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HUMAN HEALTH RESOURCE DEVELOPMENT
IN LATIN AMERICA AND AFRICA

FIRST EVALUATION
SEPTEMBER 1991 - SEPTEMBER 1993

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ESPERANÇA MATCHING GRANT
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SEPTEMBER 1991 - SEPTEMBER 1993
WILLIAM V. DOLAN, M.D., FACS
PROGRAM DIRECTOR/ESPERANÇA, INC.

MATCHING GRANT SUMMARY

This report covers the first two years of a five-year Matching Grant (MG-II) to Esperança, Inc. from United States Agency for International Development (USAID). The total grant timeframe extends from September 1991 through September 1996, and involves \$1 million in federal funds from USAID, matched by an equal amount of \$1 million in cash from Esperança, Inc. over the five-year period. The program is entitled "Human Health Resource Development." The focus is the improvement in the health management and administration skills of both individuals and institutions (both public and private sector) working in Latin America and Africa. There is a strong sense of "South-South" technology transfer and networking that exists between Esperança's programs in Bolivia (and the rest of Spanish-speaking Latin America) and Brazil and Portuguese-speaking African countries, such as Mozambique and Guinea-Bissau.

The Bolivia report by Esperança's country director, Dr. Peter Boddy, covers a timeframe of September 1991 through September 1993. The Brazil report summarizes the first year of this project, and covers the dates September 1992 through September 1993. The African phase of this MG activity is to begin in year three (1993-94) and will begin in Mozambique, with subsequent work in Guinea-Bissau.

Overall, program objectives as delineated in the Detailed Implementation Plan (DIP) have been met and exceeded. There exists a tremendous demand from health professionals and institutions in both the public and private sectors for increasing training activity of this nature. There is a tremendous potential for further networking with other countries in the developing world in both Latin America and Africa. Esperança's primary focus has been in Spanish- and Portuguese-speaking countries. Further expansion to other parts of the world with the use of English as the "lingua franca" of a "South-South" technology transfer is anticipated. This promising collaborating training effort is an outstanding example of utilizing USAID funds in a matching fashion to promote self-sustaining development in the

health sector. This program builds on an earlier matching grant funded by USAID in the period August 1988 through September 1991, which involved, primarily, Bolivia and Guinea-Bissau, Africa. In other words, this successful program has built on a solid foundation of previous USAID funding, along with Esperança's collaboration and counterpart funding of an equal magnitude. Plans of expansion to other areas of the private sector with additional outside funding are contemplated. A long-term goal is to develop Esperança, Inc. as an international development center for both governmental and private entities.

Finally, one long-standing organizational characteristic of Esperança is its field-loaded approach. The headquarters component (both in staff and material resources) is kept to a minimum. Key program personnel and the vast majority of funds (over 90%) are located in the field. In other words, the overall organization is very much "program driven," emphasizing the key role of our field personnel in both development of new programs, as well as implementation of existing ones. This also has the greatest potential for expanding the "South-South" network between private and government entities in the developing world. Esperança also believes that this maximizes the use of resources, utilizing host-country professional talent for the maximum. Many of these health professionals in the developing world are of high quality, but require significantly less financial maintenance than their United States counterparts.

HISTORY OF ESPERANÇA, INC.

Esperança, Inc. is a non-profit, non-denominational, tax-exempt private voluntary organization (PVO) based in Phoenix, Arizona. The U.S.-based charitable organization is recognized as a 501(c)(3) tax-exempt entity by the United State Internal Revenue Service. The organization began with one man, Dr./Fr. Luke Tupper, who began as a medical missionary in the Amazon of Brazil in 1970. Since then, the organization has grown considerably, providing a combination of treatment and training services in Latin America, Africa and Asia. Esperança's primary focus has been in health care in Latin America. The primary sites are Brazil and Bolivia. Over the past decade, there have been significant ties with the Portuguese-speaking African countries of Guinea-Bissau and Mozambique. These efforts have been aimed

at assisting the Ministry of Health (MOH) in each of these countries to improve the training of its professional workers, focusing on primary health care and the child survival strategies. Since 1986, Esperança has collaborated with USAID in running child survival programs in the Chaco of Bolivia.

Esperança has also collaborated in the health training activities with FUNDECAI/Save the Children in Sonora, Mexico, and St. Jude's Hospital in St. Lucia, West Indies. Esperança has conducted surgical interchanges with the People's Republic of China in 1990 and 1991.

GENERAL OBSERVATIONS

Overall, the MG-II has achieved the benchmark indicators set forth in the DIP for years one and two in Bolivia and year one in Brazil. This is especially significant, given the many challenges involved in human resource development in Latin America. This is a pioneering effort for many of these areas, since there is no readily-available means of providing training and education in health management and administration.

The demand for such training services and the potential for developing institutions and professional individuals has been overwhelming. Clearly, there is a perceived need on the part of local professionals in both the public and private sectors for this type of human resource development. For many health professionals who are thrust into the position of leadership in administration, this has been their first exposure to management training. The one criticism that keeps coming back with all the evaluations is that there is not enough of this training available. The potential for growth in this area in both Latin America and, most probably, Africa is without boundaries. Esperança has a great opportunity in its collaboration with USAID to significantly improve the public health and private sector activities to this training work. With the concept of "South-South" that Esperança has employed successfully over the past decade, additional beneficiaries in Latin America and Africa (and beyond) are, undoubtedly, present and eager for this type of training activity.

One salient feature is the fact that the majority of all participants in both Bolivia and Brazil have been women. At both the professional and lay levels, women are taking great advantage of these educational opportunities. This has long-term positive implications for future health care policy in the participation of women in both health care delivery and policy decision-making. Since Esperança plans to carry this activity beyond the professional level to the village level, as well, we hope to have a positive impact for women among the non-professional population.

While the primary focus to date has been on improving the institutional and individual professional management skills in the health care arena, there is a great potential spin-off for other areas in the private sector, as well. This would include private development organizations (PDOs), micro-enterprise projects, women's organizations, as well as other agricultural and environmental sectors. In other words, basic good managerial techniques can be applied in both the health and non-health areas. Once the basic training apparatus has been designed for a region, the application can be widespread in multiple areas of society.

Taking the concept of this human resource development training beyond the multi-sectorial level, these concepts in human resource development can also be shared internationally, as well as between continents. Esperança has already demonstrated this with its first matching grant activity, utilizing Brazilian health professionals to help revise the nurse training program in Guinea-Bissau, Africa. We have already seen encouraging signs of collaboration between many parts of Bolivia and Esperança's training activities based in Santa Cruz. Furthermore, contacts have been made outside of Bolivia in other parts of Spanish-speaking Latin America. The same is true for Brazil with its Portuguese-speaking base. Future plans call for activities in year three expanding across to Mozambique. Eventually following this, will be Guinea-Bissau. Given the type of materials that are created, many of these can be adapted for different countries and could conceivably be used beyond those nations where Portuguese and Spanish are the primary language.

The long-term goal would be the development of Esperança as an international private sector support organization. This would include working in both the health and non-health areas to achieve human resource development for professionals and institutions.

Finally, Esperança's efforts in MG-II have been fruitful in breaking new ground in human resource development in the developing world. Esperança's professionals, as well as those at Nur University in Santa Cruz, Bolivia, have been actively creating new training materials and approaches for health professionals in management and administration. Hopefully, these developments will be put to good use in larger portions of the base countries of Bolivia and Brazil, as well as other parts of Latin America and Africa. The primary emphasis initially will be on Portuguese- and Spanish-speaking countries. With further increase in training capacity, many of these skills and techniques can be transferred to other parts of the world. Presumably, English would be the linguistic common denominator to facilitate this "South-South" technology transfer around the globe.

There are constraints. One key concern is that of cost recovery. The long-term courses (i.e., modules) will, hopefully, become completely sustainable with full cost recovery. The short-term workshop activities (e.g., "talleres" in Bolivia) are more problematic. This is because many of the indigenous PVOs are very poor, not to mention the individual participants. Cost recovery is a real challenge here. This is one clear reason why these types of activities have not been done before in these areas. Someone must pay for them. Another challenge is obtaining qualified professionals for training, especially those who will work for long periods of time in Africa. The cost may be larger than anticipated initially. A final potential constraint is that of documentation. While the Esperança MG-II staff is constantly working to improve the materials, some baseline publication is necessary to officially "get the word out," as well as provide some "copyright" protection of the materials. In addition to documentation of the specific training material, active participation in the scientific and professional journals would also help share some of these new concepts that are being designed by Esperança MG-II personnel.

LOGISTICAL SUPPORT

As stated before, Esperança is primarily "field-loaded." There is consensus that the Esperança HQ has provided good logistical support to the field in helping them achieve their programmatic goals.

One of the primary functions of the Phoenix HQ office is to raise money to provide additional support for the field. This is done through a variety of sectors, including individuals, churches, service organizations and various foundations, as well as USAID. The Brazil program in the past has received a large amount of volunteer help, as well as donated supplies. One special facet of Esperança's field approach is to hold annual field staff meetings, bringing together key professionals from all the countries and HQ. The site alternates between the Phoenix HQ and the field. The next planned field staff meeting is January 1994 in Phoenix, and we will be discussing a number of the important issues involved in MG-II activity.

FINANCES

The MG-II program has been within budget to date. In fact, due to various circumstances, the Brazil program is under budget. This is expected to change as additional professionals are hired and the program expanded in Brazil and the Africa exchange commences. There may be a need to revise the different budget categories at the time of the mid-term evaluation, which is scheduled for the spring of 1994.

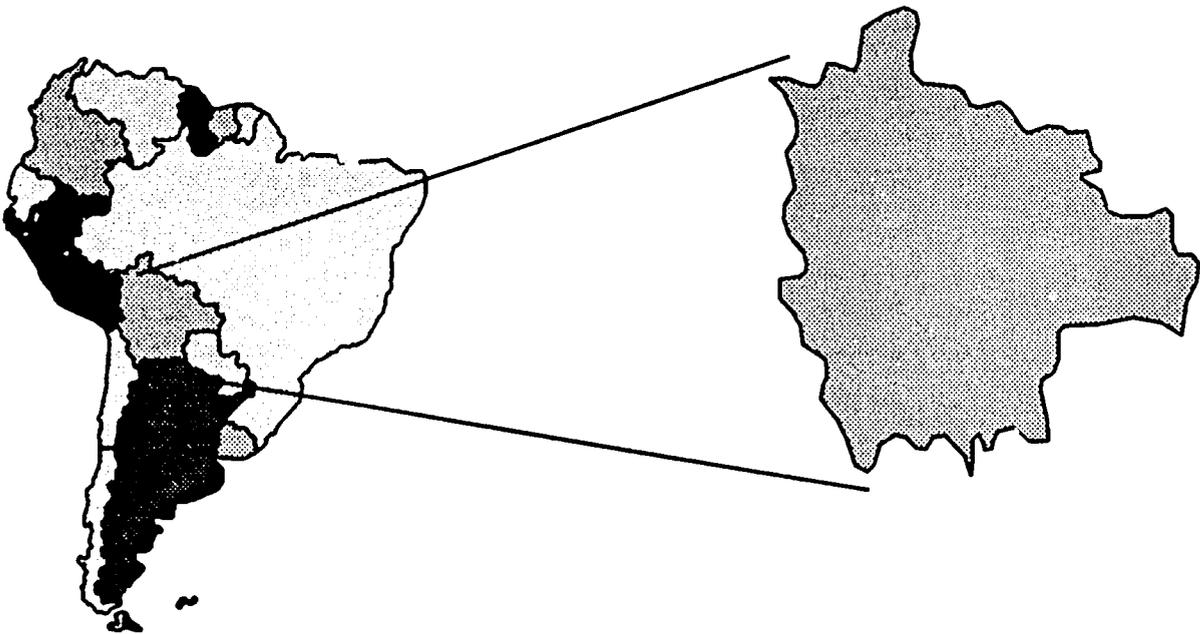
CONCLUSION

Esperança is very pleased with the progress to date of MG-II in both Bolivia and Brazil. The potential for future expansion both within these countries, as well as beyond them, is very high. The need for additional human and institutional resource development in health continues to be a crying need in the world. Indeed, it may be a key to solving many of the urgent health needs in today's developing world. Esperança is very pleased to collaborate with USAID in helping to achieve "health for all by the year 2000." By emphasizing development of individual professionals and their institutions (both public and private sectors), Esperança believes it is planting the seeds for long-term self-sufficiency in health.

BOLIVIA SECTION

ESPERANÇA, INC. ANNUAL REPORT
PERIOD ENDING SEPTEMBER 30, 1993

**HUMAN RESOURCE DEVELOPMENT
FOR HEALTH MATCHING GRANT**



BOLIVIA

EXECUTIVE SUMMARY

PROGRAM STATUS

Program development and implementation of the Human Resource Development for Health Matching Grant Project (HRDHMG) is proceeding well. The MG project program has earned a very good reputation and has generated great demand on the part of participants, who want more training opportunities, and institutions, which also want more training events. With a few exceptions, project activities conform to our proposed timetable. These exceptions, will not be harmful in any way, and have been reprogrammed.

The number of PVO workshops and average number of participants surpasses goals proposed for the time period. The total number of MPH modules is slightly below the proposed goal, but the number of participants surpasses expectations. The timetable for conducting the number of MPH modules proposed has been readjusted to be more realistic, and will easily be completed during the established project period. Institutionalization is also proceeding well in terms of organizational commitment by Núr University, recruitment of appropriate project personnel, provision of adequate equipment for development and implementation activities, and development of a productive project team.

ADMINISTRATIVE STATUS

The project administrative structure is now well established and functioning well. There are three administrative levels: 1) Esperanza, Inc., headquarters unit in Phoenix, Arizona, which provides overall administrative, programmatic and budgetary supervision. 2) Esperanza Bolivia provides general local administrative, programmatic and budgetary supervision, and health technical assistance for the program. And, 3) the PostGraduate College of Núr University is the primary implementor, performing management, programmatic, and budgetary functions concerned with project development and execution.

FINANCIAL STATUS

The project is generally operating within the proposed budget. Some costs were correctly estimated, some were over-estimated and some were under-estimated, so some degree of internal reallocation of budget items should be considered. Cost recovery has been initiated. It seems feasible to expect that the MPH modules will become self supporting. On the other hand, it will be more difficult to achieve self-financing for PVO workshops.

GENDER STATUS

Women have a strong presence in the HRDHMG project. Almost half, 47%, of project staff are female. More than half of the beneficiaries were women, both in the case of the PVO workshops (51%), and in the MPH modules (57%). Development workshops were prepared to assist a UNIFEM funded project. The participation of women will continue to be an important concern of the project.

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I. BACKGROUND TO GRANT AND PROJECT CONTEXT

BACKGROUND AND CONTEXT

Esperança, Inc., is an American PVO which specializes in improving basic health services and primary health care delivery, accessibility and coverage in underdeveloped areas. Esperança mainly works with severely disadvantaged populations in third world areas. One of its principal strategies is to help people to help themselves. In the case of third world areas, this focus is directed at educating underserved populations and developing local healthcare workers to better provide needed services and public health programs.

Esperança has developed considerable expertise in implementing this strategy in Bolivia and Brazil. Esperança initiated its work in health in the decade of the 70's by providing basic medical and surgical services to impoverished inhabitants along the central Amazon River in Brazil. The medical and surgical services were usually the only source of such services for the area's poor population. It was recognized that in order to achieve significant and lasting improvements in the population's health, and to avoid many of the life-threatening illnesses and injuries, it was necessary to introduce public health programs to accompany curative care programs. All of these programs were more effective when the population was educated to take proactive roles in establishing and maintaining their health. The programs become "permanent" when local healthcare personnel are trained to implement and maintain them.

Bolivia, along with Haiti, presents one of the poorest socioeconomic environments in the world. Over 80% of its 6.3 million population lives in poverty. Currently it has the "second" worst health statistics in the Western Hemisphere.¹

Núr University is a Bolivian private university located in Santa Cruz, Bolivia. It was established to develop educational programs that would contribute to regional and national development and integration. One area considered to be of prime importance was the area of health. Núr University has created a strong reputation for providing innovative and effective formal and non-formal educational programs, based on practical curricula and state-of-the-art instructional technology.

In 1987, the Post-Graduate College of Núr University and Esperanza Bolivia (Esperança, Inc.'s subsidiary in Bolivia) organized a national seminar to analyze current problems facing the Bolivian public health system and its relation to the current state of preparation of national human resources for health. Representatives from the national and regional levels of the MOH, international health agencies, PVO's working in health, and other interested persons, met in Santa Cruz to discuss these issues. A significant concern was to identify why health in Bolivia was so bad. Though considerable resources had been invested during the previous years, and though the government has given health high priority, Bolivia had not

¹UNICEF, *The State of the World's Children*, 1993.

been able to make significant progress in achieving goals of the international health campaign, "Health for All by the Year 2000."

One of the most important conclusions was that health management at virtually all levels was severely deficient. Management was defined as the planning, implementation and evaluation of public health programs and projects. While large numbers of Bolivian health personnel had received up-to-date training on technical subjects, virtually none had received training in health management. It was seen that the management of health programs at all levels (local, regional and national), and in practically all areas of the country, was extremely deficient. The great majority of health personnel had received no training at all in the management of health projects and programs. Therefore, it was concluded that the training of health sector human resources in management was urgent. It was also shown that the need was urgent for the public health sector as well as the private and voluntary health sectors.

In addition to education and training in health management, other important factors were opportunities and accessibility for training and educational activities. First, no other institution has organized a specific response to this critical problem. An existing university public health program was seen as addressing other issues and not program management. Virtually no trainings had been organized to deal with health program management, or had dealt with management tangentially or as a minor part of other training activities.

Second, the few events that had taken place tended to be held in La Paz, making it extremely difficult for professionals from other areas to attend. This meant that usually only national level staff had the chance to attend such trainings.

Third, training events have tended to be relatively short in duration, which because of time restraints forced a superficial treatment of management subjects. There was enough time to adequately study management topics to the extent of being able to apply concepts in real life situations. Most of the few events resulted in teaching new terminology rather than in developing new levels of managerial skills. This also gave a false impression that those who attended these superficial seminars had indeed received management training; that if they could "talk the talk," they could also "walk the walk."

Fourth, professional staff who were already on-the-job "desperately" needed management training to be able to do their jobs more effectively. They needed to be able to study without having to leave their jobs for long periods of time (more than a few weeks). There was also no pool of knowledgeable professionals who could replace them anyway. Public sector employees who did prove to be proficient at program management tended to be hired away by private sector employers.

Another important factor was the effectiveness of educational programs and activities. All professional staff had experience formal educational programs, and though they firmly believed in their importance, most were most reluctant to make commitments to participating in long, boring and personally demanding activities. Therefore there was a need to apply new educational technologies which would not just be of high academic quality, but which would also be more effective in imparting new knowledge and skills, and would focus on the practical application of the knowledge and skills.

