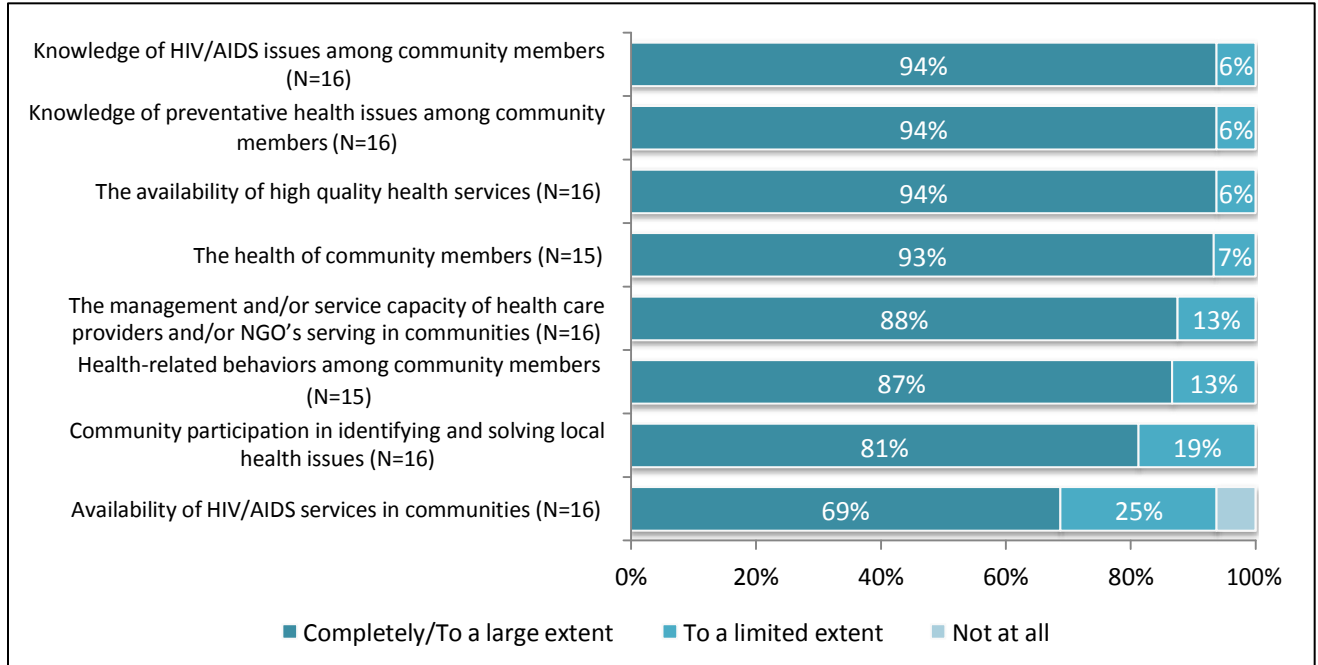


Figure 19: Stakeholder Assessment of How Well Changes Met Community Needs



Among stakeholders, 94 percent reported that community needs were met regarding knowledge about HIV/AIDS issues among community members, knowledge of preventative health among community members, and the availability of high quality health services.

Summary of Community Outcomes

Overall, counterparts, beneficiaries, and stakeholders viewed the following outcomes as showing the greatest amount of change:

- Health-related behaviors among community members
- Health of community members
- Knowledge of preventative health issues among community members
- Knowledge of HIV/AIDS issues

Each outcome was discussed in terms of sustainability and whether it met community needs. The three groups of interviewees differed in their perspectives of these aspects of the outcomes.

Counterparts were most satisfied with the changes in health-related behaviors among community members. They also identified this outcome as most important in meeting the needs of the community. However, it was ranked fifth of the eight outcomes in terms of whether it was sustained after the Volunteer left. Reasons provided for the lack of sustainability included lack of resources, lack of motivation, and the need for continued training over time. Beneficiaries ranked the overall health of the community as the outcome showing the greatest degree of change. This outcome was also ranked second in terms of meeting community needs and sustainability. Knowledge of issues related to HIV/AIDS ranked first in terms of meeting community needs and sustainability, but third in terms of beneficiaries' perceptions of change.

Stakeholders also perceived community knowledge of issues related to HIV/AIDS as the outcome with showing the greatest change, and the outcome that most met the community's needs. It ranked second in terms of sustainability.

Knowledge of preventative health issues among community members is an outcome that ranked highly for all three groups in terms of degree of change and meeting the community's needs. However, it ranked near the bottom in terms of sustainability.

Individual-Level Changes Resulting from the Project

As already discussed, the project theory of change model (Figure 1) generated a list of individual/personal-level project outcomes. In addition to changes at the community level, counterparts and beneficiaries were also asked about the extent to which they saw changes in themselves related to each of the following outcomes:

- Your knowledge of HIV/AIDS issues
- Your knowledge of preventive health issues
- Your ability to access high quality health service
- Your ability to access HIV/AIDS services
- Your health behaviors
- Your behaviors for preventing HIV
- Your overall health

Counterparts and beneficiaries were asked about individual-level project outcomes through a series of questions. 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 substantial personal changes as a result of working with the Volunteer (Figures 20 and 21). (Stakeholders were not asked whether they experienced personal changes.) All of the items asked were rated as “Better” by more than 90 percent of those interviewed. The top three outcomes for both beneficiaries and counterparts were the same, but ranked differently:

Outcome (Degree of Change)	Counterpart Rank	Beneficiary Rank
Your behaviors for preventing HIV	1	2
Your knowledge of HIV/AIDS issues	2	1
Your knowledge of preventative health issues	3	3

It is important to recognize that counterparts received knowledge that helped them personally as well as professionally. Counterparts also said this outcome was well sustained. Interestingly, it was ranked fifth in terms of meeting their personal needs. Beneficiaries reported their top ranked outcome, knowledge of HIV/AIDS issues, was also top ranked in sustainability, but fourth in terms of whether it met their personal needs. According to beneficiaries, they most valued knowledge about overall health, but this was not rated highly in terms of degree of change (ranked fifth). It should be noted that the individual-level changes that did occur appear to have been sustained (ranked third; Figure 24).

Figure 20: Counterpart Assessment of Individual Changes Related to Project Outcomes

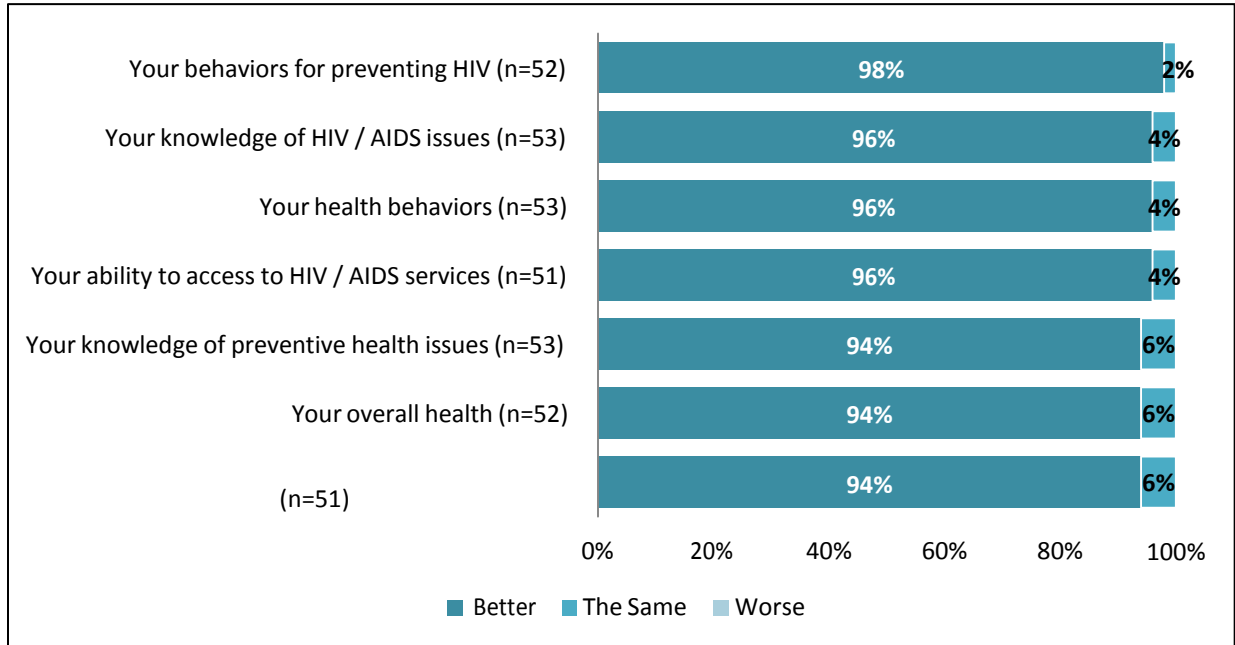
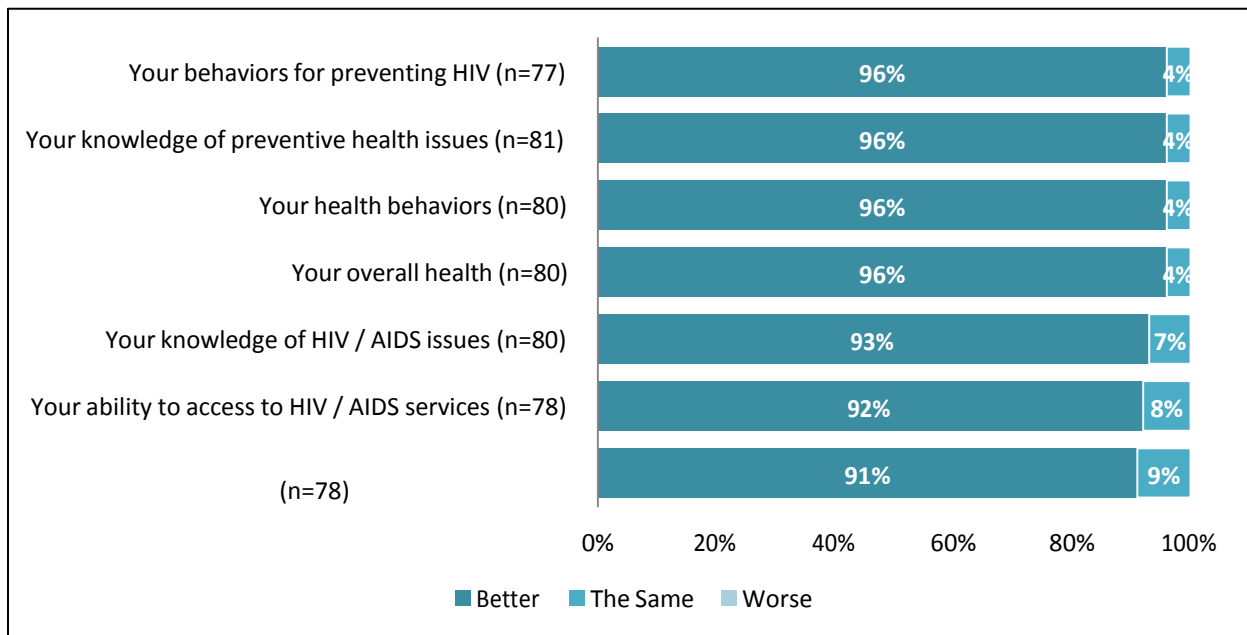
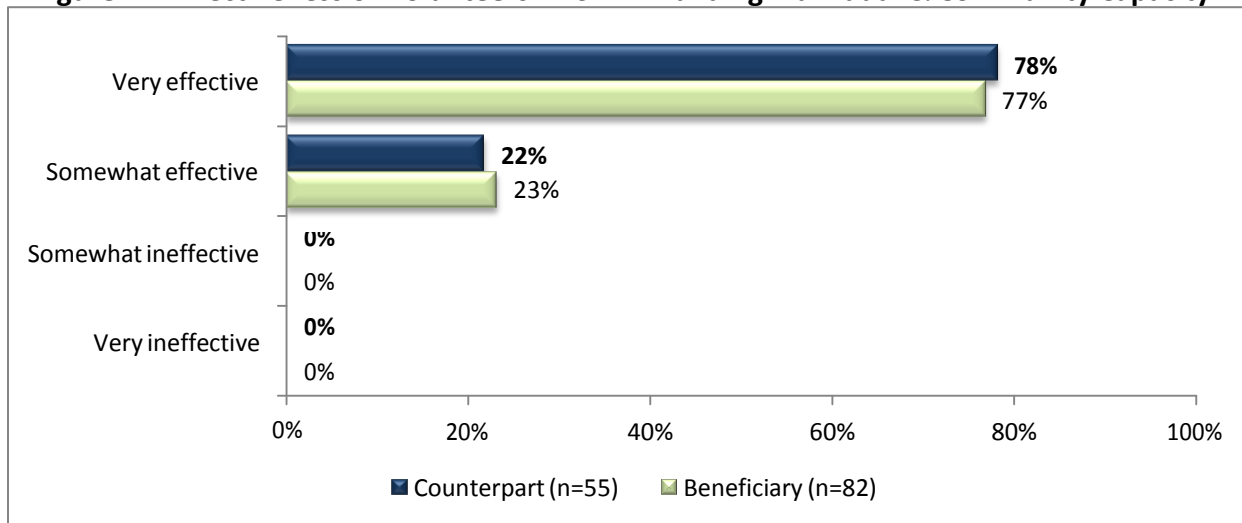


