Interessement and Enrolment: contributions to the institutionalization of monitoring and evaluation as a reflexive managerial practice

Elizabeth Moreira dos Santos¹, Marisa Vassimom², Egléubia Andrade de Oliveira¹, Andrea Loreiro², Aline Leal¹, Aline Duque¹, Carlos Leonardo Cunha¹, Marly Marques¹, e Vanessa Castro²

1. National School of Public Health (LASER/ENSP/FIOCRUZ)
2. Futura Channel (Roberto Marinho Foundation)

Introduction:

This paper aims to discuss the monitoring and evaluation component of the Programa Ação Saúde, or Health Care Action Program (HCAP). In this program, monitoring is approached as a systematic educational reflection which is committed to the improvement and effectiveness of interventions in maternal and child health promotion. The monitoring actions are taken in order to discuss the use of hybrids as temporary and tightened configurations of interests and controversies between communities of experts and communities of practice. This aims to highlighting how the consolidation of these actions into inscriptions, used and useful institutional monitoring systems, reveal much more than issues about technical training and the availability of friendly technologies.

The Programa Ação Saúde has begun with the objective of sensitizing and mobilizing communities in order for them to support the management and the integrated implementation of projects and programs, aiming the improvement of local maternal and child health conditions. It is an intervention directed toward the interface of action between programs for health promotion and activities of communication and social mobilization.

The program has been designed and implemented through a technical partnership between the Laboratório de Avaliação de Situações Endêmicas Regionais (Laboratory of Monitoring and Evaluation of Regional Endemic Situations), which is part of the Escola Nacional de Saúde Pública (or National School of Public Health) (LASER/ENSP/FIOCRUZ), and Canal Futura. The latter is a TV channel with a social project based on communication and education, supported by the private sector and linked to the Fundação Roberto Marinho (Roberto Marinho Foundation). Among Canal Futura’s main sponsors one is Vale Foundation, which operates the social responsibility actions of the Vale company, one of the world’s largest mining
corporations with a predominantly Brazilian capital. The program, which is ran in different municipalities in Maranhão, presumed two axes of implementation: Local institutional articulation for action on health and social mobilization.

Implementation of the pilot included the production of educational material, the creation of health promotion cells and the training of participants on the methodology of problematization and shared monitoring. The implementation was organized into three concurrent steps: a) Planning, b) Implementation of sensitization and training actions and c) Monitoring and Evaluation.

The activities performed between on-site meetings were supervised by conference calls, usually every two weeks, with the participation of local groups and technical coordination. The first replication by cells was always accompanied on-site by technical coordination.

The construction process of the cell began with the sensitization workshop and went on continuously throughout the cycle. The innovation lies in the fact that the set of cells formed in the initial cycle did not wait for its end to reproduce itself. After both, the first sensitization workshop and the first training, the cells led off the replication by performing themselves, with support of instructors, the sensitization workshop of the second cycle. Thus, replication became the hub of the training problematization. The whole cycle was replicated with this little latency, intentionally rescuing the replication process as the basis for the exercise of reflection, in order to operationalize the theorization of practice.

The dynamics described, associated with the protagonism of the communities of practice in the choice of the problem and in how to solve it, intended to integrate the performance of groups, connecting leaders and local institutions entangled in an active hybrid, even though temporary. The Ação Saúde program did not refer only to health contents, but also to a pedagogical proposal whose structure leads to thinking about the practice and transforming it. An experiment on the possibilities, therefore, a plunge in complexity. The content of the workshops were structured into pedagogical units for which were defined sequences of appropriate activities, relating to the participant and the facilitator.
The implementation of the actions on the pilot began in April, 2009 in the municipalities of Arari and Santa Rita and subsequently occurred in the municipalities of São Luís, Itapecuru-Mirim and Anajatuba, all located in the state of Maranhão, Brazil. The implementation process was not homogeneous, and suffered from lack of continuity between the first and the second cycle. In contrast to what was expected in terms of multiplication of cells, there was a movement of merging in the centralized structures, as a justification for optimization of available resources.

During training, participants experienced the program’s methodology through processes shared with the facilitators. Such processes are described in the Training Guide from the “Ação Saúde Kit”. Each step, that is, the invitation to participate, the formation of groups, the diagnosis of vulnerability contexts including the map of protection and health services, drew the foundation for a local intervention plan considering local governability and feasibility.

All activities during the training were planned in order to increase the use of educational material available on the Ação Saúde Kit. The kit contains: Usage Guide and Text Notebook, Training Guide, Illustrated Album, 18-DVD set with programs related to the theme, 20 one-minute-long TV programs, 20 radio spots and a DVD with a Table of Contents to make research by themes easier for users.