The conclusions reached at this seminar have been complemented by other studies. Basically they were that there was an acute and critical need to develop state-of-the-art health management courses and educational activities which would offer opportunities for short- and long-term study to professional staff already working in government and PVO programs and projects. It was seen as important that these events be personally satisfying (stimulating and practical) and institutionally effective (through specific job-related applicability). At the same time, these educational events should be offered in such a way that persons living and working outside of La Paz could easily attend, and that they not require participants to leave their current jobs.

The Human Resources Development for Health Matching Grant Project (HRDHMG) initiated a first phase in 1988. The program included graduate level courses and PVO workshops. The successful execution of the first phase resulted in renewal of the project. The second phase will concentrate on the expansion, enhancement and consolidation of achievements.

Besides increasing educational effectiveness and accessibility in general, the need to increase the opportunities for women, both as participants and as trainers and teachers, was seen as an important goal of the project. It was recommended that concepts and ideals associated with this goal should be included in all phases of the project wherever possible, and that participants in project events should be encouraged to do the same in their institutions.

LOCAL RESOURCES

The specific intellectual and experiential resources to meet the aforementioned needs are ideally brought together by Esperanza Bolivia, and its Matching Grant Project partner, Núr University. Esperanza has extensive experience in the design, implementation and management of child survival and other public health project activities in Bolivia, gained through over 20 years of work in the Amazon region of Brazil, and approximately 10 years of work in disadvantaged areas of Bolivia. Much of Esperanza's experience is in the area of training health personnel.

Núr University has established innovative and effective university level courses and seminars focusing on applying state-of-the-art management skills and practices. It has pioneered the use of experiential learning and participatory training techniques. It has demonstrated its effectiveness in designing specialized curricula and using modern educational technology. Núr University is officially recognized and approved by the Bolivian Ministry of Education, and has established a strong reputation for academic excellence and efficacy.

Esperanza Bolivia and Núr University offer the skills and capacity necessary for the Human Resource Development for Health Project to be successful. In addition to institutional experience and ability, they also have access to appropriate project staff. Both of these institutions are non-profit public service PVOs- Esperanza American, and Núr U., Bolivian. As such, neither has sufficient economic resources to fund this project independently. The resources of the Matching Grant Program are essential to be able to implement the project to fulfill the identified needs of the public, private and voluntary health sectors.

II. PROJECT METHODOLOGY

PROJECT PURPOSE AND STRATEGY

The purpose of the South-South Human Resource Development for Health Matching Grant Project (HRDHMG) is to enhance the abilities of Bolivian public health organizations to improve the basic health of the population, and to be more effective in achieving the goals of the international campaign, "Health for All by the Year 2000." The primary strategy is to educate and train responsible human resources so that they can contribute to organizational efficacy. This will be accomplished through the design and establishment of mechanisms for the development and strengthening of the institutional effectiveness of public, private and voluntary sector organizations, including local and regional MOH units and national PVOs in management of primary health care programs including specifically the capacities of planning, designing, implementing, monitoring and evaluating.

PROJECT GOALS

The first goal is to design, develop and implement a graduate level program in public health program and project management. This is long-term comprehensive human resource development program. The graduate program consists of six modules or semesters focusing on the practical application of up-to-date public health and managerial sciences and practices. While each module will be self-contained, the successful completion of the series will earn a Masters of Public Health (MPH) degree in Health Systems Management. The courses will be offered in at least three MOH regions outside of La Paz. Specific subject areas will include: Planning, Basic Public Health Sciences, Primary Health Care Programs (PHC), Project Design and Development, Organizational Human Resource Management, Logistics, Finance, Communication Systems, and Institutional and Health Information Systems.

The second goal is to design, develop and deliver a series of nine three day workshops with in at least four MOH regions to PVO and other health organization personnel. This is a short-term, problem oriented human resource development program. Workshops will focus on specific topics related to health program/project effectiveness and institutional strengthening. The topics include Strategic Planning, Participatory Research, Project Design, Effective Leadership, Monitoring and Evaluation, Human Resource Management, Legal Issues, Budget and Finance, Training of Trainers, etc.

The third goal is to develop a permanent capacity to implement and support the graduate courses and PVO workshops. This is being achieved through strengthening and equipping a local Bolivian university as a regional health human resource training center with the ability to design, develop and deliver long- and short-term training throughout Bolivia to lower, mid and upper level health workers and professionals in management, administration and public health sciences with a practical focus on enhancing primary health care.

A fourth goal is to implement the graduate level public health management program and the PVO workshops in a priority area of Brazil, and to develop a permanent capacity in a local

organization to continue both human resource training programs. Appropriate aspects of the training programs will be redesigned and implemented in Guinea-Bissau and Mozambique. This will accomplish a south to south development exchange.

The principal outputs and products are the graduate level courses, PVO workshops, and their institutionalization to ensure their continuation. The outputs and products include curricula and course/workshop designs, appropriate educational techniques and procedures, training materials, and the preparation of locally based trainers. The graduate courses and workshops will train a specific number of persons through the implementation of the series of six MPH modules and nine workshops in at least three MOH regions.

TARGET GROUPS

The principal target groups are local and regional agencies and dependencies of the MOH, other governmental agencies (such as units of the social security system), national and international PVOs, and other health or development related organizations in the project areas. Project activities have taken place in three principal areas: Santa Cruz, Cochabamba, and Tarija. Two new areas have been added this year: Sucre and Oruro. The MPH modules have taken place in the capital cities (which have the same names) of the former three areas. PVO workshops have been presented in all five areas.

GENDER CONCERNS

An important objective of the project has been to promote and facilitate the participation of women at all levels. To achieve this, the project has specifically invited women to participate at four levels: Project administration and implementation, activity design and development, as trainers, and as beneficiaries. Women are trained to be trainers and are specifically recruited to participate in project educational activities.

ACTUAL ACCOMPLISHMENTS

In general, project has completed and usually surpassed the objectives proposed in the Detailed Implementation Plan (DIP). The project has made steady and effective progress. There are two objectives which the project has not been able to advance as anticipated. In one case, the objective was intentionally delayed as a result of strategic reprogramming. In the other case, project staff had not programmed sufficient time. The first case refers to organizing TOTs, and the second to producing publication-ready documentation for the MPH courses and PVO workshops. Both of these objectives have been reprogrammed and are in process. They will be completed during the third and fourth years of the project.

Progress with the MPH modules is proceeding well and successfully, though somewhat behind the schedule established in the DIP. The six modules have been designed, and four have been developed and delivered. The DIP proposed completing ten of 14 modules in the first two years of the project, and four in the third year. Thus far, we have fully completed five modules and partially completed two more in the three cities. During the third year we anticipate completing the two currently underway, completing at least three more, and initiating at least two more. During the fourth year, all of the modules should have been

completed, though it is possible that one might terminate at the beginning of the fifth year.

Part of the delay in the delivery of modules was due to the late start of the module program because the principal advisor was not able to join the project until March of 1992. Other delays have been introduced by acceding to student requests to lengthen some of the modules to allow them more time for practice sessions and semester projects. Project staff does not consider these delays to detract from the objectives, and as explained above, the objectives will be fully completed by the end of the project period. The delivery of the modules is an important part of the development process, as it serves as a practical test of module content, procedures and materials. Project staff consider it extremely important to have as much experience with as many of the six modules as is possible before producing publication-ready documentation. This explains some of the delay in regards to this objective.

Seven of the nine projected PVO workshops have been given in the five cities mentioned above. The workshops have been very successful, and requests have been received from a number of sources to give more. The goals for the workshops have been met and surpassed, with the exception of TOTs, which as explained above have been reprogrammed. The increased demand has somewhat overtaxed our current staff of workshop trainers, though we anticipate ameliorating this through TOTs to train others to assist our current trainers and to be able to replicate workshops locally.

Institutionalization is proceeding well at Núr University. The University has included the establishment of a department for health and development within the Post Graduate College as part of its current five year strategic plan. Specific personnel have been contracted to help form this department, and its organization is underway. All project staff, with the exception of Esperança's project director and the human resource training advisor, have been hired by the University. The project is equipping the University to be able to continue to develop and support the MPH modules and PVO workshops. The Bolivian Ministry of Education has officially approved the MPH six-module program, and recognized the MPH as legally valid. A number of other institutions have asked Esperanza Bolivia and Núr University to participate in similar health human resource development projects as a result of the reputation generated by the successful implementation of current project activities.

GENDER ACCOMPLISHMENTS

Women have been hired as permanent and temporary project staff. Of a total of four full-time staff, two are female; of seven part-time staff members, two are female. Of the four female staff members, two are administrative/program staff, and two are administrative support personnel. There are three MPH program coordinators, one in each of the principal project sites; one of the coordinators is female, and two of three assistant coordinators have been female. Esperança's project director in Brazil is a female professional.

A number of women have been identified in each of the project areas as potential trainers, and have been or will be invited to the training-of-trainers (TOTs) that have been given or will be given in each of the project areas. Of seven TOT trainers, three have been women. Women have been recruited to attend the MPH courses and the PVO workshops. In a few cases, full scholarships have been offered to women to enable them to continue to participate.

III. MONITORING AND EVALUATION

EVALUATION DESIGN AND PROCEDURES

The evaluation design and procedures as described in the DIP have not been modified significantly thus far, and continue to focus on the impact and product indicators and goals. Data sources, targets, critical effectiveness indicators, benchmarks of project progress, and the monitoring and evaluation plans continue essentially as proposed. This includes evaluation of indicators on four levels, where appropriate: (1) Participant Reaction (short-term), (2) Learning Objectives (relatively short-term), (3) Participant On-the-Job improvement (long term), and (4) Institutional strengthening (long term).

Baseline data will continue to be collected on an on-going basis module-by-module and workshop-by-workshop from participants and participating institutions. Survey instruments for each workshop and module are applied as part of the training process either during or just after the course.

At the end of each workshop and module participants evaluate the content and objectives, relevance to their work, quality of trainers and methods used, quality of materials, and course logistics. In the longer courses there is also a rotating commission of participants, professors and organizers that evaluates course progress. These two evaluations primarily respond to the area of immediate participant reaction. In evaluating the achievement by participants of the learning objectives a number of activities are incorporated into the workshops and modules for evaluation during the activity. The modules include a semester project which consists of each participant presenting his/her proposals for applying course concepts and skills in their own or similar institutions or projects.

Evaluation of the design and execution of modules and workshops is carried out as immediately after each event by project staff. Broader, more general evaluations of project activities and implementation are carried out periodically by Esperanza and Núr University project staff.

MIDTERM ASSESSMENT AND FINAL EVALUATION

The midterm assessment will be done in March and/or April of 1994. It will be conducted by an external evaluator assisted by Esperanza and Núr personnel. The final evaluation will be conducted in July of 1996, following the same methodology. The participation of women in the project will be included.

IV. REVIEW AND ANALYSIS OF PROJECT RESULTS BY COUNTRY

The review and analysis of project results in Bolivia will be presented in relation to the goal areas: 1) PVO workshops, 2) MPH modules, and, 3) institutionalization.

1. RESULTS RELATING TO PVO WORKSHOPS

The strategy for institutional strengthening of PVOs focuses on human resource training through a series of three-day workshops for PVO managers and program personnel on the following subjects: Strategic Planning, Community Participation, Participatory Research, Project Design, Leadership for PVOs, Human Resource Management, Organizational Theory and Practice, Training of Trainers and Project Evaluation. Workshops have been held in Santa Cruz, Cochabamba, Tarija, Sucre and Oruro, surpassing the goal of offering training for PVOs in three areas of the country.

Governmental agencies (mainly branches of the Ministry of Health) have also participated in the workshops. Representatives of these institutions requested to be invited after hearing about the content and the experiential, participatory methodology. These events have the secondary benefit of bringing together governmental and non-governmental agencies working in the same field, often with the same or highly similar objectives, and progressively increasing the communication and mutual appreciation.

Workshops have also been developed in response to the specific needs of an PVO working with women in community development. These four courses centered on a problem solving process, and data management within this process. The participants in these workshops came directly from the communities involved, and worked on a grassroots level in contrast to the usual professional level of the workshops for program personnel. This presented us the challenge of applying some of the concepts and methods in a much simpler manner, similar to the challenges that face the PVO managers and program staff in their own institutions and activities.

1.1) Current State, Quantitative Analysis:

Many of the numerical goals for institutional strengthening of PVOs were surpassed, with the exception of Training of Trainers and Cost Recovery (see Tables 1 and 2, and graphs).

The measure of achievement of the goal regarding female trainers, is based on the number of woman in relation to the number of men who participated in the training, not on the number of hours or workshops. It is noteworthy that although the percentage of female trainers is slightly below our objective, the percentage of female participants surpasses the goal. We expect to surpass the objective of female trainers by the end of the next project year. The measure of cost recovery takes into account the fees paid by the participants in the last year in relation to the cost of the seminars for which the fees were paid.

The total number of participants, organizations, workshops, the average number of participants per workshop, and the percentage of health organizations all surpass the goals.

TABLE 1
IMPACT AND PRODUCT INDICATORS FOR WORKSHOPS, SEPTEMBER 1993

PRODUCT INDICATORS	GOALS	ACHIEVEMENTS
Total workshops	20	22
Total participants	400	541
Total Number of Organizations	100	200
TOTs	5	0
Number of TOT participants who organize training events	Will be reported in midterm evaluation.	
PVO courses designed, documented and published	9	9 courses designed, and tested, and currently being prepared for publication.
IMPACT INDICATORS	GOALS	ACHIEVEMENTS
Health Organizations	25-50%	43%
Average number of participants per workshop	20	24
Female participants	50%	51%
Female trainers	30%	27%
Cost recovery	25%	10%
Participants & institutions reporting positive change	See Qualitative Evaluation	
Projects resulting from training	See Qualitative Evaluation	
Requests from other institutions		5 ²

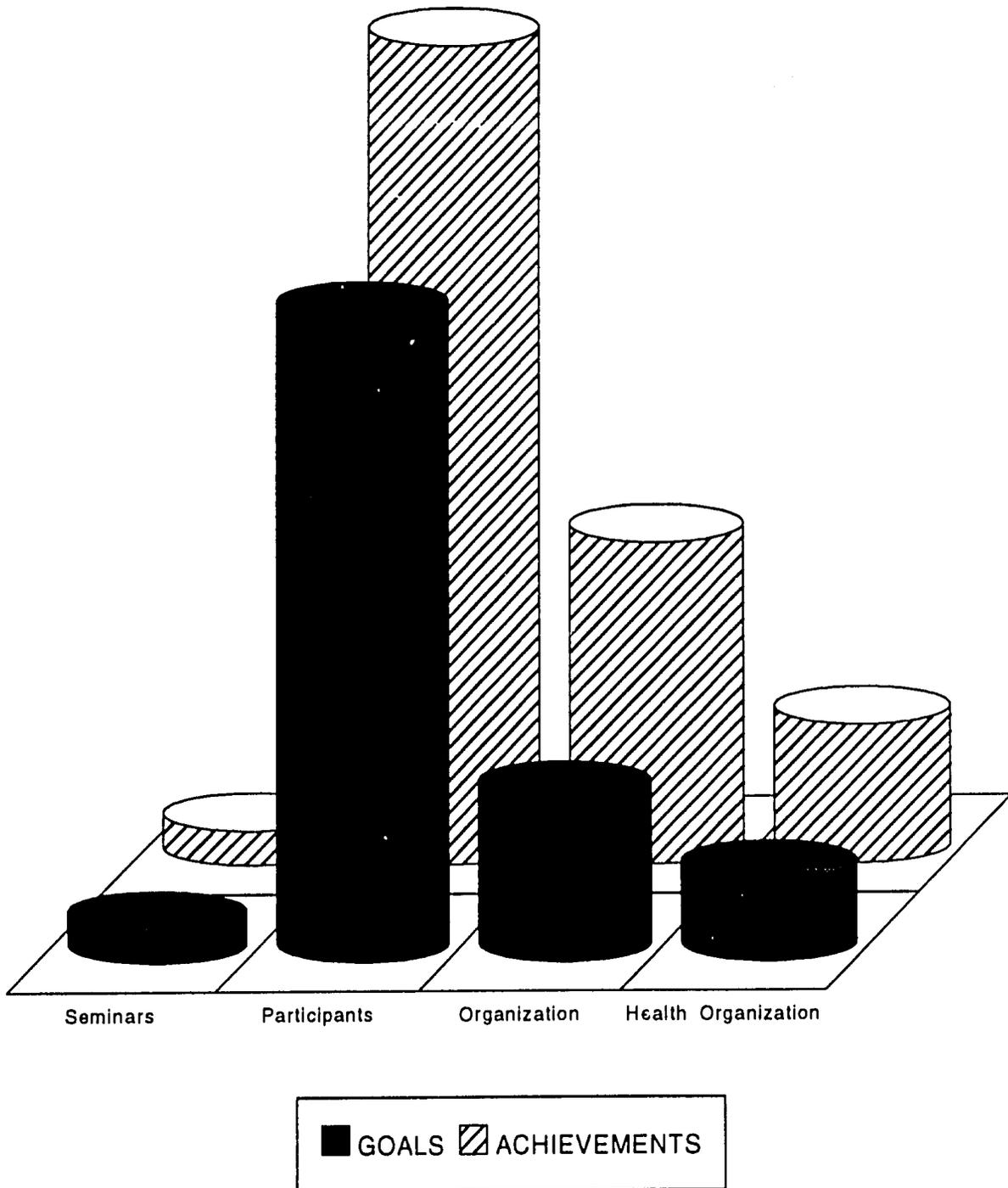
1.2) Current State, Qualitative Analysis:

There were three types of evaluation for this part:

- Short term evaluations
- On going evaluations (wrap-up meetings)
- Follow-up evaluations (individual & institutional interviews).

