Host Country Impact Study
Cameroon

Final Report Prepared by the Office of Strategic Information, Research and Planning
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF TABLES</td>
<td>4</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>4</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>6</td>
</tr>
<tr>
<td>ACRONYMS AND DEFINITIONS</td>
<td>7</td>
</tr>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>9</td>
</tr>
<tr>
<td>Introduction</td>
<td>9</td>
</tr>
<tr>
<td>Purpose of the Host Country Impact Studies</td>
<td>9</td>
</tr>
<tr>
<td>Evaluation Methodology</td>
<td>10</td>
</tr>
<tr>
<td>Project Design and Purpose</td>
<td>10</td>
</tr>
<tr>
<td>Evaluation Findings</td>
<td>11</td>
</tr>
<tr>
<td><strong>CHAPTER 1: INTRODUCTION</strong></td>
<td>13</td>
</tr>
<tr>
<td>Background</td>
<td>13</td>
</tr>
<tr>
<td>The History of the Peace Corps/Cameroon Education and Community Health Projects</td>
<td>14</td>
</tr>
<tr>
<td>Purpose of the Host Country Impact Studies</td>
<td>14</td>
</tr>
<tr>
<td>Evaluation Methodology</td>
<td>15</td>
</tr>
<tr>
<td>How Will the Information be Used?</td>
<td>16</td>
</tr>
<tr>
<td><strong>CHAPTER 2: PROJECT DESIGN AND PURPOSE</strong></td>
<td>17</td>
</tr>
<tr>
<td>Sector Overview</td>
<td>17</td>
</tr>
<tr>
<td><strong>CHAPTER 3: GOAL ONE FINDINGS</strong></td>
<td>21</td>
</tr>
<tr>
<td>Did Peace Corps’ Projects Help Project Partners Meet Skill and Capacity Building Needs?</td>
<td>21</td>
</tr>
<tr>
<td>Findings on Individual Changes</td>
<td>26</td>
</tr>
<tr>
<td>How Did Skills Transfer Occur?</td>
<td>36</td>
</tr>
<tr>
<td>Interviews with the stakeholders, as reported by Dr. Masanga, described the impact on government policy of the work in the education project</td>
<td>42</td>
</tr>
<tr>
<td>Overall HCN Satisfaction</td>
<td>43</td>
</tr>
<tr>
<td>Support and Barriers to Project Performance</td>
<td>50</td>
</tr>
<tr>
<td>Lessons Learned Regarding Goal 1 Performance</td>
<td>54</td>
</tr>
<tr>
<td><strong>CHAPTER 4: GOAL TWO FINDINGS</strong></td>
<td>55</td>
</tr>
<tr>
<td>How Did Cameroonians Acquire Information About Americans Prior to Interacting With the Volunteer?</td>
<td>55</td>
</tr>
<tr>
<td>What Were Respondents’ Opinions About Americans Prior to Interacting With a Volunteer?</td>
<td>57</td>
</tr>
<tr>
<td>To What Extent Did Respondents Have Experience With the Peace Corps and Volunteers?</td>
<td>61</td>
</tr>
<tr>
<td>Changes in HCNs’ Understanding of Americans After Knowing a Volunteer</td>
<td>61</td>
</tr>
<tr>
<td>Findings on What Cameroonians Learned About Americans from Volunteers</td>
<td>70</td>
</tr>
<tr>
<td>Lessons Learned Regarding Goal 2 Performance</td>
<td>72</td>
</tr>
<tr>
<td><strong>CONCLUSIONS</strong></td>
<td>73</td>
</tr>
<tr>
<td><strong>APPENDIX 1: METHODOLOGY</strong></td>
<td>75</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1: Number and Type of Host Country Nationals Interviewed: Cameroon ....................... 16
Table 2: Description of Study Participants .............................................................................. 76
Table 3: Summary of Interview Questions by Respondent Type ........................................... 77

LIST OF FIGURES

Figure 1: Overview of the Theory of Change for the Education Project: Cameroon .......... 19
Figure 2: Overview of the Theory of Change for the Community Health Project: Cameroon .... 20
Figure 3: Percentage of Education Project Counterparts and Beneficiaries that Rated the Change as At Least Somewhat Better: Community/School Level (n=13-16 beneficiaries and 16-19 counterparts) ........................................................................................................ 22
Figure 4: Ways Communities and Schools Changed Since the Start of the Peace Corps’ Projects: Cameroon (n=72 changes) ....................................................................................................... 26
Figure 5: Percentage of Community Health Project Counterparts and Beneficiaries Who Rated the Change as At Least Somewhat Better: Community/school Level (n=11-15 beneficiaries and 14-16 counterparts) ......................................................................................... 25
Figure 6: Ways Communities Changed Since the Start of the Peace Corps’ Project: Cameroon (n=74 changes) ........................................................................................................................................ 29
Figure 7: Number of Years Education Project Counterparts Have Worked in the Field: Cameroon (n=15) .............................................................................................................................. 27
Figure 8: Number of Years Community Health Project Counterparts Have Worked in the Field: Cameroon (n=14) ...................................................................................................................... 28
Figure 9: Percentage of Education Project Counterparts and Beneficiaries that Rated the Change as At Least Somewhat Better: Individual Level ........................................................................ 29
Figure 10: Ways Counterparts and Beneficiaries Changed Since the Start of the Peace Corps’ Project: Cameroon (n=60 changes) .................................................................................................. 30
Figure 11: Percentage of Community Health Project Counterparts and Beneficiaries that Rated the Change as At Least Somewhat Better: Individual Level (n=31) ........................................ 31
Figure 12: Ways Counterparts and Beneficiaries Changed Since the Start of the Peace Corps’ Project: Cameroon (n=49 changes) .................................................................................................. 32
Figure 13: Frequency with Which Education Project Counterparts and Beneficiaries Report Using Skills Learned Through the Peace Corps’ Project: Cameroon ........................................ 33
Figure 14: Frequency with Which Community Health Project Counterparts and Beneficiaries Report Using Skills Learned Through the Peace Corps’ Project: Cameroon .................. 34
Figure 15: Education Project Counterpart Training: Cameroon (n=20) ................................. 36
Figure 16: Community Health Project Counterpart Training: Cameroon (n=16) ............... 37
Figure 17: Technical Training Received by Education Project Counterparts: Cameroon (n=18) 38
Figure 18: Technical Training Received by Community Health Project Counterparts: Cameroon (n=16) ............................................................................................................................. 39
Figure 19: Usefulness of Training for Education Project Technical Skill Development and Sustainability: Cameroon ............................................................................................................. 40
Figure 20: Usefulness of Training for Community Health Project Technical Skill Development and Sustainability: Cameroon .................................................................................................. 41
| Figure 21: Extent to Which Education Projects Were Sustained After Volunteer Departure: Cameroon (n=35) | 42 |
| Figure 22: Extent to Which Community Health Projects Were Sustained After Volunteer Departure: Cameroon (n=29) | 43 |
| Figure 23: Counterpart and Beneficiary Satisfaction with Education Project Outcomes: Cameroon (n=35) | 44 |
| Figure 24: Counterpart and Beneficiary Satisfaction with Community Health Project Outcomes: Cameroon (n=31) | 45 |
| Figure 25: Education Project Counterpart and Beneficiary Rating of Local Capacity Building: Cameroon (n=14-15) | 47 |
| Figure 26: Community Health Project Counterpart and Beneficiary Rating of Local Capacity Building: Cameroon (n=15-16) | 48 |
| Figure 27: Factors Education Project Counterparts and Beneficiaries Credited with Project Success: Cameroon (n=35) | 50 |
| Figure 28: Factors Community Health Project Counterparts and Beneficiaries Credited with Project Success: Cameroon (n=31) | 51 |
| Figure 29: Barriers to Project Success Among Education Project Counterparts and Beneficiaries: Cameroon (n=35) | 52 |
| Figure 30: Barriers to Project Success Among Community Health Project Counterparts and Beneficiaries: Cameroon (n=31) | 53 |
| Figure 31: Counterpart and Beneficiary Sources of Information about Americans Prior to Interacting with a Volunteer: Cameroon (n=66) | 55 |
| Figure 32: Host Family Sources of Information about Americans Prior to Interacting with a Volunteer: Cameroon (n=28) | 56 |
| Figure 33: Counterpart and Beneficiary Level of Understanding of Americans Before Interaction: Cameroon (n=64) | 57 |
| Figure 34: Host Family Member Level of Understanding of Americans Before Interaction: Cameroon (n=28) | 58 |
| Figure 35: Counterpart and Beneficiary Opinion of Americans Before Interaction: Cameroon (n=66) | 59 |
| Figure 36: Host Family Members’ Opinion of Americans Before Interaction (n=28) | 60 |
| Figure 37: Activities That Host Family Members Shared with Volunteers: Cameroon (n=28) | 63 |
| Figure 38: Host Family Rating of Their Relationship with the Volunteer: Cameroon (n=28) | 64 |
| Figure 39: Frequency of Volunteer Interaction with Counterparts and Beneficiaries: Cameroon (n=78) | 65 |
| Figure 40: Counterpart and Beneficiaries’ Change in Level of Understanding of Americans After Contact with Volunteers: Cameroon (n=66) | 66 |
| Figure 41: Host Family Members' Change in Level of Understanding of Americans After Contact with Volunteers: Cameroon (n=28) | 67 |
| Figure 42: Counterpart and Beneficiaries’ Change in Opinion of Americans After Contact with Volunteers: Cameroon (n=66) | 68 |
| Figure 43: Host Family Members’ Change in Opinion of Americans After Contact with Volunteers: Cameroon (n=28) | 69 |
| Figure 44: What Host Country Nationals Report Learning from Volunteers: Cameroon (n=28) | 70 |
ACKNOWLEDGEMENTS

