



*Office of Strategic Information,  
Research and Planning*

## **Host Country Impact Study Dominican Republic**



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



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The success of the studies is ultimately due to the work of the local research teams who skillfully encouraged the partners<sup>2</sup> of Peace Corps Volunteers to share their experiences and perspectives. The teams were headed by senior researchers Zhirayr Edilyan in Armenia, Jose Ricardo Roques in the Dominican Republic, and Mamadou Diallo in Mali.

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<sup>1</sup> Although these studies were a team effort by all members of the OSIRP staff, we would like to recognize Janet Kerley and Susan Jenkins who served as the study leads

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

# ACRONYMS AND DEFINITIONS

## Acronyms

APCD	Associate Peace Corps Director
EMA	Europe, the Mediterranean and Asia
HCN	Host Country National
IAP	Inter-America and the Pacific
NGO	Non-Governmental Organization
OSIRP	Office of Strategic Information, Research and Planning
PC/DR	Peace Corps/Dominican Republic
TEFL	Teaching English as a Foreign Language

## Definitions

Beneficiaries	Individuals who receive assistance and help from the project; the people that the project is primarily designed to advantage
Counterparts/Project partners	Individuals who work with Peace Corps Volunteers; Volunteers may work with multiple partners and counterparts during their service. Project partners also benefit from the projects, but when they are paired with Volunteers in a professional relationship or when they occupy a particular position in an organization or community (e.g., community leader), they are considered counterparts or project partners
Host family members	Families with whom a Volunteer lived during all or part of his/her training and/or service
Project stakeholders	Individuals who have a major involvement in the design, implementation or results of the project

## **EXECUTIVE SUMMARY**

### **Introduction**

In 2008, the Peace Corps launched a series of studies to determine the impact of Volunteers on two of the agency's three goals: building local capacity and promoting a better understanding of Americans among host country nationals (HCNs). The Peace Corps conducts an annual survey that captures the perspective of currently serving Volunteers.<sup>3</sup> While providing critical insight into the Volunteer experience, the survey can only address one side of the Peace Corps' story. The 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 pilot study which was conducted in the Dominican Republic during the summer and fall of 2008. The focus of the research was the Healthy Environment Project and Healthy Communities Project (health and water/sanitation sector).

### **Purpose of the Host Country Impact Studies**

The Dominican Republic's Host Country Impact Study was initiated to assess the degree to which the Peace Corps is able to both meet the needs of the DR in improving health conditions in rural areas and to promote a better understanding of Americans among host country nationals. The study also provides the Peace Corps with a better picture of these health sector projects and identifies areas for improvement.

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?

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

## *EXECUTIVE SUMMARY*

### **Evaluation Methodology**

This study is based on data provided by counterparts and beneficiaries of the Healthy Environment Project and Healthy Communities Project, including:

- 16 counterparts (members of a water brigade, leaders of a community-based group)
- 16 beneficiaries (recipients of latrines/cement floors or members of a group)
- 16 host family members

The overall survey reached 48 respondents in 16 rural communities.

Interviews were conducted from August 25 to September 17, 2008 (see Appendix 1 for a full description of the research methodology).

The evaluation studies are designed by Peace Corps/headquarters' Office of Strategic Information, Research and Planning (OSIRP) and were implemented in-country by the Dominican senior researcher, Dr. Jose Ricardo Roques, and his team of interviewers.

### **Project Design and Purpose**

The goal of the Healthy Environment Projects is to improve environmental health conditions by providing clean drinking water and sanitary services to rural communities not being serviced by the National Institute for Water and Sanitation (Instituto Nacional de Aguas Potables y Alcantarillados). The Peace Corps is working in concert with the Dominican Government's National Institute for Water and Sanitation whose goal is to achieve the Millenium Development Goal of providing clean water to all citizens by 2015.

The goal of the Healthy Communities Project is to increase health education opportunities and access to resources by promoting community-based and preventative health interventions in: a) reproductive health; b) child health; and, c) prevention of HIV/AIDS among low-income families living in rural and marginalized urban communities.

The intended results were access to a clean water supply, improved sanitation conditions, as well as trained community members who both maintain the new facilities and continue the hygiene education. The Peace Corps' niche in addressing these health issues is to offer professional assistance to low-income families living in isolated rural areas where most of these public health problems take place.

### **Evaluation Findings**

The evaluation findings confirm the successful implementation of the Healthy Environment Project and Healthy Communities Project by Peace Corps/Dominican Republic (PC/DR). While the report provides a detailed description of all the study questions, the key findings are:

#### **Goal 1 Findings**



## EXECUTIVE SUMMARY

### Successful Transfer of Nutrition and Sanitation Skills

- Increased knowledge and awareness of health and sanitation issues were the most frequently mentioned individual changes
- Respondents learned the skills needed to maintain the aqueducts and latrines
- Reduction in negative health indicators (e.g., diarrhea and teen pregnancy) was among the most frequently mentioned community-level changes

### Communities Gained Access to Clean Water

- Access to improved water and health services was the most frequently mentioned community change

### Capacity Building was Sustained

- 88% of community projects were sustained to a large extent
- 88% of respondents said that the Healthy Communities Project was maintained
- 97% of respondents said that water/sanitation community projects were maintained

### Satisfaction with Peace Corps Work

- 94% of respondents were very satisfied with the Peace Corps' work
- 85% of respondents said that the project met community needs to a large extent

*Of course when we have Volunteers here, the community is more active in the community work. People feel more committed when Peace Corps Volunteers are here. We would like to stop time when the Volunteer's time finishes. We look forward to another Volunteer, because through them the community prospers. (Comments from beneficiaries about their satisfaction with the work of Volunteers.)*

### Factors Contributing to Project Success

- Community organization and team work
- Persistence of the Volunteer and Peace Corps staff
- Resources that were brought to the community

### Barriers to Project Success

- Few barriers were mentioned
- Issues cited were largely outside of the control of the Peace Corps

### Goal 2 Findings

## *EXECUTIVE SUMMARY*

### **HCNs Developed More Positive Opinions of Americans**

- 88% of respondents had a more positive view of Americans after interacting with Volunteers
- 100% of host family members rated their relationships with Volunteers positively

### **Respondents Described Americans as:**

- Hardworking (94%)
- Friendly (88%)
- Motivated to do the work (85%)
- Possessing strong technical skills (83%)

# CHAPTER 1: INTRODUCTION

## Background

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

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

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

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<sup>4</sup>; however, it tells only one side of the Peace Corps' story. In 2008, the Peace Corps began a series of studies to determine the impact of its Volunteers. The studies are unique for their focus on learning about the Peace Corps' impact directly from the host country nationals who lived and worked with Volunteers.

### 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.

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<sup>4</sup>Peace Corps surveyed Volunteers periodically from 1973 to 2002 when a biennial survey was instituted. The survey became an annual survey in 2009 to meet agency reporting requirements.

## **History of the Peace Corps/Dominican Republic Healthy Environment and Healthy Communities Projects**

Peace Corps involvement in the health sector began in 1982, and from 1982 to 1984 health volunteers were assigned to work in Nutrition Recuperation Centers administered by the Ministry of Public Health. From 1985 to 1989, the Dominican Government's nutritional strategy was directed to integrate nutritional services with primary health care services, focusing efforts in rural areas. Since 1990, most of the assistance strategy of Peace Corps/Dominican Republic has been to assist non-governmental organizations (NGOs) and grassroots organizations. In 2001 Peace Corps/Dominican Republic implemented a new technical assistance strategy to respond to low-income communities, called the Healthy Families Project. It was specifically designed to benefit at-risk infant/maternal and youth populations.

PC/DR initiated the Healthy Environment Project in 1995 to address substandard health conditions in rural communities as a result of inadequate sanitation infrastructure. The current project's goal is to provide access to clean water supplies through gravity-fed potable water systems and improve sanitation through latrine construction. The project has focused on increasing the availability of drinkable water and sanitation facilities, organizing and training Water Committees, and providing hygiene education to the recipients of these facilities.

## **Purpose of the Host Country Impact Studies**

This report presents the findings from the first pilot impact evaluation which was conducted in the Dominican Republic during the summer and fall of 2008. The projects studied were the Healthy Environment Project and the Healthy Communities 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.

## Evaluation Methodology

In 2008, the Peace Corps' Office of Strategic Information, Research and Planning (OSIRP), in response to a mandate from the Office of Management and Budget that the agency should conduct evaluations of the impact of Volunteers in achieving Goal 2, began a series of evaluation studies. The Dominican Republic was one of three countries selected to pilot a methodology that would examine the impact of the technical work of Volunteers, and their corollary work of promoting a better understanding of Americans among the people with whom they served. In collaboration with the Peace Corps' country director at each post, OSIRP piloted a methodology to collect information *directly from host country nationals* about skills transfer and capacity building, as well as changes in their understanding of Americans.

The research was designed by OSIRP social scientists and implemented in-country by Dr. Jose Ricardo Roques and 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 the Dominican Republic, the team conducted interviews at 16 health sites. Forty-one health project site placements between 2002 and 2008 were identified for possible participation in this study. The sample was a representative rather than a random sample from the list of Volunteer assignments since 2002. The Dominican senior researcher, Dr. Jose Ricardo Roques, and his team conducted semi-structured interviews with Dominicans who had lived and/or worked with Peace Corps Volunteers. (The interview schedule is available upon request from OSIRP). Seven of the sites had a Healthy Environment Project; nine had conducted a Healthy Communities Project. (Appendix 1 has a full description of the research methodology.)

Interviews were conducted from August 25 to September 17, 2008 with the following groups of Dominican nationals:

- **Project partners/counterparts:** Chair or member of a water brigade, sanitation facilitator, health promoter, leader of a community-based youth group (e.g., "Escojo Mi Vida"),<sup>5</sup> or the leader of another type of community-based group (e.g., mothers' group, nutrition group) (16)
- **Project beneficiaries:** Community members who received an aqueduct, a latrine/cement floor, or services from a sanitation facilitator/health promoter; members of a community-based youth group (e.g., "Escojo Mi Vida", mothers' group, nutrition group) (16)
- **Host family members:** Families that hosted Volunteers during all or part of their service (16)

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<sup>5</sup> *Escojo Mi Vida* groups are youth leader groups that focus on HIV/AIDS prevention education and activities in rural areas

## CHAPTER 1: INTRODUCTION

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

**Table 1: Number and Type of Host Country Nationals Interviewed: Dominican Republic**

<b>Categories</b>	<b>Number of People</b>	<b>Number of sites</b>
Counterparts	16	16
Beneficiaries	16	16
Host family members	16	16
<b>Total</b>	<b>48</b>	<b>-</b>

### **How Will the Information be Used?**

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

This information is also needed to provide performance information to the United States Office of Management and Budget and the United States Congress. As part of the Peace Corps Improvement Plan, drafted in response to its 2005 Program Assessment Rating Tool review, the Peace Corps proposed the creation of "baselines to measure results including survey data in countries with Peace Corps presence to measure the promotion of a better understanding of Americans on the part of the peoples served."<sup>6</sup> Feedback from the pilot studies will be used to revise the methodology rolled out to nine posts each in Fiscal Year 2009 and 2010, for a total of 18 posts across Peace Corps' three geographic regions: Africa; Inter-America and the Pacific; and Europe, Mediterranean and Asia. Taken together, these studies contribute to Peace Corps' ability to document the degree to which the agency is able to both meet the needs of host countries for trained men and women and to promote a better understanding of Americans among the peoples served.

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<sup>6</sup> Downloaded from : <http://www.whitehouse.gov/omb/expectmore/summary/10004615.2005.html> 9-10-08

## CHAPTER 2: PROJECT DESIGN AND PURPOSE

### Sector Overview<sup>7</sup>

This pilot study evaluated the Peace Corps' Health Environment Project and Healthy Communities Project, which included two types of community activities: water/sanitation and health education.