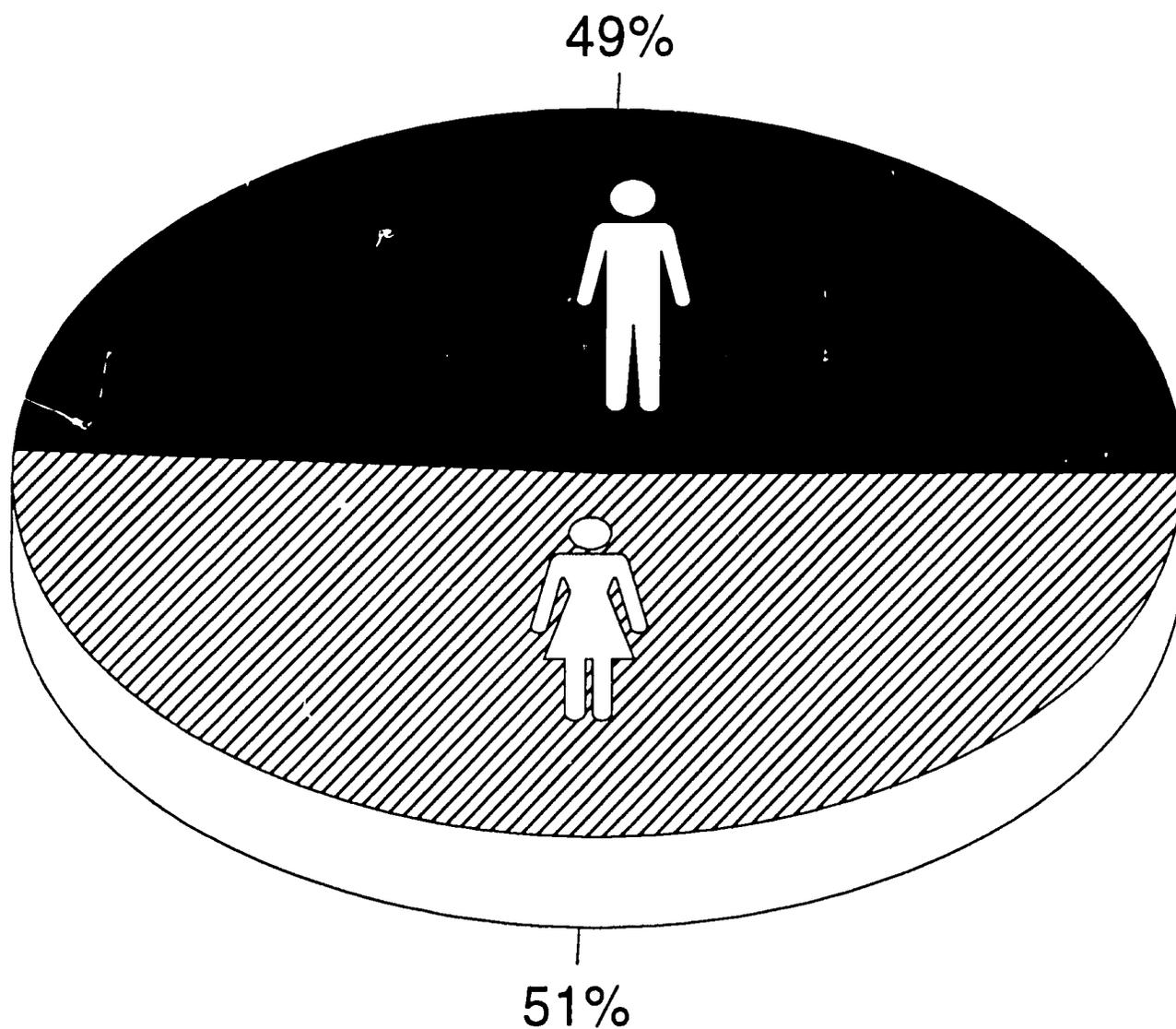
² Requests for training have been received from La Coordinadora de la Mujer in Sucre, Plan International Sucre, Unidad Sanitaria Tarija, Unidad Sanitaria Santa Cruz, and BIC/UNIFEM.

GRAPH 1 COMPARISON OF GOALS & ACHIEVEMENTS (WORKSHOPS/SEMINARS)



SOURCE: TABLE 1

GRAPH 2
PARTICIPANTS BY GENDER
(WORKSHOPS/SEMINARS)



SOURCE: TABLE 1

The purposes of these three types of evaluations were: (1) to measure the participants immediate reaction to the workshops; (2) to assist the adjustment and improvement of the content, teaching techniques and logistics of workshops; (3) to measure the long term impact of workshops on participants' on-the-job improvement and institutional strengthening (long-term). The results of the evaluations are summarized as below.

1.2.1) Short term evaluations:

The instrument for this evaluation was a survey distributed immediately after each workshop to evaluate the following five areas:

- 1) Objectives-contents
- 2) Trainer's skills
- 3) Teaching methods (participatory techniques)
- 4) Reading materials (study and reference materials)
- 5) Course logistics.

The results were analyzed on a ascendent scale of one to five. As shown in Table 2 (see Graph 3), the overall results were highly positive. The mean were above four and usually close to five (the highest value on the scale).

Nearly all the participants wrote comments in blank spaces provided in the survey form. The results of the scale were confirmed by these written comments which were extremely positive. They usually commented positively on the trainers' skills in conducting the workshop and expertise concerning the topic; creative teaching methodology (participatory techniques); and asked to participate in similar workshops. It is worth mentioning that there have been no drop-outs from any of the workshops during this phase of project. The only consistently repeated recommendation was for more time so as to fully finish the exercises and to have more practice.

1.2.2) On-going evaluation:

Usually after each workshop the trainer and staff had an evaluation meeting to study the results of the short-term evaluation and general impression of staff during the course. These wrap-up meetings served to adjust and improve the content, trainer's performance, reference material and logistics of the workshop.

1.2.3) Follow-up interviews:

Two different instruments (individual & institutional) were designed to measure the long-term impact of the workshops on participants in regards to on-the-job improvement and institutional strengthening. The interviews were applied to a random sample of participants and their institutions.

All of the institutions' executives easily recalled the names of the participants from their organization and the specific event they had attended, as far back as February of 1992. By and large, they recognized an improvement in the participant's performance even though they couldn't describe specific changes, making difficult to quantify the positive impressions.

They also stated that the content of workshops had been applied to the institutional processes of planning (short and long term) and evaluation. It is worth mentioning that a large number of institutions sent representatives to several of these workshops.

The participants' follow-up evaluations confirmed these results. They usually have applied the content of the workshops in their institutions and in some cases they even replicated all the content of the event by training their colleagues. The problems they found when applying the techniques were that people (in their institution) were not familiar with the terminology and participatory techniques and therefore were resistant to accepting changes.

**TABLE 2
RESULTS OF THE SHORT-TERM EVALUATION OF THE WORKSHOPS**

AREA	MEAN	MINIMUM	MAXIMUM
Objectives (relevance to PVO's & perceived needs; fulfillment of workshop objectives)	4.70	3.00	5.00
Trainer expertise (class preparation; knowledge of topic; satisfaction of participants)	4.89	3.85	5.00
Course Methodology (use of participatory techniques)	4.37	1.00	5.00
Study and Reference Materials	4.32	2.00	5.00
Logistics	4.43	1.00	5.00

1.3 Difficulties and Challenges

The comparison of quantitative and qualitative goals and achievements (according to impact and product output) shows some difficulties in fulfillment of the following:

1.3.1) TOT workshops:

Based on the experience gained from the other workshops the team decided to postpone the completion of this goal until the materials are fully developed for other workshops. Thus, the TOTs will be more effective in training more facilitators for local replication of the workshops. Therefore, TOTs workshops have been rescheduled for the third year.

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1.3.2) Female trainers:

During the last two years, the primary workshop trainer usually has been assisted by female assistants. However it has been difficult to find a female trainer with comparable skills and knowledge. Our lead trainer has concentrated on developing the workshop content and materials and progressively, and these are the basis of the training activity. It takes time and field training to "raise up" a trainer specifically to run workshops that satisfy the expectations of the institutions and individuals in the areas where Núr University and Esperanza Bolivia have worked. High expectations of the target population and quality of the training are prime concerns of Núr and Esperanza. Nevertheless, the development of female trainers is of great concern to project staff. The team has elaborated a list of possible female trainers to be invited for specific workshops and field training during the third year.

1.3.3) Cost recovery:

For the past year the participants in the workshops have paid nominal fees. These fees varied somewhat to take into account regional socioeconomic levels. These amounts account for about ten percent of the total activity budget. Due to poverty in Bolivia the main audience (program and project staff of health related PVOs) is generally unable to pay the actual costs of the workshops. Nevertheless, the PVOs need to have their personnel trained to improve the effectiveness of the public health projects so severely needed by the insufferable health conditions in Bolivia. It is unlikely that workshop participants will ever be able to cover actual costs. Cost recovery will have to focus on institutional payment or payment by agencies that can afford it.

2. RESULTS RELATING TO MPH MODULES/COURSES

The Public Health modules are focused on strengthening governmental and private agencies that deliver health services, especially primary health care. Quantitative and qualitative evaluations have been done to assess the achievements of these modules.

2.1 Current State, Quantitative Analysis:

In general, the quantitative completion of goals has been very good, surpassing the numerical goals and generally exceeding expectations (see Table 3 and graphs). The average number of participants per TOT and per module has surpassed the goal, though the total number of courses is yet short of what was projected tentatively for the first two years. The courses have been reprogrammed to be fully completed in years 3 and 4 of the project. Female participation has been good both as course participants and as members of project staff.

There have been at least ten different requests for Public Health courses since the Matching Grant started, most by prestigious institutions such as Centers for Disease Control and Prevention, U.S.A.I.D., the Belgium Mission in Bolivia, Plan International, Ministry of Health regional authorities from different areas of the country and Bolivian public universities of Sucre and Tarija.

**TABLE 3
PRODUCT AND IMPACT INDICATORS FOR MPH MODULES, SEPTEMBER 1993**

PRODUCT INDICATORS	GOALS	ACHIEVEMENTS
Total modules	10	7 (5 fully completed; 2 partially completed)
Total participants	150	199
Average number of participants per module	15	27
TOTs	10	5
Total participants in TOTs	120	52
Average number of participants per TOT	12	13
TOT participants hold training events	Will be reported in midterm evaluation.	
IMPACT INDICATORS	GOALS	ACHIEVEMENTS
Percentage of participants from government agencies	50%	67%
Female participants	50%	57%
Female trainers	30%	17-32%
Cost recovery	25%	
Participants & institutions reporting positive change	Will be reported in midterm evaluation.	
Projects resulting from training	Will be reported in midterm evaluation.	
Requests from other institutions		10*

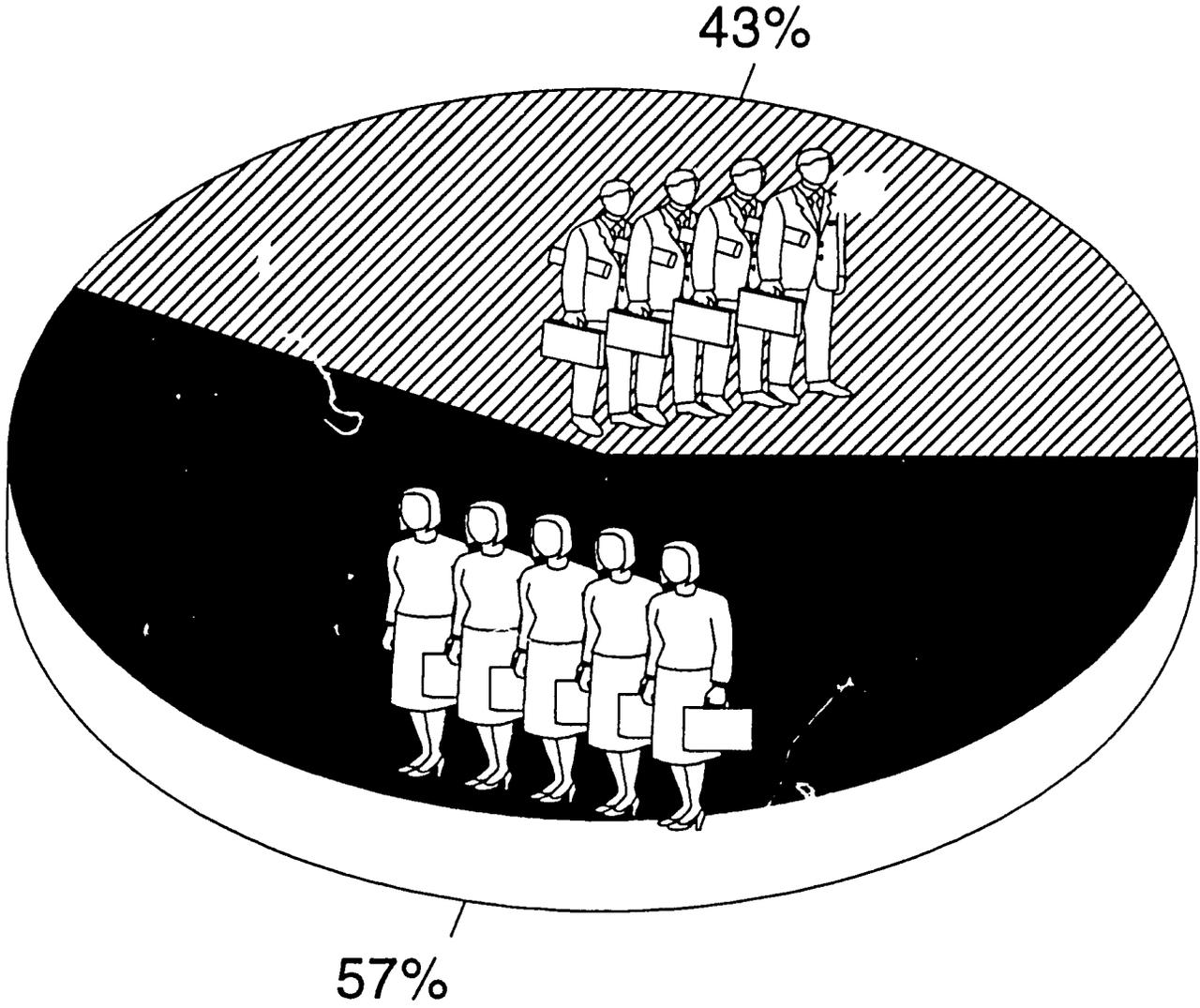
As stated each module has exceeded proposed goals in regards to numbers of participants. The following table shows participants by module and by city.

**TABLE 4
NUMBER OF PARTICIPANTS IN PUBLIC HEALTH MODULES BY CITY**

MODULE	Santa Cruz	Cochabamba	Tarija
I	17*	37*	34
II	22*	34*	20
III	19	37	24
IV	26	39	

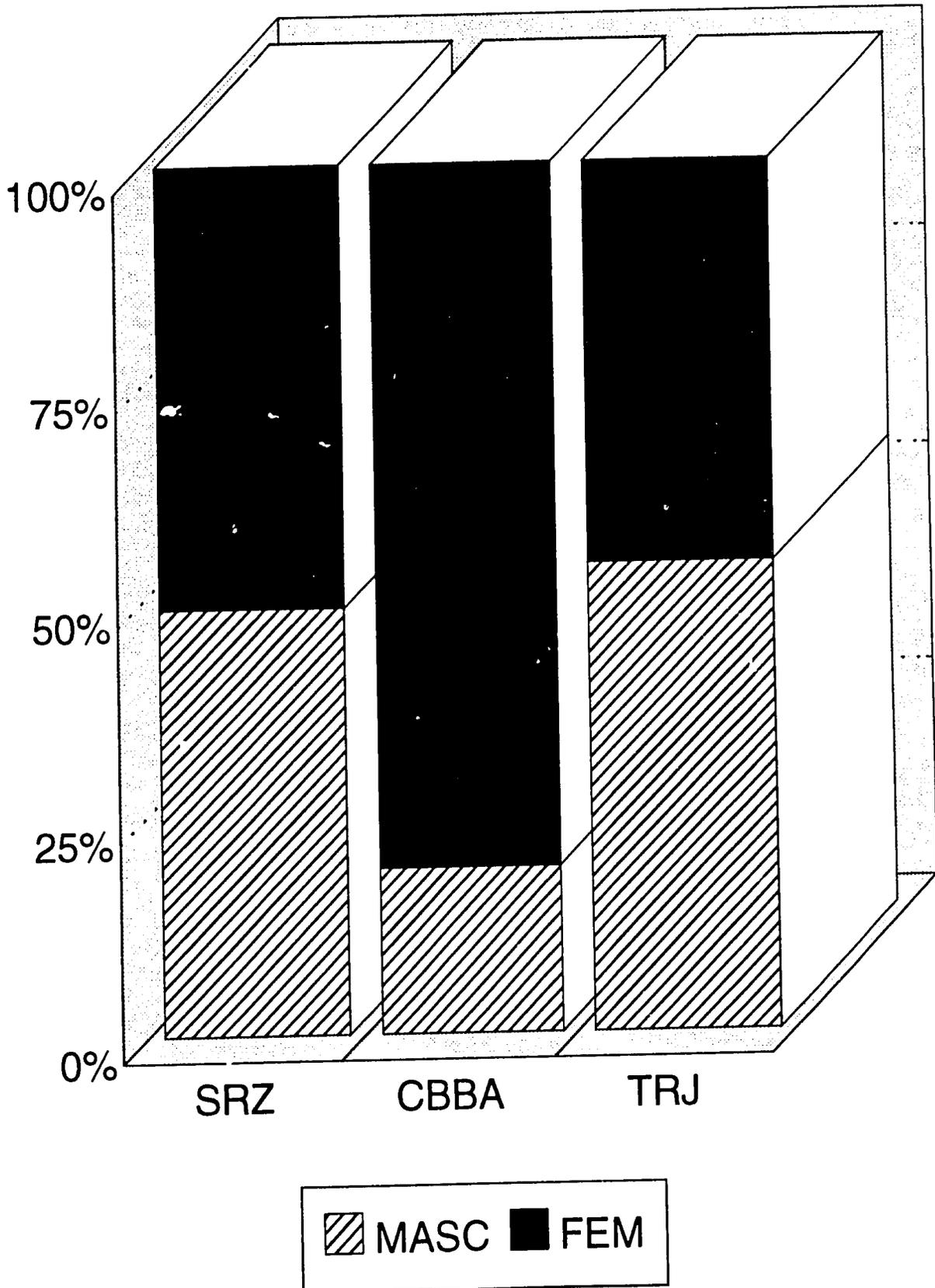
* Correspond to modules completed during Matching Grant I.

