

## CONSTRUCTION OF THE PEOPLE'S HEALTH MOVEMENT (PHM) IN MARANHÃO, NORTHEAST OF BRAZIL

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### 1. Presentation

The study was developed based on the contributions of Raimundo Luis Silva Cardoso (NuRuNI/UFMA), Anne Caroline Wihbey (Sister Anne/PHM), Claudenir Gomes da Silva (PHM), Marcelo Silva Almeida (PHM), Maria de Jesus Farias Santos (PHM) and Raimunda Nonata Silva Farias (PHM), present in PHM working meetings in the settlements communities of Nina Rodrigues - Maranhão.

The report's author, Raimundo Cardoso, inserted in the academic setting, contributed with the systematization of the work that was being developed by the teams in the communities since 2012. Not being a member of Nina Rodrigues' health team, he visited the place to better understand the context.

### 2. Introduction

Maranhão (MA) is a Brazilian state with an agrarian, large land ownership and colonialist heritage. Its social, political and economic training process resulted from the slavery of African black people who were, paradoxically, immediately after its abolition, excluded from the scene of public policies implementation. Those health policies that were established in Brazil, and in Maranhão, from the creation of the Brazilian National Health System (SUS) did not include some segments of low income social classes, geographically and culturally isolated.

The presence of large land estate in the Maranhão space is a product of its past Portuguese and French colonization, being the ownership of these large rural areas transferred only within the agrarian elite, from generation to generation, from the colonization times until the present time. The peasant - represented by rural, mestizos, mixed, gypsies, indigenous and *quilombola* workers - was not seen as the owner of the

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land by the state public power, opposing the perception of this rural population, who understood in their centennial customs and traditions that the ownership of the land was a result of the cultural and territorial heritage left by their ancestors, transferred from generation to generation in the rural communities.

The predominance of land concentration and monoculture land to serve the external market is remarkable in Maranhão, not allowing the healthy development of the rural population, awakening in the peasant population masses ideals of organization around the agrarian reform in Brazil. It is materialized by the MST (Landless Rural Workers' Movement), which fights for the conquest of peasant's democratization and identity, to guarantee the basic rights of human production and reproduction (ETEL, 2009).

A study developed by Sousa (2009, p.72) presents a picture of confrontations and vulnerabilities in daily lives of the rural population of Nina Rodrigues. It was perceived by the researcher that "... the majority of the rural population doesn't even have access to the basic rights - education, health, basic sanitation-, resulting in a contrast with these official social indicators, which disclose little on how these populations, formed in its majority by black people, live." This reality is still the same until the current days.

The People's Health Movement (PHM) - *Movimento pela Saúde dos Povos* (MSP) - is one of the pioneering movements that made possible the discourse expressing the social matter of world-wide health. Its slogan is "Health for all now", reflecting its discredit for what was proposed by the nations in the Alma-Ata chart in 1978. It acts supporting civil entities, NGO's and militants in the fight for health as universal in world-wide scale. Its principles are based on the document "People's Health Charter", which recommends the grassroots participation, as well as their organizations in the formulation, implementation and evaluation of all the social and health policies and programs. This perspective is reached through the grassroots education (CARTA PELA SAUDE DOS POVOS, 2000; SODRE, 2011; BRASIL, 2002).

The debate concerning health as a universal right, together with the panorama of confrontation in the advance of construction and consolidation of public health policies for settlement and peasant communities in the Brazilian space, associated with the scarcity of studies disclosing the social and health determinants of the rural communities in Maranhão, making the invisibility of the confrontations lived deeply by

this population a factor for the perpetuation of existing social vulnerabilities of this population group, justified the preparation of this report on the experience in the training of a PHM health team in Nina Rodrigues - MA, and its contribution in the construction and development of PHM.

### **3. Objective**

To register the process of PHM training in Maranhão, in the rural area, in Nina Rodrigues, aiming at the advocacy of the Brazilian National Health System (SUS).

### **4. Methodology**

It is a descriptive study with qualitative approach, resulting from a data collection between 2012 and 2015, consisting of two phases: retrospective-documental; and research-action, with the use of open interviews, by means of content analysis, guided by a guiding question.

