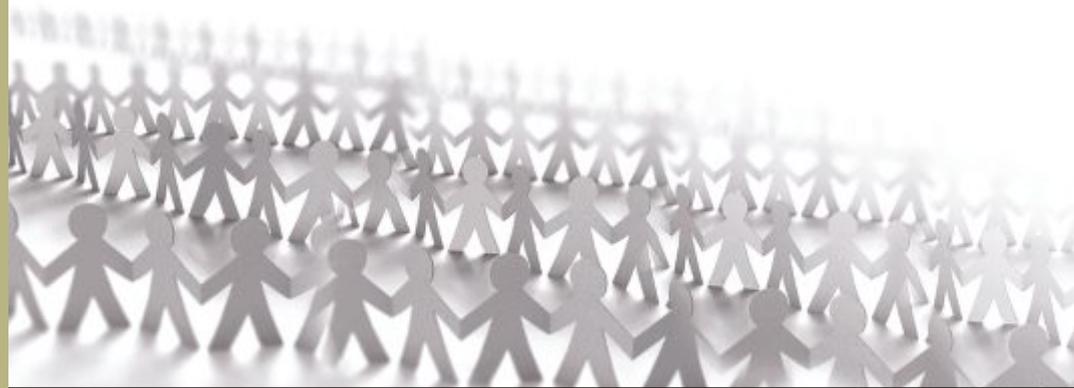
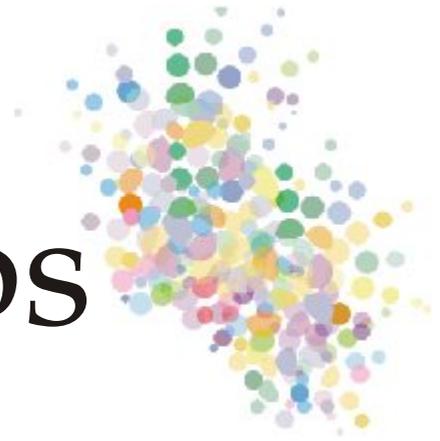


Intersectoral Actions in Health Promotion

aips



Intersectoral Actions in Health Promotion



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presentation

The Experience of Technical Cooperation in the Public Health field

The Intersectoral Action Project on Health Promotion (AIPS Project) is a technical cooperation carried out over three years, result of partnership between the Canadian Public Health Association (CPHA), the National School of Public Health (ENSP / FIOCRUZ) and the Brazilian Association of Collective Health (ABRASCO). The action was implemented in six Brazilian cities: Americana (SP), Curitiba (PR), Goiania (GO), Barra de Guabiraba (PE), Manguinhos (RJ) and Sobral (CE). The primary purpose of this project was to expand the concepts and practices of health promotion as part of the national strategy to reduce social inequalities and to expand the citizenship through local sustainable development.

There are several aspects of synergy between Brazil and Canada that justifies this kind of initiative. Apart from common points as geographical extension, cultural diversity and a strong sense of social responsibility, the two countries have been developing advanced social and health policies. This scenario contributed to the implementation of this technical-scientific cooperation project.

The main strategy adopted by AIPS Project was to promote intersectoral action involving the community, government managers and higher education institutions. The cooperation team was organized counting with institutional partners, called "Leader Partners" (CPHA, ENSP and ABRASCO), that coordinated the activities with the "Local Partners" of the selected

municipalities (municipal managers, academic institutions and civil society). The determining factor for the selection of local partners was the previous involvement with programs in the area of Health Promotion and Equity, giving priority to collaborative action between the health sector and other sectors.

To promote sustainable human development is a challenge that requires taking into account the contribution of health, of various sectors of society and the policies in a new globalized structure, with its economic, social, historical and cultural aspects. For this reason, to establish connections, create networks and work together for the strengthening of a more effective local intersectoral action - with goals, objectives and common resources - demands the previous identification of the social determinants of *health* factors that comprise the quality of life of people. The health sector cannot address the determinants separately, on the contrary, in this scenario, the actors in health development and the joint action with other sectors is crucial for sustainable local development.

In this sense, the Project aimed at strengthening local capacity to address social determinants of health, changing the situation of poverty and /or inequality and providing better living conditions and health. Thus, more than generating knowledge about intersectoral collaboration in Health Promotion, the project actions intended to contribute to the formulation of local, national and global policies that promote health equity.

Such initiatives aimed to facilitate the mobilization of different levels of government and civil society, emphasizing particularly the interaction between academia, public management and the community.

In the Brazilian context, the AIPS Project took place in a very timely moment. The democratic foundations at federal, state and municipal levels are consolidated with the decentralization of general social policies, particularly health policies. There is an increased commitment in facing the serious problems and inequalities in the development process of the country.

The Brazil - Canada technical cooperation resulted in sharing and discussing approaches and methodologies in health promotion with Brazilian partners through exchanges with professionals, managers and academics from Canada. Thus, it supported and collaborated with some innovative experiences in Health Promotion in both countries, where the health sector has expanded the traditional role of care provider to patients and was involved in alliances and partnerships for the economic and social development of communities living in situations of great vulnerability (slums, peri-urban areas and poor neighborhoods).

This strategy is also used to the reorientation of the health care model, which is presented in many programs of the Federal Government on social inclusion and poverty combating of the Federal Government - particularly in the Family Health Program, a priority of the Ministry of Health. Thus the principles of universality, integrality, and equity, the basis for the organization of the Brazilian Unified Health System (SUS) are guaranteed.

The project also invested in the reflexion and the participatory community practice, integrated to the management of services and to the universities for Health Promotion. For this reason, the collective construction assimilated historical and local culture aspects, so that new knowledge could be incorporated more easily into the routines of the everyday life of the individuals and communities.

Thus, the perspective of the action was that each of the Local Projects would create an intersectoral plan for the development of the communities involved, with the participation of local services, community and educational institutions. The intention was to strengthen the capacity of the individuals and institutions of these communities and the intersectoral action at local, regional, state, national and international levels in all plans of action and interaction.

It is noteworthy that the strategy of exchanging experiences, practices and knowledge was fundamental for achieving this goal. Based on a strong component of strengthening local capacities, the Project provided to our Brazilian partners the participation in six training workshops in Brazil and eight technical exchange visits in Canada. In addition to that, they also participated in conferences and national and international seminars. A virtual community was created as a communication tool, database, registration and technical support.

Without losing sight of the historical and cultural particularities and the reality of each local initiative, the AIPS Project stimulated the discussion and reflection on common features that could indicate evidences of intersectoral actions. In order to do

so, evaluation methods were developed, so each Project could report the ongoing processes and their effects in medium and long term. With the evaluation process, the local teams and coordinators had to scale the main effects, processes, lessons learned, results and possibilities of sustainability of the projects.

At the end of three years of project, we celebrated the achievements: the promotion of a greater integration between university, services and communities; the creation of a national collaborative network on health promotion convening six universities; the professional strengthening of the projects coordination team members; the contribution to the training of Health Promotion multipliers (Community Agents, community leaders, managers of healthy municipalities and researchers); the strengthening of groups/local organizations in the territories; the contribution to the sustainability of the exchange between Brazil and Canada in Health Promotion; the increased politicization of residents and project members; the generation of income (fixed or temporary) for the project team or community members; and the increased sense of responsibility of the project participants towards others and the environment, among others.

The impacts were also significant in Canada. The Project contributed not only to broaden the experience of Canadian consultants, but also for further reflection on how to improve public health in Canada. The motivation generated by new ideas and approaches was evident in all technical exchanges.

Thus, the participants thanks the financial support provided by the Government of Canada, by means of CIDA (Canadian International Cooperation Agency) to the achievement of the AIPS Project and invite all on this reading. Rather than giving a report of the intersectoral work as a Health Promotion strategy, this publication is an invitation for the implementation of such initiatives in your municipality.

How to contribute to the development of
healthy public polices from
intersectoral actions and practices?

local partners

manguinhos

The City District of Manguinhos, created on July 23, 1981, is a complex of low income communities with approximately 50 thousand inhabitants. Located in the Northern Zone of the Municipal District of Rio de Janeiro, it occupies a territorial area measuring 261.84 hectares along *Leopoldina* Railway. Currently, the City District is being urbanized again and socially integrated, with the construction of the basic sanitation system, nurseries and entertainment areas, street paving, among other works, resulting from the Growth Speeding Program (*Programa de Aceleração do Crescimento*) of the Federal Government.



Effectiveness of the Intersectoral Actions in Health Promotion

The Project “Effectiveness of the Intersectoral actions in Health Promotion: the experience of Manguinhos, RJ” has been developed in the several communities that form the complex of Manguinhos, in Rio de Janeiro and its main purposes were: mapping and analysis of the collective areas, mobilization strategies and empowerment of local leaderships; identification of the key players for collaboration in intersectoral actions and participation of population in the course of the local development projects; and Survey of Equipment and Social Initiatives present within the territory, based on a survey carried out in 2000.