The Ação Saúde had the same implementation design for all municipalities, that is, training of participants from the communities of practice; action plan with a common theme on maternal and child health; supervision that is focused on learning, monitoring processes and outcomes and socialization of experiences.
The profiles of social and programmatic vulnerability of some municipalities, as well as the organizational and political context from the moment of action planning, already indicated the need for reflection and adaptation of the proposal in order to achieve specific programmatic actions of health.

I) Maranhão’s infant mortality and socio-sanitary context

Currently, for every thousand live births in Brazil, 21 fail to complete one year old. The infant mortality rate (IMR) considered acceptable by the World Health Organization, that is, 10 deaths per thousand live births (UNICEF, 2010), has not yet been reached. IMR reduction has not occurred uniformly throughout the country, which reflects the existing contrasts between the federative regions and its rural regions.

According to the latest census of the Instituto Brasileiro de Geografia e Estatística – IBGE (Brazilian Institute of Geography and Statistics), the state of Maranhão, despite of showing remarkable progress over the last 10 years, still shows high rates of infant mortality. Although reduced from 50.4 in 1997 to 36.5 deaths per thousand live births in 2009, this state continues to have one of the worst situations compared with the rest of the country (IBGE, 2010).

The infant mortality rate estimates the risk of death in children under one year per thousand live births in a given area and period. It is considered one of the most sensitive indicators to quality of life and to the nutritional status of the population because the age group of less than one year has greater vulnerability to unfavorable biological and social factors, with a risk of developing health problems and deaths (Medronho et al, 2009, Oliveira et. al, 2011).

In spite of a 77.9% coverage of the population by the Estratégia Saúde da Família (Family Health Strategy), Brazil’s main basic health care policy, Maranhão presents percentages of children with basic vaccination schedule, exclusive breastfeeding and coverage of prenatal consultations that are below both the national average and the Northeast region average. Thus, health problems related to these protective factors occur more frequently. The state of Maranhão presents infant mortality due to diarrhea, malnutrition prevalence and hospitalization rate due to pneumonia and dehydration higher than the national and regional rates (Souza e Filho, 2008)
Table 1 – Comparison of the programmatic and social vulnerability: Brazil and Maranhão

<table>
<thead>
<tr>
<th>PROGRAMMATIC INDICATORS</th>
<th>VULNERABILITY</th>
<th>Maranhão</th>
<th>Brazil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-natal Coverage (2009)</td>
<td></td>
<td>81.6%</td>
<td>92.6%</td>
</tr>
<tr>
<td>Vaccination coverage among children under 1 year old (2010)</td>
<td></td>
<td>87.5%</td>
<td>95.4%</td>
</tr>
<tr>
<td>Proportion of population covered by the PSF and PACS (2012)</td>
<td></td>
<td>77.9%</td>
<td>60.6%</td>
</tr>
<tr>
<td>Proportion of children exclusively breastfed (2009)</td>
<td></td>
<td>68.4%</td>
<td>73.6%</td>
</tr>
<tr>
<td>Number of basic health care units / health care centers indexed (2009)</td>
<td>1.026</td>
<td>29.950</td>
<td></td>
</tr>
<tr>
<td>SUS professional per 1,000 inhabitants (doctors)</td>
<td></td>
<td>1.3</td>
<td>3.1</td>
</tr>
</tbody>
</table>


According to data from the Ministry of Health (BRAZIL, 2010) regarding both, the water supply and the quality of sanitation services, the Maranhão’s situation is one of the most precarious in the country. Public network of water supply, and sewerage system through a public sewage and rainwater network coverage are also inferior to national levels (IBGE, 2000). Another relevant fact concerns the illiteracy rate in the state, which appears to be well above the national rate (DATASUS, 2012).

In order to reverse this situation, Maranhão joined the “Pact to reduce infant mortality in the Northeast and Legal Amazon”, whose goal is to reduce it by at least 5% a year, with greater focus on reducing neonatal mortality. Moreover, the pact provides enhancing the supply and the quality of prenatal, childbirth and postpartum care programs (UNICEF, 2010; BRAZIL, 2010). It can be perceived, therefore, that there is, in the health sector, a political-programmatic environment propicious to improving maternal and child health; however, it is necessary that these strategies come to an understanding with local contexts and with the actors involved.