GRAPH 4
PARTICIPANTS BY GENDER
(HEALTH SYSTEMS MANAGEMENT MODULES)

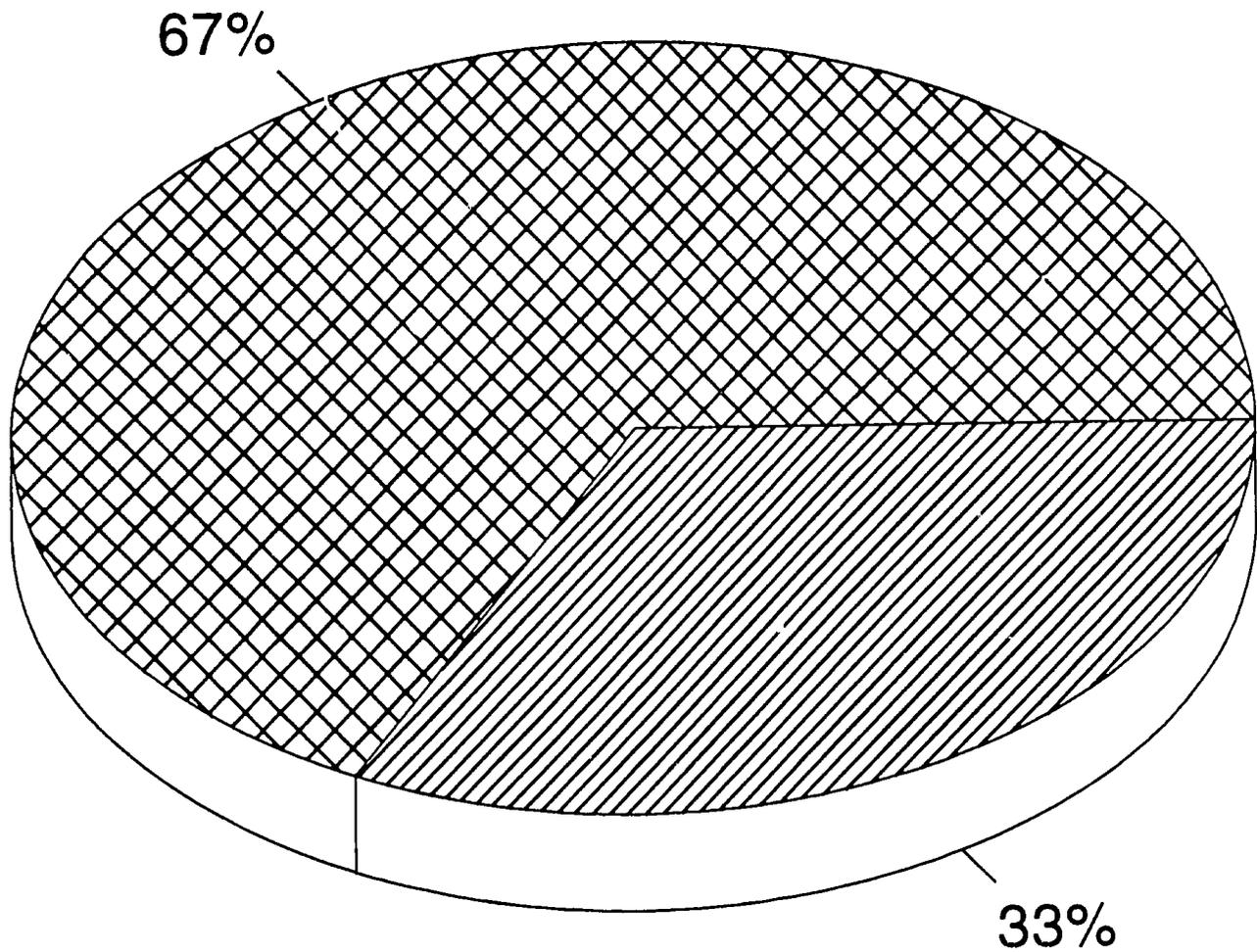


SOURCE: TABLE 3

GRAPH 5
COMPARISON OF PARTICIPANTS' SEX BY CITY
(HEALTH SYSTEMS MANAGEMENT MODULES)



**GRAPH 6. COMPARISON OF PARTICIPANTS FROM
GOVERNMENT VERSUS NON GOVERNMENT ORGANIZATIONS
(HEALTH SYSTEMS MANAGEMENT MODULES)**

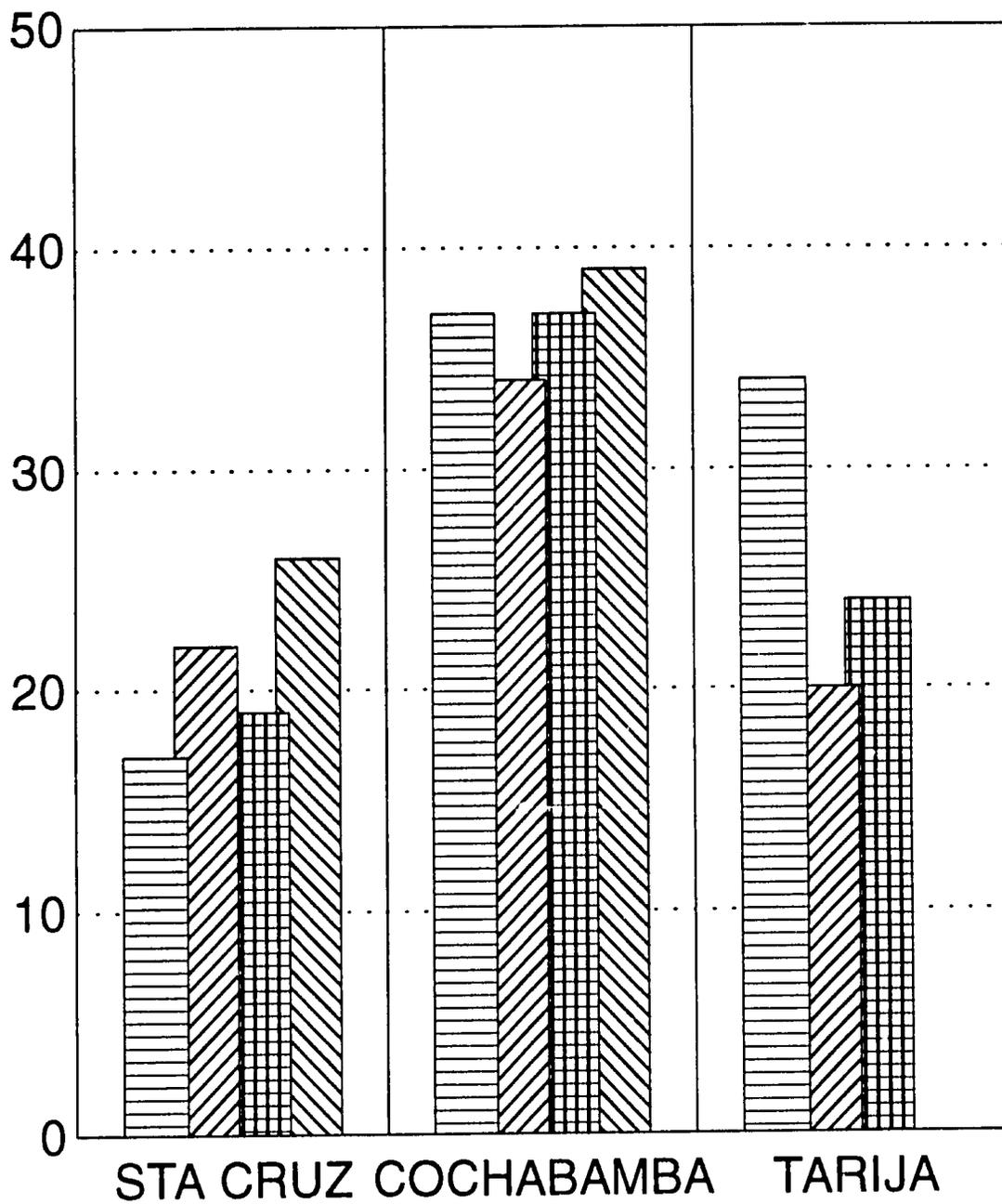


 GOVERNMENT  NON GOVERNMENT

SOURCE: TABLE 3

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GRAPH 7
 NUMBER OF PARTICIPANTS BY CITY
 (HEALTH SYSTEM MANAGEMENT MODULES)



MODULE I		17	37	34
MODULE II		22	34	20
MODULE III		19	37	24
MODULE IV		26	39	

Design of Public Health modules:

A basic program for the Master's in Public Health (MPH) has been developed, presented to the Ministry of Education and approved. This was a necessary step to achieving master degree status. A more detailed program for all six modules of the MPH has been developed. Class by class programs (content and learning objectives) for modules 1, 2, 3, 4 and 5 have been written. A complete set of literature has been compiled for modules 1, 2, 3 and 4.

2.2 Current State, Qualitative Analysis:

A qualitative evaluation, consisting of both group discussion and some individual interviews, showed that the students of the modules in Santa Cruz think that the Public Health modules are of high quality, useful, interesting and stimulating. One aspect which was especially appreciated was the emphasis on student participation in class, contrasting greatly with the traditional education the students are used to. Also the practical orientation of the classes, rather than a merely theoretical or academic approach, is greatly appreciated by the students.

The things the participants do not like vary greatly from one person to another. One mentioned that there should be a greater emphasis on theory, especially for the new students who have little experience. Another said, on the contrary, that classes should be even more practical and that about 10% were too theoretical and non-participatory.

3. RESULTS RELATING TO INSTITUTIONALIZATION

The third principal objective of the project is institutionalization. The recruitment and training of human resources, development of institutional efficacy and capacity, and the ability for project planning, implementation and evaluation, are important components of institutionalization. The development and establishment of the short-term (PVO workshops) and long-term (MPH modules) training programs at Núr University, equipping the University to be able to carry out project functions are the prime mechanisms for fulfilling this goal. The accomplishment of this requires development and completion of the following tasks:

- Achieve and strengthen program recognition and credibility;
- Validate institutional commitment and integrate project objectives into Núr University's overall strategic plan;
- Recruit and train human resources;
- Design and develop the workshop and module curricula, instructional methods and course materials;
- Cultivate and strengthen interrelations with different institutions and organizations at local, regional and national levels;
- Establish a cohesive administrative structure for activities in different cities.
- Establish a Documentation Center related to public health and training;
- Equip the institution adequately.

Below is a summary of the achievements and progress regarding each task.

Achieve and strengthen recognition and credibility.

The most important achievement was approval of the MPH program by the Ministry of Education as a Masters of Public Health (MPH) degree in Health Administration. This means that the successful completion of the six modules and a thesis will earn the participant a legally recognized MPH degree in Health Systems Management.

The promotion and development of PVO workshops and the MPH program has strengthened the credibility of the project. Usually governmental institutions send two or more representatives to each workshop. Several PVOs send representatives to two or more workshops in the series. Plan International and UNIFEM requested specific training for their personnel or target population. In the case of UNIFEM the training has been delivered and negotiations with Plan International is in progress. The Centers for Disease Control (CDC), Unidad Sanitaria of Tarija, Belgian Mission, Community and Child Health (CCH) Project have requested longer training programs. In case of CDC, the Unidad Sanitaria of Tarija, and the Unidad Sanitaria of Santa Cruz and the Belgian Mission, special course designs have been completed. A new project has been designed and approved and is underway (by Núr) with CCH. USAID has requested the MPH program to be offered in La Paz.

Validate institutional commitment and integrate project objectives into Núr University's overall strategic plan.

Núr University considers the establishment and strengthening of the Health Department an important strategic line of action, as stated in the documentation of the University's strategic plan.

Recruit and train human resources.

This task is being accomplished progressively by project staff at Núr University. Actually the project team is composed of four full-time and eleven part-time people. Including in the staff are four persons with MPH degrees (including two physicians), one with a Masters degree in Sociology. Several other staff members are trained in socioeconomic and human development fields. About 47% of all these staff members are women. The increase the participation of females is an important concern of the project.

Design and develop the program and modules.

(a) Nine workshops have been designed and developed. The production of publication-ready teaching materials and learning documents is part of the work plan for the third year. A file of articles and copies of extracts of longer publications is used as reference material for each workshop. The revision, pretesting and adaptation of the contents of two workshops is planned for the third year.

(b) All six MPH's modules have been designed. The development of four of them is completed; and the fifth and sixth are in progress. The list of reference bibliography for all modules has been compiled. The preparation of publication-ready products is being included in the work plan

for the third year.

Cultivate and strengthen interrelations with different institutions and organizations at the local, regional and national levels.

Previous activities of Núr University have served bridges to approach the "Unidades Sanitarias" (regional branches of the Ministry of Health) and other organizations related to public health and human development. The series of workshops for health related PVOs and other organizations strengthened and broadened these already established relationships, and initiated new contacts. These activities, and other institutional relations, have facilitated the acceptance and initiation of MPH program. The conduction of the modules and in particular their "term" project which focused on practical application of the study subjects, has strengthened to an even greater degree these institutional interrelations of Núr University at local, regional and national levels.

Establish a cohesive administrative structure for activities in different cities.

There are administrative units in each of three different regions (Santa Cruz, Cochabamba and Tarija). The unit in Santa Cruz manages the national headquarters of the project, the MPH program in Santa Cruz and the workshops in all regions. The other two administrative units only manage the regional MPH programs. Experience shows that continuous administrative support and coordination is necessary to maintain the high quality of project activities. The project accounting is done by Núr University personnel who work part time for the project.

Establish Documentation Center related to public health and training.

Project documentation and reference materials are kept at national headquarters. The majority of the books and publications (more than 1000 volumes) are labeled and catalogued by author, title and subject.

Equip the institution adequately.

The headquarters office has been equipped with desks, bookcases, filing cabinets, desktop computers, printers, a scanner, photocopier, FAX machine and air conditioning. The actual amount of academic work for MPH modules and workshops require three more computers: one computer and the scanner would be dedicated to materials preparation; the second one is needed for documentation, and the third one for the human resource advisor.

The aforementioned show the current state of the process of institutionalization and the needs for its future final establishment in Núr University.

V. MANAGEMENT: REVIEW AND ANALYSIS OF HEADQUARTERS/SUPPORT FUNCTIONS

PLEASE SEE ESPERANÇA HQ REPORT EARLIER IN THIS EVALUATION

VI. FINANCIAL REPORT

PLEASE SEE ESPERANÇA HQ FINANCIAL REPORT LATER IN
THIS EVALUATION

VII. LESSONS LEARNED AND LONG-TERM PROJECT IMPLICATIONS

1. ESTIMATES OF PROJECT COSTS AND BENEFITS

In general, the estimates of overall project costs and benefits expressed in the proposal conform to our experience over the last two years. Addressing the latter first, project benefits tend to be greater than anticipated, and in some cases, the success of program activities has created high demand on two levels. At one level, institutions that work with health programs/projects have asked for more workshops and modules. Some organizations have asked to collaborate with the MG project in the formulation and conduction of specialized training activities which address specific needs. Other agencies which have requested training events for the PVOs and projects they fund and/or work with. At another level, participants have requested that both workshops and modules be repeated, and that more workshops and modules be offered. The increased demand is reassuring, but it goes beyond the project's current capacity. Nevertheless, it is important for sustainability.

Most of the increased demand has resulted after "seeing" the educational activities. Prior to initiating the MG project, informal assessments indicated that there was indeed strong demand, as well as need. The lesson here is that there are severe deficits in regards to training in many public health organizations, but many times these needs are unrecognized until specific training experience (i.e., participation in a training event) clarifies both the need and an effective solution.

Regarding project costs, as stated previously, overall project costs conform to our estimates. Within the costs we have found that the estimates of PVO workshop costs roughly conform to our experience, that module costs were somewhat over-estimated, and project personnel and administrative costs were under-estimated. This perspective on costs is a result of our experience. The lesson in this case is to be flexible in regards to budgetary estimates, and to readjust the budget to conform to experienced needs.

2. INSTITUTION BUILDING ASSESSMENT

The development of the institutional capacity of Núr University to be able to sustain and maintain project activities is proceeding well. The first step was to recruit and bring together appropriate staff. The second step was to establish a shared vision and develop strategies for the project purposes and goals. The third step was to establish a creative organizational environment. The fourth step was to acquire adequate equipment and materials (such as computers, printers, software, copiers, projectors, chairs, desks, books, etc.) to facilitate project work. The fifth step was to develop action plans through consensus and to fix responsibilities for implementing the plans. When these steps have been fulfilled, project activities have proceeded well; when one or more of these steps has been lacking or deficient, work has been difficult.

3. ESTIMATE OF SUSTAINABILITY

We conceive of program sustainability as the result of organizational capacity to replicate program activities, recognition of the need for the program by targeted beneficiaries, and the feasibility of financing the program. The last includes cost recovery strategies and external subsidation, such as grants, specific payments, scholarships (in this case), etc.

The current high demand for both workshops and modules, both on the part of new beneficiaries (i.e., those who have not yet participated in the activities) and on the part of experienced participants who want more, is a good indication of the potential for sustainability. Also, many participants recommend that other members of their organizations take the workshops or modules after they have experienced them.

Many persons and institutions initiate the workshops with differing expectations. The usual experience with workshops given by other organizations has tended to be that they were interesting but not practical. Consequently, they usually assume that one or two persons from their organization who attend one or two workshops is enough. Since the Esperanza/Núr workshops are indeed practical, after experiencing them participants are much more enthusiastic about attending the whole series and in having others from their own institution the workshops. The lesson here is that it is important to consider the first workshop to be "promotional"; that the first one sells the series--not that the series sells itself.

Another factor is that many of the topics of the workshops are either poorly understood or essentially unknown to the participants. Thus the participants or their institutions do not actually comprehend the importance of the workshops until they participate in the experiential learning environment and see the potential of applying the concepts and skills of the workshop to their jobs. Again the lesson is that it is not sufficient to simply tell folks that the workshops are good for them; they must experience the application of principles.

The incentive of obtaining an MPH degree provides considerable motivation for many of the participants in the modules. Even if they only study one module, the idea that it contributes to a graduate degree is powerful. Great demand has been created for the repetition of previous modules as well as for the continuation of the series in all three of the cities where the modules have been initiated. Also, a number of persons and institutions have requested that the modules be given in other cities, notably La Paz and Sucre. The approval of the MPH degree by the Bolivian Ministry of Education ratified this incentive. The lesson here is that an academic degree is a considerable personal incentive for professionals.

Many persons consider that an academic degree is of minor importance, and further that an academic program is not a practical solution to training needs. We have found that a well-organized academic program, with learning objectives oriented towards individual and institutional performance, which uses experiential training techniques, and focuses on practical application, is very effective. The module provides more time for reinforcing and expanding upon concepts and skills, and for interrelating units of study, which is an important reflection of "real life." Actual time and effort invested in study is better used in longer courses, as compared with workshops and seminars. The lesson we have seen is that the stimulus of personal growth, acquiring new knowledge and skills, earning certificates or degrees to augment

professional qualifications, and increasing institutional competency does provide significant motivation to invest personal time and money.

Cost recovery is contemplated from 3 sources: 1) Participant payments (fees paid by the participants or their organizations); 2) reduction of activity costs; and, 3) subsidization from other institutions or sources.

It seems unlikely that the workshops will become self-supporting in a real sense without reducing their effectiveness. The actual participants, and the institutions they represent, tend to have low incomes. They also have high need. In order to improve the capabilities and performance of health organizations, they need training. Nevertheless, it is important to charge at least nominal fees, and in a sense, high nominal fees. A more viable alternative is that the major costs of the workshops be funded by the government, international agencies and other sufficiently well-endowed organizations.