This initiative is part of a long work history of Escola Nacional de Saúde Pública Sergio Arouca (Sergio Arouca National School of Public Health - ENSP/Fiocruz) in the Health Promotion area and Intersectoral actions and derives from the first partnership established by this institution and Brazilian Association of Graduation in Collective Health - ABRASCO with the Canadian Public Health Association/Canadian International Development Agency (CPHA/CIDA) at the end of the 1990's – from the then called project of Integrated and Sustainable Local Development, DLIS/Manguinhos.

The partnership between ENSP/FIOCRUZ/ABRASCO and CPHA/CIDA was based on the incentive to streamlining of the strategic players for the local development, with an axis in mobilization of communities, strengthening of civil culture and associative life of Manguinhos. The actions were carried out thanks to the *Local Participative Diagnostics*, which was a project developed in 2000, which disclosed the community's potential for the social engagement and mobilization of partnerships, and that ended in the organization of a Community Forum. In this process, it has been developed a survey that originated the “Guide of Equipment and Social Initiatives of Manguinhos”, which is a pioneer publication that summarizes the resources, initiatives and public services and social organizations present in the communities. The objective of this initiative was to know the territory by getting closer to local leaderships and representatives engaged in the fight for inhabitants' rights and involved in several social and educative initiatives. In this sense, the project evidenced the engagement and leadership potential of inhabitants themselves in the discussion on rights of citizenship, health, life quality and environment.

AIPS Project was visioned as a development of the previous

initiatives and in a powerful partnership with the Social Forum of Manguinhos. This organization stands as the main independent articulation space of the local associative life, allowing the strengthening of a set of initiatives and partnerships (including community health agents, inhabitants engaged in a violence-reducing agenda, health service professionals and researchers of ENSP/FIOCRUZ). It is under this dialogue and joint work that the actions of the AIPS project became consistent.

Main Actions and Products

a) Strengthening of bonds and qualification of region's inhabitants in research (community researchers): formation of a field research team including inhabitants of the region experienced in surveying local data, valuing learning and social capital; development of research capacities and skills among region's inhabitants, generating future possibilities of professional growth in the area; strengthening of bonds between field researchers and local communities as, due to the complexity of the territory, the researchers disclosed they got in contact with new areas and realities with regard to access and use of public equipment in the region; empowerment of researchers and greater knowledge of social spaces and equipment of the communities of Complexo de Manguinhos;

b) Research and development of Data Base for the development of intersectoral actions with detailed information on the set of Social Equipment and Initiatives. The data base comprises the following categories: Associativism; Education; Health and Environment; Culture, Sports and Leisure; Agencies and Social Assistance; and Religious Organizations. This set of information and data will be presented in a book entitled "Iniciativas e Equipamentos Sociais em Manguinhos" from a demand of the Forum and other partners of the project;

c) Strengthening of Collegiate Spaces and Social Organizations directed for the construction of citizenship and development in Manguinhos. The Social Forum contributed for mobilizing people and institutions of communities for participation in the actions; The Work Group "Culture of Social Forum" provided the members of the Work Group with access to information on the cultural areas of Manguinhos' communities; the integrated management of AIPS Project and Project "Healthy Cities" leveraged results of both actions; and Agência 21, which is a technical collaboration with the company that is performing the social works associated to the works of the Growth Speeding Program (PAC) in Manguinhos;



d) Strengthening of spaces and integration flows among the Social Programs, Centro de Saúde Escola Germano Sinval Faria (CSEGSF) and users and inhabitants of Manguinhos:

The project Healthy Cities, in partnership with AIPS project, promoted and allowed discussions among the members of the teams of the Family Health Strategy (ESF) and Family Stipend (PBF) Program that acts within the CSEGSF in order to better organize the actions developed by these initiatives. Such programs act in a little articulated manner and the monitoring of the health conditionality requirements provided for in the PBF was not integrated to the actions of the ESF's teams. This integration was agreed from the discussions among researchers, managers, students and technicians involved. The discussions stimulated by the AIPS team

allowed the approximation of PBF to Health Promotion strategies, favoring less welfarist practices and avoiding the superposition of clients;

e) Improvement of the data and information surveying process on local population. The perspective of geoprocessing and definition in space of the health situations lived by Manguinhos' inhabitants, introduced as from AIPS and Healthful Cities projects, was included in the planning of CSEGSF and represented a major innovation with regard to the organization of the local information in an ordered manner;

f) Interest of the Municipality of the City of Rio de Janeiro in using information from AIPS Project's Data Base. The State Secretariat of Culture of Rio de Janeiro requested ac-

cess to the information collected by the project on Manguinhos. This request can undoubtedly be deemed an indicator of the significance / validity of the “guide” for the managers of the public policies directed to the territories where PAC acts and preferably for the poor communities. As they are developing new proposals of intervention in Manguinhos, such as a Cultural Center, Entertainment areas and other public equipment, the AIPS research data is a strategic resource;

g) **Development of capacities and knowledge of ENSP’S researchers and students.** School’s researchers and master degree’s students learned further on methodologies in assessment of public policies and on concepts and practices in the Health Promotion area. This growth was possible due to the visits to reference centers in health promotion in Canada and to the exchange of experiences during the seminars of the AIPS Program;

h) **Contribution of the AIPS Project in ENSP’S Health Promotion Specialization Course.** The Project subsidized the design and continuous improvement of the course grounded on the Skill-Based Education.

Factors that impaired Project’s actions

Limited financial resources; improper deadlines, change of project’s coordination when the process was already in progress; violence produced by the traffic in the City District; failure to disclose the research to local leaderships (what caused some problems of access to interviewed individuals); proper allocation of territories to community researchers

(considering their homes); and the displacement of families and public equipment and initiatives due to the roll-out of the Growth Speeding Program (*Programa de Aceleração do Crescimento (PAC)*).

Factors that rendered Project’s actions easier

The commitment of team’s members with the project; heterogeneity with regard to origin and training of the team; participation of City District’s inhabitants; dialogue with Canadian researchers and professionals in Health Promotion; participative coordination of the AIPS Program and the interchange with other AIPS projects; support to community researchers by research supervisors; community researchers’ prior experience with census; participation of local leaderships in the identification of relevant issues to reinforce the local associative life; and identification of decision-making collaborators who can ensure the continuation and production of advances in the update of the Survey on Social Equipment and Initiatives in Manguinhos.

Lessons Learned

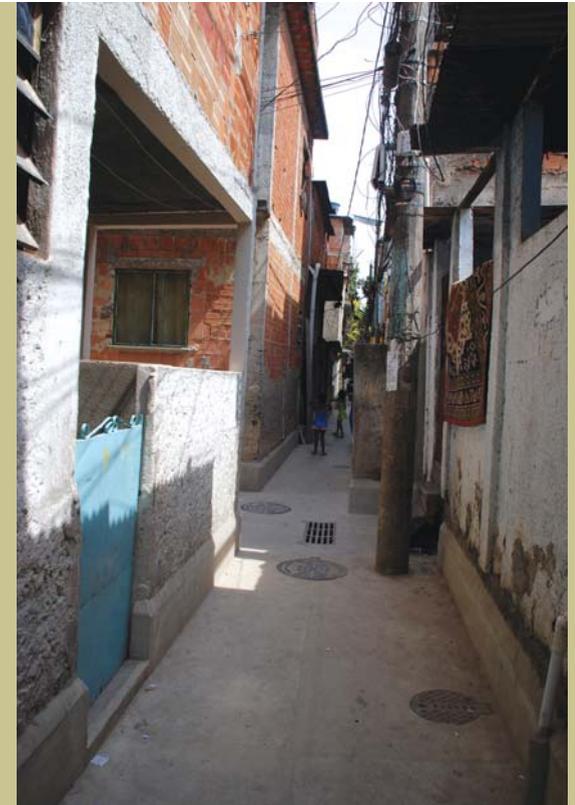
Health Promoting projects and actions that look for the strengthening of Intersectoral policies require the organization of partnerships with local representatives, as they are based on the development of dialogue, mobilization and empowerment, allowing, thus, agreed and concerted actions. The Intersectoral actions are a crucial strategy at the extent they require the formation and collaboration among partners from both the public and private sectors, several

bodies and sectors of the public administration, several levels of government and researchers and community around a new governance that promotes health and life quality.

In face of the complexity of the Intersectoral actions within a social context marked by distinct interests and perspectives of local management, the efforts driven to creation of partnerships, articulation and greater alignment between different players are critical for the sustainability and convergence of initiatives. Adding specialized learning and tech-

nical knowledge allowing the improvement of public policies is also an important lesson that has been learned.

The projects that involve the community participation, academic reflection, health services and focus of assessing research around the changes of the local development actions and reinforcement of citizenship are undoubtedly an up-and-coming way. At the same time it empowers local leaderships, it adds knowledge on public policies and points out alternatives for the shared solution of local problems.



americana

Located in the East region of the State of Sao Paulo, in the micro region of Campinas, the Municipal District of Americana was founded on August 27, 1875. The city has a total area of 134 Km², has an urbanization rate of 99.8% and an estimated population of 205,229 inhabitants.



