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**FINAL EVALUATION OF  
HUMAN HEALTH RESOURCE DEVELOPMENT IN  
LATIN AMERICA AND AFRICA**

**ESPERANÇA MATCHING GRANT II  
(#PDC-0158-A-00-1101-00)**

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a

## TABLE OF CONTENTS

Executive Summary	
I. Introduction and Evaluation Methodology	1
A. Background	1
1. Brief Project Summary	1
2. Project Goals and Objectives	1
3. Anticipated Outputs	2
B. Design of the Evaluation	3
1. Goals of the Evaluation	3
2. Specific Objectives	3
3. Methodology of the Evaluation	4
C. Evaluation Activities	4
1. Evaluation Team	4
2. Schedule of Activities	5
3. Participants Interviewed/Organizations Contacted	6
II. Bolivia	6
A. Background	6
1. Country Analysis	6
2. Esperança, Inc.	7
3. Nur University	8
4. Needs Assessment	8
B. Proposed Objectives and Strategies	9
1. Project Purpose and Strategies	9
2. Specific Objectives	10
3. Anticipated Outputs	10
4. Monitoring and Evaluation	11
C. Achievements	12
1. Public Health Modules	12
(a) Description	12
(b) DIP Indicators	16
(c) Survey Results - Impact Evaluation	20
(1) Individual	20
(2) Institutional	26
(d) Site Visits/Interviews/Focus Groups	27
(e) Summary	29
2. NGO Workshops	30
(a) Description	30
(b) DIP Indicators	32
(c) Survey Results - Impact Evaluation	32
(d) Site Visits/Interviews	36
D. Conclusions	38
E. Recommendations	41

III. Brazil	43
A. Background	43
1. Situation Analysis	43
2. Esperança	44
3. Evaluation Methodology	45
B. Achievements	46
1. Public Health Modules	46
2. Workshops	48
C. Results of the Evaluation	50
1. Comparison - DIP Indicators/Actual Outputs	50
2. Survey Results	51
(a) Public Health Modules	51
(b) Interviews	54
(c) South-South Transfer/Quality of Teaching Materials	58
D. Mid-term Evaluation Recommendations	59
E. Conclusions	60
F. Recommendations	62
IV. Lessons Learned	62
A. South-South Transfer of Technology	62
B. Institutional Development	63
C. University Extension Programs	63
D. Sustainability	63
E. Leadership Issues	64
F. Evaluation Methodology	64
G. Linkage Among Development Projects	65
H. Shared Vision/Common Objectives/Continuity of Personnel	65

## LIST OF ABBREVIATIONS

CELPA	Electric Utility for the State of Para
DIP	Detailed Implementation Plan
MAPH	Masters in Administration of Public Health
MOH	Ministry of Health
MPH	Masters in Public Health
NGO	Non-governmental organization
OB-GYN	Obstetrics-Gynecology
PAHO	Pan American Health Organization
PHC	Primary Health Care
PVO	Private Voluntary Organization
TOT	Training of Trainers
UNAMA	Universidade de Amazona
USAID	United States Agency for International Development

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## **EXECUTIVE SUMMARY**

The Matching Grant for human health resource development in Latin America and Africa was awarded to Esperança in September 1991, and was extended through September 1997. The focus of the project is to improve the health management and administrative skills of individuals and institutions in the public and private health sectors in Latin America and Africa. The basic concept involved South-South technology transfer beginning with the development of graduate-level training in public health administration and workshops for NGOs in Bolivia. This material was then translated and adapted to the reality of the Central Amazon. Based on experience in the Central Amazon, the material has been adapted to the context of Mozambique where a Masters-level program in Public Health Administration is currently underway. The overall purpose is to improve the capabilities of public health organizations, both governmental and private, to improve the basic health of the population. This end-of-project evaluation focused on how well the goals and objectives of the project have been met. In addition, survey methodology was used to assess the impact of the training on the participants and on their institutions. This was complemented by site visits and interviews with a sub-sample of all the participants in both the graduate-level training programs and the workshops organized for NGOs.

This evaluation has shown the project has achieved and even exceeded all the original goals and objectives established in the Detailed Implementation Plan approved by USAID in 1992. The graduate-level training in public health administration has evolved into the only Masters in Public Health program for public health administration in Bolivia. This MPH program through Nur University, which was the counterpart institution to this project, has six modules, including management and administration, principles of public health, program planning and implementation, evaluation and information systems, human resources management, and finance and logistics. This graduate-level course, which now takes 27 months to complete, was adapted to become a nine-month course in specialization in public health in Brazil. The training is given at the Fundação Esperança Training Center in Santarém and is approved by the University of Amazona for awarding a specialization degree. The MAPH is currently underway in Mozambique and has not yet been completed. A series of 12 workshops for NGOs has been developed and implemented both in Bolivia and Brazil. These include management and development of human resources, strategic planning, design of projects, community participation, evaluation of projects, rapid evaluation in primary health care, participative investigation, administrative structure of NGOs, leadership and supervision, training-of-trainers, evolution and development of concepts, and participative evaluation and collective learning. In addition, both Bolivia and Brazil have developed the ability to provide workshops in a number of other technical areas requested by specific NGOs or other private or semi-government organizations, such as utilities.

For both the graduate-level training in public health and NGO workshops, the number of training sessions held, the average number of participants, and the overall outputs have exceeded the original objectives established for them. The project evaluations, including the end-of-project surveys and site visits completed during this end-of-project evaluation, have shown a high degree of satisfaction among all the participants. On a scale of zero to ten on the utility of the program to individuals involved in the public health training, the average rank was 7.2; likewise, the impact on their institutions was evaluated by their superiors on an average of 7.6. The rating of the NGO workshop participants was even higher, averaging 8.2. Clearly, the need for this type of training is very high, and this project has met that need.

Sustainability of project accomplishments has been a key focus of activity since the inception. The graduate-level training in public health is completely sustainable. Counterpart institutions, Nur University and Fundação Esperança, have developed into effective training institutions capable of continuing on into the future, totally supported by tuition fees paid by the students. However, the NGO workshops have not been as successful in developing sustainability. This is because most of the NGOs are indigenous NGOs with limited resources, and the individuals who work in them are not well reimbursed -- they do not have the abilities to sustain the tuition charges necessary for financial sustainability of the workshops. This is most notable in Bolivia where the NGO workshop training program has slowed down considerably. In Brazil the focus has shifted to developing workshops for organizations as diverse as the World Wildlife Fund and the state electrical utility agency. The NGO workshop program in Brazil is viable, but still needs to incorporate the indigenous health NGOs into this other strategy.

Interviews with individuals who participated in this training, especially the graduate-level training in public health, have shown tremendous personal success stories in terms of professional growth and the assumption of leadership positions. This has been especially true for women. One of the original project objectives was to stimulate the development of women as leaders in the health profession. Over 50% of all the participants were women, and every woman interviewed had a striking personal story to tell of their rise in their profession as a result of the training, both because of their technical expertise and of the way in which project faculty nurtured them as individuals to assume leadership positions. Some wonderful examples of successful programs in the prevention and treatment of violence in the family, rotating funds for community pharmacies, and the development of a professional society for continuing education all developed as a result of projects begun during this project and carried on in their professional lives.

Lessons learned in this project include: the creative concept of the South-South transfer of technology in public health management skills from Bolivia to the Central Amazon of Brazil to Mozambique has proven to be extraordinarily successful. No longer do North-South

strategies appear to be the most effective way to introduce change. Local training institutions, such as Nur University and Fundação Esperança, can be strengthened to provide high-quality educational programs through the South-South development strategy, as well provide technical assistance to other projects and programs, both within their own country and in others. The concept of extending graduate-level management training programs beyond university walls is exceptionally applicable to this project setting. Effective high-quality programs have been implemented in five different sites in Bolivia, one in Brazil and one in Mozambique. The ability of the participants to work while going to school and to put into immediate practice the concepts learned in class has proven extremely valuable to this group of highly-dedicated health professionals and has contributed to significant personal advancement, as well as improvement in the effectiveness of their institutions.

Sustainability as an issue has been successful, but still has significant limitations. The MPH program is 100% sustainable through tuition costs; however, the NGO strengthening program currently recovers only 10% of its cost. Dramatic tuition increases for the NGO workshops would exclude all but the wealthiest of externally-financed NGOs. Strategies need to be developed to help finance the NGO development process.

One of the key issues emerging from this evaluation is the concept of moral leadership. The original Nur University program stresses moral leadership as a linchpin that promotes active institutional development and social change. Moral leadership includes ethical approaches and active listening to others in a consultative process and development of the personal and human side of institutional relationships. These all combine to make leaders more effective. Time after time, interviews with individuals have cited this moral leadership issue is key to their personal and professional growth.

The project has also benefitted from using a common evaluation methodology, since four different countries on two continents were involved, and there were five different training sites within Bolivia. This allowed comparison of equal databases to assess project effectiveness. The project has also been adept at including the results of both internal and external evaluations into their training process, and subsequent iterations of training programs have considerably improved from earlier ones and overcome earlier criticisms. This has contributed to a high degree of satisfaction of the program participants. This project has also stimulated development in other technical areas that extend far beyond health. Much of the NGO workshop material developed in this project has been incorporated into a series of 16 training guides to improve the function of rural teachers in Bolivia. Other USAID-funded projects in other countries would benefit from this experience and the methods used in the program. Strategies need to be developed to link projects together so they can share resources and experiences and improve efficiency and cost-effectiveness in training programs.

Finally, this evaluation has showed that shared vision, common objectives and continuity of personnel are key ingredients for success. This project has shown all three elements over a nine-year period in four countries on two different continents, and this has contributed towards achieving an exceptionally-high degree of project goals and objectives that is rarely found in USAID-funded projects.

## I. INTRODUCTION AND EVALUATION METHODOLOGY

### A. BACKGROUND

1. ***Brief Project Summary.*** Esperança, Inc., headquartered in Phoenix, Arizona, was awarded a five-year USAID Matching Grant for human health resource development in Latin America and Africa. This project began in September 1991 and was extended through September 1997. It builds on an earlier Matching Grant, also funded by USAID, for the time period August 1988 through September 1991. The focus of these two projects is to improve the health management and administrative skills of individuals and institutions in both the public and the private sector working in health programs in Latin America and Africa. The basic concept involves South-South technology transfer and networking between Esperança's programs in Bolivia and Brazil, the rest of Spanish-speaking Latin America, and Portuguese-speaking African countries, such as Mozambique and Guinea-Bissau.

2. ***Project Goals and Objectives.*** The purpose of the South-South Human Resource Development for Health Matching Grant project is to enhance the abilities of public health organizations, both governmental and private, 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."

(a) The first goal is to design, develop and implement a graduate-level program in public health management.

This is a long-term comprehensive human resource development program. This graduate program consists of six modules, or semesters, focusing on the practical application of up-to-date public health and management sciences and practices. While each module is self-contained, the successful completion of the series will earn a Masters of Public Health (MPH) Degree in Health Systems Management. The specific subject area of the modules will include: planning, basic public health services, primary health care programs, project design and development, organization and human resource management, logistics, finance, communication systems, and health information systems. A more detailed description of these modules is included in section II that follows.

(b) A second goal is to design, develop and deliver a series of nine three-day workshops to private voluntary organizations (PVOs) and non-governmental organizations (NGOs) working in health. The topics of these workshops will include: strategic planning, participatory research, project design, effective leadership, monitoring and evaluation, human resource management, legal issues, budget and finance, and training-of-trainers (TOT).

(c) The third goal is to develop a permanent capacity to implement and support these graduate courses and PVO workshops by strengthening and equipping local institutions as a

regional health human resource training center with the ability to design, develop and deliver these training programs described above by end-of-project status.

(d) The fourth goal is to implement the graduate-level public health management program and PVO workshops in a priority area of Brazil, and develop the permanent capacity of a local organization to continue the human resource training programs.

(e) A fifth goal is that appropriate aspects of these training programs will be re-designed and implemented in Guinea-Bissau and Mozambique. This will finalize the South-South development exchange.

3. ***Anticipated Outputs.*** The principal output of the graduate-level courses and PVO workshops will be the development of the institutional capability to continue their implementation. Specific outputs will include curricular 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 three Ministry of Health (MOH) regions in Bolivia, the Central Amazon of Brazil and Mozambique.

The principal target groups will be local and regional agencies of the MOH, other government agencies, national and international PVOs, and other health and development-related NGOs in the project areas. Project activities will take place in the three principal areas of Santa Cruz, Cochabamba and Tarija in Bolivia. In Brazil, Santarém, located 500 miles upriver from the mouth of the Amazon, will be the focus of training activities. In Mozambique, the focus of training activities will be the MOH located in Maputo. The principal output for this target group will be improved effectiveness of health services.

Successful implementation of both the MPH modules and the NGO workshops in the three target areas of Bolivia will set the stage for expansion to Brazil and Africa. Personnel from Esperança/Brazil will be trained in the appropriate educational methodologies, course materials and program implementation, and will then adapt this to the setting found in the Central Amazon Basin of Brazil. Anticipated outputs in this geographic area are the same as described above. Once the training program is successfully established in Brazil, the project team will then commence training activities in Africa. Esperança/Brazil will assume the coordinating role for the African phase.

## B. DESIGN OF THE EVALUATION

1. Goals of the Evaluation. Now that three years of Matching Grant I and six years of Matching Grant II activities have passed, we will have the opportunity to assess both process and impact indicators. Therefore, the three main goals of this evaluation will be:

(a) To measure the degree to which the indicators presented in the Detailed Implementation Plan (DIP) have been achieved by the project to date.

(b) To assess the impact the training programs have had on the individuals who received the training, their institutions, and the institution's effectiveness in performing its mission. This goal will be further divided into short-term and long-term achievements. Short-term indicators will include participant reaction to the training and the degree to which the learning objectives have been achieved at the end of the course. Long-term indicators will assess participant on-the-job improvement and the degree to which institutional strengthening has occurred.

(c) To assess the success of South-South transfer of technology. This phase will assess how well the lessons learned in Bolivia have been translated to the setting in the Central Amazon Basin of Brazil and then Mozambique. A similar assessment of the short-term and long-term indicators described above will also be undertaken in these areas. In addition, an assessment of how well the process of technology transfer and sustainable institutional development has occurred will be accomplished.

2. Specific Objectives. The following objectives will be included in this evaluation:

(a) To ensure that the number and types of courses provided meet the original criteria established for them.

(b) To ensure that the participants involved have met the criteria originally established for them regarding representation from the various institutions, the roles they play within these institutions, and their abilities to leverage change.

(c) To review the teaching materials as to their quality, effectiveness and adequate documentation in training guides.

(d) To review course and workshop evaluations and draw some conclusions regarding the short-term effectiveness of these courses and workshops.

(e) To implement a survey and complete on-site visits to program participants to assess the impact of the training programs on them, their institutions and on the institution's effectiveness in performing its mission.

(f) To assess the degree to which the counterpart institutions in Bolivia and Brazil, which include Nur University and Fundação Esperança, can assume responsibility for continuing implementation of the programs by end-of-project status.

### **3. Methodology of the Evaluation.**

(a) Esperança will collate the results of previous evaluations that have been done, which will include, but not be limited to, course and workshop evaluations; post-course/workshop follow-up; documentation of effectiveness through responses from previous participants; requests for further assistance; previous project evaluations; other available materials.

(b) Review of all training materials, training guides, audio-visual aids, etc., as to their appropriateness, quality and effectiveness.

(c) A survey instrument was developed and was sent to all participants, as well as their host institutions, who have participated in the training over the last six years. These surveys are attached as Annex I-1. A separate survey instrument was developed for the public health module participants, their institution, NGO workshop participants, and the NGO institution.

(d) Interviews with key principals involved in project implementation on-site in Santa Cruz, Cochabamba and Tarija in Bolivia, and in the project area of Santarém, Brazil. This includes individual interviews as well as focus groups when several participants are interviewed together.

(e) On-site interviews of a sub-sample of survey respondents to authenticate the survey responses and to gather a richer amount of information regarding the impact of the training on themselves and effectiveness in their institutions.

## **C. EVALUATION ACTIVITIES**

### **1. Evaluation Team.**

(a) Team Leader - A. Frederick Hartman, M.D., MPH. Dr. Hartman is a family practitioner and public health physician who is President of New England Family Health Associates headquartered in New Hampshire. He is a Visiting Professor at the Tufts University Schools of Nutrition and Medicine, where he teaches courses in primary health care development in less-developed countries (LDCs). Dr. Hartman has lived and worked for over 20 years in primary health care (PHC) programs in LDCs and did the mid-term evaluation of the Esperança Matching Grant II project. Therefore, he is quite familiar with the project and has had the opportunity to see it develop over time.

(b) Miriam Vargas Vargas, BSN, MPH. Ms. Vargas is a public health nurse who consults in Bolivia on human resource development and PHC programs for Pan American Health Organization/World Health Organization (PAHO/WHO), the German International Agency for Technical Cooperation, and NGOs. She has extensive experience in Bolivia within the MOH system, working first as a trainer in PHC development, then as a regional chief for new project development in Potosi Province. She then worked as technical advisor with the German

development organization for district health offices in Tarija Province. Her extensive experience within the Bolivian health system and in human resource development were invaluable to this evaluation.

(c) Lisa Troy, BA. Ms. Troy is a graduate student at the Tufts University School of Medicine in the MPH Program. Previously, she had worked seven years with Harvard University as a data analyst on large-scale epidemiological studies, such as the Nurse's Health Project. She assisted in the data collection and analysis phase.

2. *Schedule of Activities*. Planning for this final evaluation began in November of 1996 after receiving AID approval to do this in the period of April through July 1997. Numerous conversations were held with Esperança headquarters staff, which included Chuck Post, Executive Director, and Lori Kurtz-Larkin, Program Coordinator, regarding the design of this evaluation and the schedule of activities. Numerous FAXes were exchanged between Phoenix, Bolivia, Brazil and Dr. Hartman's office, regarding the evaluation design, the survey, survey sample and data evaluation techniques. The final draft of the survey evaluation form was agreed upon by all people, including the Esperança/Brazil staff, Esperanza/Bolivia staff and Dr. Hartman.

Implementation of the survey instruments took place in Brazil during the period of February/March 1997. Dr. Hartman went to Santarém, Brazil, April 29, 1997, and was met there by Dr. James Villalobos, the management and training specialist contracted by AID for this evaluation. They spent a week together reviewing the survey data and interviewing participants in the public health training and workshops. The results of that evaluation are presented in the *Brazil* section.

Dr. Villalobos then visited Bolivia several weeks later to do his own evaluation of the Bolivia project. The results of that are found in a separate report which he will submit to USAID/PVC. Dr. Villalobos also went with Esperança/Brazil staff to Mozambique to complete that part of the evaluation. The results of that are also in a separate report and will not be covered here.

The Bolivia portion of this evaluation took place July 13-20, 1997. The survey instrument was coordinated by Miriam Vargas, a public health nurse epidemiologist, during the period May through June. The evaluation in Bolivia is complicated by the fact that all project-funded activities had ceased one year ago and that three different training sites were used in Santa Cruz, Cochabamba and Tarija; Ms. Vargas needed to work in all three areas to assure accurate collection of the data. She was assisted in the last month of this effort by Lisa Troy, an epidemiologist student in the Masters of Public Health course at Tufts University. Dr. Hartman arrived on the 14th of July. Three days were spent in Santa Cruz, reviewing the

results of data analysis from all three sites, and doing site visits and interviews in that city. The team then traveled to Cochabamba, and spent two days there doing site visits and interviews. Two more days were spent in Tarija doing site visits and interviews, and wrapping up the data analysis. A final exit meeting was held on Friday, July 25, at Nur University with all the major actors involved in implementing the project present to review the conclusions and recommendations.

3. *Participants Interviewed/Organizations Contacted*. Annex I-2 and III-1 are lists of all the people visited and the organizations contacted in all three sites in Bolivia and in Santarém, Brazil. A brief description of each organization is given where their function is not clear from the titles. Each of the people interviewed and the organizations contacted have participated in the public health modules, the NGO workshops, or both. On several occasions, meetings with participants were run as a focus group where multiple people were present. This occurred twice in Brazil, and again in Cochabamba where the evaluation team met with approximately 30 participants in the current module six class.

## II. BOLIVIA

### A. BACKGROUND

1. *Country Analysis*. Bolivia presents one of the poorest socioeconomic environments in the Western Hemisphere. It is second only to Haiti in socioeconomic conditions and the physical quality of life index. Over 80% of its seven million population lives in poverty, and it has the second worst health status in the Western Hemisphere. Up until relatively recently, the country's health sector has followed traditional Latin America lines with the MOH being responsible for 85% of the population's health coverage. However, these services tend to be poor in quality and limited in their extension to high-risk populations. In the last ten years, the NGOs working in health have assumed a much greater role in provision of health services. The economic recession of the '80's forced the government to pull back budgetary support to the MOH and to develop a policy of allowing NGOs to provide health services in the areas where the government services were admittedly weak. This has culminated in the recent enactment of the law of "popular participation," where the federal government has said they can no longer be responsible for provision of any services. The local municipalities must provide all health services to the population, and many funds previously channeled through MOH facilities now go to local governments. This has forced many local governments to contract to NGOs to help provide them. This health human resource development program in Bolivia was born in that

context. The need clearly exists to strengthen the service delivery capability of both the MOH and NGOs operating within Bolivia.

2. Esperança, Inc. Esperança, Inc. is an American PVO which specializes in improving basic health services through primary health care delivery that is accessible and extends coverage in under-developed areas. Esperança mainly works with severely disadvantaged populations in Third World areas. One of its principal strategies is to help people help themselves. This focus has been directed at educating underserved populations and developing local health care workers to better provide needed services in public health programs.

Esperança began working in the Central Amazon Basin of Brazil in the early 1970's and has maintained a continuous presence since then. Their programs are focused principally on child survival and maternal child health programs delivered through community promoters, nurse auxiliaries and referral centers in larger towns. The major thrust has been training of all levels of personnel. Based on this experience, Esperança opened an office in Bolivia in 1982. Initially, this was a health education program located in the eastern provinces of the Chaco area; since 1986, they have had a succession of child survival projects in the Chaco. These have been subject to previous USAID evaluations, and generally have received superior marks for project achievements.

In order to implement some of the child survival strategies, it became clear that health personnel at different levels, both within NGOs and the MOH, had to be trained in management sub-systems in order to improve the delivery of child survival services. That was the context within which this Matching Grant strategy began. Initially, Esperança offered a training program in Santa Cruz for physicians and nurses who were supervisors and managers of health programs. From that, they selected five people to be their initial trainer/supervisors in the child survival project in the Chaco. This experience was so successful Esperança had many requests from other health professionals in Santa Cruz to develop programs for training in public health management. Esperança applied to USAID for a Matching Grant, and this was granted. It began in August 1988 and extended through September 1991. This first Matching Grant program allowed the development of two modules in public health administration, the first one stressing planning, and the second one primary health care management. In addition, some workshops in areas such as strategic planning, effective leadership and project design were developed for NGOs and implemented in that Matching Grant project. A comprehensive mid-term evaluation was completed in July of 1990, and the reader is referred to that document for further review of the program. This program proved to be so successful that Esperança applied for, and was awarded, the second Matching Grant to expand this training within three departments of Bolivia. In addition, Esperança proposed a South-South transfer of technology

where the experience gained in Bolivia would be adapted to provide the same sorts of training to the MOH and NGO personnel in the Central Amazon Basin. Once that program is successfully in place, then elements of that will be taken to Portuguese-speaking countries of Africa where Esperança has previous experience. The activities in Matching Grant II are the subject of this evaluation.

3. Nur University. Nur University is a Bolivian private university located in Santa Cruz. It was founded in May 1982 to fill the growing demand for institutions of higher learning within the western provinces of Bolivia. As part of its overriding purpose, Nur University perceives education to be the principal factor in a development process that is concerned with achieving the highest human potential for promoting the continued advancement of society. The University perceives itself as socially responsible and defines its role in terms of actively promoting teaching, research, extension activities, and an attitude of community service that will serve as models for other Bolivian educational institutions.

Nur has grown at an unprecedented rate since it began operations in 1985. From 97 students and five professors in its first academic semester, Nur currently employs 120 full- and part-time professors to teach 3000 students enrolled in six under-graduate programs and 500 students in its graduate programs. Nur also offers continuing education programs in a variety of areas that involve several hundred people that attend nights and weekends.

The College of Graduate Studies at Nur University was established in 1987. The graduate school offers a Masters in Business Administration, and in 1992 was officially granted the right to award a Masters in Public Health. Project training activities under this Matching Grant are coordinated through the College of Post-Graduate Studies. The University has also been the organizer and host of the NGO workshop series.

4. Needs Assessment. In 1987, the Post-Graduate College of Nur University and Esperanza/Bolivia organized a national seminar to analyze current problems facing the Bolivian public health system and to assess the current state of preparation of human resources for health. Representatives from the national and regional levels of the MOH, international health agencies, NGOs working in health, and other interested persons met in Santa Cruz to discuss these issues. The overriding concern was to identify the reasons why health status in Bolivia was so bad. Though considerable resources had been invested during previous years, and although the government had given health high priority towards achieving the goal of health for all by the Year 2000, achievements had been limited.

One of the most important conclusions of this seminar was that health management at 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. Therefore, the seminar concluded that the training of health sector human resources in public health management was the highest priority. The need was urgent for the public sector, as well as for NGOs working in the health area.

Another important conclusion of the seminar was that opportunities and accessibility for training and educational activities in public health were quite limited. The only existing public health training program in the country was located in La Paz and is a two-year full-time residential program. This requires people to leave their jobs and thus has limited accessibility. In addition, this program heavily focuses on traditional public health curricula and does not stress program management. Although some workshops had been held in various parts of the country to try and address public health management deficiencies, there had been no systematic approach to addressing this issue for people who were employed full time and could not leave their jobs. These training events tended to be relatively short in duration and provided only a superficial treatment of complex management subjects. The participants did not learn practical skills that they were able to apply in their daily work lives.

Another major conclusion is that there was a need to apply new educational technologies which would not just be of high academic quality, but which would be effective in imparting new knowledge of skills and focus on practical application.

The conclusions reached at this seminar have been complemented by other studies. The consensus of all organizations working in health within Bolivia, both public and private, was that there is an acute and critical need to develop state-of-the art health management courses and educational activities which would offer a broad range of opportunities for both short- and long-term study to professional staff already working in these programs. It was felt to be important that these training programs be personally satisfying; i.e., stimulating and practical, as well as institutionally effective through specific job-related skills. At the same time, these educational events need to be offered in such a way that persons living and working in various cities outside of the capital could attend easily. There is also a strong need to increase educational opportunities for women, both as participants and as trainers. Within the context of this needs analysis, the Human Health Resource Development Matching Grant Program was developed.

## **B. PROPOSED OBJECTIVES AND STRATEGIES**

1. ***Project Purpose and Strategies.*** The purpose of this South-South Human Resource Development for Health Matching Grant project 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 they can contribute to organizational effectiveness. 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 NGOs in the management of primary health care programs. This includes specifically improving capacities in planning, designing, implementing, monitoring and evaluating public health programs.

## 2. *Specific Objectives.*

(a) Develop and strengthen a local Bolivian university as a regional health resource training center with a capacity for designing and delivering training throughout Bolivia to lower-, mid- and upper-level health workers and professionals in management and administration of public health programs with a focus on primary health care.

(b) Design and deliver in three MOH regions a total of six 150-hour graduate MPH modules comprised of discreet units. In addition, create shorter, specialized courses or workshops at different levels for MOH and NGO personnel in planning, public health, primary health care programs, logistics and finance, health information systems, communication and education.

(c) Design and deliver in four MOH regions a series of nine three-day workshops with appropriate follow-up activities to MOH and NGO personnel in areas of strategic planning, participatory research, project design, effective leadership, monitoring and evaluation, human resource management, legal affairs, budget and finance, and training-of-trainers.

3. *Anticipated Outputs.* The principal outputs and products will be the graduate-level courses, NGO workshops and their institutionalization to ensure their continuation. The outputs and products include curricula in 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.

The principal target groups are local and regional agencies and dependencies of the MOH, other governmental agencies (such as the Social Security system) and health-related NGOs. Project activities have taken place in three principal regions of Santa Cruz, Cochabamba and Tarija. Two new regions have been added in Sucre and Oruro for workshop implementation. These regions are requesting MPH module implementation. The MPH modules have taken place in the capital cities of Santa Cruz, Cochabamba and Tarija, and PVO workshops have been presented in all five regions.

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; trainers; and participants. Women have been trained to be trainers and are specifically recruited to participate in project educational activities. The intention is to specifically develop women as leaders in the health field and within their communities.

4. *Monitoring and Evaluation.* The evaluation design and procedures have been described in the Detailed Implementation Plan presented in July 1992 to USAID. They focus on impact and product indicators and goals. This includes evaluation of indicators on four levels: (1) participant reaction (short-term); (2) learning objectives (short-term); (3) participant on-the-job improvement (long-term); (4) institutional strengthening (long-term).

Baseline data have been collected on a continuous basis during and after each module and workshop from participants and their participating institution. 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 MPH module, participants evaluate the content and objectives, the relevance to their work, the quality of trainers and the methodology used, the quality of the materials and course logistics. In the longer courses, there is a rotating commission of participants, professors and organizers that evaluates the progress of the course. These two evaluations primarily respond to the immediate participant reaction. In evaluating the achievement of learning objectives, a number of activities are incorporated in the workshops and modules. The modules include a semester project, which requires each participant to present his/her proposal for a program to improve skills in their own institutions. Evaluation on execution of modules and workshops is carried out immediately after each event by project staff. Broader, more generalized evaluations of project activities and implementation are carried out periodically by Esperança and Nur University project staff. A report of the first two years of activity was presented to USAID in October 1993, and a mid-term review was completed in 1994. The survey methodology used in the mid-term evaluation has been incorporated into the MPH module teaching program.

Matching Grant-funded project activities ceased in Bolivia in June 1996. Thus, this final evaluation offers a marvelous opportunity to not only assess project impact, but to determine how sustainable the achievements are without external funding.

## C. ACHIEVEMENTS

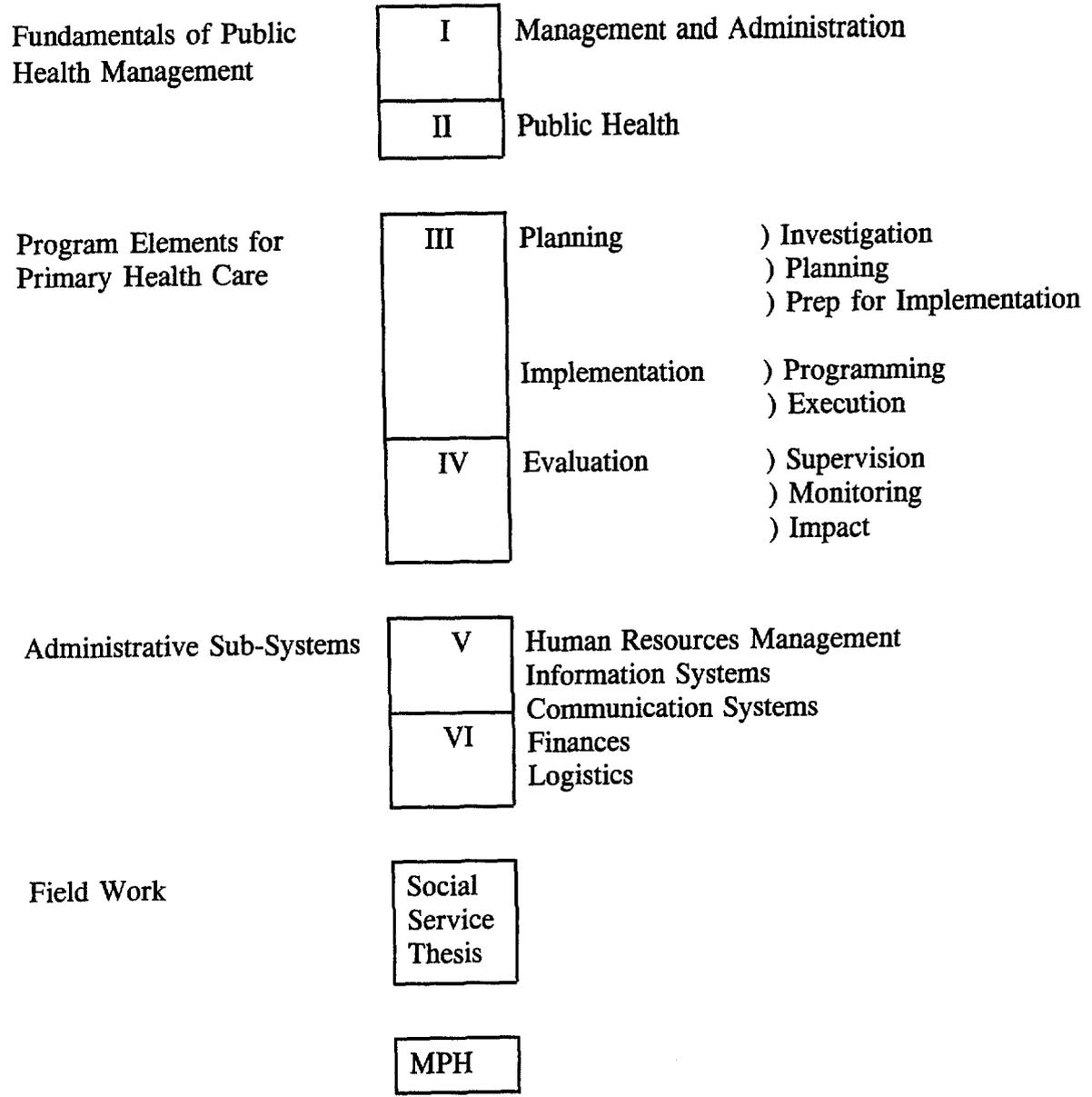
### 1. Public Health Modules.

(a) Description. Matching Grant I developed two basic public health modules. These included the fundamentals of public health management and concepts of primary health care. However, during the design and implementation of the initial modules, the demand for this type of training was so overwhelmingly positive that the Esperança/Nur program people decided to expand the concept into six basic modules leading to an MPH. This became the foundation of Matching Grant II: this process has been successfully completed. Figure 1 (next page) shows a model for the development of the public health modules leading to the MPH. The project designers envisioned three core sets of skills that needed to be developed in the students. These are the fundamentals of public health management, the various program elements for primary health care, and administrative sub-systems to support implementation. Each of these basic sets of skills has then been broken down into two separate modules; thus, fundamentals of public health management becomes module one, which is management and administration; and two, concepts in public health. The program elements for primary health care became module three, planning for primary health care, including a needs assessment and investigation, development of effective plans and preparation for implementation. Module four addresses the specific skills needed for effective implementation, including programming of activities and actual execution. Evaluation is envisioned as an important element in implementation providing effective feedback for adjustment of plans through an interactive process. This includes direct supervision, monitoring of progress and impact evaluations. Administrative sub-systems frequently are the Achilles heel of effective implementation; and thus, modules five and six are designed to give specific skills in the area of human resources management, information systems development, communication and education systems, financial management and logistics.