Figure 21: Beneficiary Assessment of Individual Changes Related to Project Outcomes



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 22). Seventy-eight percent of counterparts and 77 percent of beneficiaries stated the activities were very effective in building their capacity. Another 22 percent of counterparts and 23 percent of beneficiaries stated that the activities had been somewhat effective. No respondents found the activities to be ineffective in building capacity.

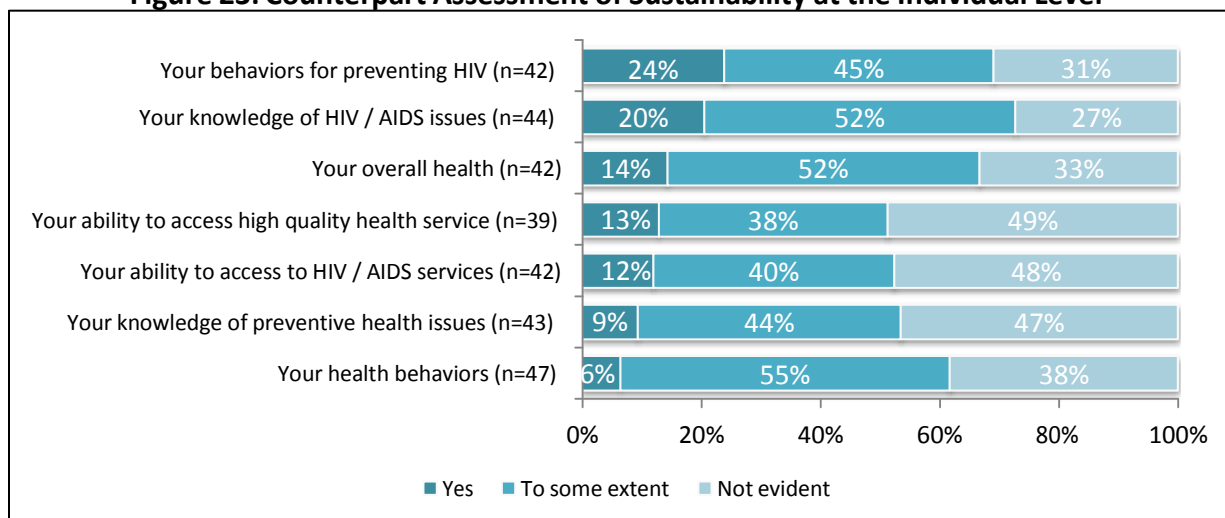
Figure 22: Effectiveness of Volunteers' Work in Building Individual & Community Capacity



Sustainability of Individual Changes

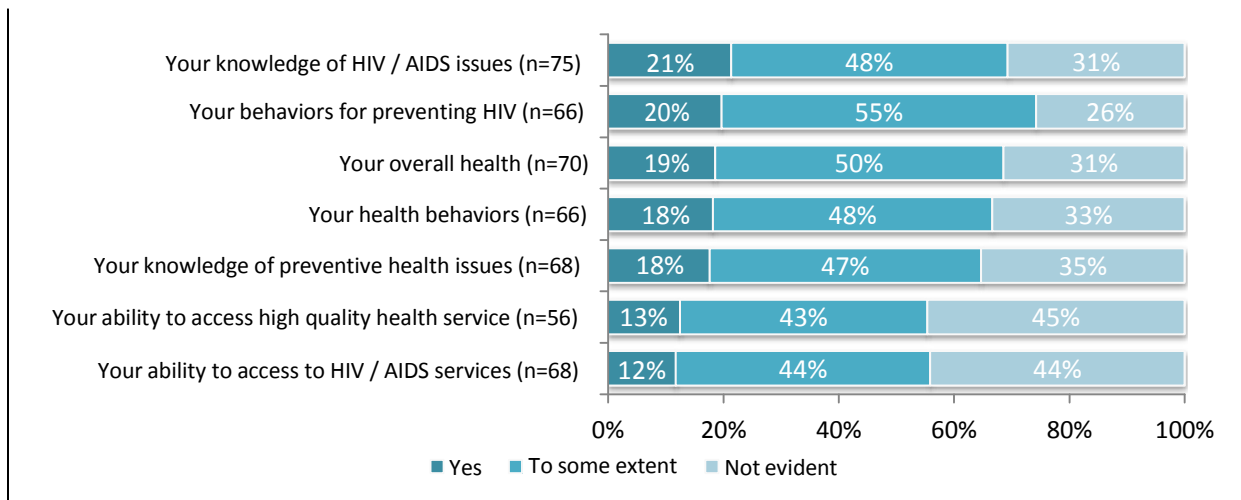
Counterparts reported behaviors for preventing HIV/AIDS as the outcome most fully sustained (24%; Figure 23). Counterparts also reported their knowledge of HIV/AIDS issues as fully sustained (20%). Counterparts did not rate their health behaviors or knowledge of preventative health issues as fully sustained and this information aligns with the lower levels of sustainability reported at the community level.

Figure 23: Counterpart Assessment of Sustainability at the Individual Level



Among beneficiaries, 21 percent responded that their knowledge of HIV/AIDS had been the most sustained change (Figure 24). Like the counterparts, beneficiaries rated their behaviors for preventing HIV as fully sustained (20%). This information aligns with the higher levels of sustainability seen at the community level for the increase in knowledge related to HIV/AIDS issues. It is important to note that although knowledge and behaviors were sustained among many beneficiaries, almost half perceived that their ability to access high quality health services—and HIV/AIDS services in particular—was not sustained.

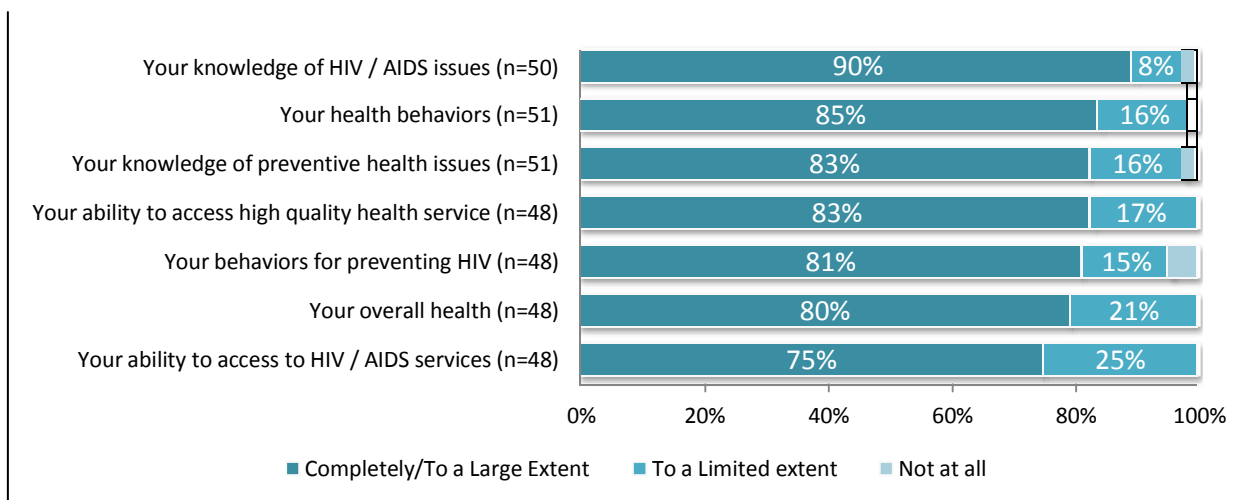
Figure 24: Beneficiary Assessment of Sustainability at the Individual Level



Extent to which Changes Met Individual Needs

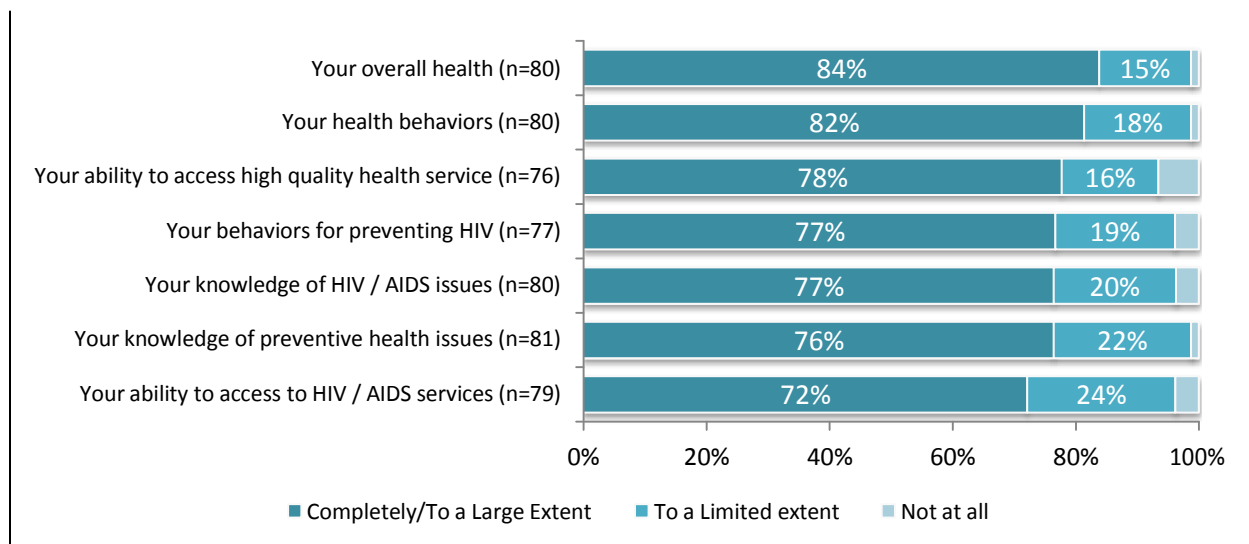
Counterparts most often reported knowledge of HIV/AIDS issues had met their needs completely or to a large extent (90%). Health behaviors (85%), knowledge of preventative health issues (83%), and the ability to access high quality health services (83%) also completely or largely met the individual needs of most counterparts (Figure 25).

