

Evaluation of Primary Health Care

Institutionalization Process

BRAZILIAN MINISTRY OF HEALTH

Evaluation of Primary Health Care

Institutionalization Process

Brasília, 2005

© 2005 Ministério da Saúde

Total or partial reproduction of the present text is allowed provided that the source is mentioned.

Copyright owned by Coordenação de Acompanhamento e Avaliação (CAA)/DAB/SAS/MS.

Publishing, distribution and information:

MINISTÉRIO DA SAÚDE

Secretaria de Atenção à Saúde

Departamento de Atenção Básica

Coordenação de Acompanhamento e Avaliação

Esplanada dos Ministérios, Bloco G, Edifício sede, 6º andar, sala 635, CEP: 70058-900.

Telephones: +55 (61) 3315 -3434 e (61) 3315- 2391

Fax: +55 (61) 3226- 4340 e-mail: avaliacao.dab@saude.gov.br

Homepage: www.saude.gov.br/caadab

General Coordination: Eronildo Felisberto

Technical Coordination: Instituto de Saúde Coletiva (ISC/UFBA): Maria Guadalupe Medina, Ligia Maria Vieira da Silva and Rosana Aquino. Instituto Materno Infantil Prof. Fernando Figueira (IMIP): Ana Cláudia Figueiró, Cinthia Kalyne de Almeida Alves, Isabella Samico and Paulo Germano de Frias

CAA/DAB Collaborator Centers Consultants for Health Evaluation:

Instituto de Saúde Coletiva da Universidade Federal da Bahia (ISC/UFBA)

Alcione Cunha, Eliana Ribeiro Dourado, Indaiá Dias Brasil, Luis Eugênio Portela, Mônica Moura da Costa e Silva,

Grupo de Estudos de Avaliação em Saúde do Instituto Materno Infantil Professor Fernando Figueira (GEAS/IMIP)

Dulcineide Oliveira, Eroneide Valéria da Silva, Gisele Cazarin, Kamila Matos, Leila Navarro, Suely Arruda

Special Consultants: Ligia Maria Vieira da Silva and Zulmira Maria de Araújo Hartz

Technical Staff of the Primary Health Care Monitoring and Evaluation Coordination (CAA/DAB):

Auristela Lins, Celina Kawano, Cinthia Lociks, Edneusa Nascimento, Eglê Santos, Flávia Davide LeLOT, Iracema de Almeida Benevides; Leila Gottens, Maria Bernadete C. Pires de Souza, Milena Bastos, Raquel Pires, Sávio Chaves, Tupinambá dos Santos. Trainees: Public Health: Letícia Milena Ferreira da Silva, Family Health: Fernanda Dias

CAA/DAB Specialized Consultants:

Alice Teles (UFPB), Carlos Eduardo Aguilera Campos (UFRJ), Elisete Duarte (UFMT), Francisco José Pacheco dos Santos (SES-BA) Jória Guerreiro (UFPB), Kátia Feliciano (IMIP), Maria do Carmo Leal (FIOCRUZ), Marina Mendes (IMIP), Nadja Rocha (UFRN), Roseni Pinheiro (UERJ), Vilma Dias (CASSI), Virginia Hortale (ENSP/FIOCRUZ)

CAA/DAB Secretary: Rosane Vercino (Secretary); Deivison Marinho (Trainee)

Translation to English: André Penido

Text Review: Isabella Samico

Institutional Support: ABRASCO; BIRD; IMIP; ISC/UFBA; OPAS; UNESCO

Brazil. Ministry of Health. Secretary of Health Assistance. Department of Primary Health Care. Monitoring and Evaluation Coordination.
Evaluation of Primary Health Care: Institutionalization Process/Ministry of Health. Secretary of Health Assistance. Department of Primary Health Care. Monitoring and Evaluation Coordination; Technical coordination: Instituto de Saúde Coletiva da Universidade Federal da Bahia and Instituto Materno Infantil Prof. Fernando Figueira, IMIP. - Brasília, DF: Ministry of Health; 2005.
36pp.

ISBN 85-88660-25-3

1. Program Evaluation 2. Public Health 3. Primary Health Care I. Title II. Instituto de Saúde Coletiva da Universidade Federal da Bahia, technical coordination III. Instituto Materno Infantil Prof. Fernando Figueira, IMIP, technical coordination IV. Título

NLM WA310

CONTENTS

Presentation	5
Introduction	7
Institutionalization of Evaluation: The Ministry of Health as an implementer	11
Basic Concepts	18
Institutionalization Process for Primary Health Care Evaluation . . .	21
- Logic Model	23
- Strategic Components and Projects	24
Abbreviations	32
Notes	33
References	34

PRESENTATION

A necessary as well as complex task, carrying out monitoring and evaluation requires careful and consistent investment to build up a number of agreements. That comprehends not only the need to utilize compatible tools, but mainly to coordinate the evaluation object and objectives, keeping in mind that this is above all an activity negotiated by the different health system agents. Without this premise it is unfeasible to perform any action committed to the decision-making process as well as to increased health services equity and effectiveness.