Because of the emphasis of Nur University on social development, field work is required to complete the MPH. This includes 100 hours of gratis social service in an institution other than the one in which the individual is employed, and the development, implementation and defense of a thesis. The thesis is envisioned as an original operations research project that should address problems the individuals have within their own work situation and be oriented towards developing results that will influence policy at the local, regional and, possibly, national level. The program intends to help individuals get these studies published in national and international journals. When all these elements are completed, Nur University has the authority from the Ministry of Education to award an MPH.

**FIGURE 1**

**MODEL FOR PUBLIC HEALTH MODULES**



Annex II-1 shows the complete program for studies of all six modules. The goal is to train health professionals to apply modern concepts and processes of public health in the design and management of health programs and to effectively lead the changes that are necessary to achieve the goal of health for all by the Year 2000. The specific objectives for the MPH program are:

- (1) to train health sector professionals that are in leadership positions in health systems management to the level of MPH;
- (2) to acquire skills and develop management capacities at the executive level in the health sector;
- (3) to create an academic structure for the management training of leaders of public health in the region and to develop effective leadership for public health with a special focus on women;
- (4) to promote the training-of-trainers from participants in order to transfer the knowledge and skills within their institutions and create a multiplication effect;
- (5) to apply systems focused on the design and management of health programs;
- (6) to develop personal capacities that facilitate the management process and promote improvements in public health.

A principal objective is to create the capacity to develop effective and successful teamwork within the program. Each module has developed specific objectives for achieving the module goals, and then each session has specific objectives developed for it. Annex II-2 shows an example of a lesson plan for a module. It shows the date for each session, the number of hours, the theme of it, the objectives for that specific session, the ways in which this should be presented and suggested materials, the responsible teacher, and areas for comments that are left blank. This "comment" area is to be filled in by each teacher as to ways in which they wish to approach the specific learning objectives, using the materials available. When completed, this forms a very complete session-by-session lesson plan. This process allows the development of common learning objectives and materials in multiple sites, but still allows for individual flexibility and creativity by each teacher. Obviously, when the program is being implemented in three sites in Bolivia, one in Brazil, and one in Mozambique, the program needs to maintain a certain flexibility that allows each teacher to develop the basic themes using their experience and materials, but still maintains the specific learning objectives required for the MPH.

This program was approved by the Minister of Education in 1992 and is only the second Masters in Public Health program approved in Bolivia. It is the only MPH program that allows people to continue working while receiving their training and education. The programs are

generally given three nights a week, Monday/Wednesday/Friday, from 7:00pm-10:00pm. Nur University has applied to the National Ministry of Education for approval to do the MPH on a "semi-presence" basis. This will allow students from far away to attend three days full time per month. This request is pending. Each module takes approximately four months. A total of 1644 hours, including social service and thesis, are required to complete the MPH. The first two modules each took about a year to develop and implement in Santa Cruz, and then on to Cochabamba and Tarija, in the last several years of the Matching Grant I.

Development of modules three, four, five and six was accelerated, and the time between each module is down to six to eight weeks. Santa Cruz graduated its first class in 1995, and has now started a second round with 29 students. Cochabamba and Tarija graduated its first class in 1996. Cochabamba has started a second round; Tarija has not. It is a remarkable testimony to both the perseverance of the students and the quality of the training involved that so many of them have stayed for so long. There are approximately 25 students combined in all three sites who have done all of the modules over a period of six years. Now that the module development process is complete, this MPH program can be done in 27 months. Both Santa Cruz and Cochabamba will graduate their second class December 1997. A total of 41 people will have completed the MPH academic program.

This evaluation has documented some concern on the parts of students about the long time needed for the MPH, especially the first groups. Most of these are still pending development of their thesis, a major obstacle to overcome. Our recommendations will highlight some suggestions for this. Nonetheless, the development of the MPH is seen as a remarkable achievement that allows a number of dedicated professionals to develop management skills they could never achieve, since they could not leave their families and workplace to study full time at another university.

In the first quarter of 1993, the Brazilian Public Health Training Coordinator came to Santa Cruz and spent three months reviewing the materials and participating in TOT workshops and MPH modules that were being given. She worked extensively, both to translate the materials and to adapt them to the Brazilian context, and took with her three boxes full of materials, training guides and lesson plans. The results of her efforts are further described in the *Brazil* section. The mid-term evaluation highlighted the need to strengthen the South-South transfer of technology. The project responded by sending faculty from Bolivia to Brazil for training-of-trainers. In addition, the Esperanza/Bolivia Project Director traveled to Mozambique with the Esperanza/Brazil Training Director to assist in program design and training-of-trainers in that country. This transfer of technology process has proven to be exceptionally successful, as the analysis that follows will show.

(b) *DIP Indicators*. The Detailed Implementation Plan submitted to AID and approved in July of 1992 lists specific indicators for the project to be achieved by year. Figure 2 (next page) presents in tabular form the objectives established in 1992 and the achievements for each indicator by June 1996 when project-funded activities stopped.

In looking first at the indicators of products, it's clear that the project has over-achieved all the objectives originally established. The six modules envisioned in the complete course have been designed and modified considerably over the last nine years. By the end-of-project, it was expected that 18 modules would have been delivered; that is to say, the six modules in the three different sites. However, the project was able to completely finish all six modules in each site, and has moved on to do a second round of course modules in both Santa Cruz and Cochabamba. This has significantly increased the amount of modules delivered beyond what was originally envisioned in the project. Likewise, because of this, the total number of participants is almost twice the number of what was originally envisioned, and the average number of participants per module is higher. Both of these indicators reflect the overwhelming enthusiasm that the students have for this type of training.

Twenty-two percent of all the participants have completed five or more modules. This is a significant achievement, since the first group required six years to do this and the second group required 27 months. This indicates a significant commitment by the participants to complete all the training, and also shows the high quality of the training, since it maintains interest over time. It appears that the training really meets the participants' needs and, thus, a significant percentage continued all the way through. Thirty-six out of 90 of the original group that started with the first round in each city have completed the full MPH course, or 40% of the total. The reason the percentage of people only doing five modules or greater is lower is because of the second round of the course. There are a number of participants who started, for example, at module two or three, and have yet to complete the full six. Nonetheless, 40% of the people starting the course that have finished it six years later is a remarkable achievement. As we traveled around to each site interviewing people, even those who had terminated their course several years ago indicated that this type of training should continue, both because it meets the needs of the country and because there is a high demand for it. The achievements appear to bear this out.

The number of training-of-trainers workshops has exceeded the original objectives; the number of participants is about the same. This is because the project found that two levels of TOT need to occur. There is a course coordinator for each project site within Bolivia. These are all people with MPH degrees; two of them are physicians, and they have all had extensive experience and training in public health administration. Nonetheless, a number of the specific

**FIGURE 2**

**DIP INDICATORS FOR PRODUCTS AND IMPACT  
PUBLIC HEALTH MODULES  
JULY 1992 through JUNE 1996**

PRODUCT INDICATORS	OBJECTIVE	ACHIEVEMENTS	
		No.	%
Total modules designed	6	6	100%
Total modules delivered	18	30	167%
Average # of participants per Module	15	17	113%
Workshops for TOT	18	22	122%
Total participants in TOT	216	220	102%

PRODUCT INDICATORS	OBJECTIVE	ACHIEVEMENTS
Percentage of participants from government agencies	50%	59.5%
Female participants	50%	59%
Female trainers	30%	36%
Cost recovery	75%	100%
Requests from other institutions		11

objectives for each module are in subject areas in which they may not have much skill. The project found it necessary to train the coordinators for each course, and there are a number of workshops that involve the course coordinators and experts in various fields, along with professors and staff from Nur University.

A second level of TOT needs to occur when the trainers for each module are identified. These trainers will all have specific skills in a key technical area; for example, information systems or occupational health, but may not have skills in the participative educational methodology Nur wishes to use. Therefore, a number of workshops have been held in each module to train the trainers in the educational methodology, participative techniques and moral leadership that Nur feels is very important for the students. The total number of participants in the TOT is about the amount expected. Interestingly enough, the average number of participants is slightly lower than expected, but that reflects the small number of trainers who are able to participate. Some project sites, such as Tarija, had difficulty finding good trainers because it's small, and there are not a lot of skilled people available.

In the early stages of the project, there were very few TOT workshops; although the number of TOTs established by the mid-term review in 1994 were achieved, this evaluation recommended that the number of trainers be increased. In the latter part of the project, as it matured, there were a greater number of TOT workshops. These were, for the most part, held at Nur. Nur University is emerging as a center for a national training strategy, since a number of the TOTs included people from other regions not involved in this project. This is seen as a positive benefit of the project, as Nur is assuming a leadership role as the counterpart institution that has been developed appropriately through the resources of this project.

The DIP lists a number of impact indicators, and the easiest ones to quantitate are listed in this table. The project set an objective of 50% of all participants should be from the government health services, and almost 60% were. Because the project intends to develop women as leaders in the health field, they set an objective of at least 50% female participation, and they achieved 59%.

In looking at the data regarding female participation, it's interesting to note that more women were involved in the modules involving interpersonal communication, human resource management and community participation. More men attended the modules in strategic planning and design of projects. This may reflect the fact that before the course, men were more involved in leadership positions, and women were more involved in the interpersonal communication and human resource management areas. The project hopes, over time, to improve the role of women as leaders, and we should see more women involved in strategic planning and project design.

Cost recovery for the MPH modules was established at 75% by the end-of-project. In fact, it is now 100% because the last year has been completely self-sustaining by tuition charges from the students. The project estimates they need a minimum of 25 participants for each module in order to make it financially self-sustaining. By transferring over to their "semi-presence strategy," this may also decrease costs, since it decreases the amount of time a trainer has to be in an area, and may allow them to break even with a fewer number of participants. No specific quantitative number was established for requests from other institutions, but they have at least 11 requests from other regional health services, universities and NGOs to provide this training to their staff or geographic area.

Some of the impact indicators can be found only through the survey. The survey results are discussed more fully in the section that follows. However, one of the key indicators was an objective that 85% of the participants are going to report positive changes in their institutions as a result of the course one year after completing the module. The surveys showed that 91.4% of the respondents showed that they were able to improve their professional performance, and thus the performance of their institution. A second indicator was that 30% of the participants would put into actual implementation projects that resulted from the training in the MPH modules. 57.6% of the respondents reported that they were able to implement improvements related to planning and programming and the design of projects. This shows that not only were the quantity of the modules delivered, and the number of participants, much greater than expected, but the impact in their professional performance was greater than the original objective set. This shows that the quality of the training has achieved the objective established for it. This has been reinforced by our interviews which are also discussed later. Every participant interviewed stressed the high quality of the training and the way in which the MPH course faculty nurtured them as individuals to grow and develop leadership roles within their institutions. Thus, when assuming these roles, they were able to influence the design and elaboration of programs and projects in a very positive way.

In summary, a quantitative evaluation shows that the project has over-achieved all the original objectives established for it in its DIP. The qualitative evaluation involving interviews has shown that the training is of a high quality, has been accepted by the community of health professionals, has made significant positive impact on their job performance and their institutions, and the demand continues to be high. A large number of requests from other institutions for this type of training in additional geographic areas suggests a positive impact; obviously, the reputation of the training course has influenced these other organizations to request it.

(c) Survey Results - Impact Evaluation.

(1) Individual. Annex I-1 shows examples of the questionnaire that was distributed to a sample of individuals who had participated in three or more modules. It was decided to do a one-in-three sample of the almost 200 people who had done so. Numbers were assigned to all of the participants, and using a table of random numbers, 65 participants were selected for the survey. Of these, 58 were returned, an 89% return rate. Forty-three percent of the respondents were from Tarija, 34.5% from Santa Cruz, and 22.4% from Cochabamba. Cochabamba had the lowest return rate because personal phone calls to follow up on the questionnaires were possible in Santa Cruz and Tarija due to the location of evaluation team members, but this was not done in Cochabamba. Fifty-two percent of the respondents were female, and 48% male, reflecting results close to the population of participants. The median age range for respondents was 38-42. Forty-three percent were nurses, 41% MDs, 5% pharmacists, 3% nutritionists, and the rest were scattered among business administrators and economists. Eighty-four percent of the respondents had greater than 10 years of professional experience; 74% were from the government health services, a percentage somewhat higher than the general participant population. Ten percent were from the private sector, and 16% from the NGOs. Of interest is that dividing respondents into executive, intermediate and lower level managers, 55% of the respondents were lower level, and 41% were intermediate. Only 3% were the executive level. This shows that the project, in essence, is training the next generation of leaders within the health system. Twenty-eight percent of the respondents work in public health programs, 29% provide direct medical services, 19% worked in administration, 12% in teaching, 10% in general administration. Eighty-one percent of the respondents felt they were working in a position that could utilize the skills learned in the MPH course.

In the development of the questionnaire, each question has two parts. One is a quantitative assessment on a point scale of one to ten, where one equals nothing, five equals some improvement, and ten equals a lot. In the follow-on question after this, the participant is asked to list some qualitative data about the changes that they have observed in their work or their functions, and these have been categorized and frequency distributions developed for them. The results that follow are all reported in this format.

Question 15 (next page) asked if the respondent can attribute some improvements in their work performance to the modules. On a scale of one to ten, the mean is 7.66, and 62% ranked it eight or greater; that is to say, nearly two-thirds of the people had a lot of improvement in their job performance that they could attribute to the course. The respondents were asked what improvements do they attribute to the modules -- 58% responded improved planning, programming and design of projects, 18% administration and human resources, and the rest of the responses were scattered amongst all the other modules.

*Question No. 15***EVALUATION BY SURVEYED PARTICIPANTS IN MAPH MODULES  
RELATED TO IMPROVED PERSONAL DEVELOPMENT***SANTA CRUZ, COCHABAMBA, TARIJA  
MAY-JUNE 1997*

<b>POINTS</b>	<b>NUMBER</b>	<b>PERCENTAGE</b>
1 (none)	1	1.7%
2	0	0.0%
3	0	0.0%
4	1	1.7%
5 (little)	3	5.2%
6	6	10.3%
7	11	19.0%
8	16	27.6%
9	17	29.3%
10 (high)	3	5.2%
<b>TOTAL</b>	<b>58 (mean = 7.66)</b>	<b>100%</b>

*Source: Survey by Esperanza /Bolivia*

Question 17 asked the respondents to grade the utility of the contents of the modules to their work; the average is 7.4, with 60.3% ranking it greater than eight. Again, the majority of respondents felt that the course contents were very useful in their work. The respondents were asked to grade the utility of the module contents of their work, and interestingly enough, there are some differences from the improvement in their performance. On this question, 24% responded that management of human resources were most useful; 21% planning and programming; 11% leadership, and the rest were scattered among the other modules.

*Question No. 17*

**EVALUATION BY SURVEYED PARTICIPANTS  
CONCERNING UTILITY OF CONTENTS OF MAPH MODULES  
IN PERSONAL DEVELOPMENT**

*SANTA CRUZ, COCHABAMBA, TARIJA  
MAY - JUNE 1997*

POINTS	NUMBER	PERCENTAGE
1 (none)	1	1.7%
2	0	0.0%
3	2	3.4%
4	1	1.7%
5 (little)	3	5.2%
6	9	15.5%
7	7	12.1%
8	18	31.0%
9	14	24.1%
10 (high)	3	5.2%
<b>TOTAL</b>	<b>58 (mean = 7.4)</b>	<b>100%</b>

*Source: Survey by Esperanza /Bolivia*

Question 22 asked the respondents if they encountered any problems or limitations in applying the skills learned in their work. A score of one is no problems; five are some problems, and ten are a lot of problems. The frequency distribution here is very interesting because it's bimodal. Twenty-two percent of respondents report a lot of difficulty incorporating the skills into their work, usually due to institutional barriers to change. Sixty-two percent of the respondents had little or few problems in implementing the changes.

*Question No.. 22*

**EVALUATION BY SURVEYED PARTICIPANTS  
CONCERNING PROBLEMS IN APPLICATION OF MAPH MODULES**

*SANTA CRUZ, COCHABAMBA, TARIJA  
MAY - JUNE 1997*

POINTS	NUMBER	PERCENTAGE
1 (none)	0	0.0%
2	1	1.7%
3	2	3.4%
4	9	15.5%
5 (little)	27	46.6%
6	4	6.9%
7	1	1.7%
8	0	0.0%
9	1	1.7%
10 (high)	13	22.4%
<b>TOTAL</b>	<b>58 (mean = 6)</b>	<b>100%</b>

*Source: Survey by Esperanza /Bolivia*

Question 21 asked the respondents to describe the problems they encountered. Fifty percent identified rigid centralized administrative structures had created problems. Fourteen percent responded none, and 12% responded the work characteristics of the people involved did not permit them to work together as a team.

Question 24 asked if the respondents had the opportunity to train others in their work or outside their institution in the knowledge, attitudes and skills that they had learned. The frequency distribution and response shows a bimodal distribution. Thirty-one percent of the respondents had no chance to train others. Fifty-five percent report some opportunity to do training. Nobody reported a lot. When asked in what skills they were able to train others, 15% responded in developing plans and programs, 14% management of human resources, 10% in leadership and decision-making, 10% in improved coordination and teamwork. The rest were scattered across the other modules; 20.5% reported none.

*Question No.. 24*

**EVALUATION BY SURVEYED PARTICIPANTS  
CONCERNING PASSING ON OF TRAINING TO OTHERS**

*SANTA CRUZ, COCHABAMBA, TARIJA  
MAY - JUNE 1997*

POINTS	NUMBER	PERCENTAGE
1 (none)	18	31.0%
2	0	0.0%
3	2	3.4%
4	2	3.4%
5 (little)	14	24.1%
6	11	19.0%
7	7	12.1%
8	4	6.9%
9	0	0.0%
10 (high)	0	0.0%
<b>TOTAL</b>	<b>58 (mean = 4.29)</b>	<b>100%</b>

*Source: Survey by Esperanza /Bolivia*

Question 26 asked if the respondents would recommend the course to others, and 88% responded yes. When asked why they would recommend it, 50% responded to improve management of the health services, 31% responded to improve the development of public health in the country, 9% responded it increased levels of personal satisfaction.

Question 28 asked the respondents to write down some positive aspects of the program. Forty-two percent responded that the concepts were current and they could use them regularly in their work. Thirty percent responded that the method of teaching the course through participative technologies and case studies were very useful; 10% said it gave them an opportunity to develop professionally.

Question 29 asked the respondents to cite the negative aspects of the program. Most of these came from Tarija, which had an almost two-year gap in the delivery of some of the modules, and a lot of respondents there faulted the program for a lack of continuity and for disorganization in the course. Very little dissatisfaction was found from Santa Cruz and Cochabamba, although a number of respondents felt that the cost of the course was high and required some financial sacrifice. This is true, even though it is by far the cheapest masters-level course available in the country. The negative responses from Tarija point out the problems inherent in trying to deliver services to more isolated, smaller communities. Tarija is a regional center for the province of Tarija, but it's a much smaller community. There are daily flights into Tarija, but these are frequently interrupted due to weather conditions. Tarija has a lower pool of skilled people available as trainers, and transport in and out of the city can be difficult during the rainy season. Because of this, it was difficult to find faculty to continue implementation of the modules; frequently, faculty who were flown in from Santa Cruz might be a day, or even two, late when flights were cancelled. This is a common problem in any public health program: services tend to be better organized around the large urban centers. This is certainly the case in Santa Cruz and Cochabamba where the negative comments were significantly less.

When asked for suggestions to improve the course, 36% of the respondents suggested continuing education courses on the latest developments in health reform in Bolivia. One year ago, a new law for popular participation was enacted that channels all government funds through local municipalities through block grants. This now means that local governments control the budget for the health system that before was channeled through the National Ministry of Health. This has, quite naturally, caused a lot of changes within the system, and it's not clear exactly what management structures are going to replace the old centralized MOH. Thus, it's natural that the respondents would want to have additional training in the impact of these health reform practices on their work. Twenty-two percent responded improved organization and academic

coordination; once again, the respondents from Tarija were the largest responders here. Six percent thought the methodology of the course could be improved, 6% felt they needed additional assistance in elaborating their thesis. The rest were scattered among a small percentage of respondents that are not worth citing here.

(2) *Institutional*. In order to assess the impact of the training on the institutions in which the participants work, a survey instrument was developed and sent to the immediate supervisors of the participants in the training program. A copy of this survey is included in Annex I-1. A total of 65 questionnaires were sent out; only 23 were returned. Thus, the results do not have a lot of validity. Nonetheless, we will review them here because they do show some trends.

Fifty-two percent of the supervisors were female, 48% male, reflecting the distribution of sexes in the respondents. However, the median age for the supervisors was near 52, which shows that they are considerably older than the survey participants. Fifty-seven percent of the supervisors were physicians, 26% were nurses. As would be expected, 65% of the supervisors are at the executive level, and 35% at the intermediate. None were at the base level. Fifty-seven percent were managing directors, 35% were chiefs of divisions or programs.

The immediate superiors were asked what was the value of the skills learned by the participants in their MPH course to their institution. 56.5% responded that there was significant value, ranking them seven or above. 21.7% felt there was some value, and only 13% felt there was no value to the institution. The supervisors were asked to rank the improvements in the job performance of the participants as a result of the module. Fifty-two percent ranked the improvement as good to excellent; an additional 30% said there was some improvement seen, and only 17% said no improvement at all. Adding them all together, 82.6% of the supervisors observed some improvement, of which 52% were ranked good to excellent. When asked what improvements the supervisors had seen, 19% cited improved administration and organization of services, 16% better development of plans and programs, 14% cited improved training and education, 8% improved monitoring and supervision, 8% improved information management. Sixty-one percent of the supervisors also responded that the participants in the MPH had elaborated some projects as a result of their training, and 65% reported good to excellent improvement in coordination of work teams. This reflects the emphasis on working in teams in the course. When the supervisors were asked if they observed some problems in implementing improvements on the part of the participants, 35% reported some, 26% reported none, and 17% reported a lot. This fairly reflects the distribution of the participants' own evaluation of the course.

In summary, even though the response rate of the immediate supervisors was low, the trend shows an excellent correlation between the self-evaluation of the participants and the evaluation of the institutional supervisors. The institutions appear to have benefitted in some very concrete ways from the participants' educational activities, and this is principally in areas

that the participants themselves have ranked very highly; that is to say, improved planning and organization of activities and improved management of human resources through teamwork. Both of these reflect specific project objectives.

(d) *Site Visits/Interviews/Focus Groups*. This aspect of the evaluation was, by far, the most exciting activity in which we participated. It is hard to get across in words on paper the incredible enthusiasm and overwhelmingly positive responses the participants have had to this type of training. Interview after interview has validated the responses to the surveys, and each individual has their own story to tell that do not appear in the survey results. We were incredibly impressed by the dedication of the participants to improve their skills and job performance, as well as to improve their position within the health system. Some few examples will suffice to show the profoundly significant personal and professional changes that have resulted through the completion of the MPH training.

One physician in Santa Cruz took the course while he was a district health officer in a community approximately 50km outside of Santa Cruz. Shortly after starting the course, he was selected to become the director of community health services for the entire region. He served in that position for a number of years. The PAHO advisor in community health then left -- this was an international expatriate position -- a national search was held, and he was selected to fill it. He now functions as a PAHO advisor in community health services. This is the first time that a Bolivian has held such a position. His successor as the district health officer was a pediatrician who knew nothing about public health. He took the course. After completing it, when the selection of the doctor described above was made for the PAHO position, he applied for, and was awarded, the position of regional chief for community health services. Both doctors expressed amazement at how rapidly they have risen within the system, and feel profoundly grateful to the course for providing them this opportunity to rise to positions of leadership and responsibility.

The responses of many of the women were even greater. A female pharmacist had spent most of her career working in administrative positions in the regional health service, mainly doing paperwork and logistical control. As a result of the training, she improved the pharmaceutical logistic system, so it became more automated, and then developed a system of rotating funds for community pharmacies within her region. This became so successful that she was asked by PAHO to become a consultant to other regions, and this program of community pharmacies is now being implemented in several regions around the country. She is still actively involved with PAHO's support in training other regional pharmaceutical managers in implementation. She has become president of the Bolivian Pharmaceutical Association, and this year has organized an international meeting of the South American Pharmaceutical Congress in Santa Cruz. Nearly 800 people are expected to attend, and she will be the president of this conference. She is delighted with her rise in leadership and attributes the confidence that the

course gave her to this. She cites not only the technical skills she gained, but the way the faculty of the course nurtured her as an individual and helped her to achieve her true potential.

A regional nurse in reproductive health had already risen to the top of the scale in her region. However, she persevered through six years to get the MPH. During the course, she developed a small project to work with victims of violence within the family, both women and children, as well as to develop programs for prevention. After she graduated from the course, she developed this into a full-fledged project with PAHO's support. This was then circulated through the international and national authorities and has now been adopted as the national program for prevention and treatment of family violence. Bolivia has selected the program that she developed as its contribution to a ten-nation conference on social violence and gender programs. The woman, while continuing to work in her region, will now serve as a PAHO consultant to other regions and countries in implementation of this program. While interviewing her, her chief of the department came in to talk to us. He was very laudatory about her contribution to the teamwork within his department, as well as to her contribution to the development of this program within the nation as a whole. The woman was so overcome emotionally, she began crying during the interview because development of this program had entailed a fair degree of conflict with her chief. Nonetheless, he openly praised her efforts, and she was extremely grateful for his support. She also cites, much like the pharmacist described above, that not only the technical skills, but the nurturing of herself as a woman and a leader by course faculty has allowed her to succeed.

A female OB-GYN doctor in Tarija decided, as a result of her training in the course, that she needed to improve the skills training of OB-GYN practitioners in the Tarija region. She founded and became the first president of the Regional Society of Obstetrics and Gynecology, and has designed a series of courses and workshops in technical skill areas of OB-GYN for the practitioners in the region. She reports that she has heard a lot of comments about her being a woman and assuming a leadership position, but she notes that lately she has not had any criticism as her programs have begun working. She has also been elevated at the regional hospital to a position of Director for Community OB Services. She has done an analysis of the causes of maternal mortality in her region, and is now implementing a community outreach service to stimulate women to seek pre-natal services earlier and have a higher rate of attended births. She is going to use the implementation and evaluation of this program as her thesis.

One of the participants is a faculty member of the School of Nursing of the Catholic University in Cochabamba. As a result of her participation and completion of the six modules, she has designed a complete curriculum in public and community health for the nurses. She has gained the support of her superiors, so that the majority of the training of the nurses in this

program now occurs in community health centers. The objectives of the School of Nursing have changed from promoting clinical services in hospitals to promoting community health as a career goal. She intends to use an analysis of the changes in career choice and job performance among graduate nurses as her thesis for her MPH. She's also asked Dr. Hartman to be her advisor on this thesis as a result of his visits and conversations with the focus group in Cochabamba.

All together, 18 participants were interviewed; each one of them has a story like this. These are just a sub-sample that show how most of the participants have shown profound personal and professional improvements as a result of the training they received. They all attribute this to two factors: improvement in skills and practices, as well as improvement in confidence and leadership ability. Both of these reflect specific objectives of the program. The rise of women in leadership positions, likewise, reflects the program objectives.

The evaluation team also had the opportunity to meet with close to 30 persons in Cochabamba, representing all the participants in module six of the current course, plus some additional participants who had already graduated. The essential conclusion of this focus group discussion was that this type of training should continue on, and that new cycles must be given to afford others a chance to receive it. A number of suggestions for improving the courses even more are discussed in the *Recommendations* section.

(e) *Summary*. The surveys showed that the quantitative rating of personal improvement through the course was very high, averaging 7.6 out of ten. The qualitative responses during the interviews stressed improved planning and project design, teamwork, and human relations as being the most relevant skills that they have applied in their work. These are two quite different skills. One is the concrete application of management skills in planning and program development; the other is an attitudinal change that involves improved teamwork and willingness to work with others. These do reflect specific project objectives; that is to say, the intent is to improve specific management skills, as well as to improve human interaction and teamwork skills. Both the responses to the survey and the on-site interviews indicate that the participants felt they had made significant improvements to the effectiveness of their institutions, and thus improvements in the quality of health services. This has been validated by the responses of immediate supervisors who, likewise, felt that the majority of the participants had made significant contributions to their institutions.

A significant percentage of respondents did report some difficulties in implementing improvements in the workplace, and interviews showed some frustration with the institutional barriers to change. Some suggestions to address this are presented in the *Recommendations* section.

The majority of the respondents felt that they had achieved significant personal and professional growth as a result of the training; and this has contributed to the changes they were able to introduce in their institutions, despite the barriers cited above. Some suggested improvements to the program will be discussed in the *Conclusions* section, but the overwhelmingly positive response of both the participants and their immediate supervisors suggest that the training program has met a deeply-felt need within the health sector of Bolivia.

## **2. NGO Workshops.**

(a) *Description.* A major technical component of the training in public health management is to work with NGOs who provide health services through a series of three-day workshops in order to improve their management, efficiency and effectiveness. The NGO workshop component was conceived as an important element to improving the effectiveness of health services in Bolivia, since about half the services are provided through NGOs. Some of the NGOs involved in the training are large international PVOs that receive a lot of financial assistance from external sources, such as PLAN International, CARE and World Vision. However, the majority of the NGOs involved in this component of the training program are indigenous PVOs that are quite poor and don't have a lot of resources. Project staff felt that the emphasis in these NGOs should be placed on such issues as strategic planning, design of projects, and effective leadership to try to improve their funding base by increasing their ability to obtain grants and other sources of funds. At the time of this evaluation, 12 separate workshops had been designed and implemented in the following areas:

- management and development of human resources
- strategic planning
- design of projects
- community participation
- evaluation of projects
- rapid evaluation in primary health care
- participative investigation
- administrative structure of NGOs
- leadership and supervision
- training-of-trainers
- evolution of development concepts
- participative evaluation and collective learning

Three additional workshops were developed by specific request:

- administration for forestry management
- development of work groups
- financial management

Two additional regions (Oruro and Chuquisaca) had requested workshops and some were given in those regions. In addition, Nur University has a contract with the Department of Education to improve the training of rural teachers, and many of the concepts developed in these workshops now appear in that curricula. Sixteen discreet training guides have been developed for the teacher training program and have been published throughout the country to guide continuing education for teachers. Nur University is considering developing a specific curricula in NGO management, probably at both the undergraduate and graduate levels.

These workshops are designed for a maximum number of 35 participants and are generally given over a three-day period, usually a long weekend. The original design was in Santa Cruz, but they expanded to Cochabamba, Tarija, Oruro and Chuquisaca.

Annex II-3 shows some examples of the promotional materials for the NGO workshops, the training program and learning objectives for each workshop. An earlier problem with the NGO workshop component cited in previous evaluations was the weakness in documenting the lesson plans and training guides, as well as the small number of trainers capable of facilitating these workshops. That problem has been overcome, and the training guides are now well developed in manual form, as discussed above. We did, however, find a weakness in some of the base data collected by this component. Project-funded activities in the workshops had ceased a year ago, and there is limited documentation available about the total number of participants in the workshops in the last years of the project. That, however, seems to be a small problem compared to the overall improvement in documentation of lesson plans and training guides.

The workshop development process was based on the needs assessment outlined earlier in the *Introduction* section. A team of anywhere from two to four people worked together with representatives from NGOs to develop a practical skills-oriented workshop. Although the materials are based on the latest concepts of management, planning and training taught in major universities in the U.S., they have been considerably simplified and made much more practical. A major emphasis has been placed on effective leadership, and that is considered the key function for all other management activities. Project staff feel that only through improved ethical leadership can NGOs also improve their effectiveness in the field. Since so many of them work with community organizations and campesino groups, it is felt that the leadership issue is the critical pathway for improvement. The mid-term evaluation completed in 1994 highlighted the need to continue the publication of the materials, and that has been completed as described above. Unfortunately, the issue of sustainability has been the Achilles heel of this project. While the MPH modules continue to be 100% sustainable through tuition fees, the NGO community, especially the indigenous NGOs, have shown they are incapable of paying the tuition that would be required to cover all costs of implementing a workshop. Thus, since June

of 1996, this component has all but stopped, except for an occasional workshop that is given on request by an organization that can pay for it, such as PLAN International. Some suggestions to address this situation are found in the *Recommendations* section.

(b) *DIP Indicators*. Figure 3 (next page) shows in tabular form the achievements of the indicators in the DIP of July 1992 compared to end-of-project status. The total number of workshops proposed by end-of-project was 50, and 53 have been implemented, thus over-achieving this objective. The total number of participants anticipated were 1000, representing 250 organizations. Unfortunately, in the last two years of the project, the staff did not keep accurate records of the number of participants and the number of organizations they represented. That could not be easily retrieved for this evaluation. At the time of the mid-term in 1994, there was an average of 24 participants per workshop. Conversations with former project staff indicated that the participation did not change significantly in the last few years; so using that number and extrapolating, we can say that the total number of participants trained in the workshops were over-achieved, but this could not be proven. The total number of TOT workshops completed were 15 -- two over the objective of 13. This reflects the recommendation made in the mid-term evaluation that more trainers need to be developed to broaden the scope of the project in different geographic areas, and project staff appear to have responded. The goal for end-of-project status was that nine workshops would be designed, documented and published. As described above, 15 have been completed, thus over-achieving that goal. Nearly three-quarters of the participating NGOs work in health in some way, especially if health is defined to improve women's issues. The female participants objective was 50%, and this has been easily achieved. However, as discussed above, the cost recovery factor has been a dismal failure, and the workshops have, in effect, ceased to be implemented except on a request basis.

A review of this data reflects the experience of the public health modules. The demand for this kind of training is so high that the number of workshops and attendance has exceeded expectations.

(c) *Survey Results - Impact Evaluation*. At the end of each workshop, the participants are asked to evaluate the workshop on a scale of one to ten. This is the same methodology used in the impact evaluation survey questionnaire that was sent out as a part of this evaluation. The post-workshop evaluations were reviewed extensively as part of the mid-term evaluation, and averaged a mean of 8.7 on scores of relevance to PVOs perceived needs, fulfillment of workshop objectives, trainer expertise and the use of participatory methodology.

As part of the final evaluation, the methodology envisioned sending surveys out to a sub-sample of workshop participants to assess the relevance of the training to their needs now that a significant time had elapsed. Copies of that survey are found in Annex I-1. Unfortunately,

**FIGURE 3**

**DIP INDICATORS FOR PRODUCTS AND IMPACT  
WORKSHOPS  
JULY 1992 through JUNE 1996**

PRODUCT INDICATORS	GOALS	ACHIEVEMENTS	
		No.	%
Total workshops	50	53	106%
Total participants	1000	1272	127%
Total number of Organizations	250	**	
TOTs	13	15	115%
Number of TOT participants who organize training events			90%
PVO courses designed, documented and published	9	15	167%

IMPACT INDICATORS	GOALS	ACHIEVEMENTS
Health Organizations	25-50%	74%
Average number of participants per workshop	20	24*
Female participants	50%	51%
Cost recovery	75%	10%

\* Data does not exist for end of project status. Estimates based on Mid-Term Evaluation data.