Figure 25: 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 26). The outcome that most met the individual needs of beneficiaries was their overall health (84%).

Figure 26: Beneficiary Assessment of how Outcomes Met their Individual Needs



How Skills are Used Personally and Professionally

Counterparts and beneficiaries were asked how often they used the skills gained from the project in their professional lives. Counterparts (88%) and beneficiaries (83%) responded overwhelmingly that they use their new skills in their professional life on a daily basis (Figure 27). Fourteen percent of beneficiaries use their new skills on a weekly basis. Six percent of counterparts and one percent of beneficiaries indicated that they never use their new skills.

Counterparts and beneficiaries were also asked how often they used the skills gained from the project in their personal lives. Eighty-nine percent of counterparts and ninety percent of beneficiaries used the skills they learned during the project on a daily basis, while two percent of counterparts and five percent of beneficiaries stated they used their new skills on a weekly basis (Figure 28). Six percent of counterparts and three percent of beneficiaries indicated that they never use their new skills.

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

Figure 27: Frequency of Skills Used in Professional Life

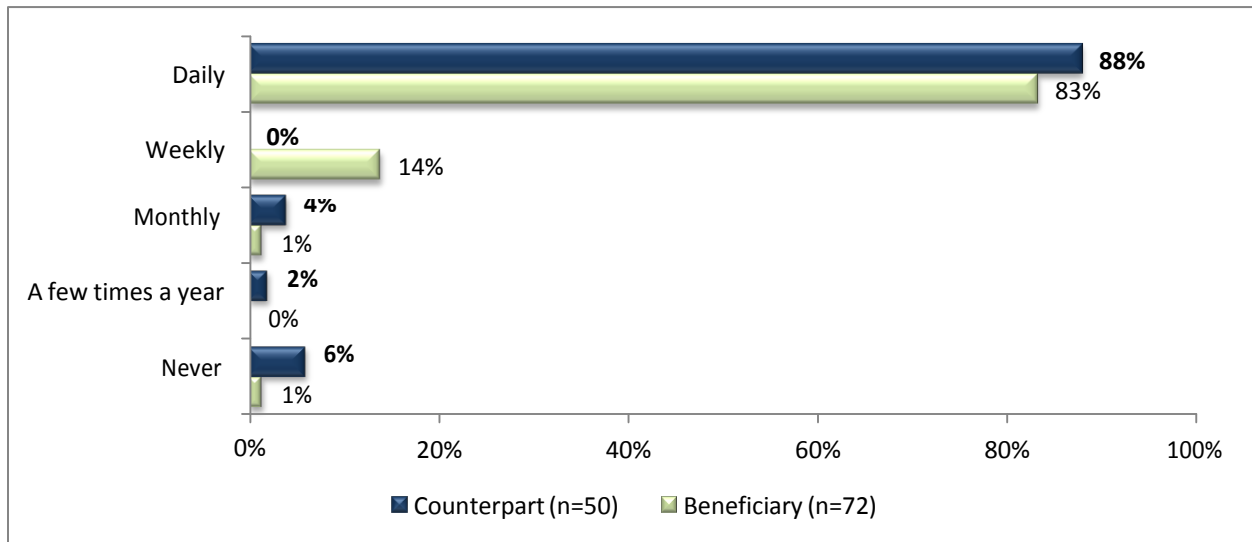
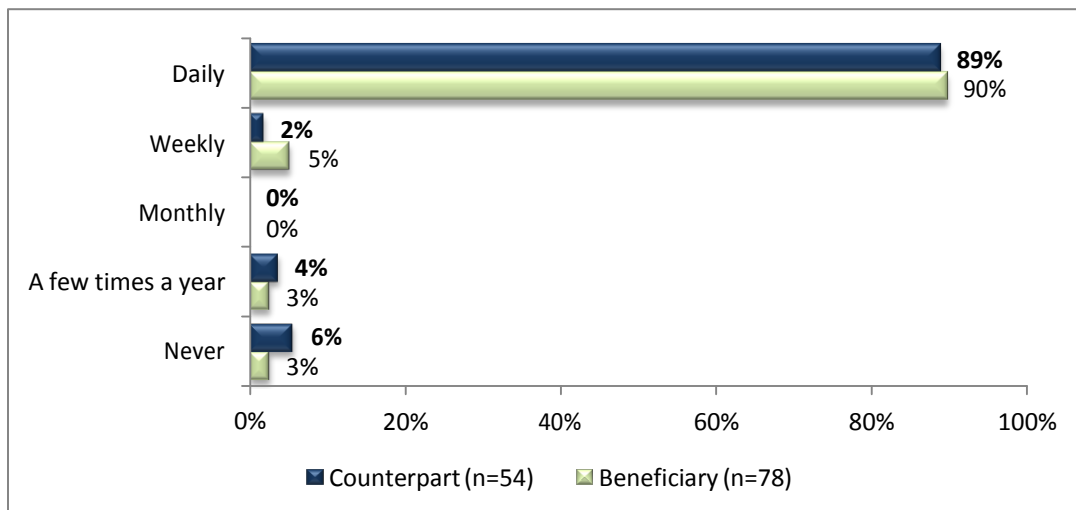


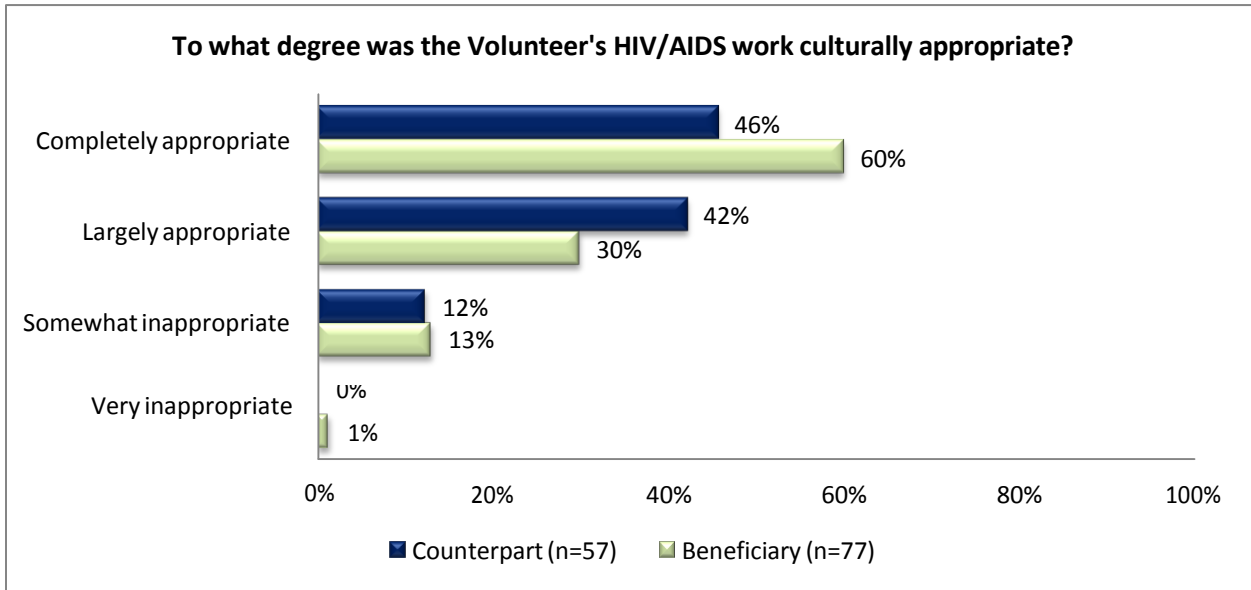
Figure 28: Frequency of Skills Used in Personal Life



HIV/AIDS-Specific Activities

Counterparts and beneficiaries were asked a series of questions specifically targeting Volunteers' work with HIV/AIDS programs and people living with HIV/AIDS. Sixty percent of beneficiaries said that Volunteers' HIV/AIDS work was completely culturally appropriate, with an additional 42 percent reporting that it was largely appropriate. Eighty-eight percent of Counterparts said the Volunteers' work was largely or completely appropriate (Figure 29).

Figure 29: Cultural appropriateness of Volunteer’s HIV/AIDS work

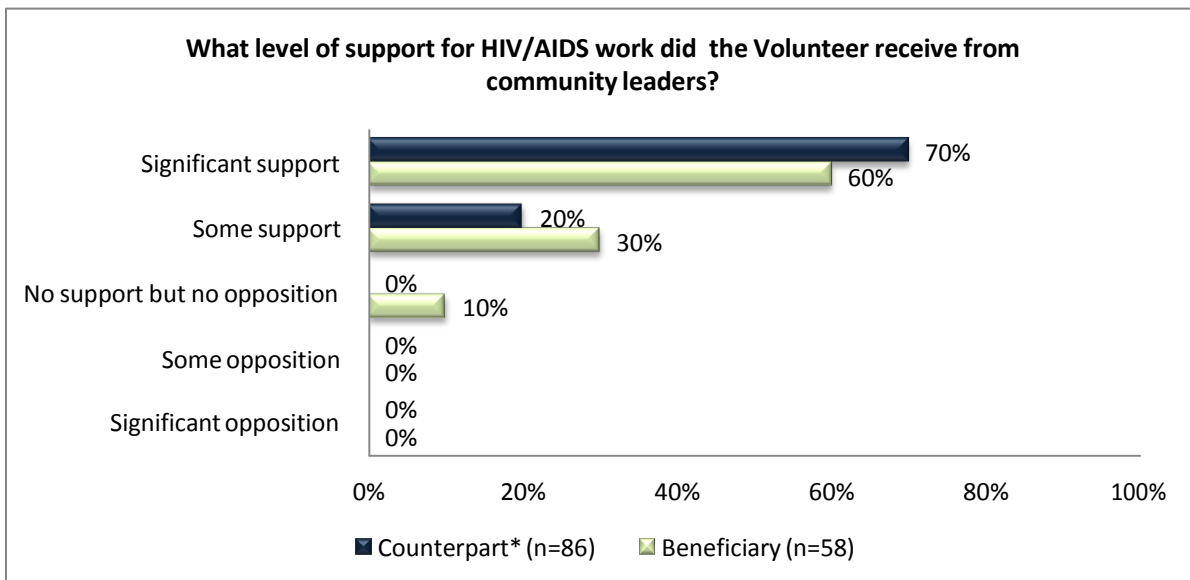


Twelve percent of counterparts and thirteen percent of beneficiaries said that the Volunteers’ work was somewhat inappropriate. Comments that explained that sentiment were as follows:

In our environment, talk about sex is a little bit complicated; it is necessary to find the appropriate words to convince people. –Beneficiary

They [the community] take AIDS as a bewitchment and after a screening the girl is taken to a charlatan. I think it is ignorance—they are obscured by the traditional health practitioners. Otherwise, the Volunteer’s work reflects the culture. -Beneficiary

