Host Country Impact Study
Jamaica

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

Several people at Peace Corps/headquarters were instrumental in the development 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. Jamaica Country Desk Officer Dawn Hodge provided valuable support and input while acting as the crucial link between OSIRP researchers and the post.

The interest and support from Peace Corps staff in Jamaica where the research was conducted were critical in the endeavor. Our sincere appreciation is extended to Country Director Leila Webster and the staff at post, particularly associate Peace Corps director Genevieve McDaniel and programming and training officer during the start up phase of this research Gini Wilderson.

The success of the studies is ultimately due to the work of the local research team headed by senior researchers Marcia Hextall and Karen Adair who skillfully encouraged the partners of Peace Corps Volunteers to share their experiences and perspectives.

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1 Although these studies were a team effort by all members of the OSIRP staff, we would like to recognize Susan Jenkins for her role as the study lead as well as the significant support provided by Heidi Broekemeier.

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

Acronyms

HCN  Host Country National
OSIRP  Office of Strategic Information, Research and Planning
PC/J  Peace Corps/Jamaica
PCV  Peace Corps Volunteer

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 based on their 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  People 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.\(^3\) While providing critical insight into the Volunteer experience, the survey can only address one side of the Peace Corps’ story. The host country impact studies are unique for their focus on learning about the Peace Corps’ impact directly from host country nationals who lived and worked with Volunteers.

This report presents the findings from the study conducted in Jamaica during the summer and fall of 2009. The focus of the research was the Community Environment Health Project in the Health sector.

Purpose of the Host Country Impact Studies

Jamaica’s Host Country Impact Study was initiated to assess the degree to which the Peace Corps is able to both meet the needs of the country in developing community health capacity and to promote a better understanding of Americans among host country nationals. The study will also allow the Peace Corps to have a better picture of the Community Environment Health Project and address areas that could be improved.

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

The major research questions addressed in the study are:

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

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\(^3\) Peace Corps surveyed Volunteers periodically from 1973 to 2002 when a biennial survey was instituted. The survey became an annual survey in 2009 to meet agency reporting requirements.
Evaluation Methodology

This evaluation report is based on the data provided by the counterparts, beneficiaries, host family members, and stakeholders of the Community Environment Health Project:

- 28 Counterparts/project partners
- 21 Beneficiaries
- 17 Host family members
- 7 Community stakeholders

Overall the survey reached 73 respondents in 22 communities.

Interviews were conducted from August 28 to November 17, 2009. (A full description of the methodology is found in Appendix 1. Please contact OSIRP for a copy of the interview questionnaire.)

Project Design and Purpose

Peace Corps/Jamaica’s (PC/J) Community Environmental Health Project was initiated in response to the Ministry of Health's request for Peace Corps Volunteers to work at the national, regional, and community levels. The purpose of the project is to help Jamaicans strengthen their knowledge and capacity to reduce the prevalence of lifestyle, water, environmental and sanitation related diseases in Jamaica and to increase standards of community health. The project has three main goals:

1. Improving overall health practices
2. Improving access to and use of appropriate water resources for good health
3. Improving and adopting appropriate sanitation practices and infrastructure

Evaluation Findings

The evaluation findings indicate the successful implementation of the Community Environmental Health Project by PC/J. While the report provides a detailed description of all the study questions, the key findings are:

Goal 1 Findings

Sanitation Outcomes were Reached

- 71% of counterparts and beneficiaries, as well as 6 of 7 stakeholders, reported improvements in community sanitation practices
Service Quality Improved

- The most frequently, spontaneously mentioned change was improved quality of services and/or improved quality of life

Individual Capacity was Improved

- More than two-thirds of counterparts and beneficiaries reported improvements in their own water management practices and ability to access and use health information
- 64% of counterparts reported improvements in their ability to mobilize others to make health-related changes and their ability to work with other health-related organizations.
- The most frequently mentioned individual-level change was increased technical skills or knowledge

