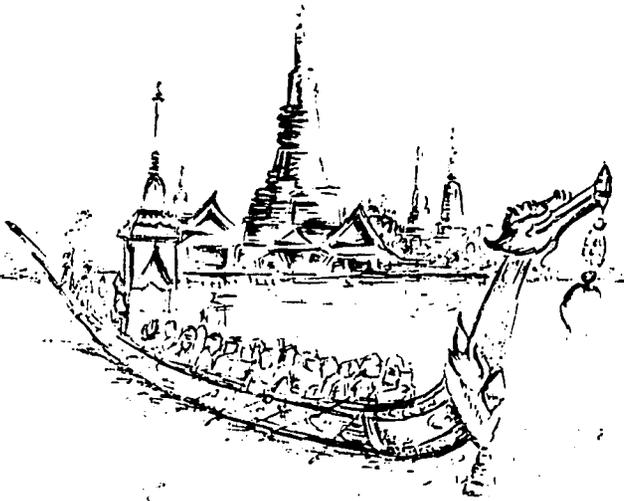


9810080 / 68
PD-AAP-069
ISN-33952



Final Report Two Site Grant 762

Guatemala - Thailand 63-5

1976 - 1979

Center for International Education

School of Education, UMass

Amherst, MA 01003



PD AAP-069

TWO-SITE ANNUAL REPORT

GRANT TITLE: A PROPOSAL TO IMPLEMENT COLLABORATIVE DEVELOPMENT
METHODS AND TECHNIQUES IN TWO SELECTED FIELD SITES

GRANTEE: University of Massachusetts
Amherst, Massachusetts

GRANT PROGRAM

DIRECTORS: David R. Evans, Horace Reed, Linda Abrams and Robert Miltz

AID SPONSORING TECHNICAL OFFICE: Technical Assistance Bureau

STATISTICAL SUMMARY:

PERIOD OF GRANT:	September 1976 to December 1979
AMOUNT OF GRANT:	\$240,000
EXPENDITURES RE- PORTING PERIOD:	September 27, 1978 to December 1979
EXPENDITURES FOR REPORTING PERIOD:	\$115,436
ACCUMULATED:	\$240,000

TABLE OF CONTENTS

	<u>Page</u>
I. NARRATIVE SUMMARY	1
II. BACKGROUND AND PURPOSE	2
III. GOALS AND OBJECTIVES	2
IV. NARRATIVE STATEMENT -- ASIA	3
A. THAI SITE	3
1. September 1976 to September 1978	3
2. Final Year -- September 1978 to September 1979	5
a. September 1978 - February 1979	5
b. March 1979 - June 1979	7
c. June 1979 - August 1979	9
B. UMASS ACTIVITIES -- 1976 to 1979	12
V. NARRATIVE STATEMENT -- LATIN AMERICA	15
A. PROJECT PERSONNEL	15
B. GUATEMALA SITE	15
1. Introduction	15
2. Summary of Activities	16
3. Organization of the Structure of the Health System	17
a. General Description	17
b. Technicians in Rural Health; Rural Health Promoters and Nurses	17

4.	Training Activities	19
	a. Retraining Program for Technicians in Rural Health	19
	b. Training of Rural Health Promoters	21
	c. Training Activities in Popular Theater ..	22
	d. Training of Auxiliary Nurses	25
	e. Training of Graduate Nurses	26
5.	Visual Aids	28
	a. Nutrition Flipchart	28
	b. Literacy Flipchart	29
	c. Flipchart for Self-Evaluation of Traditional Midwives	30
6.	Games	30
	a. Game of Life	30
	b. Game of Domestic Hygiene	30
	c. Nutrition Game	31
	d. Game of Gastro-intestinal Diseases	31
	e. Game on Parasitic Diseases	32
	f. Snake Game	32
	g. Conclusions	33
7.	Training Manual	33
C.	UMASS ACTIVITIES -- 1976-1979	34

VI. ACCOMPLISHMENTS LISTED BY OBJECTIVES	37
Objective 1	37
Objective 2	38
Objective 3	40
Objective 4	41
Objective 5	42
Objective 6	42
VII. CONCLUDING COMMENTS AND OBSERVATIONS	44
VIII. EXPENDITURE REPORT	48
A. Reporting Year Detail	48
B. Actual and Projected Summary	49

I. NARRATIVE SUMMARY

The Grant (AID/ta G-1346) to the Center for International Education, School of Education, University of Massachusetts, sought to implement and test collaborative program development methods and techniques in two field sites. The Center succeeded in achieving these goals and met the specific objectives stated in the Grant proposal.

- * Utilizing and extending the regional linkages developed by the Center, the countries of Thailand and Guatemala were selected for the sites. Collaborative relationships were established with the Thai Ministry of Education's Adult Education Division and with the Guatemalan Ministry of Health to develop and produce nonformal education training programs and materials.
- * The Thai portion of the project consisted of Center members going to Thailand on a short-term basis to work with the Adult Education Division to develop nonformal education training modules. Training modules for "Person-Centered Participatory Learning Processes," "Planning and Evaluation for Nonformal Education," "Organizational Development," "Village-Level Youth Leaders," and "High School Equivalency Education for Adult Education Teachers" were prepared and used in training workshops.
- * In Guatemala, the Site Team, consisting of two Center members and local staff, provided training and technical assistance to Rural Health Technicians and Rural Health Promoters in the Department of Chimaltenango, and to the Auxiliary Nurses at the Cuilapa National Hospital. Techniques utilized and materials developed included popular theater, flip charts, light boxes, and a variety of games. A training manual on the development and use of such nonformal education techniques and materials for health promoters has been written in Spanish.
- * Numerous training opportunities at the Sites and at the Center were provided for Center Members and for staff of collaborating institutions.
- * UMass field personnel participated in and assisted in the coordination of workshops for a variety of interested groups in Thailand and Guatemala.
- * Three workshops on nonformal education and collaboration were held at UMass, with participants from overseas as well as from other American institutions.
- * At UMass, the Asian and Latin American Site Support Groups met regularly and actively participated in planning and implementing the project's activities. They assisted Site activities by providing information and materials and by responding to other requests from the field.
- * Extensive research was undertaken by project participants, which is reflected and evident in the dissertations, comprehensive papers, class projects, and four Center publications which have examined, analyzed and evaluated the information and experiences derived from grant activities.

While much time was required to build trust and working relationships between the Center and the cooperating institutions, useful and relevant materials and training models and programs were collaboratively developed and implemented at a relatively low cost.

II. BACKGROUND AND PURPOSE

In 1974 the Center for International Education received a 211(d) institutional grant from AID. The purpose of that grant was to develop the Center's institutional capabilities in nonformal education. More specifically, the grant was to increase the Center's ability to train staff, provide services, and devise collaborative development programs with institutions in LDC countries around projects in nonformal education. With the assistance provided by that grant, the Center for International Education developed the Nonformal Education Program. ✓

In 1976, two years after the inception of the Nonformal Education (NFE) Program, the Center was awarded the Two Site Grant. The purpose of this grant was to allow for the utilization of the Center's capabilities for developing NFE programs in collaboration with LDC host institutions. Under the Two Site Grant, the Center's capabilities for further developing, implementing, and evaluating the process of collaborative NFE program development were tested and refined in Latin America and Asia. In addition, as stated in the grant proposal, specific Center capabilities in methods and techniques of nonformal education were utilized in the two field sites.

III. GOALS AND OBJECTIVES

The general goal of the Two Site Grant program was to develop, in collaboration with LDC institutions, two field site programs which would implement nonformal education techniques, materials, training and workshop models.

More specifically, the grant's objectives as stated in the grant proposal were to:

- 1) Field test aspects of the collaborative model and issue technical notes on their implementation.
- 2) Devise and field test a number of techniques, methods, and training programs in nonformal education, to be implemented jointly or under the aegis of the sponsoring local agency. (It should be noted that much effort may be directed to furthering the goals of the local cooperating institution.)

- 3) Offer training opportunities at the sites and at the Center for International Education for Center members and cooperating institution staff.
- 4) Assist in the coordination of workshops for other interested parties on site.
- 5) Hold at least two workshops at the Center for U.S. agencies and institutions interested in aspects of nonformal education. (These may include groups interested in U.S. and domestic NFE development.)
- 6) Hold workshops at the Center throughout the academic year, possibly through courses which receive academic credit sanction through the NFE Program, directed at supporting site activities. These would include specific research and development activities carried out under the auspices of the 211(d) grant.

IV. NARRATIVE STATEMENT -- ASIA

A. THAI SITE

1. September 1976 to September 1978

Once the Center for International Education learned it had received the Two Site Grant, the first task was to identify a country and an institution in Asia that was interested in forming a collaborative non-formal education program with the Center. Utilizing the Center's network and linkages developed under the 211(d) Grant, the countries of Thailand, Sri Lanka and Nepal were identified as potential sites for the project.

In December 1976, the Center sent Dr. Horace Reed, a UMass Professor with Asian field experience, to visit various agencies in these three countries. In late January, Vasudevan Nair, a Center doctoral student joined him to assist in the site exploration effort. After careful consideration of numerous nonformal education programs, the exploration team recommended that negotiations be pursued with the Adult Education Division of the Ministry of Education, Bangkok.

The Center and the Adult Education Division (AED) had been in contact for a number of years and were familiar with each other's personnel and operations. The Division had developed several nonformal education

programs in the past, and nonformal education was receiving a special emphasis due to a loan from the World Bank for work in this field. Since this loan was administered by World Education, the Center would be collaborating with that organization too. In short, both AED and CIE desired to build upon their existing relationship.

The Center team remained in Thailand to jointly work out a plan of activities and to negotiate an agreement with AED. After several months of negotiations and drafting and redrafting, a working agreement between AED and CIE was signed in May 1977. Rather than initiating a new project, the Center would send its people to work in existing programs. It was also agreed that AED would cover field staff salaries and support costs in exchange for CIE covering an equal amount of support costs for AED personnel training and studying at the Center.