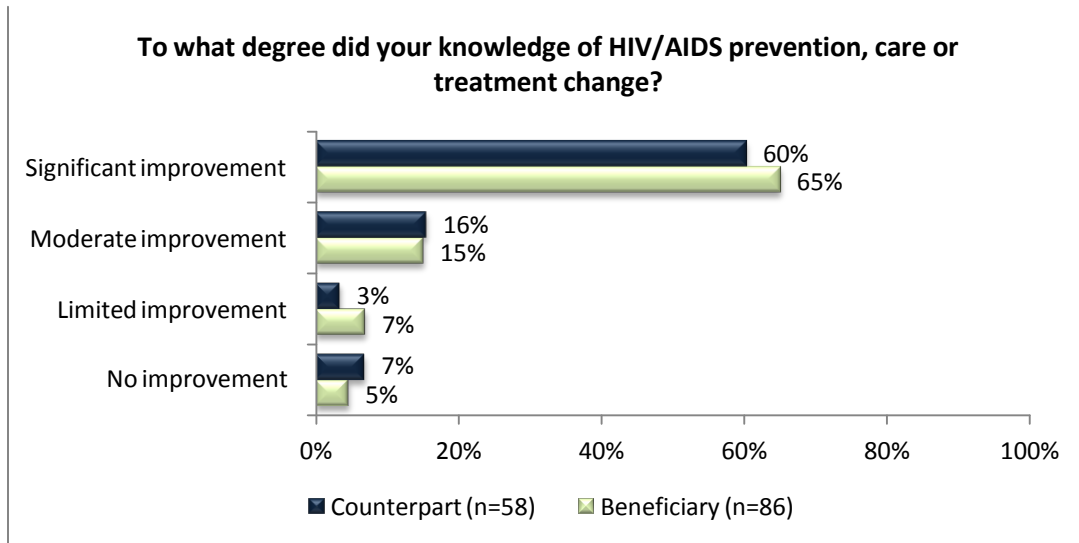
Figure 30: Leaders’ support of Volunteer’s HIV/AIDS work



*10% of counterparts did not respond

Most counterparts and beneficiaries agreed that Volunteers received at least some support from the community leaders (Figure 30). The three individuals who expressed a neutral response were also among those who said the Volunteer's work was somewhat inappropriate.

Figure 31: Degree of Change in Knowledge of HIV/AIDS Prevention, Care, or Treatment



Sixty percent of counterparts and sixty-five percent of beneficiaries saw significant improvement in their knowledge of HIV/AIDS prevention, care, or treatment (Figure 31). Those who said the Volunteers' work had no impact on their knowledge explained:

Personally, I had received that knowledge before the arrival of the Volunteers. - Beneficiary

My knowledge has [stayed] the same because she just intervened in the promotion of growth control. - Beneficiary

My knowledge has changed about the PLWHIV. However, it is not due to the training of the Volunteer. I am no [longer] stigmatizing the PLWHIV. -Beneficiary

Those who expressed significant improvement said:

There is a reduction of my [number of sexual] partners and a [greater] comprehension of the people living with the HIV/AIDS. -Beneficiary

Yes, there is a change, because henceforth I know that the PLWHIV are not to be feared or marginalized. -Beneficiary

The use of condoms is very widespread in the community. -Counterpart

In the field of stigmatization, discrimination, and the prevention of the transmission from mother to children, I have learned many things that improved my knowledge. -Beneficiary

Regarding the awareness on HIV, I am confident that it is not the end of the world when you know that you have the virus. -Counterpart

Beneficiaries and counterparts were asked to describe any changes in their behavior related to HIV/AIDS prevention, care, or treatment. Many talked about the importance of fidelity to one's spouse or the use of condoms. Some said they were more cautious with their choices of sexual partners. Some of the respondents were PLWHIV who talked about positive changes in their health since becoming involved with CHAP. Others talked about how they changed their attitudes toward PLWHIV.

Me myself, I am a PLWHIV and it is because I take care of myself that I'm feeling good, so we give advice to our sick and desperate friends. -Beneficiary

[I now know about] the reduction of the mortality, the change of the mentality, the will to receive treatment, and the acceptance of the PLWHIV in the family. -Beneficiary

I'm informed that you should avoid having unprotected sex, avoid the contact with tools soiled with blood, practice the sexual abstinence [and] faithfulness, do the Volunteer screening before marriage, and if you have the virus, approach a care taking association. -Counterpart

In the past, I had a partial knowledge on the prevention of AIDS. Today, I master all. I know actually that a seropositive woman can give birth to a healthy child if she follows the advice of the midwife. In the past I was frightened by the PLWHIV, but now, I eat together with them, [and] I encourage them to accept care-taking. My knowledge has improved a lot. -Counterpart

Respondents were asked to specifically describe any changes in their attitude toward or interactions with people living with HIV/AIDS. Many discussed a greater willingness to approach PLWHIV and noted less discrimination in the community. Some of the comments received included:

You should approach the people living with the HIV/AIDS, because they are fragile. –Beneficiary

From now, I know that we do not get AIDS when we live with a person living with HIV, so it is not necessary to discriminate the people living with HIV. –Counterpart

For example during the vaccination, when they bring the children living with HIV, I am careful and more cautious. It is not a form of discrimination but preventives measures. Except that, I get on well with the PLWHIV. -Beneficiary

I consider today the PLWHIV as a brother with whom I can collaborate in everything. He is my brother but just sick. And this collaboration can help the person to assert himself. – Counterpart

There is no discrimination because I have no fear to be with the PLWHIV and from now on, I support the PLWHIV. And I protect myself when I have an extramarital sex in order to not being contaminated by the HIV. And I've already done my screening test. - Beneficiary

Beneficiaries and counterparts were asked what other organizations had worked on or provided HIV/AIDS-related resources to their community. Groups mentioned by respondents were the Red Cross, Association Togolaise pour le Bien Etre Familial, Borne Fonden, ELE Hospital, SAR-Afrique, PSI, Les Amis du Togo, World Fund, HTH, World Health Organization, UNICEF, and others. Respondents were asked to describe how the Peace Corps HIV/AIDS-related work is similar to or different from the work of these organizations. The following list of responses was provided for them to choose from, and the frequency¹² of agreement is noted:

- Having the Peace Corps Volunteer live in the community (n=62)
- The general approach used is different (n=35)
- The Peace Corps project is better matched to the community (n=23)
- The Peace Corps brings fewer resources (materials and funds) (n=16)
- The Peace Corps project is showing more results (n=12)
- The focus of the work is different (n=11)
- The Peace Corps brings more resources (materials and funds) (n=9)
- The length/depth of contact with Volunteers (n=9)
- The Peace Corps project is longer (n=7)
- The Peace Corps project is shorter (n=6)
- The Peace Corps project is less well matched to the community (n=6)
- The Peace Corps project is showing fewer results (n=2)

Other comments provided were:

ATBEF, PTME, [and] Red Cross give us compensation when they arrive and they leave after. The Volunteers are living in the community; they do the trainings almost every

¹² Frequency out of 141 responses from counterparts and beneficiaries.

day. The Volunteers are not only talking about AIDS, but they talk about other fields [as well]. Only they do not give any resources. -Counterpart

There is a difference, the Volunteer studies the project with us and she helps us find the funding. And this is not the same for the other organizations. - Beneficiary

The others gathered the sick people for the training but the Peace Corps goes into the community. -Beneficiary

The Peace Corps is present in the community and that is what we wished for the other organizations. So the Peace Corps is aware of our daily realities. -Beneficiary

The UNICEF funds, [while] the Peace Corps gives advice. -Counterpart

The Peace Corps is permanently present among us and they are doing hard work. Every time we need the Volunteers, we could easily find them instead of the other organizations, which are occasionally present. -Beneficiary

The Peace Corps is among us and is helping us discover the truth for ourselves. Instead of the other organizations which do not necessarily consider our needs for their work. – Counterpart

I do not [understand] their strategic planning. In brief, all that the Peace Corps is doing is not clear. There is a lack of visibility compared to others. -Counterpart

They are very creative and realistic but they do not sufficiently fund the projects. - Beneficiary

Factors Affecting Project Performance

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 daily interaction with the Volunteer caused the change. This section outlines these factors.

Factors Contributing to the Project's Success

Counterparts and beneficiaries both reported that the primary factor for success in the CHAP project was support from leadership and the community's curiosity about the Volunteer. Counterparts and beneficiaries also stated that community participation in project activities is another key factor for success. While respondents reported that their initial participation is a direct result of community interest in the activity topic, other factors also contributed to their participation.

The welcome is the main factor. When the Volunteer arrived, she [spent more time] with the chief, Village Development Committee, the chief of the post of the Peripheric Care

Unit. With their moral support and their manifest will, the work of the Volunteer has succeeded. –Counterpart

The population has the feeling that they [the Volunteers] come to help and everybody was curious to know why they were here. And also, their kindness and goodwill have helped. –Beneficiary

As a member of the Village Development Committee, I support her a lot with advice. And I give her [additional] help according to my means. –Counterpart

[Success of the CHAP project can be attributed to] the motivation of the population [and] the influence of the color of the skin. -Counterpart

The Volunteers' character was another key factor that counterparts and beneficiaries specified as critical to project success. In terms of the Volunteers' personality, respondents most often cited the Volunteers' motivation, determination, humility, respectfulness, and ability to integrate into the community.

His availability, dynamism, and his love for the work and the community. –Counterpart

The Volunteers are curious and they integrate themselves quickly. –Beneficiary

There is no humiliation of others in their behavior and you feel that they are here for the development of Africa. –Beneficiary

They are motivated and engaged. We accept collaboration with them freely. –Counterpart

Their sense of humility and their good will to save the PLWHIV and the love provided to those people. -Beneficiary

Respondents recognized that success was due to collaboration among all of the actors and many identified their own important role in helping the Volunteer succeed:

Since I am a native of the environment, people listen to me easily. Due to my intervention and presence during the [trainings], many people came to listen what the Volunteer said. This interaction is very important. Since at the end of the meetings there is no compensation to motivate the communities, if I do not intervene, they will not come to the [future] meetings. -Counterpart

[Their success is attributable to] our availability, their quick adaptation, their determination to work, and the will of the community. –Counterpart

[Their success is attributable to] the direct contacts with their target, the community; the availability of us, the counterparts; [and] the comprehension of the local partners of the objectives of the Volunteer. [Also,] we help them learn the French language. –Beneficiary

[The members of my association] have helped the Volunteers to succeed with their manifest will and [in] their acceptance to collaborate with them. –Beneficiary

The Volunteers are, first of all, collaborative. They are humble and have a listening spirit. It is especially [helpful to] their counterparts... and the community. –Beneficiary

We, ourselves, were devoted [at the outset]. The support of the teachers also helped the Volunteer succeed in her work. –Beneficiary

Factors that Hindered and Limited Project Outcomes

In addition to the factors contributing to success, counterparts and beneficiaries were asked what obstacles or challenges hindered or limited the project. The factors can be categorized into those related to participant support and those related to administering the project.

In terms of participant support, counterparts and beneficiaries most frequently stated that Volunteer's difficulty in mastering the language affected the project's success (32 respondents). General disinterest led community members not to attend the health talks or participate in the health trainings (26 respondents). Lack of funding also posed a challenge (21 respondents).

Seventeen respondents indicated that project outcomes were limited by distance or transportation issues. Thirteen respondents expressed that an expectation for compensation led community members not to participate in project activities. Finally, a few respondents mentioned that the seasonal nature of the agriculture community interferes with attendance at community trainings.

There are youth who ask to have condoms without paying any fees, i.e., it is the poverty which is a barrier for the majority of people to maintain the changes.