The present document contextualizes the circumstances in which the Monitoring and Evaluation Coordination of the Department of Primary Health Care (CAA/DAB) of the Secretary of Health Assistance / Ministry of Health developed an evaluation policy for the health programs and policies evaluation in the context of the primary health care. It presents the basic concepts and main strategies that oriented the actions taken by this Coordination. It intends to contribute to the debate on evaluation as a mean of permanent negotiation, as well as a tool for the training of personnel in their everyday practice, so that it becomes part of the Unified Health System (SUS) and advance its institutionalization.

INTRODUCTION

Today, the recognition of evaluation in health administration can be measured by the number of initiatives that aim at its implementation in different segments of the SUS - Unified Health System. With the basic objective of supporting decision-making processes by health system agents, evaluation must lead to the identification of problems and the reorientation of actions and services, as well as consider the adoption of new sanitary practices by professionals and estimate the impact on the health of the population caused by the actions implemented by services and programs. Vieira-da-Silva (2005) considers *"...evaluation policies, programs and projects capable of covering all levels of a health system. And, although policy evaluation frequently involves program evaluation, the distinction of these two practices can be necessary for analytical purposes"*.

The institutionalization of evaluation is one of the most important challenges for today's health system. Hartz (2002: 419) believes that *"...the institutionalization of evaluation must aim at integrating evaluation practices into an organizational system capable of being influenced by them, i.e., an action-oriented model that necessarily relates analytical activities to the management of program interventions"*. Thus, it requires considering (i) technical aspects - definition of criteria, indicators and tools, (ii) cultural and organizational aspects - related to the modus operandi developed by institutions in their evaluation practice and (iii) political aspects - related to the power relations established by administration segments and the different agents involved in health (Medina & Aquino, 2002).

Investing in the institutionalization of evaluation can soundly contribute to qualify the health care, encouraging the development of

structured and systematic processes according to SUS principles (universality, equity, wholeness, social participation, resoluteness, accessibility) and to the comprehension of their several dimensions - the managing and care of and the impact on the epidemiologic situation (Felisberto, 2004).

In order to reach this goal, individuals must develop an "evaluating eye", which will provide organic evaluations during everyday processes in all segments from local health units to the Ministry of Health. Each action or suggested intervention must contemplate its evaluation, considering how and why such action will be evaluated, which furthermore requires fundamental efforts to create tools and strategies in order to integrate the evaluation initiatives already existing in the several segments of SUS, to develop technical capacity and to develop agreements that aim at the qualification necessary to this process (Ministério da Saúde, 2003a).

Health evaluation in Brazil exists in a context where processes are still at an early stage, being little applied to practice and mainly characterized by prescriptive, bureaucratic and punitive aspects rather than subsidiary support to planning and management. Besides, the existing tools are not supportive to decision-making processes or to the training of those involved in them (Ministério da Saúde, 2003a).

Therefore, the basic role of federal managers is to implement and encourage the institutionalization of evaluation in the three governmental spheres, reinforcing its formative, educational and practice-orientating aspects. The Ministry of Health is oriented to the institutionalization of monitoring and evaluation, aligned with other countries such as the United States, England, Canada and France¹.

The Ministry of Health also understands that the institutionalization of evaluation must be related to the development of a policy of evaluation policies and programs of the SUS which the monitoring

and evaluation policy for Primary Health Care must be part of it, as well as the inclusion of its several agents (health professionals, users, managers, technicians and researchers), the clear definition of their responsibilities and the financing forms of evaluation processes.

THE INSTITUTIONALIZATION OF EVALUATION: THE MINISTRY OF HEALTH AS IMPLEMENTER

Historical and organizational context

The Primary Health Care Monitoring and Evaluation Coordination (CAA/DAB) was created during the Ministry of Health internal reorganization process in 2000, with the creation of the Department of Primary Health Care of the Secretary of Health Policies, which replaced the Community Health Coordination, at the time under the Health Assistance Secretary. Initially called "Investigation Coordination", CAA/DAB had the objective to establish and develop evaluation processes in primary health care, understanding its strategic role for the reorientation of the health system organization in the country. At the occasion, the mission and competence of the Coordination were defined, according to Table 1 (Ministério da Saúde, 2001).

Table 1 - Mission and Competence of the Primary Health Care Investigation Coordination - Ministry of Health, 2000

Mission:

Structuring and implementing primary health care (PHC) evaluation processes that will allow monitoring the structure, processes and results of PHC actions and services, through the systematic use of health information systems and of tools that will allow the development of normative evaluations in the Family Health Strategy.