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

The interest and support from the Peace Corps’ staff in the countries where the research was conducted were critical to the endeavor. Our sincere appreciation is extended to then Country Director James Ham, Program and Training Officer Kim Ahanda, and Associate Peace Corps Director for Education Gaby Kwenthieu.

The success of the studies is due ultimately to the work of the local research team headed by Senior Researcher David Masanga, whose team skillfully encouraged the partners of Peace Corps Volunteers to share their experiences and perspectives.

---

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

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

**Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCN</td>
<td>Host Country National</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communication Technology</td>
</tr>
<tr>
<td>MINEDUB</td>
<td>Ministry of Primary Education</td>
</tr>
<tr>
<td>MINESEC</td>
<td>Ministry of Secondary Education</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>OMB</td>
<td>Office of Management and Budget</td>
</tr>
<tr>
<td>OSIRP</td>
<td>Office of Strategic Information, Research and Planning</td>
</tr>
<tr>
<td>PC/C</td>
<td>Peace Corps/Cameroon</td>
</tr>
<tr>
<td>PCV</td>
<td>Peace Corps Volunteer</td>
</tr>
<tr>
<td>PLWHA</td>
<td>People Living with HIV/AIDS</td>
</tr>
<tr>
<td>SESA</td>
<td>Santé de l’Enfant dans le Sud et l’Adamaoua</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
</tbody>
</table>

**Definitions**

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiaries</td>
<td>Individuals who receive assistance and help from the project; the people that the project is primarily designed to advantage</td>
</tr>
<tr>
<td>Counterparts/Project partners</td>
<td>Individuals who work with Peace Corps Volunteers; Volunteers may work with multiple partners and counterparts during their service. Project partners also benefit from the projects, but when they are paired with Volunteers in a professional relationship or based on their position in an organization or community (e.g., community leader), they are considered counterparts or project partners</td>
</tr>
</tbody>
</table>
Host family members: Families with whom a Volunteer lived during all or part of his/her training and/or service. In the Cameroon, the definition was expanded to include “landlords, close friends and neighbors who had out of office interactions with the Volunteer on a more or less regular basis.”

Project stakeholders: Host country agency sponsors and partners.³

³ This definition, while narrower than the one commonly used in the development field, is the same as that used in the indicator data sheet developed for Peace Corps Performance Indicator 1.1.1 b.
EXECUTIVE SUMMARY

Introduction

In 2008, the Peace Corps launched a series of studies to determine the impact of its Volunteers on two of the agency’s three goals: building local capacity and promoting a better understanding of Americans among host country nationals (HCNs). The Peace Corps conducts an annual survey that captures the perspective of currently serving Volunteers.\(^4\) While providing critical insight into the Volunteer experience, the survey can only address one side of the Peace Corps’ story. The agency’s Host Country Impact Studies are unique for their focus on learning about the Peace Corps’ impact directly from host country nationals who lived and worked with Volunteers. This report presents the findings from the study conducted in Cameroon during the June and July of 2009. The research focused on the Education Project and the Community Health Project.

Purpose of the Host Country Impact Studies

Cameroon’s Host Country Impact Study was initiated to assess the degree to which the Peace Corps was able to meet the needs of the country in developing educational capacity, in improving health outcomes, and in promoting a better understanding of Americans among host country nationals. The study was intended to provide the Peace Corps with a better understanding of the Education Project and the Community Health Project, and to identify areas for improvement.

The major research questions addressed in the study are:

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

---

\(^4\)Peace Corps surveyed Volunteers periodically from 1973 to 2002, when a biennial survey was instituted. The survey became an annual survey in 2009 to meet agency reporting requirements.
EXECUTIVE SUMMARY

Evaluation Methodology

This evaluation report is based on data provided by counterparts, beneficiaries, and stakeholders of the Education Project and the Community Health Project including:

- 35 Counterparts/project partners (19 education and 16 community health)
- 31 Beneficiaries (16 education and 15 community health)
- 28 Host family members
- 19 Counterparts and beneficiaries who were interviewed about HIV/AIDS activities

Overall, the survey reached 113 respondents in 37 communities.

Interviews were conducted from June 2 to July 31, 2009. (A full description of the methodology is found in Appendix 1. Please contact OSIRP for a copy of the interview questionnaire.) The evaluation studies were designed by Peace Corps/headquarters’ Office of Strategic Information, Research and Planning (OSIRP). This evaluation was conducted in-country by Cameroonian Senior Researcher David Masanga and his team of interviewers.

Project Design and Purpose

Peace Corps/Cameroon’s Education Project began in 1962 with 20 Volunteers posted in the English-speaking region of the country and has collaborated with the Ministry of Education for four decades. The Education Project was designed to help Cameroonian teachers, teacher trainees, and students increase their general academic knowledge and build skills through participation in a gender-balanced, learner-centered environment focusing on the subjects of English, Science, and Information and Communication Technology (ICT). The project also integrates HIV/AIDS education.

The Community Health Project began as the Community Development Project in 1963. In 1988, the project expanded into two projects, the Community Development Project and the Health Project, supporting the United States Agency for International Development’s (USAID) SESA Project (Santé de l’Enfant dans le Sud et l’Adamaoua, “Child Health in the Adamaoua and South provinces”).

In 2006, the two projects recombined to form the Community Health Project and continued to focus on community health and community development. The Community Health Project focuses on promoting community participation and self-reliance in solving health and development issues.

