Analyzing the outcomes of health promotion practices

Vera Lucia Góes Pereira Lima1, José Maria Arruda1, Maria Auxiliadora Bessa Barroso1, Maria de Fátima Lobato Tavares1,2, Nora Zamith Ribeiro Campos1, Regina Celio Moreira Basilio Zandonadi1,2, Rosa Maria da Rocha1,3, Clélia Maria de Souza Ferreira Parreira4, Simone Cynamon Cohen5, Débora Cynamon Kligerman5, Ana Maria Girotti Sperandi6,7, Carlos Roberto Silveira Correa6, and Miguel Malo Serrano8

Abstract: This article focuses on health promotion (HP) outcomes, illustrated through evaluation of case studies and identification of strategies which have contributed to their success and sustainability. Evaluation research and practice in three distinct sceneries are discussed: (i) institutional and governmental agencies; (ii) communities in the “Manguinhos Complex” and Nova Iguaçu Municipality; and (iii) building of potentially healthy municipality networks.

The effectiveness of a social program in a health promotion perspective was based in the “School for Parents” program, undertaken by the First Court of Childhood and Youth of Rio de Janeiro, between 2001 and 2004. The analysis was grounded in the monitoring of 48 parents in charge of children under 18, who were victims of abuse, violence or negligence, and social exclusion, most of all. The study’s objectives were: illustrating the evidence of effectiveness of health promotion, discussing the concept of HP effectiveness under macro unfavorable conditions, and identifying strategies that foster sustainability of results. Institutional resources included a multi-professional staff, multidisciplinary approaches, participatory workshops, family case management, partnership with public and private institutions, and volunteer and civil society sponsorship of the families. Evaluation was based on social impact indicators, and psychosocial and contextual determinants. Evaluation methods included program monitoring and quantitative-qualitative methods, through a longitudinal evaluation of 3 years, including one year post program. The evaluation showed highly favorable results concerning “family integration,” “quality of family relations” and “human rights mobilization.” Unsatisfactory results such as “lack of access to formal employment” are likely related to structural factors and the need for new public policies in areas such as education, professional training, housing, and access to formal employment.

The training process of social actors in environmental management and housing, supported by the Public Health Technology Development Project of the Oswaldo Cruz Foundation, was employed as a tool of environmental education and healthy housing. The purpose of this study was to construct an integrated and participatory model of environment management. The methodology included training, research and evaluation of participants, from 21 to 50 years of age, who participated in building Thematic Learning Books and Community Guides about water quality monitoring. Participants’ evaluations emphasized the training process, encouraging them to become multiplier agents of environmental education in their communities and to continue learning how to bring together sectors for problems solving.

The Potentially Healthy Districts’ Network (RMPS) aimed at increasing knowledge and building capacity to develop actions which originate from each of the local units, based on their characteristics and practices. Developed by the Preventive and Social Department of Campinas State University with PAHO/WHO and the Society Special Research Institute (IPES), RMPS’s mission was to cooperate in the construction of healthy public policies in a participatory and articulated way through different municipal representatives. The network offered tools to municipal administrations to develop integrated projects that brought together government, managers, technicians, academy and organizations for the construction of public policies aimed at health promotion and quality of life. The methodology is based in the construction of knowledge and action networks by social actors, stimulating trans-sectorial and inter-district actions. The outcome evaluation is based on case studies, focus groups, oral stories, documents and image analyses. (Promotion & Education, 2007, Supplement (1): pp 21-26)

Key words: health promotion, effectiveness, macro structural conditions, Family Health Program (PSF), healthy housing, integrated participatory management

Resumo em português na página 34 Résumé en français à la page 38. Resumen en español en la página 42.

Clélia Parreira

The debate within health promotion (HP) points to the need for an in-depth discussion on effectiveness. Being a new area involving multiple fields of knowledge, HP requires new and different evaluation procedures, approaches and indicators concerning policies and practices. Distinct ways to understand evaluation processes and outcomes therefore are critical.

The following studies, beyond their individual contributions, express aspects that characterize new evaluation approaches and practices within HP. The first one, a government-run program for parents and relatives responsible for child victims of abandonment, neglect or violence, utilizes multiple processes and methods in order to achieve a better understanding of individual, social and political outcomes.