The modules, on the other hand, appear to have very good possibilities for becoming self-supporting. One reason is that the participants are all professionals, and though they do not earn high salaries, they are not poverty-stricken. Perhaps more important, they are convinced of the importance education plays in providing them with necessary skills and knowledge. Since they see the MPH courses principally as a means for professional development, and secondarily as means of enhancing institutional competency, the participants seem to be more willing to make great efforts to persist in their studies and to study more. Also, there is greater institutional support for the training activity because participants study on their own time, meaning that the organization does not "lose" them while they study. The lesson here is that the recognition of personal benefit combined with practical improvement of job competence is a strong inducement to participate in training activities. This requires individual motivation as well as effective training events.

Another factor which could contribute to the sustainability of the modules is requests from other institutions for the MPH modules to be presented in other cities, namely La Paz and Sucre. This indicates that there is institutional demand and that there may be possibilities for obtaining at least partial financing for the modules from institutions.

4. BENEFIT DISTRIBUTION BY GENDER

The benefits of the PVO workshops and MPH modules/courses are well received by and enjoy good participation by women. 51% of workshop participants and 57% of module participants are female. We expect female participation in educational activity benefits to continue. Women also benefit from the institutionalization: Two of four full-time staff members, and of eleven part-time staff, five are female, which means that 47% of project personnel currently are women.

5. LOCAL PARTICIPATION BY GENDER

All staff members are local hires, employed by Núr University, with the exception of the

Esperanza Project Director. Four staff members, two of which are female, are US citizens resident in Bolivia. The rest (10 persons, 5 female) are Bolivian or Latin American nationals. It is anticipated that staff will continue with the program as employees of Núr University.

6. LEADERSHIP DEVELOPMENT BY GENDER

Several women exercise significant leadership roles within the project staff. The workshop coordinator, module coordinator in Cochabamba, and evaluation/documentation consultant are female. There have been three assistant module coordinators, two of which have been females. Female professors are given preference when instructors are recruited, if qualified women are available. Women are specifically invited to TOTs. Since there are not many qualified women, extra effort has to be made to find them, and to find and develop women with the potential to become "qualified." Women tend to learn participative training techniques rapidly and become dedicated and reliable instructor/facilitators.

7. INNOVATION AND TECHNOLOGY TRANSFER

The organization and instructional methodology of the PVO workshops and MPH modules are innovative and effective. The use of experiential learning and participative training techniques, and the problem-solving practical application focus of knowledge and skills content, tend to be new and different to the great majority of Bolivian instructors and students. Many instructors, though not all, are amenable to learning this organization and instructional methodology. Consequently, actual experience as participants in the workshops or modules is an important first step for the transfer of this educational technology. Experience followed by participation in TOTs is much more effective than simply attending a TOT. The TOTs have to be of sufficient duration to allow adequate practice in component application. This means that innovation and technology transfer is feasible with patience, planning and persistence.

Several institutions, having been impressed with the PVO workshops and MPH modules, have tried to imitate them through their own efforts. Generally, they have gotten a hold of the curricula, and have copied the topics, in some cases with the materials. Unfortunately, they did not replicate the processes and educational methodology, and their efforts have tended to be failures to dismal failures. The lesson here is that the value of the MG educational activities are well recognized, and that the value depends on the methodology as much as the content.

8. POLICY IMPLICATIONS

We have a policy of sharing course/workshop content and of training interested persons in the educational methodology. We should invite more persons who might be able to adopt or replicate training activities to participate in our educational events. Our emphasis heretofore has been on inviting persons who are involved in implementing public health programs and projects. We should also develop a policy for scholarships to participate in the training events, especially for low income persons, and particularly in relation to the workshops.

9. COLLABORATION/NETWORKING WITH OTHER AGENCIES

Both Esperanza and Núr have established precedents for collaborating and networking with other agencies. The MG project has collaborated with a number of organizations to assist them in designing, developing and implementing educational activities similar to project efforts. Among those agencies with which the project has collaborated are the following: ProSalud, the Child and Community Health Project and PROCOSI (all three of which are Bolivian USAID funded projects), CDC, Plan International, Belgian Mission, CODETAR (Development Corporation of Tarija), "Unidad Sanitaria" (regional MOH agency) of Santa Cruz and the Unidad Sanitaria of Tarija, Andina University, Galilee College (Israel), University of North Carolina, etc.

The MG project, along with Esperanza and Núr take advantage of national, regional and local conferences and seminars, when appropriate, to network with primary health care and development organizations in regards to the project goals. The collaboration and networking have been beneficial. The collaboration and networking serve to promote the MG project as well as to recruit participants. They also serve as sources of feedback for program activities, and as sources of ideas for program improvement or expansion. The collaboration often provides new ways of testing program elements and of gaining experience which contributes to program development.

10. REPLICATION POTENTIAL OF PROJECT APPROACH AND ACTIVITIES

There is great potential for replication of project strategy, methodology and activities. The methodology and activities are successful and effective. The participants want more (in regards to both workshops and modules), and other institutions and organizations want to copy them. In order for project methodology and activities to be replicated, the knowledge and skills involved in their implementation should be acquired. The lesson we have learned in relation to this is that the methodology and activities should be experienced, then participants should be taught them, and then participants should teach in a guided or supervised situation. Thus the process can be successfully replicated.

VIII. RECOMMENDATIONS

- 1. RECOMMENDATIONS TO PROJECT LEADERSHIP AND PVO**
- 1.1. The design and delivery of a Master's Degree program on Strategic Management of PVOs based on the themes of the workshops and the training methodology has been requested by individuals and institutions. This would respond to many of the comments in the immediate evaluation of the workshops asking for longer and more courses. Clearly, a longer course would make a more comprehensive program possible, and would make it easier to rectify educational deficiencies many of the PVO participants present. It would also take advantage of the tremendous incentive offered by a graduate degree program.
- 1.2. A representative of UNICRUZ, the PVO network in Santa Cruz, has approached the project personnel about training for the network members in 1994. This should be given priority.
- 1.3. The design and implementation of follow-up activities in response to requests of specific PVOs would increase the impact of specific workshops.
- 1.4. Offering workshops for specific institutions and specific needs would facilitate effective follow-up activities.
- 1.5. Redesign or reorganizing the MPH program to conform to four modules to be given over a period of two years on a "semi-residential" basis, would increase program appeal and facilitate presenting the MPH modules in La Paz and Sucre.
- 1.6. Given that the project itself and project staff have grown rapidly, and that the Esperanza Bolivia National Office has moved to Santa Cruz, the office space originally allotted to the project at Núr University is no longer sufficient. A crowded environment is not conducive to maximum production. The project leadership should seek more office space and/or maximize space by developing individual, semi-isolated work areas.
- 1.7. The project should also insure adequate access to work equipment. Computers are extremely important to the kind of work which the project staff has to do, for many reasons. Computers facilitate administrative and coordination activities, promotion and networking, curricula design, the development of the specific application of experiential and participative learning procedures and techniques, and the preparation of educational materials for teaching and study. Therefore, we recommend that the project leadership obtain more computers for project staff.
- 1.8. Evaluations are very important for the project, from whatever source. When associated persons, such as interns or others, perform an evaluation of the project and their experience with the project team, it should be discussed with the team. This could avoid distortions and misinterpretations, and would produce more effective evaluations.

2. RECOMMENDATIONS TO COUNTRY AND LOCAL LEADERS

- 2.1 Many donations are channeled through certain Funds, such as the "Fondo de Inversión Social" (Social Investment Fund), "Fondo de Desarrollo Campesino" (Rural Development Fund), "Fondo Indígena" (Indigenous Fund), and others. Each of these Funds has specific formats and requisites for soliciting financing, which are often rather confusing, even to Fund personnel. These formats should be adapted to fit the needs of PVOs and to fit the needs of the areas of development they are supposed to finance.
- 2.2 Organizations seeking to improve public health and primary health care delivery should organize activities that stimulate interinstitutional dialogue, especially between the governmental and non-governmental sectors. They should encourage collaboration between large government programs and small flexible, more creative PVO projects.
- 2.3 Greater efforts should be made to foster and facilitate dialogue and collaboration between projects and programs which work in the same geographic and subject area. This would help to reduce some degree of duplication, inadequate copying of successful activities, and unwarranted competition. More importantly, it could contribute to improving and strengthening similar projects and programs, and thereby make more efficient use of scarce public health resources.

3. RECOMMENDATIONS TO DONORS AND OTHER ORGANIZATIONS SEEKING SIMILAR IMPACTS

- 3.1 Donors should seek to fund similar results of successful projects, and not necessarily just fund similar projects. The success of projects often depends on the projects vision and values and its methodology as well as its content. Donors should ensure that project applicants take these factors into account.

BRAZIL/AFRICA SECTION

FIRST YEAR EVALUATION OF
THE SOUTH-SOUTH HEALTH TRAINING PROGRAM
BRAZIL

ESPERANÇA MATCHING GRANT
PDC-O158-A-OO-1100-OO

Submitted to:

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BY

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COORDINATOR OF THE PROJECT

OCTOBER 1993

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SUMMARY

This report describes the first year evaluation of the Human Resource Development Program currently being implemented in the Amazon-Brazil. This program is an extension of the Bolivian experience under the terms of the second matching grant financed by USAID. This evaluation is part of the agreement between the donor and the PVO and will cover the period of October, 1992 through September, 1993.

Taking into account that the main purpose of this project is to develop a human resources training program composed of courses and workshops to strengthen the institutional capacity to effectively manage programs in the Amazon region, it was important in the first year to assess the capacity and necessity of the region to implement this new program and to evaluate the results.

For this reason, the scope of this report will emphasize the output planned versus accomplishments in the following activities: legal and administrative issues, the needs assessment, curriculum development and preparation of instructional material. It will point out the changes which were deemed necessary in the project and indicate the positive results which had been achieved.

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I. INTRODUCTION

The current Human Resource Development Program in Brazil is an extension and adaptation of the program developed in Bolivia under the previous USAID Matching Grant PDC-0158-A-00-1100-00. As stated in the original proposal, the project was scheduled to begin in Brazil the second year of the greater project. Therefore, activities began in September of 1992 and will continue through September of 1996.

As planned, the Brazil portion of the project has two phases. The first of which is to adapt and implement the existing Bolivia program to Brazil. This phase was scheduled to start in September of 1992. The second phase involves transferring the Brazil experience to Mozambique and Guinea Bissau. The Africa phase of the project is planned to start in Mozambique in year three (1993-94).

The goal of the human resource training program is to develop and strengthen the institutional capacity of both public and private organizations to effectively manage programs.

This report describes some of the constraints encountered in the first year toward implementation of the project, outlines the approaches used to achieve the outputs planned and describes some necessary changes and lessons learned. It will also recommend future priorities and discuss any the implications in transferring the Human Resource Development Program to Africa.

A. FUNDAÇÃO ESPERANÇA OVERVIEW

Fundação Esperança is a Brazilian private development organization based in Santarém, Pará, in the heart of the Amazon. Since 1970, Fundação Esperança has provided educational and preventive health services to low-income families of the region. In 1981, the institution was granted tax-exempt, philanthropic status by the federal government under Brazilian law.

Fundação Esperança is dedicated to implementing the following interrelated objectives:

1. Expand health education and service activities in the Amazon region of Brazil;
2. Provide technical and administrative support to educational, cultural, welfare and health programs;

3. Promote the individual development of health professionals;
4. Foster interchange among all levels of health professionals in the region, within the country, and with the other member countries of the Portuguese speaking community.

In order to further the implementation of its objectives, Fundação Esperança developed a vertically-integrated health care delivery and training network. Program activities which emphasize "treatment and training" at the Primary, Secondary and Tertiary levels of health care simultaneously are organized within the following intellectual framework.

INTELLECTUAL FRAMEWORK

TREATMENT	TRAINING
PRIMARY LEVEL CARE Community Health GOBIF Water and Sanitation Women's Health Family Planning Gynecology Adolescent Health Counseling School programs	RURAL AREA Community members Midwives Health Promoters Village Health Workers
SECONDARY LEVEL CARE Medical Clinic Dental Clinic Laboratory	URBAN AREA Nurse Auxiliary OTHER MUNICIPALITIES Nurse Auxiliary
TERTIARY CARE Elective Surgery Orthopedic Plastic Reconstructive Ophthalmology Gynecology General	ROTATIONS University Nursing & Medicine Professional Nursing, Medicine, Laboratory, Dentistry PROFESSIONAL INTERCHANGE Medicine, Dental, Surgery GRADUATE Health Administration Intersectorial Development

Fundação Esperança's human resource development capability is based on its regional training experience through agreements with the Federal University and the State Schools of Medicine and Nursing, the State Secretary of Education, the State Secretary of Health, and strong South-South and international interchange programs. These elements are the vehicles by which the institution is capable of creating, adapting and transferring knowledge through training programs that occur at all levels of health care.

The Fundação Esperança network provides health care services and educational opportunities to about 45,000 people annually.

However, the economic, social and political situation of Brazil has deteriorated in the last few years. While the impact has been felt across the whole country, the disruptive situation has drastically affected the well-being of the people of the Amazon. In addition to economic factors, professional isolation and geographic barriers prevent local health professionals from developing adequate institutional responses to the challenge of improving health care for the greater population.

Besides, the education system in Brazil is technically-oriented. As a result, very few health care professionals, who currently occupy positions of leadership within institutions, have had public health or management training. Consequently, the lack of management skills in the health system makes improving health care much more difficult.

Under these conditions and seeking new solutions to timeless problems, Esperança in 1991 responded to the need for advanced training in health care management for local professionals by preparing and submitting a proposal to USAID. The purpose of the project is to develop and strengthen the institutional capacity of regional organizations, both public and private, to effectively manage health programs by providing management training.

This project will not only encourage local professionals working in the health care sector in the Amazon region but will also provide a solid experience in health care management that will be transferred to Mozambique and Guinea Bissau, countries in which Fundação Esperança has shared its institutional experience in training with their Health Ministries for the past ten years.

II. METHODOLOGY

The goal of the project is to develop and strengthen the institutional capacity of regional health organizations to effectively manage public health programs in the Amazon region, as well as to transfer that capacity to Mozambique and Guinea Bissau, Africa.

Therefore, the main task is to implement a quality training program through workshops, seminars and courses for professionals from institutions which are involved in development programs in the Amazon, and who would otherwise lack opportunities for continuing education.

The strategy utilized during the first year of the project in Brazil focused on activities related to the expected outputs: (a) hire a project coordinator and build a team; (b) negotiate a working agreement with a university that would provide academic credit for the course work; (c) assess the perceived needs in the region; and (d) adapt the course materials used by the project in Bolivia to the situation in Brazil, and complement that with additional material relevant to the program in Brazil.

In order to implement this strategy, the project requires human resources which include a coordinator, two instructors and three administrative assistants. The technological resources involve the transfer of the educational experience and documentation from the existing program in Bolivia. Also, the project requires equipment and supplies to facilitate the educational process.

As mentioned above, the target population of this project is health care professionals who are members of institutions which are involved in development programs in the Amazon.

The data reported in this document were collected to compare the goals of the original plan with the achievements of the first year activities and to analyze the views of the participants that had been involved in the areas already implemented.

GENERAL COMPARISON OF ACCOMPLISHMENTS WITH PLANNED OUTPUT

During this initial phase, the coordinator was hired. Due to difficulties in identifying competent local professionals, neither the instructors nor all the administrative staff were hired. Therefore, with support from Fundação Esperança, the coordinator assumed full responsibility for all project activities.

After the coordinator was hired, this institution negotiated a working agreement with UNAMAZ (Association of Amazonian Universities). The primary purpose of this agreement was to provide academic credit for the course work. After the

agreement was signed, UNAMAZ later announced that it could not offer academic credit; therefore, the project coordinator began to look for another local resource to meet the need. Negotiations with UNESPA (União das Escolas Superiores do Para), a private university that had recently implemented a program in Santarem, was started and an agreement is pending.

The coordinator next identified, contacted and surveyed the needs of approximately 53 institutions and 165 health professionals in the region. The results of this needs assessment will be discussed later; however, the data revealed that local health care institutions and professionals feel that training in health management is of greater priority than issues related to public health.

The coordinator traveled and spent three months in the project site in Bolivia to gather the instructional material necessary for the implementation of the program.

After returning from Bolivia, the project coordinator began to adapt the Bolivia training program to the significantly-different situation in the Amazon. Health care management is the main thrust in Brazil; therefore, the project coordinator developed a course structure that included three modules and emphasized management issues. Similarly, the workshop material previously utilized in the Bolivia project was gradually translated.

Even though workshops were not planned for the first year, local professionals and institutions were so interested that two workshops and a course in human resource management were held in year one.

III. MONITORING AND EVALUATION

Although administrative issues, curriculum development and the question of academic credit dominated activities in the first year, monitoring and evaluation was of particular concern during this phase to prepare for the implementation program; therefore, an evaluation instrument was developed for each of the teaching activities.

A computerized data collection system was implemented to collect information. The Epi Info program from the Centers for Disease Control is being used to analyze the data.

The instructional material that had been translated, adopted and developed for the courses and workshops was carefully monitored and evaluated before being distributed. Since the graduate level course involved the participation of UNESPA, that university had evaluated the course content and agreed to implementation of the curriculum developed.

Since the two workshops and one 45-hour course in human resource management had previously been offered, some of the evaluation instruments developed were used to evaluate the program according to the following criteria: content, objectives, teaching methodology, subject matter and its relevance to their job responsibilities, and logistics. The results from this first evaluation will be discussed in the next section.

Financial and quarterly progress reports were sent to headquarters on a regular basis. In turn, the project coordinator received feed-back on the same basis.

Finally, monitoring and evaluation are processes which will continue to grow as priorities in all phases of the implementation of this project.

IV. REVIEW AND ANALYSIS OF THE PROJECT

As originally planned, the activities programmed in Brazil for the first year were based on the following objectives:

1. Secure academic credit for course work;
2. Hire the projector coordinator and support team;
3. Develop necessary administrative infrastructure ;
4. Do needs assessment;
5. Train team in Bolivia;
6. Develop course structure;
7. Adapt material to suit situation in Brazil.

Therefore, based on the above objectives, the following paragraph will compare the indicators planned for the first year and the actual accomplishment.

FIRST YEAR PLANNED OUTPUT VERSUS ACCOMPLISHMENTS

1. AGREEMENT BETWEEN FUNDAÇÃO ESPERANÇA AND UNAMAZ

Although a working agreement between the two institutions was signed at the very beginning of the project, UNAMAZ later revealed that it would be unable to grant academic credit for the training program. In response to this situation, Fundação Esperança contacted the three universities that have recently established programs in Santarém: ULBRA (Universidade Lutheran do Brasil), UNESPA (União das Escolas Superiores do Pará), and UFPa (Universidade Federal do Pará) to discuss the question of academic credit for the program.