**Water/ Sanitation Activities.** Peace Corps/Dominican Republic initiated the Healthy Environment Project in 1995 to address the substandard health conditions in rural communities caused by inadequate sanitation infrastructure.

The Dominican Republic's rapid population growth, massive migration to urban areas, and increasing numbers of people living in poverty have resulted in serious deficiencies in the coverage and quality of water and sanitation services.

The project has focused on increasing the availability of drinkable water and sanitation facilities, organizing and training water committees, and providing hygiene education to the recipients of these facilities. The Peace Corps is working in concert with the Dominican Government's National Institute for Water and Sanitation whose intent is to achieve the Millenium Development Goal of providing clean water to all citizens by 2015.

Health statistics indicate that water-borne diseases are one of the major causes of death among infants and children. Thus, providing community access to potable drinking water and sanitation practices can decrease the incidence of disease and improve the health of rural families.

The goal of the **WATER/ SANITATION** activities is to improve environmental health conditions by providing clean drinking water and sanitary services to rural communities not being serviced by the National Institute for Water and Sanitation (Instituto Nacional de Aguas Potables y Alcantarillados).

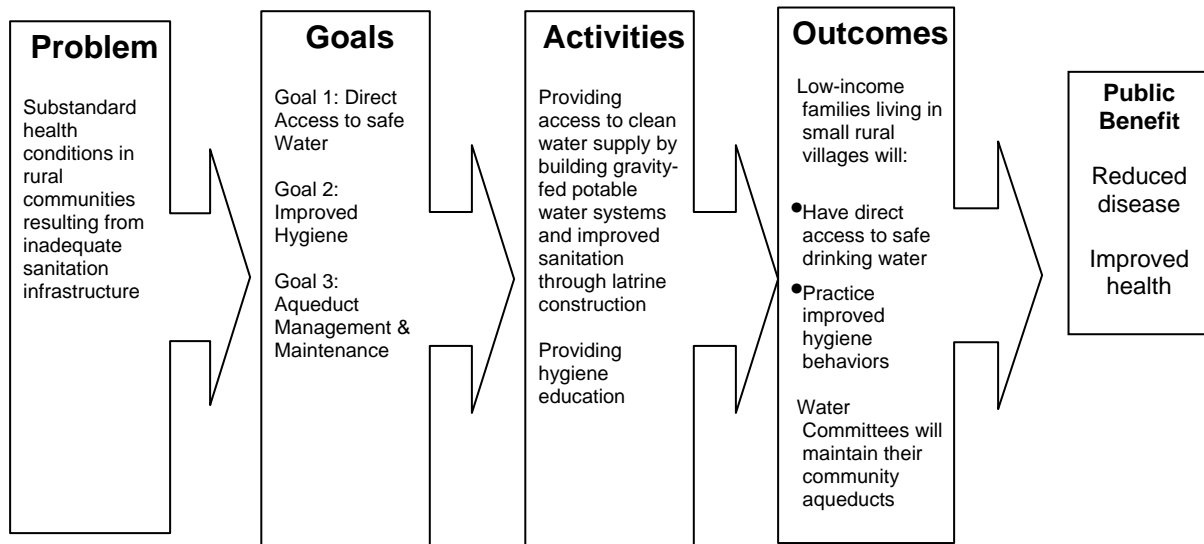
The goal of the **HEALTH EDUCATION** activities is to increase health education opportunities and access to resources by promoting community-based and preventative health interventions in: a) reproductive health, b) child health and c) prevention of HIV/AIDS among low-income families living in rural and marginalized urban communities.

A model of the theory of change underlying this project approach is presented below.

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<sup>7</sup> The Sector Overview is based on the *Water Safe to Drink Project Plan 517-WSD-07* and the *Healthy Communities Project Plan 517-HC-07*.

Figure 1: Overview of the Theory of Change for the Healthy Environment Project in the Dominican Republic



\* This figure was compiled from information in the *Healthy Environment Project Plan 517-WSD-07*

As their primary projects, the water/sanitation Volunteers built gravity-fed aqueducts, latrines, and cement floors for houses in some of the smallest and most remote rural communities in the country. On average, the communities were populated by less than 100 families. The projects were coordinated with community leaders who were organized into Water Committees and assumed the responsibility of facilitating the participation of community members in work brigades to implement the construction phase of the projects. Communities had to form the committees prior to receiving a Peace Corps Volunteer, who then worked to organize and train the members of the committee and the community in how to maintain and repair the facilities. The Volunteers and the committee members also provided hygiene education to the community residents.

**Health Education Activities.** The Healthy Communities Project builds on work begun in 1982, when Peace Corps Health Volunteers were assigned to work in Nutrition Recuperation Centers administered by the Ministry of Public Health. The centers targeted children suffering from second and third degree malnutrition. Between 1985 and 1989, the Dominican Government’s nutritional strategy integrated nutritional services with primary health care services, focusing efforts in rural areas. Peace Corps Volunteers worked as health educators with health supervisors and promoters in the health care system. The goal was to feed children at a low cost in a non-hospital setting while educating mothers throughout each child's recuperation.

A change in the government’s nutritional strategy motivated the Peace Corps to phase out this project.

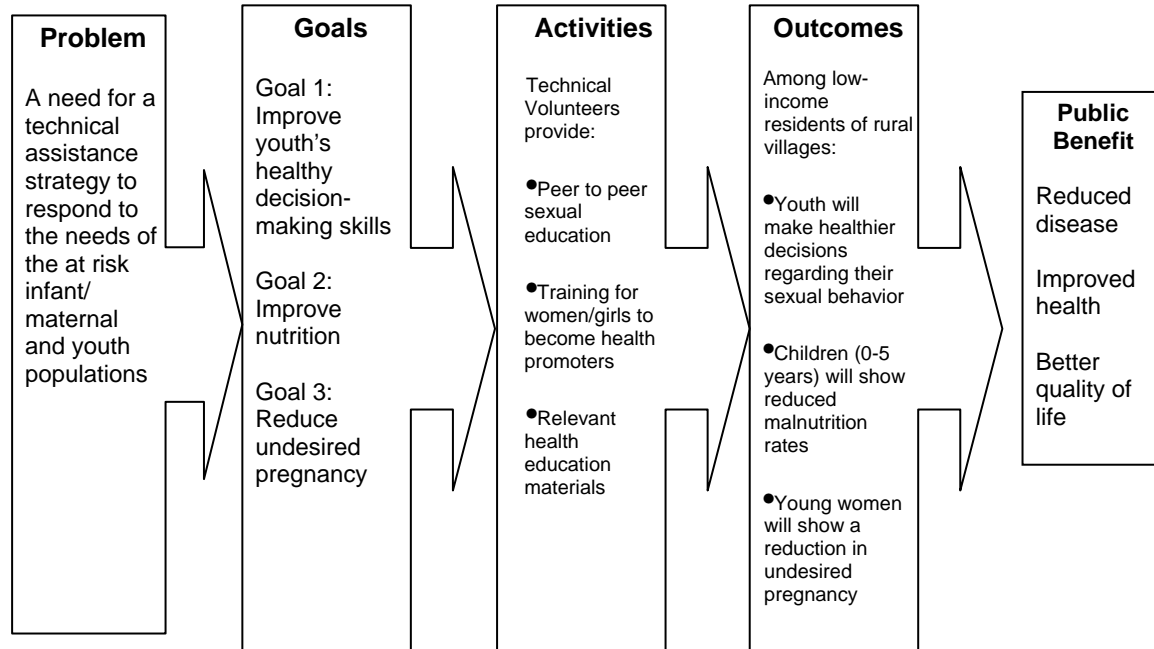


## CHAPTER 2: PROJECT DESIGN AND PURPOSE

Starting in 2001, the Peace Corps has implemented a new technical assistance strategy to respond to the health needs of the low-income, at risk infant/maternal and youth population and focused on providing assistance through nongovernmental and community-based organizations.

A model of the theory of change underlying the project approach is presented below.

**Figure 2: Overview of the Theory of Change for the Healthy Communities Project in the Dominican Republic**



\* This figure was compiled from information in the *Healthy Communities Project Plan 517-HC-07*

Peace Corps Volunteers engaged in three major interventions: HIV/AIDS prevention education for rural youth, nutrition education and small-scale food production, and reproductive health improvement for rural mothers.

The intended results from the projects were access to a clean water supply, improved sanitation conditions, as well as trained community members who both maintained the new facilities and continued the hygiene education.

The Peace Corps' niche in addressing these health issues was to offer professional assistance to low-income families living in isolated rural areas where most of these public health problems were present and services were lacking.

## 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, reported gaining new technical skills, and the capacity to maintain 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. The specific goals and activities for the Healthy Environment Project and the Healthy Community Project varied. The data are presented separately for each site type.

### **Did the Peace Corps Projects Help Project Partners Meet Skill and Capacity Building Needs?**

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

One hundred twenty-two community changes were reported.

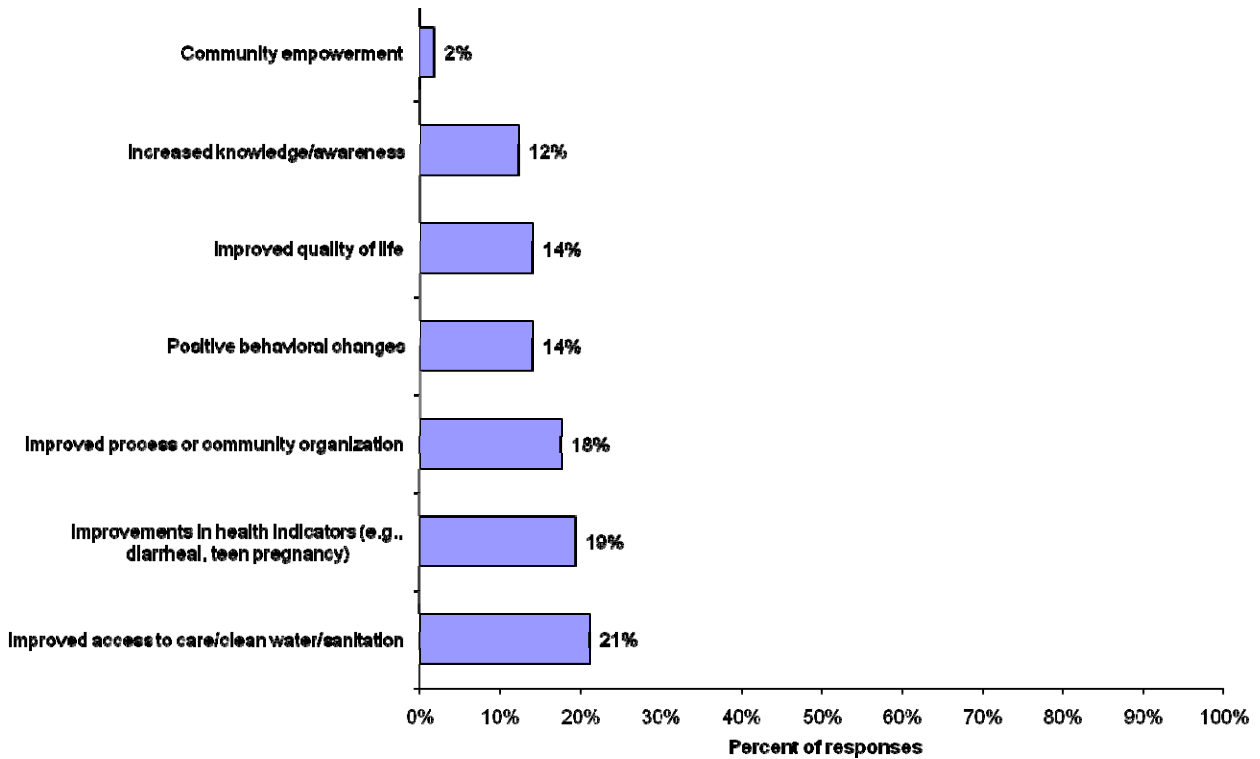
Access to health care or clean water was the most frequently mentioned change (Figure 3). Of the 122 changes mentioned, 89 percent were rated as large changes and 96 percent were assessed as having been largely due to Peace Corps projects.