The second one, focusing on empowerment of social players, environmental management and housing, emphasizes community participatory evaluation methodologies and intersectorial actions. These methodologies are thought to be most effective for analyzing environmental education proposals, as they demand the development of critical thinking, actions and tools for intervening in the environment.

1. Doctor in Education, Sub region Brazil Coordinator in the Latin America Regional Office of the International Union of Health Promotion and Education – IUHPE/LARO/Brazil. Correspondence to: vilma.orla@openlink.com.br
2. IUHPE/LARO/Brazil. Advisory Group.
4. Latin America Faculty of Social Sciences, FLACSO, Brazil Academic Headquarters.
5. Potentially Healthy Municipalities Network.
6. Faculty of Medical Sciences of the State University of Campinas (UNICAMP).
7. Society Research Institute (IPES).
The third one presents a methodological approach for evaluating municipality networks which required the creation of new monitoring tools to consider their complex operating dynamics.

**Effectiveness of a social program from a health promotion perspective**

Vera Lucia Goes Pereira Lima, José Maria Arruda, Maria Auxiliadora Bessa Barroso, Maria de Fátima Lobato Tavares, Nora Zamith Ribeiro Campos, Regina Celi Basílio Zandonadi, Rosa Maria da Rocha.

This section discusses the outcomes of the School for Parents Program (SPP), which consists of three projects: (1) the School for Parents (SP); (2) the Solidarity Family Project; and (3) Parents at Work, which were run by the former first Court of Childhood and Youth of Rio de Janeiro. Monitoring and evaluation of the case study lasted three years from 2001 to 2004.

The program was created in 1998 by Judge Siro Darlan de Oliveira and was designed to replace punishment with social and educational support for parents, as well as to search for family integration and alternative income generation opportunities feasible for the families. Attached to the Family Guidance Service (FGS), one of the sectors of the First Court, SPP was addressed to parents (or relatives) of children and adolescents who were victims of abandonment, neglect or violence. It provided support to more than 500 families, through 15 groups of School for Parents, up to 2004.

The present analysis involves families from the 8th and 9th Schools for Parents' groups, whose predominant structure was uniparental, directed by women (60% and 57%, respectively). Participants came from various Municipal District regions, and some of them were or had been street dwellers (5% at the 8th SP and 3.6% at the 9th SP). They didn’t have a geographical community reference, thus the program was developed inside the First Court. Consequently, the evaluation paid special attention to institutional and programmatic conditions, which were defined as psychosocial or institutional determinants, evaluated through semi-structured interviews with the coordinators and institutional staff.

**The School for Parents Program (SPP)**

The School for Parents project, the first SPP segment, included 9 information and self-reflection workshops (30 hours in total) focusing on personal sensibilities, education, health, employment, art, culture, citizenship and recreation. Its objectives were the development of self-esteem, self-confidence and self-knowledge, and knowledge of citizenship’s rights and duties (Pereira Lima et al., 2002). Beyond the group experiences, FGS professionals provided support to each family, according to goals defined in common.

The Solidarity Family Project, the second SPP segment, with 12 months duration, focused on consolidating the previously reached progress (construction of self-esteem, strengthening ties between parents and children) through workshops to develop personal work abilities, including skills for income generation. Psychosocial support was offered through personal, family and group support, home visiting and orientation on searching the public services network. Considering the need for financial assistance to support family social inclusion, the program coordination engaged society’s more favored sectors to obtain sponsors for one or more families, equivalent to a minimum wage salary per month, during the 12 months. The objective was to make it feasible for participants to achieve autonomy and competence for taking care of their lives appropriately, with sustainability and without legal interventions.

The Parents at Work project (3rd segment – optional) was dedicated to strengthening the participants’ survival and self-sustainability, through their adherence to social and citizenship values; creation of employment and income generation opportunities through partnerships; and identification of external offers, which supported the parents’ own initiatives (Pereira Lima et al., 2002).