Capacity Building was Sustained

- 92% of counterparts reported continuing to use the professional skills developed through the project after the Volunteer’s departure
- All changes realized were maintained to at least some extent after the departure of the Volunteer
- More than 90% of counterparts and beneficiaries reported that the project was at least somewhat effective in building relevant capacities

Satisfaction with Peace Corps Work

- 98% of respondents were at least somewhat satisfied with the Peace Corps’ work, with 69% reporting being very satisfied

Factors Contributing to the Project Success

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

Barriers to Project Success

- A lack of funding was the most frequently mentioned barrier to project success

Goal 2 Findings

HCNs Developed More Positive Opinions of Americans

- 56% of counterparts and beneficiaries and 25% of host family members reported more positive views of Americans after interacting with Volunteers. No respondents reported views that were more negative
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 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\(^4\); however, it tells only one side of the Peace Corps’ story. In 2008, the Peace Corps began a series of studies to determine the impact of its Volunteers. The studies are unique for their focus on learning about the Peace Corps’ impact directly from the host country nationals who lived and worked with Volunteers.

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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. |

\(^4\) 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.
CHAPTER 1: INTRODUCTION

History of the Peace Corps/Jamaica Community Environment Health Project

Peace Corps/Jamaica’s Community Environmental Health Project was initiated in response to the Ministry of Health’s request for Peace Corps Volunteers to work at the national, regional, and community levels. The purpose of the project is to help Jamaicans strengthen their knowledge and capacity to reduce incidences of lifestyle, water, environmental and sanitation related diseases, and to create a healthier citizenry committed to action while moving towards higher standards of community health.

Purpose of the Host Country Impact Studies

This report presents the findings from the impact evaluation conducted in Jamaica during the summer and fall of 2009. The project studied was the Community Environment Health Project.

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

The major research questions addressed in the study are:

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

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 Surveys.

Evaluation Methodology

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

The research was designed by OSIRP social scientists and implemented in-country by Marcia Hextall and Karen Adair 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 Jamaica, the team conducted interviews in 22 communities where Volunteers worked. One hundred twenty-four placements between 2003 and 2009 were identified for possible participation in this study. The sample was a representative sample rather than a random sample drawn from the list of Volunteer assignments since 2003. The Jamaican senior researchers, Marcia Hextall and Karen Adair, and their team conducted semi-structured interviews with Jamaicans who had lived and/or worked with Peace Corps Volunteers. (The interview schedule is available upon request from OSIRP)

The overall survey reached 73 respondents in 22 communities. Sites were selected to be as representative of Jamaica as possible, including geographic diversity.

Interviews were conducted from August 28 to November 17, 2009 with four groups of host country individuals:

- **Project partners/counterparts**: Health ministry staff, school principals, staff of health-related community-based organizations, staff members of an International Charity Organization, staff of the Social Development Commission (28)

- **Project beneficiaries**: An associate of the Bureau of Women’s Affairs, school principals and teachers, elected government officials (21)

- **Host family members**: families that hosted or served as landlords of Volunteers during all or part of their service (17)

- **Project Stakeholders**: Head of the Environmental Unit within the Ministry of Health, PAC members, the Minister of Water (7)

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: Jamaica

<table>
<thead>
<tr>
<th>Interview Type</th>
<th>Number of People</th>
<th>Number of Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counterparts</td>
<td>28</td>
<td>21</td>
</tr>
<tr>
<td>Beneficiaries</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Host Family Members</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>73</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 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.”

Feedback from the original pilots was 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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CHAPTER 2: PROJECT DESIGN AND PURPOSE

Sector Overview

This study evaluated the Peace Corps’ Community Environmental Health Project.

Peace Corps/Jamaica initiated the Community Environment Health Project in response to the Ministry of Health’s and other partner agencies’ requests for Peace Corps Volunteers to assist them in responding to lifestyle, community health (including environmental health), water and sanitation related issues. Jamaicans faced outbreaks of typhoid, an island-wide cholera alert since 1991, and the realization that the lack of suitable sanitation was affecting the natural environment on which the country heavily depends for tourism-generated income. The purpose of the project is to help Jamaicans strengthen their knowledge and capacity to reduce incidences of lifestyle, water, environmental and sanitation related diseases in Jamaica and to increase standards of community health.

