

Chapter 219

Vaccination against COVID-19 of the population of the countryside of a territory in the north region of the DF: Perceptions of residents in primary health care

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ABSTRACT

The present study is part of the work on the front line of vaccination against Covid-19, which was

experienced by residents of the Multiprofessional Residency Program in Family Health with an emphasis on the Campo population (PRMSFPC) of the Fiocruz Brasília School of Government, in the area rural area of Planaltina - DF. The objective is to record the perceptions of nursing, physical education and dentistry residents about this process developed with the rural population assigned to the territory of the Primary Care Health Management (GSAP) 7, responsible for UBSs 11, 12 and 19, in Planaltina -DF. This is an experience report with a descriptive qualitative approach, systematized under the principles of Oscar Jara Holliday at the PRMSFPC during the syndemic period from April/2021 to January/2022. as) residents identified adversities and characteristics of the territory assigned to the GSAP 7 of Planaltina-DF. Thus, the deficit caused by an assertive national technical-scientific conduct within the PNI and the effects of the strategic decision distanced from strengthening the performance of the PHC during the Covid-19 syndemic was raised. Thus, the consolidation of PHC based on the DF family health strategy, proposed by Converter in 2017, still faces a major challenge in its verticalized organizational culture, depending on an essentially participatory construction of the actors involved in the process, such as the team of ESF, active residents and the assisted community itself.

Keywords: Primary Health Care, COVID-19, National Health Strategies, Family Health Strategy, Multiprofessional residencies in health.

1 INTRODUCTION

The present work is an experience report that has as its starting point the performance in the front line of vaccination against Covid - 19, which was experienced by residents of the Multiprofessional Residency Program in Family Health with Emphasis on the Population of Field (PRMSFPC) of the Fiocruz Brasília School of Government, in the rural area of Planaltina - DF. The rural population has specificities, which require the rigorous application of the doctrinal principles of the Unified Health System (SUS). This is because access and reach to the SUS in these territories depend, among other things, on an infrastructure of human and physical resources, which are still insufficient, or, in many cases, non-existent. In this way, taking health services to this vulnerable population consists of acting in line with the principles of equity, universality, and comprehensiveness of the SUS.

For this reason, the National Policy for the Comprehensive Health of the Rural, Forest, and Water Populations (PNSIPCFA), intends to promote the health of these populations through actions and initiatives that recognize the specificities of gender, generation, race, color, ethnicity and sexual orientation, aiming at access to health services, the reduction of risks and health problems arising from work processes and agricultural technologies and the improvement of health indicators and quality of life, according to Ordinance No. 2,311, of October 23, 2014, represent a major advance in the understanding of the subject by SUS and Brazilian legislation (BRASIL; 2014).

According to this ordinance, the populations of the countryside, the forest and the waters consist of peoples and communities whose ways of life, production and social reproduction are predominantly related to the countryside, forest, aquatic environments, agriculture and extractives, such as: peasants; family farmers; salaried and temporary rural workers who live or not in the countryside; settled and camped rural workers; quilombo communities; populations that inhabit or use extractive reserves; riverside populations; populations affected by dams; other traditional communities; among others.

It is important to highlight the role of Primary Health Care (PHC) in acting as a gateway to the SUS, especially for this population, as well as a place that seeks to act primarily in health promotion and prevention. This is because it discusses the strategic focus on the pre-pathogenic period in contrast to actions only in the pathogenic, symptomatic and disease outcome period, which are consolidated in the natural history of the disease. This direction is also a characteristic of this level of health care and a good practical example is vaccination.

The sine qua non condition for action in vaccination consists of disseminating information with accessible and assertive language, with a solid and centralized national campaign, something common for the 48 years of the National Immunization Policy (PNI). The organization of the PNI and its campaigns end up achieving the central objective of promoting high vaccination coverage through its work by providing information to the lay population, but also by updating and consolidating gaps related to some technical-scientific issues.