In June 1977, in accord with the AED/CIE agreement, a second field person from the Center, Ms. Suzanne Kindervatter, joined Vasudevan Nair in Thailand. Meanwhile, Professor Reed had returned to UMass. While Ms. Kindervatter had planned to work in the areas of training and materials production, the Site team underwent a period of redefinition and adjustment of tasks. Then, within three months, Mr. Nair resigned for personal reasons and went home to his country.

Ms. Kindervatter remained and started developing a model for training village-level youth leaders. Besides working on the Provincial Center Youth Development Training Program, Ms. Kindervatter collaborated in the development of a new training model for adult education teachers for high school equivalency. In addition to advising the AED staff on the development of training models and materials, Ms. Kindervatter assisted in the overall design and in the production of the materials used for an Asian and South Pacific Adult Education Conference.¹

In January 1978, Ms. Kindervatter returned to the United States, and the Center sought to select replacement personnel for Thailand. Obstacles arose, however, particularly in regards to obtaining approval from the Steering Committee of the Ministry of Education. Delays in securing clearance affected the availability of the candidates for the field positions. As a result, the Center decided to seek permission to

¹For additional information and details about Ms. Kindervatter's activities and other early Asia Site activities, refer to the Two Site Grant Annual Reports for 1976-77 and 1977-78 and to the March 1979 Asia Field Site Report.

send people for short periods of time rather than for a year or more as originally planned.

In April 1978, David Evans, the Co-Principal Investigator, met in Thailand with AED officials, and a revised work plan for the rest of 1978 and 1979 was arranged and eventually accepted by AED and CIE.

2. Final Year -- September 1978 to September 1979

During 1978-79, the final year of the Two Site Grant, a number of activities aimed at the fulfillment of grant objectives were carried out at the Asia Site in Thailand and at the Center for International Education at UMass. These activities were directed towards the theoretical construction of collaborative models, their implementation, and their continued development and modification through field testing at the Site. This section of the report will briefly describe some of the activities which were implemented and which have provided rich experiences in enhancing the nonformal education competencies of the Center for International Education and its members and AED and its personnel in the regional and provincial centers and the Department of Nonformal Education in Bangkok.

a. September 1978 - February 1979

One of the most significant actions at the field site was the planning and implementation of a training module on Person-Centered Participatory Training, which was facilitated by Sister Fe Mary Collantes from the Center for International Education. Sister Collantes was assigned to work in Thailand to develop and implement the module, in collaboration with the Adult Education Division of the Department of General Education of the Ministry of Education. The main purpose of the module was to train key personnel from the central and regional offices to be trainers in program planning.

The initial planning for the workshop took place during Sister Collantes' first visit to Thailand from October 1st to December 1st, 1978. During that time she worked with the staff of the central offices of the Adult Education Division (AED) as well as with staff members from the Central, North, Northeast and South Regional Centers.

The training needs of the participants were assessed, and other necessary information and data were gathered prior to developing the module. After the completion of the planning phase, Sister Collantes returned to the Philippines.

In February 1979, she returned to Bangkok to participate in the planning, implementation, and evaluation of Module I.

The stated aims of the completed module were:

- To initiate potential key facilitators into the principles and process of khit pen-based adult education.
- To enable participants to gain some self-confidence and mastery in the practice of participatory learning processes.
- To prepare participants to conduct village seminars that would help villagers become khit pen persons and promoters of positive social change in their communities.
- To develop participants' abilities and skills to implement the AED master plan.

The Seminar for Training Key Facilitators was held from February 11 to February 15, 1979. Thirty-five trainers participated in the workshops. The main elements of the Seminar program included:

- experiencing the process: discovering and learning basic principles and processes of human relations and group interaction. The primary concern was to experience basic techniques while at the same time learning some fundamental concepts.
- processing experience: this part focused on looking back and reflecting on the experiences of Part One.
- conceptualizing and experimenting: the stress in this part was formulating and clarifying the meaning of person-centered participatory learning as well as trying out new techniques.
- integration and planning: at the end of the seminar it was planned to give the participants the chance to make a simple plan of action about:
 - * what principles and techniques could be used in their present work,
 - * how the participants could integrate what they had learned with the programs and seminars in which they are involved,
 - * how they could help themselves continue to grow, both personally and professionally.

In sum, this Training Module emphasized the khit pen philosophy and the participatory learning process in order to train key facilitators from regional and provincial centers. The training module utilized participatory/experiential activities such as critical incidents, role playing, and communication activities. The entire 100-page Training Module on Person-Centered Participatory Learning Process is available upon request.

In January 1979, a meeting took place between Mr. Sunthorn Sunanchai, then Director of the Adult Education Division of the Ministry of Education, and David Evans, Director of the Center for International Education, during which it was agreed to seek a three-month extension of the Two Site Grant contract to enable expenditures of existing funds to continue until December 1979. At the same time, it was agreed that AED would receive two short-term Center associates during the months of March to June 1979 and from June to August of 1979. These two individuals would be responsible for the collaborative development of a second and third module, one on planning and evaluation for NFE, the other on organizational development. The two short-term people were, as well, to participate in follow-up training at the provincial level.

b. March 1979 - June 1979

In March 1979, Julio Ramirez de Arellano, from the Center for International Education, went to Thailand at the request of the AED. His assignment was for two and a half months and his task was to work on Module II, which was to be devoted to the training of AED staff in planning and evaluation of nonformal education.

When Mr. Ramirez arrived in Thailand he was assigned to work with Dr. Tongyu, head of the Academic Section. This section was in charge of in-service training for staff. Prior to beginning work on the module, he visited provincial centers for initial needs assessment activities. Then an assessment of needs, resources, and constraints was undertaken.

Module II was designed to teach program planning and specific planning for training activities. These goals for the training module were related with the program needs. The Central Office wanted the Regional Centers to prepare what they called a "master plan" for their activities during the next two years. Up to that time the Central Office

only received an annual budget from the Regional Centers. Also, they wanted to create capabilities in the Regional Centers to develop their own training activities for the staff of the Provincial Centers.

Mr. Ramirez prepared a proposed Module which intended to train the people by reproducing through simulation or real situations the tasks they were supposed to develop in their Centers. The original proposal had four units:

- Principles in NFE. An introductory unit to set a common language and a basic conceptual framework.
- Program planning and program evaluation in NFE. During this unit the participants would develop a draft of the Regional Center's Master Plan. Guidelines and materials would be provided for each step of that plan.
- Planning and evaluation of training activities in NFE. The participants would prepare training activities based on simulated, typical training situations.

Issues in planning and evaluation for NFE. A more general unit to discuss some particularities of planning and evaluation for NFE programs.

Units two and three were considered the body of the training module. The approach suggested was mainly to reproduce actual tasks rather than to teach general principles.

Mr. Ramirez's proposed module was presented to and reviewed by the Academic Section. Four members of the Academic Section were assigned to work with Ramirez to revise the module and to produce and translate the required materials.

After the development of the initial draft of the module with AED staff in Bangkok, the module was reviewed at the central and provincial levels. The CIE/Thai team described and explained its revised module during two day-long meetings with the heads of training of the Regional Centers. This meeting was particularly important since the members of the staff of the training sections in the Regional Centers were the targeted participants for the Module II Seminar. Changes suggested during these meetings were then incorporated into the planned activities of Module II by the joint CIE/Thai team.

Mr. Ramirez utilized the arrival in Thailand of Dr. Horace Reed,

Ms. Jan Droegkamp, and Mr. Somprasong Withayagiat, all from UMass, to obtain added input for the proposed Module II. They recommended describing the training activities in explicit and more specific terms.

As the last step in the planning of the training module, a meeting was held with the four staff people from the Academic Section and the four Center members to review and discuss the revisions and suggestions proposed by the UMass team. Also at this meeting, plans were established for proceeding with the completion and implementation of the Module. Mr. Ramirez had to return to UMass prior to the implementation of Module II.

As planned under "Projected Activities" in the revised Asia Report of March 1979, the Co-Principal Investigator for the Asia Site, Dr. Horace Reed arrived in Thailand at the end of May 1979 to serve as a consultant to the World Bank for AED. During his ten weeks in Thailand, Dr. Reed also assisted and advised the CIE field staff and oversaw the implementation of Module II.

c. June 1979 - August 1979

On June 6, 1979, Ms. Jan Droegkamp arrived in Thailand as the third short-term CIE person assigned to work with AED on training. After discussion and consultation, Ms. Droegkamp and her Thai counterparts defined her areas of activities as:

- 1) Planning, implementation, and evaluation of Module II.
- 2) Study tours and trips.
- 3) Planning of Module III.
- 4) Training of individual trainers and personal contact with NFE personnel on an informal basis.
- 5) Other activities, to be determined by her interest and the evolving situation.

1) Planning, implementation, and evaluation of Module II.

Initial discussions of the Module occurred during the one-week overlap between Ms. Droegkamp's arrival and the departure of Mr. Ramirez. Along with Dr. Reed and Mr. Somprasong Withayagiat, who had arrived and was in Thailand to undertake his dissertation research, Ms. Droegkamp and Mr. Ramirez reviewed and revised the Module. They developed additional, specific activities designed to enrich the content of the Module.

During the next six weeks, meetings were held with the Thai staff to plan the implementation phase. Materials were developed and training sessions were held for the major facilitators of the Module. Among the new techniques that were introduced and demonstrated were the "fishbowl," the "cocktail party," and "building and blocking."

The workshop was held from July 10 to July 14 at the Northeast Regional Center in Ubon. The participants included fourteen trainers from the Regional Centers, twelve staff members representing Provincial Centers, and sixteen people from the Central Office in Bangkok. Thus, prior to beginning work on Module III, Ms. Droegkamp, along with Dr. Reed, had the opportunity to observe the implementation of Module II on planning and evaluation. Also, a final copy of the program and an in-depth evaluation was prepared.² This experience provided Ms. Droegkamp and Dr. Reed with first-hand exposure to a product of the collaborative efforts at work at the Site. Furthermore, since the participants in Module II would also be participating in Module III, a needs assessment for Module III was conducted as part of the workshop evaluation. Consequently, Ms. Droegkamp was provided with a more accurate idea of the current needs of the trainees who would be participating in Module III on organizational development.