Competence:

- Developing evaluation methodologies to implement a PHC Evaluation System;
- Managing the PHC information system (SIAB) and systematically developing situational analyses of national scope, considering the epidemiologic profile of the population and the services supply related to PHC in the country;
- Implementing mechanisms to unfold SIAB's and other systems information, helping state and municipal managers to reorient their health actions;
- Developing evaluation researches related to primary health care based on identified problem situations;
- Sharing efforts with educational institutions and centers for the permanent training and education in Family Health, in order to capacitate professionals in health evaluation.

The increasing expansion of the Family Health Strategy has redefined its importance as a reorganizer of strategies for primary health care and has brought up issues related to staff training and to resoluteness, emphasizing the need to effectively articulate primary health care with the other organizational levels of the system (Ministério da Saúde, 2000). Thus, the development of strategic processes that aim at investing in monitoring and evaluation activities in the Department of Primary Health Care has favored the development of an institutional culture that is necessary to and facilitates its institutionalization (Souza, 2002).

Taking this frame into consideration, in 2003, the Ministry of Health redefined CAA/DAB's mission for a new political and institutional reorganization context, with new challenges brought about by the considerable increase of the Family Health Strategy, especially those defined for the large municipalities in the country. Its mission and strategic goals were then redefined, as shown in Table 2 (Ministério da Saúde, 2003b).

Table 2: Mission and Strategic Goals of the Primary Health Care Monitoring and Evaluation Coordination - Ministry of Health, 2003

Mission:

Monitoring and Evaluating primary health care by supporting managers to implement/consolidate evaluation culture in the SUS three management segments

Strategic Goals:

- Identifying relevant aspects of primary health care (PHC) to be monitored and evaluated, with emphasis on the Family Health Strategy;
- Developing strategies for the prompt unfolding of relevant and precise information on PHC in the country;
- Developing technical and political capacity in the three management segments of the SUS, in order to render data analysis available for decision-making;
- Introducing intra and inter- articulation processes with the objective of institutionalizing PHC monitoring and evaluation;
- Promoting and adapting agreement strategies of PHC goals and indicators in the three management segments of the SUS;
- Guarantee the access to the database system under responsibility of the CAA/DAB to monitoring and evaluate PHC;
- Identifying the need to promote and disseminate PHC evaluation studies;
- Managing the PHC Information System.

Basic Support

In 2003, a comprehensive debate process was initiated in order to mobilize important agents for the construction of national policies for primary health care monitoring and evaluation. CAA/DAB actions included: the survey of actions and initiatives previously developed; the planning of the Coordination itself; the creation of the Commission for Primary Health Care Evaluation², which involved managers and technicians from the different segments of the Ministry of Health, the National Council of State Health Secretaries (Conass) and the National Council of Municipal Health Secretaries (Conasems); the Workshop on the Institutionalization of Monitoring and Evaluation at the 7th Brazilian Congress for Public Health (2003), which promoted sound debates with professionals from teaching and research institutions and other meetings with important agents from the Ministry of Health and other institutions and organizations (Ministério da Saúde, 2003b).

From 2003 to 2005, a number of actions were developed by CAA/DAB in order to implement strategic projects. Nowadays, several PHC evaluation activities have been implemented. They are either directly associated to some evaluation aspects or associated to the creation of necessary technical and organizational aspects.

However, the evaluation processes to be developed require of institutions better organic relations; therefore they are prioritized by the guidelines established by the SUS and Family Health Program principles as the priority strategies for the organization of primary health care. It is in this context that the Project for the Strengthening of State Health Secretaries of Monitoring and Evaluation was developed, considered the structuring axis of the proposed policy and which has been trying to make technical evaluation capacity feasible in state management segments and which has firmly advanced towards its institutionalization.

Although the limitations of the actions developed and encouraged by CAA/DAB during this period are quite apparent, in the last three years there has occurred the construction of the basis of monitoring and evaluation policy for primary health care, i.e., its technical, scientific, political and financial support, represented as follows:

(i) Partnerships with national and international teaching and research institutions, as well as with professional associations of academic and political prestige;

(ii) The mobilization of institutional agents through largely participative processes, which have sought not only agreements for the development of projects, but also the adoption of proposals that will meet the numerous needs of the health system;

(iii) The identification of funding sources and guaranteed budget resources for projects;

(iv) The definition of organizational strategies for the training of professionals in the field of evaluation.

Proposing the creation and development of the Policy for Primary Health Care Monitoring and Evaluation represents the overcoming of an initial stage in which political and organizational fundamentals for the institutionalization of evaluation of the country's primary health care were created. Its pillars have been structured during the comprehensive debates about PHC evaluation and the several projects that introduced intervention guidelines in the evaluation field.

The components and projects that are implemented in each occasion can be modified due to specific circumstances and problems. Nevertheless, the diversity of actions must always be oriented by an institutionalization perspective, which associates evaluation and

management, while it values and specifies evaluation actions, incorporates evaluation as a culture, but which also takes into account the definition of the roles of the expertise and systematization that constitute the evaluation field.

