

EVALUATION OF CHILDCARE ACTIONS IN PRIMARY HEALTH CARE IN NORTHEASTERN BRAZIL



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ABSTRACT

Objective: To evaluate childcare actions in primary health care. **Method:** This is a descriptive and evaluative study with a quantitative approach, carried out in the municipality of Caxias, located in northeastern Brazil. To this end, the instrument developed by Starfield and validated by the Ministry of Health entitled Primary Care Assessment Tools (PCA Tools) was used, version for children, according to the pillars of primary health care, understood in structuring elements, that is, attributes of the health service system, which are: first contact access, comprehensiveness, longitudinality, coordination, family and community orientation and cultural competence. **Results:** A positive evaluation of parents and caregivers about the health services offered by primary health care in northeastern Brazil was evidenced, with high average scores for most of the attributes evaluated. The "degree of affiliation" stood out with a mean close to 10.0, while attributes such as "coordination - integration of care" and "comprehensiveness - services provided" presented relatively lower scores, suggesting areas for improvement. **Final considerations:** Although the services have a positive evaluation by the majority of parents and caregivers, indicating high satisfaction scores, it is important to understand that there are still areas that need

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improvement, especially in areas related to the attributes of coordination and comprehensiveness of care offered in childcare actions.

Keywords: Primary Health Care. Evaluation of Services. User Satisfaction.

INTRODUCTION

Primary Health Care (PHC) is a very broad concept, as it involves a care strategy and health care organization, responsible for playing the role of reorganizing the resources of the health system so that the population has its needs met. Thus, PHC is the first contact in a continuous and targeted way for the entire population, integrating the Health Care Network (Marques *et al.*, 2020).

PHC levels of care are structured with essential care to ensure the health of patients, providing them with access to a healthy development, through assistance to prevent any type of damage that may interfere with patients' lives (Flores *et al.*, 2021).

The Family Health Strategy (FHS) is the priority and strategic model for the qualification of care and the improvement of access to primary care, formed by multiprofessional teams, composed of community health agents, nurses, nursing technicians, family and community doctors, dental surgeons, assistants and/or oral health technicians (Menezes, 2023).

In the Family Health Strategy (FHS), the childcare program is essential for monitoring child development, with the objective of monitoring and promoting the healthy growth of children. Thus, it is important to understand that childcare involves measures and care that guide the promotion of children's health and well-being, seeking to minimize possible problems that may affect this public (Sousa *et al.*, 2020).

Child health care has been a priority in Brazilian public policies, with a focus on overcoming the biomedical model, thus promoting comprehensive care. This scenario has intensified due to the efforts made to integrate the care network and the articulation of programs and policies for the promotion and protection of child health in accordance with the National Policy for Comprehensive Child Health Care (PNAISC) (Flores *et al.*, 2021)

Childcare is essential for the reduction of infant morbidity and mortality, becoming a routine service practice within basic health units. In 2015, with the aim of further expanding this care network, the Ministry of Health enacted the National Policy for Comprehensive Child Health Care (PNAISC), seeking to promote and protect children (Ferraz, 2021).

New research with guidelines and successful experiences in relation to child care is capable of acting as drivers for the development of public policies that serve both chronically ill children and adolescents and their families, especially with regard to quality of life, since studies indicate that research and policy strategies centered on patient-focused health care are insufficient (Menezes *et al.*, 2023).

Therefore, due to the importance of primary health care, with a focus on childcare actions, this article seeks to answer the following problem: What is the evaluation of childcare actions in northeastern Brazil?

Within the discussion about PHC and childcare, it is essential to study the experiences that parents and caregivers have in the effectiveness and success of the actions offered by the health team, so this study contributes to reflections on the actions offered and on possible improvements that can occur according to the view of parents and caregivers.

METHODOLOGY

This is a descriptive and evaluative study with a quantitative approach, carried out in the municipality of Caxias, located in northeastern Brazil. (IBGE, 2022).