2) Study tours and trips.

Several opportunities were made available to Ms. Droegkamp to observe and participate in nonformal education activities. Examples of these included:

- Participation/observation of a five-day workshop on Evaluation/Research for Regional Center personnel.
- Participation/observation of a five-day workshop for teachers on Curriculum Development for Vocational Education.
- Participation/observation of a workshop designed for NFE personnel who attended study tours overseas in 1978-79.
- Observation of Mobile Trades Training School activities.
- Visits to toy and floating libraries, provincial libraries, and village newspaper reading centers.

²Refer to: Jan Droegkamp, "Evaluation of Planning for Nonformal Education, Module II," unpublished mimeo.

- A weekend trip to a Hill Tribes Development project area, where functional literacy classes were observed.
- Visits to Regional NFE Centers and Lifelong Education Centers.

3) Planning of Module III - "Organizational Development"

Building upon the thorough needs assessment completed in the Module II workshop, objectives were formulated and suggested activities were developed. The following units were designed: Introduction to Organizational Development, Problem Solving, Decision Making, Conflict Resolution, Group Effectiveness, and NFE Evaluation.

Meetings were held with the Thai staff to discuss materials and resources. After the departure of Ms. Droegkamp, more focused and specific planning continued. The module was implemented in early September by the Thai staff in the Central Office and other resource personnel from local universities.

The contents of Module III will be published in an Asia Site document.

4) Training of individual trainers and personal contact with NFE personnel.

This activity was basically conducted on an informal basis. Several of the trainers in the Central Office were interested in new techniques and in exchanging ideas on methods and theory. Many discussions were held, and valuable sharing and learning occurred on both sides. When Regional and Provincial Centers were visited, several fruitful dialogues took place regarding NFE and training techniques.

5) Other activities.

Included among Ms. Droegkamp's other activities were:

- Discussions with Thai women from National Women's Council on Women in Development.
- Visits to two refugee camps involving informal discussions on problems and solutions.
- Discussions with NFE personnel at Chiangmai University.
- A visit and discussions with personnel of the UN's Department of Training and Communications programs.

- Co-teaching a class with Dr. Reed and Somprasong Withayagiat on Nonformal Education at Silpakoin University.
- Making contact with personnel at SEAMES.

With the departure of Ms. Droegkamp in August 1979, the planned field activities in Thailand of the Center associates were completed.

B. UMASS ACTIVITIES -- 1976 to 1979

Grant-related activities at UMass were centered in the Asia Group, which acted as a support group for the Site. The Group was open to all Center members, and its size and composition varied during the three years of the grant. The Group served as a significant advisory body to the Principal Investigators of the grant. Its members were informed and knowledgeable about the field activities and the details of the project. The Group attempted to apply the principles of collaboration in their activities and decision-making procedures.

The Group's activities were facilitated by the Asia Site Coordinators with the support of the Principal Investigator of the Asia Site. During the course of the project, three Center members served as campus coordinator. Fredi Munger was hired first, and she was succeeded by Somprasong Withayagiat. Then, for the final portion of the grant, Jaya Gajanayake fulfilled the responsibilities of the campus coordinator. All the coordinators worked closely with the Asia Group and the Co-Principal Investigators.

The Asia Group met weekly throughout the course of the grant to discuss project-related issues and to plan and make recommendations regarding the Sites. The Group members responded to the needs and requests of the field personnel and the Thai collaborators. Packets of nonformal education publications and materials were compiled and sent to Regional and Provincial Centers in Thailand to serve as basic reference materials for training. Group members recruited personnel for the field positions and then oriented, trained and prepared those selected. They participated in decision-making and in the negotiations and revisions of the Site's work plan.

Another major component of the grant activities at UMass was the

doctoral studies program for Asian students. Members of the Asia Group planned and arranged the enrollment of two Thai candidates and assisted them in their programs.

The first candidate, Somprasong Withayagiat, arrived in February 1978, completed his doctoral program in December 1979, and has returned to work in the Thai Ministry of Education. His dissertation is entitled "A Flexible Staff Development Module for Nonformal Education in Thailand," and his comprehensive papers dealt with interagency collaboration and nonformal education in Thailand.³

The second Thai candidate, Kla Somtrakool, arrived in August 1978 and has completed his comprehensive examinations. His comprehensive papers are entitled "Education for Rural Development: Some Theoretical Issues and Alternatives," and "Lifelong Education in Thailand: Some Planning Guidelines." He has been in Thailand conducting research for his dissertation, which will discuss lifelong NFE for rural adults. It will focus on problems and planning considerations for the Central Region of Thailand and on incorporating informal education components into existing religions and social activities, including games, plays and movies. He plans to complete his degree program by mid-1980.

Other Asians who are working on their dissertations and who have been supported to some degree by the grant are Jaya Gajanayake from Sri Lanka, Sister Fe Mary Collantes from the Philippines, and Tenzing Chodak from Tibet. Mrs. Gajanayake's comprehensive papers discussed out-of-school youth and rural unemployment in the Asian context in general and Sri Lanka in specific. She is currently working on her dissertation proposal on the development of out-of-school youth programs, and has been actively involved in training activities at the Center.

Sister Fe Mary Collantes has completed her dissertation, which is entitled "Towards a Comprehensive Conception of Community Development: Some Educational Implications for the Philippines," and has returned to work in the Philippines.

Tenzing Chodak has recently returned from India, where he was gathering data for his dissertation on Tibetan Refugee Education.

Members of the Asia Group utilized the Thai Site experiences as a

³Research papers presented and defended at an Ed.D. candidate's comprehensive examination.

resource in their classes and their course work. A preliminary evaluation of the Thai Site was undertaken as a class project for an evaluation course. In workshops and training sessions, the Two Site Grant was referred to as a concrete example and as a case study of a nonformal education project. Group members shared their knowledge about the Site in formal and nonformal presentations to interested groups both on and off campus.

In cooperation with the Center's Latin American Group, the Asia Group organized and held workshops and conferences at the Center about collaboration and nonformal education. It also hosted Thai AED visitors.

As its final activity under the Two Site Grant, the Asia Group organized and coordinated a Nonformal Education Conference held at UMass on December 17th and 18th, 1979. The Conference provided an opportunity to share information and lessons gained from the activities in Thailand and similar NFE activities in Sri Lanka and Indonesia. In addition to Center members, Thai students from the U.S. and Canada participated in the Conference. Bringing a unique perspective and extensive experience to the proceedings was the special guest, Mr. Sunthorn Sunanchai, the former director of the Adult Education Division of the Thai Ministry of Education.

Among the topics discussed were: Defining Nonformal Education Through Application, Issues in Nonformal Education, Management of Large-Scale Nonformal Education Projects, Staff Development for Nonformal Education, The Relationship between Nonformal Education and the University, and Issues in Collaboration. Various participants facilitated the workshops, which resulted in an invigorating variety of techniques and approaches being utilized. The role plays and simulations provided insight and added comprehension in regard to theoretical issues that the participants had been discussing. For further information and details about the Conference, refer to the document Issues and Ideas: A Review of Asian NFE Experiences, which summarizes the activities and results of the Conference.

Finally, in the area of publications, the Asia Group has reviewed the drafts of the Training Modules in preparation for their publication. After comments and suggestions are received from Thailand, an extensive document entitled Staff Development for Nonformal Education: A Case

Study of Thailand will be published. This publication, containing detailed data and materials from the Thai Site, will make available to the public useful and educational information developed as a result of the Thai Project.

Also, the Group has worked to document Two Site Grant activities by preparing this Final Report.

V. NARRATIVE STATEMENT -- LATIN AMERICA

A. PROJECT PERSONNEL

Staff members for the project from the Center included Adriana Gomez de Rothkegel, Frank Bialosiewicz and Juan Jose Silva in Guatemala, and Donald F. Ross Jr. at UMass. The Guatemalan members of the Site team were Juan Ajisuinac Sisimit, Josefina Castro Texaj, and Lucrecia Isabel Rendon. David R. Evans, Linda Abrams, and Bob Miltz served as Co-Principal Investigators, Cookie Bourbeau managed the financial accounts, and Anna Donovan and the entire Center support staff provided secretarial and administrative assistance.

B. GUATEMALA SITE

1. Introduction

After preliminary negotiations in the fall of 1977, the UMass field director and another member of the Site team initiated project activities in Guatemala in the first months of 1978. Exploratory discussions and preliminary joint activities were conducted with a number of institutions involved in health and rural development.

The exploration phase concluded with an agreement between the UMass team and the Guatemalan Ministry of Public Health, that UMass would collaborate with the Division of Human Resources and specifically with the Public Health Department of the Department of Chimaltenango to promote and implement the Ministry's Community Health Program; to create, with local health personnel, nonformal education materials; and to devise training and leadership techniques for the health workers.

2. Summary of Activities

During the year 1978-79, the Latin American team concentrated its efforts on providing collaboration and training in the philosophy and methodology of non-formal education to the following groups: Technicians in Rural Health (TRHs) and Rural Health Promoters (RHRs) in the municipalities of Tecpán, Patzún, Chimaltenango, Zaragoza and San Andrés Itzapa, and with Auxiliary and Graduate Nurses in the municipal capital of Cuilapa in the Department of Santa Rosa.