However, this was not what happened during the vaccination campaigns against Covid 19, as each state of the federation was forced to create, at different times, different campaigns, with little information and low capillarity among the population, due to the omission of conduction. national. This deficit ended up giving rise to the growth of denialist and anti-vaccination demonstrations but also caused barriers to the strategic organization of local management, states, municipalities, and the Federal District.

Uncertainty and delay in the acquisition of immunizers, for example, directly interfere with the prediction of the number of health professionals needed for the vaccination task force. The reflection on this impact on the routine of a Basic Health Unit (UBS) and the training of residents working during this syndemic period are provocations that also prompted the writing of this report. This is because it is necessary to address the fundamental characteristics related to the completeness and equity of health care. This is the key point, including the application of the notion of syndemic to that of the pandemic, in the case of Covid 19: understanding the extent of the damage caused by SARS-CoV-2 and its specificities that expose biological and social interactions in disease carriers' non-transmissible chronic diseases (CNCD) and affected by socioeconomic inequality.

Thus, understanding the challenges of training specialists within the SUS and the reality of primary care in Brazil is intrinsically linked to understanding the syndemic and its requirements in the preventive field of collective health. The aim, therefore, in this report, is to describe the perceptions of residents about the vaccination process against Covid-19, developed with the rural population assigned to the territory of the Primary Care Management (GSAP) 7, responsible for UBSs 11, 12, and 19, in Planaltina-DF. We also wish to reflect on the challenges of accessibility and reception for these SUS users, from a multidisciplinary perspective, with a focus on the health areas of the reporting residents, namely: physical education, nursing, and dentistry.

2 METHOD

This is an experience report with a descriptive qualitative approach, anchored in the systematization principles of Oscar Jara Holliday, which seeks to summarize the actions of situations experienced within the PRMSFPC, in the syndemic period from April 2021 to January 2022 (CIDAC, HOLLIDAY; 2007).

The study was carried out based on document analysis of the residents' portfolios, the National Immunization Program Information System (SI-PNI), and reflections on the experience of residents working in the GSAP 7 vaccination campaigns in the DF: linked nursing resident to UBS 12 and residents of dentistry and physical education linked to UBS 11. From this multidisciplinary analysis, reflections were constructed and mediated by discussions, referenced texts, and field experience by program residents.

3 RESULTS AND DISCUSSION

Vaccination against SARS-Cov-2 consists of a preventive practice that, combined with the use of a mask, hand hygiene, mass testing for Covid-19, and national information campaigns, can interfere with the increase in serious cases of hospitalization in ICU beds, but also the number of preventable deaths. In this sense, there was, initially, vaccination of health professionals and the population with comorbidities and later, vaccination priority was included in descending order of age.

At that first moment, the vaccination plan of the Government of the Federal District (GDF) established a strategy with centralized vaccination points in urban areas, starting in mid-January 2021, configuring a scenario of difficult access for the rural population. Subsequently, in October 2021, the active search and identification of people who took the 1st vaccine dose and those who were not vaccinated were part of the actions of residents of Fiocruz's PRMSFPC, in the North region of the DF. In the meantime, up to February 24, 2022, 1031 SUS users were vaccinated in the territory covered by GSAP 7, from Rajadinha 692, Bica does DER 339 and Sucupira zero, as there are no vaccination points in the latter location.

It is essential to characterize the rural population in the region served by GSAP 7, corresponding to the UBSs called Sucupira (UBS 19), Bica does DER (UBS 12), and Rajadinha (UBS 11). And more: to particularize the places served by residents of Fiocruz's PRMSFPC, as they are areas of the Landless Rural Workers Movement (MST), with the Pequeno William Settlement and Márcia Matos Pre-Settlement and the National Front for Rural and Citizenship Struggle (FNL), with the Carlos Lamarck Settlement. Refusals and delays in the application of these vaccines were identified, caused by having received wrong information regarding their side effects and about the immunizers; the absence of public transport to the vaccination points at the beginning of the campaign; due to the lack of information about the locations and hours of service at vaccination points and, in some cases, due to aichmophobia.