After considering the goals of the project, as well as weighing the need to control costs, Fundação Esperança chose to negotiate an agreement with UNESPA. Of the three universities considered, UNESPA was the only one currently offering a health program on the undergraduate level in Santarém; consequently, it was able to offer academic credit for the graduate program.

Also, in spite of the fact that it is a private university, UNESPA was not only open to negotiating its charges for tuition so that the graduate course would be accessible to a larger number of clients, but also, it had a great interest in integrating its programs with other organizations.

In the end, even though the original agreement with UNAMAZ to provide academic credit had to be canceled, those difficulties were overcome by an agreement with UNESPA. Under the terms of the agreement, UNESPA will provide academic credit for the training program.

2. NEEDS ASSESSMENT

In order to determine the direction that the training program would take, a needs assessment was done during September and October of 1992 in the city of Santarém and neighboring municipalities. The purposes were to identify what community members saw as their most important problems or concerns; to establish priorities; to determine the form that the new Matching Grant program would take; and to decide how to promote it.

Questionnaires were used to do the needs assessment. One was addressed to institutions. Another was addressed to health professionals, since many of them were in private practice.

Both questionnaires included items such as a list of 12 alternative subjects in management and health, teaching techniques for each subject, length of time for each program and an open question which asked for suggestions. (Questionnaire Annex 1)

SYNTHESIS OF THE NEEDS ASSESSMENT RESULTS

The following is a breakdown of the number of institutions and professionals who participated in the poll, as well as the results of the questionnaire. However, it is important to mention that, due to difficulties of geography, transportation and communication, it was very difficult to gather information from professionals working in other municipalities in the region. Therefore, the numbers shown below do not represent the total number of potential participants in the training program.

QUESTIONNAIRES SENT VERSUS RETURNED

TARGET	SENT	UNDELIVERED	RETURNED	%RETURN
Institutions				
1. Santarém	39	9	11	28%
2. Other Cities	15	6	8	53%
Total	54	15	19	35%
Professionals				
1. Santarém	145	22	45	31%
2. Other Cities	20	3	17	85%
Total	165	25	62	44%

Of the 54 questionnaires mailed to institutions, 15 were returned as undeliverable. Of the 39 actually delivered, 19 were completed and returned.

In addition to the questionnaire sent to institutions, individual health professionals responded to the needs assessment questionnaire. A total of 165 questionnaires were mailed to individuals. Of this total, 25 were returned as undeliverable and 62 were completed and returned. Of the 81 institutions and individual professionals that responded to the questionnaires, 100% of them described health care management training as mandatory for the development of this region.

The survey identified the following results reflecting the prioritization given by the surveyed institutions and professionals to the list of subjects in management and health.

Alternatives for Institutions	Priority Ranking
Proposal Writing	76%
Human Resource Management	67%
Legal Aspects of NGOs	67%
Strategic Planning	65%
Ethics and Moral Leadership	62%
Environmental Factors of Health	53%

Alternatives for Professionals	Priority Ranking
Health Care Management	92%
Epidemiology	75%
Health in the Work Place	70%
Proposal Writing	69%
Drug Abuse Prevention	69%
Health and Human Behavior	67%

In summary, the survey clearly showed that management issues were considered the priority by both health care institutions and professionals. Therefore, the formal training component of this program concentrated on health care management, whereas in Bolivia, public health issues were considered the priority.

3. COURSE MATERIALS ADAPTED AND PUBLISHED IN BRAZIL COVERING 3 MODULES AND 12 WORKSHOPS.

This component of the training program involves two different modalities: (a) a graduate level course, and (b) a series of workshops and seminars. They will be described separately.

COURSE PROGRAM IN MODULES

As the needs assessment demonstrated, institutions and professionals consider health care management, rather than public health issues, to be the priority in Brazil. Also, Brazilian laws relating to education are different from those in Bolivia. As a result, the Brazil modules program will be credited as a "specialization" course, while in Bolivia the modules program will be credited as a Masters Degree in Public Health.

The course, "Specialization in Health Management," will be offered in three modules during a period of nine months. The curriculum that was developed to respond to the needs assessment had also been evaluated and approved by the graduate department of UNESPA. (Curriculum, Annex 2)

The new training center is nearing completion and the question of academic credit has been resolved; consequently, the "Specialization in Health Management" course will begin in January of 1994.

In addition to the specialization course, other intensive courses are being developed in subject areas related to the needs of local institutions. The first of these, a course in Human Resource Management, has already been developed, and others, such as Epidemiology and Biostatistics, are in the process of development.

THE WORKSHOP AND SEMINAR PROGRAM

The second part of the human resource development program is to reach professionals and institutions in the region through a series of four day workshops on the subjects identified from the needs assessment. The original plan for the first year was to develop twelve syllabi for twelve workshops; however, pressure from the institutions involved in the needs assessment to implement the program resulted in the offering of two workshops this year, instead of waiting until next year. Consequently, part of the time that had been scheduled for the development of instructional material was used for teaching, and only two of the twelve planned have been developed.

CHANGES ON THE YEAR ONE

As mentioned, although it was not planned to start implementation of the course and workshops in year one, it was done as a result of the tremendous interest on the part of local institutions. Therefore, an intensive course and two workshops were offered. They will be explained below.

In September of this year, an intensive course in Human Resource Management was given in forty-five class hours for 21 different institutions in the city. The participants evaluated the course according to the following criteria: (a) content,

objectives and appropriateness; (b) quantity and quality of instructional materials; (c) quality of both method and teaching skills; and (d) logistics. The results of the evaluation of this first intensive course are demonstrated in Graph 1.

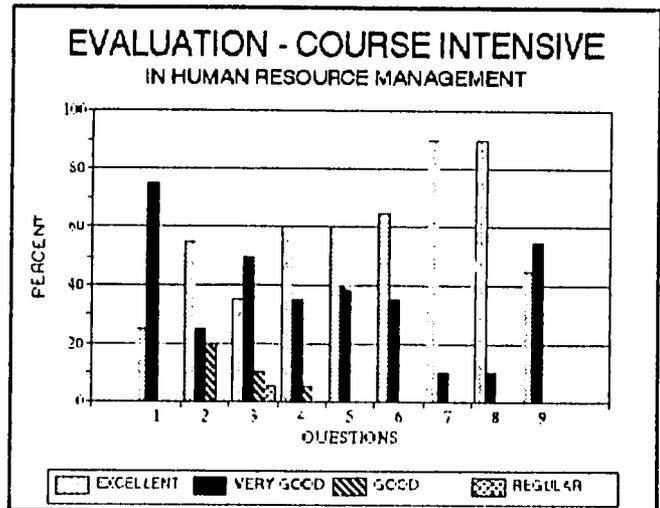
The results were graded on a scale of one to five. The graph below displays the results. (Figure 1)

As the data shows, 100% of the participants in the first intensive course felt that the program attained its objective and would recommend it to other professionals.

The vast majority reported that it fulfilled their expectations; however, less than 5% felt that the subject matter was not entirely relevant to their work.

On the other hand, 100% of participants responded that the teaching methodology was highly effective; the program was well organized; the instructor was especially effective; and the instructional material was excellent. In addition, all the participants felt that the course had improved their capacity to function as program managers.

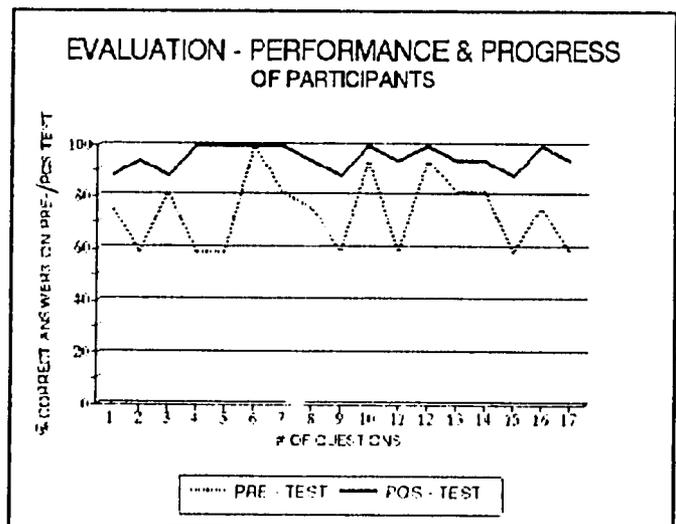
Figure 1



Finally, it is interesting to note that even though 80% of the group had already attended other courses in management subjects, there were still extremely positive gains made in their performance and progress (see Figure 2). These results reinforce the fact that management skills are weak in this area.

Regarding workshops, the first one offered was on Strategic Planning

Figure 2

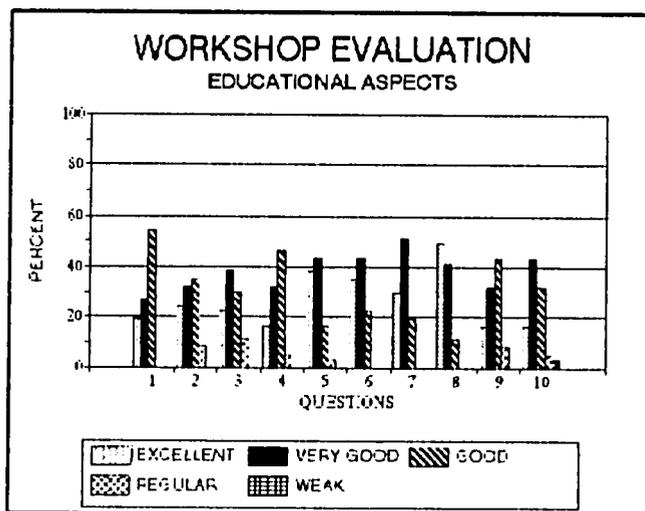


and took place in June. The second one, Project Design and Evaluation, took place in August. Both workshops lasted four days and involved 23 and 24 participants respectively from different organizations.

The workshops were aimed at facilitating the transfer of knowledge by applying a "learn by doing" methodology and stimulating team work as much as possible.

Even though the program never considered women as a specific target group, 83% of those who participated in the first two workshops were women. Also, it is important to mention that the output planned was to involve 20 participants in each workshop.

Figure 3



- Everyone who participated in the workshop felt that the program attained its objective and therefore, would recommend the program to other professionals.
- More than 90% revealed that the workshop fulfilled their expectations and that it was relevant to their work.
- More than 95% responded that the teaching methodology was highly effective; the program was well organized; and the instructional material offered was excellent.
- Approximately 95% felt that the workshop had improved their capacity to function as program managers.
- Two-thirds of the participants had never participated in a similar workshop.

In the end, the results were very positive. The decision to implement the program early limited what could be achieved in developing material for 12 workshops. In general, the project has achieved all of its goals for the first year in spite of the scarcity of human resources.

V. MANAGEMENT ANALYSIS OF HEADQUARTERS SUPPORT

Headquarters assistance to the Brazil field project was very positive and had been rendered this year through the following: attendance to all the solicitation of money transference, purchase of all the equipment required, assistance with the monthly financial report, evaluation of coordinator of the project and critique of the work that had been done in the first year. In brief, the relationship between headquarters and the Brazil field project was very good.

VI. FINANCIAL REPORT

Financially, the Brazil project had a good year. Review of the budget of the first year, 1992-1993, revealed that approximately 30% of the amount originally budgeted for the first year was spent.

Due to the scarcity of qualified human resources in the region during the first phase of the project, the work was carried out solely by the Project Coordinator. No course instructors were hired. Just one administrative assistant was hired to work part-time. Consequently, the amount originally budgeted for program elements, which included salaries and travel, and which are the major items in this category, was only 34.7%.

In the second category (Procurement), which includes Supplies, Equipment and Services, the amount of money expended from the budget represented 11.7%.

Lastly, since this is the first year of the Brazil program, external evaluation was not planned; therefore, no expenses in the third category (Evaluation) were incurred.

It is too early to evaluate sustainability of the project. However, as was originally planned, 10% of the cost of the first workshop was recovered.

As has been noted, the budget for year three should be reviewed so that there can be transfer of unspent money for the needs of subsequent years.

VII. LESSONS LEARNED AND LONG-TERM PROJECT IMPLICATIONS

Even though the first year of the project concentrated on resolving issues related to administration, curriculum development and instructional material adaptation, certain general lessons have been learned regarding the implementation of Matching Grant II in Brazil.

1. Locating qualified professionals who were interested in working in the project was much more difficult than had been expected. A great deal of time and effort was invested in this process.
2. Using two questionnaires to do the needs assessment revealed that the main priority is health management as cited by institutions and member professionals. However, professionals requested that others areas that should be included in the Human Resource Management Program be more tailored to personal interests.
3. During the job search, the project coordinator concluded that the salaries cited in the original budget for the Africa portion of the project is a barrier to hiring competent professionals.
4. Local professionals who participated in the workshops demonstrated a high level of interest; therefore, the program is expected to continue to be well received.
5. Although the original project was targeted to the training of professionals from health care institutions, professionals from other sectors (education and business) manifested great interest in participating in the program.
6. Professionals from different organizations and backgrounds, who normally do not have an opportunity to interact, were able to share experiences and ideas during the intensive course and the two workshops that were held.

7. The workshops provided an opportunity for managers of different organizations to look beyond their own organizations.
8. Because several of those who confirmed their registration for the workshops by telephone did not actually attend, written registration for workshops should be closed three days prior to the beginning of each workshop.

VIII. RECOMMENDATIONS

Based upon the lessons learned and the considerable insight gained regarding the status of the training program implemented in Brazil, we make the following recommendations:

1. Based on the interest shown by non-health professionals, the workshops should be opened to institutions and professionals from other sectors, such as education and business.
2. Due to competition from higher salaries in Brazil, the budget for the Africa portion of the project needs to be reviewed.
3. Since the Africa portion of the project will require more funds than were planned, the team will have to revise the original budget, transferring unspent funds from the first and second years to the last three years.

AFRICA PROGRAM

OVERVIEW OF THE ACTUAL SITUATION

Since the Africa portion of the program is not scheduled to begin until the third year (late in 1993) of the greater project, there is nothing to report. The Detailed Implementation Plan (DIP) remains the same as the one sent to USAID last July.

PLAN FOR THE FUTURE

As stated in the project and in the outputs objectives for the first year program in Mozambique, the project coordinator expects to travel to Mozambique in November of this year to negotiate an agreement with the Minister of Health.

The second step will be to send a team to Mozambique to start to implement the South-South program. Also, a budget review will have to be done prior to starting the project.

After implementation of the program in Mozambique, the second phase will be to visit Guinea Bissau to start the same process.

IX. ATTACHMENTS

1. Questionnaire of needs assessment
2. Curriculum "Specialization in Health Management"
3. Folders of workshops
4. Evaluation of workshops
5. Financial

A T T A C H M E N T S

ANNEX 1

Questionário

Levantamento Quanto a Necessidades de um programa de Educação Continuada para a região do Baixo Amazonas.

I. IDENTIFICAÇÃO

Nome: _____
Endereço: _____
Cidade: _____ CEP: _____ FONE: _____
Instituição: _____

II. Por favor, indique com um X nas questões abaixo o número que melhor expressa sua opinião.

1. Você acha que a região precisa de um programa de Educação Continuada ?

1	2	3	4	5
Desnecessário				Mandatário

2. Das opções abaixo identifique qual a melhor metodologia a ser discutido o assunto.

Alternativas	Curso	Seminario
Bioestatística.		
Epidemiologia		
Saúde Ambiental		
Administração em Saúde		
Promoção de Saúde e Educação		
Administração em Saúde Internacional		
Planej. e Aval.de Prog.de Saúde		
Marketing em Saúde		
Saúde Comunitária		
Saúde X Ciências Comportamentais		
Serviço Social da Família		
Medicina do trabalho		
Prevenção de Abuso de Drogas		
Gestã		
Elaboração de Propostas		
Outros:		

3. Da relação acima mais as suas sugestões enumere 3 prioridades para serem ministradas em forma de curso de em em forma de cursos (3 a 6 meses de duração).

1.

2.

3.

4. Qual o melhor horário que você dispõe para participar de cursos desta natureza.
 Noturno Vespertino Diurno

5. Qual sua opinião quanto a frequência das aulas do curso?
 Diariamente Tres dias/Sem

6. Você tem interesse em participar em algum destes cursos.
 Sim Não Talvez

7. Classifique por area de importância quais as barreiras que o impedem de participar em programas como este.
(1= mais importante; 5= menos importante)

_____ Tempo do programa _____ Localização
_____ Conteúdo do prog. _____ Custo

Outros _____

8. Das lista abaixo qual melhor descreve sua area de atuação? (por favor cheque com X)

_____ Assistência _____ Ensino
_____ Pesquisa _____ Administração
_____ Outro

ANNEX 2



**PROPOSTA CURSO DE ESPECIALIZAÇÃO
LATO SENSO EM
ADMINISTRAÇÃO EM SAÚDE**

apresentado a

UNESPA

por

**FUNDAÇÃO ESPERANÇA
SANTARÉM, PARÁ
BRASIL**

ANNEX 2

CURSO DE ESPECIALIZAÇÃO LATO SENSO EM ADMINISTRAÇÃO EM SAÚDE

I. INTRODUÇÃO

A missão do sistema de saúde é de dotar serviços efetivos e eficientes auaptados às necessidades da comunidade. Na situação mundial atual onde os recursos são limitados, e para a saúde especialmente escassos, é importante conseguir uma boa racionalização dos mesmos.

Neste sentido pode-se afirmar que o manejo gerencial, sem que isso represente uma perda do sentido social, permitirá oferecer melhores serviços de saúde à comunidade. Nesta afirmação se encerra a opinião autorizada dos líderes da Saúde Pública mundial, referente à importância e a necessidade de uma gestão administrativa competente para prestar serviços de saúde eficientes.

O desafio do momento é a mudança das práticas administrativas e gerenciais atuais para um manejo científico e moderno da saúde, considerando este como bem-social.

Até pouco tempo atrás, os esforços para a resolução destes problemas não foram suficientes para conseguir os resultados esperados. Agora, que os recursos são cada vez mais limitados e que as necessidades e demanda de serviços aumentam, este desafio se torna indispensável para garantir o desenvolvimento dos sistemas de saúde, para desta forma contribuir na melhora da saúde da população e contribuir no seu desenvolvimento.

II. ANTECEDENTES

Em 1992, Fundação Esperança realizou um levantamento de necessidades sobre Atualização dos Recursos Humanos para a Saúde junto aos profissionais de saúde e instituições da região vinculadas à saúde no município de Santarém. E uma das conclusões mais importantes foi a necessidade urgente de capacitar recursos humanos para o manejo gerencial no setor de saúde.