---

5 Data from the HIV/AIDS interviews are not included here. They are included in a separate report that focuses on Peace Corps Volunteer HIV/AIDS work.
EXECUTIVE SUMMARY

Evaluation Findings

The evaluation findings confirm the successful implementation of the Education Project and the Community Health Project by Peace Corps/Cameroon (PC/C). While the report provides a detailed discussion of the results for all the study questions, the key findings are presented below:

Goal 1 Findings

Education and Health Outcomes Were Reached

- 93% of Education Project counterparts and beneficiaries reported students had improved their knowledge of English, math, science, and ICT
- 71% of the respondents rated the increased retention of students, particularly of female students, as an important change that resulted from the Education Project
- 92% of Community Health Project counterparts and beneficiaries reported that the overall health of community members improved
- The most frequently mentioned change among Education Project respondents was improvement in English language skills
- The most frequently mentioned change among Community Health Project respondents was the adoption of healthy behaviors

Individual Capacity Was Built

- 70% of Education Project counterparts and beneficiaries reported improvements in their ability to share information with other teachers or Ministry staff, to promote school retention, and to teach and manage their classrooms
- 94% of Community Health Project counterparts and beneficiaries reported improvements in their own health
- The most frequently mentioned, individual-level change among both Education Project and Community Health Project respondents was an improvement in organizational and planning behaviors

Capacity Building Was Moderately Sustained

- More than 50% of respondents from both projects reported daily professional and personal use of the skills developed through the projects
- Fewer than 40% of the changes mentioned by respondents from both projects were completely sustained after the departure of the Volunteer
- A majority of respondents from both projects said that the project was at least moderately effective in building targeted capacities
- A majority of Education Project respondents said that the project was very effective in transferring teaching skills and building capacity to access information and teaching materials
EXECUTIVE SUMMARY

- A majority of Community Health Project respondents said that the project was very effective in transferring healthy living skills and building local capacity to improve the scope and quality of community health services
- Fewer than half of the Education Project counterparts reported receiving counterpart training
- Sixty-nine percent of the Community Health counterparts reported receiving formal counterpart training

Impact on Government Policy

- “The use of HIV/AIDS-related materials, not only for the fight against the disease, but also in teaching English, was cited at the government level as being one of the areas in which changes in government policy are attributed solely to the influence of PCVs’ activities and Peace Corps’ development approach.” (stakeholder)

Satisfaction with the Peace Corps’ Work

- More than 90% of the respondents from both projects were at least somewhat satisfied with the Peace Corps’ work. This includes 66% of Education Project respondents and 61% of Community Health Project respondents who reported being very satisfied

Factors Contributing to the Project Success

- According to respondents from both projects, the common success factor was the hands-on work of the Volunteer

Barriers to Project Success

- 40% of Education Project respondents and 65% of Community Health Project respondents reported that lack of funding was a barrier to project success

Goal 2 Findings

HCNs developed more positive opinions of Americans

- Before interacting with Peace Corps Volunteers (PCVs), 35% of counterparts and beneficiaries, and 40% of host family members, reported at least a moderate understanding of Americans
- After interacting with Volunteers, 86% of counterparts and beneficiaries and 81% of host family members, reported at least a moderate understanding of Americans
- 86% of counterparts, beneficiaries, and 67% host family members reported more positive views of Americans after interacting with Volunteers
CHAPTER 1: INTRODUCTION

Background

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

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

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

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

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

---

Peace Corps’ Core Goals

**Goal 1** - To help the people of interested countries in meeting their need for trained men and women.

**Goal 2** - To help promote a better understanding of Americans on the part of the peoples served.

**Goal 3** - To help promote a better understanding of other people on the part of Americans.

---

6Peace Corps surveyed Volunteers periodically from 1973 to 2002 when a biennial survey was instituted. The survey became an annual survey in 2009 to meet agency reporting requirements.
CHAPTER 1: INTRODUCTION

The History of the Peace Corps/Cameroon Education and Community Health Projects

The Peace Corps/Cameroon’s Education Project began in 1962 with 20 Volunteers posted in the English-speaking region of the country. Collaboration has continued with the Ministry of Education for four decades. The Community Health Project began as the Community Development Project in 1963 and in 1988 expanded into two projects, the Community Development Project and the Health Project supporting USAID’s SESA Project (Santé de l’Enfant dans le Sud et l’Adamaoua, Child Health in the Adamaoua and South provinces”).

In 2006, the two projects recombined into the Community Health Project while continuing to focus on community health and community development. In supporting the Ministry of Health and the Ministry of Agriculture, the Community Health Project focuses on promoting community participation and self-reliance in solving health and development issues. The project focuses on capacity building at the community level so that service providers and individual and/or community members can assess their community’s own needs and resources and undertake their own projects to reach the community’s local health and development goals.

Purpose of the Host Country Impact Studies

This report presents the findings from the impact evaluation conducted in Cameroon during June and July of 2009. The projects studied were the Education Project and the Community Health Project.

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

The major research questions addressed in the study are:

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

The information gathered through this research will help the Peace Corps answer questions about the degree to which the agency is able—across posts, sectors, and sites—to meet the needs of host countries for trained men and women and to promote a better understanding of Americans among HCNs. This information complements the information provided by Peace Corps Volunteers in their Project Status Reports and the Annual Volunteer Survey.
CHAPTER 1: INTRODUCTION

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 that Peace Corps evaluate the impact of its Volunteers in achieving Goal 2.

Three countries were selected to pilot a methodology that would examine the impact of the technical work of Volunteers, and their corollary work of promoting a better understanding of Americans among the people with whom the Volunteers worked. In collaboration with the Peace Corps’ country director at each post, OSIRP piloted a methodology to collect information directly from host country nationals about skills transfer and capacity building, as well as changes in their understanding of Americans.

The research was designed by OSIRP social scientists and implemented in-country by senior researcher David Masanga and a team of interviewers, under the supervision of the Peace Corps’ country staff, with technical direction from the OSIRP team. A web-based database was used to manage the questionnaire data and subsequent analysis.

In Cameroon, the team conducted interviews in 37 communities where Volunteers worked. One hundred fifty-one placements between 2006 and 2009 were identified for possible participation in the study. A representative, rather than a random, sample was drawn from the list of Volunteer assignments since 2006. Cameroonian Senior Researcher David Masanga and his team conducted semi-structured interviews with Cameroonians who had lived and/or worked with Peace Corps Volunteers. (The interview schedule is available upon request from OSIRP).

The overall survey reached 113 respondents in 37 communities. Sites were selected to be as representative of Cameroon as possible, including geographic, ethnic, religious, and linguistic diversity.

Interviews were conducted from June 2 to July 31, 2009 with six groups (Table 1):

- **Education Project partners/counterparts**: School teachers or administrators (19)
- **Education Project beneficiaries**: School teachers or administrators, coordinator of a multi media center (16)
- **Community Health Project partners/counterparts**: Teachers, clinic staff, adult peer educators, nurses (16)
- **Community Health Project beneficiaries**: Non-governmental organization (NGO) staff, clinic staff, out-of-school youth, school administrators, nurses (15)
- **Host family members**: Families that hosted or served as landlords to Volunteers during all or part of their service (28)
- **HCNs participating in HIV/AIDS related activities**: Health staff, community members, students (19)
Interviewers recorded the respondents’ comments, coded the answers, and entered the data into a web-based database maintained by OSI RP. The data were analyzed by OSIRP researchers and the senior researcher.

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

<table>
<thead>
<tr>
<th>Interview Type</th>
<th>Number of People</th>
<th>Number of Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Project Counterparts</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Education Project Beneficiaries</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Community Health Project Counterparts</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Community Health Project Beneficiaries</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Host Family Members</td>
<td>28</td>
<td>-</td>
</tr>
<tr>
<td>Counterparts/beneficiaries of HIV/AIDS activities</td>
<td>19</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>113</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

How Will the Information be Used?

The information gathered will inform Peace Corps staff at post and headquarters about host country nationals’ perceptions of the community projects and the Volunteers. In conjunction with Volunteer feedback from the Annual Volunteer Survey and the Close-of-Service Surveys, this information will allow the Peace Corps to better understand its impact and address areas for improvement. For example, the information may be useful for Volunteer training and outreach to host families and project partners.

This information is also needed to provide performance information to the Office of Management and Budget (OMB) and the U.S. Congress. As part of the Peace Corps Improvement Plan, drafted in response to its 2005 Program Assessment Rating Tool review, the Peace Corps proposed the creation of “baselines to measure results including survey data in countries with a Peace Corps presence to measure the promotion of a better understanding of Americans on the part of the peoples served.”

Feedback from the original pilots was used to revise the methodology rolled out to nine posts in Fiscal Year 2009 and eight posts in FY 2010, for a total of seventeen posts across Peace Corps’ three geographic regions: Africa; Inter-America and the Pacific; and Europe, Mediterranean and Asia. 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.

---

7 Data from the HIV/AIDS interviews and the interviews with members of the comparison group members are not included here. They are included in a separate report that focuses on Peace Corps Volunteer HIV/AIDS work.