\*\*No estimate possible given lack of current data.

the response rate to this survey was very low. Seventy-four questionnaires were sent out, and only 34 were returned. Attempts to reach a number of the participants failed due to significant turn-over of personnel in the NGOs. Thus, the results of the survey presented here should be viewed as a trend analysis and not necessarily represents statistical significance. It also shows that the institutional gains achieved through training in the NGO sector will not be as strong as that achieved through the MPH program where people tend to be more stable. It appears that some of the improvements in skills and capacities achieved through the workshops are lost as people leave the NGOs, presumably for a better paying job elsewhere. Fifty-three percent of the questionnaires were returned from Santa Cruz, and 47% from Tarija, reflecting the fact that former project staff and evaluation personnel were located in these two cities, thus allowing direct follow-up. No questionnaires were returned from Cochabamba. As noted above, a minimum of one year had passed since any workshop had been given. In many cases, up to three or four years had passed for a number of the respondents since they had last attended a workshop.

Question 14 asked the respondents if they attributed any improvements in their performance in the workplace to the workshops. On a scale of one to ten, the mean is 8.18, and 74% ranked it greater than eight.

*Question No. 14*

**EVALUATION BY SURVEYED PARTICIPANTS OF SEMINARS/WORKSHOPS  
RELATED TO IMPROVED PERSONAL DEVELOPMENT**

*SANTA CRUZ, TARIJA  
MAY-JUNE 1997*

POINTS	NUMBER	PERCENTAGE
1 (none)	0	0.0%
2	0	0.05%
3	0	0.0%
4	0	0.0%
5 (little)	1	2.9%
6	2	5.9%
7	6	17.6%
8	13	38.2%
9	5	14.7%
10 (high)	7	20.6%
<b>TOTAL</b>	<b>34 (mean = 8.18)</b>	<b>100%</b>

*Source: Survey by Esperanza /Bolivia*

When asked what improvements in work performance were noted, a reasonable spread among a lot of the workshops were found. Twelve percent said improved work groups and coordination, 12% said improved training, 10% improved organization of work, 10% improved planning and programs, 10% managing concepts, 9% personnel management, 7% project design, 6% leadership.

Question 15 asked the participants to rank the utility of the contents of the workshop on a scale of one to ten. The mean is 7.97, and 75% ranked it greater than eight. Twenty-four percent ranked personnel management as the most useful, 12% project design, 12% moral leadership, 12% development concepts, 12% planning and 10% community participation.

*Question No. 15*

**EVALUATION BY SURVEYED PARTICIPANTS OF SEMINARS/WORKSHOPS  
RELATED TO UTILITY OF CONTENTS IN WORK**

*SANTA CRUZ, TARIJA  
MAY-JUNE 1997*

POINTS	NUMBER	PERCENTAGE
1 (none)	0	0.0%
2	0	0.0%
3	0	0.0%
4	0	0.0%
5 (little)	2	5.9%
6	4	11.8%
7	3	8.8%
8	14	41.2%
9	6	17.6%
10 (high)	5	14.7%
<b>TOTAL</b>	<b>34 (mean = 7.97)</b>	<b>100%</b>

*Source: Survey by Esperanza /Bolivia*

The participants were asked if they had any problems in applying the contents of the workshop: 62% responded no, 35% some. This is a quite different response than that found in the MPH courses, where the participants, for the most part, came from large organizations with a lot of institutional barriers. The workshop participants come from small NGOs where they have a lot more control over the ability to introduce change. This increased ability to introduce change, coupled with the high degree of usefulness of the workshop content, shows that this project component has a tremendous potential to do a lot of good within the NGO community. However, since so many people have changed employment, it is important to have a continuing cycle of re-training in these workshops. Regretfully, the inability to financially sustain this program has forced it to all but grind to a halt, even though this evaluation has shown substantial impact on the institutions by this training program. Re-inforcing this, 62% of the respondents report that they had the opportunity to replicate the skills learned through training of others. This also is very different from the public health modules. When asked if they would recommend these workshops to others, an overwhelming 97% said yes. When asked what suggestions they had, again, the vast majority of respondents recommended that this type of training should continue for the reasons outlined above.

The response to the institutional questionnaires was even smaller than the response to the individual questionnaires for the NGO workshops, and they were not even tabulated, as being too small to be reliable.

(d) *Site Visits/Interviews*. Much like the site visits and interviews for the public health modules, these proved to be the most exciting part of the evaluation. Most of the PVOs visited were very small, but the workshop participants were very enthusiastic about the training they received and the impact on the organization. It is very hard to put down on paper the positive responses that individuals from small poorly-funded NGOs had for the training program. So many of them reported that they had gained confidence in their ability to approach funding agencies, to develop projects and to evaluate them, to improve training of their own staff, and also to better engage the community groups with which they work. A much smaller number of PVOs were visited than the public health course participants, again due to the difficulties in contacting personnel after they had changed employment. However, some striking examples emerged, especially in the leadership of women. One small NGO, the Center for Investigation of Artisan Design and Commercial Cooperatives, was founded in 1984 to support the development of indigenous culture through the development of art and hand crafts. Eighty-five percent of the members are female. The organization sees itself as supporting the economic development of women, and allowing women to express their identity through their work; but they also produce products that are marketable and generate income. The director of this group

is a very dynamic art historian who attended four workshops in the past, including design of projects, evaluation, moral leadership and strategic planning. She feels these four workshops really changed the direction of her organization, and it's a much different, more dynamic and more active group now than it was five years ago. She feels had she known then what she knows now, she would have designed things a lot differently; however, she was essentially an artist and art historian and had very little knowledge of the management skills needed to run an organization. That's understandable.

The Center for Rural Women in the small community of Mineros in Santa Cruz Province is an association of rural peasant females representing 25 different mother's clubs with approximately 500 active members. Up until 1992, they were basically involved in feeding programs through Food for Peace donations. However, beginning in the late '80's, and carrying on since cessation of their feeding program in 1992, the organization has focused on education of women and income-generation projects. They have developed a small business program and have given 140 loans to women with only one default over the last five years. They are involved in a number of programs including chicken projects, bakeries, tailors, vegetable production and sales, pig farming and flower developing. They work in community organization, training and management, and the workshops attended by the coordinator for education have made, she feels, a significant impact in her organization. She especially feels the way in which they engage the community groups is much different now because of the concepts and skills learned.

Another group visited in Tarija was Women in Action. It's an NGO created to channel women's interests and energies in three ways: (1) incorporating women in the decision-making capacity in neighborhood organizations; (2) legal and psychosocial services for victims of family violence; and (3) supporting income-generation activities of women in Tarija. She has attended workshops on community participation, TOT and project design. Her most recent one was three years ago. She is still left with the concept of human development promoted by Nur. She uses this more in her work than any specific skills she learned. For many of the courses and workshops she has attended in the past she can't even remember what they were about, but even after three years, the concepts of moral leadership, human development and working as a team stayed with her. She wishes more workshops could be given, and the other members of her group could benefit from them.

These three examples not only show the strong positive influence a well-designed workshop can have on a small organization, it also shows the leadership position that a number of women can assume with effective skills training. This reflects specific objectives of the project.

## D. CONCLUSIONS

1. The project has achieved or over-achieved all the goals and objectives established for it by end-of-project. The only exception is the financial sustainability of the NGO workshops, which is discussed in more detail below. There are some holes in the database that did not allow us to measure with precision the total number of workshop participants trained; nonetheless, the indications are that all DIP indicators have been achieved.

2. The main purpose of the project -- to improve management skills of public health professionals, and thus the effectiveness of their institutions to improve health status -- has been achieved. Impact evaluations on the participants and their institutions, using survey techniques, on-site interviews and focus groups, have demonstrated a high degree of satisfaction in both the MPH course modules and the NGO workshops. Respondents report significant improvements in their work performance and cite the high usefulness of the course contents in their work. The project, working through Nur University as the main counterpart institution, has made significant contributions to the development of the health sector in Bolivia. These significant achievements will continue in the future through the MPH module, since it is financially self-sustaining at this point.

3. Aside from the improvement in institutional effectiveness produced by the training, the participants have also shown significant and profound professional and personal development as a result of the training. This effect was most marked in the MPH participants; since this is a long multi-year course, there is a greater time period for influence. Almost all graduates of the program have assumed significant leadership positions within their institutions that they feel would not have been possible without the training. However, workshop participants report significant effects on them and their work, even up to three years after attending the workshops.

4. The highest degree of satisfaction with the training was found in Santa Cruz and Cochabamba. These are large cities with good pools of skilled people for faculty, and they're easily accessible by transport by outside faculty that may need to travel for specific skills not found locally. More dissatisfaction with the training process was found in Tarija, a smaller more isolated city that is difficult to reach even by plane. This highlights a given and well-known factor in development issues: the more isolated a program site, the harder it is to provide good service. The program intends to address these issues with some changes in training strategies that are discussed in more detail in the *Recommendations* section. This includes a "semi-presence" approach that would provide the course over three full days on a long weekend per month. This should diminish overhead and provide accessibility to people working in even more remote areas. However, even in Tarija, the response to the training has still been very positive, and the participants there are requesting additional courses.

5. The rigidity of Bolivian institutions has inhibited many students from implementing improvements. This has produced some natural frustration in the participants. The program needs to assist in the process of implementing change, and some recommendations for this are offered later.

6. Most students graduated from the MPH course have yet to complete their thesis. Our evaluation suggests the barriers may be conceptual, since every single person we interviewed had already implemented some innovative and creative program ideas that could serve as excellent thesis material if evaluated appropriately. The program needs to work more closely, perhaps even individually, with the graduates so that their own work can serve as their thesis.

7. The methodology of training health professionals while they work was highlighted by all as a strength of this program. Adults learn best by doing, and the participants report they appreciate the ability to immediately put into practice what they have learned.

8. The training materials, teaching guides and evaluation methodologies used by the project are of exceedingly high quality. They reflect the latest in management training approaches and participative methodology. All of the materials are now in publication format, and a number of them have been published into books. The project staff has taken great pride in their abilities to get their teaching materials disseminated throughout the country. The NGO workshop materials have been published in 16 modular training guides that are now used in other parts of the country. The MPH training materials have been published locally and will serve as the basic textbook for the program.

9. Several MPH graduates have been awarded advisory positions by international agencies, including the Pan American Health Organization. These positions normally would have gone to international expatriate personnel. This is perceived by all as strengthening the national health system better by using host country experience to address host country problems.

10. Curriculum content has been based on a profound needs analysis of the health system in the country that involved many different people from different regions and sectors of Bolivia. The curriculum content is also addressed through regular internal evaluations in which students participate. Much of the success of the project is due to a successful design process. The design of the MPH was practical from the beginning. It was designed by public health professionals who were actually working in the field, especially in the delivery of primary health care services. It involved a "how to do it" approach that has been well appreciated by the participants.

11. Many participants noted that the strategic vision given by the training has benefitted their institutions. Most of the organizations develop yearly operational plans, but had no vision where to go in five or ten years. Improved strategic planning has, in many cases, significantly changed the operational plans.

Another concept almost all participants highlighted was the emphasis on moral leadership; that is, leading by setting an example of high ethical standards, respecting the basic human dignity in everybody, and working as a team, based on mutual respect. These moral leadership approaches are central to all Nur training programs and reflect the philosophy of the university. Many participants report that they, themselves, had been transformed by the moral leadership concept, and this has had a strong effect on the development of effective work teams within their organization.

These two skills are quite different. Strategic planning is a very specific technical skill, and the other (moral leadership) requires more of an ethical and human interaction approach. They reflect specific objectives of the program and show the high degree of success of integrating these different approaches.

12. The project has definitely achieved one of its major goals -- to assist in the development of women as leaders within the health system. Our data analysis shows that greater than 50% of the participants in both the MPH modules and workshops were women. However, the interviews provided a richness of detail not found in the data. Time and again, women interviewed cited how project trainers helped nurture them to grow as individuals, not only increasing their skills, but increasing their confidence to assert themselves more in the workplace. Some wonderful things have happened. A female pharmacist who previously spent most of her professional time processing inventory forms has designed a system of rotating funds for community pharmacies that has been adopted as a national model. She now functions as an advisor supported by PAHO to train others in other regions. She was elected president of the Bolivian College of Pharmacy, and has organized an international conference for the South American Pharmaceutical Federation to be held later in 1997 -- 800 people are expected to attend. A female nurse who works in reproductive health developed a program for prevention and treatment of victims of violence within the family against women and children during her MPH course. Her region adopted this as the model for their intervention; the national health service and PAHO reviewed the program, and they have accepted it as the national program. She will be traveling around the country training other regions in program implementation. This program has also been presented by Bolivia at an international conference as a model for other countries to follow. A female OB-GYN, as part of her MPH coursework, developed a regional OB-GYN society and has served as its first president. The objective of this society is to improve the training and skills of OB-GYN practitioners in the region. She feels maternal mortality is much too high and improved skills will help reduce it. She has also been appointed director of a community outreach program to try and improve pre-natal care to underserved people.

These are just three of the many examples we found during this evaluation of women assuming leadership roles that they readily attest would not have been possible without both the skills and the confidence-building provided by the faculty.

13. The gap between poor and well-to-do organizations continues to widen, and is an issue for sustainability. The MPH is self-sustaining because the highly-trained health professionals can afford to pay the tuition costs, even though they do complain how expensive it is. The NGO training program, however, has stalled. Neither the NGOs nor the people they employ can afford to pay the real costs of the workshop. Nur cannot afford to provide the workshops without their costs being paid. Outside funding is needed to continue this valuable program, but is not readily available. The *Recommendations* section discusses some alternative approaches that may help. This is seen as an issue for sustainability in general; the gap between rich and poor seems unavoidable, and despite serious attempts at creating alternative approaches, none has been found to date.

14. Continue the training. Every person interviewed felt that these courses are what the country needs, and more people should receive this type of training. This brings into more focus the sustainability issues raised above.

## **E. RECOMMENDATIONS**

1. Continue the development and implementation of these training programs. Both the need and the demand for management training in health in Bolivia is high. The success of this program is obvious to all involved. This training should be repeated in current project areas, especially Tarija which has not had a second MPH course yet. Development of alternative training strategies, such as the "semi-presence" approach that is awaiting Ministry of Education approval, would allow expansion to other regions, as well as to more rural areas. This would involve three full days per month only, and might reduce overhead costs for the MPH. This is seen as a benefit to all.

2. Financial support for the MPH is strong, given the demand and the relative wealth of trained health professionals. Tuition costs can continue to support the program. However, support for NGO workshops is weak, and alternative strategies to obtain financial support should be considered. Some workshop participants have noted that marketing of the workshops was weak and some were poorly attended because of that. Expanded marketing efforts could attract more participants to the workshops and might help meet costs. Expanding workshops to private businesses or semi-governmental agencies, such as utilities, would expand the funding base through cost shifting. Those that can pay could help support those who cannot. This strategy

has already proven successful in the Brazil component of this project. Scholarship support might also be available from local municipalities as a result of the law of popular participation.

3. The MPH training program needs to help graduates overcome the conceptual barriers preventing many of them from completing their thesis. More individual attention might help, as would better definition of operations research as appropriate thesis material. Students should be allowed to use their own work (appropriately evaluated) as thesis material.

4. Improved coordination of academic activities has been highlighted by the participants as a definite need. There has been significant improvement over the life of the project, but more could be done. Examples were cited in some focus group discussions that professors, on occasion, did not show without advance warning, needed training materials were not available on time, or requests for additional assistance went unheeded. The first training program took six to seven years to complete in different regions; this has now been reduced to 27 months. Nonetheless, some improved coordination efforts might even be able to improve the effectiveness of the training.

5. Specific techniques for introducing change and overcoming institutional barriers to implementation of improvements need to be integrated into each module and not be a separate component. Students are expected to produce a concrete plan for their institutions as part of the course. How to introduce this plan effectively, identification of potential barriers, and development of strategies to overcome them should all be an essential part of this class project. This will help decrease post-training frustration and decrease the gap between reality and expectations of the graduates.

6. The section in module six on financial management has been highlighted by this evaluation as being very complex, sometimes hard to understand and confusing to many participants who are, for the most part, health professionals. Efforts should be made to simplify this part of the module to make it more concrete and effective.

7. Some database improvements need to be made in the Nur evaluation methodology. Data on the number of workshop participants and the number/types of organizations represented by end-of-project was unavailable. Internal evaluation could also be strengthened by better long-term follow-up of graduates using the survey and focus group strategy developed for this evaluation. This would help the program adjust to the ever-changing environment of Bolivia and the needs of their student graduates.

### III. BRAZIL

#### A. BACKGROUND

1. *Situation Analysis.* The northern area of Brazil, which comprises the Amazon Basin, is the poorest and least-developed area of the country. Health data consistently show higher infant mortality and illiteracy rates than the national average. The area has been undeveloped for a very long time, and there is definite lack of qualified human resources in health management, deficient health infrastructure, and inefficient service delivery; all of these contribute to the poor indices of health. The region is currently suffering an economic recession that is exacerbated by the decline of the local mining industry, budget cutbacks at the federal level and geographic isolation. International pressure has combined to all but halt the massive logging operations which were going on in the Amazon, and this has exacerbated the economic recession.

Santarém is located 500 miles upriver from the mouth of the Amazon, and is located at the junction of the Tapajos and Amazon Rivers. It has a population of approximately 250,000, but serves an area of close to one million people spread out in isolated areas the size of the state of California. Santarém is very isolated; there are no roads that connect it to the rest of the country that are easily passible. Transportation by boat is the most common mechanism for commercial and personal contact throughout the Amazon. A modern airport exists, but the cost of air travel is prohibitive for most people.

The health system, as described above, is relatively undeveloped. For decades, the responsibility for health in the municipal area of Santarém, including both the city and surrounding rural areas, was delegated to the National Health System (SESP), which recently has been renamed the National Foundation for Health. However, in the last five years, Brazil has undergone a process they call "municipalization of government." Both power and budgetary authority is now being allocated directly to the municipal governments, so that in the last number of years, the Secretary of Health for the municipality of Santarém has grown in influence. Sandwiched in between are the state health services of Pará, which generally have been responsible for the preventive health services, including immunizations, family planning and health education. The state level also offers some specialized out-patient facilities. The current situation finds that the federal health system supports the largest hospital in Santarém; the state health system, the preventive services and the out-patient clinics; and the municipality is responsible for the out-patient urban and rural care through a series of health posts. The municipality also heavily supports the training of nurse auxiliaries to staff these health posts. This training is carried out by Esperança and is described later on in this report.

Given this complex situation, it's understandable that there are a lot of gaps in services, as well as overlapping services. As the power is shifting to the municipalities, and budgetary allocations follow, a fair amount of competition has set in between the three levels. There is no formal mechanism for coordinating all these activities at the municipal level.

2. *Esperança*. *Esperança* began its work in 1970 through the efforts of one person, Father Luke Tupper, who traveled from village to village with a pressure cooker to sterilize instruments for immunizations. Since then, over the last 27 years, the program has grown to provide services to approximately 100,000 people in both the urban area of Santarém, as well as in a series of 28 health posts scattered throughout the Central Amazon. The *Esperança* facilities in Santarém include a large out-patient facility, surgical center, laboratory, administrative offices, a dormitory for visiting students and physicians, and a newly-constructed training center that includes four classrooms, a large library, administrative offices and a teachers room.

The Fundação *Esperança* was created in 1977 as the first tax-exempt non-profit NGO in the northern region. This proved to be a landmark event that required special legislation to initiate, but allowed the Fundação *Esperança* to operate as an independent NGO and receive funds and support from a variety of international organizations. *Esperança, Inc.* funnels all its support through the Fundação *Esperança*, and it is the Fundação that is considered the counterpart agency to this project. The Fundação has a Board of Directors that is, for the most part, Brazilian and operates under the laws pertaining to Brazilian non-profit NGOs.

A Matching Grant from USAID was awarded to *Esperança, Inc.* in September 1991. The purpose of the grant is to: (1) develop and strengthen the institutional capacity of regional health organizations to effectively manage health programs in the Amazon Region, and (2) participate in a South-South exchange of training modules and materials developed in Bolivia and then adapted and transferred to Mozambique and Guinea-Bissau, Africa. The Brazil program became the focus of activities for the African expansion. This transfer of technology from Bolivia to Brazil, then Mozambique and Guinea-Bissau, is considered the centerpiece of the South-South transfer of technology.

A parallel grant from American Schools and Hospitals Abroad, a division of USAID, provided the funds for construction of the training center, which was completed in 1994. This is the most modern and up-to-date training facility in the Amazon Basin. It includes four separate classrooms of varying sizes, with the latest in audio-visual technology. It allows any educational methodology to be utilized, including satellite technology if such programs are available to the Amazon. The training center has been developed to promote interactive participative training, and even the furniture has been designed to allow movement into small

groups or large groups as the need anticipates. There is a large library with almost 10,000 pieces of literature in it, and this makes it the best-equipped health library in the northern region of Brazil. There are also administrative offices and a teachers room for material development. Currently, the training center has 460 students participating in various levels of training.

Since its inception, Esperança has followed a dual strategy of service and training. Esperança recognized early on that the direct provision of services would not be sufficient; rather, they focused on training a variety of health providers from the basic level of the nurse auxiliary to sophisticated surgical sub-specialty training in ophthalmology and orthopedics. The program continues to receive medical, nursing and dental students, both from Brazil and from overseas, and has dormitory facilities to house them. In addition, beginning from a training program in 1976 that trained two nurse auxiliaries, the program is currently training 120 nurse auxiliaries per year for placement throughout the municipalities of the Amazon in health posts. This part of their training has been considerably boosted by a recent law that mandates that health programs must utilize nurse auxiliary personnel to be eligible for federal funds. All the training that takes place under the Matching Grant in Brazil takes place at this training center.

3. *Evaluation Methodology.* The evaluation of the Brazil portion of the Matching Grant was conducted by two people: A. Frederick Hartman, M.D., MPH, a public health specialist with experience in management training; and Dr. James Villalobos, a management training specialist who has had some experience working in health programs in the past. The two met in Santarém on April 21, and spent the next five days working together on the evaluation. All Fundação Esperança team members were interviewed, data collected at the completion of training programs were reviewed, all the training materials and evaluations were subjected to intense scrutiny. Also, interviews were held with 12 different individuals, representing both private and public sector institutions who participated in both the workshops and the public health administration modules.

As part of the mid-term evaluation completed in 1994, a survey instrument was designed to evaluate the changes the participants felt came about as a result of their training, as well as the impact on their institutions in which they work. Because only two months of training in the public health modules had occurred at the time of the 1994 mid-term evaluation, this instrument could not be applied in Brazil. Based on experience in Bolivia during that evaluation, the instrument was modified and has now been used extensively in Brazil. This data was reviewed as part of this evaluation. A list of all the people interviewed and the institutions visited is included in this report as Annex III-1.

The goals and objectives, as well as the output indicators described in the Detailed Implementation Plan (DIP) approved by AID in 1991, are used as the basis of this evaluation. A summary of the pertinent parts of the DIP are included as Annex III-2.

## **B. ACHIEVEMENTS**

1. *Public Health Modules.* Since Esperança is not a recognized university in Brazil, it was necessary to develop a formal agreement between the Fundação Esperança and the Universidade de Amazona (UNAMA). UNAMA is based in Belém, and they agreed to provide academic credit for the public health modules. In Brazil, there are three levels of graduate training: (1) Specialization; (2) Masters Degree; and (3) Doctorate. A specialization degree is required to be a faculty member at a recognized university of Brazil. After discussions with UNAMA, it was felt most appropriate to offer a specialization degree in public health planning and administration. Regulations in Brazil require a minimum of 306 class hours, plus the preparation of a monograph for a specialization degree. Based on experience in Bolivia, the course Fundação Esperança decided to offer consisted of 600 hours of classtime completed over a nine-month period, plus the preparation of a monograph during an additional three-month period.

1992 was year one of the Matching Grant. During that time, Esperança negotiated an agreement with UNAMA for the specialization course, and staff spent considerable amounts of time in Bolivia reviewing the curriculum material for both workshops and the public health administration modules. The program was translated into Portuguese and then adapted to meet the local reality. Out of this, in 1993, three modules were developed -- module one: principles of health administration; module two: management of human resources; module three: financial and logistics management. The three of these total 600 hours, approved by UNAMA, for the specialization degree in public health planning and management. During year two, in addition, Esperança field tested three separate workshops in order to adapt some of the materials to the local reality.

Year three, in 1994, saw the first implementation of the public health planning and management specialization course. It started in April 1994 and finished in December 1994. The training center was completed in that year and that considerably facilitated implementation of the course. Thirty-nine students started, and 32 finished and received the specialization degree. During this course, 77% of the teachers were from outside of the local area, and at least three of the 17 teachers had to be imported from outside of the Amazonas area.

The program developed a variety of evaluation mechanisms based on experience in Bolivia, as well as the Matching Grant mid-term evaluation. As always in any academic

program, each student is evaluated by the teachers as to their performance in the course. However, each teacher is then evaluated by the students and rated, and each teaching module is also evaluated by the students. Review of these evaluations shows that they have been taken very seriously by Esperança, and adjustments in both the teaching materials, as well as the type of professor, has been made as a result of this feedback. The new training center was well received by the students, and the physical environment and overall organization of the course received high marks from them. Reviewing the student evaluations from that first public health planning and management specialization course, 100% of the students felt that the main objectives of the course had been met, and 82% felt that the course was relevant and interesting. The module was then adjusted in early 1995, which was year four of the project, and a second course was started in April 1995, and finished in December of 1995. Twenty people started, and 19 graduated. Review of the evaluations show that the frequency of attendance was extraordinarily high, ranging from 85-100% of all the sessions. This is important because the course takes place from 7:00-11:00pm, five days a week, for those nine months. Each of these students works full time elsewhere. To have this extraordinarily high degree of attendance shows both a high degree of motivation on the part of the students, as well as the relevance of the course to their needs. This time, 47% of the professors of the module were from Santarém. Six of the students from the first group were selected as teachers for the second group. They received 20 hours of additional training-of-trainers prior to the start of the module. Overall, 85% of the professors were from the Amazon area.

During 1995, eight new modules were developed for a new course in specialization in educational psychology or human resource development. These modules were combined into one course of 385 hours. UNAMA could not approve this specialization course, since they did not have a curriculum for this. Esperança then developed an agreement with the Federal University of Paraiba to award this specialization certificate.

In year five (1996), 33 students started this third course in August. The reason it started that late was it took eight months to get all the approvals for the specialization course through Paraiba, as well as the federal government. It started with 33 students, and at the time of this evaluation, which was April 1997, 32 remained. This new module was developed because Esperança felt the demand for health management had been met, and the student evaluations showed a high demand for additional training skills and expertise in human resource development.

Financial sustainability has been a concern of Esperança's since the inception. It's not a very rich NGO, and although the Matching Grant provided a lot of start-up capital, organizers of the program felt that it should be self-sustaining after the grant ended in order to continue the

high quality of training. In 1994, the first year charge for the course was \$800 total, and this met 25% of the cost. In 1995, the second year, the charge increased to \$1,000, and this met 35% of the course. In 1996, the third year, and the third course, the charge jumped to \$1,800, which met 80% of the course. For future courses from 1997 on, the total charge will be \$2,160, which, in essence, is 100% of the cost of the course. Obviously, the cost of the courses will decrease over time, as the costs of development decrease, and the use of local trainers increases. Esperança staff report that the student payments are on time, since the students feel highly motivated to complete this training.

Annex III-3 contains the description of the modules for the health planning and administration course, and Annex III-4 contains the description of the educational psychology course.

2. ***Workshops.*** As described above, along with a field test of materials, Esperança implemented three workshops in year two of the project, although none were called for in their DIP. This proved a valuable experience to allow them to adjust their workshop format. The three workshops were strategic planning, project design and human resource development. All of these were adaptations of Bolivia material, and the experience allowed them to further adapt them so they could fit into the public health modules. Year three saw an explosion in workshops. Although only six were called for, 11 were completed. These included some Bolivian workshops on training-of-trainers, community participation, strategic planning and management equality. However, now that word-of-mouth had spread throughout Santarém about the abilities of Esperança staff to provide effective training through a workshop format, they had a number of requests to develop new workshops. Given the new training center and a staff of 15, Esperança easily accommodated these new requests, and new workshops were developed in inter-personal relationships, educational planning, environmental education, administration of injectables and a basic course in dental prosthesis. The same occurred in 1995, which was year four. Nineteen workshops were completed, easily exceeding the outputs described in the DIP. A number of NGOs were involved, some working in environmental issues, as well as in health. Some of the existing workshops were repeated, but new ones were developed in information systems, stressing EPI info, rapid assessment, monograph research and neo-natal pediatrics. All these new workshops paid for themselves, because the team was now able to develop them fairly rapidly, using local technical expertise, so that the workshops are well on their way to financial self-sustainability. By 1995, the fame of the Esperança workshops had generated demand from groups as diverse as the World Wildlife Fund, Pediatric Association of Brazil, Dental Association of Santarém, and various teaching groups. Esperança found that based on their previous experience and proven methodology, they could rapidly develop the workshops using

faculty support from other institutions. In 1996, they had a request to develop vocational technical training in areas such as dental hygiene. Some additional developmental work went on as staff traveled to London to learn how to develop a workshop on correspondence education. They then came back and did training-of-trainers for correspondence education with 34 graduates. Esperança plans on holding two more workshops with these graduates to actually develop correspondence education courses in a variety of technical areas.

Although no workshops were called for in the DIP, by the fourth month of 1997, three new ones had been implemented and developed. Again, the demand for creation of workshops to fit specific agency needs seems to be the driving force behind this. There was one workshop developed for the municipalities on how to train nurse auxiliaries with 23 participants; and there were two workshops developed on first aid for personnel, requested by CELPA, which is the state electric utility. Since utility workers are frequently in isolated rural areas, they are sometimes called on to assist in local emergencies. This training is seen as extending simple primary health care services to the interior. These were all fully funded. The Esperança staff have developed a formula where the cost of the workshop equals number of participants, times number of hours, times 2.5 reais. One reais equals approximately US\$1.00. This strategy looks to be the greatest thrust of the workshops and will allow them to be self-sustaining. However, some of the poorer NGOs, obviously, will not be able to pay for these workshops, and the Esperança staff plans to "piggy-back" some NGO staff into these other workshops.

It's interesting to note that the state of NGOs in Brazil is quite nebulous. A recent meeting of 80 NGOs was held in Santarém to coordinate efforts, but actually only ten are legally recognized. Because of this, the program has decided to produce a masters-level course in community law that is, at the current time, training 27 lawyers in Santarém in some of the finer points of Brazilian law needed to establish the legal status of NGOs.

Esperança, as part of its educational mission, has now developed an agreement with the Universidad Moderno (Modern University) based in Portugal but channeled through their relationship with the Federal University of Paraiba. This university now provides two masters-level programs, one in management of development, and one in community law described above. Both of these courses are continuing at Esperança training facilities now. These are fully funded by the students and require no grant support at all. A number of the masters-level students in management had already participated in the specialization course in health planning and management. They see this as an important opportunity to advance their training. Credit is given for this specialization course. The masters course occurs one week out of the month, and frequently, students from outside of Santarém have to give up their work for that week to come in and get it. The enthusiasm of the students for this type of learning is obvious. Esperança

is also negotiating an agreement with the government of the state of Pará to pay for workshops of 20-40 hours in a wide range of technical areas for the poorer NGOs.

### C. RESULTS OF THE EVALUATION

1. Comparison of the DIP Indicators with Actual Outputs. Table 1 is a listing of all the outputs indicated for the public health modules.

**TABLE 1**  
**OUTPUT INDICATORS BASED ON DIP**  
**PUBLIC HEALTH MODULES**

	Year 2 - 1993		Year 3 - 1994		Year 4 - 1995		Year 5 - 1996	
	Programmed	Achieved	Programmed	Achieved	Programmed	Achieved	Programmed	Achieved
<b>Modules</b>	3 to be developed	3	2	3	2	3	2	8
<b># Participants</b>	--	--	20	32	20	19	20	32
<b># Institutions</b>	--	--	20	20	20	16	20	15

As can easily be seen, the objectives have been met or exceeded in every area except for the number of institutions. This appears to reflect the limited number of institutions in the Amazon area that can afford to let people participate in this amount of training.

Table 2 shows the outputs listed for the workshops.

**TABLE 2**  
**OUTPUT INDICATORS BASED ON DIP  
WORKSHOPS**

	Year 2 - 1993		Year 3 - 1994		Year 4 - 1995		Year 5 - 1996		Year 6 - 1997	
	Programmed	Achieved								
Modules	0	3	6	11	6	19	6	4	0	3
# Participants	0	77	120	359	160	411	160	118	0	83
# Institutions	0	37	20	61	20	193	20	28	0	3

Once again, it's clear to see that the output objectives have been exceeded in every area except 1996. As noted above, the number of workshops in 1996 were less because of the vocational training that Esperança became involved in. Nonetheless, this is easily made up for by workshops given both in 1993 and 1997 that were not called for in the DIP. All of these activities show a remarkable ability for Esperança to adapt to the local reality and capitalize on marketing opportunities that are contributing to the self-sufficiency of their training program.

## **2. Survey Results.**

(a) **Public Health Modules.** As described above, from its inception, Esperança has incorporated a post-course evaluation methodology based on the methodology used in the mid-term evaluation. A total of 51 graduates from the first two public health modules were sent questionnaires approximately one year after the training was completed. A total of 42 responses are available for analysis, and these are described here. A copy of the questionnaire is included in Annex III-5.

Seventy-four percent of the respondents were female, 26% male. Clearly, women feel the need for this type of additional training more than men, and may reflect their lower social status in the professions. The average age is 34.5 years, showing that the majority of them were young professionals, and the use life of this training is long.

When the representative professions are analyzed, there is a wide range of health professionals. For example, out of the 42 respondents, only four were physicians. Three were social workers, three were biochemists, or laboratory people, three were nurses. There were several physical therapists, and one pharmacist. This achieves some of Esperança's goals of

training a wide variety of people so as to have the largest impact within an institution. Likewise, in the workplace, there was a wide range of people responding, although Fundação Esperança, itself, had the largest number of participants at five out of the 42 respondents. Representatives were trained from all three of the levels of the health system in Santarém, including federal, state and local. Although no formal mechanism for coordination actually exists even today, the respondents reported that the activities of the course were enormously important for them to develop a joint strategic plan and significantly minimize the competition which naturally existed among the agencies.

As seen in the questionnaire in Annex III-5, a number of questions were asked that require both a quantitative and qualitative answer. Those results are summarized here.

Question 12 asked if the respondent attributed some improvements in professional performance to the modules. One was rated as very little, ten was rated as a lot; the mean was 8.1, with a standard deviation of only 1.1.

Question 13 asked what improvements do you attribute to the modules. Twelve out of the 31 respondents cited improved planning and management. This clearly is the principal objective of the training. Eight out of the 31 stressed they improved their knowledge and professional capacity in general; four out of the 31 noted improved communication and interpersonal relationships. The rest of the responses were spread out through a variety of answers.

Question 14 asked how they graded the contents of the modules for usefulness in their professional performance; and on a scale of one to ten, the average was 8.2, with a standard deviation of only 1.2.

Question 16 asked how well did the materials distributed during the modules serve as a reference to your professional performance. On a scale of one to ten, the average was 8.1, with a standard deviation of 1.6. When asked what materials did the respondents use more frequently in the workplace, ten out of the 36 replied administrative materials, and nine said strategic planning. In other words, over half the people found the materials related to the title of the course, public health planning and administration, to be the most useful. Five out of the 36 reported statistics, and five epidemiology.