BASIC CONCEPTS

Some underlying concepts for the comprehension of the evaluation process and its object - primary health care (PHC) - have oriented this policy. They have resulted from workshops organized by the above-mentioned Commission for PHC Evaluation and have been used in the present document because they express the institutional position in relation to PHC evaluation. The concepts below summarize the consensus achieved by this work group (Ministério da Saúde, 2003a).

On evaluation concepts

Health evaluation is a process of reflection and criticism of the practice and the processes developed by health services. It is a continuous and systematic process whose duration is defined according to the circumstances in which it is developed. Evaluation is not only a procedure of technical nature, although this dimension is present, and should be understood as a negotiation process between social agents. Therefore, it should be a process of negotiation and agreement between agents who share responsibilities.

Power relations mediate the evaluation process. Those who are in charge of leading the process should not overlook this aspect. Implementation mechanisms that will assure the democratic participation of those involved must be reinforced by all means.

Evaluation is a relevant management function. Therefore, it is not merely the responsibility of external evaluators and must be part of the set of activities developed by the managers of the health system and their staff.

In terms of health evaluation in general and primary health care specifically, the object of evaluation is a moving object. The three government spheres are co-responsible for primary health care evaluation. It is important to emphasize its educational aspect and its role of reorienting policies and practices and overcoming its traditional focus on punishment and bureaucracy.

When analyzing the object of evaluation, it is important not to reduce it; otherwise the evaluation process will not express the rich diversity of the many places and regions or the new values that have been aggregated to the SUS.

On the object of evaluation

Primary Health Care is a set of actions in health that comprehend the promotion, prevention, diagnosis and care (treatment and rehabilitation) developed through democratic and participative management and sanitation practices, guided by a multiple discipline approach, carried out by work groups and oriented to well-defined population territories (territory-process), for which they take full responsibility, through the use of highly complex low-density technology, which should be able to attend to the population's health issues (the most frequent and relevant ones), preferably within the health system and oriented by the principles of universality, accessibility, continuity, wholeness, responsibility, humanization, vinculum, equity and social participation (Ministério da Saúde, 2003a).

Besides, monitoring and evaluation concepts must be adopted taking into account the polysemous nomenclature used in health evaluation. Here, the concepts chosen are those that can be used mainly for analytical purposes.

Evaluation

According to Contandriopoulos (1997), evaluation is the judgment of an intervention or any of its components aiming at helping decision-making processes. This judgment can be the result of the adoption of criteria and norms (normative evaluation) or the result of scientific procedures (evaluative research).

Thus, considering the basic concepts presented above, CAA/DAB also understands evaluation as a participative process of partial interpretation of pre-delimited (or built) scenarios - inserted in a complex, non-linear reality, pervaded by power relations and based on formal analytical systematization - with the objective to picture situations so that critical actions and interventions can be designed within social and historical context (Ministério da Saúde, 2004a).

Monitoring

Monitoring is understood as part of the evaluation process. It consists of collecting, processing and systematically analyzing health data and indicators, selected with the objective of confirming if activities and actions are carried out accordingly to plans and if they are reaching the expected results.

The monitoring activities mentioned here are related to other ones in different SUS areas that, acting together and in a complementary way, contribute to the higher purpose of institutionalizing health evaluation in the country, such as those developed by auditing, regulation and control.

BUILDING THE PATHS TO THE INSTITUTIONALIZATION OF EVALUATION OF PRIMARY HEALTH CARE

It is a fact that, by promoting theoretical debates, as well as evaluation tools and methodologies, in the long run, evaluation processes contribute to the advance of knowledge processes *per se*, by conjugating empirical evidence and theoretical concepts and by producing new knowledge whose effects go beyond the limits of health system and services.

Thus, the goal of evaluation is to reduce the uncertainty inherent in decision-making processes in health, by revealing to society the consequences and effects of policy-making and implementation, mainly of those related to basic assistance. The institutionalization of evaluation provides society with a feedback on management choices through the analysis of their processes and results.

The presentation of the National Policy for Monitoring and Evaluation of Primary Health Care started with the description within the Logic Model format of the monitoring and evaluation actions developed by CAA/DAB, which is a graphic representation of the relations between the elements necessary to operate this policy in order to reach the expected results. Taking into consideration that institutional reality, knowledge building, new needs and the definition of priorities are dynamic, the logic model has to be understood as temporary and circumstantial. However, no matter how changeable these elements may be, the results must always be evaluated.

The logic model here presented includes the components to be implemented and relates them to the projects/activities necessary to fulfill the objectives of this policy on the path to the institutionalization of primary health care evaluation. The development of this proposal

is expected to facilitate evaluation processes that can properly support decision-making processes, reduce uncertainty in health decisions and contribute to the improvement and consolidation of the SUS.