Healthful public policies integrated in network

The project “Promovendo Saúde e redescobrimo cidadania no território da Praia Azul – Americana/SP” (Promoting Health and rediscovering the citizenship in the territory of Praia Azul – Americana / SP”) was developed joining the objectives and methodologies of the Intersectoral Actions Project in Health Promotion (*Projeto Ações Intersetoriais em Promoção da Saúde (AIPS)*) and the experience of the Network of Potentially Healthful Municipal Districts (RMPS). The main objective of this action was to develop a map of the relations among people in community and check the impacts on the healthful and sustainable local development, from the view of Health Promotion in Praia Azul’s Region.

The Municipal District of Americana has been a member of RMPS since 2004 and was selected to make part of AIPS, in 2007. The Continuous Forum of Participation of Public Policies, created from the RMPS, with representatives of the different secretariats and bodies of the local government, elected the territory of Praia Azul as an area with priority for the development and practice of intersectoral actions.

Main Actions and Products

a) Praia-Azul increased its participation in government’s

agenda. The inclusion in local government’s agenda, as from AIPS, was disclosed when the current Mayor publicly undertook the objectives of the Project being developed and quickly provided priority to the construction of an entertainment area, improvement of the sewage plant, streets’ paving, project for building a jogging track along the beach and a fitness center outdoor for old people.

b) Strengthening of the Community Agent’s group. Community Health Agents reported they felt more confident in their works and potentialities after AIPS; the agents collaborated in the creation and strengthening of a move towards the creation of a forum for discussing community’s issues. They have also been delivering alphabetization courses for old people since 2008;

c) Income-generation opportunities. Since 2007 the inhabitants have handicraft classes at the health units as part of the activities of the health groups, and they are income generating activities;

d) Strengthening of inhabitants’ bond and pride of their territories through the recovery and organization of histories, traditions, culture and practices. The history of Praia Azul,

which has never been recorded before, was recovered and organized in Book 1 and the publication was adopted by the local schools to teach students the history of the creation and development of the local. The Community Agents of the region, jointly with the Secretariats of Education and Culture, started using the book as an instrument to sensitize inhabitants and they believe they started to value more their roots after participating of the testimonials for the publication and having access to the book. The second book, which is coordinated by Praia Azul's project, provides a report of the experiences of six AIPS projects;

e) Maturing of the political discussion within the community.

It was created a local group of studies on Health Promotion that involves different sectors

Factors that impaired the accomplishment of the project

The quite academic language at the start of the project; the lack of financial resources for developing workshops; the lack of interest in learning on the project by other members of the health units where the Health Community Agents (ACS) work; and the excess of work for ACS and university's team, who had to accumulate their ordinary activities with new assignments of the project.

Factors that rendered easy the accomplishment of the project

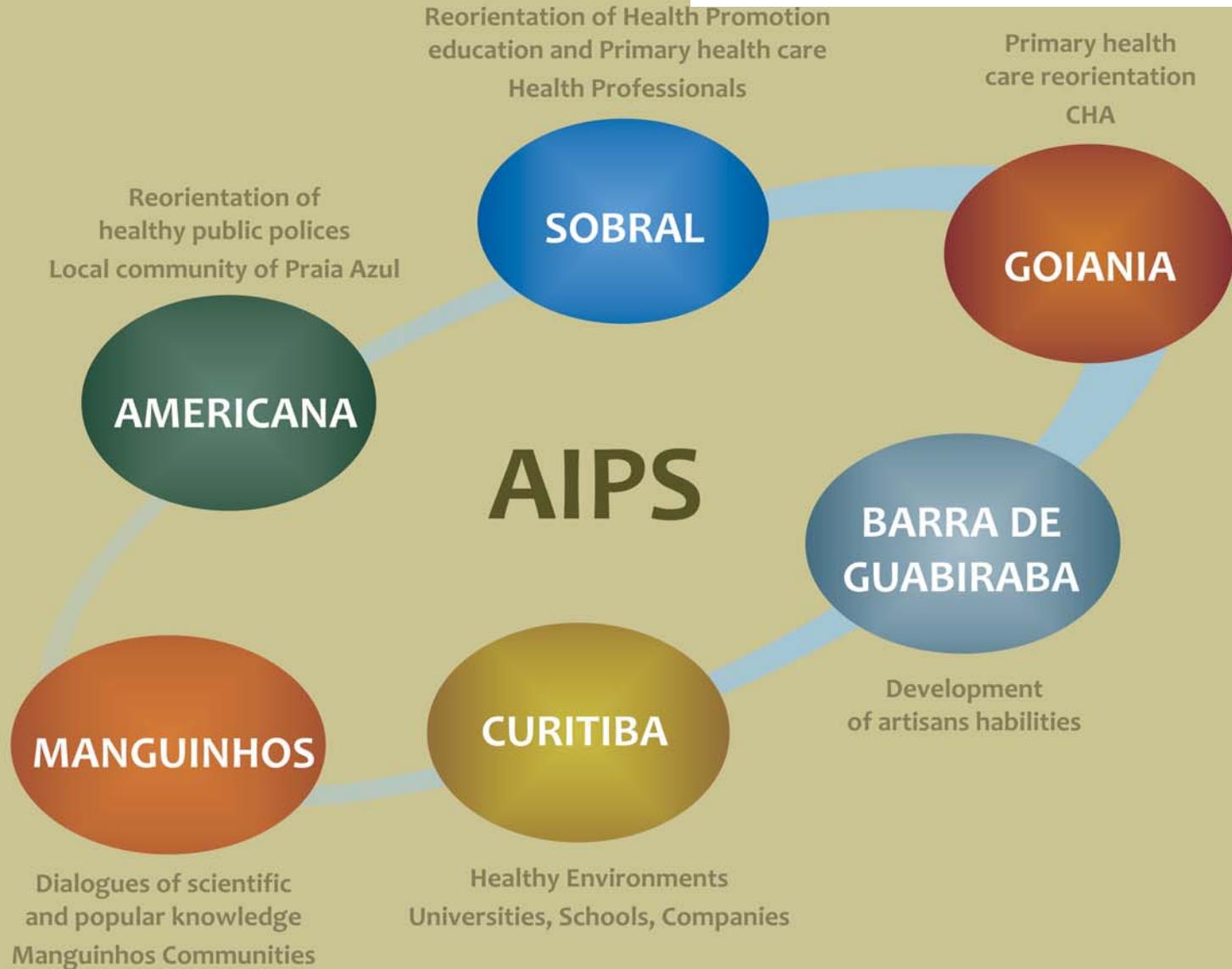
Commitment of the municipal management of the public government; intention / engagement by team's members (from

community agents to project coordination); receptiveness by community; technical skill of the project's planning and implementation team; visibility that the Network of Potentially Healthful Municipal Districts (*Rede de Municípios Potencialmente Saudáveis (RMPS)*) has within the region; and the fact that the Municipal District of Americana has already a work background in Health Promotion and is engaged in the RMPS' work.

Lessons Learned

The project in Americana allowed viewing the social networks and the development of a more comprehensive "view" on health; importance of intersectoral work; valuation of work in teams, learning to respect the individual culture; importance of streamlining facts so as to assure learning; respect to difficulties and strong points of third parties; and the importance of working with mapping of needs, intentions and projects.





AIPS workshop activity in Americana São Paulo: convergences of six projects. Information to the book "O Processo de avaliação das experiências locais do Projeto de Ações Intersetoriais em Promoção da Saúde – AIPS: buscando as igualdades a partir das diferenças." (The evaluation process of local experiences of Intersectorial Actions in Health Promotion - AIPS Project: searching for equalities and differences)

curitiba

Founded on March 29, 1963, Curitiba is the capital of the State of Paraná, one of the three states that form the South Region of Brazil.

With an estimated population of 1,851,215 inhabitants, Curitiba is the 7th more populated city of the country. The city became internationally famous for its care with the environment and urban plan innovations, with the major innovation being in the public transportation.



Healthy Environments: an experience of the local government

The Network of Healthy Environments of Curitiba has participated of the Brazil- Canada Technical Cooperation Project on the Intersectoral Actions in Health Promotion and Local Development since 2007. This initiative aims at stimulating the involvement of universities, schools, companies and institutions of the governmental and non-governmental sectors in the development of integrated actions of Health Promotion directed for City's population. Focused on the development of intersectoral actions that impact the quality of environments and life of local communities, the Network makes part of the Local Policy of Health Promotion.

The Network works with themes that mobilize the common interest that are collectively defined every year for the integrated development of Health Promotion strategies. The focus is on the development of personal skills (information, development of autonomy, learning opportunities and participation), institutional organization, development of institutional policies and performance on physical, social and cultural environments and in partnership with the community (community projects, expansion of relations between institutions).

The Project promotes thematic events and training in planning, development and assessment of Health Promotion strategies.

The Exhibitions of Health Promotion and Healthy Environments are locals where the institutions exchange experiences and disclose actions developed throughout the year. At these moments, the participants receive a certificate providing the title of Healthy Environment as a manner of recognizing their contribution for improving the life quality in the City.