Peace Corps Volunteers work at the national, regional, and community levels. Volunteers work with their project partners and other stakeholders to facilitate the transfer of knowledge, skills, and behavior; initiate training and educational activities; and develop networks of resources in order to achieve project goals. Volunteers with experience in small business, information and communication technologies use these skills to promote income generating activities and disseminate health promotion materials.

Project Goals:

1. Improving overall health practices
2. Improving access to and use of appropriate water resources for good health
3. Improving and adopting appropriate sanitation practices and infrastructure

A model of the theory of change underlying this project approach is presented in Figure 1 below.

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6 The Sector Overview is based on the Community Environment Health Project Plan 2006-2015 532-HE-05
Figure 1: Overview of the Theory of Change for the Community Environment Health Project: Jamaica

Problem
Unacceptable rates of lifestyle, water, environmental and sanitation related diseases

Goals
Communities will improve:
Overall health practices (community health).
Access to and use of appropriate water resources (water)
Sanitation practices and infrastructure (sanitation)

Activities
Work in collaboration with communities and organizations to train/educate community members and/or service providers in:
1. Preventative strategies, the use of ICT, promotion of small business' health related practices in priority health areas
2. Fundamentals of water resource management including developing water forums/boards
3. Sanitation management including the fundamentals of environmental sanitation

Outcomes
Improved knowledge/skills related to priority health concerns
Increased availability of health resources (materials)
Improved water management practices
Improved sanitation practices
Increased/improved linkages with GOJ
Build CBO capacity to mobilize organizations and citizen’s to make health related changes

Public Benefit
Reduced disease
A healthier populace
Empowered individuals and communities
More effective CBO’s

* This figure was compiled from information in the Community Environment Health Project Plan 2006-2015 532-HE-05
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 changes and personal changes and reported gaining new technical skills and the capacity for maintaining the changes once the community project ended.

2. HCNs’ satisfaction with the work of the community project, in particular, satisfaction with the 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 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 their community during 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 Project Plan Outcomes Were Met

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 related to each outcome. The community-level outcomes used in this study are listed below:

1. A change in sanitation practices
2. A change in the capacity of local schools, organizations, or agencies to mobilize local organizations or individuals to make health-related changes (asked only of counterparts)
3. A change in water management practices
4. A change in linkages between community health organizations and governmental organizations
5. A change in community members’ knowledge about priority health areas, including: reproductive health and chronic diseases (e.g., diabetes, obesity, cardiovascular conditions, cancer, diarrhea, typhoid, cholera, skin infections, parasites)
6. A change in the availability of health information
7. A change in the rate of illness among community members
8. A change in community members’ ability to reduce their risk for illness in the priority areas

With regard to the project outcomes, a change in sanitation practice was most frequently rated as better by 71 percent of counterparts and beneficiaries (Figure 2), and stakeholders (Figure 3).

Figure 2: Percentage of Counterparts and Beneficiaries That Rated the Change as at Least Somewhat Better: Community Level

* This item was asked only of counterparts, n=22. Response rates for other questions ranged from 42 to 45.
Community-Level Outcomes

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 interaction with the Volunteer.

These changes were grouped into the following seven categories:
CHAPTER 3: GOAL ONE FINDINGS

1. Improvement in specific skills (e.g., literacy)
2. Increased organizational and community cooperation
3. Improved access to resources (e.g., water, libraries, classes)
4. Increased knowledge or awareness
5. Improved organizational efficiency
6. Improved practices (e.g., sanitation)
7. Higher quality services available/improved quality of life

Access to higher quality services, including the establishment of water, recycling and environmental projects, was the most frequently, spontaneously mentioned change (Figure 4). Of the 134 changes mentioned by counterparts and beneficiaries, 71 percent were rated as large changes and 86 percent were assessed as having been largely due to the Peace Corps’ project. Of the 19 changes mentioned by stakeholders, 58 percent were rated as large changes and 68 percent were assessed as having been largely due to the Peace Corps’ project.