Question 18 asked considering knowledge, attitudes and skills in the modules, how well do you think these were all integrated; on a scale of one to ten, the median was 8. The mean calculation in this seemed to have a problem, so we used the median.

Question 19 asked what capacities were strengthened or perfected through these modules; and interestingly, 16 out of 33 responded in terms of personal attitudes. In other words, the courses improved their own attitudes towards their work and towards their profession. This showed a quite different personal growth than the specific skills achieved in the planning and

management areas cited above. Six out of the 33 cited improved knowledge, and only four out of the 33 cited the technical areas of administration and planning. It's interesting because the participants felt improvements in their personal attitudes were more important than the technical skills.

Question 20 asked if the respondents found problems or limitations in applying what they learned in their professional activities. On a scale of one to ten, from very little to a lot, the mean was 6.4, indicating that the answer is yes, some problems were encountered. Personal interviews indicated a wide range of experience. Some people indicated that through patience and persistence they were able to overcome the barriers that were placed in their way. The most significant barrier seemed to be a supervisor who had limited appreciation or understanding of the concepts they were trying to get across. It's clear, given that there does exist some impediments to implementation, the project would do well to develop materials in how to introduce change. This could be given as a separate workshop, as well as integrated into the public health module courses. The respondents were asked to describe some of the problems that they found in introducing change: five out of the 25 respondents said there was just an overall resistance to change; three out of the 25 stressed institutional barriers, and three said there was a lot of difficulty getting people to understand the concept of strategic planning. The rest were scattered through a variety of more specific impediments.

Question 22 asked given the knowledge, attitudes and practices acquired during the modules, have you been able to train others in or outside of work. The mean was 7.3, with a median of 8. That indicates that some people were not able to do any training at all, but a large group of people (23 out of 39) scored an eight or above. Clearly, those people who had limitations, institutional barriers or resistance to change within their work, were not able to train very much; and those others who were able to overcome barriers did train them.

Question 23 asked what were the capacities that you were able to teach and improve within your institutions. Twelve out of 33 cited teamwork and improved inter-personal relationships, and six out of 33 cited oral presentations. This is an interesting finding. While strategic planning and administrative techniques proved most useful to the individual, it appears that the respondents were most able to introduce changes in communication skills through improved teamwork, inter-personal relationships and oral presentation. This probably reflects their own changes in personal attitudes that were found in question 19.

Question 24 asked if the respondents would recommend that other people participate in these modules, and 100% said yes.

Question 25 asked why. Eleven out of the 35 responded improved knowledge, seven out of the 35 improved functional performance in the workplace, seven out of the 35 cited the excellent quality of the course and the professors.

Question 26 asked what were the positive aspects of the course. Nineteen out of the 40 respondents cited the high quality of the professors and course materials. Ten out of the 40 cited the methodology of the course, that it was interactive and participative, and was well organized. Seven out of 40 cited the application of theory to the realities of the region.

Question 27 asked what were the negative aspects found in the module. Thirteen out of 38 responded not enough time to be able to fully explore all the module contents. Six out of the 38 cited none. This was interesting because exactly half of the respondents did not have any significant negative to report. Six out of the 38 cited a weak professor or the lack of preparation on the part of the professor; and four out of 38 cited lack of community involvement. This brings up the question of whether or not the course could incorporate some practical community involvement. Three out of the 28 cited the nighttime hours.

Question 28 asked for any additional comments or suggestions. Out of the 31 respondents, eight cited that all work or evaluation should be done in class. This has been a chronic complaint since the inception of the training program. All these people work an eight-hour day, they go to class four hours at night, and since they all have families, there's limited time available for work outside the class. Nonetheless, the course organizers and professors generally feel that students should be asked to read out of class and prepare some papers. Six out of 31 respondents asked for increased time availability in the course, which may reflect back on the first response. Five out of 31 suggested that teaching methods and the scientific method should be advanced early in the public health module. This, apparently, was a complaint of the first group of trainees, because these sessions stress how to prepare a paper in a scientific manner. Since every one of the professors requested a paper, the first group thought it would be better to have this upfront, so they'd have the skills as the course went on. Course organizers did do this in the second group. Three out of the 31 suggested efforts continue to improve the faculty, and three out of the 31 suggested more practical experience. This brings up the point that aside from incorporating field work, the course organizers might learn how to use management "games" to provide practical experience during classroom time. This would help break up the didactic portion of the course, as well as provide very rich classroom experience.

(b) *Interviews*. A total of 12 different professionals who had attended or been involved in the courses and workshops were interviewed, representing nine different agencies in both the public and private sectors. In general, the interviews corroborated the results shown in the survey and provided a richer personal experience to our overall impression of the project. The respondents were unanimous in being very positive about the training they received and the benefits to them personally and to their institutions. Again and again, at every interview, we

heard there should be more Fundação Esperanças, or there should be more training programs like this. I will just summarize here what I consider some of the key points expressed by some of the interviewees.

Three physicians from the Secretary of Health of the municipality of Santarém who had attended the first public health module were interviewed. One of them still works as the chief of the office of planning; one is now working for the police department as their medical investigator, and one is now the Secretary of Health for another municipality 50 miles across river in Monte Alegre. All three reported that their abilities to work together immediately improved as a result of the course, and they were able to develop the strategic plan for the municipality in a much easier way than they ever had before. They also noted because of their contacts with personnel from both the state and federal levels, their ability to interchange and coordinate efforts between other agencies significantly improved. Each of them also reported that the techniques are proving enormously valuable, even in their new positions. The woman physician who is now the Secretary of Health in Monte Alegre reported that she is beginning to hold training programs in her own municipal health department on the strategic planning technology, and that she will be using this on a regular basis within her organization. She would also like Esperança to come and hold some short workshops, perhaps on a weekend, so that her staff can gain some of the skills directly. The male physician who works for the police department reports that his work is now totally different than it was when he was Secretary of Health for four years. Nonetheless, there's a lot of coordinating that has to go on, because he supervises the medical investigation activities in 19 police departments, and he feels he is now a much better manager and planner. The female physician who is now the head of planning for the municipality in Santarém came here 17 years ago as a student to do a four-month clinical clerkship with Esperança. She liked the area and stayed on and went on to do some residency training in pediatrics. She was the primary force behind organizing a workshop in neo-natal pediatrics. Even though she is the chief of planning, she admits she is more interested in infectious diseases and neo-natology and feels that is where she got her best results from Esperança. She is an enthusiastic supporter of the program, even though for some years prior to this she and the Esperança staff had some conflicts. Esperança staff report that her attendance at the training program seemed to resolve any conflicts that they once had.

A number of people from the private sector were interviewed. A woman who works with her husband managing an air transport agency attended several of the workshops in creativity and problem-solving, human resource development, oral expression and quality. She was so impressed that she sent a number of the employees of her organization. She then went on to do the specialization course in health planning and administration. Because of the

accreditation she received through the specialization course, she has now been able to get a position as a professor in literature and education at the Lutheran University of Brazil in Santarém. As part of that faculty, she has now established a nucleus for creativity and quality directly using the materials that she had learned in the workshop and the planning course. Obviously, both the workshops and the public health management course have made a big difference in this woman's professional life, and she's very enthusiastic about the changes she's been able to introduce, both in her business and at the Lutheran University as a direct result of the training she has received.

The Association of Parents and Friends of the Exceptional is the major rehab facility for handicapped children in the Santarém area. It has grown over the last 20 years to be a fairly large organization with extensive facilities that employ 60 people. The director of the organization first attended a workshop and became so excited that she then sent over 20 of her employees to various workshops and courses. She and another employee who is the director of the rehab center have taken the specialization course, and then moved on to the masters in management, which continues at this time. They feel that the workshops and management training courses that they and their staff have been involved in have significantly improved the way their organization functions. They developed their strategic plan during the workshops, and they are now able to follow up on an annual basis. They also report that inter-personal communication and coordination on a daily basis is much improved. They're actively involved in helping create similar organizations in other municipalities in the area and feel that the management improvements introduced into their organization are going to be an integral part of these other organizations that serve handicapped children throughout the Amazon area. They've also sent two people for the specialization course in educational psychology.

We interviewed a biochemist who, in Brazil, is the one person trained to assume a supervisory role in all clinical laboratories. He also started out as a student at Esperança 20 years ago. He married and stayed in the area. He currently heads the laboratory of the largest hospital in town and consults to a number of other hospitals. He stated that he didn't have a lot of interest in public health, he's more interested in the scientific aspects of medicine, but he did want to become a professor on a faculty of a local university. Since a specialization course is required to become a faculty member, he took the public health management course specifically to get his certificate so he could be a faculty member at the new Integrated University of the Tapajos. Nonetheless, while he was in the course, he found that his vision, both of the world and of his profession, was vastly expanded and that he was better able to relate to a number of aspects of management, including some public health issues. He now has become a faculty member, principally training students in biochemistry, but he has integrated a number of the

skills he acquired from the public health management course into his own course at the University of the Tapajos. He feels that the senior laboratory technicians need to better organize their work; as well, they should have a wider vision of how their work fits into the overall public health services. He readily admits that both of these are significant advances in his thinking that did not exist prior to the course. Based on his experience, his wife is now taking the masters course in community law, and she loves it.

We had a delightful meeting with the chief technician for work safety of CELPA, which is the electric utility in the state of Pará. She had heard about the Esperança training program from a colleague who is a nurse and who had been taking the public health specialization course. She then attended the workshop on correspondence education and was so excited by it she prevailed upon Esperança to assist in development of a workshop on occupational health that she also attended. Her objective is to reduce accidents within the electric utility to zero, but she recognizes that may not happen. Last year, they had a fatal accident, and she felt that had some members of the work team known basic first aid, the individual might not have died. Therefore, she has asked Esperança for help in developing two types of program. One would be workshops on basic first aid that could be done in the field. Two of these workshops have already been given in 1997 -- one for management personnel and one for line personnel. Since the line personnel tend to travel in teams in isolated rural areas, they feel it's important not only to be able to assist each other in terms of accidents, but also to be able to assist the rural villagers; thus, they are acting somewhat as mobile primary health care technicians. In addition, she wants to establish some correspondence courses for this staff on a number of the safety issues in order to prevent accidents from happening in the future. Esperança is planning on having two more workshops on correspondence education to help individuals like her develop training courses.

We had an interview with a sociologist who is the chief of social investigations for the National Health Service in the Tapajos Region. He has not attended any of the courses, but he was very enthusiastic about the impact the training courses had on his institution and on the ability of the Federal Health Service to coordinate with both local and state agencies. He, himself, would like to attend another one in the future, but currently spends so much time traveling that he is not able to attend any of the current courses. Nonetheless, he expressed from an institutional perspective the fact that they all highly respect the training and felt that it made a big difference in the way their institution functions in the area.

Interestingly enough, none of the people interviewed expressed any negative feelings about the courses, even though some of them had been interviewed up to two years after

completion. Some of them felt that the training time had been too short, which our survey had already shown to be the major critique. Some of them also stated that a few of the professors were not well prepared, or could have been better; but one of the interviewees who had participated in both modules of health planning said that the second one was significantly improved over the first. She openly expressed admiration at Esperança for listening to the student criticisms and improving the course. She is also the physician that requested the pediatric neo-natology course, and she was openly admiring Esperança's approach by bringing in technical experts in neo-natology and combining it with Esperança's skills in workshop development and educational methodology.

(c) *South-South Transfer of Technology/Quality of Teaching Materials.* The mid-term evaluation expressed some concern that the South-South transfer of technology should be a dynamic process and something much more than just the exchange of educational materials. The project heeded this advice, and the Esperança chief of party in Bolivia traveled to Brazil shortly after the mid-term evaluation to do a training-of-trainers workshop. Aside from increasing the training skills of Esperança staff, this was also intended to translate their extensive Bolivian experience into the Central Amazon context. This same individual (Dr. Peter Boddy), then traveled with Ms. Vera Bertagnoli, the head of Esperança training center, to Mozambique where the planning and adaptation of materials for the public health management course in the Ministry of Health there was begun in a joint fashion. Thus, Esperança staff took into consideration the recommendations of the mid-term evaluation, and there have been sincere efforts to exchange technical experience between Bolivia, Brazil and Mozambique. I think the results described above show the effectiveness of that effort.

Both Dr. Villalobos and myself spent a substantial amount of time in the five days we were in Brazil reviewing the training materials. We could see continual evolution of the materials from their initial development in Bolivia to their translation in Portuguese through initial implementation, evaluation by the students and professors, and adaptation. Esperança staff see this as a dynamic process and are continuing to adjust materials and develop new ones even four years after their initial visits to Bolivia. As described above, they've also shown a remarkable ability to develop new materials on request from various organizations. They consider this an important part of their marketing strategy so that organizations know they are able to tailor-make courses or workshops to fit the needs of their particular institution.

The materials are very high quality, they reflect the latest theories and practical experience in management technology and training. As noted above, you can clearly see an evolution of the materials over a four-year period, as a process of adaptation and revision to meet local expectations and realities continues. The strategic planning materials especially

underwent considerable improvements from the first to the second course, and the students rated them much higher during the second course.

During the mid-term evaluation, some gaps were encountered between the teacher evaluations and the student evaluations of the course. At that time, the public health management course was only two months into its nine-month course. The early materials stressing strategic planning were, for the most part, taken directly from Bolivia. The program was also taught by a professor of health planning from Brasilia, and the students did not feel he had a significant grasp of the local reality. That gap appears to have closed by the end of the nine-month training course, and did not exist at all in the second training course, because of the adaptation of the materials. It's clear that Esperança staff have a real commitment to their mission of the organization as visualized through this project. They are continuously working to make their teaching programs better meet the customers' needs and adjust to the reality of the Central Amazon area.

#### **D. MID-TERM EVALUATION RECOMMENDATIONS**

The mid-term evaluation completed in 1994 made a series of recommendations. In general, these were all met by Esperança staff in Brazil. These will be summarized here.

- *The current training strategy should be continued in Brazil.* It has continued and has been improved upon as noted above.
- *Negotiations should be entered into with a number of institutions to develop a masters degree program.* This has been completed through the agreement reached with the Modern University of Portugal and the Federal University of Paraiba. This masters is currently being implemented.
- *Use teachers from the Amazon area rather than the south of Brazil.* This has been done. As noted above, 85% of the trainers now come from the Amazon area, and half of them come from Santarém. Many of them were students in the early modules who have received additional training-of-trainers, and are now actively involved as professors.
- *Strengthen the library to provide bibliographical support to the training program.* Esperança built an entirely-new library, which is huge, and has a large number of volumes which they have collected from all over the world. A surprising number of the reference materials are in Portuguese. There are interactive video programs available, as well as computers and VCRs. There are small conference rooms in the library that allow interactive groups to do research. Everything is air-conditioned. It is a state-of-the-art facility, and clearly is the only one of its kind in the Amazon area.

- *Look carefully at the discrepancy between students' and teachers' evaluations.* This has been explained above as a variable related to the early months of the course stressing strategic planning and utilizing a professor from the south of Brazil. As the course progressed, the students became more satisfied with their experience, and the final evaluations of both the professors and the students more clearly matched reality. As already stated above, the student evaluations regarding the strategic planning materials were taken into account and significantly improved for the second course. No gaps have been seen between teacher and student evaluations in any of the other evaluations that we reviewed.
- *A series of recommendations were made on the South-South transfer process.* These included contact and interchange with trainers in Bolivia; adoption of the same evaluation instruments in the Bolivia program, in order to compare results; and joint planning for the Mozambique health management program in the Ministry of Health. As discussed above, all of these have occurred.

Thus, it is safe to say that all the recommendations made in the mid-term evaluation have been addressed satisfactorily. It is clear that Esperança sees an evaluation as an opportunity to learn and improve their efforts. They have made the suggested adjustments, and the overall evaluation results reflect this.

## **E. CONCLUSIONS**

1. The Matching Grant program in Brazil has over-achieved all the output indicators established in the DIP. This is true for both the public health modules, as well as the workshops.

2. The impact of the training programs on the students and their institutions have scored very high, as evidenced by the results of the post-training surveys completed by participants and the personal interviews done, in some cases two years after the completion of training. In general, on a scale of one to ten, students ranked the utility of the course and its materials a score of eight. While the students rated the materials most useful to them to be in strategic planning and administration, the biggest gain seems to be an improvement in their own personal attitudes towards their work and their profession. This appears to have been translated into abilities to train others within their organizations in improved inter-personal relationships and working as a group. A number of students appeared to encounter significant difficulties in introducing improvements into their organizations, since this scored only an average of six on the questionnaire follow-up. Interviews with participants indicated that this was frequently a function of the institution; that is to say, the private institutions, in general, had fewer barriers

to change than did some of the public institutions. Nonetheless, it would behoove Esperança to pay attention to the process of introduction of change as to maximize the impact that a change agent; i.e., a graduate of their programs, will have. This will also decrease the syndrome of post-training frustration, which happens in any country as the gap between expectations and reality can be large.

3. The completion of the state-of-the-art training center, supported by USAID through American Schools and Hospital Abroad, has greatly facilitated the achievement of these goals, and has also allowed the development of a full-time staff of 15 people who are now quite adept at developing new training programs as the need arises.

4. The program shows evidence of being completely self-sustaining at the higher end of the scale. The specialization courses and masters degree program for professionals will be sustained by student tuition charges. This, in essence, duplicates the experience in Bolivia. The workshop strategy currently evolving is to be able to develop workshops to meet the needs of local institutions per their request. The number of workshops given has significantly exceeded the objectives set for them because of requests by local institutions for workshops in areas as diverse as occupational health, pediatric neo-natology and basic first aid. This appears to be the future direction in which Esperança training programs will go, and thus meet the demands of additional customers.

Unfortunately, at the lower end of the scale, some of the poorer NGOs are not able to afford their own workshops, or even participate in those workshops that charge up to 60 reais per person. This also duplicates the experience of Bolivia. The project staff are currently pursuing agreements with the state of Pará that might provide some funds that would allow these other institutions to participate. They also plan to allow some of the poorer NGOs to "piggy-back" staff into some of the workshops paid for by some of the larger, better-off institutions.

5. The masters degree programs in development management and community law are a natural follow-on to the specialization courses. These will be self-sustaining. The community law masters program, at first, seemed to be superfluous to the mission of Esperança. Yet, it was clearly developed in response to a serious need in the Amazon. During a meeting of 80 NGOs in the Amazon Basin, only ten were found to be legally registered, and thus able to receive funds from both Brazilian government and non-government sources, as well as sources outside of Brazil. The masters in community law is seen as a response to this need to work with these unregistered NGOs to make them legal, and thus help them become eligible for a variety of funding sources.

6. Esperança staff have shown a remarkable commitment to the mission of their organization over long periods of time. Both the executive director of the Fundação Esperança and the director of the training center have worked with Esperança in the region for 17 years. They have seen the Matching Grant as a very important tool to help them expand the mission of the organization in the training area, and to significantly multiply their effect in the Amazon area. They have become a major educational force in the entire north of Brazil and will have considerable influence in Africa, particularly in Mozambique.

#### **F. RECOMMENDATIONS**

Given the phenomenal success of Esperança in implementation of this program, the number of changes that need to be made are minimal. Nonetheless, it's worth highlighting some issues.

1. The training strategy employed and the flexibility of Esperança staff to adopt training programs to the needs of their customers is remarkably good and needs to continue. This is a major contributor to the financial sustainability of the program, and will likely carry these training programs into the millennium.

2. Attention needs to be given to improving the marketing of the courses. For the most part, these have all occurred through word-of-mouth from the local area. Esperança staff agrees that they have spent almost all their time in course development, and a limited amount of time in marketing. Now that the programs are up and running, they intend to spend a significant amount of effort in 1997 on improving the marketing and expanding the network of contacts and potential funding for their programs.

3. The only significant problem encountered as a result of the training was difficulties on the part of some people, particularly in public institutions, to implement change. Esperança could develop a workshop specific to the introduction of change and incorporate some of these materials into both the specialization and the masters choices. This will help diminish the gap between expectations and reality that is so common in newly-trained professionals and diminish the post-course frustration.

#### **IV. LESSONS LEARNED**

##### **A. SOUTH-SOUTH TRANSFER OF TECHNOLOGY**

The initial creative concept of this grant of South-South transfer of technology in public health management from Bolivia to the Central Amazon of Brazil to Mozambique has proven to be extraordinarily successful. The training materials originally developed in Bolivia have

been adjusted and adapted to the Central Amazon and have been successfully implemented there. These, in turn, have been adapted through joint efforts of the Bolivia and Brazil programs to the reality of Mozambique, and an MPH program in public health administration is quite successful in that country. This has created a significant advance in international development; no longer do North-South strategies appear to be the most effective way to introduce change. The project has made significant improvements in this concept since the mid-term evaluation by increased interchange between the main training sites in Bolivia and Brazil, training-of-trainers seminars, and joint consultancies. This has enriched the process and made the outcomes in each country much better because of it.

## **B. INSTITUTIONAL DEVELOPMENT**

Local training institutions such as Nur University and Fundação Esperança can be strengthened to provide high-quality educational programs through this South-South development strategy. Strong local training institutions with well-trained and prepared faculty, good training materials, well-developed lesson plans and methodologies, and a strong financial base can improve sustainability of these achievements over the long run.

## **C. UNIVERSITY EXTENSION PROGRAMS**

The concept of extending graduate-level management training programs beyond university walls is exceptionally applicable to this project setting. Effective high-quality programs have been implemented in five sites in Bolivia, one in Brazil and one in Mozambique. The students have enthusiastically embraced this strategy, as shown by a higher-than-expected number of participants and positive impact evaluations. The abilities to work while going to school and to put into immediate practice the concepts learned in class have proven extremely valuable to this group of highly-dedicated health professionals. Many more people are receiving high-quality post-graduate education through this strategy than would have been possible through traditional university programs. However, extension programs in multiple sites compound problems with coordination, administrative support and transfer of lessons learned from each site. The program is evolving strategies to deal with this, including adopting a "semi-presence" strategy that would give graduate-level courses three full days per month, as opposed to at night every week. This would allow extension to even more rural areas, and hopefully decrease overhead costs.

## **D. SUSTAINABILITY**

Self-financing of management training programs through student tuitions is an admirable goal but has significant limitations. The MPH program is 100% sustainable through tuition

costs. However, the program needs a minimum of 25 participants per class to break even. The "semi-presence" strategy discussed above may decrease overhead, and thus decrease the minimum number of students required to break even. However, the NGO strengthening program currently recovers only 10% of its costs. Dramatic tuition increases will exclude all but the wealthiest externally-financed NGOs. The NGO participants and their institutions have expressed a high degree of satisfaction with the training program. In many ways, this workshop format has greater influence on small indigenous NGOs who have greater control over their internal environment and can implement the changes more easily than some of the larger public health institutions in which the MPH graduates function. It is a tragedy that the NGO workshop training component of this program has all but stopped in Bolivia due to lack of financial support. It is quite viable in Brazil, but the focus has shifted to providing workshops to organizations that can effectively pay for them, such as private businesses and semi-government agencies, such as utilities. Other countries might benefit from this approach of cost shifting that may allow some poorer indigenous NGOs to "piggyback" into workshop training programs paid for by someone else.

#### **E. LEADERSHIP ISSUES**

The Nur University program stresses moral leadership as a linchpin that promotes active institutional development and social change. Moral leadership includes ethical approaches and active listening to others in a consultative process in development of the personal human side of institutional relationships. These all combine to make leaders more effective. Both survey evaluations and on-site interviews with participants have shown the importance to them of applying these concepts to leverage change within their own institutions or to interact with others, especially community organizations and campesino groups. This aspect of management is frequently overlooked in traditional training programs. Early on in the project there were some difficulties in translating these moral leadership concepts from Bolivia to Brazil. However, with an interchange of trainers and development of more effective materials in this area, that has been successfully achieved. Other organizations could learn from this approach, and these training technologies are worth disseminating throughout the developing world.

#### **F. EVALUATION METHODOLOGY**

Where multiple project sites are involved, as in this case four different countries on two continents, and five different training sites within a country, common evaluation methodologies need to be used. This allows comparison of equal databases to assess project effectiveness. Most training institutions place their emphasis on the development of educational content and

teaching guides. Attention needs to be paid to the recurring process of external evaluation of graduates several years after the program in order to assess how well the program has met the true needs of them in their workplace. This allows effective adjustment of the program and helps ensure sustainability by making sure the program is meeting the countries' and participants' needs. The interactive process that has occurred in this project has allowed this evaluation process to flower, and many other projects would benefit from the evaluation strategies used here.

#### **G. LINKAGE AMONG DEVELOPMENT PROJECTS**

This human resource and health development project has produced an enormous amount of high-quality materials for both the MPH and NGO programs that is already being published in Bolivia. It extends far beyond health. Much of the NGO workshop material has been incorporated into a series of 16 training guides to improve the function of rural teachers in Bolivia. Other USAID-funded projects in other countries would benefit from the experience and methods used in this program. Strategies need to be developed to link projects together so they can share resources and experience and improve efficiency and cost effectiveness in training programs.

#### **H. SHARED VISION/COMMON OBJECTIVES/CONTINUITY OF PERSONNEL**

Shared vision, common objectives and continuity of personnel are key ingredients for success. This project has shown all three elements over a nine-year period in four countries on two different continents, and this has contributed towards achieving an exceptionally-high degree of project goals and objectives that is rarely found in USAID-funded projects.

- end -

*(Volume 2 -- Annex Section)*

Final Evaluation  
Esperança Matching Grant II  
(#PDC-0158-A-00-1101-00)  
July 1997

ANNEX SECTION

- I-1**      **Survey instruments used**
- I-2**      **List of interviews/site visits (Bolivia)**
- II-1**     **MPH program description**
- II-2**     **Sample lesson plan**
- II-3**     **Examples of promotional materials and learning objectives  
for the NGO workshops**
- III-1**    **List of interviews/site visits (Brazil)**
- III-2**    **Summary of pertinent parts of the DIP**
- III-3**    **Description of health planning and administration course**
- III-4**    **Description of educational psychology course**
- III-5**    **Copy of post-course questionnaire**
- III-6**    **Marketing materials for NGO workshops**

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**ANNEX I-1**

**Survey Instruments Used During Final Evaluation**



## II.- EVALUACION DEL IMPACTO DEL PROGRAMA DE MAESTRIA

Por favor responda a las siguientes preguntas en forma objetiva, concreta y sincera describiendo cómo lo aprendido en el módulo (s) mejoró su desempeño en su trabajo.

15. ¿Atribuye algunas mejoras en el desempeño de su trabajo al (los) módulo (s)

1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Nada Poco Mucho

16. ¿Que mejoras atribuye a los módulos?

.....  
.....  
.....

17. ¿En que grado los contenidos de los módulos son útiles en su trabajo?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Nada Algo Muy útiles

18. ¿Podría mencionar algunos contenidos que fueron más útiles para su trabajo?

.....  
.....  
.....

19. ¿Cuales materiales utilizó con mayor frecuencia?

.....  
.....

20. ¿Como ve la incorporación de capacidades en el (los) módulos(s)?

(capacidades=conocimientos+destrezas+cualidades+actitudes humanas y profesionales)

1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Mala Buena Excelente

21. ¿Que capacidades ha fortalecido y/o perfeccionado por medio del (los) módulo (s)

(capacidades = conocimiento+destreza+cualidades+actitudes humanas y profesionales)

.....  
.....  
.....

22. ¿Encontró problemas y/o limitaciones en aplicar en su desempeño profesional lo aprendido en el (los) módulo (s)?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Nada Poco Mucho

23. ¿ Podría describir algunos de estos problemas?

.....  
.....  
.....  
.....

24. ¿ Con las capacidades (conocimientos+destrezas+cualidades+actitudes) adquiridas en el (los) módulo (s), pudo ayudar y/o contribuir a la capacitación de otras personas dentro o fuera de su organización (institución) mediante charlas, seminarios, talleres, etc?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Nada Poco Mucho

25. ¿ Podría mencionar algunas de estas oportunidades y/o contribuciones de capacitación?

.....  
.....  
.....

26. ¿Recomendaria a otros que lleven el módulo (s)?

SI NO

27. ¿Por qué?

.....  
.....  
.....

28. ¿Cuales son los aspectos positivos del programa de capacitación en los módulos?

.....  
.....  
.....  
.....

29. ¿Cuales son los aspectos negativos del programa de capacitación en los módulos?

.....  
.....  
.....  
.....

30. ¿Le gustaría hacer algún comentario o sugerencia para el módulo (s)?

.....  
.....  
.....

31. ¿Que necesidades de capacitación requiere usted ?

.....  
.....

32. ¿Que necesidades de capacitación identifica usted para el personal de su institución?

.....  
.....

**UNIVERSIDAD NUR/ESPERANZA BOLIVIA**  
**EVALUACIÓN DE LARGO PLAZO DE LOS MÓDULOS DE SALUD PÚBLICA**  
**EVALUACIÓN INSTITUCIONAL**

FECHA.....

LUGAR.....

Le agradecemos de antemano su valiosa colaboración con esta evaluación. Su información nos ayudará a mejorar el contenido y eficacia de los módulos de gerencia en sistemas de salud.

**I.- INFORMACIÓN GENERAL DEL ENCUESTADO**

Favor proveer la información solicitada a continuación referente a si mismo

1. Nombre y apellido.....
2. Sexo: Femenino ( ) Masculino ( )
3. Edad.....(años)
4. Nacionalidad:.....
5. Nivel de formación:  
    Secundaria: ( )      Bachiller ( )      Técnico Superior ( )  
    Profesional Universitario ( )      Otro ( ).....especificar
6. Profesión.....
7. Tiempo de desempeño profesional.....(años)
8. Lugar de trabajo: (Institución o Agencia).....
9. Tiempo de trabajo en la institución:.....(años)
10. Cargo Actual :.....
11. Tiempo en el cargo : ( ) años ( ) meses
12. Nivel de autoridad/jerarquía con el funcionario participante:.....
13. Tiempo que trabaja con la (el) funcionario participante:.....

**II.- INFORMACIÓN GENERAL DEL FUNCIONARIO PARTICIPANTE**

14. Nombre y apellido.....
15. Sexo: Femenino ( ) Masculino ( )
16. Edad.....(años)      17. Nacionalidad:.....
18. Nivel de formación:  
    Secundaria: ( )      Bachiller ( )      Técnico Superior ( )  
    Profesional Universitario ( )      Otro ( ).....especificar
19. Profesión.....
20. Tiempo de desempeño profesional.....(años)
21. Lugar de trabajo: (Institución o Agencia).....
22. Tiempo de trabajo en la institución:.....(años)
23. Cargo Actual :.....
24. Tiempo en el cargo : ( ) años ( ) meses
25. Responsabilidad ocupacional del funcionario participante:  
    ( ) Asistencia clínica      ( ) Gerencia (manejo personal y/o recursos)  
    ( ) Administración      ( ) Programas salud pública  
    ( ) Otros (especificar).....

### III. INFORMACIÓN SOBRE EL DESEMPEÑO DEL FUNCIONARIO PARTICIPANTE

Le agradecemos de antemano su valiosa colaboración con esta evaluación. Por favor, responda a las siguientes preguntas en forma objetiva, concreta y sincera describiendo cómo lo aprendido en el módulo (s) ayudó al funcionario participante a realizar intervenciones efectivas, hacer contribuciones significativas en cuanto a planificación, ejecución y evaluación de las actividades en la institución.

El funcionario participó del o los siguientes módulos

- I Fundamentos de la administración aplicados a la salud pública
- II Preparación técnica del gerente de sistemas de salud
- III Planificación de programas de salud
- IV Implementación
- V Gerencia de recursos humanos y sistemas de información
- VI Gestión financiera

26. ¿Le parece que el participante aplicó el contenido del módulo (s) en su trabajo?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Nada Poco Mucho

27. El desempeño del funcionario luego de su participación en el o los módulos lo califica como?

- Excelente  Bueno  Regular  Igual

28. Cuales fueron las actividades y/o contribuciones concretas que el funcionario participante ha promovido en la institución, después de su capacitación en el o los módulos. (favor detallar)

.....  
.....

29. Como calificaría usted las actividades promovidas?

- Excelente  Bueno  Regular  Igual

30. ¿Que contenidos del o los módulos le parece que le sirvió más al funcionario participante durante su trabajo? (especificar)

.....  
.....  
.....

31. ¿Ha recibido usted apoyo técnico del funcionario participante en relación al o los módulos cursados?

SI

NO

32. Si la respuesta anterior es SI. ¿Que tipo de apoyo recibió?

.....  
.....

33. ¿El funcionario ha participado y/o elaborado planes y programas en la institución, que estén atribuidos a su capacitación en el o los módulos?

SI

NO

34. ¿El funcionario ha participado y/o elaborado proyectos para la institución, que estén atribuidos a su capacitación en el o los módulos?

SI

NO

35. ¿Como calificaría usted la capacidad de coordinación del funcionario después de su capacitación en el o los módulos?

( ) Muy buena ( ) Buena ( ) Regular ( ) Insuficiente

36. ¿Como calificaría usted la capacidad de coordinación del funcionario para promover trabajo en equipo después de su capacitación en el o los módulos?

( ) Muy buena ( ) Buena ( ) Regular ( ) Insuficiente

37. ¿El funcionario ha democratizado el conocimiento del o los módulos en su área de trabajo?

SI

NO

38. ¿Si la respuesta es SI a la pregunta anterior, cuales?

.....  
.....  
.....

39. ¿ Que problemas y/o limitaciones según usted ha tenido el funcionario para aplicar el contenido del o los módulos?

.....  
.....  
.....  
.....

40. ¿Que necesidades prioritarias de capacitación existen en su institución? (Favor especificar)

.....  
.....  
.....

Gracias por su colaboración

**UNIVERSIDAD NUR/ESPERANZA BOLIVIA**  
**EVALUACION DE LARGO PLAZO DE LOS SEMINARIOS TALLER**  
**ENCUESTA INDIVIDUAL**

FECHA.....

LUGAR.....

**Le agradecemos de antemano su valiosa colaboración con esta evaluación. Su información nos ayudará a mejorar el contenido y eficacia de los seminarios taller para el fortalecimiento y desarrollo de las ONGs.**

**I.- INFORMACION GENERAL DEL ENCUESTADO**

1. Nombre y apellido.....
2. Sexo: Femenino ( ) Masculino ( )
3. Edad.....(años)
4. Nacionalidad:.....
5. Nivel de formación:  
    Secundaria: ( )      Bachiller ( )      Técnico Superior ( )  
    Profesional Universitario ( )      Otro ( ).....especificar
6. Profesión.....
7. Tiempo de desempeño profesional.....(años)
8. Lugar de trabajo: (Institución o Agencia).....
9. Tiempo de trabajo en la institución:.....(años)
10. Cargo Actual :.....
11. Tiempo en el cargo : ( ) años ( ) meses
12. Responsabilidad ocupacional del funcionario participante  
    ( ) Asistencia clínica  
    ( ) Gerencia (manejo de personal y/o recursos)  
    ( ) Administración  
    ( ) Programas de Salud Pública  
    ( ) Otros (especificar).....
13. Seminarios Taller cursados (marque con una x)  
    ( ) 1 Manejo y desarrollo de recursos humanos  
    ( ) 2 Planificación estratégica  
    ( ) 3 Diseño de proyectos  
    ( ) 4 Participación comunitaria  
    ( ) 5 Evaluación de proyectos  
    ( ) 6 Estudios rápidos de atención primaria de salud  
    ( ) 7 Investigación participativa  
    ( ) 8 Estructura administrativa de ONGs  
    ( ) 9 Liderazgo y supervisión  
    ( ) 10 Capacitación a capacitadores  
    ( ) 11 Evolución de conceptos de desarrollo  
    ( ) 12 Evaluación participativa del aprendizaje colectivo  
    ( ) 13 Otros (especificar).....