The major difficulty is the linguistic change. [Just as] they are mastering the French language, it is the end of their mission and they leave.

It is about the financial side. The population does not have money to support the Volunteer's realizations

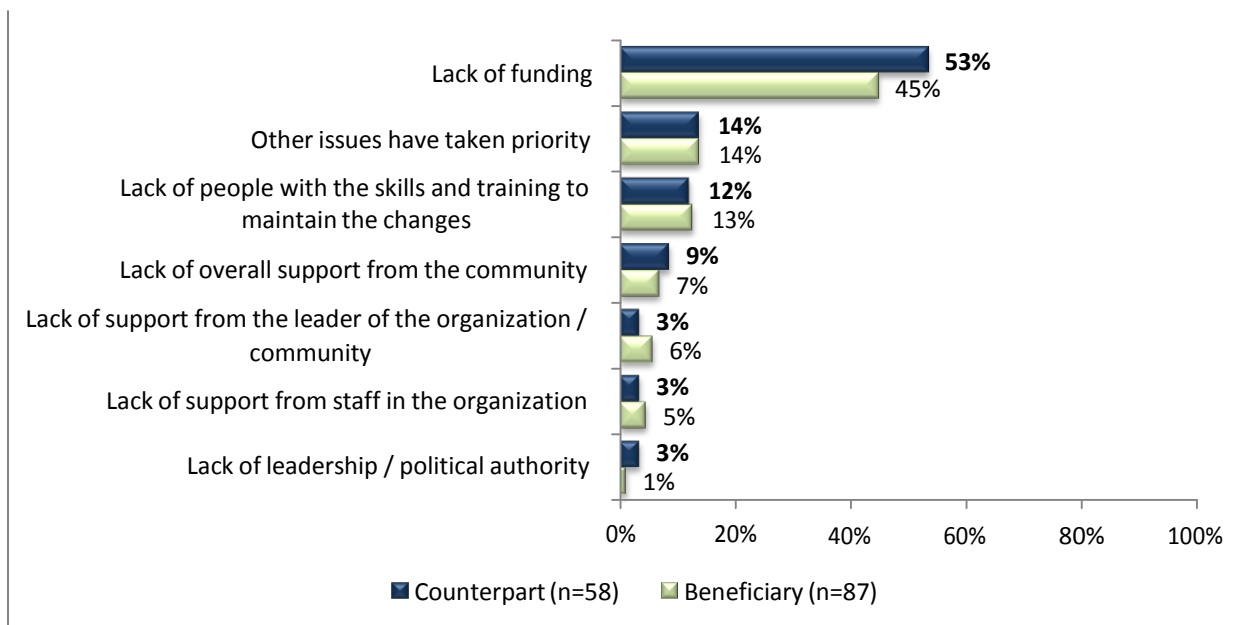
Usually for the population, the Volunteer is white and during the meetings, people are waiting for a compensation of a financial gift. And if they don't receive anything at the end, they don't return to any more of the next meetings--they are discouraged. So the financial problem can be a barrier for the work of the Volunteer.

Lack of time -- we are in agricultural community. So, the people of the community do not have enough time, especially during farm works.

Counterparts and beneficiaries were asked to list any factors that limited the community’s ability to sustain the changes (Figure 32). Both counterparts (53%) and beneficiaries (45%) agreed that a lack of financial support was the primary obstacle to maintaining change. This information supports the qualitative comments provided by respondents that lack of funding to realize projects and expectation of compensation for participation were challenges to project success. It also reinforces the importance of asking post staff to clearly communicate the development model of Peace Corps and how the project plan is relevant to Togo’s 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.

Other reasons limiting the sustainability of the project were a lack of motivation once other issues became a priority, the lack of individuals with the skills and training to maintain the changes, and a lack of support and leadership. This information indicates that Volunteers need to commit to training a local replacement (i.e., community health promoter) to take over these activities in order to fully sustain the changes at the community level.

Figure 32: Counterparts and Beneficiaries: Factors Limiting the Project Outcomes



Degree to which Daily Interaction with Volunteers Contributed to Changes

Respondents were asked how important the direct and daily interaction with the Volunteer was in producing the changes they had described. A majority of the counterparts (85%) and beneficiaries (79%) indicated that consistent interaction was very important in facilitating community change (Figure 33). A further 13 percent of counterparts and 19 percent of beneficiaries stated that daily interaction was somewhat important for facilitating change.

In a large measure, the presence of the Volunteer to facilitate the changes within us and the community. –Counterpart

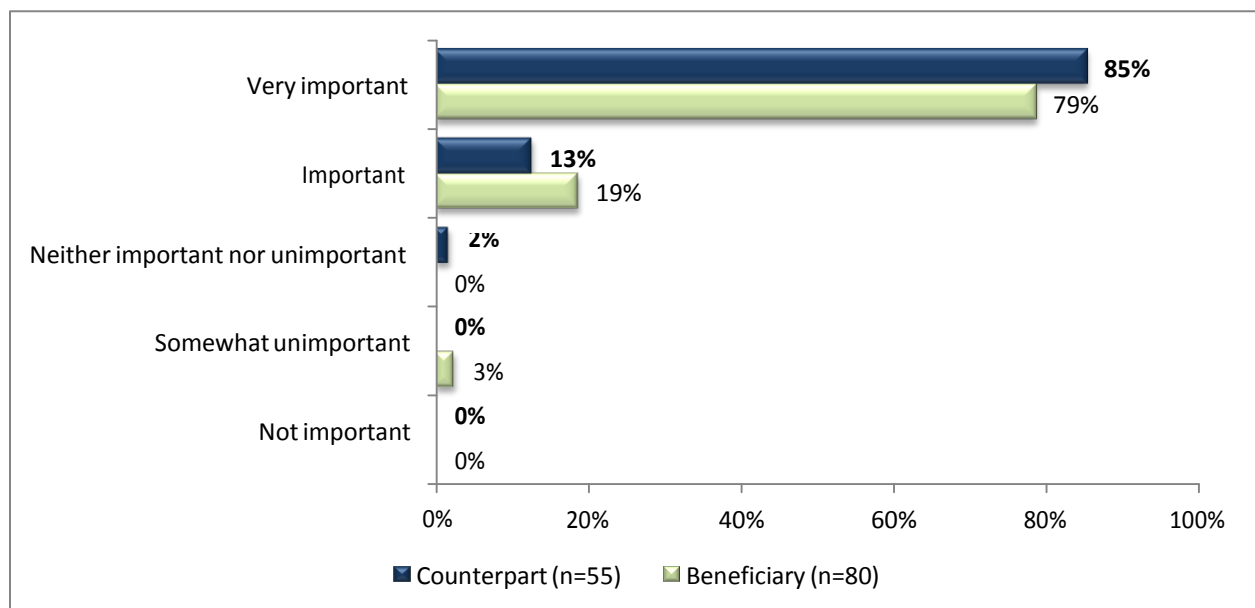
The interaction is highly desirable and I appreciate it, because the population is impressed. [In addition,] the activities are recognized by the population because they regard the Volunteer as their brother. –Counterpart

They live the realities of the populations. –Beneficiary

The interaction has been a source of motivation for the population and it plays an indispensable role in the success of the activities. –Beneficiary

The fact of seeing each other regularly has helped me to copy the rigor in work and dynamism. It helps the population to quickly trust in what we were telling them. –Beneficiary

Figure 33: Importance of Daily Interaction in Causing Change



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.

Summary of Factors Affecting Outcomes

According to respondents, the project's success derives from a combination of three factors: community interest and ability to participate in project activities, the personality and professionalism of the Volunteer, and the community leaders' 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 support and sustainability for project activities.

Several factors were obstacles to greater project success and capacity building among local participants. Peace Corps staff should find ways to temper the expectations of the community, and stress to them how Peace Corps differs from other development organizations. The expectation for compensation may be frustrating to Volunteers, so it must be planned for. Again, when training the Volunteer in conducting a community needs assessment, staff will want to stress that the Volunteer needs to consider the competing priorities impacting project participants, such as seasonal work, prior to implementing a project intervention.

Respondents linked daily interaction with the Volunteer to change. 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 making it possible to sustain 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., community 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 very satisfied with the changes (counterparts 59%, beneficiaries 56%, and

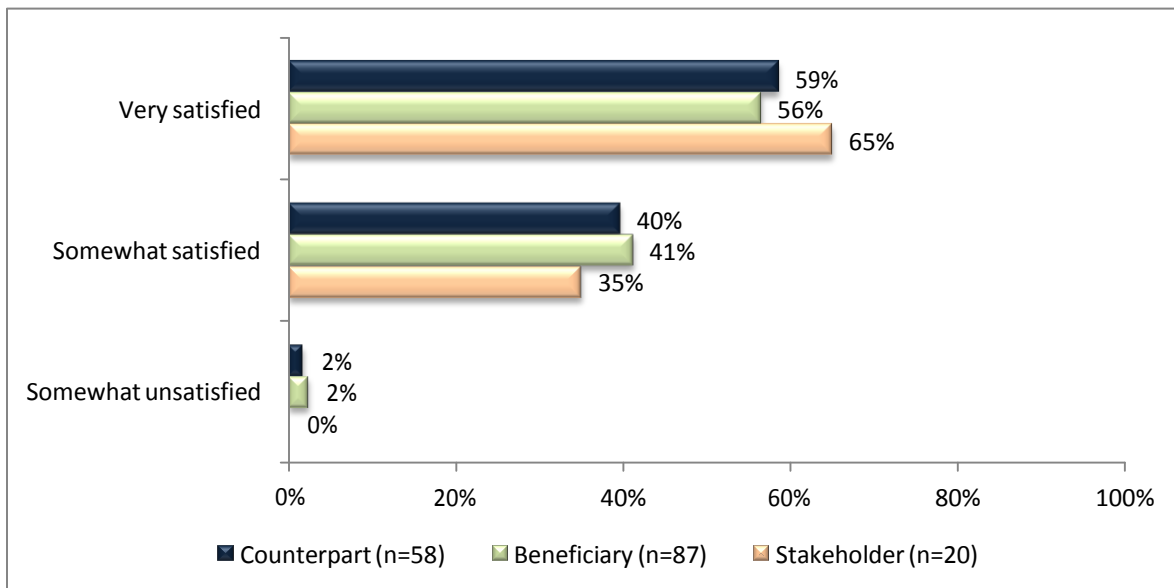
stakeholders 65%) (Figure 34). Another 40 percent of counterparts, 41 percent of beneficiaries, and 35 percent of stakeholders were somewhat satisfied with the changes.

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 hygiene, nutrition, family planning, and HIV prevention behaviors, all of which led to healthier communities and homes.