Diante desta situação, Fundação Esperança decidiu empreender ações pertinentes à problemática mencionada, sendo o resultado programas de capacitação de recursos humanos enfocados em diversos níveis do setor, entre estes esta o programa que se enquadra a nível de especialização lato senso em Administração em Saúde. Desta forma pode-se contar com pessoal capacitado em gestão de programas de saúde na região e assim fortalecer as instituições sanitárias para uma auto-gestão eficaz e assim nos preparar para o sistema descentralizado da saúde.

III. JUSTIFICATIVA

Existe em nosso país escassez de Recursos Humanos capacitados em gerenciamento de sistemas de saúde em todos os níveis. Além do mais, se levamos em conta a descentralização mencionada há que fortalecer regionalmente o desenvolvimento dos recursos existentes para preparar-nos quando for preciso.

Os profissionais do setor de saúde que atualmente estão ocupando cargos executivos tem necessidade e demandas concretas de capacitação no campo gerencial como prioridade, além de adquirir destrezas e habilidades em sua capacidade de direção.

O advento da política descentralizadora na área da saúde que deverá sustentar-se na, ainda fraca, capacidade gerencial das organizações de saúde da região, mediante a formação adequada às necessidades e perspectivas regionais.

Há necessidade técnica de fortalecer o Sistema Único de Saúde (SUS) dentro do marco de desenvolvimento de um sistema de saúde baseado na Atenção Primária, idéia que está centrada em nosso objetivo geral, considerando esta estratégia vital para o desenvolvimento de nosso sistema sanitário. Os escassos recursos que possui nosso sistema nos leva a dar ênfase à necessidade de utilizar ao máximo esses recursos do setor saúde, dotando o participante de uma visão estratégica e sistemática.

A necessidade de reformular e melhorar a oferta de serviços de saúde, promovendo a participação comunitária na resolução de seus problemas como uma estratégia de auto-gestão da população, que indiretamente irá repercutir na qualidade de vida.

Por último, não existem no Oeste do Pará, oportunidades para desenvolver-se neste campo de saúde para que os profissionais do setor possam ter acesso a programas de aptidão, sem abandonar seu meio e sem descuidar de seus trabalhos com o conseguinte custo pessoal, institucional e social.

IV. OBJETIVO GERAL

Capacitar e desenvolver profissionais do setor saúde para aplicar conceitos e processos modernos de Administração na gerência dos sistemas sanitários e liderar as mudanças em direção a meta de "SAÚDE PARA TODOS NO ANO 2000".

V. OBJETIVOS ESPECÍFICOS

1. Capacitar profissionais do setor de saúde e social que ocupam cargos executivos em gerenciamento de sistemas, com o nível de especialização.
2. Criar uma estrutura acadêmica para a aptidão gerencial dos líderes da saúde na região Oeste do Pará.
3. Aplicar o enfoque sistemático no projeto e gestão de programas de saúde.

VI. METODOLOGIA

O programa se desenvolve sobre a base de sistema modular com as seguintes características gerais:

1. A estrutura do programa se sustenta em três módulos, que são unidades programáticas independentes com objetivos próprios que estão articulados dentro do contexto dos objetivos.
2. O processo ensino-aprendizagem se baseia fundamentalmente na participação, levando-se em consideração a experiência dos participantes e, em base nela realiza-se uma reflexão para logo conceitualizar e chegar a demonstrar sua aplicabilidade e assim adquirir novas experiências.
3. O referido processo dá ênfase ao trabalho de grupo empregando diferentes técnicas participativas que se realizarão sob a orientação do coordenador e dos docentes.
4. Carga horária: cada módulo cobrirá 160 horas totalizando 480 horas acadêmicas. As aulas serão ministradas no período noturno das 19:00 às 23:00, de segunda a sexta-feiras e aos sábados pela manhã quando necessário com aproximadamente vinte horas semanais.
5. Métodos didáticos: Empregar-se-á uma metodologia participativa, baseada na andrologia (ensino do adulto). Entre elas podemos citar: estudo de casos, exposição com diálogos, exercícios de simulação, trabalho de equipe, visitas de campo, seminários, mesas redondas, etc.
6. Trabalho Final: No final dos módulos os participantes, de forma individual, deverão realizar e apresentar um trabalho de acordo com o conteúdo dos módulo no qual devem estar as experiências recolhidas em forma de propostas para melhorar um serviço ou programa.

VII. ESTRUTURA PROGRAMÁTICA E NÍVEL ACADÊMICO

O programa de especialização em Administração de Saúde compreende três componentes denominados MÓDULOS.

O programa está estruturado em três áreas de concentração e cada uma delas contém componentes relacionados à aquisição de destrezas e habilidades nos campos de liderança, trabalho em equipe, pensamento estratégico, além de desenvolver capacidades de gestão executiva com um enfoque de sistema e pensamento estratégico.

Cada módulo é a combinação de várias disciplinas, que se desenvolverão em um tempo mínimo de 160 horas acadêmicas que equivalem aproximadamente a três meses e meio. Desta forma, a duração total do programa é de dez meses acadêmicos.

Os requisitos para a aprovação de cada módulo são:

1. Frequência de pelo menos 85% às aulas.
2. Média ponderada das parciais de pelo menos 70%.

O participante que cumprir os requisitos acadêmicos receberá um certificado de aprovação, caso contrário, apenas um de assistência.

Para receber o título de especialização em Administração de Saúde, o participante deve cumprir os seguintes requisitos:

1. Concluir os três módulos com média não inferior a 70%.
2. Apresentar, defender e ser aprovado o trabalho final.
3. Elaborar e apresentar um trabalho final de aplicação com a média de 70.

O título acadêmico outorgado por Fundação Esperança e UNESPA será o de: **ESPECIALIZAÇÃO EM ADMINISTRAÇÃO EM SAÚDE**

O Plano de estudos está dividido em três áreas de concentração:

No.	MÓDULOS ÁREA DE CONCENTRAÇÃO	DISCIPLINAS
I	PRINCÍPIOS DE GERÊNCIA EM SAÚDE.	.Fundamentos da administração .Políticas Sociais em Saúde .Metodologia Científica e Investigação .Organização .Princípios de Epidemiologia .Bioestatística e Estatística Aplicadas a gerência .Planejamento Estratégico .Participação e Gestão Comunitária
II	GERÊNCIA DE RECURSOS HUMANOS E SISTEMAS DE APOIO	.Comportamento Organizacional .Administração de Recursos Humanos .Relação Inter-pessoal .Capacitação e Desenvolvimento de Recursos Humanos .Sistema de Comunicação e Informação .Legislação Trabalhista e Sindicalismo
III	GESTÃO FINANCEIRA DE SISTEMAS DE SAÚDE E LOGÍSTICA	.Princípios de Economia .Princípios de Finanças .Princípios e Estratégias de Marketing .Administração de Logística .Seminários: Desenho e Avaliação de Projetos - C.H. 30 .Apresentação de Trabalho Final - C.H. 15

Na primeira área enfocam-se os aspectos que lhe cabem à administração em geral, e das ciências que a apoiam; desta maneira dotamos as ferramentas básicas ao participante para que se possa relacionar e melhorar seu rendimento.

A segunda, está relacionada à capacidade de ajustar efetivamente a interação administrativa de recursos humanos de acordo com a missão da organização e a capacidade de gestão do mesmo.

A terceira área está centrada nos sub-sistemas de apoio na gestão dos programas.

X. PERFIL PROFISSIONAL

O Curso de Especialização em Administração de Saúde pretende que na conclusão do programa de estudo, o participante tenha desenvolvido capacidades pessoais que potencializem sua ação profissional; juntamente com conhecimentos e destrezas técnico operativas, aplicando o enfoque de sistemas para a formulação, implantação e gestão de programas de saúde na perspectiva do fortalecimento dos serviços de saúde em seus diferentes níveis de execução. Deste modo o espera-se que no final o participante possam:

- Realizar diagnóstico de situação, tanto dos serviços como da população a quem se destina, utilizando técnicas de pesquisa e obtenção do perfil epidemiológico.
- Planejar, organizar, integrar e dirigir os programas em qualquer nível da gestão ou de serviços.
- Desenvolver os mecanismos de controle (monitoria, supervisão e avaliação) que permitam introduzir ou que possibilitem fazer os ajustes necessários e oportunos no processo de planejamento.
- Envolver os usuários dos serviços através de técnicas de participação, comunicação, informação e educação a fim de responder as necessidades e demandas da população.
- Organizar e dirigir os subsistemas de apoio necessários para realizar com eficácia os projetos e programas de Saúde.

XI. SUMÁRIO DA ESTRUTURA CURRICULAR

No	DISCIPLINA	C.H.
	MÓDULO I: PRINCÍPIOS DE ADMINISTRAÇÃO À SAÚDE	
01		30
02	Fundamentos de Administração	20
03	Políticas Sociais e de Saúde	30
04	Metodologia Científica e Investigação	30
05	Organização e Funcionamento de Unidades de Saúde	30
06	Princípios de Epidemiologia	30
07	Bioestatística e Estatística aplicada à Administração	30
08	Planejamento Estratégico Participação e Gestão Comunitária	20
	MÓDULO II: ADMINISTRAÇÃO DE RECURSOS HUMANOS	
01		20
02		45
03	Comportamento Organizacional	15
04	Administração Aplicada a Recursos Humanos	20
05	Relação Inter-pessoal	30
06	Liderança Moral e Situacional	30
07	Capacitação e Desenvolvimento de Recursos Humanos	30
	Sistema de Informação e Comunicação Legislação Trabalhista e Sindicalismo	
	MÓDULO III: ADMINISTRAÇÃO FINANCEIRA E LOGÍSTICA	
01		30
02		45
03		30
04	Princípios de Economia e Análise de custos	40
05	Princípios de Finanças	30
06	Princípios e Estratégias de Marketing Administração e Logística	15
	Seminários: Desenho e Avaliação de Projetos Apresentação Final de Trabalhos	600
	TOTAL HORAS AULAS	

XII. PROGRAMA ACADÊMICO

MÓDULO I: FUNDAMENTOS DA ADMINISTRAÇÃO APLICADOS À SAÚDE

Os objetivos específicos deste módulo são:

- . Reconhecer os fundamentos da administração geral e sua relação com as ciências da saúde.
- . Analisar o processo gerencial e sua aplicação dentro do setor de saúde.
- . Analisar teoria de sistemas e sua aplicação no campo da saúde.
- . Desenvolver destrezas e habilidades gerenciais.
- . Relacionar a função da pesquisa aplicada à área de saúde.

DISCIPLINAS

1. FUNDAMENTOS DE ADMINISTRAÇÃO

- . Princípios, conceitos, teorias
- . Estratégias e funções administrativas
- . Bases e processo de planejamento em Saúde
- . Organização administrativa
- . Controle e tomada de decisão
- . Ética e responsabilidades sociais

2. POLÍTICAS SOCIAIS EM SAÚDE

- . Conceitos de políticas públicas com ênfase em saúde
- . Processo administrativo em saúde
- . Legislação interna e externa do setor
- . Conceitos e técnicas de diagnóstico em saúde

3. METODOLOGIA CIENTÍFICA E INVESTIGAÇÃO

- . Conceitos e importância da investigação em relação às ciências.
- . Etapas e método científicos
- . Diferentes tipos e critérios de investigação
- . Investigação aplicada ao desenvolvimento de saúde
- . Elaboração de projetos de pesquisa e trabalho monográfico

4. ORGANIZAÇÃO E FUNCIONAMENTO DE UNIDADES DE SAÚDE

- . Teoria de sistemas aplicados à organização
- . Cultura organizacional, sub-sistemas e fatores
- . O homem e a organização
- . Modelos básicos de programação e avaliação
- . Técnicas de: Diagnósticos, avaliação, e intervenção de unidades

5. PRINCÍPIOS DE EPIDEMIOLOGIA

- . Conceitos e princípios
- . Terminologia básica
- . Indicadores epidemiológicos
- . Importância da epidemiologia no planejamento de saúde

6. BIOESTATÍSTICA E ESTATÍSTICA

- . Conceitos e princípios
- . Etapas do processo bioestatístico
- . Métodos estatísticos
- . Papel da estatística na tomada de decisão na gerência

7. PLANEJAMENTO ESTRATÉGICO

- . Conceitos, tipos, etapas
- . Marco lógico
- . Etapas e componentes
- . Técnicas de planejamento

8. PARTICIPAÇÃO E GESTÃO COMUNITÁRIA

- . Conceitos
- . Técnicas e métodos de participação efetiva
- . Participação comunitária nos programas
- . Formas técnicas de motivação e co-gestão

MÓDULO II: GERÊNCIA DE RECURSOS HUMANOS E SISTEMAS DE INFORMAÇÃO

Os objetivos específicos deste módulo são:

- . Desenvolver e fortalecer habilidades no campo das relações interpessoais, trabalhos em equipe, liderança e resolução de conflitos.

- . Capacitar no manejo administrativo dos recursos humanos.
- . Analisar diferentes tipos e técnicas de comunicação intra e inter-institucional.
- . Desenvolver um sistema de informação gerencial para a tomada de decisões.

DISCIPLINAS

1. COMPORTAMENTO ORGANIZACIONAL

- . Cultura e sub-cultura organizacional
- . Organização versus dimensão humana
- . Liderança Moral e Situacional
- . Dinâmica de Grupo no contexto gerencial
- . Utilização de recursos humanos para atingir metas

2. ADMINISTRAÇÃO APLICADA A RECURSOS HUMANOS

- . Aplicação dos princípios da administração
- . Elementos de política e gestão de recursos humanos
- . Recrutamento e seleção
- . Socialização (Institucionalização)
- . Desenvolvimento e aptidão
- . Supervisão,
- . Motivação e incentivos
- . Avaliação de performance

4. RELAÇÃO INTERPESSOAL

- . Conceitos e princípios
- . Interrelações humanas aplicadas a gerência
- . Socialização

5. CAPACITAÇÃO E DESENVOLVIMENTO DE RECURSOS HUMANOS

- . Conceito, processo, funções, políticas, normas
- . Planejamento e supervisão
- . Tipos e técnicas de capacitação, desenvolvimento
- . Técnicas de avaliação de desempenho
- . Técnicas de direção

6. LEGISLAÇÃO TRABALHISTA E SINDICALISMO

- . Aspectos legais
- . Atos administrativos e princípios
- . Legislação trabalhista
- . Disposições internas e externas
- . Normas, disposições, e convênios

5. SISTEMA DE COMUNICAÇÃO E INFORMAÇÃO

- . Processo de comunicação
- . Tipos de Comunicação
- . Barreiras de comunicação
- . Comunicação comunitária

MÓDULO III: ADMINISTRAÇÃO FINANCEIRA E LOGÍSTICA EM SAÚDE

Os objetivos específicos deste módulo são:

- . Conhecer e analisar aspectos importantes da questão econômica como parte do contexto no planejamento.
- . Identificar e analisar as diferentes fontes de financiamento e sua aplicação nos programas de saúde.
- . Compreender e utilizar elementos financeiros no projeto, implantação e controle dos programas de saúde.
- . Utilizar ferramentas para o manejo eficiente dos subsistemas de aquisição dentro dos marcos legais vigentes.
- . Capacitar no manejo administrativo quanto inventário, armazenamento, distribuição e transporte, como elementos de apoio aos programas de saúde.

DISCIPLINAS

1. PRINCÍPIOS DE ECONOMIA

- . Teoria de economia e análise de custos
- . Conceitos de oferta e demanda em saúde
- . Planejamento de alocação de marketing
- . Avaliação e Políticas de quantidade e qualidade e custo
- . Eficiência e produtividade

2. ADMINISTRAÇÃO, PLANEJAMENTO E AVALIAÇÃO FINANCEIRA

- . Conceitos e princípios de finanças
- . Funções e responsabilidades financeiras da administração
- . Relação de finanças com economia e contabilidade
- . Mecanismos financeiros e análise de custo e efetividade
- . Sistema de supervisão e informes
- . Manejo de informação financeira
- . Métodos para avaliar decisões de intervenções
- . Análise quantitativa para tomada de decisão
- . Sistemas de computação aplicados a finanças

3. PRINCÍPIOS E ESTRATÉGIAS DE MARKETING

- . Conceitos, princípios, e filosofia de marketing em saúde
- . Aspectos demográficos, econômicos, ecológico, tecnológico cultural e político em marketing de saúde.
- . Marketing como sistema de informação
- . Planejamento estratégico em marketing
- . Métodos de organizar o marketing na empresa
- . Estratégias de comunicação em marketing

4. ADMINISTRAÇÃO DE LOGÍSTICA

- . Conceitos, necessidades e métodos de gerência em:
 - . Aquisições
 - . Armazenagem
 - . Distribuição
 - . Transporte
 - . Manutenção e reparo
 - . Programação
 - . Controle

PLANEJAMENTO ESTRATÉGICO

WORKSHOP

DE 22 A 25 DE JUNHO DE 1993 * IATE CLUB * SANTARÉM

Planejamento estratégico é o processo que determina **O QUE** uma organização pretende para o futuro e **COMO** chegar lá. O processo discute melhor futuro para sua organização e o melhor caminho para alcançar o destino. Planejamento envolve decisões sobre objetivos a traçar, programas e serviços oferecidos, e como atrair e utilizar os recursos necessários.

OBJETIVOS DO WORKSHOP

- * Discutir Planejamento Estratégico e seus benefícios para a Instituição.
- * Analisar os elementos de um marco lógico no planejamento estratégico
- * Definir os passos e aplicar técnica para desenvolver o Planejamento Estratégico.

FACILITADOR

Armando de Negri Filho
Assesor de Planejamento
Porto Alegre, RS

PROGRAMA

22/6/93, 19:30 as 22:00HS

PLANEJAMENTO ESTRATÉGICO

- . Proposito, Conceptualização,
- . Reflexão, Beneficios.
- . Aplicação Prática.

23/6/93, 14:00 as 17:00 e 19:00 as 22:00

ELEMENTOS DE MARCO CONCEPTUAL

- . Marco Conceptual.
- . Visão x Missão.
- . Enfoque Macro e Micro.
- . Estratégia x Programa e Projetos.

24/25/6/93, 9:00 as 12:00 e 14:00 as 18:00

TÉCNICAS PARA DESENVOLVER O PLANO

- . Organizar
- . Anallzar Situação
- . Desenvolver Estratégias
- . Traçar o plano
- . Implementar o plano

- * Avaliação do processo

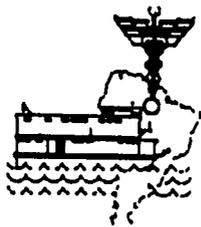
.....
Participação é limitada. Se você tem interesse devolva esta parte até o dia 18/6/93.