Certain criteria which reflect the philosophy and methodology of non-formal education have been applied throughout the development of the work:

- 1) The whole process of development of educational materials, from the initial design through production, implementation and revision, must be collaborative, and include the active participation of the TRHs, RHPs and/or nurses.
- 2) The materials should be designed to reflect the life, interests, problems and resources of the users, in this case the Guatemalan campesino.
- 3) The production and utilization of these materials should not require too much technology and should be low cost.
- 4) The materials should be flexible and adaptable to their use by Promoters in their villages.
- 5) The materials and techniques should be based on the assumption that the campesino is an intelligent, responsible and independent individual with needs and desires for information and methods which will allow him to find creative solutions to his problems and for social interaction and entertainment.
- 6) The materials and techniques should stimulate the campesino to apply a critical thought process, in individual and group form, to the problems he faces and to find innovative and creative ways of solving these problems.

Work with the Technicians in Rural Health, Rural Health Promoters and Nurses has concentrated on training activities, and on the subsequent development of three types of materials or techniques of nonformal education:

- 1) Visual aids
- 2) Educational games
- 3) Popular theater

3. Organization of the Structure of the Health System

a. General Description

The national system of medical attention depends on the General Headquarters of Health Services of the Ministry of Public Health. The national health system is organized into Health Areas, which are the technical and administrative units responsible for carrying out integrated health actions in each of the country's departments. There are 22 departments or political/administrative divisions and, in consequence, 22 Health Areas.

Each Health Area provides attention at three levels. Attention at the first level is the first official service of the Public Health System, and is represented by a Health Post. These exist in villages, hamlets, parcelamientos (government-owned plantations which have been subdivided into small plots of land and distributed among campesinos), and cooperatives, which have populations of between 1,000 and 2,000 inhabitants. These Health Posts are staffed by an auxiliary nurse who may have the collaboration of a Technician in Rural Health, and of Rural Health Promoters. The activities of the Health Post focus primarily on curative medicine, although in some instances this is complemented by preventative medicine and community development activities.

The second level is the unit of intermediate assistance, represented by a Health Center. These are located in municipal capitals or in important cities, with a coverage which varies from 5,000 to 25,000 inhabitants.

The third level is the integral unit, where Area Headquarters are located. It provides preventive as well as promotional, curative and rehabilitative services, and is the referral center for the Area. It is the unit in charge of supervising and orienting the activities of the other levels, and receives advice, technical assistance and supplies from the central level.

b. Technicians in Rural Health, Rural Health Promoters and Nurses

The UMass team in Latin America has worked primarily with three groups of para-medical personnel: Technicians in Rural Health (TRHs), Rural Health Promoters (RHPs) and Auxiliary and Graduate Nurses (ANs and GNs).

The Technicians in Rural Health are graduates from a technical school (Instituto de Adiestramiento de Personal en Salud, INDAPS) located in Quiriguá, Izabal, Guatemala. The TRHs complete a two-year course with emphasis on public health. This course trains them to carry out activities in community organization and development, education in environmental sanitation and in maternal/infant programs, epidemiological surveillance and training, and support to voluntary human resources in the communities (local leaders, RHPs, and traditional midwives). These TRHs are employed by the Ministry of Public Health and are assigned to the different health areas. The Department of Chimaltenango has 17 TRHs, most being of the male sex.

The Rural Health Promoters are voluntary personnel who work in their own communities. They are elected by different means, usually by local betterment committees or are selected by the TRH. Their training is the responsibility of the TRH and other Public Health personnel. Their responsibilities are primarily education and preventive medicine to improve health at the family and community levels.

Their activities include demonstrations and group discussions with community members on such topics as clean water, construction and utilization of letrines, nutrition, pre- and post-natal care, vaccination, etc. The RHPs who work in the Chimaltenango area are mostly young people of both sexes. Because their work is completely ad honorem, they have no equipment or materials with which to carry out their work, and frequently have to walk long distances to get to a Health Post or Center to meet with a TRH or other personnel for their training; motivation is a constant problem, and they are in dire need of techniques and educational materials which they can use in their communities.

The description of the training and attributes of the Auxiliary and Graduate Nurses with whom the UMass team has worked in the Cuilapa National Hospital in the Health Area of Santa Rosa can be found in the section of this report entitled "Training Activities."

4. Training Activities

a. Retraining Program for Technicians in Rural Health

One of the principal activities of the UMass team has been the training of rural para-medical and voluntary personnel who are responsible for carrying out educational activities. For this purpose, an in-service re-training program for the 17 TRHs of the Health Area of Chimaltenango was carried out. This program lasted two months and was done collaboratively by the UMass team, personnel from the Health Area Headquarters, a social worker, a visual aids technician, and with the participation in some activities of personnel from the "Agua del Pueblo" team, their sanitation supervisor and a member of the Peace Corps.

The general objective of this program was to provide education in service to the TRHs, providing them with the theoretical/practical means to resolve the problems they face in their work in the rural communities.

The specific objectives of the program were the following:

- 1) Prepare the TRHs in the philosophy, methodology and resources of non-formal education for adults, applied to health.
- 2) That the TRHs acquire the theory and practice of group dynamics so they can use it with different organized groups in their communities to improve the quality of their meetings, courses and talks.
- 3) Provide the TRHs with basic knowledge and steps to follow in the formation and legalization of communal groups.
- 4) That the TRHs acquire notions of drawing and preparing visual aids to assist him in his promotional and educational activities in the field.
- 5) That the TRHs learn the techniques of popular theater and their application in the field for promotional and educational aspects of health programs.
- 6) That by refreshing their knowledge of environmental sanitation, the TRHs can be a support to community sanitation efforts.
- 7) That the TRHs acquire the necessary knowledge for the promotion and installation of latrines in rural communities, to achieve their continued use and thus diminish the elevated number of cases of gastro-intestinal and parasitic diseases.

- 8) Introduce the TRHs to the benefits and utility of popular medicine with the aim of guiding the RHP in the use of this traditional medicine.
- 9) Provide the TRHs with the necessary knowledge to prevent, treat and control infectious/contagious diseases.
- 10) Provide the TRHs with the necessary knowledge to prepare statistical reports and present information in graphic form.

These objectives were fulfilled through activities on the following units:

- 1) The community and means of working in it
 - a) philosophy of adult education
 - b) methods of adult education
 - c) methods of group motivation
 - d) steps to follow for the formation of groups
 - e) group dynamics
 - f) visual aids: drawing
 - g) legalization of groups
 - h) audio-visual aids: popular theater
- 2) Environmental sanitation
 - a) latrinization
 - b) rural mini-aqueducts
- 3) Medicine
 - a) infectious/contagious diseases
 - b) treatment of common illnesses
 - c) use of natural medicine
- 4) Statistics
 - a) indicators
 - b) graphics
 - c) integral health diagnosis

The program was evaluated by constant feedback from the participants, oral and written tests, practical exercises, and supervision and evaluation of TRHs subsequent field activities.

b. Training of Rural Health Promoters

In Tecpán, Zaragoza, Patzún, Chimaltenango and San Andrés Itzapa, the UMass team has worked with groups of 12-15 RHPs, carrying out weekly sessions in the Health Center. The team's participation has consisted primarily in holding planning sessions with the Technicians in charge of the Promoters and with other personnel from the Health Center, such as medical students, auxiliary nurses, and nutrition, odontology and architecture students who are doing their field practices.

The training of the RHPs has concentrated basically on two aspects of health education: content and techniques. In terms of content, basic concepts and knowledge in health, disease, and nutrition have been emphasized. In terms of techniques, besides educational games, socio-drama and rotafolio, group dynamics activities have been carried out to help the RHPs to develop leadership and improve the organization and effectiveness of community groups.

Members of the UMass team have been present in these Promoter training sessions to ensure and promote the group's active participation in the learning process, and to offer appropriate suggestions and advice. The continuous feedback from the Promoters allows for the introduction of changes in content, methodology, scheduling, etc.

As an example of the type of training the Promoters receive, the following is a description of a course in First Aid given by a medical student in San Andrés Itzapa. The training was carried out in the following manner:

- 1) The student asks the RHPs questions about their knowledge and experiences with the subject. For example, on the theme of fractures there is a discussion of under what circumstances fractures occur in the rural areas, and what the local traditional treatments are.
- 2) The student makes an oral presentation on the theme, and writes key terminology on large sheets of newspaper. He is careful to clarify the meaning of new words, giving the currently used terminology, and to solicit frequent questions to clarify any doubts which may arise.
- 3) Following the theoretical information, a practical session is held; for example, how to immobilize

various parts of the body if a fracture or sprain is suspected. The RHPs are asked to bring the equipment they will need for the practice session and for subsequent use in the field.

- 4) The session usually ends with a discussion, wherein the RHPs consider in what ways they can apply what they have learned, which points were clear, which need more reviewing, what educational materials could be developed to clarify the theme, etc.

c. Training Activities in Popular Theater

The UMass team has also carried out training activities for the RHPs on the methodology of popular theater. This has been one of the methods of non-formal education which has generated the most interest and enthusiasm among the RHPs and members of the communities where this type of activity has been carried out.

When the Ministry of Public Health solicited the collaboration of the RHPs for the promotion of the national vaccination campaign, the UMass team participated in a series of discussions with other Public Health personnel on the possible techniques which could be utilized by the RHPs to stimulate the participation of their communities in the vaccination campaign.

This vaccination campaign has traditionally managed to obtain a relatively low coverage; one of the principal causes of this failure has been the lack of adequate promotion and education to the public on the importance of vaccination. The Ministry of Public Health carries out an annual promotion campaign through the mass media and exhorts the rural health personnel to visit the communities to promote the campaign. The promotional message is limited to an announcement of the dates the vaccination team will arrive at particular villages, and the vaccinations which are offered. This campaign has little promotional impact in the rural areas, reflected objectively in the low coverage obtained, and this strategy has various disadvantages: it offers very little opportunity for the Public Health personnel to dialogue with the campesinos, and learn their values, attitudes and beliefs on vaccination; it is held in Spanish, which hinders communication even more amongst groups who speak Indian dialect; and it does not allow the communities to discuss

and reflect on their beliefs, customs and practices and the consequences of these on their health.