According to counterparts and beneficiaries, 93 percent of the changes were maintained to at least some extent after the Volunteer left the community. Stakeholders reported that 100 percent of the changes had been maintained to at least some extent.

Figure 4: Ways Communities Changed Since the Start of the Peace Corps Project: Jamaica (n=153 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 related to community health. It continues with respondents’ feedback about areas in which they changed, information about how those changes occurred, and the extent to which they have been able to maintain those changes after the departure of the Volunteer.

Prior Community Environment Health Project Experience

Sixty-two percent of counterparts reported having worked in the field of community health for 10 or more years (Figure 5).

Figure 5: Number of Years Counterparts Have Worked in the Field: Jamaica (n=23)
CHAPTER 3: GOAL ONE FINDINGS

Degree to Which the Project Plan Outcomes Were Met

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. Water management practices
2. Ability to access and use health information
3. Ability to mobilize others to make health-related changes (asked of counterparts only)
4. Ability to work with other health organizations (asked of counterparts only)
5. Sanitation practices
6. Ability to help reduce the community’s risk for illness in the priority areas (asked of counterparts only)
7. Knowledge about the priority health areas, including reproductive health and chronic diseases (e.g., diabetes, obesity, cardiovascular conditions, cancer, diarrhea, typhoid, cholera, skin infections, parasites)

With regard to the individual-level project outcomes, 73 percent of respondents reported that water management practice had improved. Sixty-eight percent of respondents rated their ability to access health related information as improved. Sixty-four percent of respondents rated their ability to mobilize others and their ability to work with other health-related organizations as improved (Figure 6).
Figure 6: Percentage of Counterparts and Beneficiaries that Rated the Change as At Least Somewhat Better: Individual Level

* These items were asked only of counterparts. Responses ranged from 23-26, response rates for other items ranged from 41-43.

**Individual-Level Outcomes**

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 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.

Counterparts and beneficiaries reported a total of 95 personal changes.

The changes were grouped into the following five categories:

1. Improved/ broader attitude towards others
2. Increased appreciation/ understanding of the Peace Corps
3. Increased community involvement
4. Acquisition of specific skills or technical knowledge
5. Motivation to do more/ get involved

Fifty-two percent of the changes mentioned referred to increases in specific hard skills (e.g., sanitation practices) or technical knowledge (e.g., computer literacy) (Figure 7).

![Figure 7: Ways Counterparts and Beneficiaries Changed Since the Start of the Peace Corps Project: Jamaica (n=95 changes)](image)

Of the 95 individual-level changes mentioned, 68 percent were rated as large and 81 percent were assessed as having been largely due to the Peace Corps’ project. Counterparts and beneficiaries thought that all 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 project in both their work and personal lives suggests that the skills transmitted were practical, useful, and much needed (Figure 8).

Figure 8: Frequency with Which Counterparts and Beneficiaries Reported Using Skills Learned Through Peace Corps Projects: Jamaica

* Work life was asked only of counterparts, n=25, response rate for personal life was 45.
Ways Counterparts Use Project Skills in Their Work Life

What I learned is now a part of how I manage the organizations with which I work. I have developed better time management and project management skills.

I use the improved computer software for reporting on my work. The Ministry has now developed a more advanced system.

I now use the computer on a regular basis.

Ways Counterparts and Beneficiaries Use Project Skills in Their Personal Lives

Counterparts

I have a new outlook on volunteerism. I take my focus away from myself and look at the needs of others.

I instill in my family, especially the children, the importance of good sanitation practices for preventing illnesses. This has become a part of my everyday life.

Beneficiaries

Every day... I continue to work with my neighbors on improving the community.

I interacted with Volunteers on a daily basis and learned from them. The Volunteers’ influence became a part of me.

I think more about other community members.
CHAPTER 3: GOAL ONE FINDINGS

How Did Skills Transfer Occur?

Fifty-seven percent of counterparts reported receiving in-service training and 50 percent reported attending the two-day supervisor/counterpart training (Figure 9).