Main Actions and Products

a) Publication of the book with successful experiences of Health Promotion in healthy environments. Through evaluation process, the publication produced the following results: valuation of partners and actions developed for health promotion; it represented an icon of reinforcement to work and an instrument for reporting results; tool for the pursue of sustainability of the project and an accounting instrument (for the senior employees that release people to participate of the project, for those who participated and those who might participate of it); the publication reports an important collection of results of initiatives that were performed both after and during the roll-out of the AIPIS project;

b) Expansion and diversification of the sectors in the Health Promotion initiatives. As from the participation of one of the

workshops of AIPS, the steering group noticed the need to value the identity of the different segments that participate of the project. Instead of holding collective meetings to define themes, there were meetings with specific groups (schools, companies, universities and basic health units). A new strategy adopted for involving the health sector was the participation of representatives of the steering group in instances such as the Local Council for Health Promotion and Control of Non-Transmissible Diseases. This performance has allowed the extension of the dialogue with speakers of the public government on the themes of interest of the Project. Universities and basic health units expanded the participation in initiatives for health promotion. The Health Units participated for the first time in the Exhibition of experiences of healthy environments that was held in Curitiba, in November 2009;

c) Gain of experience through exchanges in healthy environments. The partnerships and actions in network in the health promoting actions allowed gains of capacities and expansion of the relation network of all parties involved. The workshops and meetings allowed the identification of new possibilities of partnership, in addition to contacts with several institutions (companies, NGO's, public government and universities). The following are examples of collaborative actions between partners: Schools' principals reported opportunities to share their experiences with companies and to look for solutions for common difficulties experienced in the Health Promotion field of their community; Companies made

available infrastructure and support material to work the Healthy Traffic theme; Universities formed alliances for supporting actions developed in schools and companies through the participation of students and researchers;

d) Consolidation of actions and partnerships in healthy environments. There are testimonials informing that the health promotion initiatives through partnerships have been performed by entities that participate of the project. The Health Promotion actions are already incorporated in the pedagogic political project of the participating schools, policies of regional educational hubs of the city and in the companies' management models that use the Healthy Company logo as a marketing strategy. An element that points out for the sustainability of the project is people and institutions' commitment expressed by the continuous participation and time availability of institutional representatives in the activities of the Healthy Environment Network, besides the participation of companies, schools and universities in the Steering Group of the Network.

Factors that impaired the accomplishment of the project

Among the factors that impaired the process, it can be highlighted the little financial and personnel infrastructure for carrying out the activities of the Healthy Environment Network; the difficulties in the participative management; the exchange of local administrators and institutional managers; and the difficulties to motivate/ mobilize people.



Factors that rendered the accomplishment of the project easier

Among the factors that rendered easier the development of the strategy of Healthy Environment Network we can highlight the encouragement to the formation of partnerships; valuation of positive products as strategies to benefit mobilization; the search for current dynamic themes of collective interest; the work method (common interests, valuation of differences, valuation of experiences); strengthening of people, managers and institutions' commitment; support and exchange of experiences with national and international partners; and the support of local government.

Lessons Learned

Communication and information are essential to encourage partnerships and motivate people and institutions for intersectoral actions for Health Promotion; the disclosure of the actions is a powerful sensitizing and mobilizing tool; discovery of individuals and institutions' interests, identifying and respecting the differences and institutional cultures favors the participation and involvement; importance of pursuing partnerships; and that the sustainability of intersectoral actions depends on commitment and participation.

goiania

Goiania is the capital of Goiás state and the second most populous city of the Central Region of Brazil, with 1,281,975 inhabitants. Located in the Central Highlands, approximately 209 km southwest of the federal capital, Brasília, it is known by the contradiction of having a high level of quality of life and to be one of the most inequable cities.



Management Strategy for Primary Care Reorientation

“Health promotion is not simply visit the family with a little notebook and give orientations about something.” (CHA AIPS project - Goiania)

Every day the city manager is challenged to meet the guidelines of reorientation of primary health care from the perspective of health promotion. Based on reports of the methodology and results achieved under the Intersectoral Action for Health Promotion (AIPS) project in Goiania, this text aims to provide funds to the manager for the implementation of health promotion local projects.

Initiated in 2007, the project “Implementation of Intersectorality: University-Service-Community Partnership to the Reorientation of Public Policies” has emerged as a Local Committee consisting of representatives from the Federal University of Goiania (UFG), the Municipal Health Secretariat (SMS) and the Community of the East Sanitary District (DSL) territory. The objectives of the project were: to increase local capacity to produce and maintain social and environmental improvements and to contribute to the Health Promotion.

Main Actions and Products

a) Gains in competence of the Community Health Agents (CHA). Agents reported to have expanded their competences (knowledge, skills and attitudes) as gains regarding the initiative to solve problems, greater security to perform their duties and ability to the collective construction of projects. The CHA also report an improvement in the dialogue with their supervisors and greater understanding on the potential of their own work in the community. Records and sys-

tematization of the Agents’ work have been improved from the work developed during the AIPS project;

b) Autonomy to propose new projects of action. Agents informed to have initiated the elaboration of Health Promotion projects by themselves. For them, the Units of Basic Attention of Family Health (UABSF) presented an improvement in the quality of the services due to the changes in the practices regarding the projects. The CHA began to meet the needs of the community in issues related with Health Promotion, with intersectorial actions involving partnerships with the UFG, representatives of the local businesses and schools;

c) Expansion and improvement of the quality of community service. The participants of the evaluation workshop reported that there was an increase in the adhesion of the community into the activities proposed by the Agents. There was also a greater involvement of other teams of Health Promotion units. According to the CHA, now the community recognizes educative actions of Health Promotion as an alternative of health care and the participants have been reporting improvements in the quality of life. Moreover, the services were improved with integrated actions involving Agents, the Health District and students through supervised internships. Participants reported that expanded the look on the community needs and the possibilities of action of the CHA linking the appreciation of the environment/environmental risk areas and land regularization;

d) Implementation of Performance Evaluation Form of the CHA within the Municipal Health Secretariat. An evaluation form was developed including new criteria. With this instrument the Agent could be evaluated by criteria related to interventions in Health Promotion and intersectorality, which had not occurred yet. This change in the evaluation services system allowed the appreciation of activities such as social control, Health Promotion, intersectorality, education and projects development to be considered in the performance analysis of the CHA. The adoption of the new form created greater compliance by the Agents into the Health Promotion initiatives and there was also an improvement in the reception of students in apprenticeship activities. A large number of Agents reported that are now more active in the community, assuming roles at the residents association and local health councils;

The production of the manuscript “Rescue of Children.” The project to rescue the community’s oral history conducted by CHA had significant results for the elderly participants. According to the Agents, by assuming the role of the production of their manuscripts, these participants had high self-esteem.

e) Strengthening of teaching and service. Practices, courses and teaching-learning methodology were strengthened in various areas of the University and the Municipal Secretariat of Health. Some of the aspects highlighted by the Project team include: intersectoral projects used as a practical scenario by the University; Pet-Health scholarship students inserted in AIPS-Goiania Project; disciplines as Health Promotion in the context with local realities; students recognizing and valuing the work of the CHA;

AIPS Project participants invited to give lectures on the technical course of Community Agent; the instrument of intersectoral planning of the AIPS Goiania Project was adopted as a model for the elaboration of the final project of the CHA course; AIPS project participants (nurses and Agents) invited to submit projects to the health districts of Goiania; expansion of personal and institutional bonds between UFG and SMS-Goiania; and the expansion of opportunities for exchange experiences between universities and departments involved in the national project;

f) Increase in the academic production and the internationalization of partnerships in the Health Promotion area. Participants of the project team prepared presentations and publications in national and international events; published a book chapter, coordinated by Praia Azul partner, which shows the story of six local projects; produced a DVD with the participation of all local partners, which was subtitled into English and presented at the CPHA Congress in Winnipeg, Canada in 2009; and an award-winning work in November 2009 at the Congress of the Brazilian Nursing Association in Fortaleza, which will be published in the Journal of that Association in 2010.

Factors that impaired Project’s actions

An impasse on the CHA employment bond during the period of the workshops; the initial feeling of insecurity and fear of failure on the part of the Agents; some miscommunication in the project; lack of understanding of some colleagues who were not participating on the AIPS Project actions and the difficulty of the new participants entrance; the lack of transport to part-



ners, work overload, the central concern of the SMS regarding the reduced productivity of CHA involved in the project; the difficulty of understanding about what the projects developed by agents are; and the formation of CHA in 2009, as the activity occupied the afternoons of the Project participants.

Factors that rendered Project's actions easier

The willingness to learn to work the intersectorality and to improve the work quality; the commitment with the work by the CHA, university representatives and partners; the participation and community engagement; the fact that Health Promotion is a public policy; the organization of the management group with representation from three segments (community, university and managers), the teaching-service-community partnership; the previous planning of actions and continuous monitoring; the review, validation and implantation of the CHA Performance Evaluation Form; and the affective bonding among participants.