Twenty-five percent of the changes referred specifically to access to clean water and nineteen percent noted decreases in specific diseases. Fourteen percent of the changes referred more generally to an improvement in the quality of life.

According to respondents, 98 percent of the changes were maintained after the Volunteer left the community. The benefits of access to clean water and improved health outcomes were expected to extend to the entire community, counterparts and beneficiaries equally.

Another change category reported by participants included new knowledge acquired and changes in behavior, as well as observations about the way in which the community was functioning in organizational terms.

Figure 3: Ways Communities Changed Since the Start of Peace Corps Projects: Dominican Republic (n=122 changes)



## Findings on Individual Changes

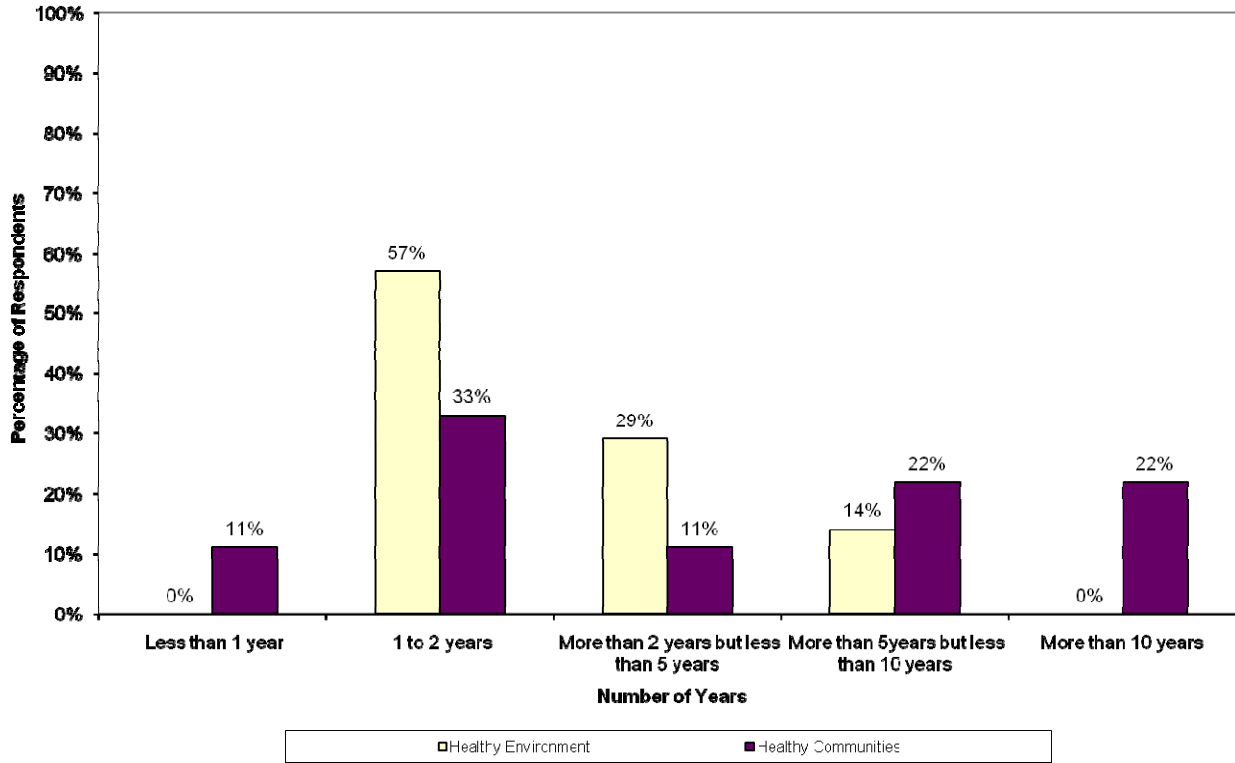
In order to provide the context for the individual-level changes reported, this section starts with an overview of counterparts' prior professional experience. It continues with respondents' feedback about areas in which they have changed, information about how that change occurred, and the extent to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

### Prior Health Project Experience

The water/sanitation counterparts were relatively new to the type of work they did with the Peace Corps Volunteers on these projects. Fifty-seven percent of the Healthy Environment Project counterparts reported having worked in that field for one to two years and only one had more than five years experience. Counterparts for the Healthy Communities Project varied widely with regard to the amount of time they had been working on health issues in their communities, with some having worked on health issues for less than one year and others for more than 10 years (Figure 4).

CHAPTER 3: GOAL ONE FINDINGS

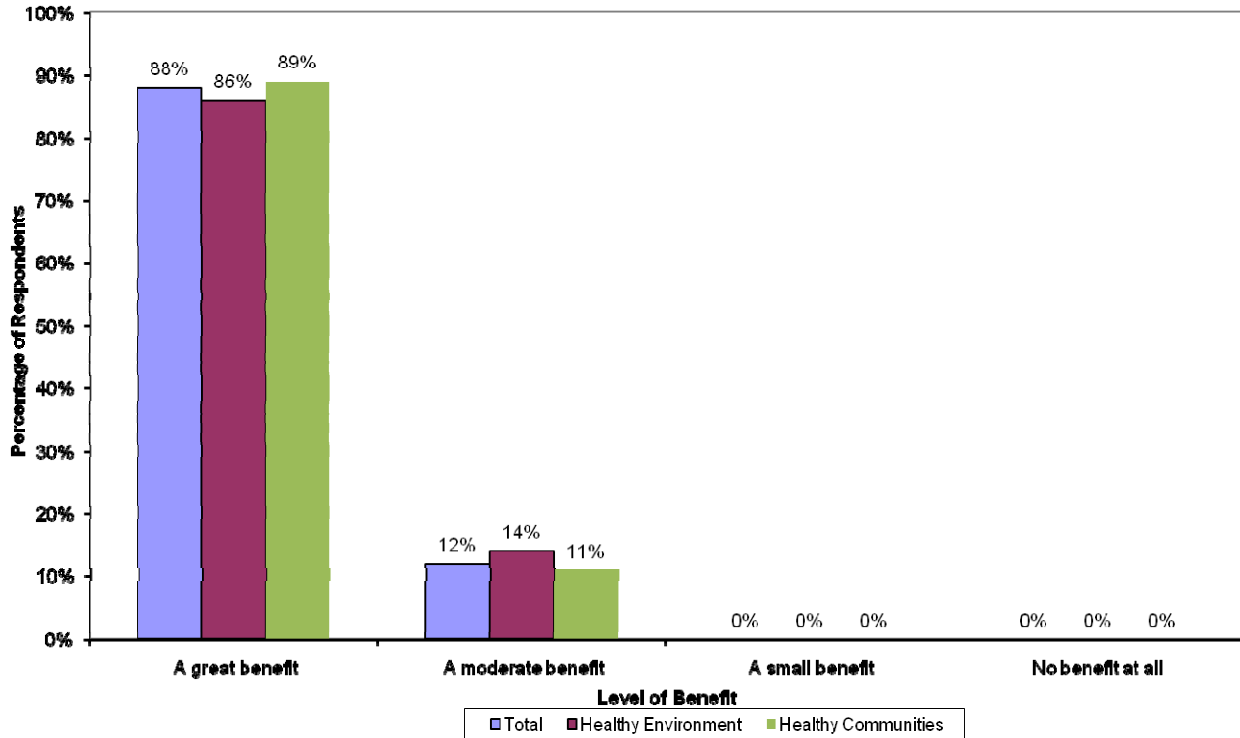
Figure 4: Number of Years Counterparts have Worked in the Field: Dominican Republic (n=16)



### In What Ways Did Counterparts and Beneficiaries Who Worked with Volunteers Change?

All counterparts and beneficiaries indicated that Peace Corps projects in their communities benefited them personally. There was little difference by project type (Figure 5).

**Figure 5: Percentage of Counterparts (n=16) and Beneficiaries (n=16) Who indicated that the Peace Corps' Projects Were Beneficial: Dominican Republic**



When asked how they thought that they benefited from the project, beneficiaries focused on long-lasting outcomes such as knowledge gained. Counterparts focused on the targeted knowledge and skills they gained and, to a more limited extent, broader community capacity building skills. These findings were the same for both the Healthy Environment Project and the Healthy Communities Project.

**How Beneficiaries benefited from the project**

**Healthy Environment Project Beneficiaries**

*It was something that the community really needed.*

*I do not know how to consider [the question of how the respondent benefited from the Peace Corps project]. I am a millionaire because of the benefit I obtained.*

**Healthy Communities Project Beneficiaries**

*I gained knowledge through the project and with the lectures. I kept the knowledge from the lectures.*

*I have got benefits in what I learned. I can deliver a lecture by myself. I can avoid diseases.*

Counterparts of the Healthy Communities Project mentioned specific health related information they had learned, such as having pap smears, conducting breast self-examinations and eating more vegetables, as well as other positive outcomes such as increased self-esteem and being better able to speak in public.

**Counterparts' comments about what they learned from the projects:**

**Healthy Environment Project Counterparts**

*Transmitting to other people water use and maintaining of the aqueduct.*

*Fixing the pipelines if they get broken.*

**Healthy Communities Project Counterparts**

*Conducting home visit we see the family's conditions on health, nutrition, which allows us to have an idea of the family.*

*To grow as a human being and to help mine and other communities to make progress.*

In the absence of data about the organizations before the arrival of the Volunteers, counterparts and beneficiaries were asked to think back to *how they saw themselves* when they started

### CHAPTER 3: GOAL ONE FINDINGS

working with a Volunteer and compare that to *how they currently see themselves*. They were then asked to report any changes they saw 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.

Respondents reported a total of 37 changes.

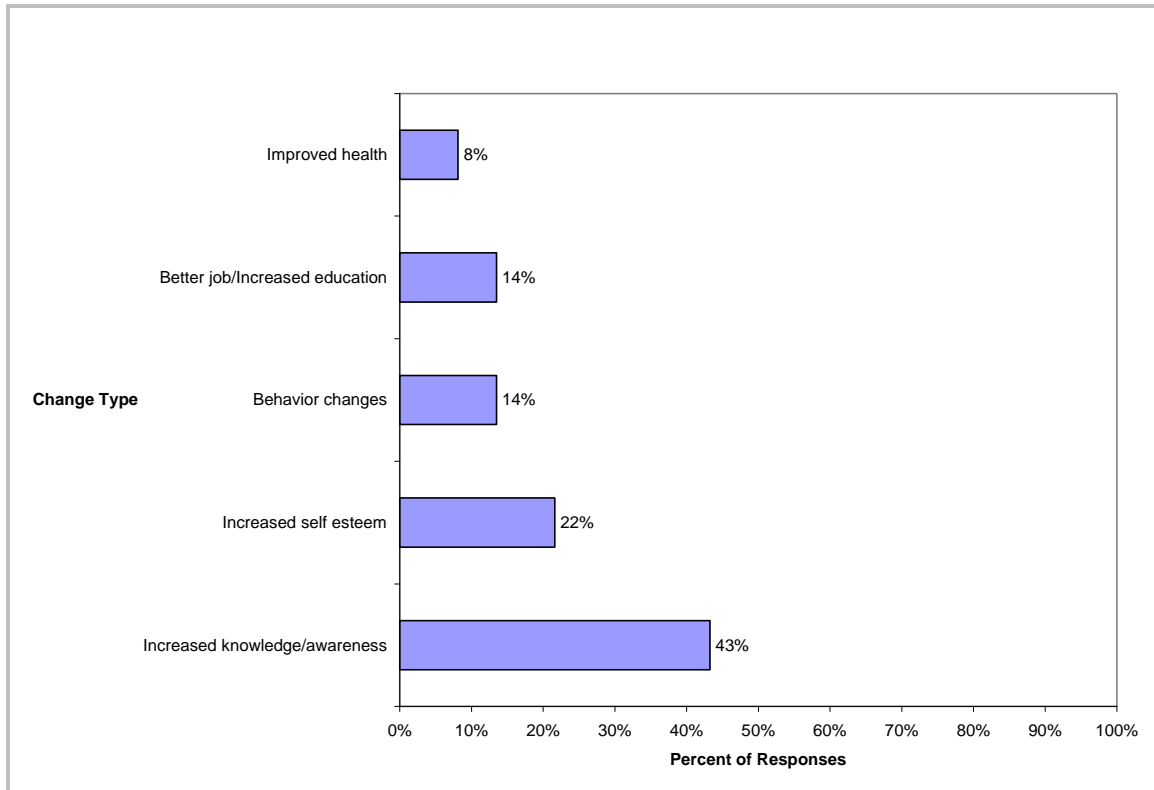
The changes were grouped into the following five categories:

1. Behavioral changes
2. Increased knowledge or awareness
3. Increased self esteem
4. Improved health
5. Better job or increased education

## CHAPTER 3: GOAL ONE FINDINGS

Forty-three percent of the changes mentioned referred to increases in health-related knowledge or awareness (Figure 6).