Figure 9: Counterpart Training: Jamaica (n=28)
Sixty-four percent of respondents indicated that they had received training on sanitation practices and water management skills (Figure 10). The category of “other” training includes topics such as: computer literacy, house construction, and project management.

**Figure 10: Technical Training Received: Jamaica (n=28)**

- Sanitation practices: 64%
- Water management practices: 64%
- Forming linkages between community and governmental health agencies: 57%
- Specific health related knowledge and skills: 43%
- Identifying and accessing health resources and information: 39%
- Other: 36%
When asked about the value of the training, respondents were largely positive with 70 percent of respondents saying that the training significantly contributed to project success, 58 percent saying that it significantly contributed to their individual skills, and 58 percent saying that it significantly contributed to project sustainability (Figure 11).

Figure 11: Usefulness of Training for Project Success, Technical Skills, and Project Sustainability: Jamaica

* These items were asked only of counterparts, n=26 and 24 respectively. Response rate for individuals' skills was 40.
Skills Transfer Lead to Sustainable Community Changes

All counterparts and beneficiaries reported that the changes realized in their communities were maintained to at least the 50 percent level after the end of the departure of the Volunteer (Figure 12).

Figure 12: Extent to Which Projects Were Sustained After Volunteer Departure: Jamaica (N=49)

Overall HCN Satisfaction

Two measures of overall satisfaction with the Peace Corps’ project were included in the interviews. These were satisfaction with the:
1) Reported changes

2) 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 high for both counterparts and beneficiaries. Sixty-nine percent of respondents reported being “very satisfied” and 29 percent reported being “somewhat satisfied” (Figure 13). Six of the seven stakeholders interviewed reported being “very satisfied”, while one reported being “somewhat satisfied.”

Figure 13: Counterpart and Beneficiary Satisfaction with Project Outcomes: Jamaica (n=49)
HCNs’ Comments About Overall Satisfaction with the Project Work:

Counterparts

[I am] quite satisfied. The Volunteer’s work contributed to a faster turnaround of building plans. This was helped by the software which they made available and which is still in use.

The Peace Corps program improved not only the physical conditions, but helped to promote participation in and cooperation by parents in school activities.

I am satisfied because we are coming from practically nothing, although there is more to be done.

Beneficiaries

I am very happy. The Volunteer has made an impact on the community. The Volunteer worked with young people, to develop their social and computer skills, and also on an exercise program. The Volunteer also assisted us in getting recreational facilities.

Community members are still asking about the Volunteers. The impact is still out there.

Stakeholders

I am very satisfied with the changes which the Peace Corps Volunteers have brought to Food for the Poor. A Volunteer redesigned the housing we offer and it is now more efficient, strong[er], and has better aesthetics.
CHAPTER 3: GOAL ONE FINDINGS

Did HCNs Think Their Needs Were Met?

Most respondents indicated that the project built relevant capacities in their communities and among community members. The Peace Corps project’s ability to build capacity was rated as at least somewhat effective by a majority of respondents (Figure 14).

Figure 14: Counterpart and Beneficiary Rating of Local Capacity Building: Jamaica (n=41-48)

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. Ninety-four percent of 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 respondents.
HCNs’ Responses About Why They Would Welcome Another Volunteer:

**Counterparts**

*Volunteers have been very effective. They have an excellent working attitude and approach. They are flexible and task oriented.*

*We would be willing to have another Volunteer, but under different conditions. There would need to be a correct fit between the organization and the Volunteer.*

**Beneficiaries**

*Our school has a limited amount of staff and Volunteers help in critical areas, such as the library and computer lab.*

*Yes, we would like to have Volunteers in the future. I think they assist in capacity building. The Volunteers transferred knowledge and skills, and created a different perspective on how to do things…*

*We would like to have another Volunteer assigned to our school. We see it as a cultural exchange from which the students and school can benefit.*
Support and Barriers to Project Performance

Eighty-two percent of beneficiaries and counterparts observed that the main factor contributing to the success of the projects was the hands-on work of the Volunteer (Figure 15).

