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REVIEW ARTICLE

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EVALUATION OF CHILD HEALTH CARE IN PRIMARY HEALTH CARE: INTEGRATIVE REVIEW

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ABSTRACT

Objective: To identify the scientific productions about the integrality attribute, in the care of the child, in Primary Health Care services, with the use of the Primary Care Assessment Tool. **Method:** This is an integrative review. The period of data collection was from June to August of 2018, and the studies were obtained from public domain access: *Latin American and Caribbean Literature in Health Sciences, National Library of Medicine/National Institutes of Health, SciVerseScopus Web Of Science*. totaling sixteen productions. For the critical evaluation of the primary studies the classification of the level of evidence was used. **Results:** The results showed weaknesses related to the evaluation of integrality in primary health care, because it is inefficient due to the adequate application of the variety of services available and provided. Already as potentialities, the importance of an adequate evaluation of the real needs of the population stands out so as to offer an integral and humanized care that is determinant factor in the supply and support the necessary attention in the context of the health of the child. **Conclusion:** It is concluded that there is a need for improvement in the assistance practices related to the integrality attribute, in the child's health. It is suggested, more attention of the health services in the strengthening of the bond and dialogue between professionals and users to stimulate the promotion, protection and recovery of health.

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INTRODUCTION

The Primary Health Care (PHC) is configured as the gateway of health services, being considered not only important for situational indicators, but also for access to prevention, promotion, treatment and rehabilitation of health (Campos, 2018). The Unified Health System (SUS) values integral care, and for its effectiveness, at the different levels, it requires the guarantee of the access of the users through the integrality in the assistance (Weiller, 2008). According to the National Council of Health Secretaries (CONASS) SUS guidelines are consolidated by the contribution of PHC services, in Brazil, health actions and services are regulated by Law 8080/1990, which deals with health, bringing it as a fundamental right of the human being and the role of the State in providing the indispensable conditions for its due exercise.

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The needs of the community that will define the variety of services that should be offered in the services, completeness is measured by the penetration of these services in the community (Gil, 2018). In this sense, completeness and equity go beyond access to certain services, both of which address the field of health micro policies and their articulations, flows and circuits that configure a health system, regionalized and integrated networks of attention promote a better use of resources that impel a better realization of the integrality (Cecilio, 2009 and Silva da, 2018). In the context of the health of the child, the integrality attribute requires reflection, it is recognized that about 60% of early deaths could be avoided by a set of actions geared to the needs of the people, characterized by integrality (Silva, 2018). In 2015, the Policy of Integral Attention to Children's Health (PNAISC) in the scope of SUS, which aims to promote and protect the child's health, offering care and integral attention, aiming at reducing child mortality (Brazil, 2018). The concept of integrality according to the

author (Starfield, 2002) is characterized by actions that the health services that must offer their users to promote comprehensive care from the cultural, psychosocial point of view, as well as the health-disease process, promotion, prevention, cure and rehabilitation, for this they have a variety of services characterized as services available and provided by primary care, including referrals to secondary services that offer consultations, tertiary services that require specific supports. Corroborating with the author (Starfield, 2002), integrality is an essential attribute of PHC, which requires the recognition of the real needs of the population as a whole, providing adequate resources to address them. For this, professional patient interaction is fundamental in this process, since they allow specific, joint and individual interventions.