The core elements of this policy, which today guide the CAA/DAB work, can be understood as the central components of the policy and, although they can have very well defined objectives, they have numerous interfaces. Thus, the processes that make part of the development of a given component will necessarily interact, more or less intensively, with processes related to other components.

Below, we graphically present the logic model of the national policy for primary health care monitoring and evaluation with its six main components: (i) monitoring and evaluation; (ii) development of evaluation capacity; (iii) systematic articulation and integration of actions; (iv) technical cooperation and inter-institutional articulation; (v) incentive and management of studies and research and (vi) production of data and communication (Figure 1).

Figure 1: Logic Model of National Policy for Monitoring and Evaluation of Primary Health Care. Ministry of Health, 2005

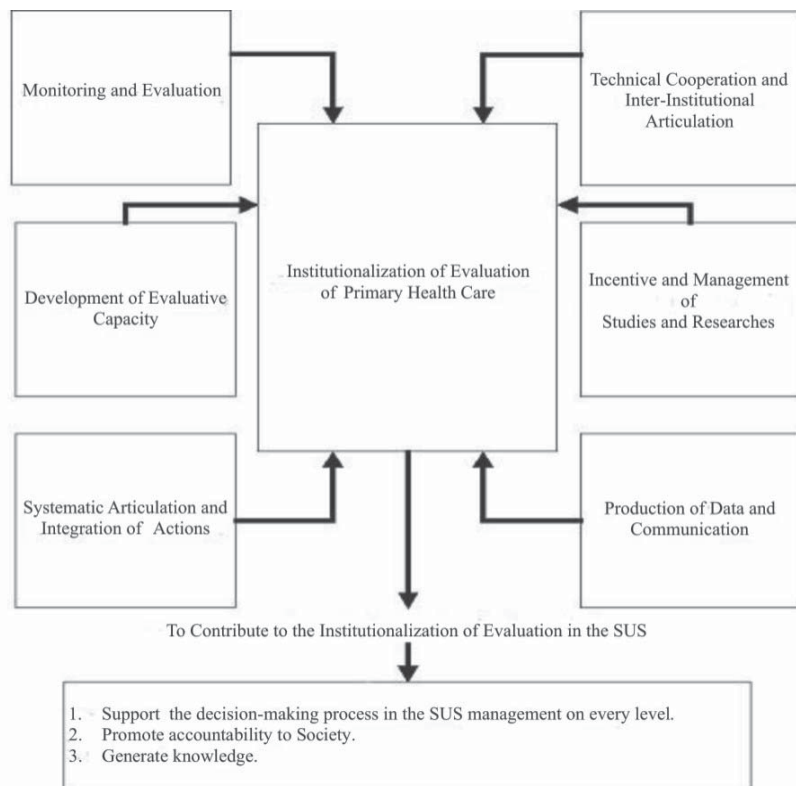


Table 3 summarizes each one of the components of strategic projects that aim at the development of the policy. Tables 4 to 9 present components and strategic projects with their specific goals, as well as expected products and results.

Those interested in more detailed aspects of the present policy for monitoring and evaluation of PHC in Brazil can access the CAA/DAB website: <http://www.saude.gov.br/caadab>

Table 3 - Components and Strategic Projects of the National Policy for Monitoring and Evaluation of Primary Health Care, Ministry of Health, 2005

Monitoring and Evaluation	Development of Evaluative Capacity	Systematic Articulation and Integration of Actions	Technical Cooperation and Inter-institutional Articulation	Incentive and Management of Studies and Researches	Production of Data and Communication
↓ 1. Improvement of Primary Health Care Information System (SIAB)	↓ 1. Strengthening of the Primary Health Care Monitoring and Evaluation Coordination of the Ministry of Health (CAA/DAB)	↓ 1. Articulation and Integration of Ministry of Health (MH) Actions	↓ 1. Creation of a Net of Technical Cooperation in Evaluation	↓ 1. Financial Support and Management of Evaluative Studies and Research in Primary Health Care	↓ 1. Creation and Updating CAA/DAB Home Page
2. Activating Primary Health Care Indicators Agreement	2. Strengthening of SHS Technical Capacity in M&E	2. Strengthening of SHS Technical Capacity in M&E	2. Technical Cooperation from Referential Institutions in Evaluation	2. Baseline Studies (BS)	2. Issued Publications
3. Monitoring of the Implementation of Project Component I	3. Baseline Studies (BS)		3. Strengthening of SHS Technical Capacity in M&E	3. BS Meta-evaluation	3. Technical and Scientific Events Communication
4. Building Monitorz&E	4. Evaluation for Quality Improvement of FHS (EQI)			4. Strengthening of SHS Technical Capacity in M&E	
5. Baseline Studies (BS)					
6. Evaluation for Quality Improvement (EQI) of Family Health Strategy (FHS)					
7. Analysis of Health Indicators according to Coverage Level in Family Health Program (FHP)					
8. Strengthening of State Health Secretariats (SHS) Technical Capacity in Monitoring and Evaluation (M&E)					