Until the completion of this report, it was not possible to access data on vaccination coverage in the territory, which may suggest some intention in not providing easily accessible data, since traditionally, it is known that it is through this vaccination coverage that one can ascertain the effectiveness of vaccination actions and campaigns.

However, vaccination against Covid-19 in the aforementioned territory of Planaltina was promoted with the help of residents of Fiocruz Brasília, a fact that makes it possible to measure some of the impacts of this participation in activities, respecting the limits to this action established by SES DF, either for residents or for the population served. Residents intervened in this process with operational quantitative reinforcement, such as vaccinators, diluters, pollsters (fillet fillers), counting and organization of the vaccines carried out; support in the search and storage of vaccines following health safety protocols; as well as moments of resolution of conflict situations in the vaccine waiting lists.

For physical education, one of the biggest challenges in coping with covid-19 in rural areas was identifying its attributions in the face of the health crisis, since it consists of a situation never faced before. Thus, as a resident physical education professional at UBS Rajadinha II, the central role was through raising

awareness about the importance of vaccination against COVID-19, in spaces for educational activities with young people and adults, but also in logistical support, welcoming, filling out flyers and quantifying vaccines at the end of the day at vaccination centers.

Although the UBS does not offer services suitable for the use of technologies, which can help in the dissemination of information through social media, the moments of the conversation circles were used during the waiting period for assistance, in the reception, and the practices of physical activity for preventive actions in health education. Another challenge has been to bring up the agenda of the importance of physical activity and its relevance in PHC, mainly because physical education is not commonly associated with and active in the health of the rural population or the FHS team in the region. Although the local population does not have easy access to information about its importance and benefits, given the syndemic moment experienced, regular physical activity contributes to a healthy body, improving its immune response.

In the context of dentistry, there was an action beyond what is usually produced in the practical field in the territory - clinical care, such as restoration, extractions, and other care, in addition to collective care with health education practices. Having said that, with the widespread contagion of Sars-CoV-2, the dental surgeon began to be part of the multidisciplinary and interdisciplinary workforce in the context of PHC more frequently, leaving the office and composing the vaccine scale.

In the field of nursing, the work in vaccination campaigns is traditionally presented in a direct assistance way, in the application of vaccines per se, but also in an expanded way, in epidemiological surveillance, management of people, and the cold chain network. A major challenge was the work overload that the nurses faced, either without all the necessary information previously made available for their decision-making, or due to the deficit of expected time in service for qualified training of the working team, occurring only in the online format, by vaccine manufacturers.

There was the accountability of the scheduled nurses, without prior agreement, for conducting the processes established at the vaccination points imperatively by the highest levels of health management in the Federal District. As a resident family health nurse in the PHC, the perception of the team's insecurity in the work process was striking. Simple technical issues, such as the breakdown of the protein structure of the Pfizer/BioNTech immunizer (Comirnaty) - and its probable inactivation, any mechanical impact during aspiration and dose adjustment, for example, the common habit of removing air bubbles from the syringe, were passed on by nursing technicians to those who were going to apply the vaccines at the time of the procedure.

Also, critical issues for nursing, in the processes of the vaccination campaign, are the logistical organization, scales, but also techniques, linked to the proper application to the dimensioning of professionals, but also involving the safety and health of the worker.

On the other hand, learning during the SARS-CoV-2 infection was unique, making it difficult to measure its multidisciplinary scope. Thus, the zero priority, which was, at that moment, vaccination,

together with the political-ideological context that the country faced, may have been considered the cause of the successes and abuses committed. However, its conduction, considering the country's professional experience with immunization, and the responsibility, more specifically of the professional nurses who worked in different areas of the vaccination campaigns, was below the possibilities.