When looking to the activities delivered by the Volunteer and the good results from it, and when listening to the thoughts of the community members on HIV, we feel that there is a change. I'm really satisfied. -Beneficiary

I'm very satisfied, because from now [on], the people understand the usefulness of the practices. Example of the use of condom, every time I notice that people are interested in it. -Counterpart

Figure 34: Counterpart, Beneficiary, and Stakeholder Satisfaction

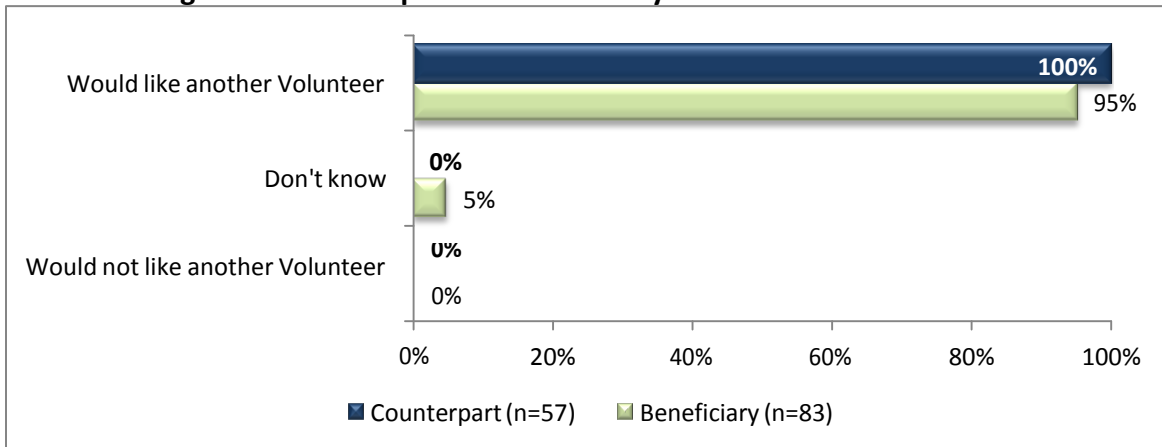


Desire to Work with Peace Corps Again

Another measure of satisfaction is whether counterparts and beneficiaries would want to work with another Volunteer. Among counterparts, 100 percent stated they definitely wanted another Volunteer and 95 percent of beneficiaries reported that they would want to work with another Volunteer (Figure 35).

A single beneficiary indicated they did not desire to work with another Volunteer. This respondent said, “Yes, but if we help the Volunteer to accomplish their tasks, we leave our own jobs, so we want compensation. If not, I'm not sure that I can help any future Volunteer for their job.”

Figure 35: Counterpart and Beneficiary: Want Another Volunteer



Goal One Conclusions and Recommendations

CHAP 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. Volunteers implemented all eight activities outlined in the CHAP project plan. Both the counterpart and beneficiary groups felt the training provided by the Volunteers had enhanced their overall skills to affect change in both their community and in terms of their own personal health. Project participants most frequently stated that they received training in the areas of HIV/AIDS prevention and care followed by preventative health issues.

Overall, counterparts, beneficiaries, and stakeholders viewed the following outcomes as showing the greatest degree of change:

- Health-related behaviors among community members
- Health of community members
- Knowledge of preventative health issues among community members
- Knowledge of HIV/AIDS issues

The project also provided several unintended outcomes and activities. Counterparts and beneficiaries reported that because of the work of the Volunteer, girls were not getting pregnant and thus were staying in school longer. Married partners were more likely to remain faithful to their spouse, or used condoms when participating in extramarital sex. Youth were more likely to seek out condoms. Additionally, married couples' relationships seemed to improve. One respondent noted there was less domestic abuse. Changes in attitude about PLWHIV meant that parents were willing to live with their afflicted children. PLWHIV no longer felt the stigma that was once attached to their disease. There appeared to be fewer misperceptions about the disease and a greater understanding that it could be managed with medication.

The project's success derives from a combination of three factors: community interest and ability to participate in project activities, the personality and professionalism of the Volunteer, and the community leaders' support for the project goal.

Several factors were obstacles to project success and, therefore, capacity building among local participants. In terms of participant support, counterparts and beneficiaries most frequently stated that Volunteer's difficulty in mastering the language led to poor understanding. General disinterest led some community members not to attend the health talks or participate in the health trainings. Lack of funding also posed a challenge to project success. Respondents also indicated that project outcomes were limited by distance or transportation issues. Some respondents expressed that an expectation for compensation led community members not to participate in project activities. Finally, a few respondents mentioned that the seasonal nature of the agriculture community interferes with attendance at community trainings.

Over 80 percent of all counterparts and beneficiaries perceived positive changes for all of the project outcomes. The overwhelming majority of respondents were satisfied or very satisfied with the changes resulting from the project and the Volunteer's work. Additionally, 100 percent of beneficiaries and 95 percent of counterparts 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 Togolese 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 subsequent section discusses the causes of change according to respondents, including descriptions about how much and in what ways the Togolese 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 about Goal Two.

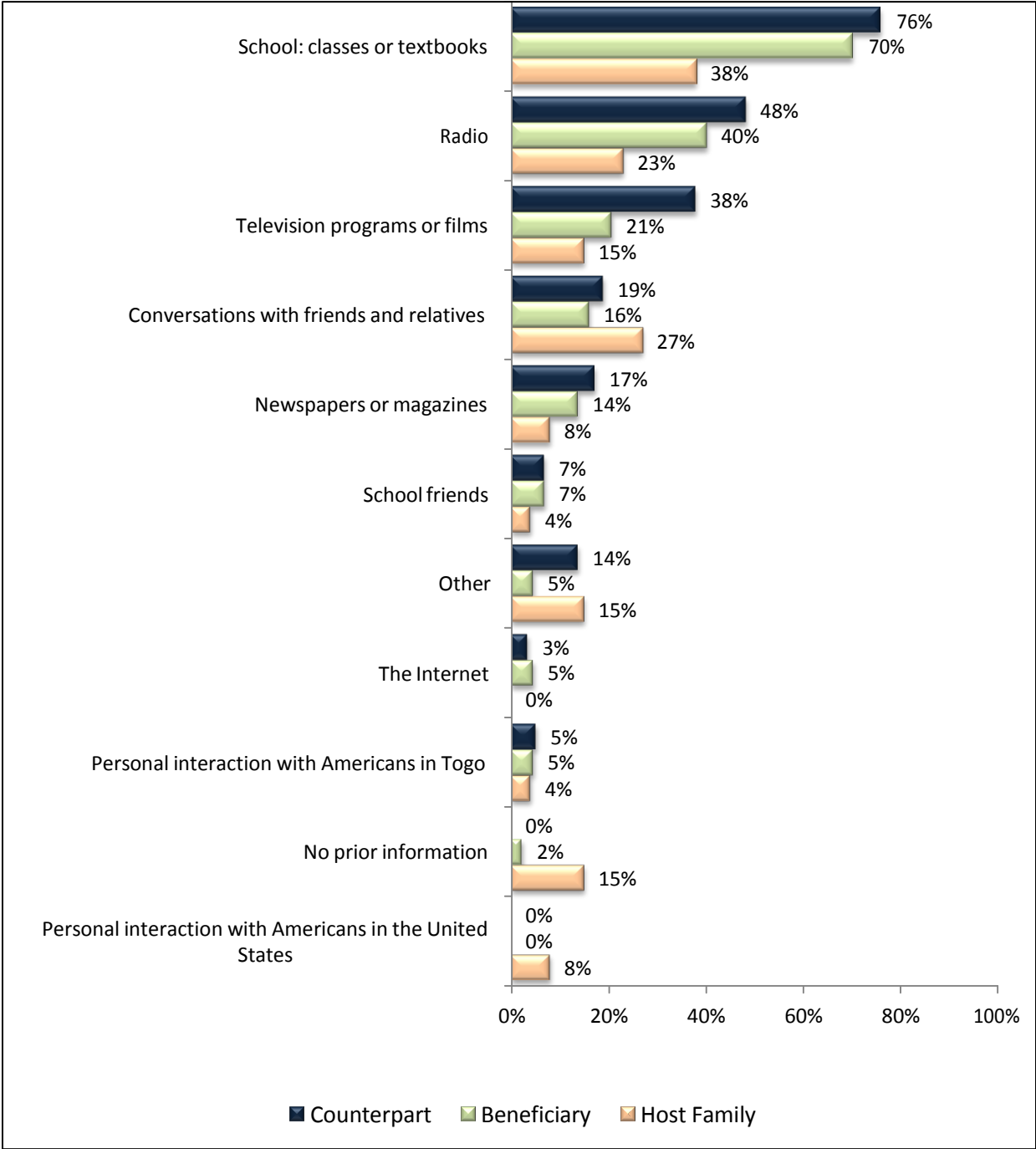
Sources of Information about Americans

Of the respondents who did have previous knowledge of Americans, 76 percent of counterparts, 70 percent of beneficiaries, and 38 percent of host family members reported learning about Americans from school classes or textbooks. The next most common source of information was the radio. Twenty-seven percent of host family members heard about Americans through conversations with friends or relatives, although fewer than twenty percent of counterparts and beneficiaries reported this source (Figure 36).

Host families may have sought this word-of-mouth information before allowing Volunteers to live in their homes. Fifteen percent of host family members had no prior information about Americans before living with the Volunteer. It is interesting to note that while no counterparts or beneficiaries had interacted with Americans in the United States, 8 percent of host family members had travelled to the country. Variations in percentages indicate that host family individuals had different kinds of resources and exposure to Americans than either counterparts or beneficiaries.

Other sources of information about Americans offered by host country individuals included talking with a Volunteer in another community, recollections of seeing Americans in Togo during the respondent's childhood, and interactions with Americans not affiliated with Peace Corps. The brother of one respondent was employed as a driver for the Volunteers.

Figure 36: Sources of Information about Americans

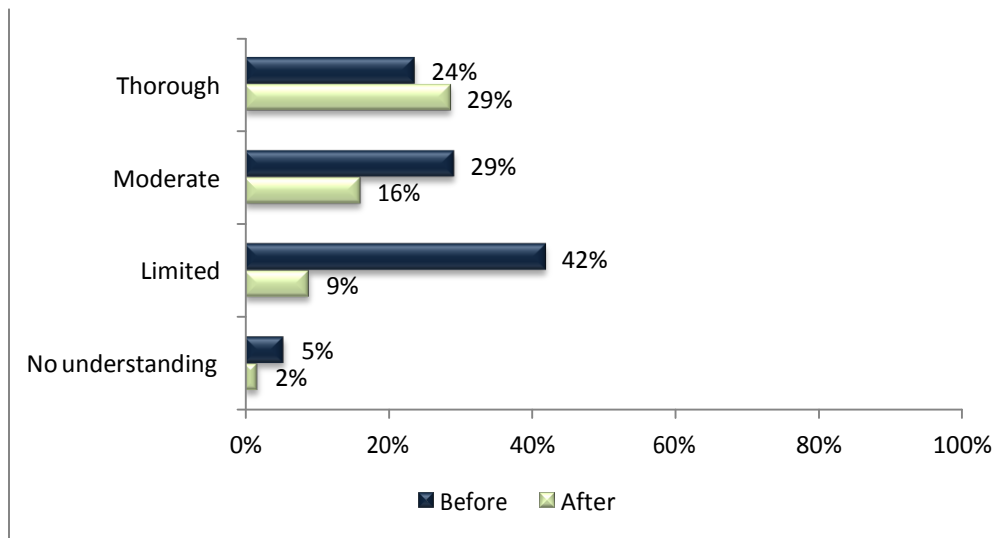


(Counterpart n=58; Beneficiary n=87; Host Family n=27)

Changes in Understanding and Opinions about Americans

Counterparts, beneficiaries, and host families showed increased understanding of Americans after interacting with a Volunteer. Before interacting with a Volunteer, 24 percent of counterparts, 18 percent of beneficiaries, and 15 percent of host families reported a thorough knowledge of Americans. Five percent of counterparts, twelve percent of beneficiaries, and twenty-seven percent of host families reported having no knowledge of Americans at all (Figures 37, 38, and 39).