Currently, the municipality of Caxias, the study scenario of this investigation, is the fifth most populous city in the state of Maranhão, thus becoming the third largest city in Maranhão, with a Human Development Index (HDI) of 0.624 below the national average, corresponding to 0.755 (IBGE, 2022). According to data from the PHC Coordination and the Primary Care Information System (SIAB) (BRASIL, 2023), its primary health care, through the ESF, has 56 (fifty-six) family health teams, 425 Community Health Agents and 38 Basic Health Units (27 of this total located in the urban area and only 11 in the rural area (SEMUS – Caxias/MA).

The study population was composed of parents or caregivers, legal representatives of children in childcare monitoring, attended in the selected units in a period of 6 months prior to data collection, totaling 2866 children, a systematic sampling, based on the registration of the UBS and with respect to the proportionality of the registered users, considering the seven UBS. Based on these data, the sample size in the services listed was estimated by stratified simple casual probabilistic sampling, with proportional sharing per unit, resulting in 386 children, who comprised the age group chosen for the sample, which was the range of 0 to 2 years 11 months and 29 days, with 55 parents or guardians to be interviewed by UBS.

The choice of subjects was at the time of childcare consultations, by systematic sampling, in the queue for the consultation, which take place weekly in the Family Health Units of Caxias, and this choice is in line with the inclusion criteria (parents or caregivers of children in the age group of 0 to 2 years 11 months and 29 days, children being registered

in the unit, children being monitored in childcare and with the agreement of the child's parents or caregivers in participating in the interview with signature of the ICF) and exclusion (parents or caregivers of children outside the age group used, children not being registered in the unit, children not being monitored in childcare and parents or caregivers not agreeing to participate in the research).

For data collection and evaluation of childcare actions, the instrument developed by Starfield and validated by the Ministry of Health entitled *Primary Care Assessment Tools (PCA Tools)*, version for children, according to the pillars of PHC, understood in structuring elements, that is, attributes of the health service system, which are: first contact access, comprehensiveness, longitudinality, coordination, family and community orientation and cultural competence.

The *Primary Care Assessment Tool (PCATool)* originally presents self-administered versions intended for children (PCATool Child version), adults over 18 years of age (PCATool Adult version), health professionals and also the health service coordinator/manager. The *PCATool – Primary Care Assessment Tool*, measures the presence and extent of the 4 essential attributes and the 3 attributes derived from PHC. The instrument consists of 55 items divided into 10 components related as follows to PHC attributes:

Table 01 - Essential Attributes of the PCA Tools Instrument - Child Version

ATTRIBUTE	DESCRIPTION	NUMBER OF ITEMS	ITEMS
Degree of Affiliation with Health Service (A)	It evaluates the degree of the user's bond with the health service.	3	A1, A2, A3
First Contact Access – Utilization (B)	It evaluates the ease of access to health services, considering its use.	3	B1, B2, B3
First Contact Access – Accessibility (C)	It evaluates the physical and geographical accessibility to the health service.	6	C1, C2, C3, C4, C5, C6
Longitudinality (D)	Evaluates continuity of care over time.	14	D1 to D14
Coordination – Care Integration (E)	It evaluates the coordination of care between different professionals and services.	5	E2, E3, E4, E5, E6
Coordination – Information System (F)	It evaluates communication and information sharing among health professionals.	3	F1, F2, F3
Comprehensiveness – Available Services (G)	Evaluates the range of health services available to meet the child's needs.	9	G1 to G9
Comprehensiveness – Services Rendered (H)	Evaluates the quality and effectiveness of the services provided.	5	H1 to H5

Source: Author, 2024

Table 01 - Attributes Derived from the PCA Tools Instrument - Child Version

ATTRIBUTE	DESCRIPTION	NUMBER OF ITEMS	ITEMS
Family Orientation (I)	Evaluates the support and guidance offered to families for child care.	3	I1, I2, I3
Community Orientation (J)	It evaluates the integration of the health service with the community and the participation of the community in child care.	4	J1 to J4
Cultural Competence	It evaluates the ability of the health professional to adapt to the cultural characteristics of the community to facilitate communication and the relationship with the family.	-	-

Source: Author, 2024

Caption:

- **Essential Attributes:** Related to the pillars of Primary Health Care.
- **Derived Attributes:** Related to how essential attributes manifest themselves in practice.