Figure 15: Factors Credited with Project Success: Jamaica (n=44)
The principal barrier to project success cited was a lack of funding. Respondents’ comments also pointed to a lack of motivation among community members and political leaders to continue the work (Figures 16 and 17).

**Figure 16: Barriers to Project Success Among Counterparts and Beneficiaries: Jamaica (n= 45)**
Figure 17: Barriers to Success Among Stakeholders: Jamaica (n=7)
CHAPTER 3: GOAL ONE FINDINGS

HCNs’ Comments About Barriers to Project Success:

[Barriers included] limited education and low motivation among members of the community.

[Barriers included] changes taking place in the system and the structure of the organization.

Local political interference might make it difficult to maintain the changes that came out of the work of the Volunteer.

In a teaching project which was undertaken by the Volunteer, after he left other local volunteers were unwilling to continue. This meant that to continue the classes we would have to pay a teacher and this funding was not available.

Some Volunteers faced challenges in the area of accommodation. They had difficulty finding appropriate and secure housing. There were challenges sometimes determining the best fit for the Volunteer in work assignments and natural disasters.

Areas for Further Research

Several themes for more investigation emerged from the research:

Ability to reduce illness, including increasing knowledge regarding health and risk reduction. Compared with other project areas, respondents were least likely to note improvements in illness prevention. Specifically, fewer than half of respondents reported that the rates of illness decreased, and that community members’ ability to reduce their risk of illness had improved. Knowledge of priority health issues was rated as having increased by only 36 percent of respondents. Individuals’ ability to identify and access health information was rated as improved by only 39 percent of respondents.

Community capacity and motivation. Community involvement and individuals’ motivation to get involved were among the least frequently mentioned individual-level changes. A lack of skilled people and a lack of community support were rated as barriers to project success by 45 percent and 41 percent of respondents respectively.

Counterpart/supervisor training. Fewer than 60 percent of respondents reported receiving training to serve as a counterpart/supervisor. Training related to the project’s technical areas was reported by one-third of counterparts (Figure 9).
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 Jamaicans 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 Jamaicans interacted with Volunteers and concludes with their opinions of Americans after interacting with Volunteers.

How Did Jamaicans Get Information About Americans Prior to Interacting with the Volunteer?

Jamaican counterparts, beneficiaries and host family members learned about Americans from a wide range of sources prior to the arrival of a Peace Corps Volunteer. Among counterparts and beneficiaries, 86 percent reported learning about Americans from television or movies. Eight percent indicated that they learned about Americans through conversations with friends and family (Figure 18). Among host family members, 94 percent reported that friends and family were a source of information about Americans (Figure 19). Among all groups, the internet was the least frequently mentioned source of information about Americans.

Figure 18: Counterpart and Beneficiary Sources of Information About Americans Prior to Interacting with a Volunteer: Jamaica (n=49)
Figure 19: Host Family Member Sources of Information About Americans Prior to Interacting with a Volunteer: Jamaica (n=17)

- Conversations with friends or relatives: 94%
- Television shows or movies: 65%
- Personal interaction with Americans in the U.S.: 59%
- Newspapers or magazines: 29%
- Personal interaction with Americans in Jamaica: 29%
- School, classes or text books: 24%
- The Internet: 18%
- Other: 0%
What Were Respondents’ Opinions About Americans Prior to Interacting with a Volunteer?

Before interacting with Volunteers, 61 percent of counterparts and beneficiaries and 76 percent of host family members responded as having at least a moderate understanding of people from the United States (Figures 20 and 21).

Figure 20: Counterpart and Beneficiary Level of Understanding of Americans Before Interaction: Jamaica (n=49)
Figure 21: Host Family Member Level of Understanding of Americans Before Interaction: Jamaica (n=17)
Forty-five percent of counterparts and beneficiaries reported having a neutral opinion of Americans prior to interacting with a Volunteer. Thirty-one percent reported an opinion that was somewhat positive and four percent reported an opinion that was very positive (Figure 22). Among host family members, 58 percent reported at least a somewhat positive prior opinion and 24 percent reported a neutral opinion (Figure 23).