**Evidence of effectiveness**

The analysis of health promotion effectiveness, based at the School for Parents Program, drew upon Nutbeam’s model (1999) and was adapted to the Brazilian social reality, considering the heterogeneity and social exclusion of significant population groups (UIPES/OLRA-BRASIL, 2004). The evaluation was also based on: documents of the international conferences of HP between 1986 and 2000 (Brasil/MS, 2001); the “Analysis of the Implementation of an Intervention” (Denis & Champagne, 1997); and the “Discourse Analysis of Collective Subjects” (Lefèvre et al., 2000).

In the exploratory and developmental phase of the evaluation design, the IUHPE researchers, acting as external evaluators, closely followed the 8th School for Parents for 3 months, through observation, recordings and analysis grounded in the following dimensions: objectives, content, methodology, parents’ participation and coordination.

This phase allowed the IUHPE/LARO-Brazil and the First Court staffs to build up a monitoring routine, as well as multiple quantitative-qualitative evaluation processes integrated into the projects (Pereira Lima et al., 2002). The 8th and 9th Schools for Parents were then selected for longitudinal monitoring for three years, totaling 48 participants (33 of which concluded the program).

Monitoring and recordings on a weekly and fortnightly basis were targeted to assess transparency, identification of barriers, advances, corrections and proposals, and incorporation of parents’ and staff suggestions arising from the workshops and the participatory evaluation meetings.

Quantitative evaluation was accomplished through defining and assessing Social Impact Indicators, at the end of each of the three segments. Further assessment of “real life” conditions was carried out, 12 months after the end of the program.

Between November 2001 and July 2002 (during the program implementation), there was consistent progress (60% to 100%, positive answers) for the following variables: “search for health care,” “completion of immunization calendar,” “enrollment of children in schools,” “possession of personal documents,” “registration of children’s birth certificates” and “family housing.” “Accessibility to formal employment” was the most unfavorable indicator (24% of positive responses). In general, outcomes in the successive stages, involving actions in the individual, social and political spheres reaffirmed the program’s success.

Qualitative evaluation was conducted during the implementation of the program and one year after its end, with the same periodicity (per semester), and included meetings with both groups of participants. It also incorporated partial evaluations at the end of each workshop. The participants were stimulated to express their feelings and perceptions by responding to the following questions:

1. How is your family relationship today?
2. Are you able to participate in your family maintenance? In what way? If not, why?
3. Are you feeling more capable to find public services?
4. Are you involved in some community association or organization?

People’s responses were carefully registered, classified into categories, and analyzed, using a methodology of Discourse of the Collective Subject (Levefvre et al., 2000). The qualitative evaluation confirmed participants’ increased feelings of self-esteem and self-confidence and a higher ability for searching for their own rights and their children’s. The improvement of the family relationship and maintenance of chil-
their quality of life was understood as a challenge, any sustainable progress related to adverse conditions beyond their own capability. Nevertheless, considering life successful and which families had greater difficulty. Considering life successful and which families tended to be successful, the parents who did not attend the parents meeting (8th and 9th), for a total number of 19 participants, for a total number of 19 participants (11 from the 8th SP and 8 from the 9th), equivalent to 57% of the total number of participants who accomplished the program in 2002.

Follow up procedures presented limitations related to the maintenance of subjects. In this program there was a special difficulty due to the fact that families involved had not a geographical community reference and some of them had moved from their former houses, beyond other possible impediments. The results show high maintenance of program effect for the parents who attended the meeting (57% of total), it is likely that the parents who did not attend the meeting were less successful. It would be important for future evaluations to attempt to find the non-attendees, in order to provide a more comprehensive understanding of which families tended to be successful and which families had greater difficulty. Nevertheless, considering life difficulties faced by those groups, living under the persistence of macro structural adverse conditions beyond their own control, any sustainable progress related to their quality of life was understood as a demonstration of the program success.

In conclusion, the multiple and integrated evaluation strongly contributed to the program’s visibility, starting from the identification of facilitating and obstructive factors, followed by continuous corrections and revisions, allowing for the reformulation of intervention strategies.

The outcomes of the successive phases involving HP actions on the individual, social and political levels demonstrate evidence of program success, through the educational process, which stressed self confidence and self determination, closer affective relations in the family and among partners, exchange of experiences, consciousness of citizen’s rights and duties, and achievement of greater autonomy and competence (Pereira Lima et al., 2004).