CHAPTER 2: PROJECT DESIGN AND PURPOSE

Sector Overview

Education Project

The Education project supports Cameroonian teachers, teacher trainees, and students by increasing their knowledge, changing their attitudes, and building their skills through participation in a gender-balanced, learner-centered environment focusing on the subjects of English, science, math, ICT, and HIV/AIDS. Volunteers work in secondary and high schools, teacher training institutions, and universities, as well as with NGOs and organizations with an unmet need for teachers. In addition to classroom instruction, Volunteers focus on improving teaching methodologies, transferring teaching competencies to teachers in their community, developing local teaching aids, and establishing resource centers in schools. Volunteers also integrate HIV/AIDS and environmental education into their lessons.

Project Goals:

1. Secondary School Students will receive a gender-balanced, learner-centered education in order to increase their knowledge and skills in English, science, and computers, and meet the targeted competencies set by the Ministry of Secondary Education.

2. Teachers and teacher trainees will apply innovative, learner-centered, and gender-balanced teaching methodologies and develop materials in the subjects of science, math, ICT, and English.

3. ICT teachers in targeted schools will assist the Ministry of Basic Education and the Ministry of Secondary Education to implement their newly adopted ICT curriculum in a gender-balanced way.

4. Cameroonian students, teachers, and community members will participate in the campaign to mitigate HIV/AIDS and develop strategies to change people’s behaviors and attitudes.

Figure 1 shows a model of the theory of change for the Education Project.

Community Health Project

The Peace Corps’ Community Health Project supports the priorities of Cameroon’s Ministry of Public Health and Ministry of Agriculture, collaborating with health care and community development professionals, to improve communities’ quality of life by assessing their needs and...
resources, and encouraging them to undertake their own projects to improve local health and community conditions. The project focuses on capacity building at the community-level, service provider-level, and individual/community member level.

Volunteers assist community groups in assessing their health and development needs and implementing appropriate plans of action. They work to strengthen collaborating agencies’ organizational practices and train health workers/educators to implement more effective and creative behavior-change interventions. They also work with community leaders, religious leaders, and teachers to strengthen advocacy for health and development interventions.

Project Goals:

1. Communities will develop and manage their own small projects to improve community health and well-being.

2. Partner organizations and community collaborators will exhibit enhanced organizational capacity, including technical capacity related to behavior change and communication interventions for improved community health.

3. Community members will identify local health issues and adopt positive behaviors to ensure their own health.

Figure 2 shows a model of the theory of change for the Community Health Project.
Figure 1: Overview of the Theory of Change for the Education Project: Cameroon

**Problem**
Unmet educational needs among Cameroon’s youth due to:
- High dropout rates (especially among girls)
- Insufficient numbers of well qualified teachers in the subject areas: English, math, science, and ICT, particularly in rural areas
- Insufficient capacity at the Ministry level to support teacher training and information exchange (from ministry to teachers and among teachers)
- Pandemic levels of HIV/AIDS disproportionately concentrated among those aged 15 - 24

**Goals**
- **Goal 1**: Increase students’ English, science and computer literacy knowledge & skills and meet Ministry-set target competencies
- **Goal 2**: Increase the number and qualification of teachers related to basic teaching methods as well as subject matter knowledge (English, math, science, ICT)
- **Goal 3**: Improve ICT skills and knowledge among ICT teachers to support Ministry’s ICT program
- **Goal 4**: Increase student, teacher, and community knowledge of HIV/AIDS mitigation and improve mitigation-related behaviors and attitudes

**Activities**
- Provide classroom instruction to students at secondary schools in English, math, science and/or ICT
- Train teachers, through meetings, in-service trainings, peer-to-peer networking, and materials development, regarding basic teaching methods as well as subject matter knowledge (English, math, science, ICT)
- Establish school resource centers
- Develop materials and lesson plans specifically targeted to promote computer literacy
- Train counterparts to teach life skills curricula
- Train peer educators to teach life skills curricula and disseminate HIV/AIDS mitigation materials

**Outcomes**
- Increased student retention (especially among girls)
- Improved student knowledge & performance in English, math, science and ICT.
- Improved teacher skill and subject matter knowledge
- Improved teacher training infrastructure (opportunities and materials)
- Increased information exchange between Ministry and teachers and among teachers (peer-to-peer networks)
- Increased access to information about HIV/AIDS, environmental education, and the Ministry’s excellent Increased awareness behaviors among youth

**Public Benefit**
- Better quality educational system (e.g., staffing, staff quality, materials/resources available, student retention and performance)
- Increased rates of student achievement of Ministry-defined competencies
- Better qualified workforce
- Decreased incidence of HIV/AIDS

*This figure was compiled from information in the Cameroon Education Project Plan, Peace Corps/Cameroon, and 2008 – 2013.*
Figure 2: Overview of the Theory of Change for the Community Health Project: Cameroon

This figure was compiled from information in the Cameroon Community Health Project plan 694-HE-01 January 2006 – December 2016.
CHAPTER 3: GOAL ONE FINDINGS

Performance under the Peace Corps’ first goal was examined in two ways, by measuring:

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

2. HCNs’ satisfaction with the work of the community project, in particular satisfaction with the extent to which their needs had been met

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

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

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

1. For each of a list of predefined project outcomes derived from the project plan, respondents were asked about whether there was a change, whether the community’s and school’s needs were met, and--where applicable--whether the change was maintained after the Volunteer departed.

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

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

Through the process of developing the project theory of change (Figure 1) a list of project outcomes was created. Respondents were asked about the extent to which they saw changes in their communities or schools related to each outcome.

The community/school-level outcomes used in this study are listed below:

1. A change in student retention, particularly retention of female students
2. A change in student knowledge of English, math, science, or ICT
3. A change in teacher knowledge of English, math, science, or ICT
4. A change in the quality of English, math, science, or ICT instruction
5. A change in the quality and availability of teacher training
CHAPTER 3: GOAL ONE FINDINGS

6. A change in information sharing among teachers and/or with staff of the Ministries of Education (Ministry of Primary Education [MINEDUB] and Ministry of Secondary Education [MINSEC])

7. A change in the availability of information about HIV/AIDS

8. A change in the availability of information about environmental education

9. A change in the accessibility of e-content from the Ministry of Education

Counterparts and beneficiaries most frequently rated (93%) the change in students’ knowledge of English, math, science, and ICT as the most improved outcome (Figure 3). One stakeholder who answered this question also said that all of the areas had improved, except for information sharing among teachers and/or with staff of the Ministry of Education.

Over seventy percent (71%) of the respondents also rated the increased retention of students, particularly of female students, as an important change that resulted from the project. Of nearly equal importance, over sixty percent of the counterparts and beneficiaries noted that there was more information available about HIV/AIDS (68%), and that the quality of instruction had improved: 64% for both the general quality of English, math, science, and ICT instruction and in teachers’ knowledge of the subjects (Figure 3).

The area showing less change (32%) was information-sharing between teachers and staff of the Education Ministry.

Figure 3: Percentage of Education Project Counterparts and Beneficiaries that Rated the Change as At Least Somewhat Better: Community/School Level (n=13-16 beneficiaries and 16-19 counterparts)
Education Project Community/School-Level Outcomes

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

Overall, seventy-two changes were described by the respondents. These changes were grouped into the following seven categories:

1. Better interpersonal relations
2. Changed behaviors
3. Changed attitude/motivation
4. Improved facilities/increased resources
5. Improved English language skills
6. Improved services
7. Other (e.g., improved school application process, improved way of life)

Improved English language skills was the most frequently mentioned change (Figure 4).

Figure 4: Ways Communities and Schools Changed Since the Start of the Peace Corps’ Projects: Cameroon (n=72 changes)
CHAPTER 3: GOAL ONE FINDINGS

Seventy-three percent of the 72 changes mentioned by counterparts, beneficiaries, and stakeholders were rated as large changes; eighty-nine percent were assessed as having been largely due to the Peace Corps’ project. Sustainability was less positive, as, according to respondents, only 39 percent of the changes were maintained, to at least some extent, after the Volunteer left the community.

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

Through the process of developing the project theory of change (Figure 2), a list of project outcomes was also created for the Community Health Project. Respondents were asked about the extent to which they saw changes in their communities related to each outcome.