Lessons Learned

To collectively construct the objectives of the project and make a participatory management; to systematically record all activities accomplished; to establish mechanisms and tools to monitoring

as well as a routine of periodic evaluations. To construct instruments with possible indicators of improvement to the community that should be applied at the beginning and at the end of the activities; to elect community representatives to participate on the evaluation of the project actions; to keep the managers informed about the activities and results accomplished; to present to partners long term benefits and results that the project might bring, not only for the worker but also for the community; to promote actions that involve the community giving autonomy to it; to make a contract between the involved parties in teaching-service-community with clear objectives, informing the each one's responsibilities within the project; to work as a team sharing tasks equally, being careful not to overwhelm anyone; to use elements of local culture for group integration; to be open to new actions and seek partnerships (in their own community as well as with other secretariats); to communicate the identity, actions and results of the project by means of communications tools such as newsletter and banners; to encourage the participants to present processes and results in seminars, meetings, congresses; not to fear the new and changes, and to know how to listen to suggestions and make decisions together.

Finally, based on education-service-community partnership in the city of Goiania the actions of AIPS project-Goiania not only contributed to the reorientation of the basic attention and to the expansion of the activities space of Pró-Saúde and the Education Program Health at Work (Pet-Saúde) of UFG-SMS/Goiania, but also has favored the visibility and recognition of the potential of intersectorial actions in integrated management of local, national and international public policies.

barra de guabiraba

Located in the northeast of the country, in the Agreste mesoregion of Pernambuco state, the municipality of Barra de Guabiraba was created on December 31st, 1958.

The region occupies 114 km² and has a population of about 13,623 inhabitants (IBGE, 2009).

It is one of the largest producers and exporters of flowers in the state.



Development of individual and collective capacities of women in rural Pernambuco

The Center for Public Health and Social Development (NUSP) of the Federal University of Pernambuco (UFPE) was invited to compose the AIPS project because of its experience in Health Promotion, especially for having coordinated the international cooperation project “Healthy Cities in the North-east of Brazil”, which created the Pernambuco Network of Healthy Cities (RPMS). The Project was implemented with the group of female artisans in the municipality of Barra de Guabiraba, who had sought help from the Center and was considered suitable for the implementation of the actions.

The overall objective of the Project was to strengthen the group of female artisans and in this sense the following activities were promoted: courses in craft design; management and development of cooperatives and Health Promotion and healthy cities promoters; the integration of the Health Family Team and the group of women with the promotion of meetings and trainings on domestic violence prevention and reproductive and sexual health promotion; and the involvement of the municipal Secretariats of Education, Social Action and Management in groups of articulation to support the work with the group of women. At the same time it sought to promote the creation of a Network of Universities

(educational institutions) that study, research and offer training and education in Health Promotion, starting with the members of AIPS institutions.

Main Actions and Products

a) Leadership, autonomy and recognition of the work of female artisans. The artisans reported feeling more independent, besides personal and professional growth. For the first time, the group participated in the National Fair of Craft Business (FENEART) and was successful in selling and promoting their work. The women actively participated in a meeting of the Pernambuco Network of Healthy Cities, and the local government is demanding craft products as a way of spreading the craft of the county.

b) Share knowledge and skills. They exchange experiences and practices in modeling and making handicrafts. They consider that this exchange of knowledge helps to strengthen the group and feel valued by their colleagues;

c) Feeling of belonging to Barra de Guabiraba. The participation in course/ ethnographic research conducted by the NUSP Team enabled a rediscovery of the value of the city and the

strengthening of the links between female artisans and other community partners;

d) Responsibility of female artisans regarding the environment. The group affirmed to have incorporated into their practice the environment valorization through the use of recyclable materials in their work;

e) Strengthening of the technical team of NUSP. Opportunities for interchange with Canadian partners in the workshops of the AIPS Project and international travel make possible gains in expertise of technical knowledge on intervention methodologies in communities in Health Promotion projects; team members expressed their intention to continue their education in post graduate; and the exchange has also resulted in an increase in local invitation for lectures, classes and monitoring with application of the knowledge acquired in the workshops;

f) Integrated action and interdisciplinary practice within the Federal University of Pernambuco and Federal Rural University of Pernambuco. Researchers, teachers and technicians of the Departments of Nursing, Anthropology, Design, Communication, Education, Associations and Cooperatives and the Center for Violence Prevention and Health Promotion, along with representatives of the Agreste Campus of UFPE in Caruaru city, worked in conjunction with the group of female artisans;

g) Expansion of government involvement in Pernambuco State with the Pernambuco Network of Healthy Cities

(RPMS) through the Research and Planning Agency. Participation of government technicians in workshops with female artisans; elaboration of video, books and pamphlets from RPMS by the state government assuming the diffusion of the Network, and provision of resources for the participation of team members in activities both in Brazil and Canada;

h) Greater integration between local partnerships of AIPS. Partners integration occurred through the exchange between the professionals of the AIPS projects and other Health Promotion initiatives.

i) Consolidation of Bamboo methodology applied in the workshops held with female artisans in Barra de Guabiraba. The methodology developed by NUSP, with support of the Japanese Government, consists in a series of workshops that seek to engage and strengthen the Social Capital in three levels: community (micro), Municipal (meso) and Regional (Macro). During the AIPS project implementation the methodology was systemized and translated into English, Japanese and Spanish.

Factors that impaired Project's actions

Very limited financial resources and little time for workshops and dialogue with Canadian partners; language barriers which reduced the opportunities for exchange; initial shame of female artisans in interacting with foreigners and "people from other universities" out of state at workshops; difficulties with transport (in Barra de Guabiraba); shortage of materials for handicraft; short deadlines of the projects; and lack of knowledge of the work of female artisans by managers and the community.



Factors that rendered Project's actions easier

The desire of the female artisans to change; the wish of the technical staff of NUSP to strengthen and learn; the convergence with the integration policy of UFPE with the community; the engagement of the State of Pernambuco; the growth and spread of Pernambuco Network of Healthy Cities (RPMS); the effective participation in meetings and seminars of the RPMS; the support of the municipal manager; the technical and scientific quality of the Canadian guests / speakers at AIPS workshops; the trust built between local coordinators of the Project; the Partner-AIPS NUSP / UFPE Pró Reitoria de Extensão; and interdisciplinary participation in courses.

Lessons Learned

The exchange between partners from different regions and different projects, but with similar values and principles promotes confidence and improvement in local projects; technical and scientific exchange in Health Promotion is very necessary, considering the small number of professionals in this area in the

world; the recognition of the AIPS project to Health Promotion professionals strengthened the role of local coordinators and their teams with the health institutions; the performance by region helps to reduce social inequality and consider contexts and local peculiarities; the university participation helped in local support to projects; trust and recognition coming from “outside-in” for both the technical team of NUSP and the female artisans, helped to consolidate the internal relations of confidence and self esteem; and funding for courses and purchase of raw material for handicrafts promoted the adhesion, consistency and implementation of actions in place.

sobral

The municipality of Sobral is located in the northern region of Ceara, in the Northeastern region of Brazil, with a population of 182.431 inhabitants. Since 1997, the local management is developing the Family Health Strategy (FHS) as part of the construction of the Municipal Health System. Currently the coverage of the FHS is close to 100%, serving an area of 2.129 km². There are 48 teams installed in the city, which promoted an improvement in several indicators, particularly regarding infant mortality.



Building social commitment networks

The AIPS Project of Sobral was developed as a research project on Family Health at Home called “Evidence-building of practices and knowledge in Health Promotion”, aiming to identify the impact of the actions of Health Promotion at Home in the territories. The working group was composed of participants from Acarau Valley State University (UVA), School of Education in Family Health Visconde Sabóia (EFSFVS), of the Primary Health Care and the Municipal Health Council. The Local Coordination was a collegiate with representation from the three segments, supported by the Center for Study and inter-institutional Research.

The survey was conducted in three areas of the city and one of the factors that influenced the choice of the participants of the Project was the existence of the Intersectorial Pact, a local based movement created in 2005 by experts in the health area. The Pact brings together representatives of local health services, education and social promotion concerned about the situation of youth in the community (especially in relation to drug use, violence and teenage pregnancy) in order to act to improve that reality.