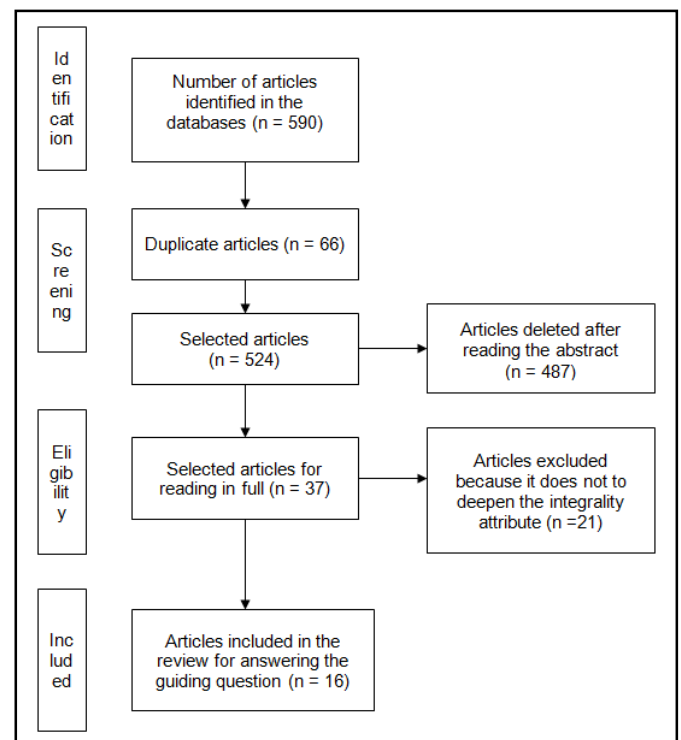
The focus on integral health implies abdicating the reductionism of care, in favor of the possibility of improving the dialogue and bonding of the professional and user. The resolution of children's health problems must be initiated in the PHC, being fully integrated to guide the care actions to them (Silva, 2018). Add to the above the evaluative process, which is fundamental for decision-making and management of the health-disease process in the populations of primary care territories. Thus, the evidence that addresses the evaluation of PHC attributes, first contact access, longitudinality, attention coordination and comprehensiveness are important (Brazil, 2010). Accordingly, with the assumptions advocated by the Triad of Donabedian (Donabedian, 1978), the evaluation of health quality is based on three components: structure, processes and results. These components complement each other, the evaluation structure supports the execution of health processes and the processes are executed to generate results that allow to verify changes in the health context, in the reception and performance of care.

The instrument of Assessment of Primary Care "Primary Care Assessment Tool" PCATool – Version Brazil, provides for the measurement of aspects of structures, processes and results of health services. This in the adult, professional and child version, instrument validated and published by the Brazilian Ministry of Health. Each attribute identified in this instrument is formed by a component that is related to the process of health care and service structure, thus measuring the presence and extent of PHC attributes (Starfield, 2002 and Brazil, 2010). This one has a total of 55 questions, of these three related to the degree of affiliation of the users and another 52 questions evaluate the presence and extension of the PHC attributes, divided into 10 components. For the purposes of this study, the instrument was analyzed in the child version and the 14 questions that allow to evaluate the integrality attribute, which is contemplated in two divisions, Integrality - Available Services (G). It consists of nine items (G1, G2, G3, G4, G5, G6, G7, G8 and G9), and Integrality - Rendered Services (H). Consisting of 5 items (H1, H2, H3, H4 and H5) (Brazil, 2010). Thus, the cut in the present study of attribute integrality was due to the need to investigate new evaluation results of the health services regarding the presence of the attribute in question, since the achievement of integrality in health services practices, related to child care, still configures itself as a challenge for PHC. In addition, integrality is seen as an essential factor in the production of care, provided that the real needs of the population are taken into account, which determines the necessary support and attention in the context of the child's health. Studies have been developed, addressing the attributes of PHC, which points to the need to carry out a synthesis and knowledge of the studies already published

about the subject. In view of the above, the study objective to identify the scientific productions about the integrality attribute, in the care of the child, in Primary Health Care services, with the use of the Primary Care Assessment Tool.

MATERIALS AND METHODS

It is an integrative review, which followed five stages recommended for its execution: problem identification, literature search, data evaluation, data analysis, and presentation of the knowledge synthesis. This allows combinations of different methodologies and perspectives, strengthening evidence-based practices (Whittemore, 2005). For the integrative review we start with the following guiding question: What has been produced about the integrality attribute in Primary Health Care from the use of the Primary Care Assessment Tool - PCATool Child version?