As a response to this problem, the UMass team suggested the idea of using popular theater to promote the national vaccination campaign. It was presented as a dynamic, participatory and entertaining methodology which could promote discussion and reflection among community members, helping them to make conscious and informed decisions regarding the vaccination of their children.

Based on the interest expressed by a group of RHPs from Tecpán in the use of this technique, the coordinator of the TRHs, with the collaboration of the UMass team, organized a training workshop in popular theater for the RHPs of the municipality of Tecpán.

The objectives of this workshop were to train the Promoters to:

- 1) Promote the VIII National Vaccination Campaign in the rural communities of the municipality of Tecpán using the medium of popular theater.
- 2) Use socio-drama as an educational tool to obtain the collaboration and participation of campesinos in health programs.
- 3) Stimulate reflection and discussion on health problems among the audience who attend the skits.

This workshop had a duration of two days; during the first day the following methodological aspects of popular theater were covered:

- 1) theoretical orientation on popular theater and its objectives
- 2) group or community needs
- 3) socio-drama techniques
- 4) recruitment, development of critical consciousness and unification of theater groups
- 5) acting methods
- 6) exercises in group dynamics to create trust within the group, learn voice control, concentration
- 7) imagination, communication and interpretation exercises

The second day was spent preparing, presenting and evaluating a skit. As a result of the workshop, the RHPs developed a series of skits on the vaccination campaign, which were presented in the villages of

Zaculeu, Xuatzunuj, Pacorral, Pamesul, Palamá and Xajalajiya. In these skits not only the Promoters participated, but their friends and relatives, and on occasions members of the local committees and children from the community also participated. The presentations were dynamic and spontaneous, incorporating new dialogues, songs and personages each time they were presented. The communities' reactions were very positive and enthusiastic, and discussions on vaccination and other related issues originated amongst the audiences.

A second workshop on popular theater for the RHPs of the municipality of San Andrés Itzapa was promoted by the TRH of this municipality, and the workshop was carried out with the collaboration of the UMass team and the TRH coordinator of the Health Area of Chimaltenango. The objectives of this workshop were to train the Promoters in the use of a methodology which could promote the development of critical consciousness, reflection and discussion on concrete problems at the community level amongst campesinos.

For the development of this workshop, the collaboration of the RHPs of Tecpán (who had received the training and had some experience with popular theater) was solicited and obtained. The workshop was carried out following the same sequence of activities that was developed during the first workshop, but with the addition of the participation of the RHPs from Tecpán who related their experiences with popular theater.

During the second day of this workshop, the 30 participants divided into three groups to produce three skits: one on alcoholism, one on parasitic diseases, and one on the importance of latrinization.

The process of creating and producing these skits had the added advantage of strengthening group ties amongst the Promoters and of enhancing their prestige in their communities.

These skits were presented and evaluated during the workshop. They were subsequently presented in various villages of the municipality of San Andrés Itzapa (Chiczarga, Chimachoy, San José Calderas, Cajagualtes and El Aguacate). Members of the UMass team were able to observe ample spontaneity, humor, satisfaction and pleasure among the public, and discussion after the presentation of the skits.

In the community of San José Calderas, socio-drama has also been

used to promote literacy training. In response to expressed community needs and interests, a group integrated by the student teachers of the local school, the RHPs, the monitor of the "Extra-Escolar" program, and a member of the UMass team, elaborated a literacy training program for the village. Based on the favorable response they had had in using popular theater to dramatize the consequences of parasitic diseases and the importance of latrinization, they decided to use this method to focus the community awareness on the consequences of illiteracy. As a result, a skit was produced which illustrates how illiterate campesinos are tricked by lawyers and money lenders when they try to purchase land and in the preparation of land titles. This skit was received with much interest by the public, and gave origin to a discussion on the theme.

Even though the present-day indigenous culture of the Guatemalan highlands does not have a tradition of this type of theater, the UMass team's experience with the RHPs with this methodology indicates that it is well accepted, and that it is a method which, besides entertaining, can stimulate active community participation and critical thinking on a variety of issues of importance to their lives.

d. Training of Auxiliary Nurses

In the Department of Santa Rosa, the UMass team has worked with the Cuilapa National Hospital. The philosophy which guides the activities of the hospital's personnel includes an emphasis on community participation and the extension of the hospital towards the community. Part of the hospital's program includes the participation of various of the hospital's Auxiliary Nurses in health education activities in the surrounding communities. Since the ANs had no training in this area, hospital personnel requested the assistance and guidance of the UMass team. In response to this request, a member of the UMass team designed a three-month seminar for the ANs, in collaboration with the Head Nurse of the Outpatient Department. This seminar was held from the 6th of September to the 13th of December of 1978 once a week for a group of 10 ANs of the Cuilapa National Hospital. The training emphasized the philosophy and methodology of adult non-formal education, and the development of educational materials, group dynamics techniques, socio-drama and leadership techniques asso-

ciated with the facilitator model which was developed during the Center's Ecuador project.

The ANs had planned to apply the knowledge and skills they had acquired in the workshop immediately, but many of the campesinos they were to work with were working on the coffee harvest. For this reason, their activities began in January 1979.

The ANs initiated their educational activities by collaborating with the national vaccination campaign, forming groups and committees to promote vaccination in the four communities in their charge (El Molino, Los Esclavos, El Cielito and Cuilapa). Their educational activities have continued in the form of weekly sessions in each one of the villages with groups of 15-20 women. The initial meetings served to assess and determine, with the mothers, what their felt and real needs for health education were. Based on these sessions, different activities were planned. The emphasis of the educational activities has been on common health problems, first aid, taking and recording of vital signs, and planning and evaluation of activities.

This group of ANs, who are extremely motivated, have developed a series of educational materials, which are described in detail in a later section of this report.

The UMass team has continued to collaborate with the Cuilapa National Hospital by participating in weekly sessions with the ANs. During these sessions, field activities for the following week are planned, the last week's activities are evaluated, educational materials are developed, and the appropriateness of different techniques to meet certain educational objectives are discussed, as are any problems which come up in work.

e. Training of Graduate Nurses

Another collaborative activity between the UMass team and the Cuilapa National Hospital has been the design and development of an in-service training program for the Graduate Nurses of this hospital. This idea was promoted by the Head Nurse of the Nursing Department, who is in charge of in-service education programs. The Head Nurse faced the need for increasing and refreshing the knowledge of the nursing personnel so

they would be prepared to provide integral care and education to the patients. This need is based on the high incidence of diseases caused by erroneous concepts and practices of personal and environmental hygiene and nutritional aspects among the population covered by the hospital.

The general objectives of this training course were:

- 1) To motivate the GNs to educate patients and their families and, through them, the community.
- 2) To prepare the hospital personnel with education techniques which would increase the effectiveness of their work.
- 3) To prepare the hospital and extension services GNs to provide the patients with coordinated follow-up care to assist the patients' productive re-integration in their communities.

The specific objectives of the training were to train the GNs to:

- 1) Analyze the socio-economic and cultural reality of the population covered by the Cuilapa National Hospital.
- 2) Carry out health education activities based on the philosophy of Paulo Freire and on the principles of participatory education.
- 3) Work both in the medical and health education fields, taking into account the limitations faced by the patient and his family nucleus.
- 4) Design educational materials for health education, such as: educational games, socio-drama, popular theater, photo-literature, posters and flip charts.

This training program had a duration of three months, with the participation of 19 Graduate Nurses. The methodology consisted of an initial two-day session followed by weekly four-hour sessions. To meet the objectives, group dynamics, talks, critical situations, and critical participation were used. The program will be evaluated through an evaluation of the development and use of the methods and materials created by the participants.

5. Visual Aids

a. Nutrition Flipchart

One of the tasks of the RHPs is to provide the campesinos with nutritional information and to stimulate them to obtain more balanced and nutritional diets. The only materials they had to work with to carry out these activities was a flipchart created by the Alliance for Progress, which reflected neither the dietary practices of the campesino, nor the foods at his disposal. Given this situation, it was deemed necessary to create a flipchart which would present nutritional information based on locally available foods and incorporating local cooking techniques. In a series of meetings and discussions between the UMass team, the TRH, the local consultant and the RHPs, a detailed analysis of the existing material was carried out, commenting on its faults and limitations. There was ample discussion of the local eating practices, food availability, traditional cooking techniques, and utensils, etc.

On this basis, a flipchart on feeding of the infant during the first year of life was designed. A local artist was hired to create a model flipchart, using the figure of an Indian woman. To produce multiple copies of the model flipchart at a low cost, a "light box" was developed and constructed. A "light box" is a box with a clear glass or plastic top which has a light bulb inside. The original is placed on top of the box and copies are reproduced by tracing. A light box was made available to the RHPs in the Health Center of Tecpán and with this light box, 12 RHPs from Tecpán were easily able to make their own copies of the flip chart.

This reproduction system for the flip chart had two advantages: a relatively low cost, and the involvement of the RHP in the complete production process, which motivated him and gave him a sense of commitment to this aspect of his work.

The flipchart was designed so that its use at the community level would motivate the community groups to decode the drawings, discuss traditional beliefs and practices in relation to nutrition, consider possible alternatives, taking the local resources into account, and whenever possible, practice the preparation of foods mentioned in these

discussions.

Once the individual copies of the nutrition flipchart were produced, a series of training sessions were held to teach the RHPs how to use the flipcharts in their villages. These training sessions included demonstrations on the use of the flipchart by the local consultant, who played the role of a RHP in her community. The RHPs also practiced using the flipchart and learned techniques to promote more dialogue and active participation within the community groups.

A guide to the flipchart was also prepared, which summarized the orientation given to the RHPs by the local consultant. This information was organized into different sections entitled "Questions to ask," "Situations to analyze," "Information to share," and "Recipes and recommendations." These guides reinforce the RHP's learning and remind him of the adequate utilization of the flipchart.