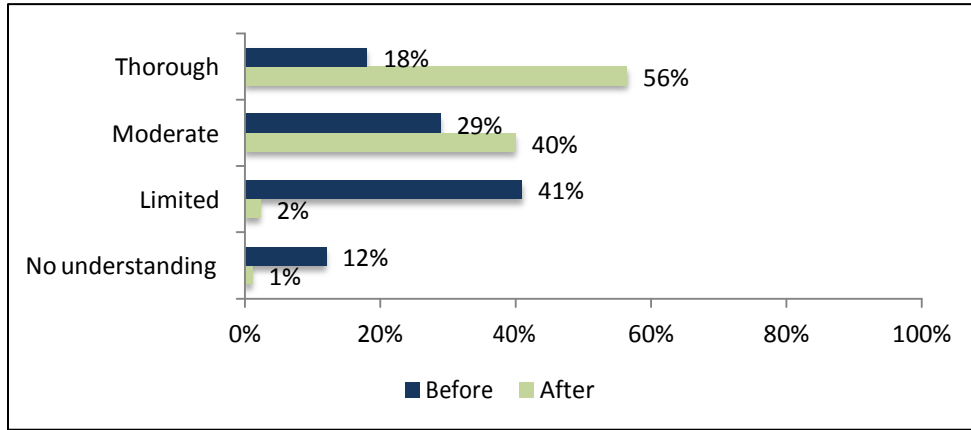
Figure 37: Counterpart: Understanding of Americans Before and After Interacting with a Volunteer



n=58

Before working with a Volunteer, the greatest proportion of counterparts (42%) reported a limited understanding of Americans. After interacting with a Volunteer, 29 percent of counterparts stated they had a thorough understanding of Americans, 16 percent stated they had a moderate understanding, nine percent stated they had a limited understanding, and only two percent said that had no understanding of Americans (Figure 37).

Figure 38: Beneficiary: Understanding of Americans Before and After Interacting with a Volunteer

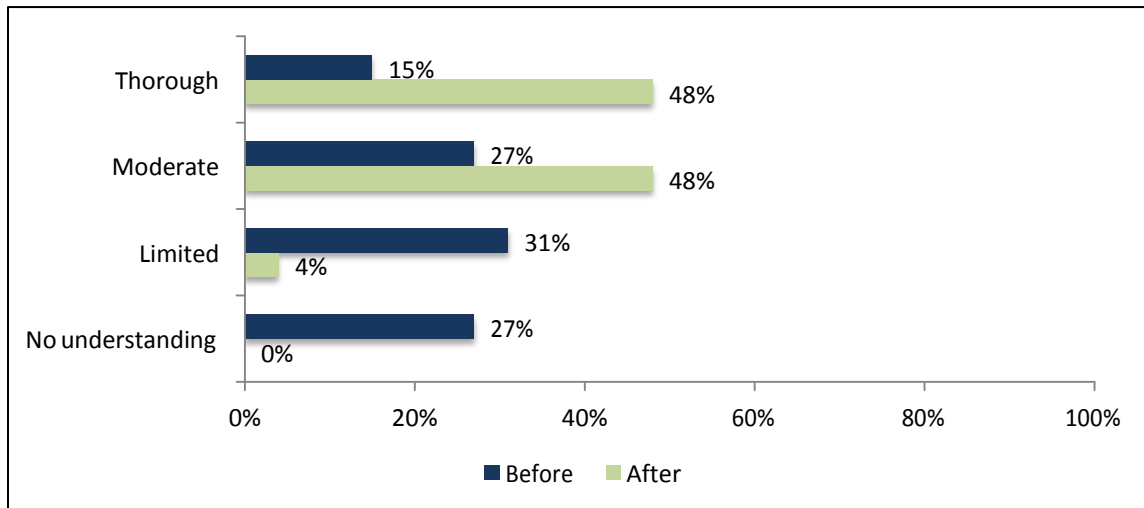


n=58

Before working with a Volunteer, the greatest proportion of beneficiaries (41%) reported a limited understanding of Americans. After interacting with a Volunteer, 56 percent of beneficiaries stated they had a thorough understanding of Americans, 40 percent stated they had a moderate understanding, 2 percent stated they had a limited understanding, and only 1 percent said that had no understanding of Americans (Figure 38).

Most of the host families were varied in their understanding of Americans before interacting with a Volunteer. After interacting with a Volunteer, none of the host family respondents reported having limited or no understanding of Americans. Instead, 48 percent of host families reported they had a thorough understanding of Americans, and 48 percent reported a moderate understanding (Figure 39).

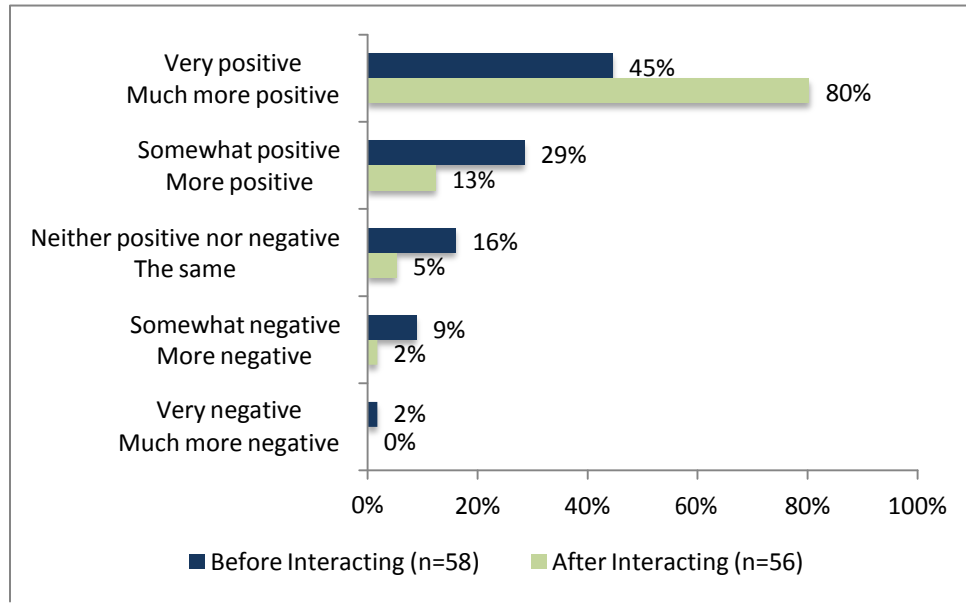
Figure 39: Host Family: Understanding of Americans Before and After Interacting with a Volunteer



n=27

Respondents also showed a marked increase in positive opinions about Americans after working with a Volunteer. When asked what their opinion was about Americans prior to working with a Volunteer, about a quarter of counterparts reported a neutral or somewhat negative opinion. After interacting with a Volunteer, 93 percent of counterparts reported they had a more positive or a somewhat more positive opinion of Americans (Figure 40).

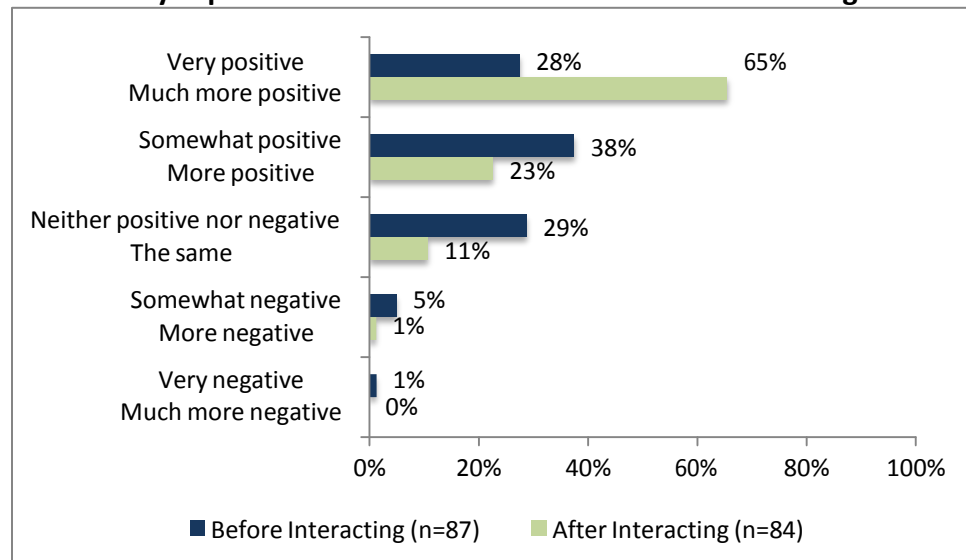
Figure 40: Counterpart: Opinions of Americans Before and After Interacting with a Volunteer



n=58

Prior to working with a Volunteer, about a third of the beneficiaries reported a neutral opinion of Americans. After interacting with a Volunteer, 88 percent of beneficiaries reported a more positive or a somewhat more positive opinion. Only 1 percent reported their opinion was somewhat more negative (Figure 41).

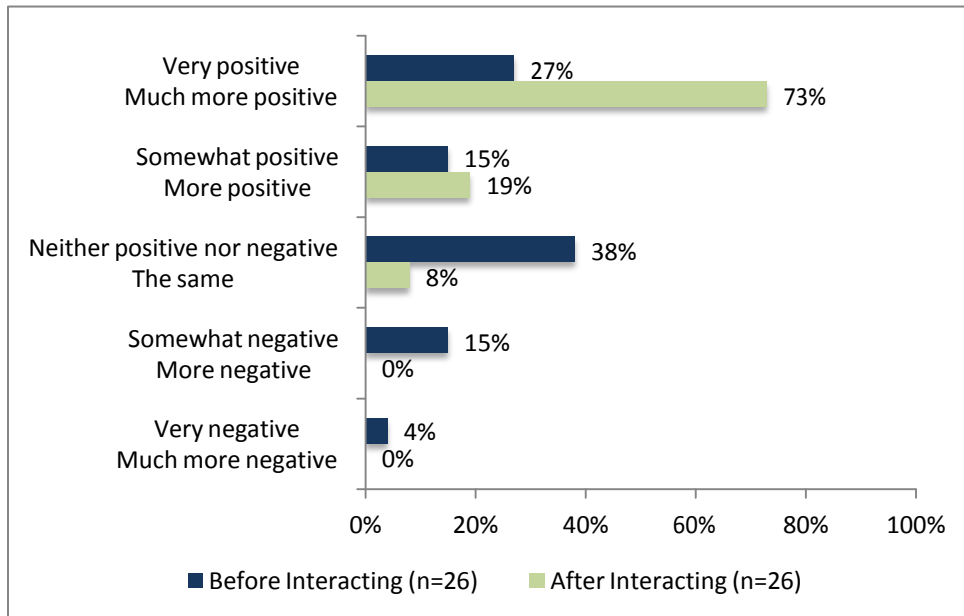
Figure 41: Beneficiary: Opinions of Americans Before and After Interacting with a Volunteer



n=87

Among host families, over half had a neutral or negative opinion of Americans prior to hosting a Volunteer. After hosting a Volunteer, 92 percent of host families had a more positive opinion or a somewhat more positive opinion. Eight percent of host families had not changed their opinions (Figure 42).

Figure 42: Host Family: Opinions of Americans Before and After Interacting with a Volunteer



Counterparts and beneficiaries gave three general descriptions of Americans when asked what their opinion was about Americans prior to working with a Volunteer. One group reflected neutral opinions, stating that although Americans had a different culture, they could not generalize about Americans because they did not completely understand them. Another group described Americans positively, characterizing them as strong, sociable, hardworking, and curious. A few respondents thought Americans were wealthy. Respondents who viewed Americans negatively characterized them as superior and frightening. One respondent said that Americans “love the war.”