**Figure 6: Ways Counterparts and Beneficiaries Changed Since the Start of the Peace Corps Project: Dominican Republic (n=37 changes)**



Of the 37 individual-level changes mentioned, 82 percent were rated as large and 98 percent were assessed as having been largely due to Peace Corps projects. Counterparts and beneficiaries thought that 98 percent of the changes they noticed in themselves were maintained after the Volunteer left the community. When asked if things about their daily lives have changed as a result of Peace Corps projects, both counterparts and beneficiaries responded that they are healthier and more patient with, and helpful to, other community members.

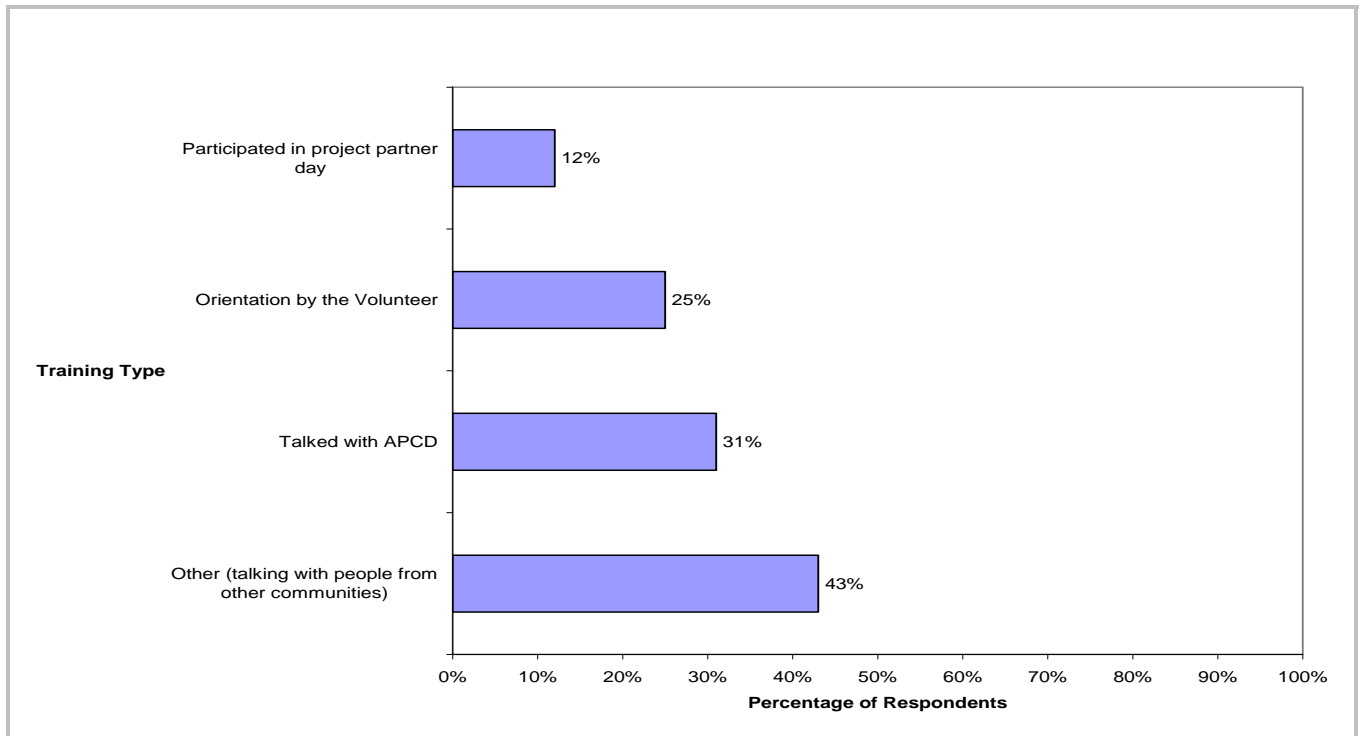
### How Did Skills Transfer Occur?

Fifty-six percent of counterparts stated that they gained skills through informal orientations from the Volunteers or in talking with the Associate Peace Corps Director (APCD). Twelve percent referenced formal training received at project Partner Day. Forty-three percent of counterparts who said they received training described more informal training, such as that received through a local church or by talking with people from other communities that did similar projects (Figure 7).



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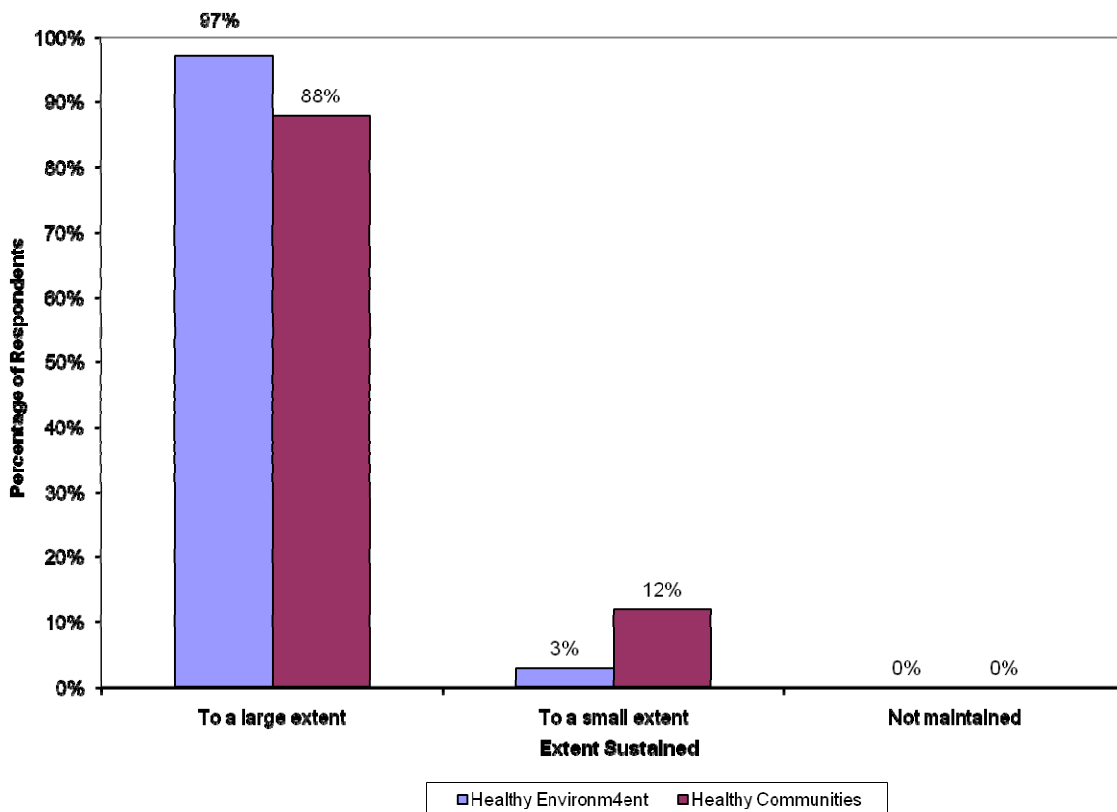
Figure 7: Counterpart Training: Dominican Republic (n=16)



### Did Skills Transfer Lead to Sustainable Community Changes?

More than 85 percent of both the counterparts and beneficiaries reported that the changes realized in their communities were maintained after the end of the project (Figure 8). This finding is corroborated by a survey of and site visits to communities completed by the APCD and third year Volunteer leaders to determine how many of the aqueducts were still in service. Of 120 installed, 118 continued to provide clean water to communities.<sup>8</sup>

Figure 8: Extent to Which Projects Were Sustained After Volunteer Departure: Dominican Republic (n=32)



### Overall HCN Satisfaction

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

- Reported changes
- Collaboration with Peace Corps Volunteers

<sup>8</sup> Source: Interview with Joanna Mauer, former water/sanitation PCV/DR. June 2008.

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- Degree to which the project met their needs

The findings on these questions are reported below.

Satisfaction with the changes in the community resulting from their work with Peace Corps was very high for both counterparts and beneficiaries. Ninety-four percent of respondents reported being “very satisfied;” six percent reported being “somewhat satisfied.” The high level of satisfaction was evident across respondent types in both projects (Healthy Environment Project and Healthy Communities Project). In discussing their overall satisfaction with the projects, the respondents were very positive and reflected hope for the future of their communities in their responses. Counterparts and beneficiaries from the Healthy Communities Project specifically described their satisfaction with the extent to which they were able to maintain the changes.

### **HCNs’ comments about overall satisfaction with the project work:**

#### **Counterparts of the Healthy Environment Project**

*I feel happy with this work (project). We went through many difficulties.  
I think we are all very satisfied with the project, thanks to the Peace Corps.*

#### **Counterparts of the Healthy Communities Project**

*...because I have been able to make the community value itself more.*

*Partially (satisfied), because the community gets back to its old path once the Volunteer is gone. I feel good about the knowledge of HIV and the treatment that people receive now.*

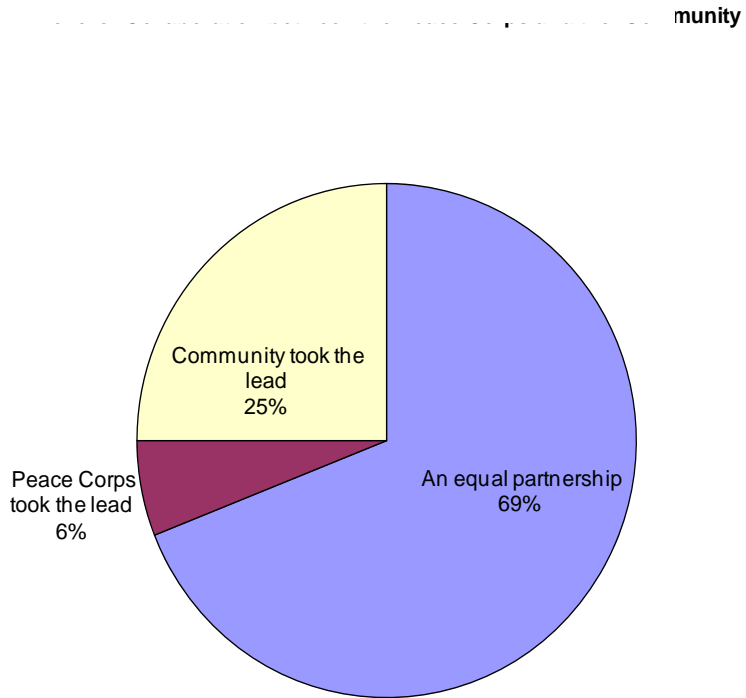
#### **Beneficiaries of the Healthy Communities Project**

*[I am satisfied] because the community is making progress through the Peace Corps.*

**Collaboration with the Peace Corps**

Sixty-nine percent of counterparts reported that the project was an equal partnership between Peace Corps and the community (Figure 9).