**II.- EVALUACION DEL IMPACTO DE LOS TALLERES**

Por favor responda a las siguientes preguntas en forma objetiva, concreta y sincera describiendo cómo lo aprendido en el o los seminarios taller mejoró su desempeño en el trabajo.

14. ¿Atribuye algunas mejorías en el desempeño de su trabajo al (los) taller (s)

1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Nada Poco Mucho

15. ¿En que grado los contenidos de los talleres fueron útiles en su trabajo?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Nada Algo Muy útiles

16. ¿Podría mencionar algunos contenidos que fueron más útiles para su trabajo?

.....  
.....  
.....

17. ¿Encontró problemas en aplicar el contenido del taller/seminario en su trabajo?

- ( ) No aplicó ----- > (pase a la pregunta 19)
- ( ) No -----> ( pase a la pregunta 19)
- ( ) Poco
- ( ) Mucho

18. ¿Que problemas encontró en aplicar el contenido del taller/seminario en su trabajo?

.....  
.....  
.....

19. ¿ Replicó el seminario/taller para su institución u otra?

- ( ) No ----->(pase a la pregunta 21)
- ( ) Si

20. ¿Cuántas veces replicó?.....

21. ¿ Recomendaría a otros tomar los seminarios organizados por la Universidad Nur?

- ( ) No ( ) No sabe ( ) Si

22. ¿Le gustaria hacer un comentario adicional?

.....  
.....  
.....

Gracias por su colaboración

75

**UNIVERSIDAD NUR/ESPERANZA BOLIVIA**  
**EVALUACIÓN DE LARGO PLAZO DE LOS SEMINARIOS TALLER**  
**EVALUACIÓN INSTITUCIONAL**

FECHA.....

LUGAR.....

Le agradecemos de antemano su valiosa colaboración con esta evaluación. Su información nos ayudará a mejorar el contenido y eficacia de los seminarios taller para el fortalecimiento y desarrollo de las ONGs.

**I.- INFORMACIÓN GENERAL DEL ENCUESTADO**

1. Nombre y apellido.....
2. Sexo: Femenino ( ) Masculino ( )
3. Edad.....(años)
4. Nacionalidad:.....
5. Nivel de formación:  
    Secundaria: ( )      Bachiller ( )      Técnico Superior ( )  
    Profesional Universitario ( )      Otro ( ).....especificar
6. Profesión.....
7. Tiempo de desempeño profesional.....(años)
8. Lugar de trabajo: (Institución o Agencia).....
9. Tiempo de trabajo en la institución:.....(años)
10. Cargo Actual :.....
11. Tiempo en el cargo : ( ) años ( ) meses
12. Nivel de autoridad/jerarquía con el funcionario participante:  
    ( ) Jefe ( ) Supervisor ( ) Otro.....(especificar)

**II.- INFORMACIÓN GENERAL DEL FUNCIONARIO PARTICIPANTE**

13. Nombre y apellido.....
14. Sexo: Femenino ( ) Masculino ( )
15. Edad.....(años)      16. Nacionalidad:.....
17. Nivel de formación:  
    Secundaria: ( )      Bachiller ( )      Técnico Superior ( )  
    Profesional Universitario ( )      Otro ( ).....especificar
18. Profesión.....
19. Tiempo de desempeño profesional.....(años)
20. Lugar de trabajo: (Institución o Agencia).....
21. Tiempo de trabajo en la institución:.....(años)
22. Cargo Actual :.....
23. Tiempo en el cargo : ( ) años ( ) meses
24. Responsabilidad ocupacional del funcionario participante:  
    ( ) Asistencia clínica ( ) Gerencia (manejo personal y/o recursos)  
    ( ) Administración ( ) Programas salud pública  
    ( ) Otros (especificar).....

**III. INFORMACIÓN SOBRE EL DESEMPEÑO DEL FUNCIONARIO PARTICIPANTE EN LOS SEMINARIOS TALLER**

Le agradecemos de antemano su valiosa cooperación con esta evaluación. Por favor, responda a las siguientes preguntas en forma objetiva, concreta y sincera describiendo cómo el funcionario participante de los seminarios taller ha mejorado su desempeño en el trabajo y está contribuyendo en el desarrollo institucional.

El funcionario participó del o los siguientes seminarios taller

- 1 Manejo y desarrollo de recursos humanos
- 2 Planificación estratégica
- 3 Diseño de proyectos
- 4 Participación comunitaria
- 5 Evaluación de proyectos
- 6 Estudios rápidos de atención primaria de salud
- 7 Investigación participativa
- 8 Estructura administrativa de ONGs
- 9 Liderazgo y supervisión
- 10 Capacitación a capacitadores
- 11 Evolución de conceptos de desarrollo
- 12 Evaluación participativa del aprendizaje colectivo

25. El desempeño del funcionario luego de su participación en el o los seminarios taller lo califica como:

- Excelente     Bueno     Regular     Igual

26. ¿Ha observado cambios en el rendimiento laboral del funcionario luego de su participación en el o los seminarios taller?

SI

NO

27. ¿Cuales fueron las actividades y/o contribuciones concretas que el funcionario participante ha promovido en la institución, luego de haber participado en el o los seminarios taller. (favor detallar)

.....  
.....  
.....

28. ¿Como calificaría usted las actividades promovidas por el funcionario?

- Excelente     Bueno     Regular     Sin importancia

29. ¿Ha recibido aportes del funcionario participante del o los seminarios taller para el desarrollo institucional?

SI

NO

30. Si la respuesta es SI. ¿Que aportes?

.....  
.....

31. Que necesidades de capacitación existen en su institución? (favor especificar)

.....  
.....  
.....

Gracias por su colaboración

**ANNEX I-2**

**List of Interviews/Site Visits (Bolivia)**

## LIST OF PARTICIPANTS

### Evaluation Team

A. Frederick Hartman, M.D., MPH  
New England Family Health Associates  
Laconia, New Hampshire USA  
and

Visiting Professor in International Health  
School of Nutrition Science and Policy and Medicine  
Tufts University  
Medford, Massachusetts USA

Miriam Vargas Vargas, BSN, MPH  
Public Health Nurse  
Tarija, Bolivia

Lisa Troy, MPH Graduate Student  
School of Medicine  
Tufts University  
Boston, Massachusetts USA

### Nur University

Soheil Dooki  
Director, Post Graduate Studies

Crystal Baker Shoaie  
Coordinator of Development Studies  
Director of Women's Leadership in Health Project/Nur University  
Former Coordinator of NGO Workshop Program

Robert Baker, M.D., MPH  
Coordinator for Health Activities/Graduate School

### Esperança, Inc.

Palmira Villarroel  
National Director  
Esperanza/Bolivia

Michael Beechey  
Chief of Institutional Development  
Esperanza/Bolivia

Felix Padilla Ledizona  
Financial Administrator  
Esperanza/Bolivia

Charles C. Post  
Executive Director  
Esperança, Inc.  
Phoenix, Arizona USA

**List of Interviews - MPH Participants**

Dr. Jaime Quinteros  
Coordinator of Reproductive Health  
PAHO, Regional Health Office  
Santa Cruz, Bolivia

Dr. Fernando Ortega  
Chief of Provincial Health Services  
Santa Cruz Province, Santa Cruz, Bolivia

Lcda. Carmen Mollinabo  
Chief of Nutritional Services  
Maternal Child Health Division  
Regional Health Office  
Santa Cruz, Bolivia

Dra. Marlene Alba Caballero  
Director of Outpatient Services  
Social Security Administration  
Santa Cruz Province  
and  
Coordinator of MPH Course/Nur University

Lcda. Sandra Ceballos  
Chief of Gender Division  
Integrated Legal Services  
Municipal Health Department  
Santa Cruz, Bolivia

Dra. Carmen Alba Caballero  
Chief, Division of Popular Participation  
Municipal Health Services  
Santa Cruz, Bolivia

Lcda. Marcia Arundia de Ramos  
Nurse, Reproductive Health Services  
Regional Health Services  
Cochabamba, Bolivia

Dr. Juan Carlos Molina  
Chief, Office of Maternal and Child Health and Nutrition  
Regional Health Services  
Cochabamba, Bolivia

Lcda. Anna Escobar  
Professor of Public Health  
School of Nursing  
Catholic University  
Cochabamba, Bolivia

Dra. Elizabeth Flores  
Provincial Physician  
Quillacolla Hospital  
Quillacolla, Cochabamba, Bolivia

Dr. Eduardo Enriquez Aramayo  
Dean, School of Nursing  
Adventist University  
Vinto, Cochabamba, Bolivia

Lcda. Marcella de Verejano  
Professor, Faculty of Health Sciences  
Internal Coordinator for Nursing  
Adventist University  
Vinto, Cochabamba, Bolivia

Lcda. Esther Mena  
Nurse Responsible for Health Services  
Adventist University  
Vinto, Cochabamba, Bolivia

Lcda. Sonja Pardo, Sociologist  
Coordinator of CETM, Center for Studies on the Work of Women  
Cochabamba, Bolivia

Dra. Olga Mora, OB-GYN  
Director for Community Outreach Services  
San Juan de Dios Regional Hospital  
Tarija, Bolivia

Dra. Mery Borger, Pharmacist  
Clinica COSSMIL, Cooperation for Military Social Service  
Tarija, Bolivia

Lcda. Guadalupe Rodriguez Rocha  
Trainer in Adolescent Reproductive Health Program  
Esperanza/Bolivia  
Tarija, Bolivia

Focus Group of approximately 30 participants in Module VI, along with former graduates of the MPH Program in Cochabamba, Bolivia

### List of Interviews - NGO Workshops

Sylvia Vaca Soto Mayor, Director  
Center for Investigations in Artisan Design and Commercial Cooperatives (CIDAC)  
Santa Cruz, Bolivia

CIDAC is an NGO founded in 1984 to support the development of indigenous cultures through arts and hand crafts. They work with 40 native cooperatives in the Santa Cruz Province. 85% of the participants are women. CIDAC's goal is to rescue traditional indigenous designs and methods of fabrication to produce articles that allow women to express their identity but are also marketable. They see their primary role as supporting the development of indigenous women.

Profa. Marta Sensano  
Coordinator of Education and Production  
Center for Rural Women  
Mineros, Santa Cruz, Bolivia

The Center for Rural Women is an association of village-level mother's clubs with 500 affiliate members. Originally involved in Food for Peace food distribution programs, they have evolved into a women's education and income-generation program. They no longer do feeding programs. The Center has a credit program that has financed 140 small businesses run by women with only one default. These include chicken projects, bakeries, sewing and tailors, vegetable production and sales, pig production, etc. The Center sees its role as assisting women to change from passive receptors of services to active producers of goods and services.

Jorge Victor Cadena  
Responsible for Training Institute for Training in Labor Arts  
Cochabamba, Bolivia

This institute is a private foundation that trains boys 14-25 in various technical trades, but also has curricula in food service, hotel and tourism management, and child care. These latter include women.

Lcda. Corinna Guerra, Social Worker  
Director, Women in Action  
Tarija, Bolivia

Women in Action was created to channel women's interests and energies through three different programs:

- (1) incorporate women into decision-making capacities in neighborhood organizations;
- (2) legal and psychosocial services for victims of family violence;
- (3) support income-generation activities for women in barrios of Tarija.

Lydia Allamprese, Sociologist  
Responsible for Academic Planning  
Juan Maciel Serracho University  
Tarija, Bolivia

She both teaches sociology at the university and is now responsible for curricular planning. She uses the participative evaluative methodology taught in the workshops on a regular basis. Her Department of Sociology is the only one that accepts qualitative evaluation for a thesis.

PLAN International  
Tarija, Bolivia

Meeting with three individuals from PLAN. They have contracted with Nur University to develop: (1) workshops for community leaders using the same theme as the NGO workshops; (2) in-service training of rural teachers. PLAN is a child-focused sponsorship agency with 5,400 enrolled children in 40 different communities.

**ANNEX II-1**

**MPH Program Description  
Nur University**

**MASTER'S PROGRAM IN PUBLIC HELTH MAJORING IN**  
**MANAGEMENT OF HEALTH SYSTEMS**

**GENERAL OBJEIVE:**

To train health sector professionals in applying modern administrative concepts to sectorial problem management and to the design and implementation of health programs.

**SPECIFIC OBJECTIVES:**

Having concluded the program, each participant will be capable of:

1. Applying modern principles of the administration in the organization and rationalization of health services, seeking to increase the quality and coverage at a minimum cost.
2. Planning and applying health programs in well-known situations and under condition, of uncertainty.
3. Producing, executing and controlling operative plans.
4. Designing and implementing primary care programs based on concepts of community participation and leadership.

**DESCRIPTION OF THE PROGRAM:**

The MPH consists of training professionals in different aspects of health system: through six modules listed below:

1. Principles of Administration applied to Public Health
2. Technical Preparation for the Health Systems Manager: Principles of Public Health.
3. Planing Health Programs.
4. Implementation and Control of Health Programs.
5. Human Resources Management and Information System.
6. Financial Management of Health Systems and Logistical Support.

**METHODOLOGY:**

The methodology used in the different modules consists of the following:

1. Class hour load: There are approximately 10 class hours per week place outside normal working schedules.
2. During the modules there are investigation and application assignment in the different working places of the participants.
3. Whenever possible, the assigned literature is studied before each class.
4. The participatory teaching methods used include case studies, group dynamics, oral presentations, team assignments, simulations, etc.

**STUDY MATERIAL:**

The study materials in this program consist of articles, papers, book summaries and book chapters and the other current document that are relevant to each subject. The material is selected by the teacher and given to the student during each class or preferably a few days before the class.

**PARTICIPANTS:**

The participants in this program are professional of different fields of health and administration that work with the Regional Health Authority (DIDES), the Health Districts, Public Hospitals, the Public Health Insurance (C.N.S.), and Non-Governmental Organizations (such as PROSALUD).

**DURATION:**

The six modules last 2 years (four months each module), at the end of which the participant should do a thesis and an 80 hours consultancy for a non-profit organization.

# AUPHA

ASSOCIATION OF UNIVERSITY PROGRAMS IN HEALTH ADMINISTRATION  
1911 NORTH FORT MYER DRIVE, SUITE 503/ARLINGTON, VIRGINIA 22209  
PHONE (703) 524-5500 FAX (703) 525-4791

27 de mayo, 1993

Dr. Peter Boddy  
Universidad Núr  
Colegio de Postgrado  
Av. Banzer 100  
Casilla 4577  
Santa Cruz, Bolivia

Estimado Dr. Boddy,

Muchas gracias por el documento del plan de estudios del Magister en Salud Pública con mención en Gerencia en Sistemas de Salud que está llevando a cabo la Universidad Núr. Nos complace mucho que la Universidad ha hecho avances tan sustantivos en esta materia.

Durante el tiempo que hemos podido acompañar el desarrollo del programa de administración de salud en la Universidad Núr, hemos observado grandes progresos. El programa que Ud. me envía es muy completo y contiene todos los elementos para producir administradores de servicios de salud de alta calidad. Es un programa bien estructurado de acuerdo a las normas internacionales de nuestra asociación.

Felicito a usted y a las autoridades de la Universidad por este encomiable esfuerzo y le reitero nuestro compromiso de apoyar el desarrollo académico del programa de gerencia en sistemas de salud.

Aprovecho la oportunidad para saludarlo.

Atentamente,

*Dr. Bernardo Ramírez*  
*ppp*

Dr. Bernardo Ramírez  
Vice Presidente

# **MAGISTER EN SALUD PUBLICA**

## **CON**

### **MENCION EN GERENCIA DE SISTEMAS DE SALUD**

#### **I. INTRODUCCION**

*La misión del sistema de salud es la de dotar de servicios de salud efectivos y eficientes adaptados a las necesidades de la comunidad. En el estado mundial actual donde los recursos son limitados y para la salud especialmente escasos, es imperativo lograr una óptima racionalización de los mismos.*

*En este sentido se puede afirmar que el manejo gerencial, sin que ello signifique una pérdida del sentido social, permitirá ofrecer mejores servicios de salud a la comunidad. En esta afirmación se encierra la opinión autorizada de los líderes de la Salud Pública mundial, referente a la importancia y necesidad de una gestión administrativa competente para prestar servicios de salud eficientes.*

*El desafío del momento es el cambio de las prácticas administrativo-gerenciales actuales hacia un manejo científico y moderno de la salud, considerando éste como un bien social.*

*Hasta hace poco, los esfuerzos para la resolución de estos problemas no fueron los suficientes para lograr los resultados esperados. Ahora en que los recursos son cada vez más limitados y que las necesidades y demanda de servicios van en aumento, dicho desafío se torna indispensable para garantizar el desarrollo de los sistemas de salud para de esta manera contribuir a mejorar la salud de la población y contribuir a su desarrollo.*

#### **II. ANTECEDENTES**

*En 1987 el Colegio de Postgrado de la Universidad Núr promovió y organizó un Seminario sobre Actualización de los Recursos Humanos para la Salud con la participación de representantes del Ministerio de Previsión Social y Salud Pública a nivel central y regional, organismos internacionales de salud y ONG's vinculadas a la salud; en dicho seminario se trataron los problemas nacionales del sector. Una de las conclusiones más importantes fue la necesidad urgente de capacitar recursos humanos para el manejo gerencial en el sector salud.*

*Ante esta situación, la Núr decidió emprender acciones pertinentes a la problemática planteada siendo el resultado de las mismas programas de capacitación de recursos humanos enfocados en diferentes niveles del sector, uno de ellos es este programa que se enfoca en el nivel ejecutivo. De esta manera poder contar con personal capacitado en gestión de programas de salud en cada una de las regiones donde se desarrolla el programa y así fortalecer las instituciones sanitarias para una autogestión eficaz y así prepararnos hacia el venidero sistema descentralizado de la salud.*

### **III. JUSTIFICACION**

*Existe en nuestro país escasez de Recursos Humanos capacitados en gerencia de sistemas de salud a todo nivel. Además, si tomamos en cuenta la descentralización mencionada hay que fortalecer regionalmente el desarrollo de los recursos existentes para prepararnos cuando corresponda la autogestión.*

*Los profesionales del sector salud que actualmente están ocupando cargos ejecutivos tienen necesidades y demandas concretas de capacitación en el campo gerencial como primera elección, además de adquirir destrezas y habilidades en su capacidad de dirección.*

*El advenimiento de la política descentralizadora en el área de la salud que deberá sustentarse en la -aún débil- capacidad gerencial de las organizaciones de salud de la región, mediante una formación adecuada a las necesidades y perspectivas regionales.*

*Existe una necesidad técnica de fortalecer los Sistemas Locales de Salud (SILOS) dentro del marco del desarrollo de un sistema de salud basado en la Atención Primaria, idea que está plasmada en nuestro objetivo general, considerando esta estrategia vital para el desarrollo de nuestro sistema sanitario.*

*Los escasos recursos que posee nuestro sistema nos lleva a dar énfasis en la necesidad de maximizar la utilización de estos recursos del sector salud dotando al participante de una visión estratégica y sistémica.*

*La necesidad de reformular y mejorar la oferta de servicios de salud, promoviendo la participación comunitaria en la resolución de sus problemas como una estrategia de autogestión de la población, que indirectamente repercutirá en su calidad de vida.*

*Por último no existe en nuestro medio oportunidades para desarrollarse en este campo de la salud para que los profesionales del sector puedan acceder a programas de capacitación sin abandonar su medio ni descuidar sus labores con el consiguiente costo personal, institucional y social.*

#### **IV OBJETIVO GENERAL**

*Capacitar a los profesionales del sector salud para poder aplicar conceptos y procesos modernos de Salud Pública a los problemas de diseño y gerencia de los sistemas sanitarios y liderizar los cambios hacia la meta de "Salud para todos en el año 2.000".*

#### **V OBJETIVOS ESPECIFICOS**

- *Capacitar profesionales del sector salud que ocupan cargos ejecutivos, en gerencia de sistemas de salud, con un nivel académico de maestría.*
- *Adquirir destrezas y desarrollar capacidades de gestión ejecutiva.*
- *Crear una estructura académica para la capacitación gerencial de los líderes de la salud pública de la región.*
- *Promover la capacitación docente de los participantes en el programa de postgrado.*
- *Aplicar el enfoque sistémico en el diseño y gestión de programas de salud.*

#### **VI METODOLOGIA**

*El programa se desarrollará sobre la base de un SISTEMA MODULAR con las siguientes características generales:*

- *La estructura del programa se sustenta en los módulos, que son unidades programáticas independientes con objetivos propios que están articulados dentro del contexto de los objetivos.*
- *El proceso enseñanza/aprendizaje se basa fundamentalmente en la participación, tomamos muy en consideración la experiencia de los participantes y en base a ella se realiza una reflexión para luego conceptualizar y llegar a demostrar su aplicabilidad y así adquirir nuevas experiencias.*

*El mencionado proceso hace énfasis en el trabajo de grupo empleando diferentes técnicas participativas que se realizarán bajo la orientación del Coordinador y los docentes.*

- *Carga horaria: cada módulo está programado para ser desarrollado en por lo menos 150 horas académicas, el horario en que se desenvuelven las clases presenciales son no laborables, generalmente de 19:00 a 20:00 y sábados por la mañana, distándose aproximadamente nueve horas semanales.*
- *Métodos didácticos: Se emplea metodología participativa, basada en la androgogía (enseñanza del adulto). Entre ellas podemos nombrar: estudio de casos, exposición dialogada, ejercicios de simulación, trabajo de equipo, visitas de campo, seminarios, mesas redondas, etc.*
- *Trabajo final: Al finalizar cada módulo los participantes en forma individual deberán realizar y presentar un trabajo de aplicación y/o investigación de acuerdo al contenido del módulo en el que debe volcar las experiencias recogidas en una propuesta para mejorar un servicio o programa.*

## **VII ESTRUCTURA PROGRAMATICA Y NIVEL ACADEMICO**

*El programa de Maestría en Salud Pública con mención en Gerencia de Sistemas de Salud comprende seis componentes llamados **MODULOS**.*

*El programa está estructurado en tres áreas de concentración y cada una de ellas contiene dos módulos.*

*En cada uno de los componentes se tocan aspectos relacionados a la adquisición de destrezas y habilidades en los campos de liderazgo moral, trabajo de equipo, pensamiento estratégico, además de desarrollar capacidades de gestión ejecutiva con un enfoque de sistema y pensamiento estratégico.*

*Cada módulo es la combinación de varios cursos y temarios que se desarrollarán en un lapso de tiempo de un mínimo de 150 horas académicas que equivalen aproximadamente a tres y medio meses calendario. De esta forma la duración total del programa es de dos años académicos.*

*Los requisitos para la aprobación de cada módulo son:*

- *Asistencia de por lo menos 80% a las clases.*
- *Promedio ponderado de los parciales de por lo menos 65%*
- *Realizar y presentar un trabajo final de aplicación.*

*El participante que cumpla con los requisitos académicos recibirá un certificado de aprobación, caso contrario solo se otorgará uno de asistencia.*

*Para optar al título de maestría el participante debe cumplir con los siguientes requisitos :*

- *Vencer los seis módulos con un promedio mayor a 75%*
- *Presentar, defender y ser aprobada una TESIS*
- *Realizar una CONSULTORIA de por lo menos dos semanas en una Institución sin fines de lucro.*

*El título académico otorgado por la Universidad será el de:*

**MAESTRIA EN SALUD PUBLICA CON MENCIÓN EN  
GERENCIA DE SISTEMAS DE SALUD**

## **IX PLAN DE ESTUDIOS**

*El plan de estudios esta dividido en tres áreas de concentración según se expone en el siguiente cuadro:*

<b>No.</b>	<b>AREA DE CONCENTRACION</b>	<b>NOMBRE DEL MODULO</b>
<b>I</b>	<b>PRINCIPIOS DE GERENCIA Y DE SALUD PUBLICA</b>	<i>Fundamentos de la administración aplicados a la salud pública.</i>
		<i>Preparación técnica del gerente de sistemas de salud: Fundamentos de Salud Pública.</i>
<b>II</b>	<b>DISEÑO Y GESTION DE PROGRAMAS DE SALUD</b>	<i>Planificación de programas de salud</i>
		<i>Implementación y control de programas de salud</i>
<b>III</b>	<b>DISEÑO Y OPERACION DE SISTEMAS DE APOYO EN LA SALUD PUBLICA</b>	<i>Gerencia de Recursos Humanos y Sistemas de Información.</i>
		<i>Gestión Financiera de Sistemas de Salud y Logística</i>

*En la primer área se enfoca los aspectos relacionados al aporte de la administración en relación a la Salud Pública y de las ciencias que lo apoyan; de esta manera dotamos las herramientas básicas al participante para que pueda relacionarse, y mejorar su rendimiento en su trabajo .*

*La segunda está relacionada a la capacidad de realizar el diseño de un programa de salud y la capacidad de gestión del mismo .*

*La tercer área está enfocada a los subsistemas de apoyo en la gestión de los programas.*

## **X DETERMINACION DEL PERFIL PROFESIONAL**

*La Maestría en Salud Pública pretende que a la conclusión del programa de estudios, el participante haya desarrollado capacidades personales que potencializa su acción profesional; conjuntamente con conocimientos y destrezas técnico-operativas aplicando el enfoque de sistemas para la formulación, implementación y gestión de programas de salud en la perspectiva del fortalecimiento de los servicios de salud en sus distintos niveles de ejecución.*

*De éste modo se habrá potenciado su capacidad para:*

- *Realizar un diagnóstico de la situación tanto de los servicios como de la población objetivo, utilizando técnicas de investigación y obtención del perfil epidemiológico.*
- *Planificar, organizar, integrar y dirigir los programas en cualquiera de los niveles de gestión o de servicios.*
- *Desarrollar los mecanismos de control (monitoreo, supervisión y evaluación) que permitan introducir los ajustes necesarios y oportunos en el proceso de planificación.*
- *Relacionarse con los usuarios de los servicios por medio de técnicas y comunicación, información y educación a fin de responder a las necesidades y demandas de la población.*
- *Organizar y dirigir los subsistemas de apoyo necesarios para realizar eficazmente proyectos y programas de Salud Pública.*

## **XI PROGRAMA ACADEMICO**

### **MODULO I FUNDAMENTOS DE LA ADMINISTRACION APLICADOS A LA SALUD PUBLICA**

*Los objetivos específicos de este módulo son:*

1. *Comprender los fundamentos de la administración en general y su relación existente con las ciencias de la salud.*
2. *Analizar el proceso gerencial y su aplicabilidad dentro del sector salud.*
3. *Conocer y analizar la teoría de sistemas en general y su aplicación en el campo de la salud.*
4. *Adquirir destrezas y desarrollar habilidades gerenciales*

### **TEMARIO**

1. *Introducción al programa*
2. *Introducción al módulo*
3. *Liderazgo moral*
4. *Aprendizaje continuo*
5. *La consulta*
6. *Salud y desarrollo*
7. *Administración: Introducción, generalidades de planificación, organización, integración, dirección y control.*
8. *Planificación estratégica*
9. *Planificación operacional*
10. *Teoría de sistemas*
11. *Organización y Sistemas de Salud en Bolivia*
12. *Introducción a la Salud Pública: Historia y campo*
13. *Resolución de problemas*
14. *Investigación : introducción y metodología*
15. *Presentación de los trabajos de aplicación: informes orales y escritos.*

**MODULO II**  
**PREPARACION TECNICA DEL GERENTE DE SISTEMAS DE SALUD**

*Los objetivos específicos de este módulo son:*

1. *Comprender los fundamentos básicos de la Salud Pública y la aplicación de los mismos.*
2. *Conocer y analizar los aportes de las ciencias que apoyan a la Salud Pública y su aplicación.*
3. *Revisar aspectos de Epidemiología y Estadística y su aplicación a la Salud Pública.*

**TEMARIO**

1. *Introducción al módulo*
2. *Repaso del Módulo I*
3. *Dinámica de destrezas gerenciales*
4. *Atención Primaria de Salud*
5. *Control de enfermedades agudas y crónicas*
6. *Salud Ambiental*
7. *Salud Ocupacional*
8. *Ciencias del comportamiento*
9. *Ciencias sociales*
10. *Comunicación para la salud*
11. *Educación para la salud*
12. *Demografía*
13. *Epidemiología*
14. *Bioestadística*
15. *Estadística aplicada a la Salud Pública*
16. *Presentación de trabajos de aplicación: informes orales y escritos.*

### **MODULO III**

#### **PLANIFICACION DE PROGRAMAS DE SALUD**

*Los objetivos específicos de este módulo son:*

1. *Comprender y analizar la teoría de sistemas aplicada al diseño de programas de salud.*
2. *Conocer y analizar el desarrollo del Sistema Boliviano de Salud y sus programas actuales.*
3. *Comprender y aplicar una metodología para el diseño y programación de programas de salud.*

#### **TEMARIO**

1. *Introducción al módulo*
2. *Repaso de los módulos anteriores*
3. *Destrezas gerenciales aplicadas a la planificación*
4. *Enfoque de sistemas en el diseño de programas*
5. *Desarrollo de los sistemas de salud en Bolivia*
6. *Programas actuales de Salud Pública*
7. *Planificación en el diseño de programas*
8. *Elementos básicos de los programas*
9. *Diseño: conceptos y elementos*
10. *Investigación para la planificación*
11. *Programación*
12. *Ejecución inicial*
13. *Presentación de trabajos de aplicación: informes orales y escritos.*

## **MODULO IV**

### **IMPLEMENTACION Y CONTROL DE PROGRAMAS DE SALUD**

*Los objetivos específicos de este módulo son:*

- 1. Adquirir destrezas gerenciales necesarias para las fases de implementación y control de un programa de salud.*
- 2. Diseñar un sistema de monitoreo de la implementación y uno de evaluación de un programa de salud pública.*
- 3. Utilizar la supervisión como herramienta para motivar, desarrollar al personal y una manera de monitorear la implementación de un programa.*
- 4. Fortalecer las habilidades para fomentar la participación de la comunidad en los programas de salud.*

### **TEMARIO**

- 1. Introducción al módulo*
- 2. Repaso de los módulos anteriores*
- 3. Destrezas gerenciales en la implementación y control*
- 4. Implementación: integración de recursos y ejecución*
- 5. Evaluación*
- 6. Monitoreo*
- 7. Supervisión*
- 8. Aprendizaje: retroalimentación*
- 9. Capacitación del personal institucional y comunitario*
- 10. Participación comunitaria*
- 11. Presentación de trabajos de aplicación: informes orales y escritos.*

## **MODULO V**

### **GERENCIA DE RECURSOS HUMANOS Y SISTEMAS DE INFORMACION**

*Los objetivos específicos de este módulo son:*

1. *Desarrollar y fortalecer habilidades en el campo de las relaciones interpersonales, trabajo en equipo, liderazgo y resolución de conflictos.*
2. *Capacitar en el manejo administrativo de los recursos humanos.*
3. *Valorar la comunicación intra e interinstitucional, analizar sus distintas formas y desarrollar destrezas de comunicación para el desarrollo de programas de salud pública.*
4. *Desarrollar un sistema de información gerencial para la toma de decisiones.*

### **TEMARIO**

1. *Introducción al módulo*
2. *Repaso de los módulos anteriores*
3. *Aplicación de los principios de la administración*
4. *Liderazgo práctico*
5. *Interrelaciones humanas*
6. *Resolución de conflictos*
7. *Dinámica de grupos*
8. *Formación y función de equipos*
9. **RECURSOS HUMANOS**
  - a. *Reclutamiento y selección*
  - b. *Socialización (Institucionalización)*
  - c. *Desarrollo y capacitación*
  - d. *Supervisión*
  - e. *Asuntos personales*
  - f. *Aspectos legales*
  - g. *Programación personal*

10. **COMUNICACIÓN**
  - a. *Generalidades*
  - b. *Red de comunicación*
  - c. *Formas de comunicación interna*
  - d. *Comunicación externa*
  - e. *Retrocomunicación*
  - f. *Comunicación comunitaria*
  
11. **INFORMACIÓN**
  - a. *Generalidades*
  - b. *Clases de información*
  - c. *Fuentes de información*
  - d. *Procesamiento de datos*
  - e. *Análisis*
  - f. *Informes*
  - g. *Retroinformación, aprendizaje, utilización.*
  
12. *Presentación de trabajos de aplicación: informes orales y escritos.*

## **MODULO VI**

### **GESTION FINANCIERA DE SISTEMAS DE SALUD**

*Los objetivos específicos de este módulo son:*

1. *Conocer y analizar aspectos importantes del entorno económico como parte del contexto en la planificación.*
2. *Conocer y analizar las distintas fuentes de financiamiento y su aplicación en los programas de salud.*
3. *Comprender y utilizar elementos financieros en el diseño, implementación y control de los programas de salud.*
4. *Utilizar herramientas para el manejo eficiente del subsistema de adquisiciones dentro de los marcos legales vigentes.*
5. *Capacitar en el manejo administrativo de manejo de inventario, almacenamiento, distribución y transporte, como elementos de apoyo a los programas de salud.*

### **TEMAS**

1. *Introducción al módulo*
2. *Repaso de los módulos anteriores*
3. *Destrezas gerenciales en la gestión*
4. **ECONOMÍA**
  - a. *Generalidades*
  - b. *Macroeconomía*
  - c. *Microeconomía*
  - d. *Economía de la Salud en Bolivia*
5. **FINANCIAMIENTO**
  - a. *Conceptos generales*
  - b. *Financiamiento externo*
  - c. *Financiamiento interno*
  - d. *Captación, recaudación y sostenimiento*
  - e. *Colaboración, compartimiento y apoyo mutuo*

6. *FINANZAS*
  - a. *Generalidades*
  - b. *Presupuestos*
  - c. *Adquisiciones*
  - d. *Control*
  - e. *Informes*
  
7. *LOGISTICA*
  - a. *Adquisiciones*
  - b. *Almacenaje*
  - c. *Distribución*
  - d. *Transporte*
  - e. *Mantenimiento y reparaciones*
  - f. *Programación*
8. *Principios de: Integralidad, universalidad, globalidad y continuidad.*
9. *Presentación de trabajos de aplicación: informes orales y escritos.*

## **XII. SERVICIO DE CONSULTORIA**

*El alumno luego de aprobar satisfactoriamente los seis módulos debe realizar un servicio de consultoría de por lo menos 60 horas en una institución de salud sin fines de lucro como parte del curriculum.*

*El alumno tendrá que realizar una solicitud del mencionado servicio indicando el nombre de la institución, el tiempo a realizarse, y los objetivos del mismo; esta solicitud será revisada y aprobada por el Departamento.*

*Al concluir el servicio el alumno deberá presentar un informe final de su trabajo.*