After interacting with a Volunteer, counterpart and beneficiary descriptions of Americans became more positive. Respondents described Americans as hardworking, sociable, punctual, generous, and adaptable to new cultures and situations.

One beneficiary had a very negative opinion prior to working with Volunteers, and said, “My opinion of the Americans was that they are colonizers. People who want to dominate the others. They thought they are the most powerful and that the other people, especially the Africans, are savage. They are very bad people.” Later, this same beneficiary who had felt so negative said, “I think that they are human like us. They have a creative spirit and they love to deliver their know-how and their good manners. They are very, very good.”

Like counterparts and beneficiaries, host family respondents had mixed perspectives about Americans. Prior to hosting a Volunteer, some host family respondents described Americans as focused, powerful, and wealthy. Some feared that Americans were racist because of the history of slavery. After interacting with a Volunteer, host family members most often described Americans as able to adjust to a new culture and get along with people. Several respondents also noted they worked hard.

When asked why they wanted to host a Volunteer, respondents reported that they had been interested in the work of the Peace Corps and the idea that the Volunteer is there to help the community. Others were co-lodgers in the home or had been approached because they owned a suitable residence. For example, "Since they have come to work here, they did not find any accommodation; so they like my house and ask for it. As the chief of the village I cannot refuse, especially while they leave their country to help us."

Another respondent said, "*We are interested in receiving foreigners, so we+ welcome a Volunteer, because [even though] it is not in our habits to have a white in the house; it's an experience that we shouldn't miss."

One respondent received the Volunteer into their home after hearing about Volunteers in other communities: "...the fact that the Volunteer participates in the education of the youth. In our community, the youth need it, particularly in the field of education. I have made the request on my own because I have listened to people talking about them in the neighbor[ing] communities."

Most Memorable Activities

Activities with Volunteers that counterparts and beneficiaries found to be the most memorable can be separated into three categories: work, 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 developed a personal relationship with them as well.

The Volunteer planted a lot of Moringa trees and he shows us the virtues of this plant. And it saves the community members on a health level. People who do not have the means to buy the pharmaceutical products use this plant for care.

She [the Volunteer] has collaborated with everybody, her humility, the mutual respect; she has sowed peace in the village.

There is a Volunteer who paid the school fees for my two children.

We took a general photo that he made big and distributed to all. I was very touched by it.

Beneficiaries talked about the Volunteer's personality, the care they gave, and their humility.

It's the love with which they do their job that impressed me.

We are still in contact and I sometimes receive some gifts.

The Volunteer helped me and my wife win our friendship. So, we stop having quarrels like the past. There are no bad memories.

What interested me is that the Volunteers [do not see] themselves as whites. Even if it is to carry the garbage, they are ready. They like the development of other people.

Talking about memory, I will always take the example of my life. When I see myself alive and my job, it is because of them. It is my [greatest] memory: they've saved the world.

My mother was seriously sick and one Volunteer called her parents in US. They sent us a product and my mother recovered.

When asked about their most memorable activities, host family members most often cited positive aspects of the Volunteer's personality, such as their assistance and generosity. For example:

The one who has left had sent me some money to finish the construction of the latrine.

It was the swear-in ceremonies of the Volunteers that impressed me a lot, and particularly the fact that after just 3 months of training, they easily integrate our community.

They gave us medicine when we were sick.

She made an advertizing plate showing the girls going to school and it motivates the girls to work at school.

They help us find jobs. Due to them, despite the fact that I'm a widow and PLWHIV, I work as a household woman at the center.

Several commented on different Volunteers they had met and the varied experiences with each. For example, a host family member relayed:

The second Volunteer who has lived here built an improved firebox for the preparation of the drink. It is an unforgettable thing for me. In addition, despite [the fact] that he left, he calls me sometimes for greetings through the current Volunteer. And before he left, we took some photos. I was living at the beginning in darkness (without electricity). The first Volunteer who lived here had freely offered me the electricity. After his departure, the second and the third Volunteer arrived; both continued to pay the bill of the electricity. But the current Volunteer has stopped the electricity without asking my point of view. Even if she asked me to pay the bill, I won't refuse. She cut down the electricity without any sign to me. It's something that makes me feel sad.

How Volunteers Changed Opinions and What Project Participants Learned About Americans

Counterparts and beneficiaries who reported a more positive opinion of Americans 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, helpful, and hardworking:

His determination to succeed [in] his projects shows the reasons why they are the first powerful country in the world. –Counterpart

The Volunteer accepted to go by bike on long distance under the rains, sun, and the cold, sit on the wood and bricks, and sacrifice their time for the community. -Counterpart

Her availability anytime we needed her. Her determination to make me understand the goal of her activities. -Counterpart

Many counterparts and beneficiaries stated that they were impressed because they saw Volunteers as willing to live as the community members did:

The adaptation in the conditions of life of here is amazing me. -Counterparts

It is their choice to live in poor environment; they don't want any comfort for their work. -Counterpart

The Volunteers are not selfish. They eat what we eat and drink our water. -Counterpart

The Volunteer has told us that he is like us and while he was living with us, his behavior testifies it. -Beneficiary

For host families, 73 percent reported that they had much more positive opinions after interacting with a Volunteer (Figure 42). 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.

We almost [always] do cooking together and sometimes the Volunteer does all the cooking and asks me to go and take a rest.

We talk together, and I am forcing myself to understand English. We have initiated once a week an English course of 30 minutes. The last time, they organized a feast that they invited me and the other counterparts and the Volunteers of the region.

We talk together. If there is something that she doesn't understand, she asks me and I give her an explanation.

We always kept good relationships and there are some of them who have already left; they entrust to me some projects to manage within the localities in which they have worked.

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 stated they had become:

- More aware of the risk of HIV, thus more faithful to one partner, and an increased use of condoms
- More punctual and focused in their professional life
- More attentive to one's general health and health practices
- More considerate toward PLWHIV
- More confident in working with others
- More aware of American culture

Goal Two Conclusions and Recommendations

Prior to meeting a Volunteer, respondents most often stated that they had no previous information about Americans. None of the 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 generous.

Overall, project participants and host family members improved their understanding and opinion of Americans through their interactions with Volunteers. 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 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 Togolese culture. 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 America.

APPENDIX 1: OSIRP METHODOLOGY

Site Selection

In Togo, the team conducted interviews in 20 communities where Volunteers worked. The sample sites were a representative sample rather than a random sample and were generated from the list of Volunteer assignments in the CHAP Project since 2005. Sites in which the Volunteer had served less than 12 months, had married someone at site, had remained at site after the close of their service, or sites that were extremely remote were excluded. 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.
4. In cases where respondents had moved or were no longer at site, researchers either located their current contact information or conducted snowball sampling¹³ to locate other respondents who had worked with the Volunteer.

Data Collection

The research questions and interview protocols were designed by OSIRP staff and refined through consultations with the Country Director, Director of Programming and Training, and the Program Manager in Togo.

A team of local interviewers, trained and supervised by a host country senior researcher contracted in country, carried out all the interviews. Interviewers used written protocols specific to each category of respondents and conducted semi-structured interviews.

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' Annual Volunteer Surveys and any previous evaluations or project reviews. However, the results presented in this report are almost exclusively based on the interview data collected through this study.

¹³ Snowball sampling occurs when researcher-identified members of the target population introduce the researcher to other members of the community who meet the criteria to participate in the study.

One hundred ninety one individuals were interviewed in Togo for the study (Table 1).

Types of Data Collected

The counterparts, beneficiaries, and stakeholders were asked questions related to both Goal 1 and Goal 2. Host family members were only asked questions related to Goal 2. The categories covered for each of the 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 1</p> <ol style="list-style-type: none"> 1. Clarification of the project purpose 2. Respondent’s work history in the field and with the Peace Corps 3. Frequency of contact with the Volunteer 4. Project orientation 5. Project outcomes and satisfaction with the project 6. Community and individual-level changes 7. Maintenance of project outcomes <p>Goal 2</p> <ol style="list-style-type: none"> 1. Source of information and opinion of Americans prior to the Peace Corps work 2. Type of information learned about Americans from interaction with the Volunteer 3. Opinion of Americans after interaction with the Volunteer 4. Particular things that Volunteers did that helped improve respondent’s understanding of Americans 	60-90 minutes
Beneficiary	<p>Goal 1</p> <ol style="list-style-type: none"> 1. Clarification of the project purpose 2. Frequency of contact with the Volunteer 3. Project outcomes and satisfaction with the project 4. Community and individual-level changes 5. Maintenance of project outcomes <p>Goal 2</p> <ol style="list-style-type: none"> 1. Source of information and opinion of Americans prior to the Peace Corps work 2. Type of information learned about Americans from interaction with the Volunteer 	60-90 minutes

Respondent Type	Question Categories	Approximate Length of interview
	3. Opinion of Americans after interaction with the Volunteer 4. Particular things that Volunteers did that helped improve respondent's understanding of Americans	
Host Family Member	Goal 2 1. Source of information and opinion of Americans prior to the Peace Corps work 2. Type of information learned about Americans from interaction with the Volunteer 3. Opinion of Americans after interaction with the Volunteer 4. Particular things that Volunteers did that helped improve respondent's understanding of Americans 5. Behavioral changes based on knowing the Volunteer	30 minutes

APPENDIX 2: RESEARCH TEAM METHODOLOGY¹⁴

The assessment was conducted through field interviews with people who have worked and lived with the Volunteers. The respondents were classified according to the nature of their relationship/interaction with the Volunteers. The questionnaires for the stakeholder, counterpart and beneficiary cover question sets for both goals whereas that for the host family focuses only on Goal 2.

All of the questionnaires were developed by the Office of Strategic Information, Research, and Planning (OSIRP) in Peace Corps Headquarters and were translated into French by the Senior Researcher. The French translation was then back translated into English by Peace Corps/Togo office staff to check the accuracy of the translation. After piloting the questionnaires during the training of field researchers, the question sets were adjusted based on feedback from the interviewees.

The field interviews were conducted by 12 field researchers and two controllers led by two Senior Researchers. Prior to the field interviews, researcher training was conducted by the Peace Corps/Togo office together with an evaluator from OSIRP. The training covered content on the background and goals of Peace Corps, objectives of the impact evaluation, the evaluation concept, method, and tool, as well as field pilot interviews with respondents from a former Peace Corps site.

The sites for the interviews were chosen through a systematic sampling method by the Office of Strategic Information, Research, and Planning at Peace Corps Headquarters. Altogether, 20 CHAP sites were selected throughout all regions of the country. Interview partners were identified primarily according to their roles in the project and a list of potential interviewees for all sites was prepared by the Peace Corps/Togo office. Field interviews took place simultaneously in the 20 sites between February 13 and February 28, 2011.

Data Analysis

Raw data was entered into the data system DatStat, which was designed especially for this study. The Microsoft Excel tables containing a summary of quantitative data and full details of the qualitative data were then provided to the Senior Researcher for further analysis and reporting. Quantitative analysis of the data was based mainly on percentages while qualitative analysis was based on both deductive and inductive methods. For some questions, data was categorized under the pre-defined headings based on related theory/knowledge commonly accepted. In some other cases, data categories were identified after the data was scrutinized for interesting answers.

English translation of the data in DatStat was also provided to the Peace Corps for its further reference.

¹⁴ This section was excerpted (with minor edits) from the research report developed by the in-country research team. As a result, the formatting, language, and style vary slightly from those used in the body of the report.