Main Actions and Products

a) Strengthening a group of teenagers’ members. Participants of the teenagers group “Bright Minds” increased their self-esteem and confidence to act in their homes. The AIPS team contributed with methodologies and new discussions that gave visibility and appraisal to these young people. Encouraged, the group members participate in movements to improve the community, for example, actions of the local health council;

b) Building, reconfiguration and revitalization of the Intersectorial Pact actions. The presence of AIPS coordinators in the meetings of the Pact influenced discussions on Health Promotion and intersectoriality. The discussions generated a specific workshop on intersectoral approach within the organization and the meetings with the AIPS promoted the reorganization of the structure of the Pact in order to make it more effective. Before that group members met only sporadically and actions were undertaken without a strategic plan, meeting the needs identified at the time. Working with the Project enables the adoption of planning tools and a better organization of

actions (promoted the creation of committees to act in specific areas: communication, preparation for meetings and community activities). The AIPS also provided a link with the municipal administration, which made possible that one of the movement leaders could devote hours of his work to the Pact, thus contributing to its empowerment;

c) Awareness of health professional network regarding Health Promotion. The actions put Health Promotion in the discussion agenda of the city and contributed to health professionals, mainly in three territorial areas prioritized by the Project, to reflect on how to incorporate Promotion activities in their practices;

d) Strengthening of the Health Promotion theme in the academic agenda. The university registered the Laboratory of Social Research, Transforming Education and Public Health in the National Council for Scientific and Technological Development (CNPq). One of the research lines is Health Promotion and intersectoriality and the decision to include it was directly influenced by the AIPS Project, as the research linked to the Project is registered in that laboratory;

e) Strengthening of the articulation among university, service and residency in family health. In the process of preparing the AIPS workshop, there was an intensive work together with these organizations for presenting and discussing the key themes of the workshop (territory, culture and identity);

f) Writing and publication of booklet “Health Promotion:

What is it? How is it done? Who does it?”. With accessible language, the booklet was used as a strategy to raise awareness of the residents of the three territories regarding Health Promotion (in groups of adolescents and pregnant women in the community). In parallel, the publication was also used to sensitize health professionals from the territories to issues on Health Promotion. There are also reports of other professionals in the network using the booklet as an educational vehicle in other territories;

g) Motivation to the revitalization of the Local Health Council of Junco (one of the three areas of the Project). Because of its huge extension, the territory of Junco was divided into five small areas to facilitate the work of AIPS / Pact team which started a process of mobilizing the population around health issues using puppet technique. The theater presented the history of the neighborhood and explained the reason of the meeting (to discuss issues concerning violence, drug use, environment, etc.), inviting people to attend the monthly meetings of the Local Health Council to address these issues. The Community Health Agents (CHA) have taken the initiative of the actions to mobilize the community around the local council;

h) Strengthening of the Junco teen group. The reactivation of this project enabled the use of planning tools by the residents of family health in order to plan the actions that are achieved by the group together (eg, content of meetings according to the age of the participants). Currently the group works with a psychologist (RSF) in a

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discussion activity of life design, going beyond the specific issues of health (intersectorality);

i) Strengthening the bond between the participants. The project has enabled a greater link between the professionals of the university, residence and services resulting in the development of new actions in the field of Health Promotion.

Factors that impaired Project's actions

Limited time to perform the planned actions (the team of AIPS-Sobral have many duties and responsibilities, which results in lack of time despite working long hours); the operationalization of the model proposed by AIPS, as it is complex and requires a network action with co-governance

(involving the community, university and the municipal government, and also engaging other organizations responsible for existing projects); delay in the definition of AIPS project in the first years; external events, especially the flood in 2008 that strongly affected the city including communities involved with the project.

Factors that rendered Project's actions easier

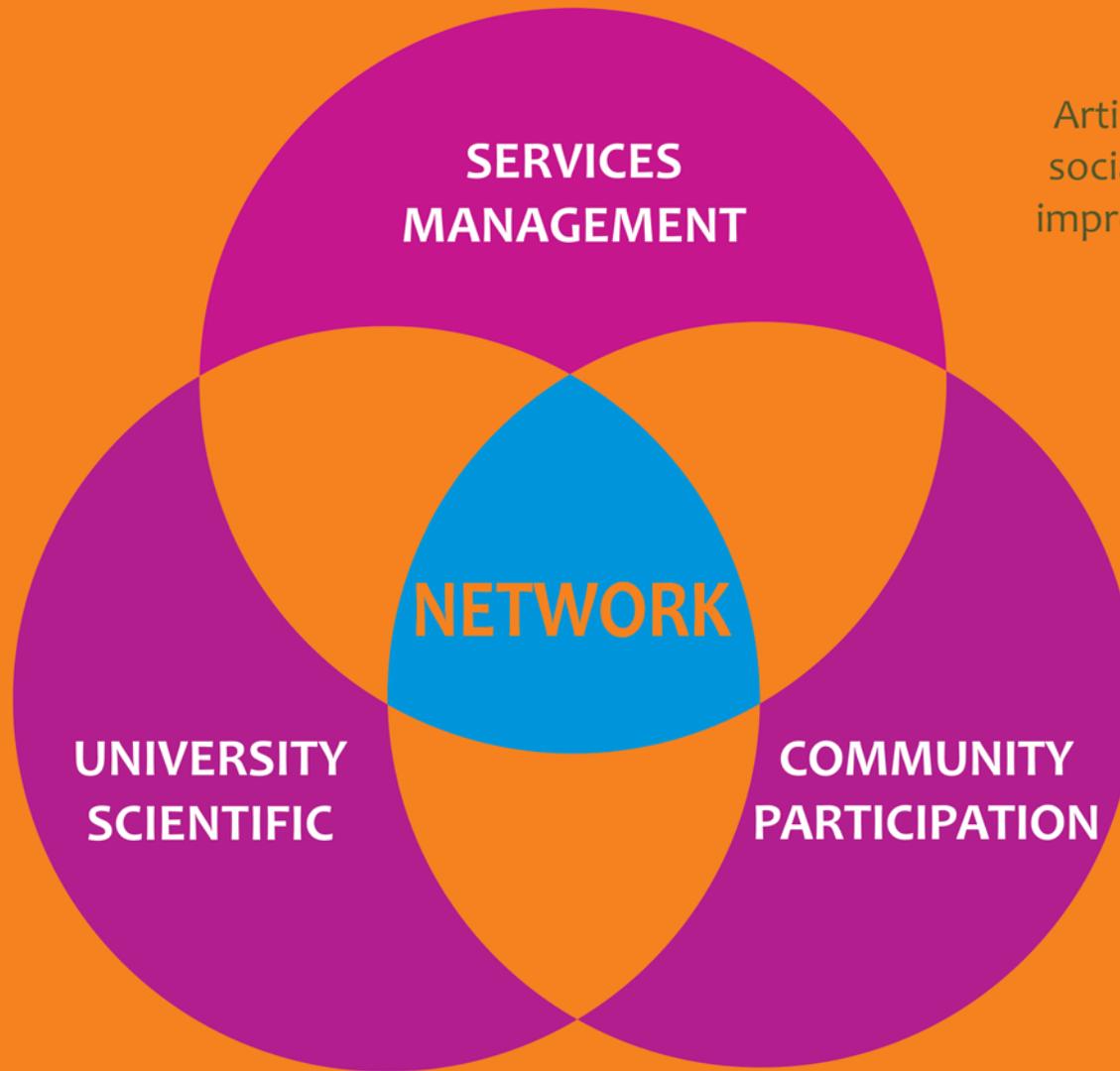
The identification of special partners for the AIPS Project: representatives of the community (Local Health Council), State University of Acaraú (UVA) and the School of Education in Family Health Visconde Sabóia (EFSFVS) and health services participated since the beginning of the Project coordination, enabling a major integration and ensuring the involvement and commitment needed for successful action; the manage-

ment support within the municipal health system (Project team members were free to act in several areas of the city, performing with autonomy actions and interventions planned under the AIPS), the Educational Project of EFSFVS (Continuing Education, Popular Education, competence approach and Health Promotion), the participatory planning method of the project; and local politics focused on intersectoriality and educational planning.

Lessons Learnt

For a complex project as AIPS can succeed is essential to choose people who have not only the technical capability to develop the necessary work, but also that have commitment with the cause of the main actions; these people should have the ability to work with representatives of other sectors and disciplines; building collectively, willing to learn and know and not wanting to impose their knowledge; project management must have high power of communication and mobilization (for example, always at the end of any team meeting was produced a short summary of what has been processed and an invitation to continue the discussions of the day or to engage in future activities. So the people who for some reason could

not attend the meeting, feel as being part of the process and able to give sequence to the work. Also, it is essential to seek partnerships with the municipal public administration; to ensure diversity in the composition of team planning, implementation, evaluation and monitoring of the project (involving representatives of service, university and community); to adopt the evaluation as part of the whole process of the project (planning and implementation); to ensure results; and systematically register all the strategic actions of the project through meeting minutes, short reports, reflections, photographs, video, etc.



Articulation that favours social and environmental improvements with better results in health.

results & processes

Intersectoral Actions for Health Promotion

Health is a question increasingly present on the global development agenda and those responsible for drafting their policies are becoming aware of the importance of dealing with the social roots of diseases and welfare. Promoting sustainable human development is, therefore, a challenge that requires considering the contribution of health, various sectors of society and policies in a new globalized world structure, with its economic, social, historical and cultural aspects. As a result of this scenario, the intersectionality started to unfold as the strategy of choice in order to achieve the improvement in living conditions of the population.

A key component of this strategy is based on the idea that different sectors of a community (economic, social, political and cultural) develop in a balanced and harmonious way, according to the interests and expectations of the community in question. This is why intersectoral actions, based on the strengths, problems, opportunities and resources of the community are strategies of proven effectiveness to respond to local needs and support regional development.