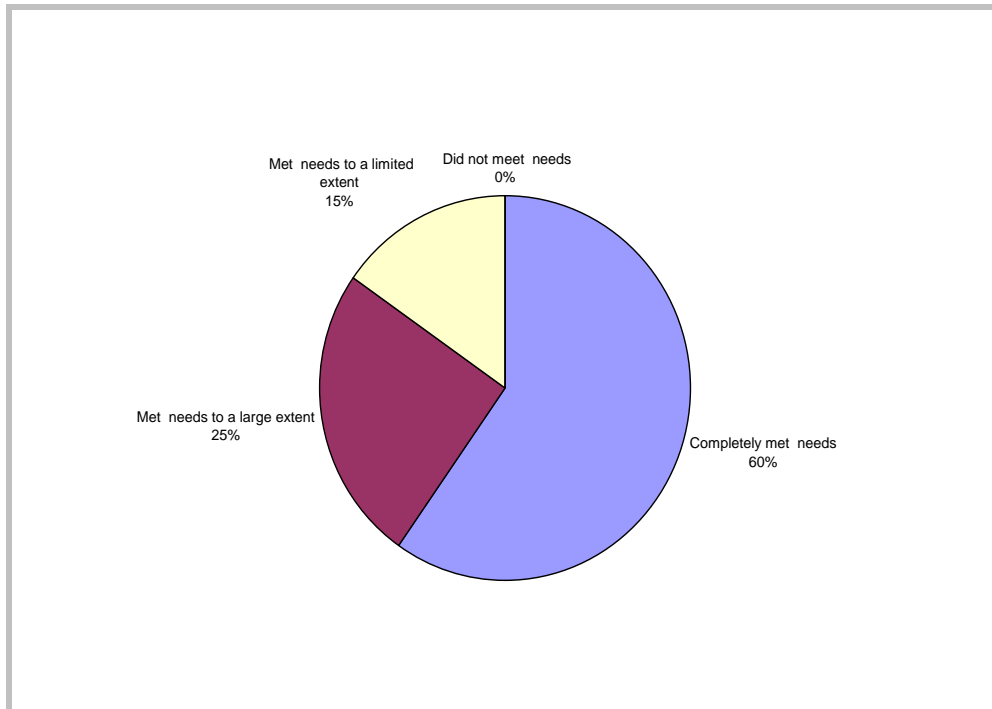
**Figure 9: Level of Collaboration: Dominican Republic (n=16)**



## Did HCNs Think Their Needs Were Met?

Eighty-five percent of counterparts and beneficiaries indicated that Peace Corps projects met their communities' needs completely or to a large extent (Figure 10).

**Figure 10: Extent to Which Health Projects Met Respondents' Needs: Dominican Republic (n=32)**



While most counterparts and beneficiaries agreed that the needs of the community were met, some mentioned that with the Healthy Communities Project not everyone in the community was reached or became active in the project and, as a result, not everyone's individual needs were met. In addition, some counterparts and beneficiaries reported feeling that the needs of the community were not completely met because teen pregnancy and substance abuse continue to persist.

With regard to the Healthy Environment Projects, the only shortfall mentioned was that at some sites there was insufficient time to complete latrines and stoves for everyone in the community.

## Would HCNs Want to Work with the Peace Corps Again?

Another measure of satisfaction is whether counterparts and beneficiaries would want to work with another Volunteer in the future. All of the respondents, both counterparts and beneficiaries, reported that they would welcome another Volunteer. The energy and enthusiasm that Volunteers are able to generate among community members and the ongoing need for community improvement were highlighted by the respondents.

**HCNs' responses about why they would welcome another Volunteer:**

**Counterparts of the Healthy Environment Project**

*Because they bring new ideas and technologies. They come to give us new insights.*

**Beneficiaries of the Healthy Environment Project**

*Because when we are in trouble they help us and we want them to keep helping us.*

**Counterparts of the Healthy Communities Project**

*Yes, because you never end up knowing everything; things are always getting up to date and there are things that have changed and we have to learn these new skills.*

**Beneficiaries of the Healthy Communities Project**

*Of course when we have volunteers here, the community is more active in the community work. People feel more committed when Peace Corps Volunteers are here.*

*We would like to stop time when the Volunteer's time finishes. We look forward to another volunteer, because through them the community prospers.*

**Support and Barriers to Project Performance**

Beneficiaries and counterparts in both projects observed that the main factors contributing to the success of the projects were:

1. Community organization and team work
2. Persistence of the Volunteer and Peace Corps staff
3. Resources that were brought to the community

Very few barriers to project success were mentioned and only a few counterparts or beneficiaries offered concrete comments about the factors that made it hard to sustain the project once the Volunteer departed. One respondent mentioned a lack of funding and another referenced a lack of leadership.

The principal barriers to project performance cited were issues that are largely outside of the control of the Peace Corps, such as community members' behavior and expectations, weather, or financial and time constraints.

### CHAPTER 3: GOAL ONE FINDINGS

Several respondents offered insights about the contextual factors that affected sustainability. The poor economy was mentioned by one individual who said, “Because of the lack of income due to layoffs, families’ incomes have decreased and they have been unable to feed themselves (alimentarse) in the way they learned from the Volunteer.” A decrease in rainfall affected the amount of water available to the community from the aqueduct, reducing the benefits of clean water available compared to when the aqueducts have a more constant supply of water.

#### HCNs’ comments about barriers to project success:

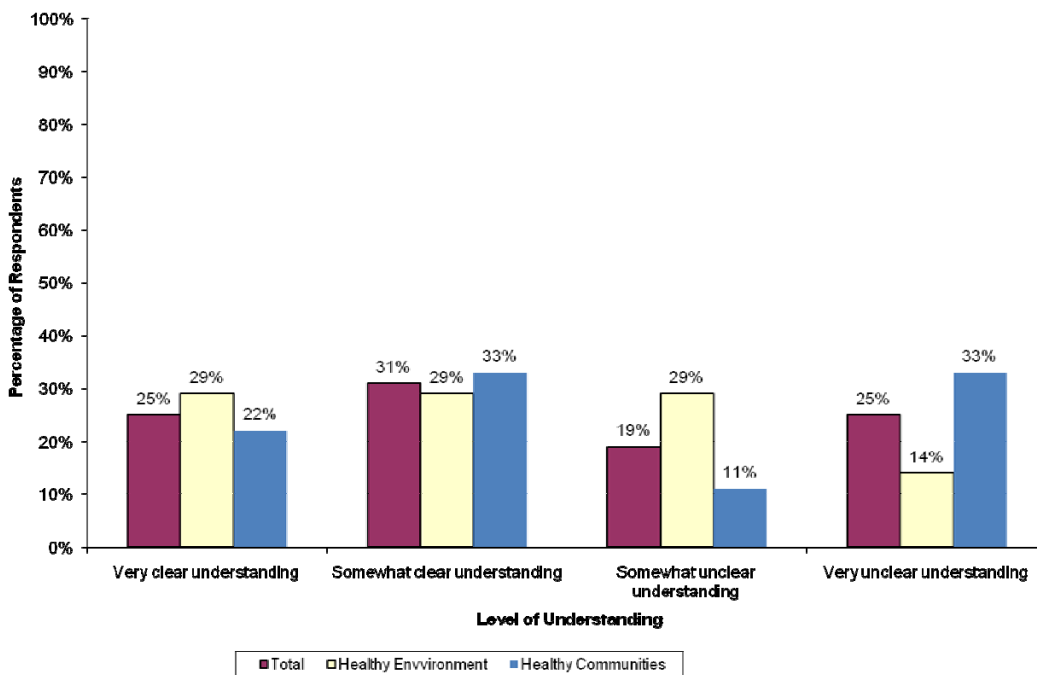
*Many times when the Volunteers arrive, young people see them as their way out of poverty. The difficulties are they start romantic relationships with young people and that makes the work difficult.*

*The rains and the poor condition of the road.*

While not mentioned as a barrier to success, nearly 40 percent of counterparts reported that they had an unclear understanding of what the project would accomplish before it began (Figure 11).

Counterparts explained that their understanding was based on their knowledge of other communities or organizations that had built aqueducts or conducted similar types of health education projects, rather than direct communication with the Peace Corps about what would take place in their community when the Volunteer arrived.

Figure 11: Pre-implementation Project Clarity: Dominican Republic (n=16)



### Areas for Further Research

One major theme emerged from the research for additional investigation:

1. **Pre-implementation preparation.** Additional site preparation may be needed to ensure that counterparts have a clear understanding and realistic expectations about project outcomes, their role and that of the Volunteer, and the schedule of activities. It is recommended that the post look more closely into this issue both to try to determine the extent of any problems and, where needed, to develop ways to address it.



## **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 about a description of what Dominicans thought of Americans prior to working with a Volunteer and how they acquired that information. The section continues with a description of how much and in what ways Dominicans interacted with Volunteers and concludes with their opinions of Americans after interacting with Volunteers.

### **How Did Dominicans Get Information About Americans Prior to Interacting with the Volunteer?**

Dominican counterparts, beneficiaries, and host family members learned about Americans in multiple ways prior to the arrival of a Peace Corps Volunteer. Most frequently Dominicans reported that meeting and interacting with Americans (other than the Peace Corps Volunteers) in the Dominican Republic was their most common source of prior information.

However, the sources of information about Americans varied both by project type as well as by respondent type.

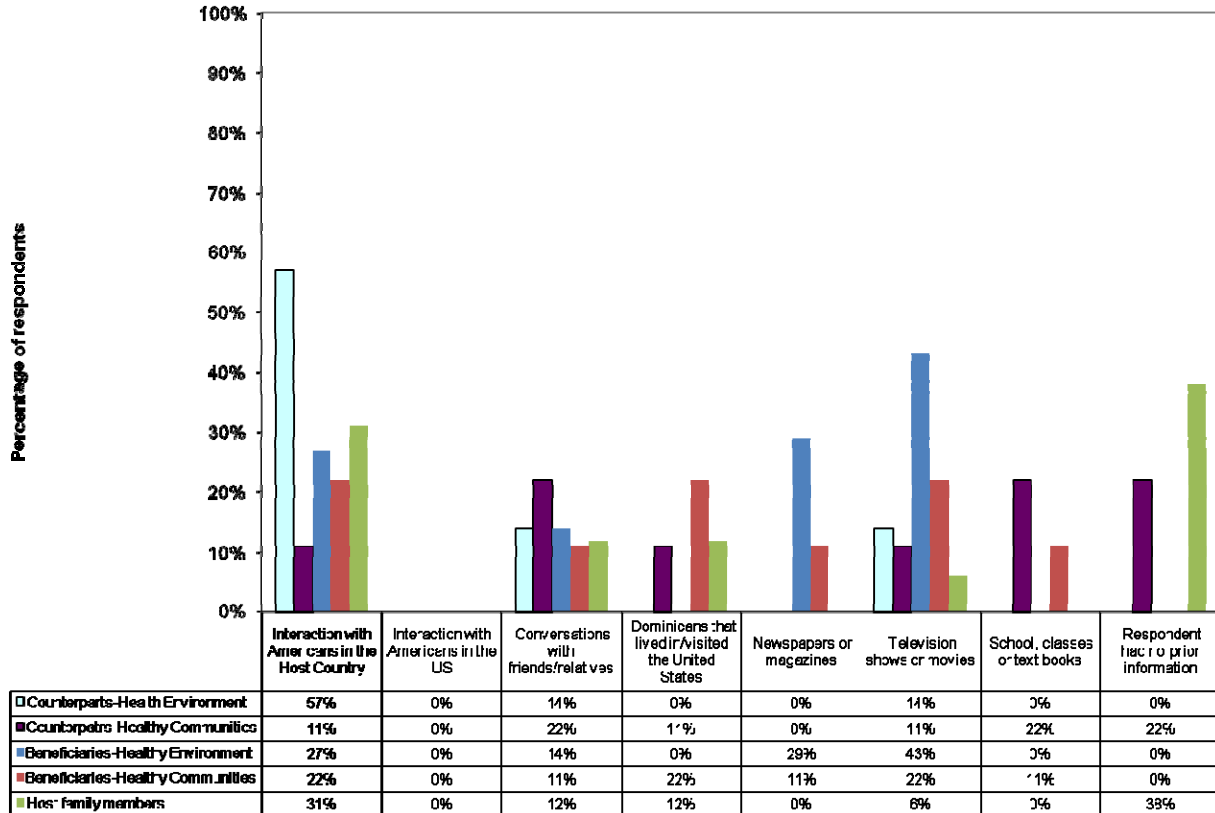
Counterparts and beneficiaries of the Healthy Communities Project reported a variety of sources of exposure to Americans prior to meeting a Volunteer. Host family members and counterparts of the Healthy Community Project were the most likely to report not having any prior information about Americans.