The retrospective-documental phase consists of a survey of existing data in the meeting reports of PHM training and activities developed by the team, present in the notebook of the actions registered by PHM actions coordinator - Sister Anne. It was also used the report of a visit carried through in December 5, 2015 by a member of NuRuNI/UFMA.

The research-action phase is represented by two moments: workshops accomplished in the settlement communities by the team; and training workshops for the team of PHM members.

The workshops with members of the settlement community were developed in the light of the active methodology as learning method, by means of the tool Education by Problematization or Education of Investigation - based on Paulo Freire's liberating pedagogical concept.

Education by Problematization or Education of Investigation makes it possible for the subject to acquire awareness as an agent of social transformation, as he/she is able to raise problems in face of the experienced reality and to construct original solutions. To reach the awareness of the study's citizens, the pedagogic tool used was Charles Maguerez's Arc Method, which is constituted by the following stages: observation of

reality (problem); key points (essential points for understanding of the problem); theorization of the problem or investigation itself; hypotheses for solution; application to the reality (MILTRE et al, 2008).

Initially, in 2012, the *Conferência dos Bispos do Brasil* [Conference of the Bishops of Brazil] (CNBB) methodology was used: to see, to judge, to act. Already in the training of the group to work as a Health Team, Sister Anne used Paulo Freire's ideas, combining them with “seeing, judging, acting”. The result of this was the use of the methodology for transformation, including the following stages: reflection, planning, preparation, presentation, action and evaluation.

The members of each settlement community who participated of the workshops, according to the number of participants, were divided in sub-groups and named with names of fruits or numerical order to answer to the following guiding question: “What you, as a community, can make to improve this bad health situation here in Nina Rodrigues?” The answers to the questioning were grouped, trying to identify similar aspects in their discourses, with the purpose of fit them into categories. For a better understanding and visualization, the categories were grouped and presented as tables.

The training workshops of the PHM team initially used a guiding question also - “What do you want from the training workshops?”-, and later, in the other meetings, the active methodology was used as the learning method, as well as Charles Maguerez’s Arc Method, as already mentioned. In this stage of the work, the survey of the PHM training oral history was possible.

The successive training workshops developed by the PHM work team in the municipality were consolidated and presented as a table.

## **5. Nina Rodrigues and the reality of the settlement communities**

Nina Rodrigues is located approximately 113 km from São Luis, Maranhão capital city, inserted in the state north mesoregion, specifically in the Itapecuru-Mirim micro-region. The population concentrates in the rural zone in *quilombola* and settlement communities, stemming from MST fights and conquests, which made possible the agrarian reform in the region.

Nina Rodrigues communicates with Vargem Grande municipality, located around 9 km from Nina Rodrigues seat. There is no collective public transportation between the two municipalities. Service is usually provided by motorcycle taxi. The transportation of the population from the municipality seat to the state capital is carried through by private vans. However, the transportation of the population in the settlements and *quilombola* communities to the municipality seat only occurs through the motorcycle taxi service.

Nina Rodrigues was previously called Vila Manga, being originated from the Portuguese colonization process, a remarkable denomination until today in the memory of the resident population. The naming of Nina Rodrigues would be a homage to doctor Raimundo Nina Rodrigues, an ethnologist and professor of the Medicine School of Bahia, born in Vargem Grande and author of the book "Os Africanos no Brasil" [The Africans in Brazil].

A curious fact is that, according to SOUSA (2009, p. 89), there is:

... little involvement of the population in general, still nowadays. When they mention the name of the place, it is common to call it Manga and not Nina Rodrigues, demonstrating the little relevance that this name has for them, who know little or almost nothing about Raimundo Nina Rodrigues. This lack of meaning is also clear in the municipal government slogans, which always highlight *Nina*, without emphasizing *Rodrigues*, demonstrating the total lack of knowledge concerning this person on the part of the municipality's population, especially in the villages' population.

The colonial historical heritage of resistance to the process of slavery of the black population<sup>2</sup> is remarkable in the memory of the city, represented in the memory of a past through *Guerra da Balaiada* or *Guerra dos Bem-te-vis*, assigning the name to the territories of fight of the agrarian reform – like the Balaiada Settlement - and making it possible the permanence of habits and customs inherited by the African peoples - as the *tambor de crioula* [Afro-Brazilian art expression involving circular dances, chants and drums] (SOUSA, 2009).