The strengthening of more effective local intersectoral action - with goals, objectives and common resources - demands that the social determinants of health compromising the quality of life are identified in advance in order to establish connections, form networks and act together in an efficient manner. Considering the complexity of the matter, the health sector cannot face this task alone, unlike in this

context it is just one of the actors of the local sustainable growth and joint action with other sectors is crucial for health development.

It's worth emphasizing that sustainability is a key component to local development and therefore, the concept adopted herein covers its various dimensions (environmental, political, economic and cultural), in a way to ensure that results are sustained and lead to more development.

IAHP Project

The project "Intersectoral Actions for Health Promotion - Health Promotion for Local Sustainable Development (AIPS)" was an international technical cooperation resulting from the partnership between the National School of Public Health (ENSP), the Brazilian Association of Collective Health (ABRASCO) and the Canadian Public Health Association (CPHA) which was funded by the Canadian International Development Agency (CIDA). Approved at the end of 2006, the proposal began to be implemented in 2007 and was structured in six fronts: Barra do Guabiraba (PE), Curitiba (PR); Goiania (GO); Manguinhos (RJ); Americana (SP); and Sobral (CE).

The cooperation team was organized with the help of institutional partners, called "Partners Leaders" (CPHA, ABRASCO and ENSP), which coordinated the activities acting as facilitators of knowledge and technology transfer to

“Local Partners” of the selected municipalities (municipal managers, academic institutions and civil society). Below is a list of factors that determined the selection of Local Partners:

- a) Those responsible for the development of selected experiences already had consolidated training in Health Promotion (developed in educational and research centers in Brazil and abroad);
- b) The partner institutions were already developing intersectoral projects on Health Promotion, which has favored the selection for integration to the AIPS project (UFG-Goiania – Coffee with Ideas Project; PUCPR-Curitiba - Project Healthy Environments; UFPE/Recife-NUSP - Healthy Cities in the Northeast of Brazil; UNICAMP-São Paulo – Network of Potentially Healthy Cities; ENSP/Fiocruz-Rio de Janeiro – Manguinhos Project; and Visconde de Sabóia-Sobral Family Health Training School);
- c) Part of the group of people and institutions had already participated in joint projects before (such as the multicenter study of evaluation of healthy cities and communities, promoted by the Pan American Health Organization and the Ministry of Health);
- d) The group was already working with the Thematic Group of Health Promotion and Local Sustainable Development by ABRASCO, whose performance is geared for collaboration in the design and implementation of public policies (not only

health), inspired by the complexity of the underlying phenomena and determinants of health-disease processes and aiming at the construction of situation and environments conducive to quality of life;

- e) The group participated in a joint construction of the National Health Promotion Policy of the Ministry of Health;
- f) Institutional interests in promoting the internationalization of current experiments were expressed by the invited institutions;
- g) The group had expectations regarding the establishment of the National Network for Health Promotion.

Following are the institutions selected to participate in the Project in each front and the definition of clippings and focus for the development of actions linked to the AIPS Project:

Barra de Guabiraba: The results of a partnership between the Federal University of Pernambuco (UFPe), the state government, the International Cooperation Agency of Japan (JICA). Today Barra de Guabiraba it is established in the Pernambuco Network of Healthy Cities;

Curitiba: Pontifical Catholic University of Paraná (PUCPR) and the Municipal Health Department of Curitiba, from the Project “Healthy Environments” (emphasis was given to the development of skills of craftswomen);

Goiania: Federal University of Goiás (UFG) and the Municipal Health Department of Goiania, with emphasis given to family

health strategy (reorientation of Community Health Workers practicing Primary Health Care);

Manguinhos: Sergio Arouca National School of Public Health (ENSP/Fiocruz), prioritizing the Initiative for Local Integrated and Sustainable Development in Manguinhos (DLIS) in partnership with the City Hall of Rio de Janeiro, with emphasis given to the Monitoring Group of Actions of the Growth Acceleration Program (PAC) in Manguinhos (emphasis given to the dialogue between scientific and popular knowledge among the communities of Manguinhos);

Americana: State University of Campinas (UNICAMP) and the Secretariats of the municipality of Americana with emphasis given to Initiative of Network of Potentially Healthy Cities (focus on the reorientation of healthy public policies in the community);

Sobral: Visconde de Sabóia Family Health Training School in partnership with the Municipal Departments of Sobral, emphasizing Family Health Strategy and the Interface with the Municipal Public Policies (emphasis on the reorientation of the training of professionals on Health Promotion and Primary Health Care).



Objectives

The Project aimed at strengthening the capacity of each area in order to address the social determinants of health, changing the situation of poverty and/or inequality and providing better living and health conditions. Thus, rather than generate knowledge on intersectoral collaboration in Health Promotion, the Project's actions sought to contribute to the formulation of local, national and global policies that promote health equity. Such initiatives have sought to facilitate the mobilization of different levels of government and civil society, prioritizing particularly the interaction between the academic sector, public management and the community.

By promoting the involvement of residents of the territories in the planning, implementation and evaluation of actions, the project enabled the creation of bonds of trust with the communities. On this approach, the perspective of the action was that each Local Project created its own intersectoral development plan, counting on the participation of local services, community and educational institutions. For such purpose, the team invested in thinking and participatory practice, integrated to the management of services and activities of universities. Thus, the collective construction incorporated local historical and cultural aspects including the social dynamics of the assisted families and the community itself, contributing to new knowledge to be assimilated more easily into everyday life.

The strategy for the exchange of experiences, practices and

knowledge played a decisive role in achieving this goal. The Project activities included the holding of thematic, itinerant workshops in each of the partner locations, ensuring local empowering and development of skills, as well as the strengthening the sense of involvement in the AIPS Project.

The first workshop held in Curitiba, in 2007, whose topic was "Management through results, logical framework, mapping of assets", was based on the need to strengthen participation in planning and defining expected outcomes of the Project. In 2008 two workshops were held: one in Recife, with the theme "Intersectoral action for local development - actors, competences and practices" and the second in Goiania, about "Equity and Health Promotion: perspectives of evaluation". During 2009 there were three workshops: the first was held in the city of Americana, and its theme was "Healthy Public Policies, and procedures for monitoring and evaluation", the second was in Sobral, and the theme was "Land, Culture and Identity: participatory methods in intersectoral collaboration", and the last, held in Recife, had the theme "Healthy Communities as a key strategy for Health Promotion of Health".

The partner group also participated in technical visits and national and international events related to Health Promotion, such as: conferences of the Canadian Public Health Association - CPHA (in Ottawa 2006, Halifax 2008, Winnipeg 2009 e Toronto 2010); Journées Annuelles de Santé Publique (Quebec 2008); International Union for Health Promotion (Vancouver 2007),

7th International Conference on Urban Health (Vancouver 2008), the 2nd Brazilian Seminar of Health Promotion Effectiveness (Rio de Janeiro 2008); the 12th World Public Health Congress (Istanbul 2009); and the 9th Brazilian Congress on Collective Health (Recife 2009), in addition to other thematic events promoted by the Ministry of Health of Brazil and ABRASCO.

The strategy of exchanging experiences demanded the development of forms of communication and dissemination of Project actions to partners, local leaders, opinion makers in the social sector and community in general, among others. The AIPS project has developed a diverse range of products to support such dissemination, including:

- Virtual community for information exchange and dissemination, technical consultations, bibliographic references, databases and records of activities, products, effects and results of the Project.
- Insertion of the AIPS project in the National School of Public Health Sergio Arouca (ENSP/Fiocruz) Portal, on <http://www4.ensp.fiocruz.br/aips/>;
- DVD Intersectoral Action in Health Promotion (16 minutes - 2008);
- Book: “A Praia Azul... uma história construída coletivamente em Americana”, SP;
- Systematization of the *Bambu* Methodology in Recife;
- Instrument for monitoring the implementation of Local Intersectoral Action Plans;

- Booklet: “Promoção da Saúde: O que é? Como se faz? Com quem se faz?”, developed by the team of Sobral;
- CD with records of workshops and other events, photos and materials produced;
- Reports - printed, photographic and other media - of Workshops of each Local Project;
- Informative folders of the AIPS for international partners (English/French);
- Banners of the AIPS project of each Local Project;
- Posters of the AIPS project for participation in national and international events.

Think globally, act locally

The AIPS project has supported and collaborated with some innovative experiments in Health Promotion in both countries, Brazil and Canada, where the health sector has expanded the traditional role of care service provider and was involved in alliances and partnerships aimed at economic and social development of the communities which live in a situation of great vulnerability (slums, peri-urban regions and popular neighborhoods). The local development initiatives throughout the world have shown that the implementation of social inclusion policies, poverty alleviation and improvement of basic social services and infrastructure are essential to achieve socio-economic development.

Without losing sight of the historical and cultural particulari-

ties and the reality of each local initiative, the AIPS project stimulated discussion and reflection on the common aspects that could point out evidences of intersectoral actions. For such purpose evaluation methods were developed so each Local Project would report the ongoing processes and their effects in the medium and long term. With the evaluation process, the local teams and coordinators were able to scale the main effects, processes, lessons learned, results and possibilities for sustainability of projects.