Beneficiaries of the Healthy Environment Project reported that television and/or movies were their most common source of prior information about Americans. Host family members and counterparts from the Healthy Environment Project reported interaction with Americans in the Dominican Republic as the most common source of prior information about Americans.

No respondents mentioned receiving prior information about Americans from having visited the United States (Figure 12). Although there is a large amount of travel between the U.S. and the Dominican Republic due to proximity and the large diaspora community of Dominicans in the U.S., the villages where the Volunteers were working are among the most isolated with relatively low-income levels. These characteristics may explain the fact that no one had traveled to the United States.

More information would be needed on the differences among the communities to fully understand the pattern, however.

Figure 12: Source of Information about Americans Prior to Interacting with a Volunteer: Dominican Republic (n=48)



### What Were Respondents’ Opinions About Americans Prior to Interacting with Volunteers?

Counterparts, beneficiaries and host family members were asked for their view of a typical person from the United States before working with Peace Corps Volunteers. Although many of the respondents reported having limited information about people from the United States, they expressed a range of opinions, both positive and negative.

- Some views were focused on the blond-haired, blue-eyed stereotype that the respondent may have seen through television and film
- A number of respondents, across all respondent types, were positive and focused on a perception of Americans’ ability to get things done
- Other views were negative and focused on perceptions of Americans as hard to get along with

**HCNs' opinions of Americans prior to interacting with Volunteers:**

*I believed the Americans were not humans like us. I always thought they were blonde, had green eyes and were aliens. You know, another thing I believed is that they loved war and I was afraid of them.*

*We thought they were white and when they brought us a black [Volunteer], we were surprised because people think that blacks are Haitians.*

*I thought they were strange people and that they only spoke English, but they are great human beings.*

*I always thought they were tourists.*

*I thought they were people who were involved in everything, making wars and stealing the sweat from other people in the countries.*

*Ohh, that they were tall, blond, racist, that they didn't like black people.*

*Well my idea was that they could be a little aloof, difficult to deal with and adapt to another culture.*

*Good ideas and expectations, I like to interact with them because you learn a lot.*

*... that the vast majority were people of great ability.*

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

Respondents reported little prior contact with Volunteers, but their interactions with the Volunteers they knew stretched over an extended period of time. Most beneficiaries and host family members knew only one Volunteer. Counterparts reported working with an average of two Volunteers for an average of 25 months. Beneficiaries reported working with only one Volunteer for an average of 23 months. Host family members reported hosting only one Volunteer. Volunteers lived with families between three and 24 months. The average length of stay with host families was 11 months.

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

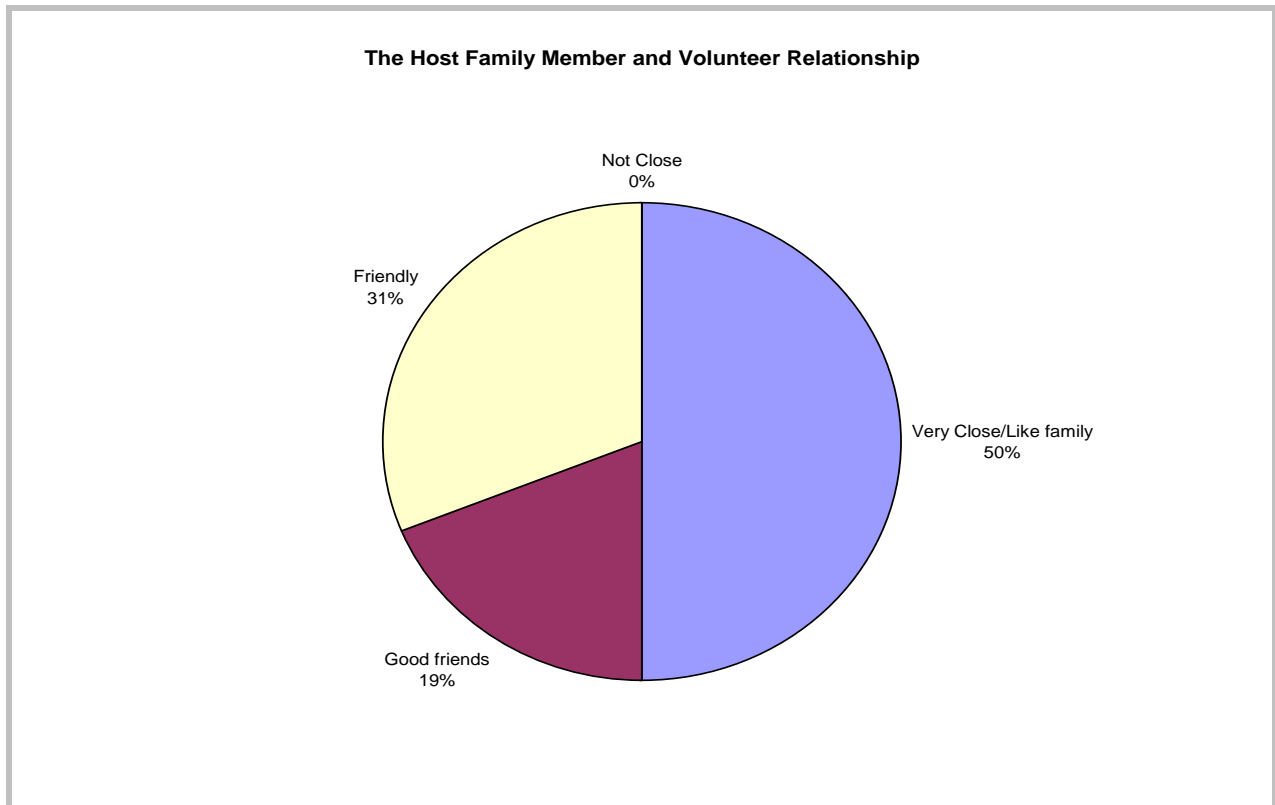
Goal 2 of the Peace Corps is based on the idea that through frequent and varied interaction with Volunteers, HCNs will better understand Americans. This section describes the amount and types of interactions that HCNs had with Volunteers.

## CHAPTER 4: GOAL TWO FINDINGS

**Host family members:** (Fifteen out of sixteen respondents indicated that they ate meals together, talked with the host family about friends and family, and talked about life in the Dominican Republic. More than 80 percent also reported that they did household chores together, talked about the Volunteer's friends and family, talked about the Volunteer's life in the United States, and socialized. Sixty-two percent of the families said that they went to the market or did errands with the Volunteer.

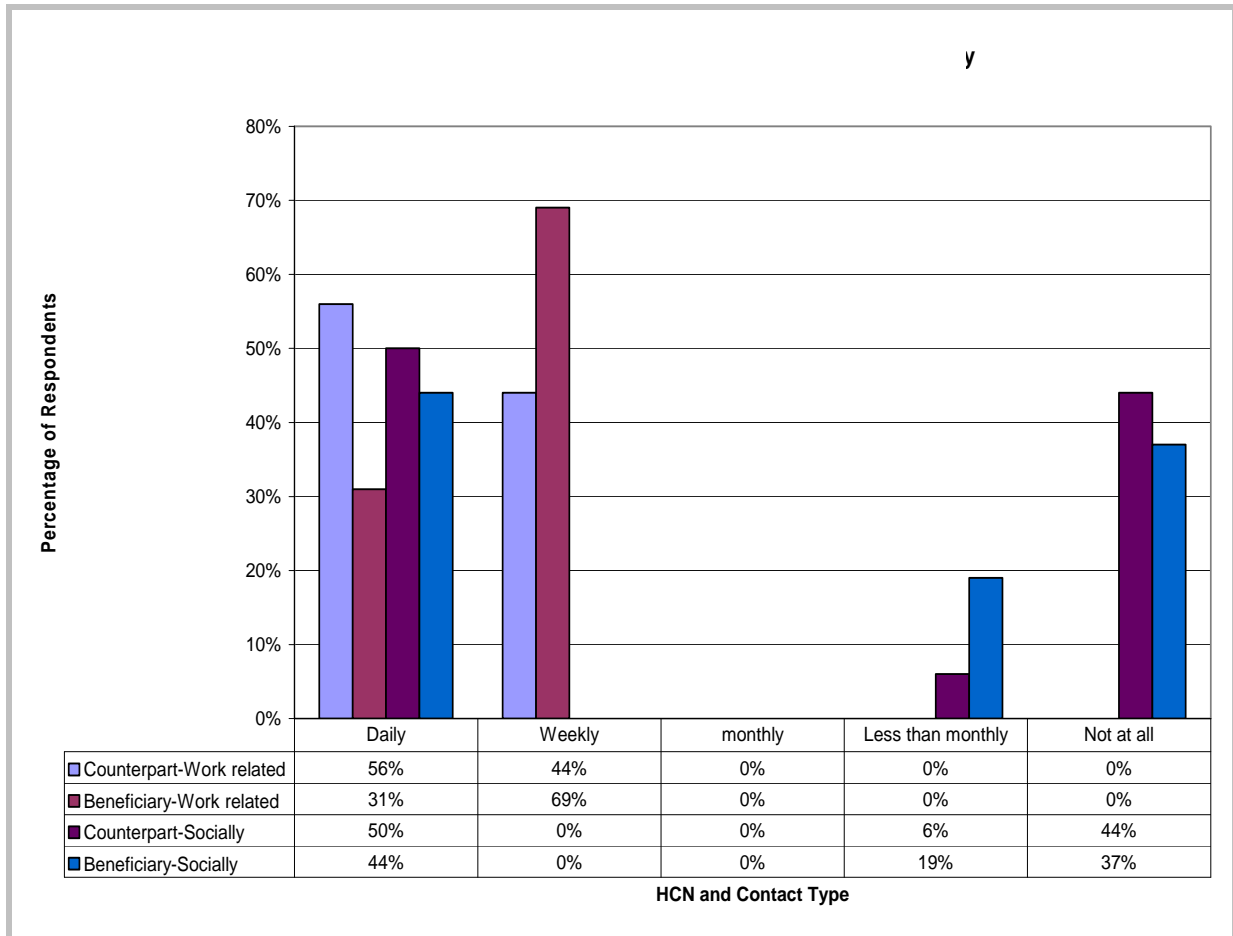
Respondents rated their relationships with the Volunteers they hosted positively, with half reporting that they were very close and thought of the Volunteer as part of their family (Figure 13).

**Figure 13: Host Family Rating of their Relationship with the Volunteer: Dominican Republic (n=16)**



**Host country counterparts and beneficiaries:** Counterparts and beneficiaries varied with respect to the level and type of contact they had with Volunteers. When contacts were work-related, both beneficiaries and counterparts saw the Volunteer either weekly or daily. When the contacts were social (defined as outside of work), approximately half of the counterparts and beneficiaries reported seeing the Volunteer daily, with the remainder seeing the Volunteer either less than monthly or not at all (Figure 14).