However, consistent and sustainable outcomes under adverse macro-structural conditions require the implementation of far-reaching healthy public policies concomitant with changes in health determinants led by the communities, as a consequence of their empowerment. Such policies should achieve effective social inclusion and equity, through the implementation of actions that would strongly benefit community development, popular housing needs, creation of an educational model based on inclusion and quality. Policies for training and employment, and rules which favor the integration of informal work into the social security system should be stressed.

This study opens a discussion on how to define “the success of a program” under adverse situations. How can we characterize a program’s effectiveness, considering tough conditions? What would be the elasticity of the concept? What effectiveness level might be searched for? How do we define “evidence” when macro context is adverse, so that any advances in the quality of life became significant and relevant? The key question is: Are there always real possibilities for people to control the social determinants of health? Or to what extent are the social and economic determinants within the control of individuals for people?

<table>
<thead>
<tr>
<th>Impact indicators</th>
<th>8th SP Nov/2003</th>
<th>9th SP Nov/2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not committing nor relapsing into the transgression*</td>
<td>82.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Renetration of children sheltered in institutions into their families</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Possession of personal documents</td>
<td>91.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Possession of children’s birth certificate</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Search for health care</td>
<td>100.0</td>
<td>87.5</td>
</tr>
<tr>
<td>Completion of the immunization calendar</td>
<td>100.0</td>
<td>87.5</td>
</tr>
<tr>
<td>Children not living on the streets</td>
<td>91.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Enrollment of children under 18 in schools</td>
<td>82.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Capacity to generate income</td>
<td>64.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Housing for the family</td>
<td>82.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Access to formal employment</td>
<td>27.0</td>
<td>25.0</td>
</tr>
</tbody>
</table>

*Transgression that has motivated the accusation – abandonment, negligence or violence.

Empowering social players: environmental management and housing

Simone Cynamon Cohen
Débora Cynamon Kligerman

The City of Rio de Janeiro has been making an effort to reorganize the health care system in order to overcome a predominantly curative model characterized by low problem-solving capacity, ineffective cost-benefit ratio, and difficulties in using a comprehensive approach to addressing health issues.

It is within this context of building a new health system practice that the Family Health Strategy was introduced, aiming at incorporating concepts such as health promotion, interdisciplinary work, and community participation with responsibility, in order to contribute to improving the quality of the health system. The health promotion movement proposes several areas of action and, among them, the creation of healthy environments and settings.

The present study shows the results of research carried out with the support of the Technologic Development Project on Public Health / Oswaldo Cruz Foundation (PDTSP-water/FIOCRUZ). Using environmental education and healthy housing strategies as its main tools, the project designed guidelines to create an integrated participatory environment management model, oriented to environmental sanitation, housing and health within the watersheds of Canal do Cunha/ Faria Timbó (Manguinhos Complex, RJ) and Bota River (Nova Iguaçu-Rio de Janeiro).

A teaching-investigation-action-evaluation methodology was used so that a continuous information process could establish a permanent exchange of technical and scientific knowledge with popular knowledge; the evaluation of conditions and stages attained; as well as production of educational materials. For the latter, booklets on water issues and a Community Guide for Monitoring Water Quality were produced with community participation.

The production of the booklets involved discussions with the population during workshops, on the following subjects: water quality; waste and health; housing and health; sanitation and health, and river revitalization. The Community Guide for Monitoring Water Quality was developed from the knowledge acquired by these social players during the classes.

The release of these products is expected to contribute to the empowerment of monitors and/or community “multipliers,” with goals of family health promotion, sustainable management of hydro resources, participatory and integrated management of the river basins, and social empowerment.
The project is developed in two river basins. One, in Nova Iguacu municipality, and the other in Manguinhos neighborhood, in Rio de Janeiro. In Nova Iguacu municipality, the project consisted of two training programs containing two modules each: one of them related to Environmental Management and the other concerning Healthy Houses. The classes were organized in the format of 48 workshops. In the module on Environmental Management the following themes were developed: Rivers Revitalization; Pollution and Water Quality; Sanitation and Health; Residues and Health, and Guided Visits in Nova Iguacu Municipality. Other contents were developed in the module of Healthy House, such as: Concept of Healthy House; Factors of Risks inside the House; Space Representation; Planning of Healthy Spaces and Guided Visits (community, schools, etc.). The training program was accomplished for 4 groups, in two weekly classes, for three months (from July to September and from October to December, 2004). Thirty students were enrolled in each group, totaling one hundred and twenty students. Among those, about one hundred and ten were certified.