**Figure 22: Counterpart and Beneficiary Opinion of Americans Before Interaction (n=49)**
CHAPTER 4: GOAL TWO FINDINGS

Figure 23: Host Family Member Opinion of Americans Before Interaction (n=17)
CHAPTER 4: GOAL TWO FINDINGS

HCNs’ Opinions of Americans Prior to Interacting with Volunteers:

I thought that Americans tended to be rude, arrogant and thought that they “knew it all.”

I thought the majority of Americans were prejudiced and did not engage in anything unless it was for their own benefit. I thought that they had a limited knowledge of the rest of the world, tended to be self-absorbed and [that they] stuck together.

I thought Americans were friendly and helpful.

I thought some Americans were hardworking, some kind, that they had a level of knowledge and understanding, and were punctual.

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

Beneficiaries, on average, knew three Volunteers over a period of five years. Counterparts reported knowing an average of 10 Volunteers over a period closer to six years. Host family members reported hosting an average of three Volunteers and hosting the most recent of those Volunteers for approximately eight 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.
Host family members reported a range of joint activities with Volunteers. The most frequently mentioned joint activities were running errands, talking about life in the United States, and doing chores (Figure 24).

**Figure 24: Activities that Host Family Members Shared with Volunteers: Jamaica (n=17)**

- Go to the market or do other errands together: 33%
- Talk about the Volunteer’s life in the United States: 33%
- Do household chores together: 33%
- Socialize together: 17%
- Talk about the Volunteer’s friends and family: 17%
- Eat meals together at home: 17%
- Talk about life in Jamaica: 0%
- Talk about your friends and family: 0%
Host family 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 25).

**Figure 25: Host Family Rating of Their Relationship with the Volunteer: Jamaica (n=16)**
**Chapter 4: Goal Two Findings**

**Host country counterparts and beneficiaries:** When contacts were work related, both beneficiaries and counterparts saw the Volunteer at least weekly. When the contacts were social (defined as outside of work), fewer respondents reported daily contact, but a majority reported weekly social contact (Figure 26).

**Figure 26: Frequency of Volunteer Interaction with Counterparts and Beneficiaries: Jamaica (n=49)**

![Bar chart](chart.png)

**Changes in HCN’s Understanding of Americans After Interacting with 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 Peace Corps Volunteers, five of the seven stakeholders, 65 percent of counterparts and beneficiaries, and 25 percent of host family members rated their opinions as more positive (Figures 27-29). No one reported a more negative opinion.

Figure 27: Stakeholder’s Change in Opinion of Americans after Contact with Volunteers: Jamaica (n=7)
Figure 28: Counterpart and Beneficiaries' Change in Opinion of Americans After Contact with Volunteers: Jamaica (n=48)
Figure 29: Host Family Member Change in Opinion of Americans After Contact with Volunteers: Jamaica (n=17)
Findings on What Jamaicans Learned About Americans from Volunteers

Fifty-nine percent of respondents reported learning about daily life in the United States and forty-seven percent reported learning about the food and holidays (Figure 30).

Figure 30: What Host Country Nationals Report Learning from Volunteers: Jamaica (n=17)

When asked about their opinions after interacting with Volunteers, most respondents provided responses that suggested that they had enhanced their understanding of Americans. This theme emerged in responses from counterparts, beneficiaries, and host family members.
CHAPTER 4: GOAL TWO FINDINGS

HCNs’ Opinions About Americans After Interacting with Volunteers

Counterparts

I think Americans are hard working, friendly, helpful, and down-to-earth. They go for what they want and practice good time management.

My impression is that [Americans] are people you can get along with although some are loud. They are also ambitious and happy.

Beneficiaries

I think that Americans are just ordinary people. They can be helpful, kind, and interested in people if they want to.

I found that many Americans are not racist, as I thought, and that they can be humble.

Host family members

They are fun-loving, brave, and like to explore. I also admired the fact that, although they had a lot of negative information on Jamaica, they were still willing to come and to serve.