## **XIII. TESIS**

*El requisito indispensable para optar al grado de Maestría, además de haber vencido los módulos exigidos y realizado el servicio de consultoría, es la presentación y defensa de un trabajo final de grado (TESIS), que permita evaluar la capacidad del postulante para afrontar, resolver problemas y proponer soluciones a problemas de salud.*

*El trabajo final de grado deberá ser una investigación o proyecto inédito que su aplicación contribuya al conocimiento, comprensión, explicación o alternativas de solución de problemas de salud pública nacional o regional.*

*El postulante deberá presentar al director del Colegio de Postgrado, una solicitud escrita, acompañada de un plan de trabajo en el que explique en forma aproximada el trabajo a desarrollarse: título del tema, objetivos, metodología, cronograma. Este plan de trabajo será evaluado por el Colegio de Postgrado.*

*Una vez aprobado el tema se asignará un docente para servicio de asesoría, seguimiento y monitoreo del desarrollo del trabajo final.*

*La presentación y defensa del trabajo final de grado está normado por el reglamento de tesis del Colegio de Postgrado.*

**ANNEX II-2**

**Sample Lesson Plan**

**UNIVERSIDAD NUR/ESPERANZA BOLIVIA**  
**PROGRAMA DE ESPECIALIZACION EN SALUD PUBLICA**  
**GERENCIA EN SISTEMAS DE SALUD**

**TEMAS Y OBJETIVOS DE LAS SESIONES**  
**MODULO 3-A, SANTA CRUZ**

FECHA	SESION 3 Hrs.	TEMA	OBJETIVOS	TEMARIO	DOCENTE	COMENTARIO
11-05	1	INTRODUCCION DEL PROGRAMA	<ul style="list-style-type: none"> <li>●Presentar y explicar el programa de maestría</li> <li>●Presentación de los docentes y personal del programa</li> <li>●Presentación de los participantes</li> </ul>	<ul style="list-style-type: none"> <li>●Campo de salud pública</li> <li>●Propósitos y metas del programa de maestría</li> <li>●Organización del programa</li> <li>●Requisitos para el título</li> <li>●Preguntas abiertas</li> <li>●Auto-presentaciones</li> </ul>	Ing. Manucher Shoai Ing. Soheil Dooki Sr. Garth Pollock Dr. Peter Boddy Autoridades invitadas Invitados especiales Participantes	
13-05	2	INTRODUCCION AL MODULO	<ul style="list-style-type: none"> <li>●Presentar y explicar el módulo</li> <li>●Organizar el desarrollo del módulo</li> <li>●Forumular el contrato de aprendizaje</li> <li>●Resolver dudas y dialogar sobre sugerencias, propuestas y posibilidades</li> </ul>	<ul style="list-style-type: none"> <li>●Presentación de los participantes</li> <li>●Propósitos, contenido y organización del módulo</li> <li>●Reglas del aprendizaje</li> <li>●Evaluación</li> <li>●Expectativas y deseos de los participantes</li> <li>●Compromisos: El contrato de aprendizaje</li> <li>●Discusión abierta: aclaraciones y propuestas</li> </ul>	Sr. Garth Pollock Dr. Peter Boddy	
15-05	3	DINAMICA MORAL	<ul style="list-style-type: none"> <li>●Presentar y dialogar sobre conceptos de la moral, ética y moralidad</li> <li>●Explorar y comparar la moral y moralidad practicadas a nivel individual e institucional</li> <li>●Definir la responsabilidad moral de un individuo y una institución</li> <li>●Formular metas de moralidad</li> </ul>	<ul style="list-style-type: none"> <li>●Conceptos de la moral, ética y moralidad</li> <li>●Contrastar moral y moralidad</li> <li>●Dialogar sobre ejemplos de moral y moralidad</li> <li>●Contrastar la moral individual e institucional</li> <li>●Dialogar sobre ejemplos de la moralidad individual e institucional</li> <li>●Proponer como se podría aplicar moralidad en la vida de un individuo y una institución</li> </ul>	Sr. Garth Pollock	
18-05	4	LIDERAZGO MORAL	<ul style="list-style-type: none"> <li>●Presentar y dialogar sobre conceptos de liderazgo moral [Continua...]</li> </ul>	<ul style="list-style-type: none"> <li>●Marco conceptual de liderazgo moral [Continua...]</li> </ul>	Sr. Garth Pollock	

FECHA	SESION 3 Hrs.	TEMA	OBJETIVOS	TEMARIO	DOCENTE	COMENTARIO
			<ul style="list-style-type: none"> <li>[Sigue...]</li> <li>●Desarrollar actitudes y destrezas para actuar como un líder moral</li> <li>●Formular metas de liderazgo moral</li> </ul>	<ul style="list-style-type: none"> <li>[Sigue...]</li> <li>●Salud para todos/OMS</li> <li>●Visión y misión</li> <li>●Valores, principios y cualidades</li> <li>●Procesos de liderazgo moral</li> <li>●Compromisos y metas individuales</li> </ul>		
20-05	5	LA CONSULTA	<ul style="list-style-type: none"> <li>●Explicar la naturaleza de la consulta y como realizarla</li> </ul>	<ul style="list-style-type: none"> <li>●Conceptos y técnicas de la consulta</li> </ul>	Lic. Fritz Affolter	
22-05	6		<ul style="list-style-type: none"> <li>●Practicar las técnicas y destrezas de la consulta</li> </ul>	<ul style="list-style-type: none"> <li>●Requisitos, condiciones y procedimientos</li> </ul>		
25-05	7		<ul style="list-style-type: none"> <li>●Dialogar sobre la aplicación</li> </ul>	<ul style="list-style-type: none"> <li>●Decisión colectiva</li> <li>●Mejorando la consulta</li> <li>●Diferencias individuales y consulta</li> </ul>		
27-05	8		<ul style="list-style-type: none"> <li>●Emplear la consulta para resolver problemas</li> <li>●Formular metas de práctica de la consulta</li> </ul>	<ul style="list-style-type: none"> <li>●Búsqueda de la verdad</li> <li>●Desafíos a la unidad</li> <li>●Trastornos serios</li> <li>●Metas y compromisos</li> </ul>		
29-05	9	CONCEPTOS DE LA SALUD PUBLICA	<ul style="list-style-type: none"> <li>●Repasar los principios básicos, fines y el alcance de la salud púb.</li> <li>●Explicar diferentes conceptos de enfermedad y salud, y efectos de la</li> </ul>	<ul style="list-style-type: none"> <li>●Repaso de conceptos generales de la salud púb. incluyendo la definición y propósitos</li> <li>●Conceptos culturales de enfermedad y salud, in-</li> </ul>		

			<p>cultura sobre aquellos</p> <ul style="list-style-type: none"> <li>• Identificar y dialogar sobre elementos que condicionan y modifican a la salud</li> <li>• Describir mecanismos para controlar y prevenir la enfermedad e insalubridad</li> <li>• Revisar las áreas de enfoque de la salud pública</li> </ul>	<p>cluyendo la definición de la OMS de la salud</p> <ul style="list-style-type: none"> <li>• Factores y condicionantes de la salud: aspectos ambientales, inherentes, patológicos, socioeconómico, socioculturales.</li> <li>• Niveles de prevención de la enfermedad</li> <li>• Campos de la salud pública</li> </ul>		
1-06	10	SALUD AMBIENTAL	<ul style="list-style-type: none"> <li>• Explicar brevemente el campo y significado de la salud ambiental</li> <li>• Describir y discutir, con ejemplos locales, conceptos y principios básicos</li> </ul> <p>[Continúa...]</p>	<ul style="list-style-type: none"> <li>• Introducción: Medio ambiente, ambientes físicos, biológicos, geográficos, etc. Fuentes</li> <li>• La atmósfera</li> <li>• Agua</li> <li>• Tierra</li> </ul> <p>[Continúa...]</p>	Dr. Andrea Vissinoni	
3-06	11					

FECHA	SESION 3 Hrs.	TEMA	OBJETIVOS	TEMARIO	DOCENTE	COMENTARIO
5-06	12		[Sigue...] • Analizar y dialogar sobre la aplicación de principios de la salud ambiental en el trabajo y vida cotidiano de los participantes	[Sigue...] • Control de contaminación y descontaminación • Introducción breve a toxicología • Patologías asociadas: reconocimiento, efectos y evaluación del impacto ambiental. Prevención	Dr. Manuel Naccif	
8-06	13			• Resúmen.		
10-06	14	SALUD OCUPACIONAL	• Explicar conceptos básicos y el campo de la salud ocupacional	• Introducción: conceptos y alcance	Dr. Manuel Naccif	
12-06	15		• Describir la situación actual de la salud ocupacional en América Latina y Bolivia	• Panorama de América Latina y Bolivia		
15-06	16		• Analizar las características y efectos individuales y sociales de patologías ocupacionales y su control • Dialogar sobre la aplicación de principios de salud ocupacional	• Patologías asociadas: Diagnóstico precoz, resumen, reconocimiento y efectos • Medidas de control y prevención • Gestión de la salud ocupacional en el lugar de trabajo. • Resúmen.		
17-06	17	PRIMERA EVALUACION	• Evaluar la comprensión y capacidad de aplicación de los temas estudiados hasta la fecha • Revisar la evaluación con los participantes	• Evaluaciones objetivas y/o subjetivas, con énfasis en la aplicación • Revisión y análisis de la evaluación	Coordinación/docentes anteriores	
19-06	18	SESION ABIERTA	• Los participantes elegirán uno o más temas relacionados con lo estudiado hasta la fecha para profundizar y/o aclarar	• Sesión programada por consulta entre los participantes, según sus intereses particulares	Coordinación y participantes	
22-06	19	CIENCIAS DEL COMPORTAMIENTO	• Indicar brevemente los recursos ofrecidos por las ciencias del comportamiento a la salud pública	• Introducción: Conceptos • La naturaleza del ser humano • El individuo al frente la salud	Lic. José Castro	
24-06	20		[Continúa...]	etc. [Continúa...]		

FECHA	SESION 3 Hrs.	TEMA	OBJETIVOS	TEMARIO	DOCENTE	COMENTARIO
26-06	21		[Sigue...] • Dialogar sobre como las reacciones de una persona afecta a su propia salud y la de otros • Explicar la análisis y modificación del comportamiento	[Sigue...] • Psicología: conceptos generales y aplicación a la salud pública • Modificación de conocimiento, actitudes y comportamiento		
29-06	22		• Revisar principios de la tecnología de instrucción y su aplicación • Analizar y dialogar sobre la aplicación práctica de las ciencias del	• Análisis del comportamiento/cambio de la conducta • Tecnología de instrucción • Resúmen		

			comportamiento		
1-07	23	CIENCIAS SOCIALES	<ul style="list-style-type: none"> <li>Indicar los recursos ofrecidos a la salud pública por las ciencias sociales</li> <li>Revisar brevemente los aportes de la sociología y antropología a la salud pública</li> <li>Explicar la investigación antropológica y el mercadeo social y sus utilidades</li> <li>Analizar y dialogar sobre la aplicación práctica</li> </ul>	<ul style="list-style-type: none"> <li>Introducción</li> <li>Sociología: conceptos generales y aplicación a la salud pública</li> <li>Antropología: conceptos generales y aplicación a la salud pública</li> <li>Investigación y evaluación antropológica</li> <li>Mercadeo social</li> <li>Resumen</li> </ul>	Eduardo Vexina
3-07	24				
6-07	25				
8-07	26				
10-07	27	COMUNICACION PARA LA SALUD	<ul style="list-style-type: none"> <li>Revisar conceptos básicos de la comunicación</li> <li>Identificar el aporte de la comunicación para la salud</li> <li>Describir una metodología para programas y actividades de comunicación</li> <li>Describir y practicar los diferentes medios y canales de comunicación</li> <li>Dialogar sobre la comunicación dentro y entre instituciones</li> <li>Analizar y dialogar sobre la aplicación práctica de la comunicación</li> </ul>	<ul style="list-style-type: none"> <li>Introducción</li> <li>Conceptos e historia</li> <li>El proceso de comunicación</li> <li>Metodología de la comunicación</li> <li>Comunicación interpersonal</li> <li>Comunicación por medios masivos</li> <li>Comunicación por medios populares</li> <li>Comunicación inter- e intrainstitucional</li> <li>Aplicación de la comunicación</li> <li>Resumen</li> </ul>	Dr. Peter Boddy
13-07	28				
15-07	29				
17-07	30				

FECHA	SESION 3 Hrs.	COMPONENTE	OBJETIVOS	TEMARIO	DOCENTE	COMENTARIO
20-07	31	EDUCACION EN LA SALUD	<ul style="list-style-type: none"> <li>Explicar conceptos básicos de la educación para la salud pública</li> <li>Explicar y comparar la educación de niños y adultos, y de individuos y grupos</li> <li>Describir y practicar la orientación/consejería</li> <li>Analizar y dialogar sobre la aplicación práctica</li> </ul>	<ul style="list-style-type: none"> <li>Introducción</li> <li>Conceptos e historia</li> <li>Procesos de educación</li> <li>Sistemas y formas de educación</li> <li>Pedagogía</li> <li>Educación de adultos</li> <li>Educación de grupos</li> <li>Orientación/consejería</li> <li>Resumen</li> </ul>	Lic. Lynn Johnson Anello	
22-07	32					
24-07	33					
27-07	34					
29-07	35	SEGUNDA EVALUACION	<ul style="list-style-type: none"> <li>Evaluar la comprensión y capacidad de aplicación de los temas estudiados hasta la fecha</li> <li>Revisar la evaluación con los participantes</li> </ul>	<ul style="list-style-type: none"> <li>Evaluaciones objetivas y/o subjetivas, con énfasis en la aplicación</li> <li>Revisión y análisis de la evaluación</li> </ul>	Coordinación/docentes anteriores	
31-07	36	SESION ABIERTA	<ul style="list-style-type: none"> <li>Los participantes elegirán uno o más temas relacionados con lo estudiado hasta la fecha para profundizar y/o aclarar</li> </ul>	<ul style="list-style-type: none"> <li>Sesión programada por consulta entre los participantes, según sus intereses particulares</li> </ul>	Coordinación/participantes	
5-08	37	SISTEMAS DE SALUD EN BOLIVIA	<ul style="list-style-type: none"> <li>Revisar y analizar el desarrollo de los sistemas de salud en Bolivia</li> <li>Describir el sistema actual y los subsistemas vigentes.</li> </ul>	<ul style="list-style-type: none"> <li>Sistemas de salud en Bolivia:</li> <li>-Su correlación con los procesos históricos.</li> <li>-Su estructura y evolución.</li> </ul>	Dr. Alberto de la Galvez Murillo	
7-08	38	POLITICA Y PROGRAMAS DE SALUD NACIONALES	<ul style="list-style-type: none"> <li>Presentar y analizar la realidad nacional referente a la salud.</li> <li>Discutir acerca de las políticas de salud y programas nacionales. Limitaciones, necesidades y sugerencias</li> <li>Analizar la coyuntura y pertinencia de los proyectos con el Plan Nal.</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostico de la situación de salud.</li> <li>La Política de salud actual, sus fundamentos.</li> <li>El Modelo Sanitario y Modelos de Atención. Sus principios.</li> <li>Los programas nacionales sus recursos y fuentes de financiamiento.</li> </ul>	Dr. Alberto de la Galvez Murillo	

FECHA	SESION 3 Hrs.	TEMA	OBJETIVOS	TEMARIO	DOCENTE	COMENTARIO
10-08	39	POLITICA Y PROGRAMAS DE SALUD REGIONALES	<ul style="list-style-type: none"> <li>• Describir los programas de salud vigentes.</li> <li>• Conocer las estrategias de adecuación e integración de los programas de salud en la región.</li> </ul>	<ul style="list-style-type: none"> <li>• Estrategias regionales para la ejecución de los programas de salud.</li> <li>• Programas de atención integral que desarrolla la Unidad Sanitaria.</li> <li>• Limitaciones y problemas que dificultan la ejecución de los programas.</li> </ul>	Dr. José Hennicke	
24-08	40	SISTEMAS: TEORIA Y APLICACION	<ul style="list-style-type: none"> <li>• Repasar los conceptos básicos de Sistemas y su aplicación a los programas de salud.</li> </ul>	<ul style="list-style-type: none"> <li>• Concepto de Sistema</li> <li>• Componentes y elementos del Sistema.</li> <li>• Interpretación sistémica en la aplicación de los programas de salud.</li> </ul>		
12-08	41	SISTEMAS INTEGRALES DE SALUD	<ul style="list-style-type: none"> <li>• Analizar los componentes de la atención integral.</li> <li>• Identificar los principios de la Consulta integral.</li> <li>• Integración de los programas en la ejecución.</li> </ul>	<ul style="list-style-type: none"> <li>• Revisión de conceptos de: Universalidad</li> <li>Globalidad</li> <li>Integralidad</li> <li>Continuidad</li> <li>• Simulación de la consulta integral.</li> <li>• Discusión; identificación de problemas, sugerencias y recomendaciones.</li> </ul>	Dr. Carlos J. Cuellar	
14-08	42	PROGRAMA DE ATENCION INTEGRAL A LA MUJER	<ul style="list-style-type: none"> <li>• Describir y analizar el programa y sus componentes.</li> <li>El análisis tomara en cuenta: <ul style="list-style-type: none"> <li>- El origen y justificación del Programa.</li> <li>- La articulación de los subprogramas.</li> <li>- Elementos técnicos, dificultades en la aplicación, y recursos requeridos y disponibles.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Programa de atención integral a la mujer.</li> <li>Sus componentes: <ul style="list-style-type: none"> <li>- Atención en periodo gestacional y no gestacional.</li> <li>- Su relación con otros subprogramas.</li> <li>- Sus actividades</li> <li>- Normas de atención.</li> <li>- Su aplicabilidad.</li> </ul> </li> </ul>	Dr. Alberto de la Galvez Murillo	

FECHA	SESION 3 Hrs.	TEMA	OBJETIVOS	TEMARIO	DOCENTE	COMENTARIO
19-08	43	PROGRAMA DE ATENCION INTEGRAL AL NIÑO, ESCOLAR Y ADOLESCENTE	<ul style="list-style-type: none"> <li>• Describir y analizar el programa y sus componentes.</li> <li>El análisis tomara en cuenta: <ul style="list-style-type: none"> <li>- El origen y justificación del Programa.</li> <li>- La articulación de los subprogramas.</li> <li>- Elementos técnicos, dificultades en la aplicación, y recursos requeridos y disponibles.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Programa de atención integral al niño, escolar y adolescente.</li> <li>- Sus componentes. <ul style="list-style-type: none"> <li>Crecimiento y desarrollo.</li> <li>CED</li> <li>IRA</li> <li>PAI</li> </ul> </li> <li>- Propósitos</li> <li>- Su relación con otros subprogramas.</li> <li>- Necesidades y recomendaciones</li> <li>- Discusión abierta</li> </ul>	Dr. Alvaro Muñoz	
21-08	44	PROGRAMA DE FORTALECIMIENTO INSTITUCIONAL	<ul style="list-style-type: none"> <li>• Describir y analizar el programa y sus componentes.</li> <li>El análisis tomara en cuenta: <ul style="list-style-type: none"> <li>- El origen y justificación del Programa.</li> <li>- La articulación de los subprogramas.</li> <li>- Elementos técnicos, dificultades en la aplicación, y recursos requeridos y disponibles.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Fortalecimiento Institucional.</li> <li>- Descripción general</li> <li>- Articulación e integración <ul style="list-style-type: none"> <li>* Infraestructura</li> <li>* Recursos humanos</li> <li>* Gestión social <ul style="list-style-type: none"> <li>+ Participación comunitaria</li> <li>+ Educación para la salud</li> <li>+ Movilización social etc.</li> </ul> </li> </ul> </li> <li>- Propósitos</li> <li>- Necesidades y recomendaciones</li> <li>- Discusión abierta</li> </ul>	Dra. Eidy Roca	

28-08	45	TERCERA EVALUACION	<ul style="list-style-type: none"> <li>•Evaluar la comprensión y capacidad de aplicación de los temas estudiados hasta la fecha</li> <li>•Revisar la evaluación con los participantes</li> </ul>	<ul style="list-style-type: none"> <li>•Evaluaciones objetivas y/o subjetivas, con énfasis en la aplicación</li> <li>•Revisión y análisis de la evaluación</li> </ul>		
26-08	46	SESION ABIERTA	<ul style="list-style-type: none"> <li>•Los participantes elegirán uno o más temas relacionados con lo estudiado hasta la fecha para profundizar y/o aclarar</li> </ul>	<ul style="list-style-type: none"> <li>•Sesión programada por consulta entre los participantes, según sus intereses particulares</li> </ul>		

FECHA	SESION 3 Hrs.	TEMA	OBJETIVOS	TEMARIO	DOCENTE	COMENTARIO
31-08	47	SESION LIBRE	<ul style="list-style-type: none"> <li>•Finalizar la preparación del trabajo de aplicación</li> </ul>	<ul style="list-style-type: none"> <li>•Sesión de consulta, práctica y preparación</li> </ul>	Coordinador	
03-09 a 12-09	48 49 50 51 52 53	PRESENTACIONES DE LOS DOCUMENTOS DE REFLEXION	<ul style="list-style-type: none"> <li>•Presentar informe oral del trabajo de aplicación</li> <li>•Presentar informe escrito del trabajo al terminar las presentaciones orales</li> </ul>	<ul style="list-style-type: none"> <li>•Presentación oral del trabajo de aplicación</li> <li>•Presentación escrito del trabajo de aplicación</li> </ul>	Coordinador	
13-09	54	CLAUSURA DEL MODULO	<ul style="list-style-type: none"> <li>•Informar del desempeño del módulo y dar por terminadas las actividades académicas</li> <li>•Presentar charla motivacional</li> <li>•Entregar certificados y reconocimientos de rendimiento destacado</li> <li>•Despedir del grupo</li> </ul>	<ul style="list-style-type: none"> <li>•Resumen final</li> <li>•Clausura</li> <li>•Entrega de certificados y reconocimientos</li> <li>•Despedida</li> </ul>	Colegio de postgrado	

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111

TALLER CAPACITACION DE CAPACITADORES

UNIDAD	OBJETIVOS	ACTIVIDADES	TIEM- PO	MATERIALES
1. INTRODUCCION	<ul style="list-style-type: none"> <li>- Llegar a acuerdo en cuanto a contenidos y objetivos de la segunda parte del taller.</li> <li>- Retormar el contexto del taller.</li> </ul>	<ul style="list-style-type: none"> <li>- Dinamica de animacion</li> <li>- Formulacion de convenio</li> </ul>	<ul style="list-style-type: none"> <li>5'</li> <li>38'</li> </ul>	<ul style="list-style-type: none"> <li>- Programa y analisis de aprendizaje</li> </ul>
2. PROCESAMIENTO DE EXPERIENCIAS	<ul style="list-style-type: none"> <li>- Sistematizar y analizar la experiencia desarrollada.</li> <li>- Clarificar la continuacion de su proyecto.</li> </ul>	<ul style="list-style-type: none"> <li>- Describir el proceso propuesto individualmente</li> <li>- Metaplan para identificar y clarificar obstaculos</li> <li>- Identificacion individual de los obstaculos y aprendizaje (ejercicio)</li> <li>- Presentacion en plenaria por proyecto</li> <li>- Esbozar un plan de seguimiento o continuacion del proyecto</li> </ul>	<ul style="list-style-type: none"> <li>28'</li> <li>48'</li> <li>28'</li> <li>38'</li> <li>28'</li> </ul>	<ul style="list-style-type: none"> <li>- Guia # 1</li> <li>- Post-it</li> <li>- Guia # 1</li> <li>- Guia # 1</li> <li>- Guia # 2</li> </ul>

## TALLER CAPACITACION DE CAPACITADORES

### Segunda Parte Programacion

UNIDAD	OBJETIVOS	ACTIVIDADES	TIEM- PO	MATERIALES
ELEMENTOS PARA PARA EL DISEÑO DE LA CAPACI- TACION	a) Distinguir las diferencias entre objetivos programaticos, institucionales e individuales de aprendizaje	- Apoyo Conceptual  - Ejercicio de Grupos (Analisis del programa de este evento)	15'  40'	- Objetivos  - Programa del taller
	b) Crear un modelo de diseno de capacitacion	- Elaborar un modelo sobre los elementos que deben incorporarse en el diseno de un proceso de capacitacion	60'	- Instrucciones
	c) Sentar las bases para desarrollar aplicaciones concretas de objetivos al diseno de unidades de aprendizaje	- Apoyo Conceptual respecto a como lo hacemos en Esperanza - Nur  - Trabajo de grupos	15'	- Modelo de capacitacion

NOTA: Asignacion de tareas en torno a tecnicas

TALLER CAPACITACION DE CAPACITADORES

Segunda Parte Programacion

TECNICAS DE CAPACITACION	OBJETIVOS	ACTIVIDADES	TIEMPO	MATERIALES
	a) Analizar las dimensiones de las tecnicas en el proceso de capacitacion	- Apoyo Conceptual (Presentacion de la matriz con ejemplos de lo avanzado)	25'	- Matriz - Acetatos
	b) Compartir experiencias de utilizacion de tecnicas	- Llenado de la matriz (Filipeta) - Compromiso de descripcion	68'	- Previamente se ha asignado responsabilidades. post-it y formato de unidad de aprendizaje
	c) Crear un instrumento para evaluar el empleo de tecnicas	- Trabajo de grupos (lluvia de ideas) - Sintesis en Plenaria	68' 28'	
	d) Familiarizarce y analizar las ventajas, desventajas y aplicaciones de las tecnicas ya presentadas	- Disenar un proceso de evaluacion de tecnicas. - Aplicar criterios de evaluacion a cada tecnica		
	- Dinamicas - Filipeta - Role Playing - Juicio - Apoyos Conceptuales - Roles			

TALLER CAPACITACION DE CAPACITADORES

Segunda Parte Programacion

UNIDAD	OBJETIVOS	ACTIVIDADES	TIEM- PO	MATERIALES
MONITOREO, EVALUACION Y SEGUIMIENTO.	<ul style="list-style-type: none"> <li>- Identificar las instancias de monitoria, evaluacion y sus propositos</li> <li>- Familiarizarse y analizar ventajas, desventajas y aplicaciones de tecnicas presentadas y por presentar</li> </ul>	<ul style="list-style-type: none"> <li>- Apoyo Conceptual y presentacion de matriz.</li> </ul>	30'	
		<ul style="list-style-type: none"> <li>- Analisis de la utilidad de cada cruce de la matriz. (Grupos)</li> </ul>	60'	- Guia # 3
		<ul style="list-style-type: none"> <li>- Presentacion y Evaluacion</li> </ul>	90'	- Tecnicas
CONSIDERACIONES LOGISTICAS	<ul style="list-style-type: none"> <li>- Construir un modelo para ideal para el control de actividades logisticas, segun las fases de la capacitacion.</li> </ul>	<ul style="list-style-type: none"> <li>- Construccion de modelo</li> </ul>	60'	- Guia # 4
CONSOLIDACION Y PLAN DE SEGUIMIENTO	<ul style="list-style-type: none"> <li>- Confeccionar un programa de Capacitacion aplicado a un evento, para la replicacion de este taller.</li> <li>- Reconfirmar la tarea original asignada y compartir tecnicas</li> </ul>	<ul style="list-style-type: none"> <li>- En 2-3 grupos disenar programas utilizando el formato suministrado para este taller.</li> </ul>	120'	
		<ul style="list-style-type: none"> <li>- Elaboracion de un plan de trabajo para el seguimiento</li> </ul>	60'	- Trabajo de participantes

TALLER CAPACITACION DE CAPACITADORES

Segunda Parte Programacion

UNIDAD	OBJETIVOS	ACTIVIDADES	TIEM- PO	MATERIALES
. EVALUACION	- Evaluar lo convenido al inicio de la segunda parte de este taller en terminos de logros propuestos y logros emergentes, en el taller.	- Aplicaciones de Cuestionario  - Discusion en Plenaria	15'  60'	- Cuestionarios

**ANNEX II-3**

**Examples of Promotional Materials and Learning Objectives  
for the NGO Workshops**

de recursos humanos en el proceso de desarrollo.

- Construir un marco conceptual del ciclo de capacitación.
- Estudiar y aplicar una metodología para el diseño del proceso de capacitación basado en el desarrollo de capacidades humanas.
- Mejorar destrezas en la aplicación de algunos ejercicios y técnicas participativas que facilitan el proceso de capacitación.
- Planificar un taller de capacitación para las instituciones participantes.

### Calendario de Talleres

TEMA	FECHA	LUGAR
Liderazgo para ONGDs	Septiembre 13 - 15	Sucre
Liderazgo para ONGDs	Septiembre 27 - 29	Oruro
Capacitación de Capacitadores	Noviembre 24 - 26	Cbba.
Capacitación de Capacitadores	Nov. - Dic. 30 - 2	Tarija
Desarrollo Administrativo de ONGDs	Diciembre 8 - 10	Santa Cruz

Los talleres han sido diseñados para una cantidad máxima de 35 participantes.



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 Con respaldo Legal Decreto Supremo N° 20441

*Universidad Nur*  
*Post Grado*

**TALLERES PARA EL FORTALECIMIENTO DE ORGANIZACIONES DE DESARROLLO**

*Para superar la situación / desarrollo de los pueblos*

IMPRESA SIRENA SRL

En los últimos años las Organizaciones No-Gubernamentales de Desarrollo (ONGDs) han jugado un rol importante en facilitar los procesos de desarrollo socio-económico y en fortalecer la emergente sociedad civil de Latinoamérica. Han demostrado su capacidad de acompañar a actores sociales a nivel de base en la gestión de proyectos de investigación y acción social que contribuyen a la construcción de una paradigma nueva centrada en el desarrollo del ser humano.

En verdad las ONGDs representan un espacio en la sociedad humana que no ha perdido la capacidad de soñar. Es precisamente esta capacidad visionaria junto con la capacidad de diseñar y ejecutar proyectos prácticos que caracteriza al trabajo de las ONGDs.

Si bien muchas ONGDs están realizando trabajo significativo a nivel micro-regional, todavía queda el desafío importante ante ellas de cómo expandir el alcance y aumentar el impacto de su trabajo. La Universidad Núr ofrece una serie de talleres de reflexión sobre temas relacionados con el desarrollo de las capacidades institucionales requeridas para responder a tal desafío:

- Planificación Estratégica
- Investigación Participativa
- Diseño de Proyectos de Desarrollo
- Participación Comunitaria
- Liderazgo para ONGDs
- Administración de Recursos Humanos
- Desarrollo Administrativo de ONGDs
- Capacitación de Capacitadores
- Evaluación de Proyectos

Asesores con amplia experiencia internacional en el trabajo de ONGDs facilitan los talleres y aplican una metodología altamente participativa basada en la reflexión sobre las experiencias de los participantes.



Algunos participantes aplicando una técnica de análisis.

**Objetivos de los Talleres  
a Ofrecerse hasta Diciembre de 1993**

**DESARROLLO ADMINISTRATIVO DE ONGDs**

- Analizar la crisis administrativa de las ONGDs: ¿ Mito o realidad ?
- Examinar los cuatro enfoques prevalentes de la administración: Funcional, Estructural, de

Recursos Humanos y Cultural.

- Reflexionar sobre las prácticas administrativas en uso en el universo de ONGDs.
- Formular un Marco Conceptual adecuado para la organización y administración de las ONGDs.
- Consultar sobre las implicaciones de un Marco Conceptual apropiado al proceso de fortalecimiento institucional.

**LIDERAZGO PARA ONGDs.**

- Analizar la crisis del liderazgo en el campo del desarrollo comunitario.
- Identificar los estudios prevalentes de liderazgo y sus efectos en la sociedad.
- Examinar el concepto y los rasgos más sobresalientes de un liderazgo basado en el compromiso social.
- Identificar temas centrales que afectan la implementación de las estrategias institucionales y nacionales dentro del campo de desarrollo comunitario.

**CAPACITACION DE CAPACITADORES**

- Analizar la importancia del rol de la capacitación

**OBJETIVOS DE APRENDIZAJE**

**DE LOS TALLERES DE**

**FORTALECIMIENTO INSTITUCIONAL DE ONGDS**

**ESPERANZA/NUR**

## **ADMINISTRACION Y DESARROLLO DE RECURSOS HUMANOS**

### **OBJETIVOS:**

- Explorar los elementos de un sistema de administración de recursos humanos.
- Explorar la naturaleza de organizaciones de desarrollo como organizaciones en constante aprendizaje.
  - Aplicación de pensamiento sistémico.
  - Modelos mentales.
  - Auto-dominio: madurez avanzada.
  - Visión compartida.
  - Desarrollo de equipos de aprendizaje.
- Analizar la aplicación de liderazgo situacional a la tarea de supervisión.
- Comparar estrategias de resolución de conflictos.
- Elaborar estrategias para mejorar la administración de recursos humanos en las instituciones participantes.

## **LIDERAZGO MORAL**

### **OBJETIVOS:**

- Identificar y analizar los estilos prevaecientes de liderazgo.
- Elaborar el concepto y los rasgos más sobresalientes de un liderazgo basado en el compromiso social.
- Identificar y definir las capacidades esenciales del liderazgo moral.
- Desarrollar estrategias para promover la formación de nuevos líderes morales en las organizaciones de desarrollo.

## **DESARROLLO ADMINISTRATIVO DE LAS ONGS**

### **OBJETIVOS:**

- **Analizar la crisis administrativa de las ONGDs.**
- **Examinar los 4 enfoques prevaecientes de la administración: Estructural, de Recursos Humanos, Simbólico y Político.**
- **Reflexionar sobre las prácticas administrativas en las ONGDs.**
- **Formular un marco conceptual adecuado para la organización y administración de las ONGDs.**
- **Consultar sobre las implicaciones de un marco conceptual apropiado al proceso de fortalecimiento institucional..**

## **PLANIFICACION ESTRATEGICA**

### **OBJETIVOS:**

- **Definir un marco conceptual para el proceso de Planificación Estratégica.**
- **Examinar las etapas del proceso de la Planificación Estratégica.**
- **Aplicar las técnicas que facilitan este proceso.**
- **Revisar la misión, propósitos y objetivos de las instituciones participantes.**
- **Comparar la misión institucional con el programa y las actividades de los proyectos en curso.**
- **Identificar actividades para la introducción de Planificación Estratégica en las instituciones participantes.**

## **INVESTIGACION PARTICIPATIVA**

### **OBJETIVOS:**

- Examinar los fuentes de origen y el marco conceptual de la metodología de investigación: **Apreciación Rural Participativa (PRA)**.
- Identificar aptitudes y actitudes requeridas para la aplicación de PRA.
- Analizar el proceso de PRA.
- Compartir conocimientos sobre las técnicas (herramientas) utilizadas por PRA.
- Elaborar un plan de aplicación experimental de las técnicas de PRA para generar experiencias las cuales serán compartidas como aportes para la reflexión en el próximo taller.
- Consultar sobre la posible creación de un red de aprendizaje para la reflexión sobre las experiencias de la aplicación de PRA y su sistematización.

## **DISEÑO DE PROYECTOS DE DESARROLLO**

### **OBJETIVOS:**

- Abrir un espacio de reflexión sobre el proceso de diseño de proyectos.
- Revisar métodos y el rol de investigación participativa en este proceso.
- Examinar asuntos relacionados a la articulación Macro-Micro del desarrollo.
- Analizar debilidades y fortalezas del "ZOPP"/Marco Lógico para evaluar el diseño de proyectos.
- Identificar elementos básicos de una metodología efectiva para diseñar proyectos.