Source: authors of the research

Figure 1. Flowchart of data collection and selection of the studies that compose the sample according to the PRISMA method. Santa Maria, Brazil, 2018

Thus, we collected the scientific evidence related to the health of the child related to the attribute integrality in the PHC, identification of the types of research, processes methodological, risk factors, description and critical analysis of the results and finally the synthesis related to the studies. The period of data collection was from June to August of 2018, and the studies were obtained from public domain access: *Latin American and Caribbean Literature in Health Sciences* (LILACS), *National Library of Medicine/National Institutes of Health* (PubMed), *SciVerseScopus* (SCOPUS) e *Web Of Science*. The words used in the search were "PCATool" and "Primary Care Assessment Tool" with the use of the Boolean operator "OR" in [title, abstract and subject]. The search was carried out by accessing the Portal de Periods of Capes via CAFE in the library of the Federal University of Santa Maria (UFSM), Rio Grande do Sul, Brazil. In this review, the following inclusion criteria were used: the following categories of articles (original, experimental design,

Table 1. Summary table of the selected articles, with the distribution of the publications with the identification of the authors and year of publication, objective, main results, sample and participants, country and level of evidence

Author / year of publication	Objective	Main results	Sample and participants	Level of Evidence
Wolkers PCB, Macedo JCB, Rodrigues CM, de Furtado, MCC, de Mello, DF. 2017 ⁽¹⁴⁾	To evaluate and compare the quality of primary care provided for children with type 1 diabetes <i>mellitus</i> , among the types of public health care services, based on the experience of their main caregivers.	The Integrality of the services provided and available did not reach levels of satisfactory average score, presented a low score. Specialized services performed better than PHC services.	Caregivers / family of children	VI
Pinto LF, Harzheim E, Hauser L, D'Avila OP, Gonçalves MR, Travassos P, Pessanha R. 2017 ⁽¹⁵⁾	This paper aims to evaluate the extent of PHC attributes, from the experience of users, both adults and children caregivers, comparing the area served by the health facilities of the district of Rocinha with other areas of health district 2.1 in the municipality of Rio de Janeiro.	Attributes of "access" and "coverage - available services" were the worst performers, probably due to the great external and internal migration existing within Rocinha itself. Among children, the only attribute with statistical significance (p-value <0.10) was the "Community Orientation", which is best evaluated among users of the Rocinha neighborhood.	Caregivers / family of children	VI
Silva SA, Fracolli LI. 2016 ⁽¹⁶⁾	To evaluate the healthcare provided to children under two years old by the Family Health Strategy.	The elements of the integrality, available services and services provided presented low score, but the score of the services rendered remained very close to the limit value of the classification.	Caregivers / family of children	VI
Diniz SGM, Damasceno S, Coutinho SED, Toso BRGO, Collet N. 2016 ⁽¹⁷⁾	To evaluate the presence and extent of comprehensiveness in children's healthcare in the context of the Family Health Strategy.	The integrality attribute in the health care of children presents weaknesses, low scores in the two dimensions, services available and in the services provided only one of the indicators evaluated obtained a satisfactory value (≥ 6.6) "Guidance to keep the child healthy", reaching the value of 7.6. The other indicators evaluated were unsatisfactory.	Caregivers / family of children	VI
Harzheim E, Pinto LF, Hauser L, Soranz D. 2016 ⁽¹⁸⁾	The aim was to arrive at an accurate overview of the extent to which PC services in all of the Planning Areas (PA) of the Rio de Janeiro City Health Department (CHD) – Municipal Health Secretariat have the essential and derivative attributes.	The results obtained for the essential mean score and the general mean score presented values close to 6.0, that is, below the value of 6.6 that would indicate a good overall quality of primary health care. "Integrality - services provided" contributed negatively to the average scores.	Caregivers / family of children	VI
Silva SA, Baitelo TC, Fracolli LA. 2015 ⁽¹⁹⁾	To evaluate the attributes of primary health care regarding: access; longitudinality; integrality; coordination; family orientation and community orientation in the Family Health Strategy, triangulating and comparing the point of view of social actors involved in the care process.	The integrality attribute was addressed in its segments: Available services and services provided: for the services available, users and professionals attributed low scores. Services provided, high score obtained by professionals and low score issued by users, by users the advice is not practiced.	Caregivers / family of children	VI
Quaresma FRP, Stein AT. 2015 ⁽²⁰⁾	This study sought to compare the attributes of the Primary Health Care (PHC) provided by caregivers of the Family Health Strategy (FHS) to children and adolescents with and without physical disabilities in Palmas (State of Tocantins, Brazil).	The results "integration of care" registered scores below expectations and "information system" with satisfactory scores. 'Care integration' shows that ensuring continuity of care to health services at other levels of the system is inadequate, while 'information system' indicates that professionals and users have access to attendance records.	Caregivers / family of children	VI
Oliveira A, Veríssimo MLÓR. 2015 ⁽²¹⁾	To compare the health assistance models of Basic Traditional Units (UBS) with the Family Health Strategy (FHS) units for presence and extent of attributes of Primary Health Care (PHC), specifically in the care of children.	Regarding the attribute Integrity, the units with ESF obtained a score 6.2, higher than the UBS, which reached 4.7. Only a few services or programs are available properly, such as the vaccination present in both units.	Caregivers / family of children	VI
Fracolli LA, Muramatsu MJ, Gomes MFP, Nabão FRZ. 2015 ⁽²²⁾	This study aimed to evaluate the existence and the extent of the Primary Healthcare attributes (PHC) in the Family Health Strategy (FHS) in the municipality of Quatá-SP.	In this research, the attributes Integrality - Services Provided with a score equal to 9.39 were highlighted, services that are executed in practice by the FHS. Integrality - Available Services with score equal to 6.78 need to improve its operation in the municipality of Quatá.	Caregivers / family of children	VI
Berra S et al. 2014 ⁽²³⁾	This study aimed to evaluate user experiences with primary care for children and adolescents according to health, socio-demographic characteristics, and use of healthcare services.	More than two-thirds of the sample gave a high score (≥ 3) to their experience with primary care in the areas of first physical contact (74.1%), coordination (69.2%) and competence (71.2%). The domains with the highest percentages of people with low scores were the services received from the primary care provider (49.3%), continuity of care (39.4%) and services available (37.9%).	Caregivers / family of children	VI