The Volunteers did not dress properly, [they were] not coordinated. They were not self-conscious about how they dress. Americans are helpful and kind and willing to impart knowledge and information. The Volunteers were adaptable to people in the community.

Lessons Learned Regarding Goal 2 Performance

Areas for more research that may inform the training of both host families and Volunteers are listed below:

Prior high level of understanding and positive opinions. As shown in Figures 20 and 21 a majority of respondents reported at least moderate understanding of Americans before their interaction with Volunteers. Further, Figures 22 and 23 show that a majority of respondents had either positive or neutral opinions of Americans before interacting with Volunteers. This, combined with the relatively high frequency of interaction (Figure 26) and the positive relationships developed (Figure 25) suggests that there is little room for improvement in these areas.

Common themes among prior opinions of Americans. Stereotypes of racism and ethnocentrism were mentioned several times in respondents’ comments.
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 Jamaican findings indicate that the work of the Peace Corps improved communities’ sanitation practices and enhanced the lives of community members through improving the quality of available health services. The project resulted in sustainable increases in the capacity of individuals with regard to their own water management practices and their ability to access and use health information. Counterparts also mentioned improvements in their ability to mobilize others to make health-related changes and their ability to collaborate with health-related organizations. Respondents reported satisfaction with Peace Corps work and cited the hands-on work of the Volunteers as a reason for the success of the project.

Regarding Peace Corps’ Goal 2, a majority of respondents already had a moderate or thorough understanding of Americans before interacting with a Volunteer. This may account for the finding that most of the HCNs who interacted with Volunteers maintained their previously neutral or positive views of Americans.

While the findings were generally positive, the fact that only a minority of respondents reported improvements in their ability to reduce illness in their communities or in their knowledge of the priority health issues, suggests that the project was not effective in these areas of work. Further, although mentioned as goals of the Community Environmental Health Project, community involvement and individuals’ motivation to get involved were among the least frequently mentioned individual-level changes. Another area for review is the low level of counterpart-specific and technical training reported by respondents.

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

How Were the Community Sites and Interview Respondents Selected?

In Jamaica, the team conducted interviews at 22 health sites. The sample of sites at each post was a representative sample rather than a random sample from the list of Volunteer assignments since 2003. Sites that were extremely remote or deemed dangerous 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 a Volunteer. Within a host family, the person with the most experience with the Volunteer was asked to be interviewed.

3. 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 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, undertook all the interviews. The interviewers conducted face-to-face structured interviews with the following categories of Jamaican nationals:

- **Project partners/counterparts**: Health ministry staff, school principals, staff of health-related community-based organizations, staff members of an International Charity Organization, staff of the Social Development Commission (28)

- **Project beneficiaries**: An associate of the Bureau of Women’s Affairs, school principals and teachers, elected government officials (21)

- **Host family members**: families that hosted or served as landlords of Volunteers during all or part of their service (17)

- **Project Stakeholders**: Head of the Environmental Unit within the Ministry of Health, PAC members, the Minister of Water (7)
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 the Close-of-Service Surveys. The results presented in this report are almost exclusively based on the interview data collected through this study, however.

Seventy-three individuals were interviewed in Jamaica.

Table 2: Description of Study Participants

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<thead>
<tr>
<th>Interview Type</th>
<th>Number of People</th>
<th>Number of Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counterparts</td>
<td>28</td>
<td>21</td>
</tr>
<tr>
<td>Beneficiaries</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Host Family Members</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>73</strong></td>
<td></td>
</tr>
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</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 1. Clarification of the project purpose 2. Respondent’s work history in the field and with the Peace Corps 3. Frequency of contact with the Volunteer 4. Project orientation 5. Project outcomes and satisfaction with the project 6. Community and individual-level changes 7. Maintenance of project outcomes Goal 2 1. Source of information and opinion of Americans prior to the Peace Corps work 2. Type of information learned about Americans from interaction with the Volunteer 3. Opinion of Americans after interaction with the Volunteer</td>
<td>45 minutes</td>
</tr>
</tbody>
</table>
## APPENDIX 1: METHODOLOGY

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