## **PARTICIPACION COMUNITARIA**

### **OBJETIVOS:**

- Examinar los enfoques más utilizados en la participación: movilización, desarrollo de la comunidad, organización comunitaria, y capacitación.
- Evaluar un enfoque alternativo de participación: el convenio de responsabilidades compartidas.
- Analizar 7 momentos críticos de la participación en el proceso de resolver problemas.
- Examinar algunos métodos y técnicas que facilitan la participación comunitaria en los 7 momentos críticos.
- Examinar la metodología de Investigación Participativa como herramienta para el diseño de proyectos de acción comunitaria.
- Elaborar estrategias que permitan aplicar conceptos y técnicas nuevos en su trabajo actual.

## **EVOLUCION DE LOS CONCEPTOS DE APRENDIZAJE**

### **OBJETIVOS**

- Analizar los efectos del "cambio de paradigma" sobre el modelo dominante de desarrollo y la búsqueda de modelos alternativos.
- Identificar y cuestionar los supuestos de los "modelos mentales" prevaletes que pueden obstaculizar el proceso de aprendizaje colectivo sobre el tema de desarrollo.
- Examinar críticamente la evolución de los conceptos de desarrollo durante las últimas cuatro décadas dentro de una perspectiva histórica adecuada.
- Examinar los elementos de algunos enfoques alternativos de desarrollo y realizar un análisis comparativo con el modelo dominante.
- Intentar formular un marco conceptual sobre el tema de desarrollo que facilitará nuestro aprendizaje colectivo en la búsqueda de un modelo alternativo.
- Consultar sobre posibles estrategias y actividades para promover la reflexión sistemática y aprendizaje colectivo sobre el tema de desarrollo.

## **EVALUACION**

### **OBJETIVOS:**

- Abrir un espacio de reflexión referente a los paradigmas en que se inserta la evaluación.
- Definir el concepto de evaluación.
- Identificar sus objetivos desde las ópticas de la comunidad, la organización de desarrollo, el gobierno y la agencia donante.
- Examinar las fases y etapas del proceso.
- Especificar los pasos para la elaboración de una evaluación participativa.

## **CAPACITACION DE CAPACITADORES**

### **OBJETIVOS:**

- Analizar la importancia del rol de la capacitación de recursos humanos en el proceso de desarrollo.
- Construir un marco conceptual del ciclo de la capacitación.
- Estudiar y aplicar una metodología para el diseño del proceso de capacitación basado en el desarrollo de capacidades humanas.
- Determinar el proceso y algunos instrumentos para:
  - la evaluación de necesidades de capacitación,
  - el diseño de eventos de capacitación y actividades de aprendizaje,
  - la evaluación del aprendizaje.
- Revisar y aplicar algunas técnicas participativas que facilitan el proceso de capacitación.
- Desarrollar estrategias para aplicar lo aprendido en el taller en las instituciones.

INSTITUTIONAL STRENGTHENING FOR NGOs ESPERANZA/NUR

TYPES OF WORKSHOPS ATTENDED BY EACH INSTITUTION

- Workshop #1 = Strategic Planning
- Workshop #2 = Concepts of Community Participation
- Workshop #3 = Leadership
- Workshop #4 = Project Design
- Workshop #5 = Evaluation
- Workshop #6 = Human Resource Management
- Workshop #7 = Participatory Research
- Workshop #8 = The Evolution of Concepts of Development
- Workshop #9 = Organizational Theory and Practice
- Workshop #10 = Training of Trainers

INSTITUTIONS	WORKSHOPS									
	1	2	3	4	5	6	7	8	9	10
Acaspim								x		
Acio Sucre								x		x
Acio Tarija										
Adra						x				
Agedesa	x			x						
Agrosalud		x								
Alcaldía de Santa Cruz			x			x				
Amawtas			x							x
Anet		x								
Apcob				x						
Aprecia						x				
Apsar			x							
Asamblea de Derechos Humanos			x							
Asamblea de Derechos Humanos Tarija								x		
Asongs			x			x				x
Caja Bancaria										
Caja Ferroviaria										
Caja Nacional de Salud	x		x			x				
Cansave			x							
Capia				x						
Care		x						x		x
Caritas Santa Cruz			x			x			x	
Caritas Sucre										x
Caritas Tarija		x				x		x		x
Casa de Cultura La Paz			x							
Casa de Cultura Santa Cruz	x	x	x	x						
Casa de la Mujer	x		x				x			
Ceac										

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126



INSTITUTIONAL STRENGTHENING FOR NGOs ESPERANZA/NUR

Indicep	x	x				
Indepo						x
Infante		x		x		x
Infocal Cochabamba						x
Instituto Politecnico Tomas Katari		x				x
IP/GTZ		x				
Infacruz				x		
Isce						x
Iser					x	x
Junta Nacional de Solidaridad y Des. Social						
Kolping			x			
Llank'asun	x	x				
Meda	x		x			
Medicina Dirigida a la Comunidad		x		x		
Mision Britanica		x				
Mision Sueca		x		x		x
Mujer a Mujer				x	x	
Occa			x			
Oficina de Asistencia Social de la Iglesia		x		x		
Oficina Juridica para la Mujer				x		
Oxitar				x		
Paac						x
Pastoral Social Tarija		x	x			x
Pladerve					x	
Plan Internacional Sucre	x	x	x			x
Pro-Vida		x				
Proagro			x			
Proceso					x	
Prodech			x			
Prodegua			x			
Prodepa			x			
Prodero			x			
Prodesa		x				
Prodesa						
Project Concern International						
Promutar					x	x
Prosalud			x			
Proyecto Sebastian Pagador	x	x				
Radio Baha'i	x	x				
Saetacrus		x				x
Saguapac				x		
Sapucai		x				
Scouts				x		
Secretaria Regional de Salud						x
Sidec		x		x	x	
Sociedad Nueva						x

INSTITUTIONAL STRENGTHENING FOR NGOs ESPERANZA/NUR

Teapro	x		x	x	
Unidad Sanitaria Cochabamba		x			
Unidad Sanitaria Santa Cruz		x			
Unidad Sanitaria Sucre		x			
Unidad Sanitaria Tarija	x		x		
Unidad Sanitaria Yacuiba			x		
Universidad Juan Misael Saracho	x		x	x	x
Universidad San Simon		x			
UPSA	x	x			
Vipal		x			
Vision Mundial	x		x		

**ANNEX III-1**

**List of Interviews/Site Visits (Brazil)**

## INTERVIEWS/SITE VISITS

Vera Canto Bertagnoli  
Director of Human Resource Development  
Fundação Esperança

Ronald Bertagnoli  
Executive Director  
Fundação Esperança

Maria de Socorro Bentes Viara  
Educational Coordinator  
Training Center  
Fundação Esperança

Dra. Valdina Maria de Jesus Mereira  
Secretary of Health  
Municipality of Monte Alegre

Irebo Lena  
Social Investigator for Health  
National Health Services - State of Pará

Irene Belo Goncalves Fampietro  
Chief of Sales for TABA Airlines and  
Professor, Lutheran University of Brazil

Dra. Aurea Lucia Dias Alexandre  
Physician - Advisor for Planning  
Secretary of Health - Santarém

Nady Pedroso de Sousa  
Director of Rehabilitation Center - Santarém  
Association of Parents and Friends of the Exceptional

Fca. Mauro Carvalho  
Technician for Work Safety  
CELPA (State Utility Co.)

Sergio Furtado  
Chief Biochemist, Hospital Conception and  
Professor of Biochemistry, Integrated University of the Tapajos

Dr. Ivanelson Jose Malheives Montero  
Former Secretary of Health - Santarém  
Now Medical Investigator for the Santarém Police Department

Dra. Terezinha do Socorro Barreiros Leao  
Director of the Blood Bank - Santarém

Field visit to Alter do Chao health post  
Interview with Antonio - health auxiliary trained by Esperança 20 years ago

**ANNEX III-2**

**Summary of Pertinent Parts of the DIP**

## BRASIL

### I. INTRODUCTION

As stated in the original proposal, activities in Brasil will begin during the second year of the greater project. The training activities are basically an extension and adaptation of the program which was developed during the initial Matching Grant (MG) and continued into the first year of the current grant in Bolivia. During the first year in Brasil, activities will concentrate on adapting the course material in management, administration and public health from Bolivia to the Brasil program. The second phase of the project will involve transferring that experience to the African countries of Mozambique and Guinea-Bissau.

### II. OBJECTIVES AND OUTPUTS

Even though the timetable as stated in the original proposal has been changed slightly (advanced from September of 1992 to May of 1992), the proposed objectives have not been modified.

#### Primary Objective

To develop and strengthen the institutional capacity of regional organizations, both public and private, to effectively manage public health programs.

#### Specific Objectives

(a) To implement a quality training program, which is offered face-to-face, as well as at a distance, based on needs assessment and active participation.

(b) To promote and contribute to the development of continuing education through workshops, seminars and courses by module.

(c) To train an increasing number of professionals within institutions who are actively involved in the operation of development programs in the Amazon.

(d) To offer an educational opportunity to professionals who otherwise lack such opportunities for continuing education.

(e) To elaborate instructional modules that can be used by other organizations to train personnel.

Specific Objectives by YearYEAR 1

- Affiliate Fundação Esperança with UNAMAZ (the University of the Amazon), located in Belem so that course participants will receive academic credit of their coursework.
- Hire project coordinator.

YEAR 2

- Develop organization, administration, planning and finance subsystems.
- Program activities: needs assessment, schedules, calendars, mechanisms to control activities.
- Initiate contacts with 50 public and private organizations working in health and development in the region.
- Assess needs of those 50 agencies.
- Hire team for Brasil program.
- \* Train three Brazilian team members in Bolivia in administration of modules.
- Develop course structure: integration of instructional process, criteria for use of media, build appropriate opportunities for interaction, procedures for summative and informative evaluation.
- Adapt modules and workshops to suit Brasil program needs and market the program.

YEAR 3

- Travel to African countries to negotiate program.
- Hire additional team member for Brasil.
- Administer six workshops and two graduate modules each with 20 participants in Brasil (160 participants total from 20 institutions).
- Develop student systems: student assessment, student follow-up, counseling, teaching support and services.
- Evaluate situation relevant first two years.

YEAR 4

- Send two Brazilian trainers to Mozambique and Guinea-Bissau to administer two workshops per semester.
- Administer six workshops and two graduate modules each with 20 participants in Brasil (160 participants, 20 institutions).
- Distribute modules to 15 other organizations in Brasil, with five of these offering courses that year.

YEAR 5

- Transfer Brazilian trainers from Mozambique to Guinea-Bissau to administer two workshops.
- Administer six workshops and two graduate modules in Brasil (160 participants, 20 institutions).
- Distribute modules to 20 other institutions with 10 of these offering courses based on modules that year.
- Evaluate final impact of project.

Outputs by YearYEAR 1 - 1992

- Agreement between Fundação Esperança and UNAMAZ.

YEAR 2 93

- Needs assessment. *#1 priority → health mgmt. - already had foundation in public health theory.*
- Course materials adapted and published in Brasil covering content of three modules and 12 workshops in format compatible with results of needs assessment.

YEAR 3 94

- Six workshops and two graduate modules each with 20 participants (160 participants, 20 institutions).
- Course materials adapted and published in Brasil covering content of three additional modules.

YEAR 4 95

- Six workshops and two graduate modules each with 20 participants in Brasil (160 participants, 20 institutions).

YEAR 5 96

- Six workshops and two graduate modules in Brasil (160 participants, 20 institutions).

Discussion of changes to objectives and outputs

In the Amazon, most NGOs are small and located in remote places; therefore, they have limited access to important information and are often plagued by misconceptions about relationships with Government. Consequently, workshops will provide information on legal and related aspects of organizational structure.

Since the objective of the program in Brasil is institutional strengthening, participants will be selected by the institution which sponsors them. The organizers of the training program intend to direct the courses toward individuals who are actively involved in the operation of programs. In exceptional cases, the organizers of the program will judge candidates who fulfill the requirements for the program on individual merit.

Although last year a private university from Sao Paulo offered a specialization course in public health, Santarem and neighboring municipalities do not have a permanent graduate program of any kind. While the course previously given in Santarem was theoretical and aimed at individuals, the course which Esperança proposes is to be directed at institutional strengthening. In addition, it will be modular in the sense that participants will not have to take the whole program, but can choose the parts that interest them.

Through working agreements, other institutions will participate in the implementation of specific aspects of the training program. Also, the course will emphasize practical applications based on experience. Finally, the courses will be administered outside of the city of Santarem by distance education to insure that other professionals in the region will have the opportunity to pursue a program of continuing education within their own environment.

In Santarem, the training program will be held in the new Fundação Esperança training center currently under construction. Distance education portions of the program will be carried out by small groups of professionals in several different locations.

In relation to written commitments, Fundação Esperança has become a member of the University of the Amazon which will provide academic credit for the coursework. However, agreements with other institutions which will facilitate administration and implementation of the training program have not been formalized.

### III. INDICATORS

The following indicators of program success are being discussed, although they can be improved after a needs assessment has been done:

#### Impact Indicators

- # Number and percent of individuals and institutions reporting positive change in effectiveness as a result of a course one year later (to be determined after further investigation)
- # Number of institutions which developed new activities as a result of training program
- # Qualitative evaluation of each course by course participants at the end of each course

% Recover costs: Year 1 (10%), Year 2 (25%), Year 3 (40%),  
Year 4 (60%).

#### Product Indicators

- # Number of workshops prepared and given (18)
- # Number of participants and institutions participating in series of workshops (160 x 4 = 480)
- # Number of modules translated, adapted and published (18)
- # Number of modules developed exclusively for Brasil
- # Number of courses (36), participants (480), and participating institutions (50)
- # Number of non-participating institutions requesting copies of modules
- # Number of non-participating institutions administering courses based on modules

#### IV. ADAPTATION PROCESS

In order to facilitate adaptation of the course material, a needs assessment will be done at the beginning of the project for each country. Also, to assure cultural appropriateness, host country nationals will be chosen for cultural awareness and capability to participate in the module adaptation. Therefore, the strategy to accomplish cultural adaptation will be divided into two parts:

1. Workshop. Workshops in cross-cultural communication will prepare team members to become aware of each national culture and ideology. These elements will help team members recognize that cultural peculiarities are applied to resolving internal problems, handling situations vis-a-vis diverse elements in society and making forecasts about typical concepts, such as: country thinking, framework, other players.

2. Feedback. During every step of the program implementation, the training team, together with counterpart trainers, will meet to review, analyze and critique each of the lessons developed and the analysis will include an evaluation of cultural validity.

#### V. DATA COLLECTION AND EVALUATION

In order to measure the overall impact of the project, on-going evaluation is necessary. Therefore, a computerized data collection system will be implemented at the beginning of the program. The project coordinator will prepare reports based on the information gathered and also will be responsible for assuring that the goals will be achieved.

Data collection will take place before, during and after the process of course development. The data collection strategies will be both internal and external and implemented at four points:

1. Student Progress. To measure student performance and progress, a pre-test, progress tests, post-test and practice activities will be developed and applied during the course.
2. Institutional Self-Study by Staff. To review and increase program effectiveness at the end of each workshop or module, participants will fill out a form giving their opinions on the quality of the presentation, the subject matter and the relevance of their new learning to their job responsibilities, as well as seek recommendations for improvement.
3. Goal-Free Evaluation. To assess the effects of the program, the course organizers will survey participating institutions after one year of each course to draw conclusions on the overall impact of the program. In this survey, participants will be asked to include information about the application of ideas learned during the course to their jobs and whether they transferred development principles and practices to others in the institution.
4. Management Analysis. To measure overall impact, an evaluation will be done by outside professionals.

The course organizers will utilize each of the evaluation processes indicated above to provide direct feedback for on-going revision and improvement of the training program. Decision-making will be based upon the sharing of experiences, problem-solving and identifying strengths and weaknesses of the program.

## VI. SUSTAINABILITY STRATEGY

Affiliation with UNAMAZ (Association of Amazonian Universities) will enhance the "marketability" of the courses, and therefore sustainability, by giving them stronger academic credentials.

Sustainability will be maximized in Brasil through cost recovery. Fees will be charged for courses and by marketing and selling the modules. Since the courses are modularized and are designed to be ready for teaching "off the shelf," they may be administered in the future according to need and available funding.

### Sustainability Indicators

- Number of institutions willing to pay for employee participation in the training program.
- Ability of UNAMAZ to continue the training program after the current funding ends.

## VII. PROGRAM CONSTRAINTS

In 1991, a private organization from Sao Paulo (Sao Camilo) offered a year-long night course: "Specialization in Public Health." This course was different than that conceived for the Matching Grant. In addition, many health professionals (mostly private practitioners) took the course. Consequently, this situation could decrease the demand for Matching Grant courses.

Extreme exchange rate fluctuations could cause difficulties with budget predictions. This can only be planned for by having an adequate budget and careful monitoring.

Cost recovery may be more difficult in Brasil than in Bolivia. It is believed that there are few NGOs in this region of Brasil, and that they are relatively small. Also, the public sector in Brasil has a limited history of cooperation with the private or NGO sector.

**ANNEX III-3**

**Description of Health Planning and Administration Course**

**Fundação Esperança**  
**Programa de Desenvolvimento de Recursos Humanos/MG**  
**Curso de Especialização em Administração e Planejamento em Saúde**  
**1994/1995**

**X. SUMÁRIO DA ESTRUTURA CURRICULAR**

No	DISCIPLINA	C.H.
<b>MÓDULO I: PRINCÍPIOS DE ADMINISTRAÇÃO À SAÚDE</b>		
01	Fundamentos de Administração	20
02	Planejamento Estratégico	20
03	Políticas Sociais em Saúde	20
04	Bioestatística e Estatística	30
05	Princípios de Epidemiologia	40
06	Programação em Saúde	40
07	Participação e Gestão Comunitária	20
08	Metodologia Científica	30
<b>MÓDULO II: ADMINISTRAÇÃO DE RECURSOS HUMANOS</b>		
01	Comportamento Organizacional	30
02	Relações Interpessoais	20
03	Noções de Informática na Gerência	40
04	Administração Aplicada a Recursos Humanos	40
05	Capacitação e Desenvolvimento de Recursos Humanos	20
06	Legislação Trabalhista e Sindicalismo	20
<b>MÓDULO III: ADMINISTRAÇÃO FINANCEIRA E LOGÍSTICA</b>		
01	Fundamentos de Economia	20
02	Fundamentos de Finanças	20
03	Administração e Estratégias de Marketing	20
04	Administração e Logística	20
05	Metodologia do Ensino Superior	60
TOTAL HORAS AULAS		530

**IX. SUMÁRIO DA ESTRUTURA CURRICULAR**

No	DISCIPLINA	C.H.
<b>MÓDULO I: PRINCÍPIOS DE ADMINISTRAÇÃO À SAÚDE</b>		
01	Fundamentos de Administração	20
02	Políticas Sociais e de Saúde	20
03	Metodologia Científica	30
04	Planejamento Estratégico	20
05	Organização e Programação de Serviços	40
06	Bioestatística e Estatística aplicada à Administração	30
07	Princípios de Epidemiologia	45
08	Participação e Gestão Comunitária	15
<b>MÓDULO II: ADMINISTRAÇÃO DE RECURSOS HUMANOS</b>		
01	Comportamento Organizacional	30
02	Relação Inter-pessoal	15
03	Administração de Recursos Humanos	45
04	Capacitação e Desenvolvimento de Recursos Humanos	20
05	Legislação Trabalhista e Sindicalismo	20
06	Noções de Informática na gerencia	40
<b>MÓDULO III: ADMINISTRAÇÃO FINANCEIRA E LOGÍSTICA</b>		
01	Fundamentos de Economia e Análise de Custos	20
02	Fundamentos de Finanças	20
03	Fundamentos e Estratégias de Marketing	15
04	Administração e Logística	40
05	Metodologia do Ensino Superior	60
06	Seminário: Desenho e Avaliação de Projetos.	20
	Trabalhos de Conclusão	20
<b>TOTAL HORAS AULAS</b>		<b>600</b>

**X. 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;
- . conhecer 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.

142

## DISCIPLINAS

### 1. FUNDAMENTOS DE ADMINISTRAÇÃO

- . Princípios, conceitos,  
Teorias e modelos de sistemas aplicados a saúde
- . Funções e o processo administrativo
- . Bases e processo de planejamento em Saúde
- . Teorias de Organização
- . Processo de controle e tomada de decisão

### 2. POLÍTICAS SOCIAIS EM SAÚDE

- . Conceitos de políticas públicas com ênfase em saúde
- . A administração de serviços de saúde no contexto sócio-econômico e político
- . Legislação interna e externa do setor saúde
- . Ética e responsabilidades Sociais

### 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. PLANEJAMENTO ESTRATÉGICO

- . Conceitos, definições, modelos
- . Marco Lógico
- . Etapas e componentes
- . Técnicas de planejamento

### 5. ORGANIZAÇÃO E PROGRAMAÇÃO DE SERVIÇOS

- . O sistema de Saúde do Brasil
- . A organização do sistema de serviço
- . Dinâmica organizacional e mudanças
- . Administração por objetivos
- . Técnicas de: Diagnósticos, avaliação, e intervenção de unidades
- . Modelos básicos de programação e avaliação

### 6. BIOESTATÍSTICA E ESTATÍSTICA

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

## 7. PRINCÍPIOS DE EPIDEMIOLOGIA

- . Conceitos, princípios, e as raízes da epidemiologia
- . Objetivos e uso da investigação epidemiológica
- . Terminologia
- . Medidas básicas na epidemiologia
- . Indicadores epidemiológicos
- . Importância da epidemiologia no planejamento de saúde

## 8. PARTICIPAÇÃO E GESTÃO COMUNITÁRIA

- . Conceitos, princípios
- . 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 habilidades no campo das relações interpessoais, fortalecendo 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
  - . Processo, tipos, e barreiras de comunicação
  - . Dinâmica de Grupo no contexto gerencial
- . Utilização de recursos humanos para atingir metas

### 2. RELAÇÕES INTERPESSOÁIS

- . Conceitos e princípios
- . O grupo e suas características
- . Fatores que influenciam na dinâmica de grupos
- . Interrelações humanas aplicadas a gerência

### 3. ADMINISTRAÇÃO APLICADA A RECURSOS HUMANOS

- . Administração de pessoal
- . Elementos de política e gestão de recursos humanos
- . Recrutamento e seleção
- . Orientação
- . Socialização (Institucionalização)
- . Disciplina
- . Supervisão
- . Avaliação de performance

### 4. CAPACITAÇÃO E DESENVOLVIMENTO DE RECURSOS HUMANOS

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

### 5. LEGISLAÇÃO TRABALHISTA E SINDICALISMO

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

### 6. NOÇÕES DE INFORMÁTICA NO PROCESSO GERENCIAL

- . Introdução ao uso do computador
- . Utilização do sistema operacional em disco
- . Manipulação do banco de dados
- . Ambientação ao sistema Windows
- . Utilização do editor de textos Microsoft WORD

## MÓDULO III: ADMINISTRAÇÃO FINANCEIRA E LOGÍSTICA EM SAÚDE

Os objetivos específicos deste módulo são:

- . analisar aspectos importantes da questão econômica como parte do contexto no planejamento;
- . identificar as diferentes fontes de financiamento e sua aplicação nos programas de saúde compreendendo a utilização de recursos 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. FUNDAMENTOS DE ECONOMIA
  - . Conceitos e 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. FUNDAMENTOS DE FINANÇAS
  - . 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. FUNDAMENTOS 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
    - . Avaliação

5. METODOLOGIA DO ENSINO SUPERIOR

- . Planejamento e mudanças no ensino
- . Planejamento do ensino superior
- . Tecnologia educacional
- . Estratégias de ensino
- . Potencial humano e avaliação

6. SEMINÁRIO: DESENHO E AVALIAÇÃO DE PROJETOS

- . Sistema de Desenho e Manejo de Projetos
- . Administração de Projetos
- . Informes e resultados
- . Processos e etapas de avaliação

**ANNEX III-4**

**Description of Educational Psychology Course**

**UEPB / FUNDAÇÃO ESPERANÇA**

**INFORMAÇÕES GERAIS**

**CURSO DE ESPECIALIZAÇÃO EM PSICOPEDAGOGIA**

**Santarém - Pará  
1996**

UNIVERSIDADE ESTADUAL DA PARAÍBA - UEPb  
FUNDAÇÃO ESPERANÇA - FE  
DEPARTAMENTO DE EDUCAÇÃO  
DIRETORIA DE DESENVOLVIMENTO DE RECURSOS HUMANOS

## CURSO DE ESPECIALIZAÇÃO EM PSICOPEDAGOGIA

### I - INFORMAÇÕES GERAIS

1 - O curso de Especialização em Psicopedagogia tem como objetivos: oferecer uma visão ampla do que há de mais moderno no plano da psicopedagogia; enfatizar temas próprios da área de ensino, enfocando-os de acordo com as diretrizes técnico-científicas; especializar profissionais para o desenvolvimento de trabalhos técnicos de educação, adequados às características e à cultura do homem da Amazônia.

Tendo em vista os objetivos acima expostos, algumas sugestões podem favorecer o alcance dos mesmos.

- a) Cabe ao docente promover a integração com os alunos e dos mesmos entre si, através de atividades específicas, utilizando os próprios conteúdos da disciplina.
- b) Alunos e professores dinâmicos tornam o conteúdo e o ambiente da sala de aula mais aprazível.
- c) A utilização de dinâmicas de grupos facilita a preparação teórico-prática dos estudantes.

2 - O curso será ministrado no período de agosto/96 à abril/97, em horário intensivo com pausas intervalares após cada disciplina. As aulas ocorrerão de segunda à sexta-feira, podendo ser utilizado também o final-de-semana se for conveniente aos estudantes e docentes. Será fornecido um cronograma prévio à docentes e discentes, sendo que o mesmo poderá ser alterado mediante interesses e necessidades de ambas as partes.

3 - A estrutura legal do curso atende aos dispositivos da Resolução do CFE n 12/83, às normas emanadas dos órgãos próprios da UEPb e Fundação Esperança.

4 - O aluno será avaliado considerando a frequência e as médias alcançadas através da realização de trabalhos e provas. Para ser aprovado. O participante deverá ter frequência igual ou superior a 85% em todas as atividades desenvolvidas, nota mínima 7 (sete) em cada disciplina e apresentar uma monografia ao final do curso (cuja nota mínima também é sete).

5 - Cabe aos professores a apresentação prévia do plano de ação, da bibliografia e da listagem dos materiais necessários para que a coordenação possa providenciá-los com antecedência, o que

facilitará o desenvolvimento das aulas.

6 - A Fundação Esperança dispõe de alguns recursos materiais que poderão ser utilizados durante o curso, o que permitirá ao professor a adoção de diferentes estratégias, adequadas à sua proposta de trabalho. Portanto, televisão, video-cassete, fitas, transparências, xerox, retroprojektor, data show, computadores e outros materiais de consumo poderão ser utilizados de acordo com as conveniências, mediante solicitação prévia à coordenação para que estejam em condições de uso na hora e local solicitados pelo docente.

7 - Se houver necessidade, os docentes poderão dispor do pessoal de secretaria para confeccionar tranparências, digitar textos, etc... desde que encaminhem com antecedência o respectivo material.

8 - A Fundação Esperança possui uma biblioteca que está a disposição dos usuários tanto pela manhã, quanto à tarde e à noite.

9 - Documentos tais como atestados, declarações, históricos escolares e outros que o aluno possa vir a necessitar, deverão ser solicitados através de requerimento encaminhado à Coordenação do curso.

10 - Os pedidos de aproveitamento de créditos deverão ser apresentados até 15 dias úteis antes do início da disciplina em questão. Não serão concedidos créditos às monografias feitas em cursos equivalentes.

11 - Serão concedidos abonos de faltas em casos especiais: gestantes, portadores de doenças infecto-contagiosas, vítimas de acidentes, devidamente comprovados. Nos casos acima mencionados, os alunos terão a frequência obrigatória reduzida a 50% e deverão cientificar a Coordenação do curso, através de requerimento, no prazo máximo de 3 (três) dias úteis, contados da data de início do curso, ou da situação em questão.

12 - O controle acadêmico é feito pela Secretaria da Diretoria de Desenvolvimento de Recursos Humanos da Fundação Esperança e, posteriormente encaminhado, à Secretaria da Diretoria de Pesquisa, Pós-Graduação e Extensão da UEPB.

13 - O pagamento das mensalidades deverá ser feito até o 5º dia útil de cada mês.

14 - Horário:	do curso:	19:15 às 22:50 h
	da Secretaria:	07:00 às 11:30 h 13:30 às 22:50 h
	da Biblioteca:	07:00 às 11:30 h 13:30 às 17:30 h 18:45 às 22:45 h

15 - O certificado, do curso, será entregue após o cumprimento, pelo aluno, da carga horária, avaliações intervalares e monografia, devendo o mesmo ter quitado todas as mensalidades do curso.

16 - A clientela, é formada por profissionais graduados em pedagogia, psicologia, enfermagem.

letras, geografia, direito e ciências contábeis.

## II - ESTRUTURA CURRICULAR

1 - A estrutura curricular do curso está organizada em 08 disciplinas sendo que cada uma delas enfatiza conteúdos específicos que, combinados entre si, permitirão aos estudantes desenvolver as habilidades necessárias ao especialista em Psicopedagogia. Ao final do curso deverá ser apresentada uma monografia, que é pré-requisito para obtenção do título de Especialista em Psicopedagogia.

2 - O aluno que cumprir todos os requisitos acadêmicos, receberá um certificado de aprovação, caso contrário, apenas um de assistência.

## III - PERFIL PROFISSIONAL

Ao concluir o programa de estudos do Curso de Especialização em Psicopedagogia, pretende-se que o profissional tenha desenvolvido destrezas técnico-operativas que possibilitem a aplicação do enfoque psicopedagógico, na perspectiva de fortalecimento da ação educativa.

Sendo assim, espera-se que ao final, os participantes:

- possam intervir no processo de construção do conhecimento, tanto do professor quanto dos alunos;
- proponham mecanismos de integração entre o cognitivo e as relações interpessoais;
- tenham sensibilidade apurada para captar aspectos emocionais, expressos objetivamente ou não;
- utilizem a psicopedagogia no planejamento, na metodologia e nas avaliações realizadas nos setores ligados à educação;
- analisem a aplicabilidade da psicopedagogia nos trabalhos que atendam estudantes com problemas de aprendizagem e/ou distúrbios de conduta;
- ofereçam assessoria psicopedagógica aos estudantes, professores, supervisores, administradores escolares;
- desenvolvam um bom nível operacional de raciocínio que possibilite flexibilidade para lidar com situações complexas e muitas vezes inesperadas;
- tenham condições de estabelecer objetivos e limites claros em cada etapa da sua praxis e, princípios éticos condizentes.

**DIRETORIA DE DESENVOLVIMENTO DE RECURSOS HUMANOS**  
**CURSO DE ESPECIALIZAÇÃO EM PSICOPELAGOGIA**  
*Fundação Esperança / Universidade Estadual da Paraíba*

*Santarém - Agosto/96 - Abril/97*

**CORPO DOCENTE**

**Profª. Valnisa Maria Carneiro**  
Mestre em Educação pela UFRS

**Prof. José Augusto Peres**  
Mestre e Doutor em Filosofia e Ciências da Educação, pela Universidade Pontifícia de Salamanca, Espanha.

**Profª. Creusolita Cavalcanti**  
Mestre em Educação de Adultos pela UFPb

**Profª. Maria do Socorro Oliveira**  
Doutora em Sociolinguística pela USP

**Profª Tereza Donato**  
Mestra em Educação pela Universidade Santa Maria, RS

**Profª Socorro Queironga**  
Mestra em Psicologia Educacional pela UFPE

**Prof. Alarcon Cavalcanti**  
Mestre em Psicopedagogia pela UFPB

**Prof Manoel Câmara**  
Mestre e Doutor - ABD em Administração Educacional na Michigan State University

**Profª Maria Irene Escher Boger**  
Doutoranda em Psicologia, pela Universidade Pontifícia de Salamanca, Espanha

**Universidade Estadual da Paraíba/Fundação Esperança**  
**Curso de Especialização em Psicopedagogia**

**FICHA PARA AVALIAÇÃO DE CURSO/DISCIPLINA**

A avaliação possibilita o levantamento das necessidades do curso e a criação de mecanismos para superá-las. Você como participante do processo ensino-aprendizagem, contribuirá, através de sua avaliação, para o aprimoramento do curso que está frequentando nesta Instituição.

Disciplina:

Data:

Professor (a):

<b>O PROFESSOR</b>	Excelente	Mto. Bom	Bom	Regular	A Desejar
1. Evidencia ter domínio do conteúdo					
2. Explica de modo claro					
3. Estimula o interesse pela matéria					
4. Aplica técnicas diversificadas					
5. Suas aulas demonstram ser planejadas					
6. Demonstra gostar de dar aulas					
7. Promove avaliação contínua					
8. É acessível em classe, mantendo diálogo com os alunos					
9. A metodologia utilizada facilita a aprendizagem					
10. Mostra um nível de exigência (trabalhos/provas/seminários) adequados ao nível do curso desenvolvido					

<b>A DISCIPLINA</b>	Excelente	Mto. Bom	Bom	Regular	A Desejar
1. Contribuí para que sejam atingidos os objetivos do curso					
2. É ministrada de maneira dinâmica e participativa					
3. Permite estabelecer relação entre teoria e prática					
4. Subsidiaria experiência profissional					
5. O conteúdo é atualizado e aplicado às necessidades					
6. O conteúdo é relevante e interessante					
7. O material didático e de apoio é explorado adequadamente					
8. A quantidade de textos para a leitura obrigatória ou complementar é adequada.					
9. A bibliografia indicada é suficiente e atualizada					

 Este espaço foi reservado para que você faça uma avaliação descritiva sugerindo, criticando ou simplesmente abordando aspectos que considera relevantes para o bom andamento do curso.

Disciplina  
Professor:

### Avaliação das atividades realizadas

Para que o trabalho seja desenvolvido com sucesso e corresponda às expectativas de nossa clientela, é necessário avaliar as atividades realizadas. Estas informações, certamente, contribuirão para a melhoria do curso.