In Manguinhos neighborhood the same design (programs and modules) was developed. Twenty four workshops were completed and its contents were the same described above. The training program was completed by two groups of 50 students each, one class per week, for six months (from July to September and from October to December of 2005). In each group of fifty students, about forty one students were certified.

There was a difference between the two programs in the rivers’ basins, concerning the students’profile. In Botas River’s Basin the majority of students came from the Municipality Secretariat, and in Faria Timbo River’s Basin students drawn from the Association of Residents and from representatives of NGOs who acted in the area. All of them lived in the surroundings, 51.2% of the participants being women. Data about participants’ school level are synthesized in Table 2.

According to the students, the most prominent aspects of the training process were: empowering, program contents (88.2%) and learning how different sectors need to work together for solving problems (11.7%). River revitalization (33%), solid waste (21%), water quality (18%), housing (13%) and sanitation (10%) were named as subjects they would like to study in depth. Environmental awareness, technology-based sanitation, river revitalization, selective waste collection, group-dynamics and alternative housing technology were stated as actions to be developed.

Course participants declared their interest in taking part of environmental education projects in their communities, acting as “multiplying agents.” The group emphasized the importance of both information and technical visits: the former being instrumental as a tool for the required change, and the latter as a means of translating theory into actions. Training replication with communities’ residents associations was recognized as a necessary and important action.

The construction of didactic material based on the project experience was one of its important outcomes. Didactic materials for the classes were produced, as well as 6 thematic booklets built with the participation of students, to be used by the municipal schools: ‘Management of Watercourses Resources;’ ‘Importance of the Water;’ Sanitation and Health; ‘Residues and Health;’ ‘Water Analysis and Healthy House’. A Guide (‘Everybody can understand what healthy water is’) was produced for the community monitoring of the water quality. This material was amended with form cards so that the community could, by its own, verify and follow the river basin water quality.

Other outcomes were:
- elaboration of Maps and drawings of Botas and Faria Timbo River Basins;
- photographic and historical reports on the rivers basins;
- report of the 2 river basins’ quality of water, as well as the indication of its classification according to the Resolution of the Environmental National Commission - CONAMA 357/2005;
- the organization of the groups ‘Protectors and Friends of Faria Timbo River’ and a ‘Sub-Committee of Faria Timbo River / Channel of Cunha’s hydrographic basins’.

The project qualitative evaluation demonstrated that the potential basis of an Integrated Environmental Management should start with environment awareness. It initiates with each single person in its “micro-habitat” where family health actually takes roots, contributing to the establishment of a healthy environment and citizenship strengthening through information and practice, in order to facilitate the implementation of policies, diffusion of concepts and individual actions, as well as the responsibility for the habitat.

Clearly, the workshop process had an important positive effect. The next level of evaluation, however, would require follow-up to assess how many participants became real multiplying agents; what skills and knowledge did they use to what extent the booklets and the Community Guide were used; how many people did they reach; what actions did they engage in, or effectively promote; and ultimately, if an integrated environmental management model was consummated, benefiting quality of life.

Methodology for evaluating networks of healthy municipalities: an experience towards building of public policies

Ana Maria Girotto Sperandio
Carlos Roberto Silveira Correa
Miguel Malo Serrano

Social networks are important spaces for forming and developing social capital, for they allow connections among people (Milani, 2004); identifying common aims; promoting partnerships and creativity arising from a mutual recognition, cooperation and reciprocity; and increasing people’s ability to comprehend and participate in public policy development. Networks allow the possibility to operationalize HP strategies aiming at the collaboration to build a healthier city.

The starting point for a social network, the communication among people (Capra et al., 1996) depends on established connections, and it becomes fundamental to define channels and spaces for transmission; exchange and multiplication of common aims; action methodologies for solving difficulties and success stories of people who live in certain territories, as well as publishing achieved results (Sperandio, Correa, Rangel, 2004). In Brazil, there are several networks with different objectives and methodologies, but data concerning their quantity and functioning are unknown. There is no information about social and political transformations which a network could provide within a specific territory.