Observations:

- The attribute "Cultural Competence" does not have a score for evaluation by the user, as it is a characteristic of the provider and not of the service evaluated.

It is noteworthy that data collection was carried out through interviews for the application of the questionnaire in a reserved environment and individually. The autonomy, confidentiality and privacy of the participants were guaranteed. Initially, the researchers presented the objective of the research and gave them the option to decide whether to participate or not, if so, they signed the Informed Consent Form (ICF).

The data were submitted to a simple statistical analysis, by reading tables and graphs using the *Microsoft office Excel® 365 program and by processing the SPSS version 22 program. After calculating the scores according to the guidance of the calculation technique available in the evaluation tool (PCA-Tool child version), Example:*

Table 03 - Calculation of Scores and Scores in the PCA Tools Instrument - Child Version

Stage	Description	Formula/Example	Objective
1. Calculation of the Average Score of the Component	Calculates the average of the scores of the items that make up each component (e.g., First Contact Access – Utilization).	$\text{Escore} = (B1 + B2 + B3) / 3$	Get a representative value of the component.
2. Scale Transformation	Converts the scores of each attribute or component to a scale of 0 to 10, using the transformation formula.	$[\text{Score obtained} - 1 (\text{minimum value})] \times 10 / 4 (\text{maximum value}) - 1 (\text{minimum value})$ That is: $(\text{Score obtained} - 1) \times 10 / 3$	Standardize scores on a comprehensible scale.

3. Calculation of the Essential PHC attribute score	Averages the scores of the components that represent the essential attributes (including the Degree of Affiliation).	$\text{Escore Essencial} = (A + B + C + D + E + F + G + H) / 8$	Evaluate PHC performance based on key attributes.
4. Calculation of the Overall PHC Score	Averages all components, including core attributes, derivatives, and Affiliation Grade.	$\text{Escore Geral} = (A + B + C + D + E + F + G + H + I + J) / 10$	Evaluate the overall performance of PHC, considering the essential and derived attributes.

Source: Author, 2024

Observations:

- The calculation of the scores and the transformation of the scale to 0 to 10 are performed for each attribute and component of the PCA Tools instrument.
- The final objective is to obtain a value that represents the quality of Primary Health Care (PHC) in relation to childcare services.

After these calculations, it was possible to establish the means of the scores (transformed into scales) for the essential and derived attributes, minimum and maximum standard deviation. The essential and general PHC scores were also established. The score was considered high when it was greater than or equal to 6.6, since this cutoff point is equivalent to a score of 3 on a scale of 1 to 4.

After these stages, the findings were discussed based on the literature produced on the subject. These results were described in tables and figures for better appreciation and discussion, which helped in the analysis of the monitoring of the quality of childcare in the routine context of the Family Health Teams of the Municipality of Caxias do Maranhão.

The study was carried out after submission and appreciation by the Research Ethics Committee (CEP) of the State University of Maranhão, in accordance with Resolution No. 510/2016 of the National Health Council (CNS) on research with human beings. With Opinion Number: 6.413.300, on Plataforma Brasil.

RESULTS

With regard to the essential and derived attributes of PHC, Table 1 provides a detailed view of these attributes and of the essential and general PHC scores according to the perception of parents and caregivers, and is extremely important to assess the quality of the health services offered.

Table 04 – Description of essential and childcare attributes and general and essential primary health care scores, Caxias, Maranhão, 2024.

Descriptive statistics					
Attribute	N	Average	Standard deviation	Minimum	Maximum
ESSENTIAL ASSETS					
Degree of Affiliation - Structure component and attribute Longitudinality	386	9,92	0,60	3,33	10,00
First Contact Access – Utilization	386	8,12	0,87	5,56	10,00
First Contact Access – Accessibility	386	8,14	0,89	4,00	10,00
Longitudinality	386	7,48	0,67	4,76	9,52
Coordination - Care Integration	81	8,08	1,53	0,00	10,00
Coordination - Information Systems	384	7,97	1,03	2,22	10,00
Comprehensiveness - Available Services	385	7,16	0,94	2,59	10,00
Comprehensiveness - Services Provided	386	7,86	1,03	2,67	10,00
DERIVED ATIRBUTOS					
Family Guidance	386	8,09	1,22	1,11	10,00
Community Orientation	385	8,08	1,22	0,00	10,00
PHC SCORES					
PHC Core Score	386	8,09	0,43	5,88	9,85
Overall PHC Score	386	8,09	0,46	5,35	9,88