The MST contribution is remarkable in the daily life of the municipality's rural communities, as observed in Sousa's accounts (2009, p. 91):

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<sup>2</sup> We will not question in this report the skin color categories adopted by the Brazilian Institute of Geography and Statistics (IBGE) - even though we understand that it's debate is relevant.

The closeness of the village inhabitants with the MST happened through the leaderships of these villages with the MST leaderships, which were already supporting the fight of the workers from Presidente Vargas municipality, close to Nina Rodrigues. It was from this alliance that the workers effectively left for the occupation that generated the Balaíada Settlement, and from there to several other settlements.

From this point of the report, a trip experience developed in December 2015 to the municipality, with the contribution of Mr. Claudenir, member of the PHM/MST team in the municipality, will be reported.

At the time, the objective of the trip would be the accomplishment of recognition of the works carried through in the community by the representative of the Outreaching and Research with Rural, Black Quilombola and Indigenous Population and Communities Nucleus (NuRuNI), linked to the MSc in Health and Environment of the Federal University of Maranhão (UFMA).

According to the visit's records, the trip from Vargem Grande to Nina Rodrigues seat is usually done by motorcycles in a paved road. The transportation from the municipality seat to the settlement communities is carried through in "earth" road. The settlements region vegetation is typically formed by bushes, herbs, middle-size trees, beaten by the hot weather and by scarcity of rain, being common the existence of earth burning to guarantee the cultivation of the agriculture of the plantation type, which results in burnings in large scale, increasing the incidence of hospitalizations due to respiratory disorders for inhalation and burns in children and adults.

A relevant aspect in the region is the abusive use of alcohol by the young adult population. When inquired on the behavior of this population concerning the abusive use of alcohol and its correlation with illicit drugs, Mr. Claudemir informed that in the municipality seat, presently this population segment is deeply involved with the constant and abusive use of alcohol and other drugs, as crack and marijuana. In the settlement communities, he accounted that:

... This issue already reached our youth; the people already used *pinga*, *cachaça* and wine a lot, even too much... Now they already started using crack. As it (crack) is very expensive and they don't get money, they end up doing wrong things, as it happens in the city (municipality seat). Then the community's people are afraid that they are going to break into their homes. It was not like this, it was very quiet and calm here, everybody slept with open doors and windows. Now there are some people whom you don't trust anymore. The good side is that when they are like this and they don't get much here, they immediately go to the city (municipality seat)".

In that occasion, traveling along some settlement communities, which also form the PHM work area, it was perceivable that the settlements populations are mainly formed by black people, significantly represented by mixed people. It is important to highlight that it was also identified the existence of a population segment, in lower number, with remarkable physical characteristics with traces of indigenous ancestry.

The families are large in the settlement communities, with a concentration of big number of children under 10 years of age, living in mud dwellings, with septic tanks and tap water from artesian wells, which usually present problems, causing long-term issues to the population, living in precarious basic sanitation conditions.

## **6. History of PHM training in Nina Rodrigues - MA**

Nina Rodrigues is a place that has always been the scene of fights for the agrarian reform, making it possible the formation of several landless workers movement (MST) mobilizations in the fight of the rural worker for the conquest of the right to the land. Just like in the other Brazilian regions, as soon as the right to the land is warranted in the settlement communities, new demands emerge in their resident populations, which are materialized in the need of debate and implementations of public policies in the fields of health, security and education, and that can answer to the real needs of these peoples.

In face of this context, historically, the Nina Rodrigues parish conducts annual actions during the Fraternity Campaigns, proposing studies and suggestions to tackle the challenges of the daily reality to search for deep changes in the life of the people.

The emergence and dissemination of PHM ideals and proposals in Nina Rodrigues were orally told by a member of the nucleus, Claudenir, who lives in the settlement of the municipality and is member of its Children and Adolescents Council.