Table 4 - Logic Model of Component 1 - National Policy for Monitoring and Evaluation of Primary Health Care, Ministry of Health, 2005

COMPONENT 1	COMPONENT OBJECTIVE	STRATEGIC PROJECT	PROJECT OBJECTIVE	PRODUCT	SHORT AND MIDDLE TERM RESULTS	LONG TERM RESULTS
Monitoring and Evaluation	Developing monitoring and evaluation activities	SIAB Improvement	Turning SIAB into a tool for the monitoring of PHC and not only of CHAF's and FHP and making possible the use of information on its programs	Defined Indicators and already developed data systems	Newly implemented SIAB being effectively used to PHC monitoring, evaluation, planning and management in SUS three management segments	Institutionalized Primary Health Care Monitoring and Evaluation Practices at SUS
		Activating Primary Health Care Indicators Agreement	Qualifying negotiation, analysis indicators and goal setting processes, engaging the different agents in the process	Dynamic Process established with the SUS three management segments, involving proper analysis methodology for indicators and the definition of goals, qualifying the threefold negotiation	Improvement of the process of data base analysis aiming at planning actions Qualification of the goals agreement process	
		Monitoring of the implementation of Project Component 1	Monitoring the follow-up indicators of the implementation of actions by Municipal Plans of Project's Component 1	Monitoring indicators followed-up and managing reports available to health managers	Problem-situations identified in reaching the goals set by Municipal Plans for Project's Component 1	
		Building MonitorAB	Identifying, systematizing and making available PHC data and indicators	Computer Applicative in course	PHC monitoring applicative available and used by different SUS agents according to their interests	

COMPONENT	COMPONENT OBJECTIVE	STRATEGIC PROJECT	PROJECT OBJECTIVE	PRODUCT	SHORT AND MIDDLE TERM RESULTS	LONG TERM RESULTS
1		Baseline Studies (BS)	Evaluating PHC and the changes brought about by the conversion of the health care model based on FHP in municipalities cover 100,000 people	Accomplished BS	Appropriation (knowledge and use) of results by SUS professionals and managers and publication of those results	Institutionalized Primary Health Care Monitoring and Evaluation Practices at SUS
			Developing evaluation methodology for the continuous improvement of FHS quality			
		Evaluation for Quality Improvement (EQI) of Family Health Strategy (FHS)	Defining FHS quality standards and building M&E tool	Already developed and available EQI Project	Municipalities included in the project, with family health professionals and managers monitoring and evaluating their practice	
			Developing implementation strategies			
Analysis of Health Indicators according to Coverage Level in FHP	Strengthening of SHS technical capacity	Promoting the development of M&E actors at SHS	Completed Studies	Publishing study results and their assimilation in the PHC M&E process	M&E actions habitually developed by the SHS	
						Definition of M&E tools and methodologies at SHS

Table 5 - Logic Model of Component 2 - National Policy for Monitoring and Evaluation of Primary Health Care, Ministry of Health, 2005

COMPONENT	COMPONENT OBJECTIVE	STRATEGIC PROJECT	PROJECT OBJECTIVE	PRODUCT	SHORT AND MIDDLE TERM RESULTS	LONG TERM RESULTS
2	Development of Evaluative Capacity	Strengthening of the Coordination (CAA/DAB)	Qualifying and developing technical and updating strategies in M&E for CAA/DAB professionals	Professionals qualified and in permanent technical updating	CAA/DAB Work Processes developed and qualified	Institutionalized Primary Health Care Monitoring and Evaluation Practices at SUS
			Developing and strengthening technical and operational capacity in M&E at SHS	State plans for M&E developed and approved at management level (SHC, TMC, JMC)	SHS methodological proposals for M&E in course	
			Strengthening of SHS technical capacity	Resources allocated to SHS	Methodological proposals developed by SHS and approved by MH	
Development of Evaluative Capacity	Baseline Studies (BS)	Contributing to the development of M&E technical capacity at SHS and in municipalities with over 100,000 inhabitants	Contributing to the development of M&E technical capacity at SHS and in municipalities with over 100,000 inhabitants	Professionals from SHS and from municipalities with more than 100,000 inhabitants involved in carrying out ES	Assimilation of evaluative techniques and methods by the professionals involved and utilization of acquired knowledge to quality decision-making process	Assimilation (knowledge and use) of EQI tools by PHC professionals and managers
			Evaluation for Quality Improvement (EQI) of Family Health Strategy (FHS)	Contributing to the development of M&E technical capacity at SHS and in Brazilian municipalities	Professionals from SHS and from municipalities involved in the implementation of EQI Project	

Table 6 - Logic Model of Component 3 - National Policy for Monitoring and Evaluation of Primary Health Care. Ministry of Health, 2005