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Filho MM, Luz BSR, Araújo CS. 2014 ⁽²⁴⁾	The scope of this study was to evaluate the attributes of primary health care for children and establish associated factors.	First Contact Access and Complementary Services Integrality presented more than 90.0% negative evaluations. Integrality of basic services, Integrality of Complementary Services, Integrality - promotion and prevention actions received, Coordination, Family orientation and Community Orientation presented it between 51.0 and 71.0% of low evaluations. The Essential and General PHC Scores were assigned low values in more than 80.0% of the interviews.	Caregivers / family of children	VI
Marques AS, Freitas DA, Leão CDA, Oliveira SKM, Pereira MM, Caldeira AP. 2014 ⁽²⁵⁾	This study sought to evaluate the attributes of primary care, with a focus on child health, from the viewpoint of a 'quilombola' community in the north of the state of Minas Gerais, Brazil (A quilombola is a resident of a quilombo in Brazil).	Satisfactory values (scores > 6.6) were recorded only for the sub - dimension of the first contact access - use and for the sub - dimension coordination - information system. The overall PHC score, in the caregivers' perception, did not reach the minimum value to be considered as satisfactory. Low completeness score in services provided (5.5) and services available (6.3) demonstrates non-recognition by the community.	Caregivers / family of children	VI
Furtado MCC, Braz JC, Pinal JC, Mello DF, Lima RAG. 2013 ⁽²⁶⁾	To analyze the presence and extent of Primary Attention attributes and the degree of affiliation of users in relation to the Health Unit of the Family (USF), based on the experiences of mothers with care provided to children under one year of age.	Regarding the Integrality attribute, the available services and the orientation given to the mothers, or families, for the use of health units obtained the lowest score. In contrast to the previous attribute, there was a strong presence and extension of another subdivision of the Integrality attribute that refers to the services provided during the routine visits.	Caregivers / family of children	VI
Leão CDA, Caldeira AP, Oliveira MMC. 2011 ⁽²⁷⁾	To evaluate aspects of primary health care (PHC) for children provided by the Family Health Strategy (FHS) in comparison with other child health care services in Montes Claros, in the Brazilian State of Minas Gerais.	Only longitudinality and integrality (promotion and prevention actions received) were assessed and reached a high score (> 6.6) for both services. The scores of the completeness attributes (complementary services available), the family orientation and the community orientation of the FHSs reached higher scores when compared to the other care models, and the difference was statistically significant.	Caregivers / family of children	VI
Leão CDA, Caldeira AP. 2011 ⁽²⁸⁾	This study sought to establish the association between the attributes of Primary Health care (PHC) and the professional qualification of physicians and nurses.	From the perception of the caregivers of children who have ESF as a regular source of attention, the scores of the PHC attributes revealed better scores for the better trained staff (residence) with statistically significant differences for attributes of longitudinality, integrality / basic services, and integrality / complementary services.	Caregivers / family of children	VI
Harzheim E, Starfield B; Rajmil L, Álvarez-Dardet C, Stein AT. 2006 ⁽²⁹⁾	Adapt the PCATool to Brazil and analyze its validation and reliability through a cross-sectional validation study of the Child PCATool.	The validation of PCATool-Brazil resulted in the exclusion of a considerable number of items (n = 32) from the original scale. Some of the items referred to health actions absent in the services studied. This fact already indicates a lower availability of actions and, therefore, a lower integrality of services, mainly referring to oral health.	Caregivers / family of children	VI