**Figure 14: Frequency of Volunteer Interaction with Counterparts and Beneficiaries: Dominican Republic (n=32)**



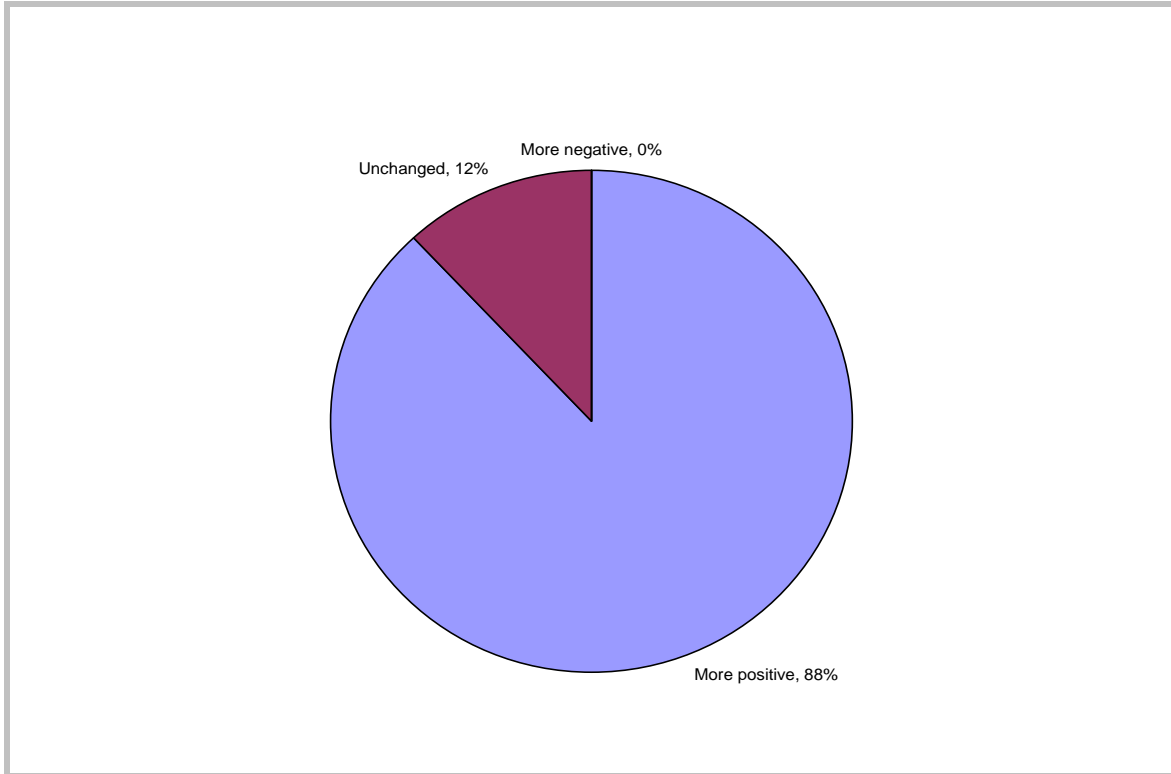
### Changes in HCN’s Understanding of Americans After Knowing Volunteers

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 Peace Corps Volunteers, 88 percent of respondents had a more positive view of Americans (Figure 15). There was no meaningful variation in responses by either respondent type or project type.

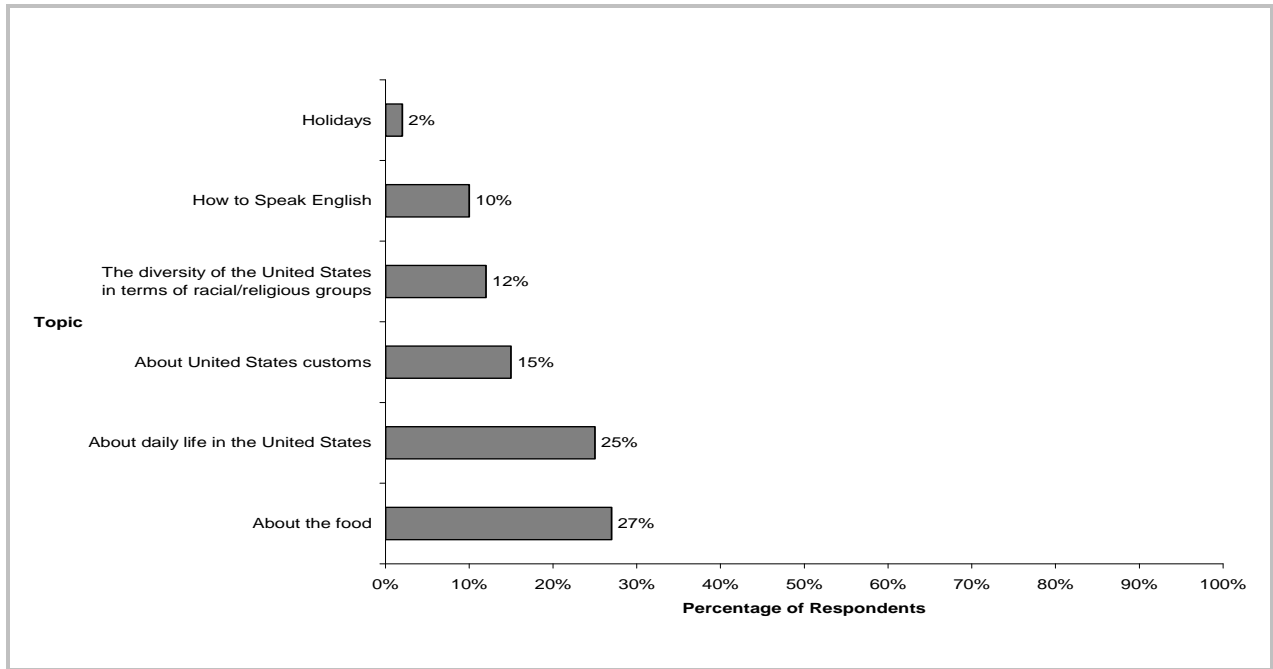
**Figure 15: Host Country Nationals' Change in Opinion of Americans After Contact with Volunteers: Dominican Republic (n=48)**



## Findings on What Dominicans Learned About Americans from Volunteers

When host family members were asked about the types of things they learned about America/Americans from living with a Volunteer, very few reported learning new information about Americans. When compared to a standard list of knowledge areas, the most frequent topics about which respondents reported learning were the food (27 percent) and daily life (25 percent) in the United States (Figure 16). Less than fifteen percent learned about American customs.

**Figure 16: What Host Country Nationals Reported Learning from Volunteers: Dominican Republic**



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

**HCNs' opinions about Americans after interacting with Volunteers**

**Counterparts**

*Now I have a real profile (perfil) of what an American is.*

*They are positive. I did not have a clear idea on what they were like, but their character is positive, you come to understand that as you interact with the Volunteer.*

**Beneficiaries**

*Now we know that they are people who offer a lot and you can learn a lot from them (uno le saca provecho).*

*They are fighters (mas luchadores), but I never fall back on stereotypes.*

**Host family members**

*My mind is more open than before. We learn more every time we go to the church meetings.*

*They are different, but now I know that despite the differences between the two countries, we can share (compartir).*

When asked what they most remembered from working or living with someone from another country, the people interviewed remembered the positive nature of the experience, as well as the niceness, respect, and dedication of the Volunteers.. Few offered concrete examples of what the Volunteers did that helped them learn about Americans. Most often, however, they remembered the time that they spent with the Volunteer—the conversations that they had, the concern Volunteers had for the communities in which they were living and working, and the hard work of the Volunteers.

**How Did Respondents Describe Americans?**

At the end of each interview, the interviewers completed a check list of personality descriptors to indicate whether respondents spontaneously used any of those terms to describe the Volunteer during the interview. The generally positive view of Americans reported in these interviews matched the frequent use of positive terms and the infrequent use of negative terms.

The most frequently used positive terms were:

1. Hardworking (94%)
2. Friendly (88%)

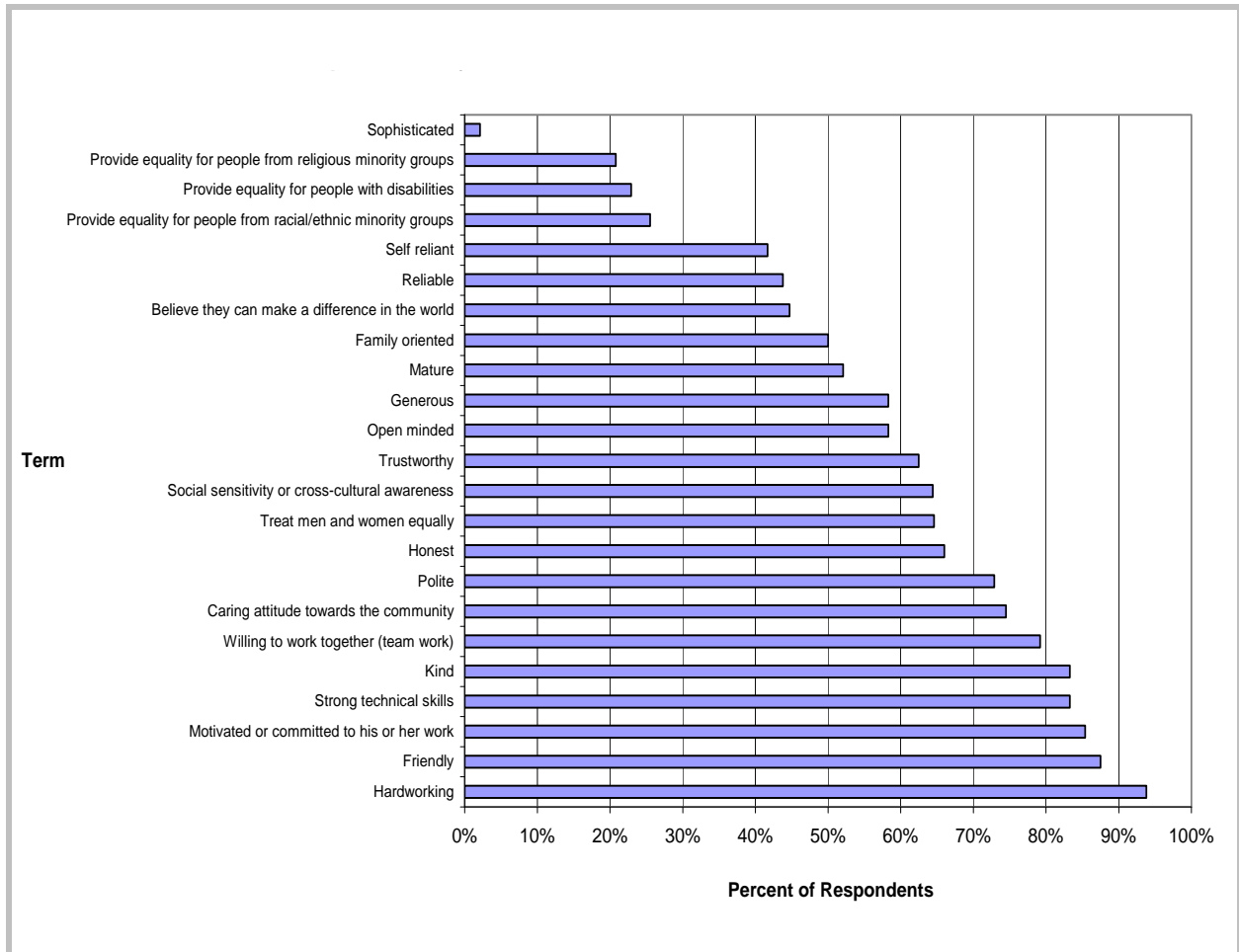


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- 3. Motivated to do the work (85%)
- 4. Possessing strong technical skills (83%)