One of the most recent social networks in Brazil is the Potentially Healthy Municipalities Network - RMPS (Rede de Municipios Potencialmente Saudáveis), a project based on knowledge exchange and practice arising from each participating locality, in respect to its characteristics and aims. Its mission is to collaborate to develop healthy public policies in a participatory, articulated way, through its different representatives. Municipality participation is dependent on

<table>
<thead>
<tr>
<th>Table 2. School education level (%)</th>
<th>Botas</th>
<th>Faria Timbo</th>
</tr>
</thead>
<tbody>
<tr>
<td>First degree</td>
<td>8.49</td>
<td>94.1</td>
</tr>
<tr>
<td>Secondary school</td>
<td>39.56</td>
<td>60.9</td>
</tr>
<tr>
<td>Third degree</td>
<td>54.9</td>
<td>4.8</td>
</tr>
</tbody>
</table>
the signature of a Commitment Statement by the mayor. The network has the technical support of the Pan-American Health Organization (PAHO/WHO), the Campinas State University – UNICAMP (Medical Science School/ Preventive and Social Medicine Department), and the Special Research for Society Institute (IPES: Instituto de Pesquisas Especiais para a Sociedade), and of 27 member Municipalities.

Created in 2003, with signatures covering a region of two million inhabitants, the RMPS has held 30 conferences and five seminars, written four publications recording collaborators’ knowledge and actions of participating Municipalities, and provided exchanges with two international missions (Equator and Japan).

Its aims are: 1) to make feasible, enhance and monitor PAHO strategies for Healthy Municipalities, by means of building public policies, participation of all sectors, and creation of sustainable initiatives; 2) to support municipalities’ administrations to develop a single, integrated governmental project; and 3) to support managers, technicians, academic personnel, organizations and society to build HP public policies and improve quality of life.

The strategy of creating knowledge-practice webs has been adopted by stakeholders, motivating inter-and trans-sectorial actions; strengthening transformative participation and search for autonomy of the different stakeholders; building practices which affirm local values and wishes of the participants; and publishing successful experiences of the municipalities within and outside the Network (Sperandio, 2004).

The Network’s working methodology includes project monitoring, organizing committees in cities, identifying local network multiplication agents, establishing priorities and selecting themes. The feedback to municipalities has given rise to new reflections, project designs and public policy formulation.

The RMPS presents three characteristics:

1. A transversal approach, integrating specific issues from each locality into a common framework.
2. An activating node represented by the university, which holds and feeds the network, in order to take advantage of each municipality’s potentialities and necessities, and to engage in common treatment of aggregated problems as well as solutions found in different municipalities, so that each experience supplies the others.
3. Absence of a hierarchical, formally organized structure, giving it a special and self-sustainable dynamic. The mayors’ election and consequent replacement between 2004/2005 was an interesting test to the network, which has become stronger, since most of the common proposals of the Network were incorporated within municipal administration and managers, in spite of political change.

The core dynamic of the integrated participation management is its flexibility. Without formal structure or commitments, plans develop with shared strategies in order to meet the needs of managers, technicians and societies within the municipalities which take part in the RMPS. In the process of developing diversity, it is the proposal of a healthy municipality as a common milestone that is encouraged.

In March, 2005 the event “Building Healthy Sustainable Development” was held with the attendance of mayors and coordinators. Such an event aimed at presenting the network principles and backing them up with knowledge concerning Brazilian successful experiences and HP strategies. Its targets were to stimulate reflection of how a guiding plan of potentially healthy municipalities could create spaces for public policies which meet the population needs. It also proposed to gather information to establish a schedule of events and activities, highlighting the following priorities:

1. Environment – solid waste and water quality;
2. Popular Participation;
3. Safety – prevention and health promotion approaches through intersectorial actions aimed at the root causes of the problems;
4. Health – “Family Health Program;”
5. Income and Job generation.

The existence of the RMPS generated the proposal to monitor changes within each municipality. The monitoring aims to understand how local dynamics work towards healthy public policies, and how to establish the social and managerial conditions which favor the creation and implementation of policies as milestones to healthy municipalities.