In 2010 and 2011, before his insertion in the PHM activities, Claudenir was involved in the coordination of the Fraternity Campaign. However, in the end of 2011, he felt helpless after two work colleagues left, being alone to take over the great task of coordination of the training workshops of 2012 Fraternity Campaign, which theme was Fraternity and Public Health. Feeling “uncomfortable and lonely,” he asked his brother for help. As both are members of the Maranhão MST, they requested support from

members of the MST coordination to help them in the construction of the Fraternity Campaign work agenda.

In that occasion, the MST coordination suggested that the brothers searched for Sister Anne, a protagonist of the militancy in the advocacy of SUS and collective health actions in the populations of greater social vulnerability, and a member of PHM. The suggestion was immediately accepted and soon the nun was contacted. She accepted the invitation to integrate the work team in the 2012 Fraternity Campaign.

In March 23, 2012 the first contact of Sister Anne with the parish work team in the municipality was established. At this moment, the parish was under the coordination of Father Lucas, the parish priest, who disseminated the work developed by the Catholic Church in the settlement communities and the course of the activities planned for the 2012 Fraternity Campaign. By means of the activities developed by the parish throughout the history of fight and militancy of the settlement communities in the municipality, it was possible the articulation and closeness with 31 (thirty-one) communities, being inserted in this *quilombola* community. As Sister Anne had vast experience in the field of grassroots education in health, her insertion would be of great value in the parish work team.

With the challenge accepted, Father Lucas presented the material already produced by the brothers Claudenir and Aldenir (a handout containing the most important aspects of the Fraternity Campaign, essential concepts on SUS principles and guidelines, and the commitment of the Brazilian Catholic church in promoting action for justice) to work in the 2012 Fraternity Campaign with ten selected communities only, with the purpose of reflecting on the theme “Fraternity and Public Health” and the construction of concrete actions.

The first visit of Sister Anne and the team - Father Lucas, Claudenir and Aldenir - was scheduled for March 24, 2012 in Nova Morada community. According to the account below,

During the Sister's visit to the Morada Nova community, Father Lucas introduced the new member of the parish work team to the community's inhabitants. Next, the FC concepts were introduced and explained point by point, as well as the need to understand the participatory importance of the community. When the explanation was concluded, he invited the people to speak about their own experiences with SUS.



It was a disclosure of so much suffering, so many medical errors, lack of service, deaths of both children and adults that could have been prevented etc.”(Claudenir's account).

In face of this problem, Aldenir requested help directly to Sister Anne in the meeting, as Claudenir reports:

“And now, what should we do?”

Sister Anne was very impressed with the expressions, senses and thoughts of this people and made the following suggestion to him:

You could organize them in three small groups, giving the same question to each small group: Listen to what the Church is proposing and ask them to speak about their current situation, “What you, as a community, can do to improve this poor health situation here in Nina Rodrigues?”

At that moment, Sister Anne organized a workshop to survey the confrontation and real health needs experienced by the community members, and to raise the interest for the participation of the inhabitants in the formulation, implementation and evaluation of the social and health policies and programs. As it was a successful experience, it was reproduced in the other communities visited by the team.

## **7. Training of the Nina Rodrigues Parish Health Team (PHM)**

During her life course, Sister Anne has always been developing pedagogical activities, by means of grassroots education, as a way to raise in the communities the critical-reflexive thought on their role in the formulation and monitoring of public policies.

In Brazil, specifically in Maranhão, her work as a grassroots educator is previous to the promulgation of the Federal Constitution in 1988, as well as SUS's. As a grassroots educator, working with grassroots segments of the population, jointly with members of the Catholic Church, she used to develop an embryonic work, which based the proposals of primary care in Maranhão health system. In the 1980s, specifically in the 1981 Fraternity Campaign with the theme Health for All, she articulated debates and intervention strategies with the social segment of the outskirts of São Luís - MA. By means of workshops and meetings, she started a grassroots education work with the peripheral communities, allowing the perception by the community's members of habits that would compromise their wellbeing and quality of life, as well as the preparation of suggestions of intervention proposals in social, education, health and environment fields.