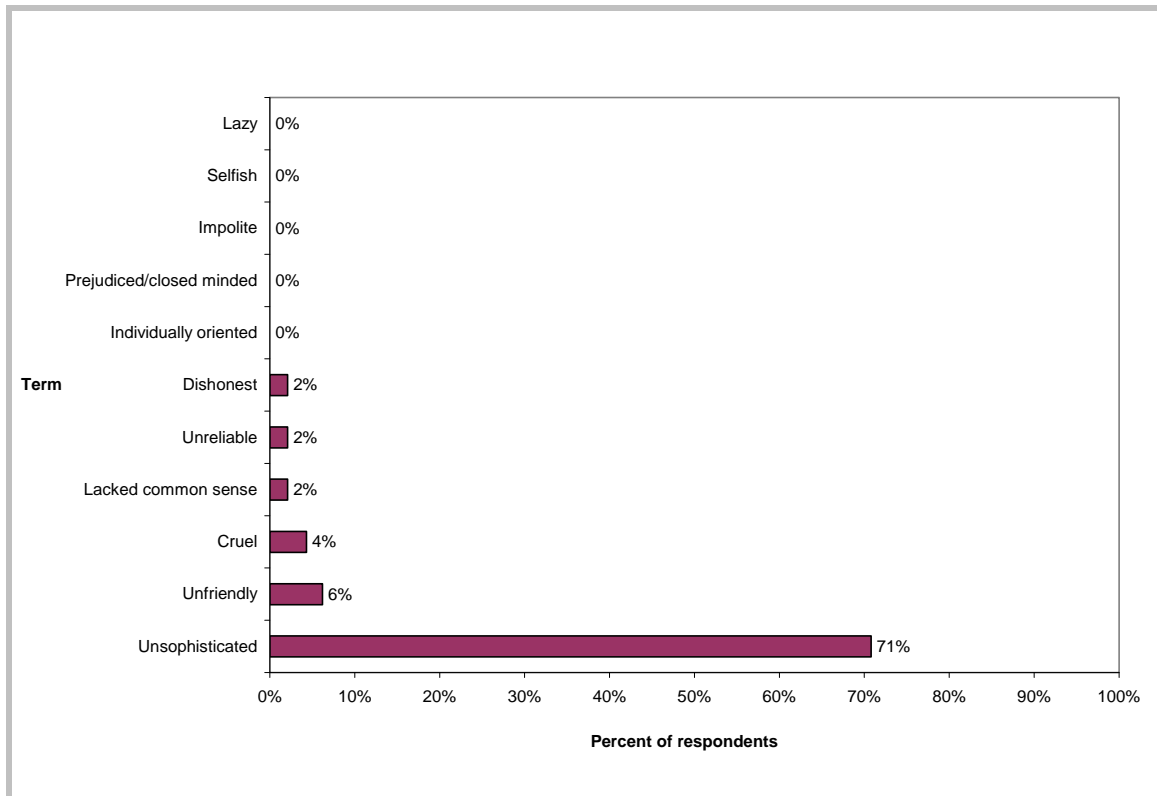
The majority of the negative terms were mentioned by less than 10 percent of the respondents, with the exception of “unsophisticated” which was mentioned by 71 percent of respondents (Figures 17 and 18).

Figure 17: Positive Terms Spontaneously Used to Describe Americans: Dominican Republic (n=48)



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**Figure 18: Negative Terms Spontaneously Used to Describe Americans: Dominican Republic (n=48)**



### Lessons Learned Regarding Goal 2 Performance

The Dominicans with whom Peace Corps Volunteers worked and lived learned about Americans from their day-to-day experiences with the Volunteers. There was limited learning reported regarding the specifics of daily life in America and American customs. Instead, the families and counterparts defined their understanding of Americans in terms of the traits and values they observed in the Volunteers.

## 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 areas that lack local professionals. The 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 the Dominican Republic indicate that there was a successful transfer of nutrition and sanitation skills, that communities gained access to clean water and that capacity building was largely sustained. Specifically, respondents reported increased knowledge and awareness of health and sanitation issues, improved aqueduct and latrine maintenance skills, reductions in negative health indicators (e.g., diarrhea and teen pregnancy), and improvements in water and health services. In addition, a majority of HCNs reported that the Peace Corps' work met community needs and that they were very satisfied with the results of the Peace Corps' work. Project success was attributed to community organization and team work, the persistence of the Volunteer and the Peace Corps staff, and the resources that were brought to the community.

Regarding Peace Corps' Goal 2, the majority of respondents reported a more positive view of Americans after interacting with Volunteers and all of the host family members interviewed rated their relationships with the Volunteers positively. When asked for impressions of Americans after working with Volunteers, respondents said that they think that Americans are hardworking, friendly, motivated to do their work, and in possession of strong technical skills.

While the findings were strongly positive, respondent comments related to Peace Corps' Goal 1 indicate that the pre-implementation preparation is not fully preparing counterparts for their role on the project. Also, although the aqueducts were successfully completed and people who received latrines learned how to maintain them, not all the community residents received latrines. The reasons why some community members did not receive latrines are not clearly understood from the data. Otherwise, the most frequently mentioned barriers to project performance were issues that are largely outside of the control of the Peace Corps, such as community members' behavior and expectations, weather, or financial and time constraints.

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

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## How were the community sites and interview respondents selected?

In the Dominican Republic, the team conducted interviews at 16 health sites. A representative sample rather than a random sample of posts was taken from the list of Volunteer assignments since 2004. Sites that were extremely remote or difficult to reach were excluded. Study sites were randomly selected from the remaining list. Individual respondents were then selected in one of three ways.

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

## How were the data collected?

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

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

- **Project partners/counterparts:** member of a water brigade, sanitation facilitator, health promoter, leader of a community-based youth group (e.g., “Escojo Mi Vida”<sup>9</sup>) or leader of another type of community-based group (e.g., mothers’ group, nutrition group) (16)
- **Project beneficiaries:** community members who received an aqueduct, a latrine/cement floor, or services from a sanitation facilitator/health promoter; members of a community-based youth group (e.g., “Escojo Mi Vida”, mothers’ group, nutrition group) (16)

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<sup>9</sup> Escojo Mi Vida groups are youth lead groups that focus on HIV/AIDS Prevention education and activities in rural areas

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- **Host family members:** families that hosted Volunteers during all or part of their service (16)

Interviewers used written protocols specific to each category of respondent. At the end of each interview, interviewers completed a post-interview assessment to record their perceptions of the respondent's answers and note non-verbal cues.

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<sup>10</sup>. The results presented in this report; however, are almost exclusively based on the interview data collected through this study.

Forty-eight individuals were interviewed in the Dominican Republic (Tables 1 and 2) for respondent and study characteristics. Three interviews were conducted at each site resulting in a total of 48 interviews.

**Table 2: Description of Study Participants**

<b>Interview Type</b>	<b>Number of People</b>	<b>Number of Sites</b>
Counterparts	16	16
Beneficiaries	16	16
Host family members	16	16
<b>Total</b>	<b>48</b>	–

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<sup>10</sup>Peace Corps surveyed Volunteers periodically from 1973 to 2002 when a biennial survey was instituted. The survey became an annual survey in 2009 to meet agency reporting requirements. The COS survey was discontinued in 2009.

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Table 3: Description of Pilot Study Posts

Region	Country	Sector	Volunteer Training Classes	Site Selection Process	Respondent Types	Number of Respondents	Data Collection period	External challenges
EMA	Armenia	Education (TEFL)	4 training classes with start dates between 2004 and 2008	Select all sites that met the criteria of having had a volunteer at least one semester and site being physically accessible	<ol style="list-style-type: none"> <li>1. Ministry officials</li> <li>2. Team teachers and school administrators</li> <li>3. Students and youth tutored by Volunteers</li> <li>4. Staff of local NGOs</li> <li>5. Host family members</li> </ol>	<input type="checkbox"/> 88 individuals <input type="checkbox"/> 24 assignments	August to November October 2008	Received approximately 80 Volunteers displaced from neighboring Georgia; Petrol shortages temporarily limited travel to sites
IAP	Dominican Republic	Health (Water/ Sanitation and Community Health)	3 training classes with start dates between 2003 and 2005	Initial random sample with revisions made based on site accessibility	<ol style="list-style-type: none"> <li>1. Counterparts                         <ul style="list-style-type: none"> <li>• Leaders of water brigades</li> <li>• Leaders of youth and women's groups</li> </ul> </li> <li>2. Beneficiaries</li> <li>3. Host Family members</li> </ol>	<input type="checkbox"/> 48 individuals <input type="checkbox"/> 16 assignments	August to September 2008	Four hurricanes caused travel difficulties and temporarily closed the PC/DR Offices
Africa	Mali	Small Enterprise Development	5 training classes with start dates between 2002 to 2008	Initial selection based on site accessibility and secondary selection to balance activity tracks and presence of current versus previous Volunteers	<ol style="list-style-type: none"> <li>1. Ministry officials</li> <li>2. Members of tourist and artisan boards</li> <li>3. Small business owners</li> <li>4. Staff of microfinance organizations</li> <li>5. Local and regional government officials</li> <li>6. Staff of local NGOs</li> <li>7. Host family members</li> </ol>	<input type="checkbox"/> 106 individuals <input type="checkbox"/> 14 assignments	August to October 2008	Electrical storm that caused an outage for post electrical systems; Communication issues with the Senior Researcher; Issues related to translations of protocols and responses from English to French to one of several local languages.

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**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 4: Summary of Interview Questions by Respondent Type**

<b>Respondent Type</b>	<b>Question Categories</b>	<b>Approximate Length of interview</b>
Counterpart	<p>Goal 1</p> <ol style="list-style-type: none"> <li>1. Clarification of the project purpose</li> <li>2. Respondent’s work history in the field and with the Peace Corps</li> <li>3. Frequency of contact with the Volunteer</li> <li>4. Project orientation</li> <li>5. Project outcomes and satisfaction with the project</li> <li>6. Community and individual-level changes</li> <li>7. Maintenance of project outcomes</li> </ol> <p>Goal 2</p> <ol style="list-style-type: none"> <li>1. Source of information and opinion of Americans prior to work with the Peace Corps</li> <li>2. Type of information learned about Americans from interaction with the Volunteer</li> <li>3. Opinion of Americans after interaction with the Volunteer</li> <li>4. Particular things that Volunteers did that helped improve respondent’s understanding of Americans</li> </ol>	45 minutes
Beneficiary	<p>Goal 1</p> <ol style="list-style-type: none"> <li>1. Clarification of the project purpose</li> <li>2. Frequency of contact with the Volunteer</li> <li>3. Project outcomes and satisfaction with the project</li> <li>4. Community and individual-level changes</li> <li>5. Maintenance of project outcomes</li> </ol> <p>Goal 2</p> <ol style="list-style-type: none"> <li>1. Source of information and opinion of Americans prior to work with the Peace Corps</li> <li>2. Type of information learned about Americans from interaction with the Volunteer</li> <li>3. Opinion of Americans after interaction with the Volunteer</li> <li>4. Particular things that Volunteers did that helped improve respondent’s understanding of Americans</li> </ol>	30 minutes
Host Family	Goal 2	30 minutes

*APPENDIX 1: METHODOLOGY*

<b>Respondent Type</b>	<b>Question Categories</b>	<b>Approximate Length of interview</b>
Member	<ol style="list-style-type: none"><li>1. Source of information and opinion of Americans prior to work with the Peace Corps</li><li>2. Type of information learned about Americans from interaction with the Volunteer</li><li>3. Opinion of Americans after interaction with the Volunteer</li><li>4. Particular things that Volunteers did that helped improve respondent's understanding of Americans</li><li>5. Behavioral changes based on knowing the Volunteer</li></ol>	