Ação Saúde’s foundations and methodological approach

The Ação Saúde program premises were “supporting public management towards dialogue and integrated action with civil society”. This support would be built by strengthening the linkage
with society, reinforcing the integrated actions and by shared collaboration with public management. It presumed pluralistic action, valuing different groups working in the municipalities, regardless of party affiliation, ethnic racial and religious background, as well as respect for culture and local knowledge. The challenge was to build vivid proposals that took into consideration the context and that through reflexive and pedagogical monitoring approach expanded, from individual to collective protagonism, the ability to respond to health needs and living conditions.

The methodology used implied the organization of health networks. It supposedly would cover the participation of several representatives such those from municipalities, public policy councils, civil society institutions, leaders, local agents, health, education and social assistance professionals and other organizations that were directly involved with the health agenda. The prerequisite was interest in contributing to integrated practice, participating in a training process and qualifying as group of multipliers of the program.

The multiplying groups were called “health promotion cells”, and they were present in communities, mobilizing people and organizations into coping with a health issue priority, that is chosen in a shared way, in each municipality.

The idea of cells as translating and actant connections (Latour, 2000), and inspired in a supplementary way by the Freirean theory, assumed plurality and the overcoming of the culture of silence. To Latour, translate means shifting goals, interests, devices, human beings. It implies a deviation; a link that did not exist before and that somehow modifies the intertwined elements. The translation chains refer to the work by which actors modify, displace or translate their various and contradictory interests. Latour (2010) explains that, in addition to linguistic meaning of translating one language to another, the notion of translation here has a geometric meaning of transposition from one place to another. Thus, “translating” interests means, at once, offering new interpretations of these interests and channeling people in different directions” (Latour, 2000, Latour, 1998).

In Paulo Freire, speech has a special meaning (Freire, 1996), i.e., when human subjects say their word, they find themselves authors of their existence and their history. The model based on the problematization methodology involves the shared choice of generating themes related to maternal and child health, seeking the cell’s knowledge about itself, its relationships with itself and with its context, in the sense of knowing oneself as a part of the problem, and
knowing how to make the transformation, i.e., the transforming competence (Santos et al, 2012; Hartz, et al 2008).

Images of capacity building workshops from Health Action Program provided by Futura Channel

Clearly, there was hybridization of at least two different networks, one network of professionals and researchers, and the other, a community of practice formed by individuals or groups with common declared interests, such as improving their own practice and professional development.

The notion of network refers to flows, circulations, alliances and movements, instead of referring to a fixed entity. A network of actants cannot be reduced to a sole “actor”. It is composed of heterogeneous series of animate and inanimate elements that have been connected and negotiated (Latour, 2000; Latour,1996). The creation of translating connections between expert networks and communities of practice in democratic societies has been mobilized to facilitate, on the one hand, the incorporation of new technologies and appropriate technical answers and, on the other, the negotiation of interests, technologies and alternative knowledges (Hartz et al, 2008).

The translating connections were also heterogeneous. Almost all members of the cells already had experience as activists on social and cultural issues, or on health. Ação Saúde went beyond simply bringing together people who did not know each other, for it has set them into an interaction movement. Inside the cells that were formed, collaboration tended to reproduce relationships and preexisting connections. The different profiles of the cell members were expressed in this translation space: those with a technical-professional profile, argued in favor of activities such as workshops and lectures, the usual components of professional training routines; other members aligned with operations of persuasion and enlistment of partners.
The problematization of issues outside the scope of health, reinforced by groups that were active in social movements and followed by mobilization, persuasion and entanglement practices, did not stabilize into visible inscriptions. Conflicts between communities of practice involving disputes related to the stabilization of the network often referred to the problematization of actants, such as: social responsibility and the mining company; volunteering and employment; geographical accessibility and communication and technological connectivity. The focus of tension lay in a proposal of building connections and circulation, in a centralized environment with a rigid hierarchization of decision flows, based on rules from experts.

From the perspective of the coordinators linked to Canal Futura, the program implementation would happen through adhesion and in a participative way. As a condition for its accomplishment, two restrictions were adopted: the theme (maternal and child health) and the place of action (Carajás Railroad), where the mining company has already been performing community actions.

The mother and child theme and the analysis of childhood and adolescence social indicators in municipalities in Maranhão showed the IMR as an important indicator to be modified. The scope of the program’s initiative converged to the priorities set by the Ministry of Health and that were coherent with technical skills of professionals’ training and of mobilization of ENSP’s public health forums. In other words, the theme did not elicit any conflicting process on the network of experts. On the other hand, both mobilization and persuasion processes were needed in order to negotiate the theme in some municipalities. Canal Futura’s staff evoked the strengthening of civil society’s integrated actions regarding dialogue, decision and shared action with public management around priority issues and goals that were agreed locally. In spite of the apparent paradox, that is, imposition of the theme and participative evocation, the government has always been seen by this staff as the local expertise on public health.