The community-level outcomes used in this study are changes in:

1. Health service coverage
2. Use of behaviorally focused interventions
3. Management of health services by agencies that have been working with the Peace Corps
4. Number and quality of preventative health services available
5. Local advocacy or mobilization to address health issues
6. Level of healthy behaviors exhibited by members of the community
7. Overall health of community members
8. Ability of the community to develop sustainable solutions to local problems

All project outcomes were rated as at least somewhat better by three-quarters of the counterparts and beneficiaries. More than 90 percent of counterparts and beneficiaries rated the overall health of community members, the level of healthy behaviors exhibited, and the use of behaviorally focused interventions as improved (Figure 5).
Figure 5: Percentage of Community Health Project Counterparts and Beneficiaries Who Rated the Change as At Least Somewhat Better: Community/school Level (n=11-15 beneficiaries and 14-16 counterparts)

- Overall health of community members: 92%
- The level of healthy behaviors exhibited by members of the community: 92%
- The use of behaviorally focused interventions: 92%
- The ability of the community to develop sustainable solutions to local problems: 88%
- The number and quality of preventative health services available: 84%
- How health services are managed and provided by agencies that have been working with the Peace Corps: 84%
- The level of local advocacy or mobilization to address health issues: 80%
- Health service coverage: 76%

Community Health Project Community-Level Outcomes

In the absence of data about conditions before the arrival of the Volunteers, counterparts and beneficiaries were asked to think back to how they saw their community when the Volunteer arrived and compare that to the current situation. They were then asked to describe any changes in the community they believed had occurred during that period. For each change mentioned, the counterparts and beneficiaries were asked if they viewed the change as small, medium, or large, and the extent to which they attributed the change to interaction with the Volunteer.
CHAPTER 3: GOAL ONE FINDINGS

Overall, seventy-four changes were described by the respondents. These changes were grouped into the following seven categories:

1. Increased use of health services
2. Greater awareness/knowledge of health issues
3. Increased training of health workers
4. Improved health outcomes
5. Improved quality/management of services
6. Engaging in healthier behaviors
7. Other (e.g., environmental hygiene, grouping of girls)

Engaging in healthier behaviors (e.g., women making more doctor visits, improved hygiene, getting immunizations) was the most frequently, spontaneously mentioned change (Figure 6). Sixty-eight percent of the seventy-four changes mentioned by counterparts, beneficiaries, and stakeholders were rated as large changes and eighty-nine percent were assessed as having been largely due to the Peace Corps’ project.

According to respondents, 27 percent of the changes were maintained to at least some extent after the Volunteer left the community.

**Figure 6: Ways Communities Changed Since the Start of the Peace Corps’ Project: Cameroon (n=74 changes)**

![Bar chart showing the distribution of changes](chart)

**Findings on Individual Changes**

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

**Prior professional educational experience**

All of the Education Project counterparts reported having worked in the education field for at least one year, with nine of the fifteen reporting 10 or more years in that field (Figure 7).

*Figure 7: Number of Years Education Project Counterparts Have Worked in the Field: Cameroon (n=15)*
CHAPTER 3: GOAL ONE FINDINGS

Prior community health experience

In comparison, the community health counterparts had far less experience in their field. Nine of the fourteen Community Health Project counterparts reported having worked in the health field for less than two years, while only one had worked for more than ten years (Figure 8).

![Figure 8: Number of Years Community Health Project Counterparts Have Worked in the Field: Cameroon (n=14) on page 28]

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

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

1. A change in English language knowledge
2. A change in math or science knowledge
3. A change in ICT knowledge
4. A change in knowledge about HIV/AIDS and/or environmental education
CHAPTER 3: GOAL ONE FINDINGS

5. A change in teaching ability or classroom management—asked of counterparts only
6. A change in efforts to promote school retention—asked of counterparts only
7. A change in the sharing of information with other teachers and/or Ministry of Education staff—asked of counterparts only
8. A change in the use of or access to e-content from the Cameroon Ministry of Education—asked of counterparts only

Seventy percent of counterparts most frequently rated three outputs as improved: sharing of information with other teachers or ministry officials, their effort to promote school retention, and their teaching and/or classroom management ability (Figure 9).

Figure 9: Percentage of Education Project Counterparts and Beneficiaries that Rated the Change as At Least Somewhat Better: Individual Level

* These items were asked only of counterparts, the response rate was between 14 to 18 depending on the question, and response rates for other items ranged from 22 to 34.
Individual-Level Outcomes: Education Project

In the absence of data about conditions before the arrival of the Volunteers, counterparts and beneficiaries were asked to think back to how they saw themselves when they started working with a Volunteer and compare that to how they currently see themselves. They were then asked to report any changes in themselves during that period. For each change mentioned, the counterparts and beneficiaries were asked whether they viewed the change as small, medium, or large, and the extent to which they attributed the change to their interaction with the Volunteer.

Education Project counterparts and beneficiaries reported a total of 60 personal changes.

The changes were grouped into the following five categories:

1. Developed a broader perspective
2. Personal growth
3. Improved specific skills
4. Improved organization and planning behaviors
5. Other (e.g., capacity building with the English club)

The most frequent type of change mentioned was improved organizational planning skills (Figure 10).

Figure 10: Ways Counterparts and Beneficiaries Changed Since the Start of the Peace Corps’ Project: Cameroon (n=60 changes)

Of the 60 individual-level changes mentioned, 82 percent were rated as large and 90 percent were assessed as having been largely due to the Peace Corps’ project. Counterparts and beneficiaries thought that 53 percent of the changes they noticed in themselves were maintained, to at least some extent, after the Volunteer left the community.
CHAPTER 3: GOAL ONE FINDINGS

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

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

1. A change in the ability to access health services
2. A change in willingness to access preventative health services
3. A change in health-related behaviors
4. A change in ability to advocate for or mobilize local resources to address community issues
5. A change in overall health

With regard to the individual-level project outcomes asked about, overall health was the area most frequently rated as improved (Figure 11).

Figure 11: Percentage of Community Health Project Counterparts and Beneficiaries that Rated the Change as At Least Somewhat Better: Individual Level (n=31)
CHAPTER 3: GOAL ONE FINDINGS

Individual-Level Outcomes: Community Health Project

In the absence of data about conditions before the arrival of the Volunteers, counterparts and beneficiaries were asked to think back to how they saw themselves when they started working with a Volunteer and compare that to how they currently see themselves. They were then asked to report any changes in themselves during that period. For each change mentioned, the counterparts and beneficiaries were asked whether they viewed the change as small, medium, or large, and the extent to which they attributed the change to their interaction with the Volunteer. Community Health Project counterparts and beneficiaries reported a total of 49 personal changes.

The changes were grouped into the following six categories:

1. Improved interpersonal relations
2. Improved self-esteem
3. Other (e.g., analysis of data)
4. Improved health behaviors/knowledge
5. Engaging in new activities/practices
6. Improved organization and planning behaviors

The most frequent change mentioned was improvement of organizational and planning behaviors (Figure 12).

Figure 12: Ways Counterparts and Beneficiaries Changed Since the Start of the Peace Corps’ Project: Cameroon (n=49 changes)

Of the 49 individual-level changes mentioned, 90 percent were rated as large and 98 percent were assessed as having been largely due to the Peace Corps’ project. Counterparts and
beneficiaries thought that 41 percent of the changes they noticed in themselves were maintained, to at least some extent, after the Volunteer left the community.

The frequency with which respondents reported using the skills learned through the projects in both their work and personal lives suggests that, for the most part, the skills transmitted were practical, useful, and much needed (Figures 13 and 14). The few who said they did not use the skills in their work life (5 people) and in their personal life (3 people) referred to “differences in approaches” or did not explain why they did not use the skills learned.

Figure 13: Frequency with Which Education Project Counterparts and Beneficiaries Report Using Skills Learned Through the Peace Corps’ Project: Cameroon

* Work life was asked only of Counterparts, n=15, response rate for personal life was 35.
Figure 14: Frequency with Which Community Health Project Counterparts and Beneficiaries Report Using Skills Learned Through the Peace Corps’ Project: Cameroon

* Work life was asked only of Counterparts, n=16, response rate for personal life was 31.