Source: authors of the research.

quasi-experimental, cohort and / or quantitative, cross-sectional, descriptive and / or evaluative), articles available with abstracts and full texts between 2001 and 2017, those that have been published in the Portuguese, Spanish or English languages, which have the attribute integrality measured and to answer the guiding question. All publications that did not meet the above criteria were excluded. The extraction of the data for elaboration of the database, were delineated and organized by means of the elaboration of a spreadsheet in Microsoft Office Excel®, containing the following variables: title, authorship, year of publication, periodical of publication, Qualis / CAPES, country of study, qualification of the first author, area of knowledge of the first author, scenario and type of study. The selection of the productions was developed in an independent double way with qualified researchers and with a third specialist consensus specialist in Family Health, in order to guarantee the rigor of the method and the reliability of the results. The articles to be included in the sample were selected by means of the sequence: title reading, reading summary and reading the full text. In the disagreement between the two reviewers, the articles went through the evaluation of the third reviewer and were included in the next stage of analysis. The classification of evidence allows the expansion of knowledge and incorporation of these into clinical practices. The level of evidence classification system consists of seven levels: Level I (evidence originating from systematic reviews or meta-analysis of relevant clinical trials); Level II (evidence derived from at least one well-

delineated randomized controlled clinical trial); Level III (well-delineated clinical trials without randomization); Level IV (well-delineated cohort and case-control studies); Level V (systematic review of descriptive and qualitative studies); Level VI (evidence derived from a single descriptive or qualitative study) and Level VII (opinion of authorities or report of expert committees) (Melnyk, 2005). A total of 590 studies were found and, after the removal of duplicate articles, 524 publications were included, of which 524 were pre-selected by reading titles and abstracts. After a thorough reading of the texts, the final sample consisted of 16 articles, as shown in Figure. 1. The data extraction was carried out through a script with information about year of publication, authors, title, periodical, country, methodological outline, objectives, results and level of evidence. The analysis was made in a descriptive way.