This flipchart has also been adapted to the "ladino" situation for use in Cuilapa. Drawings have been made which show a "ladino" woman, incorporating local foods and practices. This adapted flipchart has been reproduced with the light box by four ANs of the Cuilapa National Hospital for use in the villages in which they work.

b. Literacy Flipchart

In San José Calderas, municipality of San Andrés Itzapa, the UMass team's fieldworker, together with the RHP's, have developed a series of literacy drawings. These drawings are being used by the RHPs to teach literacy to two groups of adults in the community (illiterate and partially literate). The drawings, based on the literacy and critical consciousness method which Paulo Freire used in Chile, have been well accepted by the community groups. This process has encouraged considerable discussion of the social, political and economic problems faced by the community. The neighboring village of Chicasanga has also requested the UMass fieldworker's assistance to carry out these activities.

c. Flipchart for Self-Evaluation of Traditional Midwives

Another visual aid which has been developed collaboratively is a flipchart for the self evaluation of knowledge of traditional midwives. The drawings represent birth and pre and post natal practices and care, which the midwives decode and use as a basis for discussing appropriate practices. This flipchart has been used in Patzún where the UMass team collaborated with a social worker who was training a group of traditional midwives.

6. Games

a. Game of Life

The community education functions of the RHPs are similar to those of facilitators and extensionists in other countries where games have been found to be useful as an educational tool. Based on UMass' experiences in Ecuador and in other countries, the UMass team discussed the use of games with the TRHs and presented them with the example of the "Game of Life". This game is based on the living conditions and alternatives faced by the campesino. With the participation of the Technicians and the Promoters, the UMass team adapted the game to focus on the situation of the highland Guatemalan Indians. The RHPs made their own copies of the board and cards, with individual modifications which reflect the realities of their villages. As a result, there exist various different versions of the game.

b. Game of Domestic Hygiene

Another board game developed collaboratively with the Promoters, Auxiliary Nurses and traditional midwives is a game on household hygiene. The board contains drawings of correct and incorrect domestic practices; covering food, sprinkling the floor with water before sweeping, burying garbage are examples of correct practices; sweeping without sprinkling water and creating alot of dust, having animals in the house, uncovered food and kitchen utensils are the negative situations. Each of the seven positive drawings are represented twice on the board, as is each of the three negative drawings, and there are four spaces with a question mark which represent luck. Besides the drawings on the board, there are six copies of the positive drawings in the middle of the board.

The objective of the game is for the players to form a set of seven cards which represent correct domestic practices in a logical, justifiable order, and to think critically about their domestic duties. The game is played in the following manner: the players throw dice to move around the board, and when they land on a drawing they have the option of picking up the corresponding card. When they do so they have decided on the sequence of activities to be carried out during household cleaning. From then on, they choose the logical sequence of the following activities. Once they have completed the set, each player must explain the reasons for her sequence and thus justify her game. During the course of the game, the players have the right to question the decision of any of the other players.

c. Nutrition Game

The Auxiliary Nurses of the Cuilapa National Hospital developed a nutrition game in the form of a lottery to teach the nutritional value of different foods, and how to divide them into three groups according to characteristics of function, formation and energy. The game is based on the game of lottery or bingo where the numbers have been replaced by different types of foods. The person who calls out the names of the foods does so in a form similar to that used in the popular bingo games. The person who completes a series of one food group (formation, energy or function) on her board, wins and must explain her game to the other players. If she has made a mistake, the group corrects her and explains why.

The objective of the game is for the players to demonstrate their knowledge of the nutritional value of the different foods in their own words using a comprehensible vocabulary. For example, protein equals formation, carbohydrates equals energy and vitamins and minerals equals function.

d. Game of Gastro-intestinal diseases

The Auxiliary Nurses also developed a card game for education on gastro-intestinal diseases, wherein the players have to form groups of corresponding cards with the name of a disease, its symptoms, causes, treatment and preventive measures.

The objective of the game is for the players to demonstrate their knowledge of the relationship between causes, symptoms, treatments and preventive measures in a critical and reflexive way. Each player is dealt five cards and, by trading with the other players, must form a set for a specific disease, such as dysentary, parasitosis, diarrhea from contaminated food, etc. At the end of the game, each player has to explain the disease she has identified with its symptoms, causes, treatments and preventive measures.

e. Game on Parasitic Diseases

A card game on diarrheal disease has also been developed to reinforce the RHP's knowledge of parasitic diseases. Three kinds of cards were prepared: signs and symptoms, treatments, and traditional practices. On the first set of cards, drawings were made of common signs and symptoms of the disease. On the "treatment" cards, recommended and non-recommended medical and home treatments were drawn. On the "traditional practices" cards, beneficial practices (preventive measures) and harmful practices (those which facilitate infection by parasites) were drawn. The cards are shuffled together and six are dealt to each player, who then must form sets of 3 cards - one sign or symptom, one appropriate treatment, and one beneficial practice. For example - high fever - physical means - covering food and dishes. Each player must then justify her set.

f. Snake Game

The board on which this game is played is a rectangle divided into 100 squares, numbered consecutively from 1 to 100. The players throw dice and move a marker according to the throw of the dice. Some of the squares are marked with messages concerning health, hygiene or nutrition practices. When players land on a positive message, for example "garbage buried", they move ahead several spaces on the board to a square which contains a message which is a consequence of the previous one, in this case "diseases eliminated". When players land on a negative message, for example "flies and insects inside the home" they move back several spaces to a square which contains a message of the consequences of the previous one, in this case "your family is about

to get ill". These messages rhyme in Spanish. When players land on one of these marked spaces, they must explain the relationship between the cause and effect in order to make sure they understand it. The objective of the game is for the players to move their markers until they reach the goal. The game is played with an average of six players.

g. Conclusions

The experience of using these games at the community level through the Technicians in Rural Health, Rural Health Promoters and Auxiliary and Graduate Nurses indicated that they can have an impact on the players. The discussions which arose during the games were frequently centered around real problems faced by the community, and the discussions stimulated the resolution-taking which is necessary to resolve concrete problems. In addition, the discussions generated during the games tended to encourage the participation of all group members whereas the common pattern is for one or two persons to monopolize the discussion.

7. Training Manual

To facilitate the use of the educational materials which have been produced, the Division of Human Resources of the Ministry of Public Health requested that the UMass team develop a training manual for the Technicians in Rural Health.

In response to this request, the UMass team has designed and developed a manual, which explains how to develop and utilize materials and techniques of non-formal education. The manual is written in Spanish, and copies will be forwarded to AID.

C. UMASS ACTIVITIES -- 1976-1979

Even though the Latin American Site was not scheduled to start until September 1977, the Latin American Regional Group initiated site exploration activities in November 1976. While working on another project, the Latin American Coordinator was able to visit Peru, Chile, and Paraguay to explore possibilities for collaborating with various institutions.

Contacts were made and correspondence begun between UMass and potential collaborators, utilizing the Center's network and contacts. Countries and projects were researched to produce the background data necessary for decision making.

Exploration trips to Chile, Bolivia, and the Dominican Republic were decided upon. The information resulting from the visits was evaluated and appropriate plans and decisions were made.

The Field Site Director and the Campus Coordinator were hired. Potential trainers, consultants and field personnel were identified. The criteria for selecting the site were established. Educational and training materials were prepared for possible use in the field. Meanwhile, consultations continued with various organizations and with AID/Washington.

In October 1977, three members of the Center's Latin American Group met in New York City with representatives of the Behrhorst Clinic to discuss possible collaboration with the Clinic's health education program. An exploratory visit to Central America by the Site Director was planned and completed. The recommendation of the Site Director that Guatemala be selected as the location for the Latin America Site was discussed and approved by the Latin American Group and the Principal Investigators. Decision-making guidelines for the project were developed.

With the establishment of the Site in Guatemala in January 1978, the Center members at UMass undertook a number of on-going tasks and activities such as:

- * Holding regular meetings of the L.A. Group to discuss and deal with site-related issues, policies, and requests.

- * Integrating new members into the Group.
- * Maintaining regular communication with the Site.
- * Providing information, data, and news to the Site Team.
- * Obtaining and delivering materials, books, documents, and photographic and other equipment and supplies for use at the Site.
- * Responding to requests of Site personnel.
- * Contributing to the formulation of project policy and decision making.
- * Writing, editing, compiling, producing, and distributing the Annual Reports.
- * Communicating and consulting with the funding agency:
 - providing and exchanging information about Site activities with the project officers and other agency personnel.
 - responding to agency requests for information and documentation.
 - informing AID/Washington about travel plans and obtaining clearances and authorization letters.
- * Disseminating information and materials sent from the Site.
- * Participating in Center Retreats and raising issues relevant to the project.
- * Insuring that project activities comply with University procedures and policies.
- * Handling required personnel actions.
- * Monitoring, up-dating, and revising the Two Site budget.
- * Maintaining financial accounts and records, reviewing the Imprest Fund, and paying bills.
- * Briefing and debriefing Center personnel going to and from the Site, and assisting in their travel.
- * Responding to correspondence and inquiries about the Center's collaborative activities in Latin America.
- * Arranging programs for visitors to the Center and meeting with such guests.
- * Providing secretarial and support services.

Specific grant-related activities and actions that took place at UMass included:

- * Revising the draft agreement between UMass and the Behrhorst Clinic, which can be considered as a model

collaborative agreement.