Source: Prepared by the authors, 2024

All the attributes analyzed have medium and high scores close to 10.00, which may signal a positive evaluation of parents and caregivers about the services offered by PHC, thus meaning that in general the public is satisfied with the professional care they have received. However, even with high averages, the standard deviation in some attributes shows a variable in the evaluation, which may indicate that there are differences in the way each individual evaluates PHC care. It should be noted that these differences usually arise from inequalities or even difficulties in the accessibility of services. Thus, even with the satisfaction of parents and caregivers, especially with regard to continuity of care, integration and accessibility, many users have different experiences, evidencing traits that need to be improved within the services.

In terms of improvements, table 02 describes the results on the essential and derived attributes and the essential and general PHC scores, highlighting its analysis as satisfactory and unsatisfactory, in the perception of parents or caregivers.

Table 05 – Distribution between satisfactory and unsatisfactory of essential and derived attributes and essential and general scores of primary health care, Caxias, Maranhão, 2024.

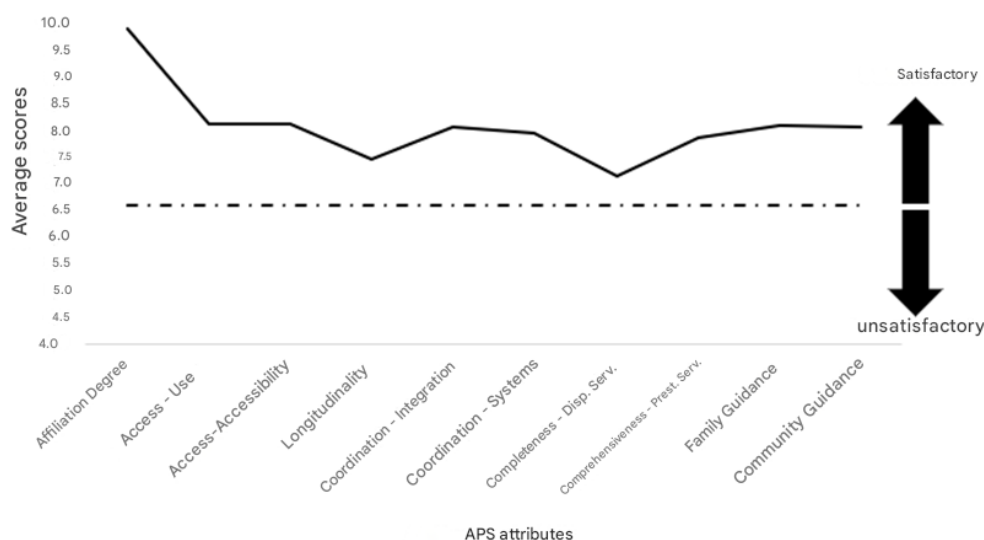
Attribute	Evaluation of PHC attributes			
	Satisfactory		Unsatisfactory	
	Freq.	%	Freq.	%
ESSENTIAL ACTIVITIES				
Degree of Affiliation - Structure component and attribute Longitudinality	384	99,5	2	0,5
First Contact Access – Utilization	381	98,7	5	1,3

First Contact Access – Accessibility	374	96,9	12	3,1
Longitudinality	359	93,0	27	7,0
Coordination - Care Integration	74	91,4	7	8,6
Coordination - Information Systems	373	97,1	11	2,9
Comprehensiveness - Available Services	308	80,0	77	20,0
Comprehensiveness - Services Provided	362	93,8	24	6,2
DERIVED ATTRIBUTES				
Family Guidance	367	95,1	19	4,9
Community Orientation	370	96,1	15	3,9
PHC SCORES				
PHC Core Score	383	99,2	3	0,8
Overall PHC Score	381	98,7	5	1,3

Source: Author, 2024

For the care offered in the family health strategy, 90% of the interviewees attributed "satisfactory". The attribute "degree of affiliation" reached 99.5%, indicating an extremely positive evaluation of the results. All attributes showed statistically significant differences between satisfactory and unsatisfactory evaluations, confirming that satisfactory evaluations are not random, but statistically robust, reinforcing the reliability of the results.