The innovative intervention proposed by ENSP, based on Freire’s problematization pedagogy (1996) and on the design of socio-technical networks, developed by Latour (2000), sought to facilitate translation connections in negotiation trajectories between the various actants and the different networks involved.

The monitoring of this proposal encompassed negotiations between technical conceptions, those belonging to experts and the interests of local communities of practice. Monitoring as an
ongoing process of pedagogical reflection for change demands a system that can also express network instability.

The municipalities where the Ação Saúde project was conducted are very different, with specificities that affected the implementation process. One thing that seemed common among them was the incoherent performance from the municipalities’ public health experts, the local political representatives, especially with activist communities of practice. The network of experts was stabilized around noticeably inscribed actants, namely: technical standards from the Ministry of Health, the goals and objectives for health promotion which were appropriate for the region. However, divergences regarding the modes of implementing the very technical actions occurred, such as a necessary change in diet during pregnancy. In general, the actions of health services are pointed toward solving urgent and emergency situations. Thus, problematization, i.e., identification of interests from those communities of practice has never been relevant, much less the possibility of a systematic, pedagogical reflection on them.

Internal and external evaluators must be highlighted as a part of the network of experts. The evaluation process for the program included two movements. Formative assessment methodology focused on methodology and implementation logistics, and the evaluation of results, with emphasis on the networks, both in the maintenance and in the formation of new hybrids.

**Monitoring and evaluating the Ação Saúde program**

Monitoring actions were undertaken at specific moments and systematic monitoring allowed in-service training to continue (Training Guide, 2011). Monitoring can be defined as the systematic and reflexive follow-up of practice aiming its improvement. It therefore implies description, measurement, and understanding and, quite often, establishes new meanings and new routines (Santos Reis and Cross, 2010).

The system can be conceived as an “inscription” of negotiations between the networks of experts and the networks of practices. In this sense, power relations, communications infrastructure and connectivity can be taken as actants in the construction of this representation of reality (Hartz et al 2008).

The monitoring system from Ação Saúde program comprised five logical axes: 1. Mobilization ability, 2. Network strengthening, 3. Training; 4. Governance, management and sustainability,
and 5. Inovation. Monitoring of the axes was performed through 45 indicators, from which 30 are indicators of production and 15 are indicators of results. The systematic collection of information occurred through data sheets for each indicator, developed by communities of practice. The logistics of collection included on-site and distance supervision and permanent discussion of the meaning of such indicators.

Conception of the proposed system differed from traditional approaches focused on accreditation and accountability. The reflexive and pedagogical function of the monitoring system was a controversy that divided the experts.

**Lessons learned**

Since the initial design of the program, some instabilities were present. The first one was about the negotiation of the program’s objectives with stakeholders, contemplating the expectations regarding the effects of the mobilization of communities of practice into the local epidemiologic or health profile. The existence of this controversy has always been based on the contradiction between the mobilization for a specific technical action on health and a health promotion action that was immersed in changes in the structure and in living conditions. This cleavage brought heterogeneity to the network of experts who have aligned with discordant positions.

Exploring the potential of monitoring/pedagogical reflection systems, as if they were “inscriptions” of operations of translation, could mean the possibility of recovering “mechanisms” that combine human and nonhuman actants, both for describing interventions or developing evaluation “models”. From the point of view of the actor-network theory, contributing to the assignment, circulation and transformation agenda.

Bibliography


http://tabnet.datasus.gov.br/tabdata/cadernos/brasil.htm

http://tabnet.datasus.gov.br/tabdata/cadernos/ma.htm

http://portal.saude.gov.br/portal/saude/profissional/visualizar_texto.cfm?idtxt=32340&janela=1  
*last access on*: 27/01/2012.


http://www.sidra.ibge.gov.br/  
*last access on*: 1 fev. 2012

IBGE. *Síntese de Indicadores Sociais 2010 - Uma Análise das Condições de Vida da População Brasileira*.  
*last access on*: 1 fev. 2012


Santos, EM; Reis, A. C.; Cruz, M. Análise do desempenho do sistema de monitoramento do programa de controle DST/Aids e hepatites virais (MONITORaids) como ferramenta de gestão: desafios e possibilidades. Revista Brasileira de Saúde Materno Infantil, 2002; 10 (S1) , 173-185.