- * Planning, funding and conducting a Workshop on Collaboration in Nonformal Education on April 17 and 18, 1978 for approximately 40 participants from public and private institutions involved and interested in collaboration and nonformal education. Nine Case Study Papers were presented at the Workshop and a document building upon the conclusions of the discussions entitled A Study of Collaborative Programming in Participatory NonFormal Education was written by Gail von Hahmann.
- * Preparing a written summary of Latin American Site activities for AID's fourth year review of the 211(d) Grant, and participating in the review.
- * Organizing and participating in CIE's Tenth Year Seminar on the Future of International Education, which was attended by 70 Center members from all around the world. Topics discussed included: nonformal education, education and development, collaborative development efforts, the use of technology, project management, and the future of training in international education.
- * Selecting a recipient for an assistantship at the Site.
- * Conducting an ERIC Search for relevant materials on nonformal education and popular theater in Latin America.
- * Preparing and submitting a proposal to extend the project and an addendum to the proposal. Negotiating for the acceptance of the proposal.
- * Responding in writing to AID questions and concerns about the extension.
- * Participating in conferences and workshops including:
 - The Eighth National Conference of the Latin American Studies Association.
 - The New England Regional Meeting of the Comparative and International Education Society.
 - The Boston Regional Hearing of the President's Commission on Foreign Language and International Studies.
 - A workshop organized and sponsored jointly by the Center and Springfield College, entitled "Voluntarism: Exploitation or Opportunity?"
 - The Thai Site's Nonformal Education Conference.
 - Other similar events that dealt with issues relevant to the project.
- * Planning and effectuating the closing of the Site and the termination of the project.

VI. ACCOMPLISHMENTS LISTED BY OBJECTIVES

Objective 1: "Field Test Aspects of the Collaborative Model and Issue Technical Notes on Their Implementation."

In Thailand, the experience of collaborating with World Education and the Adult Education Division of the Ministry of Education in its nonformal education training programs provided a fertile field test for the collaborative model. Having three parties involved in the collaboration provided an added dimension with both positive and negative consequences. The recognition and acceptance of the necessity and inevitability of continually adapting and revising the original plans and agreements was a particularly salient feature of the collaboration.

In Guatemala, the type of collaborative agreements made between the UMass team and the different counterpart institutions--the Behrhorst Clinic, the National Reconstruction Movement, the Division of Human Resources of the Ministry of Public Health, and the Cuilapa National Hospital, varied depending on the ideology and methodology of each organization and on the degree of the institution's commitment to follow up on the initial discussions and develop and use the nonformal education techniques.

The UMass team and the Behrhorst Clinic drew up an agreement which both parties were ready to sign, but due to internal problems in the institution, the agreement was not signed and the collaboration stopped.

A series of discussions between the National Reconstruction Movement and the UMass team were held over a period of time. This interaction never culminated in a collaborative agreement however, due to important differences in philosophic and methodological approaches.

The UMass team and the Division of Human Resources of the Ministry of Public Health discussed and drew up several agreements, but they were never signed, as neither party felt the need for an official agreement. The Division of Human Resources gave the UMass team ample support to stay in the country by assisting its members in obtaining visa status, vehicle permission, and other necessities. In addition, the Division granted the team the freedom to work with the Area de Salud of Chimaltenango, where the Jefe de Area also gave his support and assistance to

the UMass team's training and materials development activities with the Technicians in Rural Health.

The Cuilapa National Hospital requested UMass' collaboration in the area of health education, and the enthusiasm, motivation and commitment of the health personnel in that institution greatly facilitated a dynamic working relationship and even made it difficult to terminate the collaboration at the end of the project.

The personal relationships established between the UMass team members and the local personnel have been the key to a successful working relationship, both with this institution and the Area de Salud of Chimaltenango.

Another collaborative relationship which was established was that between the UMass team and the "Programa de Saneamiento Rural, Agua Potable y Letrinizacion" (SARUCH), whose director requested the collaboration of UMass for the educational aspects of the program.

The collaborative practices and structures operating at the field sites formed the basis for discussions of collaboration in UMass classes and at the Conferences put on by the Center. Thus, the collaborative model and its implementation was examined in class papers, comprehensive papers, and dissertations, and in the documents: A Study of Collaborative Programming in Participatory, Nonformal Education and Issues and Ideas: A Review of Asian NFE Experiences, which catalogued and summarized the results of the Conferences.

Finally, a document, Staff Development for Nonformal Education: A Case Study of Thailand, is being published. It will examine and review in detail the activities and results of the project in Thailand and the collaborative model.

Objective 2: "Design and Field Test a Number of Techniques, Methods and Training Programs in Nonformal Education, to be Implemented Jointly or Under the Aegis of the Sponsoring Local Agency."

In Thailand, the Adult Education Division and the UMass personnel collaboratively developed, utilized and implemented a number of training modules and programs, including:

1. Suzanne Kindervatter's model of training for village-level

youth leaders, which was used at five different provincial centers.

2. Kindervatter's training model on high school equivalency education for adult education teachers.
3. Fe Mary Collantes' training module, Module I, on Person-Centered Participatory Learning Process, which formed the basis of the Seminar for Training Key Facilitators held from February 11 to February 15, 1979.
4. Module II on Program Planning and Evaluation, worked on by Julio Ramirez and other members of the Site team, which was implemented during a four-day workshop sponsored by AED in July 1979.
5. Module III on Organizational Development, planned and developed by Jan Droegkamp and the Thai staff, utilized by AED in a training workshop in September 1979.

For the methods employed and contents of these training programs, refer to the Asia Site section of this report, to the appendices of the revised Asia Field Site Report of March 1979, and to the publication Staff Development for Nonformal Education: A Case Study of Thailand.

In addition, a Lifelong Learning Scale designed to help out-of-school (nonformal) agencies to increase their effectiveness in education has been field tested. A related training manual is at the draft stage.

In Guatemala, the UMass team carried out the following training programs:

1. Retraining program for seventeen Technicians in Rural Health from Chimaltenango.
2. On-going weekly training sessions with groups of twelve to fifteen Rural Health Promoters in Tecpán, Zaragoza, Patzún, Chimaltenango and San Andrés Itzapa.
3. Two training workshops in popular theater for Rural Health Promoters of Tecpán and San Andrés Itzapa.
4. Three-month seminar (three hours, once a week) on techniques of adult nonformal education for ten Auxiliary Nurses from the Cuilapa National Hospital.
5. Three-month (four-five hours, once a week) in-service training program in health education for seventeen Graduate Nurses of the Cuilapa National Hospital.

The UMass team collaboratively developed the following educational materials and techniques:

1. Nutrition flipchart for use in Indian highlands.

2. Nutrition flipchart for use in ladino lowlands.
3. Literacy flipchart.
4. Flipchart for self-evaluation of knowledge for traditional midwives.
5. Game of Life adapted to the reality of the Guatemala highland campesino.
6. Domestic hygiene game.
7. Nutrition bingo game.
8. Gastro-intestinal disease card game.
9. Parasitic diseases card game.
10. Snake game developed by UNICEF/Colombia for parasitosis, adapted for hospital patients and community groups in Cuilapa, to teach hygiene and nutrition habits and health-related behavior.
11. Training Manual for Technicians in Rural Health on the development and use of nonformal education techniques and materials.

Objective 3: "Offer Training Opportunities at the Sites and at the Center for International Education for Center Members and Cooperating Institution Staff."

Due to the availability of the Two Site Grant, the people who worked in Guatemala and Thailand and those at UMass had the opportunity to participate in training sessions and to acquire new skills and hone and enhance their existing capabilities.

1. Center members obtained valuable training and experience in project design and identification during the site selection process. The Asia and Latin American Regional Groups evaluated possible sites and potential collaborating institutions.
2. Center members received valuable training and field experience through their work at the Sites. They facilitated and participated in numerous training programs and workshops.
3. At the Center, the Regional Groups participated in project discussions, provided information and materials for the Sites, and learned about the techniques as well as the difficulties of project management.
4. Training opportunities were provided in Thailand for the Central, Regional, and Provincial staff of AED, for village-level youth leaders, and for adult education leaders, and in Guatemala for Rural Health Technicians and Promoters, midwives and auxiliary nurses associated with cooperating institutions.
5. The experiences gained at the field sites were transferred to the Center, where they have been analyzed and compared with

other experiences. For example, in the NFE course, a presentation was made about the Guatemalan Site experience using role play and games as well as discussion.

6. UMass faculty who participated in the grant activities are teaching graduate-level seminars that use and build upon their experiences.
7. Guatemalan nationals worked with the Center personnel as integral members of the Site team.
8. An on-going training opportunity at UMass, which was clearly related to the Two Site experiences in Thailand, was created by the establishment of the Resource Center for Community Education of the School of Education.

In sum, among those who benefitted by the existence of the Project were:

- The eleven Center members who had the opportunity to work and learn at the field sites.
- UMass faculty whose experiences with the project have been incorporated into their courses.
- The Coordinators and members of the Asia and Latin America Groups.
- The two Thai students from AED who participated in the wide range of Center activities and who will earn their doctorates.
- The Guatemalan members of the Site Team.
- The innumerable Thais and Guatemalans from the collaborating institutions who utilized the materials developed during the Project and who participated in the various training programs.
- The UMass students who participate in seminars offered at the Center and in the Resource Center for Community Education.

Objective 4: "Assist in the Coordination of Workshops for Other Interested Parties On Site."

In Thailand, the Center staff contributed to the planning and implementation of the annual conference of the Asian and South Pacific Bureau of Adult Education held in November 1977. UMass field staff also participated in a SEAMEO's conference on Nonformal Education in Chiangmai, and in AED workshops on Evaluation and Research, Curriculum Development for Vocational Education, and Informational Exchange of NFE Experiences in Other Countries.

The UMass team in Guatemala participated in a retraining workshop for Technicians in Rural Health in Chimaltenango, and in two training

workshops for the Rural Health Promoters of Tecpán and San Andrés Itzapa. They also participated in a seminar for field supervisors and promoters of the Ministry of Education's Basic Rural Education program, by giving workshops on educational games. Collaboration with SARUCH took the form of planning potable water introduction projects, and participation of UMass team members in a regional workshop on intermediate training for rural water systems.

Objective 5: "Hold at Least Two Workshops at the Center for U.S. Agencies and Institutions interested in Aspects of Nonformal Education."

1. On April 1, 1979 a workshop on "Thailand and Nonformal Education" was held at UMass.
2. A "Workshop on Collaboration in Nonformal Education" for approximately forty participants from public and private institutions was conducted at the Center on April 17 and 18, 1978.
3. A "Nonformal Education Conference," which reviewed and utilized Two Site Grant experiences, took place at UMass on December 17 and 18, 1979.