In Nina Rodrigues, during the development of the workshops in the communities visited during the 2012 Fraternity Campaign for suggestions raised by the inhabitants of the communities to the questioning “What can you, as a community, do to improve this poor health situation here in Nina Rodrigues?”, Sister Anne aimed to reproduce a successful experience of grassroots education developed in grassroots segments of the population in Nicaragua.

This way, it was suggested to the participants in each community to form small work groups. The number of groups varied according to the number of inhabitants who participated of the workshops, while the groups were named after the name of fruits or followed a numerical order. After the group discussion, it was requested that the main suggestions from the work group should be presented in a plenary. Sister Anne registered the suggestions in her notebook.

From the reading and interpretation of the accounts of the participant subjects along the workshops, which were registered in the manuscripts of Sister Anne's accounts, it was possible to group them, trying to identify similar aspects in their discourses, aiming to organize them in categories.

The categories were grouped and organized, according to a criterion of decreasing order of frequency in the discourses of the groups of participants from the communities involved in the workshops, which allowed the preparation of Table 1.

Table 1 - Categories raised in the workshops developed in the settlement communities. Nina Rodrigues - MA, 2012.

Category	Community							Total of events of the category
	Vila Guar	Palmares	Vila Esperana	Morada Nova	Balaiada	Campinho	Amap de Lucinda	
Integration of the communities for the conquest of health rights	X	X	X	X	X	X	X	7
Requirement of transparency and monitoring of health resources		X		X	X	X	X	5
Access to information on health resources management		X		X		X	X	4

Acquisition of knowledge on health rights and SUS	X	X	X		X			4
Choice of skilled public managers		X	X			X	X	4
Requirement of health education in the communities					X	X	X	3
Acquisition of knowledge on health services and programs available in the municipality		X		X				2
Requirement of inspection actions by the health council and public power		X			X			2
Request of public hearings		X			X			2
Collective denounce in the health councils					X			1
Formation of a health team		X						1
Do not have an answer			X					1
Claim of health rights	X							1

Table 1 displays the suggestions informed by the members of the communities to tackle the health status in Nina Rodrigues. The main suggestions in decreasing sequence were: integration of the communities for the conquest of health rights; requirement of transparency and monitoring of health resources; access to information on management of the health resources; acquisition of knowledge on health rights and SUS; choice of skilled public managers; requirement of health education in the communities.

At the end of the activities developed in 2012 in the settlement communities, the Fraternity Campaign parish work team (Father Lucas, Claudenir and Sister Anne) evaluated the demands that emerged during the workshops. In face of the need raised by the Palmares community for training of a health team who would work with all the settlement communities of the municipality, not only during the Lent period of the Fraternity Campaign, but during the whole year, the Health Team of Nina Rodrigues Parish was established in January 6, 2013, linked to the PHM principles, under Sister Anne's coordination.

In the occasion, the team was formed by Isaías (Vila Esperança community), Sebastião (Balaiada community), Marcelo (São Domingos community), Maria de Jesus (Palmares community) and Father Lucas. However, in the opening meeting only Sister Anne, Claudenir, Isaías and Sebastião were present, being the absence of the other ones justified by the urgent need of presence in work activities.

Under Sister Anne's coordination, the members said that they were pleased and available for the development of Nina Rodrigues Parish Health Team, as one member said:

They spoke about desires and needs to improve the difficult situation of the people and they felt the pleasure of learning how to work with the people through the Grassroots Education Methodology.

Following the planned activities, Sister Anne, in this initial formation workshop of the group, launched the following question to the group: “What do you want through the training workshops?” Answering to the proposed questioning, the group presented the following answers: “knowing oneself; knowing the health reality; knowing the Brazilian National Health System (SUS); why there are diseases?; preparation for the work in the communities”. At the end of the meeting, the group agreed that the meetings would happen once a month, preferably in the communities where the members lived.

During the course of the meetings and workshops in May 2013, Isaías and Sebastião left the group due to the transference of their work contracts to another municipality.

The rest of the group decided, then, to invite two other inhabitants to form the health team. Maria de Jesus invited Raimunda Nonata (Fia), from the Palmares community, and Edimilson, from the Riachão community. Both accepted the invitation proposed by the group and started their studies in the PHM health team in July of 2013.