Figure 1 – Mean scores of essential and derived attributes of primary health care and their classification as satisfactory and unsatisfactory, Caxias, Maranhão, 2024.



Source: Authors, 2024

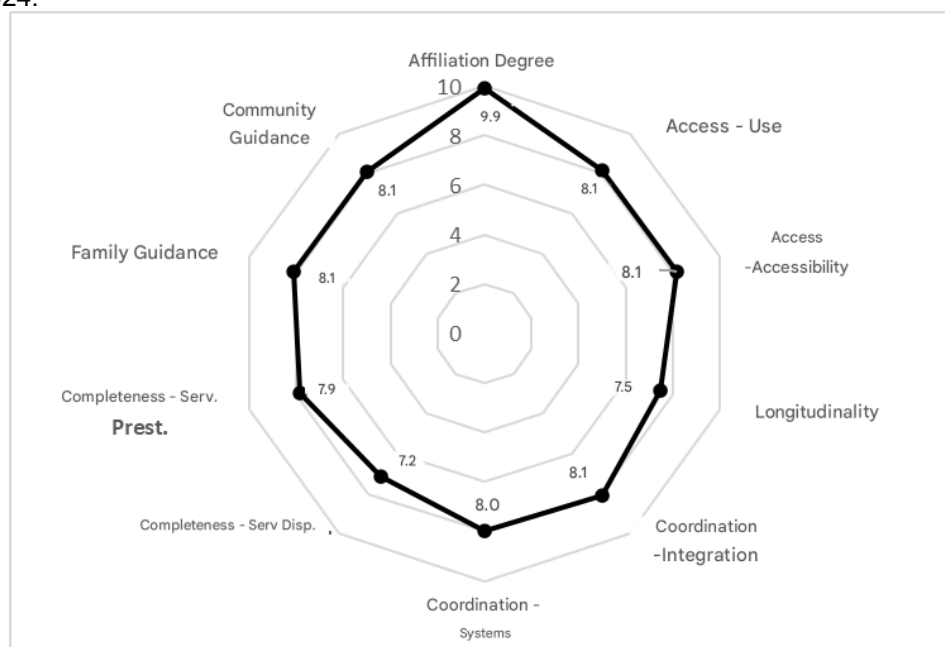
The PHC attributes in their entirety have scores above the average >7 in the satisfaction item, indicating that in general the services meet the needs of patients. However, the attribute "degree of affiliation" was very prominent, reaching almost an average of 10.0, while the attributes "Coordination – Integration of care" and

"Comprehensiveness – Services Provided" had low scores, being considered an area in which the health service needs to improve.

The general trend line of the information remains above 7 for all the attributes evaluated in the survey, highlighting consistency in the actions offered in PHC, but lower value scores indicate that these services do not always reach all users with the same quality and efficiency, harming the results and expectations of users.

Figure 2 shows the mean scores of all the attributes evaluated. It is noted that the farther from the center, the more qualified the attribute was, with the seven attributes being above the average considered adequate of >6.6. The lowest scores are seen in "Comprehensiveness – available services", "Comprehensiveness – services provided" and "Longitudinality", respectively, but with mean scores above the minimum mean. The results of the evaluations of PHC attributes demonstrate that this type of evaluation can contribute to improving the quality of care provided to the population in the long term and establishes parameters that guide managers, researchers, and health professionals²³.

Figure 2 - Mean scores of essential attributes and derivatives evaluated in Primary Health Care in Caxias do Maranhão, 2024.



Source: Authors, 2024

Thus, when evaluating, it is expected that most of the results will be satisfactory, as this finding demonstrates that PHC is effective in its promotion, prevention and recovery actions, having a universal approach when acting towards equity²⁴.

DISCUSSION

Childcare involves the monitoring of the multidisciplinary team offered to the child in order to ensure quality physical and mental development, ensuring that children have access to a healthy childhood and consequently to an adult life with a better quality of life (Fernandes *et al.*, 2023).