#### I- Considerando o comportamento dos participantes, houve possibilidade de constatar:

Critérios	Excelente	Mto. Bom	Bom	Regular	A Desejar
1. Alcance dos objetivos da disciplina					
2. Adequação do material distribuído					
3. Adequação da metodologia utilizada					
4. Participação ativa do grupo					
5. Interesse pelo conteúdo ministrado					
6. Relacionamento entre os participantes					
7. Relacionamento dos com o professor					
8. O número de participantes permitiu um acompanhamento adequado às atividades realizadas					
9. A diversidade de áreas de atuação dos participantes permitiu um bom desempenho					

#### II- Considerando a disciplina ministrada, indique:

1. Aspectos que favoreceram o seu trabalho

2. Aspectos que prejudicaram

3. Sugestões para melhoria

UEPB/FUNDAÇÃO ESPERANÇA  
CURSO DE ESPECIALIZAÇÃO EM PSICOPEDAGOGIA/96 à 97

QUADRO DEMONSTRATIVO- CORPO DOCENTE

DISCIPLINAS	PROFESSOR	TITULAÇÃO	HORA/AULA
Metodologia do Trabalho Científico	José Peres	Mestre e Doutor em Filosofia e Ciências da Educação.	45
Metodologia do Ensino Superior	Manoel Câmara	Mestre e Doutor -ABD em Administração Educacional.	60
Educação e Estrutura Social	Valnisa Maria Carneiro	Mestra em Educação.	45
Psicopedagogia I	Creusolita A. Cavalcante	Mestra em Educação de Adultos.	45
Psicopedagogia II	M <sup>a</sup> do Socorro Queiroga	Mestra em Psicologia Educacional.	60
Sociolinguística Aplicada à Educação	M <sup>a</sup> do Socorro Oliveira	Doutora em Sociolinguística.	45
Psicologia Educacional I	Almira Lins	Mestra	45
Psicologia Educacional II	Tereza Donato	Mestra em Educação.	45
		TOTAL	385

**ANNEX III-5**

**Post-course Questionnaire**

128

Fundação Esperança  
Diretoria de Desenvolvimento de Recursos Humano  
Avaliação de Impacto dos Cursos de Especialização  
Auto-Avaliação de Desempenho  
(Form 1.5)

Lugar: \_\_\_\_\_

1. Data: \_\_\_\_\_ 2. Lugar \_\_\_\_\_
3. Sexo \_\_\_\_\_ 4. Idade \_\_\_\_\_ Anos \_\_\_\_\_
5. Educação: \_\_\_\_\_ -
6. Profissão: \_\_\_\_\_
7. Lugar de trabalho: \_\_\_\_\_
8. Tempo de trabalho na instituição: \_\_\_\_\_
9. Cargo: \_\_\_\_\_
10. Responsabilidades:  
 Assistência       Administração       Gerencia  
 Programas de Saúde       Ensino       Outros
11. Módulo(s) cursado(s)  
 I     II     III     IV     V     VI
12. Atribui ao(s) módulos alguma melhorias alcançadas no se desempenho profissional ?  
1    2    3    4    5    6    7    8    9    10
13. Que melhorias atribui aos módulo(s) ?  
\_\_\_\_\_  
\_\_\_\_\_
14. Em que graus os conteúdos dos módulos são uteis para seu trabalho?  
1    2    3    4    5    6    7    8    9    10
15. Poderia mencionar alguns conteúdo que foram mais relevantes para seu trabalho?  
\_\_\_\_\_  
\_\_\_\_\_
16. Os materias distribuidos durante o(s) módulo(s) serviram como referência ou consulta no seu desenpenho profissional?  
1    2    3    4    5    6    7    8    9    10
17. Quais materias usou com mais frequência?  
\_\_\_\_\_  
\_\_\_\_\_
18. Como vê a incorporação de capacidades no(s) módulo(s) ? Considerar (capacidade=conhecimento +destreza+atitudes) humanas e profissionais)  
1    2    3    4    5    6    7    8    9    10

19. Quais capacidades fortaleceu e/ou aperfeiçou através dos módulos?  
Considerar (capacidades = conhecimentos + destrezas + qualidades + atitudes) pessoais e profissionais).
- \_\_\_\_\_
- \_\_\_\_\_
20. Encontrou problemas e/ou limitações para aplicar em suas atividades profissionais o que foi apreendido nos módulos?
- 1    2    3    4    5    6    7    8    9    10
21. Poderia descrever alguns destes problemas?
- \_\_\_\_\_
- \_\_\_\_\_
22. Com as capacidades (conhecimento + destrezas + qualidades + atitudes) adquiridas nos Módulos, conseguiu ajudar e/ou contribuir para a capacitação de outras pessoas dentro ou fora da sua instituição?
- 1    2    3    4    5    6    7    8    9    10
23. Poderia descrever algumas dessas capacidades ?
- \_\_\_\_\_
- \_\_\_\_\_
24. Recomendaria a outras pessoas a participação nestes módulos ?  
( ) Não            ( ) Não sabe            ( ) Sim
25. Por que ?
26. Quais os aspectos [positivos do programa de capacitação percebidos pelos módulos ?
- \_\_\_\_\_
- \_\_\_\_\_
27. Quais são os aspectos negativos do program de capacitação percebidos nos módulos ?
- \_\_\_\_\_
- \_\_\_\_\_
28. Gostaria de fazer algum comentário ou sugestão par os módulos ?
- \_\_\_\_\_
- \_\_\_\_\_

**ANNEX III-6**

**Marketing Materials for NGO Workshops**

# FUNDAÇÃO ESPERANÇA



*Recursos Humanos*

*O mais rico patrimônio*

Fundação Esperança  
Caixa Postal 222  
Santarém - Pará  
68040-100 Brasil

Fone: 55-91-522-2726  
Fax: 55-91-522-7878  
E-Mail: fesperan@ibase.br

# Elaboração de Trabalhos Monográficos

**JUSTIFICATIVA** *Considera-se monografia aquele trabalho que reduz sua abordagem a um único assunto, a um único problema, com um tratamento especificado.* (Délcio Salomon)

O trabalho monográfico é caracterizado, principalmente, pela profundidade, unicidade e delimitação do tema. A coleta e organização e análise de dados sobre determinado assunto, podem resultar em trabalhos monográficos de grande contribuição para ações que promovam o desenvolvimento da região, o que justifica um investimento cada vez maior em cursos desta natureza.

**OBJETIVOS**

- Oportunizar aos alunos de cursos de especialização, orientação específica para elaboração de monografias.
- Fornecer diretrizes para trabalhos monográficos, partindo de temas propostos pelos alunos.
- Estimular a elaboração de monografias através de temas relevantes para a região.

**PRINCÍPIOS**

- Proposta de novas diretrizes para trabalhos monográficos.
- Estímulo à seleção de temas e estudos que contribuam para o desenvolvimento da região.

**CONTEÚDO**

- Qualidade e formas dos trabalhos exigidos nos cursos de pós-graduação.
- Como organizar trabalhos monográficos
- Orientações específicas conforme temas solicitados pelos participantes

**METODOLOGIA** Todo o conteúdo será trabalhado através de exercícios, dinâmicas de grupo, debates e atividades práticas.

**BENEFÍCIOS**

- Elaboração de monografias
- Compreensão da estrutura de trabalhos científicos.
- Aquisição de novos conhecimentos.

**AUDIÊNCIA**

- Alunos de cursos de especialização
- Profissionais interessados em monografias
- Professores da área de EDUCAÇÃO

# Exposições Orais x Auto-Confiança

## JUSTIFICATIVA

Expor idéias, é uma necessidade seja na vida pessoal ou profissional. No entanto, ótimas idéias deixam de ser divulgadas por inibição ou timidez o que, de certa maneira, prejudica o grupo, uma vez que o fato de não expor suas propostas, ou fazê-lo de maneira inadequada, torna o indivíduo cada vez mais inseguro e menos participante, não contribuindo na busca de soluções de problemas para o crescimento coletivo. Este workshop pretende demonstrar de que modo a dificuldade existente pode ser resolvida.

## OBJETIVOS

- Oportunizar aos participantes o desenvolvimento do seu potencial através do conhecimento de si mesmo.
- Demonstrar a importância de exposições orais, bem feitas, para o sucesso pessoal e profissional.
- Treinar pessoas capazes de expor idéias e projetos de interesse coletivo e que beneficiem a organização.

## PRINCÍPIOS

Desenvolvimento da **auto-estima** para garantir a **confiança em si mesmo**.  
Percepção da importância de expor adequadamente projetos e idéias de interesse coletivo.

## CONTEÚDO

- Exposições orais, por que fazê-las?
- Auto-estima, auto-imagem, auto-conceito
- Passos-chaves para exposições exitosas
  - a) Preparação
  - b) Prática
  - c) Confiança
  - d) Aproveitamento da ansiedade
  - e) Auxílio de recursos áudio-visuais
  - f) Retroalimentação
- Seleção de objetivos
- Uso da criatividade
- Critérios de avaliação para exposições orais

## METODOLOGIA

O conteúdo será desenvolvido através de exposições dialogadas, dinâmicas de grupos, construção de material pelos participantes e demonstrações práticas de exposições orais exitosas

## BENEFÍCIOS

Reformulação de comportamento e democratização de atitudes.  
Socialização de idéias.  
Diminuição da ansiedade ocasionada pelo receio de falar em público.

## AUDIÊNCIA

Profissionais ligados ao trabalho de relações públicas  
Chefes de departamentos  
Professores  
Demais profissionais que exercem cargos de liderança

# Relações Interpessoais

## JUSTIFICATIVA

A educação como PROCESSO de formação, através das relações interpessoais, não se separa da educação como FORMA de preparar-se para as relações interpessoais. Até certo ponto, é possível dizer que o indivíduo bem educado através de relações interpessoais terá facilidade nos seus contatos diretos com outras pessoas.

Atualmente a psicologia está voltada para o estudo da dinâmica de grupos, para o problema da criatividade e da psicolinguística, procurando alertar, de certa forma, a sociedade para a necessidade de aprendizagem pela descoberta, da liberdade de expressão, do pensamento original, da criação de novas relações e associações, tentativa esta de escapar à padronização, à mediocridade, através do autêntico e do talento.

Não se pode pensar em um processo educativo completo sem considerar a importância das relações entre os indivíduos como forma de crescer pessoal e profissionalmente, pois é através da convivência com os alunos, professores, diretores, secretários, enfim todos os elementos da comunidade escolar, que aprendemos e ensinamos ao mesmo tempo. É considerando a necessidade de um relacionamento sadio e harmonioso entre toda a comunidade escolar, que elaboramos este projeto.

## OBJETIVOS

- Refletir junto aos participantes, sobre a necessidade de estabelecer um bom relacionamento com as pessoas com as quais convivemos, para a obtenção de maior produtividade no trabalho e melhor qualidade de vida.

- Proporcionar aos participantes subsídios imprescindíveis ao processo de interação humana, no sentido de harmonizar as relações interpessoais, considerando a educação como elemento importantíssimo e motivador de transformações sociais.

## PRINCÍPIOS

Destaque ao trabalho integrado de todos os membros que compõem a comunidade escolar. Demonstração da importância de relações interpessoais harmoniosas no ambiente educacional.

## CONTEÚDO

- Ênfase às relações interpessoais na educação
- Relações interpessoais: Conceitos e princípios
- O grupo e suas características
- Fatores que influenciam na dinâmica de grupos
- Técnicas de dinâmicas de grupo
- Interrelações humanas aplicadas a liderança
- Socialização
- Decisão e processo decisório.

## METODOLOGIA

As atividades serão desenvolvidas através de dinâmicas de grupos, que permitam o entrosamento dos participantes entre si, e ao mesmo tempo a aprendizagem dos conteúdos propostos.

## BENEFÍCIOS

Este workshop possibilitará ao participante:

- a) melhor relacionamento com as pessoas com as quais convive;
- b) compreensão da importância das relações interpessoais no processo educativo;
- c) percepção da prática educativa a partir da relação mútua e da troca de experiências entre professor e aluno.

## AUDIÊNCIA

Professores  
Demais profissionais ligados à educação

# Planejamento Estratégico

**JUSTIFICATIVA** Planejamento envolve decisões sobre objetivos a traçar, programas e serviços oferecidos e como atrair e utilizar os recursos necessários, consideramos o PLANEJAMENTO ESTRATEGICO como um processo que determina O QUE uma organização pretende e COMO chegar lá. Portanto, o processo discute melhor futuro para a instituição e o melhor caminho para alcançar o destino.

**OBJETIVOS**

- Enfatizar o planejamento como marco referencial para o alcance de objetivos.
- Desenvolver o pensamento estratégico para o trabalho eficiente.
- Promover mudanças sociais considerando o planejamento estratégico como base para a realização de qualquer ação.

**PRINCÍPIOS** Discutir planejamento estratégico e seus **benefícios para a INSTITUIÇÃO**.  
Analisar os **elementos de um marco lógico** no planejamento estratégico.  
Definir os passos e aplicar técnicas para **desenvolver o planejamento estratégico**.

**CONTEÚDO**

- Planejamento Estratégico
  - a) Propósito - Conceituação
  - b) Reflexão - Benefícios
  - c) Aplicação prática
- Elementos do Marco Conceitual
  - a) Marco Conceitual
  - b) Enfoque macro e micro
  - c) Estratégia x programa e projeto
- Técnicas para desenvolver o plano
  - a) Organizar
  - b) Analisar situação
  - c) Desenvolver estratégias
  - d) Traçar o plano
  - e) Implementar o plano

**METODOLOGIA** Diálogos informais; Trabalhos individuais e em grupos; Leitura e comentários de textos  
Elaboração de planos

**BENEFÍCIOS** Este workshop ajudará o participante a:

- a) entender e aplicar técnicas de planejamento em qualquer nível;
- b) planejar efetivamente a instituição para enfrentar novos desafios;
- c) desenvolver estratégias para o trabalho em equipe.

**AUDIÊNCIA** Profissionais que atuem na área de administração em qualquer nível.  
Profissionais interessados em se aperfeiçoar na área de planejamento

# Participação Comunitária

- JUSTIFICATIVA** Desenvolver trabalhos através de participação comunitária leva a constatação da importância de conhecer conceitos e estratégias atualmente utilizadas. Elaborando, a partir daí, propostas que permitam a integração, cooperação e atendimento à comunidade, priorizando o desenvolvimento humano como o principal valor para o crescimento social.
- OBJETIVOS**
- Conhecer os enfoques mais utilizados em participação comunitária comparando os paradigmas dos mesmos com a nova proposta de desenvolvimento estratégico.
  - Apresentar um enfoque alternativo baseado em experiências reais e concretas.
  - Analisar e aplicar métodos e técnicas que facilitem a participação comunitária considerando os momentos críticos na solução de problemas.
- PRINCÍPIOS** Valorização do SER HUMANO.  
PARTICIPAÇÃO como valor e direito do homem.  
Integração como meio de promoção do DESENVOLVIMENTO SOCIAL.
- CONTEÚDO**
- Participação Comunitária
    - a) Mobilização
    - b) Desenvolvimento
    - c) Organização comunitária
    - d) "Empowerment" ou auto-potenciação
  - Superação de obstáculos da política partidária na comunidade
  - A chave para projetos participativos
  - Fases críticas no processo de solucionar problemas
- METODOLOGIA** Exposições orais apoiadas em recursos áudio-visuais.  
Atividades individuais e grupais.  
Sessões de vídeo  
Relato de experiências
- BENEFÍCIOS** Maiores condições de participação ativa na comunidade.  
Contribuições quanto aos paradigmas que norteiam o desenvolvimento comunitário, suas decisões, estratégias e propostas.  
Percepção e solução de problemas relacionados a organização em que exerce suas atividades profissionais.  
Maior produtividade a partir de trabalhos em equipe.
- AUDIÊNCIA** Profissionais ligados a empresas públicas ou privadas.  
Chefes de departamentos.  
Líderes comunitários

Fundação Esperança  
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# Monitoria e Avaliação de Programas

## **JUSTIFICATIVA**

Atualmente observa-se a crescente necessidade de acompanhar os programas implantados em qualquer instituição uma vez que, a produtividade depende de avaliações internas de cada ação da empresa.

Os resultados obtidos através de avaliação refletem o que aconteceu, está acontecendo e permitem a projeção de ações futuras, sendo que as tendências de uma organização podem ser alteradas mediante os dados apresentados.

A avaliação depende de um acompanhamento criterioso, para tanto é necessário um cuidado especial quanto à organização e interpretação de dados, bem como as soluções deles decorrentes. No acompanhamento e execução de um programa é fundamental que se tenha consciência do funcionamento, objetivos e metas da organização para verificar se o que está sendo desenvolvido corresponde à proposta da instituição.

A avaliação encaminha a uma análise que serve como um guia para novas propostas, portanto, não é conclusiva, e sim, uma necessidade a ser considerada em qualquer instância.

## **OBJETIVOS**

- Acompanhar a implantação e execução de novos programas, verificando as relações entre os mesmos e as metas da empresa.
- Avaliar os programas desenvolvidos na organização a fim de constatar a validade e a continuidade dos mesmos.
- Observar o desempenho dos funcionários como forma de contribuição para o sucesso do programa.

## **PRINCÍPIOS**

Acompanhamento e avaliação de programas desenvolvidos nas instituições.  
Verificação da produtividade.

## **CONTEÚDO**

- O que é um programa - características
- Elaboração de programas
- Seleção de programas
- Relação entre o programa escolhido e os objetivos da empresa
- Como avaliar um programa
- Conceito de controle de programas
- O trabalho do monitor
- Importância do acompanhamento e avaliação de um programa
- Instrumentos adequados para monitoria e avaliação de programas

## **METODOLOGIA**

O conteúdo será desenvolvido, basicamente, através de análises e avaliações de programas, exemplificando as diversas ações possíveis e que beneficiem a organização, estudos de casos, elaboração e sugestões de instrumentos para controle e avaliação de programas.

## **BENEFÍCIOS**

Ao encerrar o workshop o participante terá mais subsídios para:  
a) implantar, acompanhar e avaliar novos programas na organização  
b) reconhecer programas de interesse da empresa para aumentar a produtividade e os lucros.

## **AUDIÊNCIA**

Administradores de empresas; Chefes de pessoal; Inspectores de serviços; Profissionais ligados ao controle de produção

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# O Trabalho e as Relações Interpessoais

25 a 26 de agosto de 1994

## **JUSTIFICATIVA**

Atualmente não se pode deixar de considerar a importância das relações entre os indivíduos, como forma de crescer pessoal e profissionalmente. Torna-se necessário, portanto, refletir sobre o Ser humano, suas relações consigo mesmo e com os demais, considerando ao mesmo tempo, suas características individuais e sua busca pela realização através de um trabalho produtivo e útil à sociedade.

*As Relações Humanas tem poderosa influência na elaboração do trabalho de qualquer Instituição.*

## **OBJETIVOS**

- Promover a motivação para o trabalho em equipe enfatizando a importância de cada funcionário e de cada setor, para o sucesso da Instituição.

- Oportunizar o estreitamento das relações interpessoais entre os funcionários.

- Destacar a necessidade de oferecer à população um trabalho de qualidade como forma de contribuir para o desenvolvimento da região.

## **PRINCÍPIOS**

- Ênfase à motivação para o trabalho em equipe.

- Percepção da importância das relações interpessoais para um trabalho de qualidade.

## **CONTEÚDO**

- Motivação
- Confiança
- Macro e micro visão
- Jogos de criação coletiva
- Oficina de criação artística em várias linguagens (comunicação)

## **METODOLOGIA**

Todo o conteúdo será trabalhado através de exercícios de introspecção e extropecção, dinâmicas de grupo que permitam a criatividade e o entrosamento dos participantes, culminando com apresentação dos resultados utilizando os diversos tipos de linguagem.

## **BENEFÍCIOS**

- Reconhecer o trabalho em equipe como fundamental para um bom desempenho.

- Desenvolver estratégias que possibilitem maior integração entre os funcionários.

- Realizar um trabalho voltado para a qualidade de atendimento ao usuário da Instituição

## **AUDIÊNCIA**

- Funcionários
- Profissionais que atuam no setor de recursos humanos
- Pessoas interessadas em relações humanas no trabalho

1698

# Da Estatística à Tomada de Decisão

17 a 20 de maio de 1994

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## JUSTIFICATIVA

Todo investidor, administrador, gerente ou responsável por serviços que envolvem a coletividade, necessita de informações estatísticas que possibilitem o conhecimento da realidade para, a partir de então, estudar a viabilidade, planejamento, projeto e concretização de um programa.

Sabemos que as sociedades modernas acumulam grandes quantidades de dados numéricos relativos a eventos sociais, econômicos, científicos, etc... e, sendo a estatística um processo que utiliza métodos científicos para coleta, organização, resumo, apresentação de dados e obtenção de conclusões, organizamos este workshop no sentido de qualificar profissionais que atuam nesta área buscando, respostas às seguintes questões:

**O QUE PRETENDEMOS INVESTIGAR?  
COMO O FAREMOS?  
ONDE VAMOS CHEGAR?**

## OBJETIVOS

- Preparar profissionais para coletar, tabular e interpretar dados que possam garantir resultados válidos.
- Definir cuidadosamente as questões que os dados estatísticos deverão responder através da seleção correta das escalas de medida, eliminando idéias preconcebidas na coleta e análise dos dados.
- Familiarizar os participantes com as tendências estatísticas aplicáveis a coleta e análise de dados do Município de Santarém.
- Adquirir uma perspectiva estatística que permita compreender melhor a importância de coletar dados reais para analisar, elaborar e viabilizar qualquer programa a ser implantado.

## PRINCÍPIOS

Busca de maior rendimento no investimento do capital, seja econômico (aplicação financeira) ou técnico (recursos humanos)

Ênfase à estatística como elemento fundamental para elaboração e execução de programas.

## CONTEÚDO

- Conceitos e importância da Estatística nos setores de administração, economia, educação e saúde.
- População e escolha de amostras.
- Variáveis
- Análise de gráficos e tabelas
- Confiança e probabilidades
- Utilização adequada dos dados coletados
- Organização de um banco de dados para o município de Santarém

## METODOLOGIA

O conteúdo será desenvolvido através de orientações teóricas alternadas por demonstrações práticas utilizando dinâmicas de grupos que permitam a compreensão dos temas e ao mesmo tempo incentivem os participantes para a montagem básica de um banco de dados para o município, como trabalho de encerramento do Workshop.

## BENEFÍCIOS

Compreensão das diferentes situações, considerando o ponto de vista estatístico; Preparo para estabelecer conceitos, desenvolver cálculos numéricos, construir resultados e tomar decisões.

## AUDIÊNCIA

Funcionários responsáveis pelas estatísticas das Instituições  
Profissionais ligados à pesquisa  
Demais pessoas interessadas em Estatística

# Educação x Nutrição

22 a 25 de fevereiro de 1994

## JUSTIFICATIVA

Tendo em vista a necessidade de oferecer aos alunos merenda escolar que contenha os nutrientes necessários e ao mesmo tempo demonstrar a possibilidade de utilização de recursos da região, o que barateia o custo e permite que se atenda uma demanda maior de alunos, pretendemos desenvolver um trabalho no sentido de orientar as merendeiras para esta tarefa importantíssima e nem sempre valorizada pela comunidade escolar. Por outro lado, observa-se que nem sempre as pessoas encarregadas de fazer a merenda estão preparadas para tanto, desconhecendo cuidados fundamentais de higiene e de tratamento do alimento para que não haja perda de nutrientes. Com base nestes aspectos elaboramos este workshop.

## OBJETIVOS

- Examinar os diferentes tipos de alimentos destacando os valores nutritivos de cada um e os ingredientes necessários para uma alimentação sadia.
- Conhecer os recursos existentes nas escolas de Santarém para aproveitamento dos mesmos.
- Orientar quanto aos procedimentos necessários para manter as substâncias nutritivas dos alimentos.
- Destacar hábitos de higiene importantes para evitar contaminações ocasionando doenças.

## PRINCÍPIOS

Busca de soluções alternativas para merenda escolar.  
Ênfase à nutrição como fator importante para o desenvolvimento do indivíduo.

## CONTEÚDO

- Relação entre saúde e nutrição
- Hábitos de higiene
- A água como elemento importante em qualquer dieta
- Valores nutritivos dos alimentos
- Formação de hábitos alimentares
- Aproveitamento de recursos naturais
- Receitas alternativas
- Horta escolar

## METODOLOGIA

O trabalho será desenvolvido através de orientações teóricas alternadas por demonstrações práticas. O participante receberá, gratuitamente, material encadernado contendo instruções e receitas viáveis para as escolas de Santarém e terá oportunidade de experimentá-las durante o workshop uma vez que as aulas práticas serão ministradas na cozinha da Fundação Esperança.

## BENEFÍCIOS

Este workshop ajudará o participante a:

- a) realizar um trabalho mais consciente no que se refere à merenda escolar;
- b) desenvolver hábitos de higiene que evitem a contaminação através dos alimentos;
- c) manter a limpeza da escola incentivando os alunos quanto à preservação dos alimentos

## AUDIÊNCIA

Merendeiras  
Serventes  
Demais profissionais responsáveis ou interessados em merenda escolar.

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17/10

# Educação Ambiental

15 a 18 de março de 1994

## JUSTIFICATIVA

A preservação do meio ambiente cabe à toda a sociedade e deve ser considerada como uma prioridade quer para os países desenvolvidos, em desenvolvimento ou subdesenvolvidos. A exploração racional, consciente e responsável das riquezas naturais, exige a adoção de medidas relativas a gerenciamento ambiental, saúde e segurança, que contribuam para a preservação e renovação da natureza.

Torna-se necessário, portanto, orientar e discutir com as empresas públicas ou privadas e a sociedade civil organizada, sobre a melhor maneira de utilizar os benefícios que a natureza pode oferecer ao Homem sem, no entanto, desconsiderar a segurança, a saúde e, é claro, a preservação do meio ambiente.

## OBJETIVOS

- Orientar os participantes quanto à compreensão sobre a importância da preservação ambiental, como possibilidade de melhor qualidade de vida para a comunidade.
- Assegurar práticas de exploração responsável dos recursos naturais evitando, assim, eventuais efeitos nocivos sobre o meio ambiente.
- Assumir o gerenciamento ambiental como expressão de prioridade de toda a população, através de um processo de cooperação em busca de soluções alternativas.
- Apontar soluções para problemas relacionados à exploração do meio ambiente.
- Analisar, elaborar e executar programas que priorizem a preservação do meio ambiente.

## PRINCÍPIOS

Compreensão da importância do meio ambiente como possibilidade para o Homem viver mais e melhor.  
Oportunidade de união de esforços para a busca de soluções alternativas.

## CONTEÚDO

- Saúde e meio ambiente - conceitos gerais
- Recursos naturais existentes na região
- Manejo do ambiente urbano
- Manejo florestal e agro-florestal
- Manejo de áreas degradadas
- Planejamento e implementação de estratégias de desenvolvimento ambiental sustentável
- Biodiversidade e reservas da biosfera
- Valorização das reservas aquáticas
- Recursos humanos e financeiros para realização de pesquisas e implantação de programas
- Programas desenvolvidos no país.

## METODOLOGIA

Serão utilizadas técnicas que permitam discussões em grupos, palestras, recursos áudio-visuais para exposição de gráficos e quadros demonstrativos contendo dados estatísticos sobre a exploração de recursos naturais em diversos países.

## BENEFÍCIOS

Ao realizar este workshop o participante terá subsídios para:

- a) atuar junto à comunidade no sentido de desenvolver programas que priorizem a educação ambiental;
- b) divulgar a importância da preservação do meio ambiente para melhoria da qualidade de vida e saúde da população;
- c) demonstrar, em seu comportamento diário, que os cuidados para com a natureza, são de responsabilidade de toda a população

## AUDIÊNCIA

Profissionais ligados à área de saúde  
Profissionais que atuam na área de educação  
Líderes comunitários  
Demais pessoas interessadas em educação ambiental

- 172

# Desenho e Avaliação de Projetos

17 a 20 de agosto de 1993

- JUSTIFICATIVA** Tendo em vista que o projeto é a modalidade de trabalho de cada organização (governamental ou não), podemos considerar o DESENHO, EXECUÇÃO e AVALIAÇÃO como as ferramentas básicas que constituem o ciclo de um projeto. Portanto, desenhamos projetos para conseguir fundos, aproveitar ao máximo recursos humanos, etc... Desenhar um projeto é colocar em ordem nossos próprios pensamentos para guiar nossas ações.
- OBJETIVOS**
- Abrir um espaço de **reflexão** sobre o desenho de projetos
  - Revisar a articulação **MICRO - MACRO** no desenvolvimento.
  - Identificar elementos básicos de uma **metodologia efetiva** para desenhar projetos.
- PRINCÍPIOS** Consideração do **MARCO LOGICO** como facilitador de desenho de projetos. Compreensão dos **PROPOSITOS** e **PRODUTOS** do projeto, partindo do entendimento do seu desenho
- CONTEÚDO**
- Definição dos termos **PROJETO** e **PROGRAMA**
  - Características de um projeto
  - O aspecto micro x macro do desenvolvimento
  - O ciclo criativo
  - O ciclo de um projeto
  - Sistema de Manejo de Projetos ( **SMP** )
  - As ferramentas do **SMP**
    - a) A matriz do marco lógico para o desenho de projetos
    - b) Situação final do projeto
  - Administração e execução do projeto
    - a) Organização da equipe
    - b) Gráfico de responsabilidade
    - c) Diagrama lógico
    - d) Atividades e duração
  - Plano de vigilância e informação
  - Sistema de avaliação
- METODOLOGIA** Exposições orais acompanhadas de demonstrações práticas através de recursos áudio-visuais. Trabalhos em grupos através de dinâmicas.
- BENEFÍCIOS** Este workshop ajudará o participante a:
- a) desenvolver estratégias inovadoras para aperfeiçoar o desenho, execução e avaliação de projetos;
  - b) perceber a importância do pensamento lógico como referencial para a elaboração de um bom projeto.
- AUDIÊNCIA** Profissionais que atuam na área de administração, em qualquer nível. Profissionais interessados em se aperfeiçoar na área de planejamento.

# Atualização de Docentes

## **JUSTIFICATIVA**

O estímulo à liderança através de uma ação que oportunize a troca de idéias entre professores e alunos, onde ambos participem do processo de aprendizagem de maneira cooperativa, criando um ambiente favorável para o grupo avaliar suas experiências, nos leva a constatação de que é imprescindível que, periodicamente, o profissional que exerce liderança participe de cursos e reciclagens que lhe permitam uma auto-avaliação e avaliação do seu desempenho no trabalho.

## **OBJETIVOS**

- Refletir sobre o processo convencional de educação e suas implicações sociais e individuais.
- Estimular a adoção de uma perspectiva alternativa que permita o estabelecimento de novos paradigmas.
- Analisar o processo de aprendizagem e a importância do trabalho em equipes.
- Perceber a importância da retro-alimentação criando ambiente favorável à aplicação do ensino através da experiência e a fixação da aprendizagem.

## **PRINCÍPIOS**

A filosofia da **aprendizagem por experiência**.  
Busca de **soluções alternativas** para o processo ensino-aprendizagem.

## **CONTEÚDO**

- Métodos de ensino tradicional x ensino por experiência.
- Atitudes e conduta do professor frente aos alunos.
- Atitudes e conduta dos alunos frente ao professor.
- Reações dos alunos frente a metodologia de ensino.
- Métodos e técnicas de ensino.

## **METODOLOGIA**

O trabalho será desenvolvido utilizando as técnicas que fazem parte do conteúdo (estudo de casos, simulação, jogos competitivos, etc...)

## **BENEFÍCIOS**

Ao concluir o workshop o participante poderá:

- a) se relacionar melhor com seus alunos e/ou pessoas com as quais convive;
- b) desenvolver e adaptar novas técnicas para facilitar a aprendizagem;
- c) criar um ambiente favorável à troca de experiências.

## **AUDIÊNCIA**

Docentes das diversas áreas de ensino  
Profissionais ligados à educação  
Estudantes de Pedagogia e demais cursos de Licenciatura

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13174

# Aspectos Legais das ONGs

05 a 08 de abril de 1994

## **JUSTIFICATIVA**

Sendo as Organizações Não Governamentais (ONG's) estruturadas a partir da iniciativa da sociedade civil considerando interesses e solução de problemas relacionados à população, é de suma importância definir o que é uma ONG, a quem serve e que legislação norteia suas atividades. Este workshop pretende responder a estas indagações demonstrando a realidade das ONG's, discutindo e apresentando propostas para implantação de novas organizações e/ou regulamentações das já existentes.

## **OBJETIVOS**

- Discutir e analisar passo-a-passo o processo de legalização das Organizações Não Governamentais (ONG's)
- Proporcionar a troca de experiências entre as diferentes áreas de atuação das ONG's. Rever perspectivas de desenvolvimento considerando a sociedade civil.

## **PRINCÍPIOS**

Promoção do **desenvolvimento coletivo** a partir da sociedade civil organizada.  
**Mobilização popular** para o crescimento e benefício comunitário.

## **CONTEÚDO**

- O que é uma ONG: definição histórico
- As ONG's
- Percepção da realidade social
- Soluções para os problemas encontrados
- Relações com as organizações de base
- Relações entre Estado e ONG's
- Como selecionar e preparar recursos humanos para enfrentar os desafios
- Legislação para regulamentação das ONG's

## **METODOLOGIA**

O conteúdo será desenvolvido através de demonstrações sobre a atual situação das ONG's, estudos sobre a legislação vigente, dinâmicas de grupos e com o auxílio de recursos áudio-visuais.

## **BENEFÍCIOS**

Este workshop oferecerá, como subsídios, ao participante:

- a) o conhecimento e aplicação das leis que regulamentam as ONG's;
- b) distinção entre o trabalho de competência do Estado e das ONG's estabelecendo a relação entre ambos;
- c) elaboração e execução de projetos de implantação de ONG's.

## **AUDIÊNCIA**

Profissionais que atuam em ONG's  
Profissionais interessados em conhecer a legislação e o funcionamento das ONG's  
Funcionários de órgãos governamentais que desenvolvem trabalhos semelhantes e/ou em parceria com as ONGs.

175/14

# Liderança, Ética e Supervisão

## **JUSTIFICATIVA**

A organização de um grupo social depende da liderança existente no mesmo. Torna-se, portanto, necessário refletir sobre "liderança e ética" para desenvolver recursos humanos capazes de auxiliar as pessoas na superação de si próprias começando, assim, a correção de injustiças sociais e priorizando a ética como norteadora das atividades comunitárias.

## **OBJETIVOS**

- Construir uma nova visão de liderança partindo da análise da crise moral e os modelos de líderes existentes na atualidade.
- Estabelecer a relação entre liderança e supervisão desenvolvendo estratégias que permitam a promoção e a formação de novos líderes nas organizações de desenvolvimento.

## **PRINCÍPIOS**

Priorização de valores morais na formação de líderes e supervisores.  
Aplicação de princípios éticos norteadores das atividades.  
Valorização do bem estar do ser humano como condição para viver e produzir mais e melhor.

## **CONTEÚDO**

- A situação da humanidade nos anos 90
- Paradigmas de liderança
- Paradigma de serviço como base de liderança moral
- Modelos de liderança
- Sociedade autoritária x sociedade democrática
- Troca de estruturas mentais de liderança
- Habilidades administrativo-gerenciais

## **METODOLOGIA**

Os conteúdos serão desenvolvidos através de palestras, trabalhos em grupos, discussões e relatos de experiência.

## **BENEFÍCIOS**

Ao encerrar o workshop o participante terá possibilidades de:

- a) exercer liderança positiva entre seus liderados;
- b) perceber a necessidade de ouvir e apoiar seus companheiros na solução de problemas;
- c) supervisionar a equipe de trabalho mantendo clima de harmonia e responsabilidade;
- d) facilitar o desenvolvimento do potencial de cada indivíduo no sentido de estimular novas lideranças.

## **AUDIÊNCIA**

Chefes de departamentos  
Supervisores de serviços  
Funcionários que trabalham no atendimento ao público  
Professores