Objective 6: "Hold Workshops at the Center Throughout the Academic Year Directed at Supporting Site Activities. These Would Include Specific Research and Development Activities Carried Out Under the Auspices of the 211(d) Grant."

1. In support of Site activities, the Asia Group met regularly to discuss and deal with Site-related issues, policies and requests and to make and implement plans.
2. Likewise, the Latin America Group held regular meetings to discuss project-related issues, to assist Site activities, and to respond to requests.
3. Extensive research, particularly in the fields of nonformal education and games, was required to produce the Guatemalan Training Manual.
4. Based on the Collaboration Workshop and on the Two Site Grant and other field experiences, a document entitled A Study of Collaborative Programming in Participatory Nonformal Education was written by Gail von Hahmann.
5. For his dissertation, "Collaborative Programs in International Education: An Analysis and Appraisal," John Bing researched the issues of collaboration between the Center and its field projects.

6. Building upon her Two Site field experience in Thailand, Suzanne Kindervatter wrote her dissertation, entitled "Non-formal Education as an Empowering Process: With Case Studies from Indonesia and Thailand."
7. Somprasong Withayagiat completed his dissertation, entitled "A Flexible Staff Development Module for Nonformal Education in Thailand." His comprehensive papers dealt with inter-agency collaboration and nonformal education in Thailand.
8. Kla Somtrakool, another Ed.D. candidate from Thailand, wrote comprehensive papers on "Education for Rural Development: Some Theoretical Issues and Alternatives" and on "Lifelong Education in Thailand: Some Planning Guidelines." His thesis is about "Lifelong Education for Rural Adults: Problems and Planning Considerations for the Central Region of Thailand."
9. Additional members of the Asia Group, as well as other Center members, engaged in similar research activities that contributed to the development of the field activities in Thailand which, in turn, benefitted their work.
10. To respond to requests from the field for information, materials, and assistance, a model collaborative agreement was drafted and extensive research, including ERIC literature searches, was undertaken on a variety of developmental and nonformal education issues.
11. Finally, the Two Site Grant activities and the Center's courses were enhanced by cross-fertilization. The experiences and knowledge gained from the Sites were studied and discussed. Conclusions and suggestions derived from classes were incorporated into the on-going planning and implementation of the Grant.

VII. CONCLUDING COMMENTS AND OBSERVATIONS

Nonformal education as demonstrated by this project appears to be cost effective. Once the Two Sites were established, they operated at a relatively low cost. With a modest level of expenditure, most of the ambitious goals and objectives were achieved and Thailand, Guatemala and the Center all benefitted from the project.

The collaborative model was implemented and examined. However, it was found that a long lead time was required to identify and operationalize such a collaborative project. The Two Site Grant was relatively unique since it developed out of the Center's 211(d) Grant and required the Center to seek out an appropriate country and project. Much time and effort was required to identify countries and institutions that met the requirements and criteria established by the Center, AID, and the potential host countries.

With most projects, an institution, such as the Center, would be responding to an RFP to provide specific services for a known institution in an identified country. Thus, the time and money expended in locating a project would be lessened. Moreover, in a RFP and resulting contract, both parties would know what is expected of each other. Since the terms in the Two Site Grant were open and unspecified, and since collaborative procedures and processes were being adhered to, extensive negotiations were necessary to obtain an agreement and a plan of action. Furthermore, the initial plans and agreements had to be altered and adapted to meet changing circumstances. Once the revised goals and plans were established the joint projects proceeded successfully.

The strength of the Two Site Grant and the collaborative model was that modification was permissible and feasible. While extra time was required to negotiate and renegotiate the provisions of the agreements and the relationships between the parties, the end result was a superior work plan and project.

As mutual trust and confidence grew, changes could be implemented to reflect these and other developments. Through collaborative program development, effective and productive working relationships were created and activities were planned and implemented that accommodated and met the needs and desires of both parties.

Although the primary focus in regards to collaboration was the relationship between the Center and the cooperating institutions in Thailand and Guatemala, another component existed in this project. Collaboration was necessary between the UMass field teams and the staff and regional groups at UMass. To make this collaboration successful, traits and attitudes similar to those required for collaboration between institutions were essential. Thus, patience, flexibility, having enough time to develop relationships, trust, sharing and a desire on both sides to make the model work were necessary for internal as well as external collaboration.

Personnel selection and performance are vital factors in collaboration. Continuity of the counterparts and the project staff enhances the prospects for success and reduces the amount of time lost.

The Two Site Grant experience provided evidence of the validity of the collaborative model and demonstrated that a variety of relationships are not only possible but also desirable. The model is not a single, fixed formula with set procedures. The relationships established in Thailand and Guatemala differed greatly. Even the collaboration at each site did not conform to one pattern or model, but varied according to the personnel and groups involved. Also, collaboration does not remain in a steady state. It is a function of many variables which are not static. Thus, the degree of collaboration may vary during the course of a project between a high and low level. By its inherent nature, collaboration is flexible and evolves to best satisfy the particular situation and circumstances.

Much time, effort, and expense must be expended to establish a truly trusting and collaborative working relationship. Fixed and firm time tables imposed by funding sources can impede the long run success of such a project by preventing the complete development of the collaboration. In such a case the output and effectiveness of a project can be reduced.

If project activities are artificially terminated according to a pre-arranged time table, as opposed to termination when the project is sufficiently developed to continue on its own or when maximum results have been achieved, the project may not be worthwhile or beneficial. Not only will money and time be wasted, but the effort may prove to be counterproductive if expectations are dashed, and cynical and negative attitudes reinforced.

On the other hand, once the long, difficult collaborative process has matured, additional inputs of time and resources can produce proportionately greater outputs and benefits.

In Thailand the staff of AED (now the Department of Nonformal Education) have the training modules and in Guatemala, the Rural Health Technicians and Promoters have the Training Manual to use in their on-going educational efforts. Whether the Sites were developed sufficiently and whether those that participated in the programs will continue to use the materials and techniques introduced during the project and will train others to use them, remains to be determined.

Another lesson that can be drawn from the Two Site experience regards the participant exchange. Having two staff members from AED study at the Center and participate in regular Center activities enriched the Center and facilitated the creation and maintenance of a collaborative, cooperative relationship. The experience and in-depth training they received at UMass has enhanced the possibilities for the continued application and implementation of NFE techniques, methods, and procedures after the termination of the Two Site Project.

Another observation worth mentioning is that the successful introduction and use of popular theater in areas of Guatemala where that art form was not prevalent before or part of local custom and tradition, demonstrates that NFE techniques do not have to be indigenous to an area to be accepted and successful as an educational tool.

It is interesting to note that the nonformal education philosophy, techniques and tools, such as popular theater, games, role plays, flip-charts, etc., were applied successfully in the health sector. While NFE has generally been experimented with and utilized by Ministries of Education and teachers for purely education projects, in Guatemala the Ministry of Health found the NFE methods, practices and materials appropriate and useful for its activities. The Ministry of Health planned to utilize the Training Manual and expand the training program to other parts of the country. In Thailand, the youth training model was used by youth agencies outside the Ministry of Education. Thus, it can be concluded from this project that nonformal education programs and techniques need not be limited to Ministries of Education and education projects, but can be productively

and beneficially applied in other sectors as well.

It is also noteworthy that the local participants in Thailand and Guatemala contributed to the planning, implementation and evaluation of the training programs and actively participated in the design and production of the materials used. Thus, an important goal of the grant was achieved.

Another grant objective specifically stated in the Latin American section was to emphasize the participation of women in the Site's programs. The Site Team's work with the rural health workers, the auxiliary nurses and midwives more than met that objective.

In sum, while much time was required to build trust and working relationships between the Center and the cooperating institutions, useful and relevant materials and training models and programs were collaboratively developed and implemented at a relatively low cost during the Two Site Project.

Two-Site Grant Expenditure Report
Reporting Year Detail
Under Institutional Grant #AID/ta G-1346
Reporting Period - 9/27/78 to 12/31/79

I.	A.	Salaries - Other		
		Clerical	Clerical	453
		Professional Staff	Coordinators	8,431
			LA Site Administration	28,608
			Asia Site Administration	5,658
	B.	Fringe Benefits	Covering 70% of staff	1,383
	C.	Site Administration	On-Site Expenses	5,756
II.		Stipends		
			Kla Somtrakool Thailand	7,053
			Stanley Gajanayake Sri Lanka	2,000
			Somprasong Withayagiat Thailand	7,053
			Jaya Gajanayake Sri Lanka	4,526
III.	A.	Consultants: two		700
	B.	Guest Lecturers, visitors: none		
	C.	Conferences: one (partial travel support)		800
IV.		Travel		
	A.	Domestic: seven trips		895
	B.	Foreign Travel: six trips		16,480
	C.	Site Travel		10,234
V.		Equipment: (Materials and Supplies)		356
VI.		Library Acquisitions		260
VII.		Publications/Newsletters: none		
VIII.		Other		6,546
		Overhead		8,244
		Total monies expended during reporting period		<u>\$115,436</u>

Two-Site Grant Expenditure Report

ACTUAL AND PROJECTED SUMMARY

Under Institutional Grant #AID/ta G 1346
Reporting Period - 9/27/78 to 12/31/79

	EXPENDITURES TO DATE		PROJECTED EXPENDITURES	TOTALS
	REPORTING PERIOD	CUMULATIVE TOTAL	CLOSE-OUT EXPENSES*	
1. Salaries and Allowances	71,621	152,157	1,820	153,977
2. Travel	28,409	53,043	0	53,043
3. Other Direct	6,546	11,874	840	12,714
4. Materials and Supplies	616	2,396	100	2,496
5. Overhead	<u>8,244</u>	<u>17,550</u>	<u>220</u>	<u>17,770</u>
TOTALS	115,436	237,020	2,980	240,000

*Anticipated expenses associated with close-out of project.