Childcare goes beyond anthropometric assessment techniques, starting to involve the understanding of the child as a unique being who needs care that must be carried out both by the family and by the entire community, so childcare is essential because it provides improvements in the quality of life of these children (Marinho *et al.*, 2021).

PHC professionals contribute during their care to the reduction of infant mortality, since from the childcare consultation, they have the opportunity to fully monitor child development, informing families about the factors that involve the health-disease process, thus disseminating knowledge for the prevention and coping with diseases (Fernandes *et al.*, 2023).

Childcare care requires the health team to have a broad attention to all the specificities of the families, and it must be a thorough action so that the monitoring of the child's growth and development is viable. Thus, the service enables the identification of problems that can be solved early, corroborating with the guidelines of Primary Care, aimed at disease prevention (Miranda, 2020).

The evaluation of childcare services makes it possible to analyze the services offered from the perspective of the Ministry of Health, described in the Program for the Improvement of Quality and Care in the PHC network, with the objective of seeking quality for health care, ensuring effectiveness in the actions and services offered to the population, as well as strengthening the proposal of child health surveillance (Tavares *et al.*, 2019).

The evaluation and monitoring of the actions and results arising from the health services provide knowledge of the real needs of the service and the care provided, thus ensuring the satisfaction of the results that provides a good evaluation of the services. The evaluation also contributes to public health policies adapting to the needs of the areas in which they operate (Vieira *et al.*, 2023).

In Brazil, childcare plays an extremely important role in the Health System, as it involves both routine consultations and vaccination campaigns and education programs for parents and/or guardians. However, it should be considered that unfortunately the program

does not offer all services in all areas, since some places suffer from economic, cultural, and social inequalities (Fernandes *et al.*, 2023)

This difference is even more characterized by the access to services offered in urban and rural areas, this disparity may occur in the east of Maranhão, the region addressed in this study, since in many cases the services are not offered in all their totality and complexity, contributing to the failures becoming increasingly visible by users. Thus, the understanding of quality in childcare in another region has glaring differences from the Brazilian northeast (Silva *et al.*, 2024).

The contradiction between the municipal guidelines for childcare represents consequences of incipient participation of workers and users in municipal government plans, which generates fragmentation of the relations between the community and municipal management, a relationship that is essential for effective health practices (Almeida *et al.*, 2024).

The failure in the provision of the services offered by the program may occur due to the high demand from health professionals, since due to the high number of consultations and few employees in the care network, it interferes with the quality of the services offered in PHC (Silva *et al.*, 2024).

When reflecting on this point, it is important to understand that the ease in the process of making appointments for the child arises from the recognition of the accessibility that should be proposed by the service, contributing to efficient health care, thus facilitating the child's follow-up in PHC. Therefore, the strengthening of the relationship between user-professional-health corroborates the strengthening of the care offered to families, generating positive impacts on the evaluation of services by users (Flores *et al.*, 2024).

PHC, by offering a focus on child care anchored in health promotion and protection, generates in families the need for services to be continuous and carried out considering the economic and social reality of each family, thus generating a better evaluation of the services offered (Nascimento *et al.*, 2019; Vieira *et al.*, 2023).

The professional responsible for the monitoring of childcare must pay attention to the actions in which they will be carried out with the children, ensuring the promotion of health education based on the dissemination of knowledge with the family and professionals, enabling all the family's doubts to be clarified during the consultation, this contributes to the family recognizing and validating the importance of the service (Monteiro *et al.*, 2020).

Positive evaluations of services involve several criteria that are considered by families, such as access to services itself, which involves the factors of resolvability and geographic dimension, since for families to have effective access to services, quality and quantity of professionals, equipment, accessible location and that really meet the needs of the local community are necessary. If these requirements are not met, the evaluation of the services ends up being negative (Nascimento *et al.*, 2019).

When reflecting on the quality of the services offered in PHC, user embracement should be considered as a differential that impacts the evaluation of services, since user embracement contributes to broadening the understanding of all the child's specificities, enabling professionals to develop work strategies that enable collaborative and problem-solving professional care. Welcoming contributes to strengthening relationships between users and the health team, as it ensures that health actions are more effective and families feel more engaged to continue child monitoring (Tavares *et al.*, 2019; Silva *et al.*, 2024).