### Ways Counterparts Use Project Skills in Their Work Life

**Education Project**

*I practice what I learned every day.*

[I do not use the information] *at all because of differences in approach.*

**Community Health Project**

[I use the information] *as often as I come by an appropriate situation.*
### Ways Counterparts and Beneficiaries use Project Skills in their Personal Lives

**Education Project Counterparts**

[I use the information] *very often because the method of work used by the volunteer has been assimilated.*

**Education Project Beneficiaries**

*I can and I will be able to use a computer.*

*Not at all, I learned nothing. She did not make any recommendations for her colleagues.*

**Community Health Project Counterparts**

*Personally I apply what I learned each day. I have learned to be punctual.*

*I will not say regularly, but I try to use what I learned.*

**Community Health Project Beneficiaries**

*I learned nothing concerning my personal life.*

*I constantly make use of what I learned.*
How Did Skills Transfer Occur?

Forty-four percent of the Education Project counterparts reported receiving formal counterpart training (Figure 15). Sixty-nine percent of the Community Health counterparts reported receiving formal counterpart training (Figure 16). Both groups mentioned receiving informal or on-the-job training from the APCD and Volunteers (Figures 15 and 16).

Figure 15: Education Project Counterpart Training: Cameroon (n=20)
Figure 16: Community Health Project Counterpart Training: Cameroon (n=16)
Among Education Project counterparts, 44 percent reported training related to teaching skills (Figure 17). Among Community Health Project counterparts, 81 percent reported receiving training related to HIV/AIDS (Figure 18).

Figure 17: Technical Training Received by Education Project Counterparts: Cameroon (n=18)
Figure 18: Technical Training Received by Community Health Project Counterparts: Cameroon (n=16)
When asked about the utility of the training for technical skill development and sustainability, more than half of respondents said that the training contributed to the project (Figures 19 and 20).

Figure 19: Usefulness of Training for Education Project Technical Skill Development and Sustainability: Cameroon

* Sustainability was asked only of Counterparts, n=20, response rate for Individuals’ Skills was 32.
Figure 20: Usefulness of Training for Community Health Project Technical Skill Development and Sustainability: Cameroon

* Sustainability was asked only of Counterparts, n=16, response rate for Individuals’ Skills was 29.
Did Skills Transfer Lead to Sustainable Changes?

Eighty-three percent of Education Project counterparts and beneficiaries reported that the changes realized in their communities and schools were somewhat maintained (to at least the fifty percent level) after the project ended and seventeen percent reporting that the changes were completely maintained (Figure 21).

**Figure 21: Extent to Which Education Projects Were Sustained After Volunteer Departure: Cameroon (n=35)**

Seventy-nine percent of Community Health Project counterparts and beneficiaries reported that the changes realized in their communities and schools were somewhat maintained (to at least the fifty percent level) after the project ended (Figure 22) and thirty-eight percent reporting that the changes were completely maintained. Interviews with the stakeholders, as reported by Dr. Masanga, described the impact on government policy of the work in the education project.

“The use of HIV/AIDS-related material, not only for the fight against the disease, but also in the teaching of English, was cited at the government level as being one of the areas in which changes
in government policy are attributed solely to the influence from PCV activities and [a] deep-rooted development approach."11

Figure 22: Extent to Which Community Health Projects Were Sustained After Volunteer Departure: Cameroon (n=29)

Overall HCN Satisfaction

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

1) Reported changes

2) Degree to which the project met their needs

Counterparts and beneficiaries expressed satisfaction with the changes in the community and school resulting from their work with the Peace Corps. Sixty-six percent of Education Project respondents and sixty-one percent of Community Health Project respondents reported being “very satisfied.” An additional 31 percent were somewhat satisfied with the changes (Figures 23 and 24).

**Figure 23: Counterpart and Beneficiary Satisfaction with Education Project Outcomes: Cameroon (n=35)**

![Chart showing satisfaction levels](chart.png)
Figure 24: Counterpart and Beneficiary Satisfaction with Community Health Project Outcomes: Cameroon (n=31)
HCNs’ Comments About Overall Satisfaction with the Project Work:

Education Project Counterparts

Her presence in school has been positive. We have no regrets.

[I am] somewhat unsatisfied because of factors specific to the community.

Education Project Beneficiary

Yes, I am very satisfied because I did not know anything about a computer before the Volunteers came.

Community Health Project Counterpart

The community is more enlightened and vaccination campaigns are more seriously carried out.

Community Health Project Beneficiary

[I am] very satisfied but the Volunteer’s absence is hindering the activities.

Stakeholder

It was mutually satisfying. We have learned from the young PCVs and they also learned from us.
Did HCNs Think Their Needs Were Met?

Most respondents indicated that the project expanded relevant capacities in their schools and among community members. The Peace Corps project’s ability to build capacity and to provide a better quality education were the most frequently mentioned areas of technical improvement among Education Project respondents. Among Community Health Project respondents, transferring healthy living skills and building capacity to improve the scope and quality of community health services were the technical areas most frequently mentioned as being most effectively improved through the project (Figures 25 and 26).

Figure 25: Education Project Counterpart and Beneficiary Rating of Local Capacity Building: Cameroon (n=14-15)
Figure 26: Community Health Project Counterpart and Beneficiary Rating of Local Capacity Building: Cameroon (n=15-16)

- Very effective
- Somewhat effective
- Somewhat ineffective
- Very ineffective

Legend:
- Transferring healthy living skills
- Building capacity to improve the scope and quality of community health services
- Building capacity to improve the management and delivery of community health services
- Building capacity to improve local advocacy for and mobilization of resources to promote sustainable solutions to local health concerns
Would HCNs Want to Work with the Peace Corps Again?

Another measure of overall satisfaction is whether counterparts and beneficiaries would want to work with another Volunteer. All 33 of the Education Project respondents and all 31 of the Community Health Project respondents reported that they would want to work with another Volunteer.

<table>
<thead>
<tr>
<th>HCNs’ Responses About Why They Would Welcome Another Volunteer:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education Project Counterparts</strong></td>
</tr>
<tr>
<td>[I would want to work with another Volunteer] to improve on the output at all levels and possibly increase the duration of their stay.</td>
</tr>
<tr>
<td>We lack English teachers; we would like to have Volunteers to sensitize us to HIV issues.</td>
</tr>
<tr>
<td><strong>Education Project Beneficiaries</strong></td>
</tr>
<tr>
<td>Yes, the school leaders are dynamic when there is a Volunteer.</td>
</tr>
<tr>
<td>Yes, to continue what the previous Volunteer did to sensitize young girls to the importance of school and to sensitize youth to health in general.</td>
</tr>
<tr>
<td><strong>Community Health Project Counterparts</strong></td>
</tr>
<tr>
<td>We need other Volunteers for the good of the community because we lack nurses and the doctor is often not available.</td>
</tr>
<tr>
<td>Yes, because if the Volunteers are absent the continuity of the work is not guaranteed to a large extent.</td>
</tr>
<tr>
<td><strong>Community Health Project Beneficiary</strong></td>
</tr>
<tr>
<td>Given that much is to be done again we need them.</td>
</tr>
</tbody>
</table>
Support and Barriers to Project Performance

Beneficiaries and counterparts in both projects observed that the main factor contributing to the success of the projects was the hands-on work of the Volunteer (Figures 27 and 28). To a lesser extent, training from the Volunteer (31%) and training from Peace Corps (20%) was reported as a contributor to project success.

Figure 27: Factors Education Project Counterparts and Beneficiaries Credited with Project Success: Cameroon (n=35)
CHAPTER 3: GOAL ONE FINDINGS

Figure 28: Factors Community Health Project Counterparts and Beneficiaries Credited with Project Success: Cameroon (n=31)
None of the barriers to project success was mentioned by a majority of the Education Project respondents (Figure 29). Sixty-five percent of Community Health respondents mentioned a lack of funding as a barrier to sustaining the project (Figure 30).