The UBS routine, which was already facing challenges in working with an inadequate number of health professionals, now had to deal with professionals on leave due to Covid-19 or due to impaired mental health. At various times, residents covered GDF employees' sick leave or vacations, without the minimum guidelines. The performance of residents in the Covid-19 vaccination task force had an impact on the students' work process, which, through urgent and unplanned collective scales, corroborated the discontinuity of follow-ups in the PHC, such as individual and collective clinics, in addition to the unavailability of Personal Protective Equipment (PPE) on certain occasions - which ended up exposing residents to the virus.

Another problematic issue was the lack of means of transport for professional practice at vaccination points, subjecting residents to a search for transport to new routes in a very short time, or even the personal use of their vehicle for displacement. There was also a lack of logistical organization of food and hydration for residents, with no place to store food or adequate breaks for lunch, snacks, and hydration.

Another impact related to residents is in the training area, which can be improved by a survey with active listening instruments and institutional monitoring of some processes, enhancing learning. A good contribution to the pedagogical and training process in the PHC would be preceptorship and/or mentoring in the field and/or center in the performance of residents in the vaccination scales, at least in the first experiences, with qualified training in class or community time.

This, then, could contribute to residents not extrapolating the 60 hours a week to update themselves, maintain technical-scientific security, minimize avoidable misconduct, and for their mental health. Another important issue concerns the culture of conducting verticalized processes that still affects the organization of PHC in that territory, being adopted by managers, who brought a narrative of receiving orders from their superiors for urgent movements in these campaigns, as well as access to some information via press conference and not institutionally.

Perhaps these facts have led to the reproduction of a profile that is not consistent with participatory management, and which, consequently, overloads the team that works at the end of care, but also does not use the great potential of collaborative work, since the team ends up not building belonging in the actions mobilized in an imperative way (BRASIL, 2015).

In this way, the heterogeneous efforts to work in a multidisciplinary format brought several actors to work in vaccination against Covid-19, including health professionals working at SES DF or residents of Fiocruz Brasília, as well as volunteer students completing their training in health medical internship or nursing schools. With the absorption of those already recognized by the imaginary of the population of the

territory for possible actions, but also in teamwork as support in the vaccine of other resident professionals, such as the physical education professional.

4 CONSIDERATIONS

It is essential to recognize the deficit that an assertive national technical-scientific conduct within the PNI and the strategic decision distanced from strengthening the performance of the PHC caused during the Covid-19 syndemic. There have been important losses in recent years that have contributed to the critical scenario that APS found in 2021.

From this perspective, it is possible to list: the quantitative disassociation of Community Health Agents in the ESF; the attack on the ESF Support Center (NASF); the modification of the APS funding criteria; the low dimension of health professionals in the ESF teams and even the threat with the growing privatization movement of PHC management in the country, which contributes to instabilities and precariousness of work, and may be unfeasible factors in the construction of bonds in the territories, which are still part of the context of the Federal District encountered by residents of the first year of the 3rd group of PRMSFPC at Fiocruz Brasília.

Finally, the consolidation of PHC based on the Family Health Strategy (ESF) of the DF, proposed by Converter in 2017, faces a major challenge in its organizational culture. Participatory management is inversely proportional to vertical actions. Its potential, therefore, may be intrinsically linked to a conformation based on collective construction and greater social participation of the actors involved in the process, such as the Family Health Team (eSF), residents, and the assisted community itself.

REFERENCES

BRASIL. Ministério da Saúde. Secretaria de Gestão Estratégica e Participativa. Departamento de apoio à gestão participativa. Saúde e ambiente para as populações do campo, da floresta e das águas. Brasília-DF, 2015.

BRASIL. PORTARIA Nº 2.311, DE 23 DE OUTUBRO DE 2014. Altera a Portaria nº 2.866/GM/MS, de 2 de dezembro de 2011, que institui, no âmbito do Sistema Único de Saúde (SUS), a Política Nacional de Saúde Integral das Populações do Campo e da Floresta (PNSIPCF).

CIDAC; HOLLIDAY, O. J. Sistematização de Experiências: aprender a dialogar com os processos. Lisboa: CIDAC. 2007. ISBN: 978-972-98158-7-4.