RESULTS

The sample of this review was composed by 16 studies describing the scientific evidences of the integrality attribute, in the care to the child, in Primary Health Care services, with the use of the Primary Care Assessment Tool. In the sequence, the synoptic table of the selected articles is presented (TABLE 1). With regard to authorship issues, most of the articles found were produced by two or more authors, in view of the linkage of these

studies the majority were produced by authors with doctoral degrees 50% (n=8) (Wolkers, 2017; Pinto, 2017; Silva, 2018; Harzheim, 2018; Quaresma, 2015; Oliveira, 2015; Fracolli, 2015; Filho, 2018 and Harzheim, 2018), Philosophiae Doctor (PhD) 25% (n=4) (Silva, 2015; Fracolli, 2018; Berra, 2014; Furtado, 2018), Master's Degree 18,75% (n=3) (Marques, 2018; Leão, 2011; Leão, 2011) and Specialization 6,25% (n=1), (Diniz, 2018), the areas of knowledge were analyzed predominating the area of Nursing 62,5% (n=10) (Wolkers, 2017; Silva, 2016; Diniz, 2018; Harzheim, 2016; Silva, 2015; Quaresma, 2015; Oliveira, 2015; Fracolli, 2018; Furtado, 2018; Leão, 2011 and Leão, 2011), Medicine 18,75% (n=3), (Harzheim, 2016; Filho, 2018; Marques, 2014; Harzheim, 2006), Nutrition 6,25%, (n=1) (Berra, 2018), Biostatistical 6,25% (n=1) (Pinto, 2017), and social development 6,25% (n=1) (Marques, 2018). In the tangent to which the study scenario refers, it was evidenced that 56,25% (n=9) (Wolkers, 2017; Silva, 2016; Diniz, 2016; Silva, 2015; Quaresma, 2018; Fracolli, 2015; Furtado, 2018; Leão, 2011 and Leão, 2011), of the studies were developed in FHS, 6,25% (n=1) (Pinto, 2018), studies developed in UBS, 25% (n=4) (Harzheim, 2016; Oliveira, 2015; Filho, 2009; Harzheim, 2006), developed in two scenarios UBS e FHS, 6,25% (n=1) (Berra, 2018), developed in Primary Care Center, 6,25% (n=1) (Marques, 2014), in unit FHS Quilombola.