Figure 29: Barriers to Project Success Among Education Project Counterparts and Beneficiaries: Cameroon (n=35)
Figure 30: Barriers to Project Success Among Community Health Project Counterparts and Beneficiaries: Cameroon (n=31)

**HCNs’ Comments About Barriers to Project Success:**

**Education Project Respondents**

*There is a shortage of staff with the skills and training to maintain the change.*

*Insufficient teaching staff and a lack of interest and motivation from certain teachers.*

**Community Health Project Respondent**

*Poverty, non-involvement of community leaders, and lack of trained workers.*
CHAPTER 3: GOAL ONE FINDINGS

Lessons Learned Regarding Goal 1 Performance

Several themes for additional investigation emerged from the research:

**Sustainability of the project.** Individual changes were more likely to be sustained after the Volunteer’s departure than changes identified in the community (27 to 39 percent of school- or community-level changes compared with 41 to 53 percent of the individual-level changes). A small group, between 10 and 20 percent of respondents, reported not using the skills gained through either project in their work or personal lives. The lack of sustainability is an area that merits further examination to determine why the community changes are not being sustained and to consider ways to address this issue.

**Education Project Outcomes.** Students’ knowledge of academic subjects (English, math, science and ICT) was rated as improved by most respondents as were teacher’s methods. The two areas of collaboration between the Ministry of Education and teaching staff - access to e-content and sharing information, were rated as improved by fewer that 35 percent of respondents. Peace Corps project staff may want to re-examine these last two areas as project goals to determine if they constitute something that PCVs can realistically effect, and if so how to change the structure of that work to ensure a more positive result.

**Improved organization and planning behaviors.** Through their work with the project, respondents reported being more organized and more likely to plan things out. Personal development was not an explicit focus of either project, but can be viewed as significant in terms of capacity-building.

**Areas for improvement for Peace Corps’ work in Cameroon.** The senior researcher noted that “the majority of respondents expressed the need for PCVs to know the local language of the community in which they work. “[This is] one of the areas which will improve PCVs work in Cameroon.” Further, he added, “Considering that the general work of PCVs is that of teaching, some respondents think that there may be [a] need for them to have training in pedagogy before starting to work.”
CHAPTER 4: GOAL TWO FINDINGS

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

How Did Cameroonian Acquire Information About Americans Prior to Interacting With the Volunteer?

Among counterparts, beneficiaries, and host families the most frequently mentioned source of information about people from the United States was television shows or movies (92 percent among counterparts and beneficiaries and 68 percent among host family members) (Figure 31 and 32).

Figure 31: Counterpart and Beneficiary Sources of Information about Americans Prior to Interacting with a Volunteer: Cameroon (n=66)
Figure 32: Host Family Sources of Information about Americans Prior to Interacting with a Volunteer: Cameroon (n=28)
What Were Respondents’ Opinions About Americans Prior to Interacting With a Volunteer?

Counterparts, beneficiaries, and host family members were asked to describe their understanding of a typical person from the United States before working with Peace Corps Volunteers. Before interacting with Volunteers, very few respondents (2%) reported a thorough understanding of Americans and two-thirds (66%) reported limited or no understanding of Americans (Figures 33 and 34).

Figure 33: Counterpart and Beneficiary Level of Understanding of Americans Before Interaction: Cameroon (n=64)
A slightly larger number of the host families (13%) reported having a thorough understanding of Americans and 60 percent had limited or no understanding of Americans before living with a Volunteer (Table 34).

Figure 34: Host Family Member Level of Understanding of Americans Before Interaction: Cameroon (n=28)
With regard to their opinion about people from the United States, 26 percent of counterparts and beneficiaries reported having a neutral opinion prior to interaction and 55 percent reported an opinion that was at least somewhat positive (Figure 35). Among host family members, most respondents also indicated either a neutral or positive opinion (Figure 36).

Figure 35: Counterpart and Beneficiary Opinion of Americans Before Interaction: Cameroon (n=66)

The respondents described both the personal characteristics of the Volunteers and characteristics of the country. A small group said variations of “I don’t have any opinion. I did not know them.” About sixty percent of the narrative comments about personal characteristics were positive; forty percent were negative.

The senior researcher also commented on the divergence in opinions that Cameroonians had about Americans prior to working or interacting with PCVs, saying,

“There were almost as many different opinions, attitudes, perceptions, levels of knowledge of Americans, etc, as there were respondents. For example, whereas some thought that Americans were very social and humanitarian, others thought of them as being racist and spies.”
Figure 36: Host Family Members’ Opinion of Americans Before Interaction (n=28)
To What Extent Did Respondents Have Experience With the Peace Corps and Volunteers?

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

How Much and What Kinds of Contact Did HCNs Have with Volunteers?
Goal 2 of the Peace Corps is based on the idea that through frequent and varied interaction with Volunteers, HCNs will better understand Americans. This section describes the number and types of interactions that HCNs had with Volunteers.

All of the host family members interviewed reported engaging in a range of social and familial activities with Volunteers (Figure 37), some more frequently than others. Doing household chores and conversing about the Volunteer’s life in the United States were the most common joint activities (50%).
Figure 37: Activities That Host Family Members Shared with Volunteers: Cameroon (n=28)
Two-thirds of the host family members (66%) rated their relationships with the Volunteers they hosted positively, with 35 percent reporting that they were very close and thought of the Volunteer as part of their family (Figure 38).

**Figure 38: Host Family Rating of Their Relationship with the Volunteer: Cameroon (n=28)**
**Host country counterparts and beneficiaries:** When contacts were work-related, 99 percent of beneficiaries and counterparts saw the Volunteer at least weekly, with 60 percent reporting daily contact. When the contacts were social (defined as outside of work), 38 percent of respondents reported daily contact and 89 percent reported social contact at least weekly (Figure 39).

**Figure 39: Frequency of Volunteer Interaction with Counterparts and Beneficiaries: Cameroon (n=78)**

---

**Changes in HCNs’ Understanding of Americans After Knowing a Volunteer**

This section provides information about changes in HCNs’ opinions of Americans, as well as some detail about the types of things they learned about Americans from interacting with Volunteers.
Were Respondents’ Opinions of Americans Better or Worse After Interacting with a Volunteer?

After interacting with Volunteers, 86 percent of counterparts and beneficiaries reported having a moderate (77%) or thorough understanding of Americans (9%) (Figure 40). Eighty-one percent of host family members reported a moderate (77%) or thorough (4%) understanding of Americans after living with a Volunteer (Figure 41).

Figure 40: Counterpart and Beneficiaries’ Change in Level of Understanding of Americans After Contact with Volunteers: Cameroon (n=66)
**Figure 41: Host Family Members’ Change in Level of Understanding of Americans After Contact with Volunteers: Cameroon (n=28)**
After interacting with Peace Corps Volunteers, 86 percent of counterparts and beneficiaries and 67 percent of host family members, rated their opinions as more positive (Figures 42 and 43).

**Figure 42: Counterpart and Beneficiaries' Change in Opinion of Americans After Contact with Volunteers: Cameroon (n=66)**
The senior researcher noted “uniformity in opinions that Cameroonians have about Americans after working or interacting with PCVs.”

He observed that

“Concerning the opinions that Cameroonians have of Americans after working or interacting with PCVs, the impact is outstanding in the sense that the opinions are more or less the same and positive. For example, almost all the respondents including beneficiaries and host family respondents unanimously say Americans are hardworking, punctual and open minded people. There are of course a few people who continue to think that there is a hidden agenda behind PCV activities without being able to say what that agenda is.”

---

CHAPTER 4: GOAL TWO FINDINGS

Findings on What Cameroonians Learned About Americans from Volunteers

The topic that host family members most frequently reported learning about (50%) was the food of the United States (Figure 44). Forty-three percent reported that they learned how to speak English.

When asked about their opinions after interacting with Volunteers, most respondents provided general responses that suggested that they had enhanced their understanding and developed more realistic views of Americans. This theme emerged in responses from counterparts and beneficiaries, as well as host family members.

Figure 44: What Host Country Nationals Report Learning from Volunteers: Cameroon (n=28)
CHAPTER 4: GOAL TWO FINDINGS

HCNs’ Opinions About Americans After Interacting with Volunteers

Counterparts

Working with the Peace Corps has given me a more positive attitude towards Americans. I appreciate them. They are honest people.

They are generous, [but] some differences exist. They are just like other people; we just need to understand them.

Sacrifices they made show me that they are good people.