Evaluation as a process and as a product

The assessment was a key element and permeated all activities performed, since through it the local teams and coordinators were able to scale the lessons learned, results and possibilities for sustainability of projects. To this end, Canadian experts helped by bringing methodologies for project monitoring and evaluation of outcomes based on evidences.

The evaluation was conceived as a collaborative and participatory methodology, where representatives of the six projects are the main actors in the process, and it counted on the collaboration of two external consultants to the projects, who acted as facilitators. The methodology was developed to generate relevant information for the interested parties (CPHA, CIDA, ABRASCO, ENSP/Fiocruz, partner Universities and local teams) and strengthen the groups directly involved with the project implementation.

The evaluation of the Project was carried out having as its core the study of systems consisting of the six local initiatives and

network formed by coordinating teams of local projects. The process was structured to study the results, facilitating factors, obstacles and lessons learned offered by the dynamics of the initiatives of each of the projects. In its final phase, the AIPS project set as purpose to systematize learning process and consolidate practices developed by the projects.

Evaluating interventions with the scope of the AIPS project involves considering the various dimensions that comprise the context of each of the municipalities where the actions developed. There are aspects that are common to all as strategies, but the local and institutional dynamics are different. The specificities of these dynamics were considered in the choice made by an evaluative approach focusing on the complexity and collaboration.

To systematize learning process and consolidate practices developed by the projects analyzes were done following these steps: identification of target systems of evaluation at the local level, mapping and analysis of local systems, identification of common standards (results and critical aspects of project implementation) and mapping and analysis of the network organization system. The evaluators acted as facilitators in close collaboration with coordination teams of projects in defining the scope of evaluation, collection of information, analysis and discussion of reports.

Main achieved results

The AIPS project has generated important results both in the group of professionals who have worked in coordination as well

as the members of local teams. Through the collaborative evaluation process described above, the six coordinators of Local Projects, representative of the national coordination, the responsible for the AIPS through the Canadian Public Health Association (CPHA) and external consultants identified the following products, listed following the order of importance assigned by the participants of evaluation workshops:

a) Creation of a national collaborative Health Promotion network. The network brings together professionals with outstanding performance in the area, which allows building a common work agenda to help improving Health Promotion in the country;

b) Professional strengthening of members of coordination teams of Local Projects. Participation in the AIPS project promoted a significant professional growth and recognition of many of those involved as important leaders in the area of Health Promotion, nationally and internationally;

c) Contribution to training of multipliers in Health Promotion. Managers, community leaders and researchers involved in the projects increased their skills, expanding their skills in problem solving, projects organization and integration into local and professional networks;

d) Promotion of greater integration between services, communities and the university. The key actors of services, communities and educational institutions had opportunities to exchange knowledge and participation

in the essential steps of planning, implementing and evaluation of the actions of AIPS Projects;

e) Strengthening of health services from the Health Promotion perspective. The actions of the projects contributed significantly to the improvement of public health services in territories where the projects were carried out. The collaboration occurred through the generation of instruments, procedures, development of information systems and new forms of organization and integration of programs;

f) Strengthening of local groups/organizations in the territories. The projects allowed the emergence of new leaders, recognition of groups by the government, political inclusion of participants in courts and tribunals, and improvement of decision-making processes and self-management of the different groups through the strengthening of group processes in the territories target of actions;

g) Contribution to the (re)construction of identity and sense of belonging of residents in relation to their territories. All Local Projects showed evidences that the actions taken have significantly contributed in the development of identity and sense of belonging of the residents of the territories;

h) Contribution for sustainability of exchange between Brazil and Canada in the Health Promotion sector. There are significant indications that the actions of binational collaboration promoted by the AIPS project will be continued in the near future;

i) Exchange of methodologies between Brazilians and Canadians. The project promoted the exchange of instruments and methodologies produced by Canadians and Brazilians on project management and Health Promotion at various times;

j) Increasing politicization of residents of the territories and project members. The actions provided greater participation from both residents and members of project teams, in the political processes of the territories;

k) Generation of income (fixed or temporary) for members of the project team or community. The strategies used enabled the opportunity to have a monetary earn to some of the participants of three Local Projects, fact deemed important by those who were benefited;

l) Increased sense of responsibility regarding others and the environment. Some projects have raised actions that reflected solidarity with others and care for the environment;

Factors that facilitated and hindered the project

During the last evaluation workshop held in Curitiba,

March 4 and 5, 2010, the project team identified the most relevant aspects that seem to have facilitated or hindered the development of work and achievement of results. See below the points highlighted by the coordinators:

Facilitating Factors

- The agility of the national coordination to respond to demands that emerged during the implementation of the project;
- Recognition/appreciation of particularities, experiences and local potentialities by the coordination Brazil-Canada with regard to the context and activities performed;
- The construction of planning methodology of the workshops for the Brazil-Canada exchange by local coordinators;
- The appropriate choice of collaborators from Brazil, Canada and other countries, endowed with cultural sensitivity and energy to support the project;
- The contribution of Local Projects, which offered a counterpart greater than that originally planned.

Obstacles

- Lack of initial clarity on the part of local partners and coordination Brazil-Canada in relation to strategies, roles and goals;
- Communication obstacles due to complexity of the project and the time constraints on the part of the participants;
- Period of uncertainty about people and their tasks in local and national coordination;
- Little time and limited financial resources to carry out a comprehensive and complex project such as the AIPS.

Lessons Learned

Similarly, the evaluators were asked to reflect on key learning processes generated in the implementation of the Project. Coordination highlighted the following points:

- The importance of sharing principles, values and build confidence to ensure the success of the action;
- Collective systematization and continuous dissemination of results are essential to the sustainability of the project;
- Monitoring and reflection are essential to make the necessary adjustments during project implementation;
- Sustainability of the network formed depends on recognition of common interests and commitment built collectively;

- Collective projects require detachment of individual interests by the leaders;
- For the institutionalization of actions, decision makers of public policies of the municipalities need to be regularly informed of activities and intermediate results of the project;
- Intersectoral and participatory actions are important to the health promotion sector because they consider the interests of services, communities and universities.

Sustainability

Sustainability is a set of forces (ideas, relationships, and resources) that are able to keep a project alive, refreshed and in constant development. Local partners of the AIPS project pointed strategies for sustainability of actions and their results proposing some challenges and perspectives:

- Continuity in the process of consolidating the network of local partners;
- Expansion of the Network for the Northern Region;
- Support (infrastructure/financial) for the maintenance of onsite meetings and dissemination of knowledge;
- The production of intersectoral action effectiveness evidence;
- Support for the improvement of communication, systematization, networking tools and agreement between partners;

- Support for mapping of health promotion actions for empowerment of local practices, and
- Continuity of the group of local leaders of the Project integrating the Thematic Group of Health Promotion of ABRASCO.

Remaining Challenges

The Ottawa letter, as a result of the First International Conference on Health Promotion held in November 1986, states that “Health Promotion is the name given to the process of enabling the community to act in order to improve their quality of life and health, including greater participation in the control of this process. To achieve a state of complete physical, mental and social welfare individuals and groups should be able to identify aspirations, satisfy needs and favorably change the environment. Health should be seen as a resource for life, not as objective of living. In this sense, health is a positive concept, which emphasizes the social and personal resources as well as physical capacities. Thus, Health Promotion is not the sole responsibility of the health sector, and goes beyond a healthy lifestyle, towards a global welfare” and lists as fundamental conditions for health, peace, housing, education, feeding, income, stable ecosystem, sustainable resources, social justice and equity.

The implementation of actions and programs for Health Promotion within such an intricate context, involves collective processes of social and institutional transformation, which requires time and persistence. Furthermore, as they are broader determinants in the health, community participation and intersectoral collaboration sector, initiatives for Health Promotion are marked by the presence of multiple actions, projects and participants.

Actions such as those promoted by the AIPS project in the last three years represent a unique exchange opportunity and propose new roles to be played such as translators, facilitators, monitors and promoters of intersectoral actions in each location, all connected to a common axis. The dynamics of this network promotes a steady flow of knowledge, a process of continuous learning that, at the same time it unites while searching for common factors in different experiences, separates by adapting methodologies to the diverse local realities.

The Project became concrete in six local experiences, which present themselves in very different contexts with regard to their specificities and particularities, producing a collective learning that led this network of actors and institutions to the understanding of different realities.



From this knowledge we see the many possible paths to the everyday “to do”, shared and intersectoral, which contributed to the change of the “professional practice” of individuals and the community.

After the evaluations carried out we can state that the AIPS project trod a successful path, achieving the expected results in these localities. Each initiative shows signs of consolidation, as the emergence of autonomous action on the Network, generated from the collective learning processes and sharing of experiences with Canadian researchers.

The evidences are clear and an indication that we are on track. The Project’s perspective is of continuity and our challenge is to continue contributing to get closer to the ideal proposed by the Ottawa Letter: equitable social and physical environments with improved health and quality of life for all.

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