At this point of the report, it is important to insert the account of the integration process of each member of the community to the health team, with the exception of Claudenir, as previously highlighted in the work. Next is the record of the members' utterances written in Sister Anne's notebook:

Claudenir arrived to my house, full of enthusiasm and explained the value of the work in the community, and that we have an opportunity to learn on Grassroots Education in Health. Considering that I am a Health Worker, I thought that I would help more in the communities. I explained that I couldn't

participate in the day scheduled for February, but yes, I want to be part of it. In March, since my first studies meeting, I started to learn the importance of the work and being part of it. I have never been absent until today.

(Marcelo)

In 1997 I was the regional coordinator (parish and leader) of Pastoral of the Child and I worked in catechism during twenty years, which led me to accept being part of this group really was the previous experiences. I saw other groups and other nuns who had also worked in Fraternity Campaigns, always participating, especially in the subject of environment and always in the community. I think that it is part of my life. Thus, I entered into this new group. I met Sister Anne and I observed for the first time that the work was done in a different way. Then I said "Let's go". I see the path until today as a process with its differences. It has more solidarity in the way, it is more "observatory" of the social realities. We never know everything, but we are always learning.

(Maria de Jesus)

It was Maria de Jesus who invited me to enter to the Health Team. In the way she spoke, she mentioned "to attend a course". Then, I immediately thought that "a course" would be very good and it ends soon. In the first time, I participated in a workshop; there was a lot of different material. You bet that I was surprised and I found out that the course really provided me much more like "training". Along all the time we continued it was really good; I liked it and I decided to stay permanently. I still have two difficulties: transportation (even though I have a motorcycle, I don't drive); I work as a teacher and as a student in the same time, being that I teach every day of the week and I study on Saturdays and Sundays. I like this new way of working a lot, not only in my community but in the other ones as well. It is good to work with the people and the people like us.

(Fia)

I was invited by Maria de Jesus to participate in a "grassroots education" course. I didn't know anything about the issue, but yes, I knew it would be important. Initially I thought that they would speak about health, like blood hypertension, on our body. It was a little difficult to start this different type of study, because I didn't know everything, but I decided to stay in the group and soon I started to enter well in the Team. When we started our work in the first community (Vila Esperança), it was good and I see the value of the studies and our objectives.

(Edimilson)

For a better understanding of the training workshops developed in the period between 2013 and 2015, Table 2 was prepared with the topics discussed in the meetings. The photographic register of some meetings and workshops are attached.

Table 2 – Team's training workshops. Nina Rodrigues - MA, 2015.

Date		Participants	Topics
2013	21/02	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> </ul>	<ul style="list-style-type: none"> <li>• Self knowledge</li> <li>• SUS</li> </ul>

		<ul style="list-style-type: none"> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Health reality</li> <li>• Why are there diseases?</li> <li>• Preparation to work in the community</li> </ul>
	23/03	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Self knowledge</li> <li>• SUS</li> <li>• Health reality</li> <li>• Why are there diseases?</li> <li>• Preparation to work in the community</li> </ul>
	17/04	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• SUS</li> <li>• Study of the human body</li> <li>• Chinese medicine: Tao, the body meridians, Do-In, Yin-Yang</li> <li>• Techniques and dynamics for community work</li> <li>• Study of some diseases: Down syndrome, diabetes, heart attack, flu.</li> </ul>
	25/05	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• A glance on health in Maranhão</li> <li>• Introduction of grassroots education methodology</li> <li>• The art of breathing</li> <li>• Introduction to the People's Health Movement</li> </ul>
	02/07	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of health conditions in the community</li> <li>• SUS legislation and guidelines</li> <li>• Introduction to neo-liberalism</li> <li>• Introduction to Living Well</li> </ul>
2014	20/02	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• History of the society</li> <li>• Health and quality of life</li> <li>• Grassroots work</li> </ul>
	07/03	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Family health</li> <li>• <i>Quilombolas</i> of Maranhão and Brazil</li> <li>• The art of making questions</li> </ul>
	05/04	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Carajás - 30 years</li> <li>• Human traffic</li> </ul>
	18/05	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Study of the transformation methodology</li> <li>• An ethical cry for justice and equity in the world of health</li> </ul>
	06/06	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Public hearing on human rights and health (PIDESC)</li> </ul>
	29/07	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation of the visits to the communities</li> </ul>
	18/11	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Collective study on the PHM new research</li> </ul>
2015	06/01	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion of the PHM research</li> </ul>
	13/01	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Study on research methodology with Dr. Viviane</li> </ul>