COMPONENT 3	COMPONENT OBJECTIVE	STRATEGIC PROJECT	PROJECT OBJECTIVE	PRODUCT	SHORT AND MIDDLE TERM RESULTS	LONG TERM RESULTS
Systematic Articulation and Integration of Actions	Developing strategies for inter- sectors articulation and integration of monitoring and evaluation activities at SUS management segments	Articulation and integration of Ministry of Health actions	Articulating the strategic sectors of the different MH Secretaries and integrating M&E activities, making actions more effective for SUS institutionalization of the evaluation process	M&E inter-sectors activities developed in an articulated and/or integrated way	M&E work processes developed in an articulated and/or integrated way generating formative and qualified practices that supports management	Institutionalized Primary Health Care Monitoring and Evaluation Practices at SUS
		Strengthening of SHS technical capacity	Promoting articulation of SHS strategic sectors and program areas, supporting the development of M&E integrated activities	M&E activities developed in an articulated and/or integrated way at SHS	M&E work processes developed in an articulated and/or integrated way generating formative and qualified practice that supports management	

Table 7 - Logic Model of Component 4 - National Policy for Monitoring and Evaluation of Primary Health Care, Ministry of Health, 2005

COMPONENT 4	COMPONENT OBJECTIVE	STRATEGIC PROJECT	PROJECT OBJECTIVE	PRODUCT	SHORT AND MIDDLE TERM RESULTS	LONG TERM RESULTS
Technical Cooperation and Inter-institutional Articulation	Developing strategies for technical cooperation and inter-institutional articulation in M&E involving teaching and research institutions and SUS management segments	Creation of an M&E technical cooperation net	Articulation of teaching and research institutions involved in evaluation practices for the support of SUS management, aiming at intra-technical cooperation	M&E Technical Cooperation Net developed	Exchanging experiences and knowledge in theoretical and methodological information, strengthening institutional development	Institutionalized Primary Health Care Monitoring and Evaluation Practices at SUS
		Technical Cooperation with reference evaluation institutions	Establishing cooperative links with institutions/organizations known for their technical and scientific capacity in the field of evaluation	Partnerships and relations established	Strengthening and qualifying evaluative practices to support SUS management	
		Strengthening of SHS technical capacity	Promoting the establishment of cooperation between SHS and teaching and research institutions known for their technical and scientific capacity in the field of evaluation	M&E Collaborative centers hired by SHS	Improvement of work processes in evaluation developed by SHS and by teaching and research institutions with permanent qualification on developed activities	

Table 8 - Logic Model of Component 5 - National Policy for Monitoring and Evaluation of Primary Health Care. Ministry of Health, 2005

COMPONENT 5	COMPONENT OBJECTIVE	STRATEGIC PROJECT	PROJECT OBJECTIVE	PRODUCT	SHORT AND MIDDLE TERM RESULTS	LONG TERM RESULTS
Incentive and Management of Studies and Researches	Increasing the production of knowledge and its adoption by SUS through evaluative research on PHC	Financing and management of evaluative studies and researches on PHC	Financing and follow-up the development of evaluative researches on PHC	Research edit published through CNPq (National Research Council) action with allocated resources and defined follow-up group	Selected projects and researches in course CAA/DAB permanent management for the technical cooperation between researchers and SUS management segments	Institutionalized Primary Health Care Monitoring and Evaluation Practices at SUS
		Baseline Studies (BS)	Following up the development of BS hired from research institutions for the management of their technical cooperation and for ensuring accordance to established guidelines	BS carried out with CAA/DAB permanent management	Evaluative studies on PHC carried out with MHS and SHS, MHS professionals capacitated in their methodology and results adopted by PHC M&E processes	
		Meta-evaluation of Baseline Studies (BS)	Objective and systematic analysis of information produced by BS Development of SHS professionals' technical competence for identification of needs/demands and of object of evaluative researches	Meta-evaluation carried out SHS professionals entitled to demand PHC evaluative researches	Meta-evaluation results adopted by PHC M&E processes Evaluative researches proposed, commissioned and/or carried out by SHS	
		Strengthening of SHS technical capacity				

Table 9 - Logic Model of Component 6 - National Policy for Monitoring and Evaluation of Primary Health Care, Ministry of Health, 2005

COMPONENT 6	COMPONENT OBJECTIVE	STRATEGIC PROJECT	PROJECT OBJECTIVE	PRODUCT	SHORT AND MIDDLE TERM RESULTS	LONG TERM RESULTS
Production of Data and Communication	Producing and publishing data on PHC monitoring and evaluation	Creation and updating of CAA/DAB Home Page	Publishing and making available the PHC M&E data produced	CAA/DAB Home Page created and permanent updated	Wide access and utilization of PHC M&E data produced	Institutionalized Primary Health Care Monitoring and Evaluation Practices at SUS
			Creating printed publications of the M&E data produced by CAA/DAB, distributing them to PHC professionals, managers of the SUS, teaching and research institutions and other interested professionals	Publications Issued and distributed	Wide Access and utilization of PHC M&E data produced	
		Issued publications	Presenting, unfolding and debating strategic projects, methodologies and results produced about PHC evaluation in courses, workshops, seminars, technical meetings, congresses	Communication delivered in different technical and scientific forums	Increasing the access to data and assimilation of knowledge by interested professionals	
		Technical and Scientific Events Communication				