Para mais information telephone (522-2726) or fax (522-7878).

NOME: _____

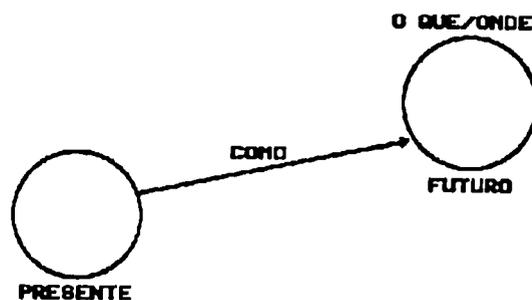
INSTITUIÇÃO: _____

END: _____



FUNDAÇÃO ESPERANÇA
CX. POSTAL 222
FONE: 522-1078/2728
FAX: 522-7878
68040-100
SANTARÉM-PA

PLANEJAMENTO ESTRATÉGICO



ORGANIZADO POR
FUNDAÇÃO ESPERANÇA
DIR. DESENVOLVIMENTO RECURSOS HUMANOS

BENEFÍCIOS

Este workshop ajudará o participante a:

- * Entender e aplicar técnicas de planejamento em qualquer nível.
- * Planejar efetivamente a Instituição para enfrentar os novos desafios.
- * Desenvolver estratégias para o trabalho em grupo.

INSCRIÇÃO

- * LOCAL: Fundação Esperança.
- * TAXA: Cr\$ 700.000,00

Devido as técnicas que serão usadas, limitaremos ao máximo 25 participantes.

AUDIÊNCIA

- * Profissionais que atuam na área de Administração em qualquer nível
- * Profissionais interessados em aperfeiçoar na área de planejamento.

DESENHO, EXECUÇÃO E AVALIAÇÃO DE PROJETOS

WORKSHOP

DE 17 A 20 DE AGOSTO DE 1993 * IATE CLUB * SANTARÉM

DESENHO, EXECUÇÃO, E AVALIAÇÃO são as ferramentas básicas que constituem o ciclo de um PROJETO. O SISTEMA DE MANEJO DE PROJETOS (SMP) que será discutido consiste de dois elementos básicos:

- 1) Os instrumentos, técnicas e processos básicos para elaborar planos, cronogramas, informes.
- 2) O processo através dos quais tais elementos individuais são integrados em um só sistema e mediante os quais o equipamento de um projeto é organizado e mantido.

OBJETIVOS DO WORKSHOP

- * Abrir um espaço de reflexão sobre o processo de desenho de Projetos.
- * Revisar a articulação micro-macro no desenvolvimento.
- * Identificar elementos básicos de uma metodologia efetiva para desenhar projetos.

FACILITADOR

Vera Canto Bertagnoli
Fundação Esperança

PROGRAMA PRELIMINAR

17 a 19/08, 15:30 às 20:30 h

O SISTEMA DE MANEJO DE PROJETOS(SMP)

- . O Ciclo de um Projeto
- . As ferramentas do SMP
 - O Marco Lógico
 - Sistema de Informação
 - Sistema de Avaliação

DESENHO DE PROJETOS

- . A matriz do marco lógico
- . A situação final do projeto
- . Conceitos do marco lógico

A EXECUÇÃO DE PROJETO

- . Organização da equipe
- . Redes de desempenho
- . Plano de informação

20/08, 13:30 às 18:30 h

O SISTEMA DE AVALIAÇÃO

- . Conceitos Gerais
- . Modelo de Avaliação

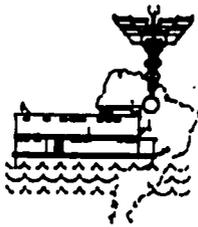
RESUMO GERAL E AVALIAÇÃO DO EVENTO

.....
Participação é limitada. Se você tem interesse devolva esta parte até o dia 12/08/93.
Para mais informação telefone (522-2726) ou pelo fax (522-7878).

NOME: _____

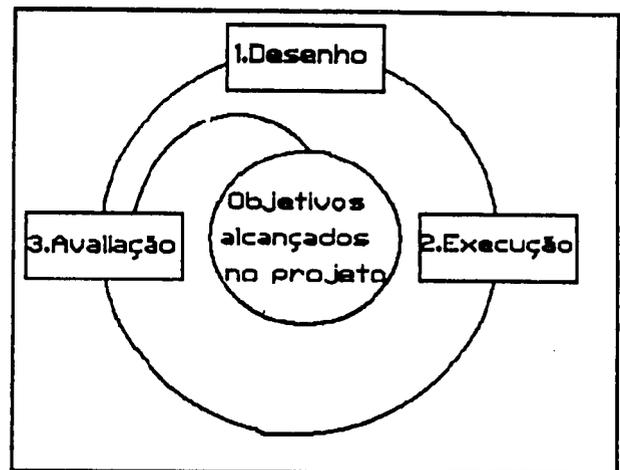
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68040-100
SANTARÉM-PA

DESENHO, EXECUÇÃO E AVALIAÇÃO DE PROJETOS



ORGANIZADO POR
FUNDAÇÃO ESPERANÇA
DIR.DE DESENVOLVIMENTO DE RECURSOS HUMANOS

BENEFÍCIOS

Este workshop ajudará o participante a:

- * Ampliar o leque de conhecimentos e recursos técnicos para desenhar projetos.
- * Identificar técnicas inovadoras de Desenho, execução e avaliação de projetos.
- * Desenvolver estratégias para aperfeiçoar o desenho de projetos.

INSCRIÇÃO

- * LOCAL: Fundação Esperança
- * TAXA: CR\$ 1000,00

Devido as técnicas que serão usadas, limitaremos ao máximo 25 participantes.

AUDIÊNCIA

- * Profissionais que atuam na área de Administração em qualquer nível.
- * Profissionais Interessados em aperfeiçoar na área de planejamento.

ANNEX 4

AVALIAÇÃO DE WORKSHOP

A. ASPECTOS EDUCACIONAIS

1. Por favor, tire alguns minutos para pensar sobre o programa que ora terminamos de oferecer e dei-nos sua opinião, circulando o número na escala abaixo. Sua opinião é muito importante para o planejamento dos proximos eventos.

	Excelente	Muito Bom	Bom	Regular	A desejar
Alcance dos objetivos do programa.	5	4	3	2	1
Alcance de suas expectativas	5	4	3	2	1
Relevância do conteúdo para seu trabalho	5	4	3	2	1
Efetividade da metodologia e técnicas aplicadas no workshop	5	4	3	2	1
Organização do programa	5	4	3	2	1
Material oferecido	5	4	3	2	1
Efetividade do treinador	5	4	3	2	1
Recomendaria este workshop a outros colegas.	5	4	3	2	1
O programa atendeu suas necessidades como gerente.	5	4	3	2	1
Sente-se mais preparado para escrever propostas.	5	4	3	2	1

2. Você já participou de algum curso, seminário, ou outro treinamento nesta area?

Sim

Não

3. Qual a sua opinião quanto ao tempo deste workshop:

Muito Longo

Muito Curto

Tempo Correto

4. Cite três pontos deste programa que terão mais relevância para o seu trabalho

5. Cite três pontos do workshop que serão menos relevantes para o seu trabalho.

6. Em que tópicos você acha que se deveria ter dado mais tempo para discussão.

7. Qual(is) tópicos você acha que ainda precisamos incluir neste workshop.

8. Qualquer outro comentário ou sugestão.

B. ASPECTOS ADMINISTRATIVOS

	Excelente	Muito Bom	Bom	Regular	A desejar
Local	5	4	3	2	1
Lanche oferecido	5	4	3	2	1
Horário	5	4	3	2	1
Divulgação	5	4	3	2	1
Numero de participantes	5	4	3	2	1
Assistencia durante o workshop	5	4	3	2	1

Comentários ou Sugestões:

FUNDAÇÃO ESPERANÇA

PROGRAMA DE DESENVOLVIMENTO DE RECURSOS HUMANOS

ANNEX 5

FINANCIAL

PLEASE SEE ESPERANÇA HQ FINANCIAL REPORT LATER IN THIS
EVALUATION

FINANCIAL REPORT

ESPERANCA, INC.
 BOLIVIA, GUINEA BISSAU, BRAZIL, MOZAMBIQUE AND PHOENIX EXPENSES
 NG II FINANCIAL REPORT 1 9
 EXPENSES VS. BUDGET; GRANT PERIOD: 10/01/91 - 09/30/96
 REPORTING PERIOD 07-01-93 THRU 09-30-93

PAGE 41

	AID EXPENSES TO DATE	AID BUDGET Years 1 & 2	% OF YRS 1&2 BUDGET USED	BALANCE OF AID FUNDS REMAINING	ESP/NG EXPENSES TO DATE	ESPERANCA BUDGET Years 1 & 2	% OF YEARS 1&2 BUDGET USED	BALANCE OF ESP FUNDS REMAINING	TOTAL EXPENSES TO DATE (AID & ESP)	TOTAL 5 - YEAR BUDGET			% OF BUDGET USED TO DATE AID	% OF BUDGET USED TO DATE ESPERANCA
										AID TOTAL	ESPERANCA TOTAL	TOTAL BUDGET		
I. PROGRAM COSTS*	239,368.45	291,528.00	82.11%	52,159.95	96,067.36	204,093.00	47.07%	108,025.64	335,435.41	819,108.00	542,119.00	1,361,227.00	29.22%	17.72%
II. PROCUREMENT	0.00	0.00	NA	0.00	87,792.83	118,097.00	73.84%	31,104.17	87,792.83	0.00	327,929.00	327,929.00	NA	26.77%
III. EVALUATION	9,041.53	16,784.00	53.87%	7,742.47	1,512.21	0.00	NA	(1,512.21)	10,553.74	97,482.00	43,512.00	140,994.00	9.28%	3.48%
TOTAL DIRECT COSTS*	\$248,409.98	\$308,312.00	80.57%	\$59,902.42	\$185,372.40	\$322,990.00	57.39%	\$137,617.60	\$433,781.98	\$916,590.00	\$913,560.00	\$1,830,150.00	27.10%	20.29%
D. INDIRECT COSTS @ 9.94%	24,591.90	28,056.00	88.01%	3,364.10	18,433.45	29,392.00	62.72%	10,958.55	43,125.35	83,410.00	83,134.00	166,544.00	29.60%	22.17%
TOTAL BOL COSTS FOR NG REPORT	\$273,101.48	\$336,368.00	81.19%	\$63,266.52	\$203,805.85	\$352,382.00	57.84%	148,576.15	\$476,907.33	\$1,000,000.00	\$996,694.00	\$1,996,694.00	27.31%	20.45%

BOLIVIA FIELD EXPENSES THRU 09-30-93
 GUINEA BISSAU FIELD EXPENSES THRU 09-30-93
 BRAZIL FIELD EXPENSES THRU 09-30-93
 MOZAMBIQUE FIELD EXPENSES THRU 09-30-93
 PHOENIX EXPENSES FOR ALL THRU 09-30-93

TOTAL AID EXPENSES TO DATE: 273,101.48
 TOTAL ESPERANCA EXP TO DATE: 203,805.85

 \$476,907.33

TOTAL ESPERANCA EXPENSES : 42.73% GRANT REQUIRES 50/50 MATCH

LOGICAL FRAMEWORK

ESPERANÇA, INC.
MATCHING GRANT - LOGICAL FRAMEWORK

NARRATIVE	INDICATORS																																																		
<p>GOAL</p> <p>To improve the public health and primary health care delivery in Latin America and Africa.</p>	<ul style="list-style-type: none"> -Reduction of infant mortality rates -Reduction of maternal mortality rates -Reduction of preventable disease morbidity and mortality -Increased life expectancy 																																																		
<p>PURPOSE</p> <p>To improve the capacity of governmental and non-governmental organizations (NGOs) health agencies in Bolivia/Brazil/Guinea-Bissau/Mozambique to manage and administer public health and primary health care delivery systems. To produce replicable models of health training in management, administration and public health (MAPH) that can be utilized in other Spanish- and Portuguese-speaking developing countries through "South-South" networking and human technology transfer.</p>	<ul style="list-style-type: none"> -Increased number of health professionals trained in MAPH -Increased accessibility of professionals to public health and management training -Increased number of public health courses/modules and curricula -Improvements in primary health care (PHC) delivery in public health (PH) systems operations -Increased "South-South" MAPH training interchanges 																																																		
<p>OUTPUT</p> <p>(1) MOH and NGO health professional training in MAPH in Bolivia/Brazil/Guinea-Bissau/Mozambique</p> <p>(2) "Training of trainer" (ToT) curriculum implementation in four target countries</p> <p>(3) Development of marketable curricula, modules and materials in MAPH</p> <p>(4) "South-South" interchanges in human health resource development</p>	<p>Bolivia</p> <ul style="list-style-type: none"> -Development of 6 MAPH modules, 15 ToT courses for docents, 540 participants in three departments -12 NGO workshops designed, 5 ToT courses (96 hours) for 75 facilitators, 920 participants (100 NGOs represented) -Train 4 Brazilian health professionals as trainers in public health modules and workshop design and presentation <p>Brazil</p> <ul style="list-style-type: none"> -Affiliation of University Nur and Fundação Esperança w/UNAMAZ -Adaptation of 6 MAPH modules and 10 health workshops from Bolivian program -Administer two of the modules and 6 of the workshops to a total of 480 health professionals (representing 60 instits.) -Train 2 Guinean and 2 Mozambican health professionals -Disseminate MAPH modules to 25 Brazilian government and NGOs <p>Guinea-Bissau</p> <ul style="list-style-type: none"> -2 health professionals trained, 7 MAPH modules to 70 participants (years 3,4,5) -14 health workshops to 200 participants (10 institutions represented) (yrs 3,4,5) <p>Mozambique</p> <ul style="list-style-type: none"> -2 health professionals trained, 7 MAPH modules to 70 participants (years 3,4,5) -14 health workshops to 200 participants (10 institutions represented) (yrs 3,4,5) 																																																		
<p>INPUT</p> <ul style="list-style-type: none"> -Health professional training in MAPH - Nur, Esperança, MOH, NGO (in Bolivia/Brazil/Guinea-Bissau/Mozambique) -Current 3-year U.S.AID Matching Grant activity in Bolivia, Brazil and Guinea-Bissau relating to human resource development: personnel trained, teaching materials developed, inter-institutional training ties developed -Esperança administrative support (Bolivia and Brazil) -Didactic material -On-going educational technical assistance (TA) to GB and Mozambique from Brazil (internal) and on-going TA (external) to Bolivia/Nur and Brazil/Esperança -Infrastructure MOH and NGO 	<p style="text-align: center;">(\$ in thousands)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Personnel</th> <th style="text-align: center;">BOL</th> <th style="text-align: center;">BRZ</th> <th style="text-align: center;">GB</th> <th style="text-align: center;">MOZ</th> </tr> </thead> <tbody> <tr> <td>Admin.</td> <td style="text-align: center;">1(100%)</td> <td style="text-align: center;">1(50%)</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Trng.</td> <td style="text-align: center;">1(100%)</td> <td style="text-align: center;">3(50%)</td> <td style="text-align: center;">1(100%)</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Suprt.</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Ext. TA (inc. evaluation)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Expenditures</th> <th style="text-align: center;">HUR</th> <th style="text-align: center;">ESPERANÇA</th> <th style="text-align: center;">MOH</th> <th style="text-align: center;">MOZ</th> </tr> </thead> <tbody> <tr> <td>Program</td> <td style="text-align: center;">\$559</td> <td style="text-align: center;">\$346</td> <td style="text-align: center;">\$49</td> <td style="text-align: center;">\$49</td> </tr> <tr> <td>Procurement</td> <td style="text-align: center;">127</td> <td style="text-align: center;">172</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Evaluation</td> <td style="text-align: center;">20</td> <td style="text-align: center;">12</td> <td style="text-align: center;">14</td> <td style="text-align: center;">14</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">706</td> <td style="text-align: center;">530</td> <td style="text-align: center;">65</td> <td style="text-align: center;">65</td> </tr> </tbody> </table> <p style="text-align: center;">(Over 5 Years) FIELD TOTAL - <u>\$1,366</u></p>	Personnel	BOL	BRZ	GB	MOZ	Admin.	1(100%)	1(50%)	0	0	Trng.	1(100%)	3(50%)	1(100%)	2	Suprt.	2	2	2	2	Ext. TA (inc. evaluation)	1	1	1	1	Expenditures	HUR	ESPERANÇA	MOH	MOZ	Program	\$559	\$346	\$49	\$49	Procurement	127	172	2	2	Evaluation	20	12	14	14	Total	706	530	65	65
Personnel	BOL	BRZ	GB	MOZ																																															
Admin.	1(100%)	1(50%)	0	0																																															
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ESPERANÇA, INC.
MATCHING GRANT - LOGICAL FRAMEWORK

MEANS OF VERIFICATION	ASSUMPTIONS
<p><u>G</u></p> <ul style="list-style-type: none"> -World Health Organization (WHO) and Pan American Health Organization (PAHO) statistics -National Ministry of Health (MOH) and state health department statistics -Periodic country visits 	<ul style="list-style-type: none"> -Adequate host country commitment to improve public health and primary health care delivery -Adequate government participation in human health resource development -Political and economic stability
<p><u>P</u></p> <ul style="list-style-type: none"> -Quarterly, semi-annual and annual reports -Periodic country visits -MOH and state health department records -Training records of University Nur, Fundação Esperança and UNAMAZ -Participating NGO and MOH course assessments 	<ul style="list-style-type: none"> -Host country MOH and local NGO openness to health professionals' on-going training and development -Host country MOH and NGO willingness to incorporate systematic change -Adequate training infrastructure -Feasibility of "South-South" human technology transfer
<p><u>O</u></p> <ul style="list-style-type: none"> -Quarterly, semi-annual and annual reports -Periodic visits to training centers and field sites -Follow-up questionnaire of MAPH "alumni" (both government and NGO personnel) -MOH/state health depts/NGO records -Nur (Bolivia)/Fundação Esperança and UNAMAZ (Brazil) records -Other institutional records and other country reports of training interchanges and MAPH curriculum use ("South-South") 	<ul style="list-style-type: none"> -Qualified health professionals (Esperança, Nur, local MOH and NGO) to teach -Qualified and motivated local government and NGO professionals -Active participation and collaboration of above two groups -Appropriate curriculum design -Availability of adequate didactic methods and materiel -Transnational interest in "South-South" human resource technology transfer
<p><u>I</u></p> <ul style="list-style-type: none"> -Quarterly, semi-annual and annual reports -MOH and state health department and NGO records -Annual audit of Esperança, Nur and UNAMAZ 	<ul style="list-style-type: none"> -Available human, material, financial resources - Esperança/Nur/MOH/NGO -On-going commitment of host country MOHs -Approval of Esperança Board of Directors

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