Regarding the research scenario, Brazil stood out as the predominant country with 93,75% (n=15) (Wolkers, 2018; Fracolli, 2015; Filho, 2018; Marques, 2018; Furtado, 2018; Leão, 2011; Leão, 2011; Harzheim, 2006), the regions of Minas Gerais 43,75% (n=7) (Wolkers, 2017; Silva, 2016; Silva, 2015; Filho, 2018; Marques, 2018; Leão, 2011; Leão, 2011), Northeast of Paraíba 6,25% (n=1) (Oliveira, 2015), São Paulo 12,5% (n=2) (Fracolli, 2018 and Furtado, 2013), Rio de Janeiro 12,5% (n=2) (Pinto, 2018 and Harzheim, 2016), Tocantins 6,25% (n=1) (Quaresma, 2018), Paraná 6,25% (n=1) (Oliveira, 2015), Rio Grande do Sul 6,25% (n=1) (Harzheim, 2018), study was also identified in Spain, Catalonia with 6,25% (n=1) (Berra, 2018). Regarding the methodological aspects, the outline of the articles evaluated in this study, researches with a cross-sectional design 93,75% (n=15) (Wolkers, 2017; Pinto, 2017; Silva, 2018; Diniz, 2016; Harzheim, 2016; Silva, 2018; Quaresma, 2015; Oliveira, 2015; Fracolli, 2018; Berra, 2018; Filho, 2014; Marques, 2018; Furtado, 2013; Leão, 2011), within this, they have transversal descriptive, exploratory, observational and analytical studies, and sectional study with sample of 6,25% (n=1) (Harzheim, 2018). As for periodicals of publications 37,50% (n=6) (Pinto, 2018; Harzheim, 2016; Quaresma, 2015; Oliveira, 2015; Filho, 2014; Marques, 2018; Leão, 2011), of the papers were published in Science & Collective Health Magazine-B1 at the Qualis/Capes, 12,50% (n=2) (Silva, 2018 and Furtado, 2018), at Latin American Nursing Magazine- A1 at the Qualis/Capes, 12,50% (n=2) (Berra, 2018 and Harzheim, 2018), in the Public Health Book - B1 at the Qualis/Capes, 6,25% (n=1)¹⁷ in Nursing Gaucho Magazine - B1 no Qualis/Capes, 6,25% (n=1) (Silva, 2018) at Magazine Brasileira de Enfermagem- A2 at the Qualis/Capes, 6,25% (n=1) (Oliveira, 2015), at Nursing School Magazine USP- A2 no Qualis/Capes, 6,25% (n=1) (Leão, 2018), at Brazilian Journal of Maternal and Child Health - B1 at the Qualis/Capes, 6,25% (n=1) (Wolkers, 2017) at Acta Paulista Nursing - A2 at the Qualis/Capes 6,25% (n=1) (Fracolli, 2015) at the World of Health -B2 at the Qualis/Capes.

DISCUSSION

Integrality is one of the fundamental principles of the SUS, through which the user is guaranteed health care, which addresses beyond the curative practice, the monitoring of the individual at all levels of attention considering their social, family and cultural context. Thus, the provision of health services needs to be well aligned so that the user has access to the care network and is knowledgeable about the variety of services available and provided, the integrality of the actions implies that the demands are met in a humanized and resolute manner, highlighting the historical and social context of the users. The integrality attribute was approached in its two segments - available services (G) and integrality - services provided (H), addressed relevant issues about all experiences with health services to the population within the family context (Wolkers, 2017; Pinto, 2017; Silva, 2018; Diniz, 2018; Harzheim, 2018; Silva, 2015; Quaresma, 2015; Oliveira, 2015; Fracolli, 2018; Berra, 2018; Filho, 2018; Marques, 2018; Furtado, 2013; Leão, 2018; Leão, 2011; Harzheim, 2006). It is recorded that searches (Wolkers, 2017; Silva, 2015; Oliveira, 2015; Berra, 2014; Filho, 2018; Marques, 2018; Furtado, 2013; 2013; Leão, 2011 and Harzheim, 2018), evaluated the available services with low score, totaling 81.2% of the present study, the most frequent reasons for which the studies presented low evaluation of this score were: lack of availability of vaccination, counseling, HIV testing, sutures, referrals, identification of hearing, visual, nutritional supplementation programs, demonstrating that there is a lack of supply, referral and counter referral of PHC services.

However, studies (Silva, 2018 and Leão, 2011), evaluated the available services with good scores, with emphasis on family planning, immunizations and referrals, obtained satisfactory values in the children who had FHS as a source of regular attention with promotion and prevention actions, according to a study (Silva, 2018) the items on suture availability, visual evaluations, treatment advice for harmful drug use showed lower results, even with the other items proving to be satisfactory, they considered them as unsatisfactory. In the search (Fracolli, 2015) the scores of available services were satisfactory except for the availability of vaccines for FHS that received a value lower than the reference value of the score, which is due to vaccine insufficiency in that service. It should be noted that the provision of services adequately requires strategies that allow appropriate recognition of the real needs of the population and the resources available to address them. It is pointed out that the services provided evaluated in the study (Silva, 2018), were presented with unsatisfactory scores, but with values very close to the limit of classification to become with a satisfactory score, already in the study¹⁷ it was pointed out that only one of the indicators of the evaluated items presented a satisfactory score, being "guidelines to keep the child healthy", the other indicators such as: home safety, changes in child development, behavioral ways, domestic accidents are unsatisfactory.