Welcoming is essential for the teams to offer quality care to the families, because from this action they are able to understand the specificities of each family axis, being able to consider in their professional actions the best way to act with each public, also generating collaborative care between health teams and families (Tavares *et al.*, 2019).

The relationship between the team of professionals and the family has a main focus on the development of children, but requires the family and professionals to have a healthy and assertive communication, enabling a harmonious and empathetic service relationship. Addressing care practices that include valuing family practices, but guiding them on appropriate care practices (Ribeiro *et al.*, 2019).

Negligence in the surveillance of health teams and families themselves directly harms the quality of the service offered by the childcare service. One of the main factors that corroborate this scenario is the scheduling of appointments, which in many basic health units is a slow and stressful process, which contributes to families not feeling motivated to access the service (Ferraz, 2021; Nunes, 2018).

With regard to surveillance, the active search aims to access the patient's territory and establish care bonds, and this is a task assigned to all FHS professionals based on the National Primary Care Policy, and should be carried out mainly in traditional basic units, thus improving service coverage (Santos, 2021).

The absence of routine and organized home visits also contributes to families staying away from services, as they end up not feeling safe in trusting health professionals.

This difficulty involves the lack of effective strategies both in accessing transportation for commuting, and in some cases the family itself does not understand the importance of receiving the visit at their home (Zanatta *et al.*, 2020).

In addition to these factors, the lack of physical structure, materials, management, and excessive work overload contribute to the quality of care being compromised, directly impacting professional performance, generating feelings of frustration for both the health team and families (Vieira *et al.*, 2023).

Maintaining the frequency in childcare services ensures that the baby has a better follow-up of his development, so the cooperation between the health team and the family becomes essential for the strategy to actually be successful, since childcare guarantees systematic care, enabling organic, social and family risks to be mapped and faced in a problem-solving way (Martins *et al.*, 2021).

These findings corroborate a study carried out in basic health units in eastern Maranhão, which states that discussions and strategies should be deepened in order to improve the attributes with lower mean scores, implementing health actions that aim to make health services effective (Almeida *et al.*, 2024).

When analyzing the issues involving childcare actions, it is important to consider that the entire health team needs to mobilize to perform this service more actively, ensuring more quality and efficiency for families, ensuring that there is an assiduous public in consultations, treatments and actions of basic health units (Tavares *et al.*, 2019).

Thus, childcare actions should be planned considering all the local needs of the basic health unit and the community, enabling professional care to be recognized by families, valuing professionals and recognizing the importance of care for child development, thus contributing to break with numerous challenges that surround the effective performance of childcare (Tavares *et al.*, 2019; Silva *et al.*, 2024).

Not to mention that childcare services contribute to the strengthening of health care, from the early detection of health problems, interventions and care focused on improving the quality of care for children. Thus, the absence of this service in the first years of life directly impacts children's development (Canejo *et al.*, 2021)

FINAL CONSIDERATIONS

According to the results, it is highlighted that parents and caregivers have a positive view of the services offered by PHC in eastern Maranhão, especially in the attribute

"degree of affiliation", which reached maximum scores. The high evaluation of the attributes "accessibility" and "longitudinality" demonstrate an alignment of how the practices offered to patients are efficient to ensure regular care, thus achieving an essential characteristic in measuring the quality of services in PHC.

However, the items "coordination – integration of care" and "comprehensiveness – services provided" demonstrate challenges that highlight the difficulty of ensuring a satisfactory continuity of the services offered to families, thus corroborating the need to improve the internal processes of PHC in order to ensure a more integrated care offer.

Therefore, the services offered in the Brazilian Northeast mostly have a good evaluation in the view of parents and care, especially in the affiliation with the service, but it is still necessary to make targeted improvements in uniformity, ensuring that users feel more engaged in carrying out all the actions of the childcare program.

Improving the coordination of care and comprehensiveness of services is essential to ensure that PHC services continuously meet the needs of families. Thus, investment in these areas contributes to a more egalitarian and fair health system, ensuring that all families, and especially children, have access to an increasingly effective care network.

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