ABBREVIATIONS IN TABLES 4 TO 9

BS: Baseline Studies

CAA/DAB: Monitoring and Evaluation Coordination of the Department of Primary Health Care of the Secretary of Health Assistance / Ministry of Health

CHAP: Community Health Agents Program

EQI: Evaluation for Quality Improvement

FHP: Family Health Program

FHS: Family Health Strategy

M&E: Monitoring and Evaluation

MH: Ministry of Health

MHS: Municipal Health Secretaries

MonitorAB: Data system applicative for primary health care monitoring

PHC: Primary Health Care

Proesf: Family Health Strategy Consolidation and Expansion Project

SHC: State Health Council

SHS: State Health Secretaries

SIAB: Primary Health Care Information System

SUS: Unified Health System

ThIC: Three-party Inter-management Commission

TwIC: Two-party Inter-management Commission

NOTES

1. Taking into account the creation of numerous agencies/ government institutions (Government Accountability Office, Department Health Human Services, Agency for Healthcare Research and Quality - United States of America; National Health Services - United Kingdom; L'Agence Nationale d'Accréditation et d'Évaluation en Santé - France; L'Agence d'évaluation des Technologies et des modes d' intervention en santé - Canada).
2. The Commission was created by administrative directive GM/ MS N° 676 on 03 June, 2003.

REFERENCES

CONTANDRIOPOULOS, A.P., CHAMPAGNE, F., DENIS J.L., PINEAULT, R. (1997). A Avaliação na Área da Saúde: Conceitos e Métodos. In: HARTZ, Z.M.A. (org.), *Avaliação em Saúde: dos Modelos Conceituais à Prática na Análise da Implantação de Programas*. Rio de Janeiro. FIOCRUZ, pp. 29-48.

FELISBERTO, E. (2004). Monitoramento e avaliação na atenção básica: novos horizontes. *Revista Brasileira de Saúde Materno Infantil*, Recife, 4(3): 317-321.

HARTZ, Z.M.A. (2002). Institucionalizar e qualificar a avaliação: outros desafios para a atenção básica. *Ciência e Saúde Coletiva*, 7(3): 419-421.

MEDINA, M.G. & AQUINO, R. (2002). Avaliando o Programa de Saúde da família. In: Sousa, M.F. (org). *Os sinais vermelhos do PSF*. São Paulo, Hucitec, p.135-151.

MINISTÉRIO DA SAÚDE. Secretaria de Políticas de Saúde / Departamento de Atenção Básica. (2000). *Proposta de Estruturação do Departamento de Atenção Básica* (mimeographed).

MINISTÉRIO DA SAÚDE. Secretaria de Políticas de Saúde / Departamento de Atenção Básica/Coordenação de Investigação. (2001). *Relatório de Avaliação: fevereiro de 2000 a maio de 2001*.

MINISTÉRIO DA SAÚDE. Secretaria de Atenção à Saúde / Departamento de Atenção Básica/Coordenação de Acompanhamento e Avaliação. (2003a). *Documento Final da Comissão de Avaliação da Atenção Básica*. [Produto do trabalho da Comissão instituída pela Portaria Nº 676 GM/MS de 03 de junho de 2003, publicada no DOU em 04 de junho de 2003].

MINISTÉRIO DA SAÚDE. Secretaria de Atenção à Saúde / Departamento de Atenção Básica/Coordenação de Acompanhamento e Avaliação. (2003b). *Relatório de atividades, 2003*.

MINISTÉRIO DA SAÚDE. Secretaria de Atenção à Saúde / Departamento de Atenção Básica/Coordenação de Acompanhamento e Avaliação. (2004). *Planos Estaduais para o Fortalecimento das Ações de Monitoramento e Avaliação da Atenção Básica - Diretrizes e Orientações*.

SOUZA, H. M. (2002). O PSF como indutor da institucionalização da avaliação na atenção básica. *Revista Brasileira de Saúde da Família*, 6: 10-15.

VIEIRA-DA-SILVA, L.M. (2005). Conceitos, Abordagens e Estratégias para a Avaliação em Saúde. In: HARTZ, Z.M.A. & VIEIRA-DA-SILVA, L.M (orgs.), *Avaliação em Saúde: dos Modelos Teóricos à Prática na Avaliação de Programas e Sistemas de Saúde*. Salvador: EDUFBA; Rio de Janeiro: FIOCRUZ, pp. 15-39.