Evidence (Wolkers, 2017; Pinto, 2018; Silva, 2016; Diniz, 2018; Harzheim, 2016 and Silva, 2015; Berra, 2018; Filho, 2018 and Marques, 2018) brought the evaluated services items with unsatisfactory scores, highlighting the lack of professional qualification and health services in the preventive orientation. However, studies (Fracolli, 2018; and Furtado, 2013), indicated the services available with satisfactory scores, the items were evaluated as actually provided, guidelines,

counseling, information on development, food, hygiene, adequate sleep, accident prevention, behavioral problems, drug safety. The study (Oliveira, 2015), when comparing the presence and extent of FHS attributes to the health of the child between FHS and UBS showed that FHS presents the attribute of integrality with a higher score, the UBS, it was pointed out that only some services are available in both units, such as vaccination and family planning. With this study, we can reflect the fragility in the management of common health conditions, in reach of preventable diseases, which the quality of life of the population can be put at risk, due to failures in the actions directed to the real health needs. It should be emphasized that integrality requires that services be adequately available and provided when necessary, through prevention, promotion and / or health recovery interventions, and those that seek to achieve recognition of the needs of the population. Research Findings (Silva, 2015), conducted at FHS in Minas Gerais, which aimed to evaluate the attributes of PHC, demonstrated that the available services and services provided were evaluated by adult users, caregivers and / or family members of children and professionals, to compare the difference in these three groups, the score issued by users pointed out that counseling is not contemplated. The available services received low score by the three groups, and the services provided received high scores by professionals and low scores by users. Scientific evidences, point out that integrality does not present itself in a resolute way in view of the availability of child health care, point to the fragmentation of care, where attention models are limited, because there is still a lack of qualification in the work process and qualified professionals to incorporate the principles of PHC and concern with integrated care in the context of individuals' lives. Study carried out in Montes Claros, Minas Gerais, Brazil, verified the association between PHC attributes and professional qualification, and pointed out that scores in general presented by the qualified health team presented better attributes scores than by professionals who did not have a qualification. This study emphasizes the importance of professional qualification in the health services, to overcome the fragmentation of care, disseminating new health practices, defusing the hegemonic model. In this context, integrality does not yet appear in its entirety, since ensuring the continuity of health services is incipient, there are gaps in the referrals of children to specialized services, whereby health actions remain focused on the hegemonic curativist model, centered on the pathology, not being perceived and analyzed the life context of individuals, weakening the availability of services and the provision of care, such as counseling, prevention, guidance and actions that favor integral care.

Conclusion

The results of this study allowed the identification of the scientific evidences about the integrality attribute in the care to the child in the services of Primary Attention to Health, with the use of the Instrument of Evaluation of the Primary Attention - PCATool. The publications stand out from 2014 to 2017, evidencing that there is current research on the subject, but that there is still a need for deepening and unfolding in the context of child health in PHC in order to strengthen the low indices demonstrated in the scores obtained in the health services related to the integrality attribute, which characterizes that the attribute extension is not present as expected. Among the limitations of this study, it is highlighted deficiency in the evaluation of integrality in PHC and the adequate application

of the variety of available services. As soon as determined, the health needs, the diagnoses, therapies and / or referrals should be performed. The findings of the integrative literature review did not allow a more in-depth analysis of the subject, since the studies about the subject are incipient, which indicates the existence of gaps for further research. It is concluded that the need for attention of health service managers and there is also a need for a qualification of professionals working in this context, as well as the strengthening of the link and interaction between professionals and users to stimulate the promotion, protection and recovery the health. The recognition and strengthening of PHC is through evaluation of the quality of health services, in which the PCATool instrument is an important subsidy. Effective day-to-day practice of common health conditions generate impacts in the community and in the family context.

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