Beneficiaries

She was very active and was interested in our activities.

I discovered that Americans are very understanding and people who easily integrate into the society.

The behavior of the volunteer is remarkable. Americans are indeed very sociable.

Host family members

They are good people. Although I don’t believe all Americans are like this. To me there is a clear distinction between an ordinary American and a Peace Corps. Associating the two as one, would be a mistake.

I think that Americans are just like any ordinary people. They are not complex.

Americans are different and independent; they can survive without their families.
CHAPTER 4: GOAL TWO FINDINGS

What HCNs Found Most Memorable About Interacting with Volunteers

Counterpairs

The criticism he made of the government of his country.

The understanding of African realities by the Volunteer and his honest.

An invitation to eat American food after school. She was such a nice person that I did not have any bad experience.

Her way of doing things; she was not afraid of people, she was very kind towards everybody.

Beneficiaries

My ability to adapt to new instructions given by the volunteer and that they impose their system.

Host family members

She constantly showed her patriotism. She does not like lies and abuse of confidence.

We went touring together; she is paying my school fees.

His way of doing things, his simplicity, and understanding.

Lessons Learned Regarding Goal 2 Performance

In general, respondents were very positive in their understanding of and opinions of Americans after working and/or living with a Volunteer. The lower responses to specific topics they learned about suggest it could be useful to discuss this during the training of both host families and Volunteers. Post may wish to continue to research this issue.
CONCLUSIONS

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

The findings in Cameroon indicate that the educational and health capacities of counterparts and beneficiaries were increased. Students improved their knowledge of English, math, science, and ICT. Teachers noted improvements in their ability to share information with other teachers and/or Ministry of Education staff, to promote school retention, and to teach and manage their classrooms. Education Project respondents said that the project was very effective in building capacity to provide high-quality education.

The health project participants adopted healthy behaviors and the overall health of the affected communities improved. Among the Community Health Project respondents, there were improvements in organizational and planning behaviors. Community Health Project respondents said that the project was very effective in transferring healthy living skills and building local capacity to improve the scope and quality of community health services. Most respondents were at least somewhat satisfied with the work undertaken by Peace Corps.

Regarding Peace Corps’ Goal 2, a majority of HCNs who interacted with Volunteers reported more positive opinions of Americans after living and working with a Volunteer.

While much of the feedback from respondents was positive, there are some areas of concern. First, only a limited number of the community-level changes were sustained after the departure of the Volunteer(s). Secondly, the project goal to increase the sharing of information between the Ministry of Education and the teachers was not accomplished. Third, a lack of funding was cited as a frequent barrier to project sustainability by those interviewed.

A final conclusion on the significance of the Peace Corps Volunteers’ work in Cameroon came from observations made by the senior researcher in his report.

“The Peace Corps volunteers are the only rural development agents who exclusively work and live in the rural areas. This is not the case with development agents from other countries including France, Germany, Britain, Japan and Italy.” 14

In comparison to other development agents operating in Cameroon, the Peace Corps therefore stands out with its hands-on approach and total integration into the communities for whose development it works however poor the community may be. In this respect it may be important

---

to note that in terms of standard of life, the six impact study regions [included in the sample] are not only the poorest regions of Cameroon but are also the most difficult ones to live and work in for anybody, including Cameroonians themselves."

The Peace Corps will continue its efforts to assess its impact and to use the findings to improve operations and programming.
APPENDIX 1: METHODOLOGY

How Were the Community Sites and Interview Respondents Selected?

In Cameroon, the team conducted interviews at 37 communities. At each post a representative, rather than a random, sample was drawn from the list of Volunteer assignments since 2003. Sites that were extremely remote were excluded. Study sites were randomly selected from the remaining list. Individual respondents were then selected in one of three ways:

1. At many sites, only one counterpart had worked with a Volunteer. In those cases, once the site was selected, so was the counterpart.

2. With regard to the selection of beneficiaries and host family members, and in cases where more than one possible counterpart was available, post staff and/or the Volunteer proposed individuals known to have had significant involvement in the project or with the Volunteer. Within a host family, the person with the most experience with the Volunteer was asked for an interview.

3. In cases where there were still multiple possible respondents, the research team randomly selected the respondents.

How Were Data Collected?

The research questions and interview protocols were designed by OSIRP staff and refined through consultations with the country directors and regional staff at the Peace Corps.

A team of local interviewers, trained and supervised by a host country senior researcher contracted in-country, conducted all of the interviews. The interviewers conducted face-to-face structured interviews with the following categories of Cameroonian nationals:

- **Education Project partners/counterparts**: School teachers or administrators (19)
- **Education Project beneficiaries**: School teachers or administrators, coordinator of a multimedia center (16)
- **Community Health Project partners/counterparts**: Teachers, clinic staff, adult peer educators, nurses (16)
- **Community Health Project beneficiaries**: NGO staff, clinic staff, out-of-school youth, school administrators, nurses (15)
- **Host family members**: Families that hosted or served as landlords to Volunteers during all or part of their service (28)
- **HCNs participating in HIV/AIDS related activities**: Health staff, community members, students (19)
Interviewers used written protocols specific to each category of respondent.

The research teams also reviewed existing performance data routinely reported by posts in the Project Status Reports, as well as the results of the Peace Corps’ Volunteer Surveys and Close-of-Service Surveys. However, the results presented in this report are almost exclusively based on the interview data collected through this study.

One hundred thirteen individuals were interviewed in Cameroon (Table 2) as respondents for this study.

Table 2: Description of Study Participants

<table>
<thead>
<tr>
<th>Interview Type</th>
<th>Number of People</th>
<th>Number of Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Project Counterparts</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Education Project Beneficiaries</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Health Project Counterparts</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Health Project Beneficiaries</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Host Family Members</td>
<td>28</td>
<td>-</td>
</tr>
<tr>
<td>Counterparts/beneficiaries</td>
<td>19</td>
<td>-</td>
</tr>
<tr>
<td>HIV/AIDS activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>113</strong></td>
<td></td>
</tr>
</tbody>
</table>

What Data Were Collected?

Interviewers used written protocols specific to each category of respondent. The counterparts and beneficiaries were asked questions related to both Goal 1 and Goal 2. Host family members were asked only questions related to Goal 2. The categories covered for each of the three groups are shown below (Table 3).
# Table 3: Summary of Interview Questions by Respondent Type

<table>
<thead>
<tr>
<th>Respondent Type</th>
<th>Question Categories</th>
<th>Approximate Length of Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counterpart</td>
<td>Goal 1</td>
<td>45 minutes</td>
</tr>
<tr>
<td></td>
<td>1. Clarification of the project purpose</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Respondent’s work history in the field and with the Peace Corps</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Frequency of contact with the Volunteer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Project orientation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Project outcomes and satisfaction with the project</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Community and individual-level changes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Maintenance of project outcomes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Goal 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Source of information and opinion of Americans prior to the Peace Corps work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Type of information learned about Americans from interaction with the Volunteer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Opinion of Americans after interaction with the Volunteer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Particular things that Volunteers did that helped improve respondent’s understanding of Americans</td>
<td></td>
</tr>
<tr>
<td>Beneficiary</td>
<td>Goal 1</td>
<td>30 minutes</td>
</tr>
<tr>
<td></td>
<td>1. Clarification of the project purpose</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Frequency of contact with the Volunteer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Project outcomes and satisfaction with the project</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Community and individual-level changes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Goal 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Source of information and opinion of Americans prior to the Peace Corps work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Type of information learned about Americans from interaction with the Volunteer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Opinion of Americans after interaction with the Volunteer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Particular things that Volunteers did that helped improve respondent’s understanding of Americans</td>
<td></td>
</tr>
<tr>
<td>Host Family Member</td>
<td>Goal 2</td>
<td>30 minutes</td>
</tr>
<tr>
<td></td>
<td>1. Source of information and opinion of Americans prior to the Peace Corps work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Type of information learned about Americans from interaction with the Volunteer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Opinion of Americans after interaction with the Volunteer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Particular things that Volunteers did that helped improve respondent’s understanding of Americans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Behavioral changes based on knowing the Volunteer</td>
<td></td>
</tr>
</tbody>
</table>