06/03	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion of a written construction of the history of the team</li> </ul>
06/04	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• International PHM experience interchange with Dr. Mariana, from Bologna (Italy)</li> </ul>
17/04	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Experience reports and evaluation of the activities with PHM members</li> </ul>
18/04	<ul style="list-style-type: none"> <li>• Claudenir Gomes da Silva</li> <li>• Marcelo Silva Almeida</li> <li>• Maria de Jesus Farias Santos</li> <li>• Raimunda Nonata Silva Farias</li> <li>• Edimilson de Sousa</li> </ul>	<ul style="list-style-type: none"> <li>• Experience reports and evaluation of the activities with PHM members</li> </ul>

## 8. Final remarks

The rural populations in Maranhão, especially the settlement and peasant communities, are under higher risk of having a precarious health, are disproportionately affected by violence, exploitation, lack of opportunities and by diseases, and are the ones that have lower access to information services and public policies actions. The invisibility of their real needs allows the dissemination of the picture of individual, social and programmatic vulnerabilities.

The training and performance of the PHM team in the Maranhão scope, especially in the rural communities of municipalities with lower Human Development Index (HDI), where usually they are protagonists of conflictive work relations in the rural context, fights for recognition and ownership of their land, and rural violence, will make possible the minimization of the impacts generated in the health of this population segment.

The empowerment of these social actors to potentialize the civil awareness of social and civil rights in rural, forests and waters population, with articulation of the social movements organized in Maranhão, who have in their agenda of discussions the debate on the individual emancipation and collective conscience necessary for the overcoming of the social dependence and political domination over this minority, will allow transversal relations with the public policies managers for (re)modeling of the public policies in the fields of education, security and health to answer to the complex block of specificities of this population.

The successful experience of training and work of the PHM health team in Nina Rodrigues - MA will make it gradually possible to the members of the settlement and peasant communities the perception and understanding of health as a universal right, thus allowing the construction of a horizontal dialogue with the local and state management, aiming to the visibility of the main health harms and the construction of an agenda of intervention. The right to grassroots participation (social control) and equity in the access of the communities to the health system services, based on the principles of SUS, will only be possible to reach with the process of grassroots education in health. Corroborating with Etel's thought (2009, p. 70):

Grassroots education and/in health is necessarily related with education in health, in a perspective of potentializing actions that lead to autonomy, to empowerment (in the sense of increasing the power and the participation, as well as the power to decide and directive power of the grassroots classes), when wakening the critical conscience of the individuals. Therefore, it searches to stimulate the capacity of the subjects to be perceived in fact, *subjects* in the construction of their historical process; to lead them to (un)veil the real, to question the emergence of the facts and to search for the essence behind what is given by the hegemonic power. It is directly related with the liberation from the conditions of oppression of the people.

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## ATTACHMENTS

**Picture 1: PHM Health Team of Nina Rodrigues - MA**



Source: Sister Anne's photographic collection

**Picture 2: Certification of the members of the PHM Health Team of Nina Rodrigues - MA**



Source: Sister Anne's photographic collection

**Picture 3: Distribution of the PHM rings to the members of the PHM Health Team of Nina the Rodrigues - MA**



Source: Sister Anne's photographic collection

**Picture 4: Workshop on human traffic with members of the PHM Health Team of Nina Rodrigues - MA**



Source: Sister Anne's photographic collection

**Picture 5: Study group with members of the PHM Health Team of Nina Rodrigues  
- MA**



Source: Sister Anne's photographic collection

**Picture 6: *Bem Viver* workshop with members of the PHM Health Team of Nina  
Rodrigues - MA**



Source: Sister Anne's photographic collection

**Pictures 7 and 8: Field works of members of PHM Health Team of Nina Rodrigues  
- MA**



Source: Sister Anne's photographic collection