As a consequence of how RMPS has functioned, the monitoring and evaluation process opens a space for participation of the different stakeholders at two levels: within municipalities, where it is possible to identify and integrate activities which take place within the network through a matrix; and in the collective space of the network, where integration of the regional policies is examined, starting from a discussion on local successes and difficulties within the Network.

A matrix offers the possibility of monitoring the policies which emerge within municipalities, including the internal processes of local dynamics, as well as the participatory integrated management system and over. Therefore, the dynamic of RMPS facilitates knowledge of new policy directions, and recognizes the management elements which allow for its generation and sustainability.

In order to characterize HP as the Network’s main axis based in the integrated management methodology of public policies, criteria are needed for concepts such as intersectoriality, transversal perspective, integrality, partnership, which might be contemplated and developed by managers. Evaluation methods include procedures such as: analysis of interviews’ and documents’ content produced inside the Network, under a historical perspective; focus groups for qualitative evaluation; case studies, and outcomes’ analysis. It foresees visits to municipalities randomly chosen, so researchers and coordinators might be able to observe public policies implemented through the Network experience.

The construction of an Observatory involving people who live in different municipalities, and researchers from the University and NGOs, in order to monitor the Network’s integrated public policies is proposed. This is due to the complexity of RMPS, which involves different realities, territories and people. The observatory should collect the production of each Municipality and would advance in its analysis, respecting dialogue practices, interactions, strategies and actions that search for the improvement of quality of life under the HP perspectives.

Considering that the project implementation is under development, there are not accurate final outcomes. Nevertheless, some intermediate results are:

- Definition of shared strategies among managers, technicians and societies within municipalities which take part in the RMPS;
- Definition of needs and priorities through the participation of mayors and coordinators to establish a schedule of events and activities;
- Construction by the potentially healthy municipalities of a guiding plan to generate public policies able to meet the population needs;
- Decision to monitor changes within each municipality, aiming at the understanding of local dynamic work towards the construction of healthy public policies;
- Definition of strategies to establish social and managerial conditions for the implantation of policies.

Final considerations

Efficacy and effectiveness are concepts that are used to analyze HP interventions outcomes. Evidence of efficacy is an appropriate expression related to the experi-
Mental sciences paradigm. Its adequacy, when applied to HP outcomes, is often questioned, considering the fact that the epistemological basis which supports HP is not the experimental sciences but the social and behavioral sciences. Parallel to this controversy is the understanding of the complexity of HP actions, which need to be monitored and evaluated. WHO recommends “adopting an approach with multiple actors, sceneries and management levels, and to use all quantitative and qualitative existent methodologies” (WHO, 1998; McQueen & Anderson, 204, p 11).

Monitoring and multiple quantitative-qualitative evaluation methods in all phases of HP programs and projects, including analysis of “real life” conditions, are essential for transparency, adjustments and improvement of practices. They allow researchers to detect difficulties; review strategies, facilitate progress, and refine outcomes assessment and analysis.

The analysis concerning the effectiveness of local interventions under adverse macro structural conditions beyond individual control, in programs that search for social inclusion, citizens’ rights, respect for deprived groups, shows the value of any progress related with his/her life itself, as a demonstration of effectiveness, considering the persistence of social environment difficulties, as was shown in the School for Parents Program.

The example concerning stakeholders empowering processes and the participatory integrated management highlights the significant role of continuous exchange of technical, scientific and popular knowledge, and points to strategies that strongly contribute to success, such as the creation of participatory educational tools based on local experience, and knowledge development. It also recommends the incorporation of HP practices and community commitment to the actions developed by the Family Health Program (PSF – Ministry of Health). Sustainability is a relevant condition to show intervention effectiveness.

The organization of Healthy Municipalities’ networks favors the diversity and choice of collective planned strategies, as well as participants’ commitment to meet the needs of stakeholders, and to create opportunities for the development of public policies related to population needs.

The evaluation of policy outcomes related to Health Promotion strategies has been a challenge for researchers and policy-makers, managers, professionals, and all those involved in this subject. Health promotion requires new evaluation methods and monitoring systems for continuously searching for effectiveness, knowledge development, and improved social conditions.

References


