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Supervised Curricular Internship I in an Indigenous Community In The Northern Region: an experience report

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Abstract:
This is an experience report, in which a situational health diagnosis was conducted in the Pium Indigenous Community, Tabaio Ethnoregion, in the municipality of Alto Alegre, Roraima. The community is managed by a tuxaua and an internal committee. There is a need for a public health manager for the base center to support the Indigenous Multidisciplinary Health Team in administrative functions and in addressing the main health issues identified, such as chronic non-communicable diseases, alcohol abuse, and the increase of respiratory diseases across all age groups, among others. This report provided a comprehensive overview of the context, living conditions, and health service delivery in the Pium Indigenous Community, offering a solid foundation for understanding indigenous health management in the region. It is believed that addressing the problems faced by the community requires professional management within an intercultural context.

Key Word*: Situational Health Analysis; Indigenous Peoples; Territory; Intercultural; Roraima.*

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I. Introduction

Based on Law No. 9,836 of September 23, 1999, which complemented Law No. 8,080 of September 19, 1990, the Indigenous Health Care Subsystem (SasiSUS) was established. This system, organized by Special Indigenous Health Districts (DSEI), allows for the complementary role of states, municipalities, and non-

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governmental organizations in indigenous health care (Brazil, 2019; Brazil, 2002; Brazil, 1999). The National Policy on Indigenous Health Care (PNASPI) was created by Ordinance No. 254 of January 31, 2002, legally assigning the state the responsibility to protect and preserve the health rights of indigenous communities (Brazil, 2002).

In Brazil, 34 Special Indigenous Health Districts (DSEI) were organized, with the National Health Foundation (FUNASA) initially responsible for indigenous health care. Law No. 12,314 of August 19, 2010, authorized the creation of the Special Secretariat of Indigenous Health, transferring health and basic sanitation actions in indigenous communities from FUNASA to the Ministry of Health (Brazil, 2010). The DSEIs are distributed across the federated units, meeting cultural attributes and the distribution of indigenous lands, as well as demographic criteria that informed their locations and coverage areas (Garnelo, 2012).

In Roraima, two DSEIs operate: the Eastern Roraima Special Indigenous Health District (DSEI-LESTE-RR) and the Yanomami Special Indigenous Health District (DSEI Yanomami). According to the Indigenous Health District Plan for the period 2020 to 2023 (Brazil, 2020), the initial framework for the DSEI-LESTE-RR was established during the state stage of the II National Conference on Indigenous Health in 1993. The DSEI-LESTE-RR was created in 1995 through the General Assembly of Tuxauas, and is responsible for the primary health care of the Macuxi, Wapichana, Ingarikó, Patamona, Taurepang, Sapará, and Wai-Wai peoples, serving 342 villages with a total population of 51,797 inhabitants and 10,038 indigenous families. Its organizational health model is divided into 34 base centers and 11 geographic regions: Serras, Surumu, Baixo Cotingo, Raposa, Amajari, São Marcos, Tabaio, Murupu, Serra da Lua, Ingarikó, and Wai-Wai. The DSEI-LESTE-RR covers 32 legally recognized indigenous lands, spanning a territory across 11 municipalities—Boa Vista, Alto Alegre, Amajari, Bonfim, Cantá, Normandia, Pacaraima, Uiramutã, São João da Baliza, São Luís do Anauá, and Caroebe—encompassing an area of 3,912,959 hectares (Brazil, 2020).

Indigenous peoples have faced various sociopolitical, economic, and cultural changes that affect their social and individual vulnerabilities. Health issues in indigenous territories challenge the principles of the Unified Health System (SUS), to which the Indigenous Health Care Subsystem (SasiSUS) is linked (Brazil, 2019). Providing differentiated and quality health services to the indigenous population remains a priority, even after more than 30 years of SUS's creation, necessitating consideration of the sociocultural specificities of indigenous peoples in public policy formulation and health practices (Santos; Menicucci, 2021).

In this context, it is essential to understand the concepts of participatory management, co-management, and strategic planning, which are crucial in the field of indigenous health. Management involves handling conflicts and providing guidance, directives, and frameworks for health teams within organizations. It also coordinates the allocation of human and material resources to achieve goals and objectives, with the participation and valuation of all involved actors. Co-management, on the other hand, emerges as an ethical and political directive aiming to democratize management relations in health services, promoting interaction among users, workers, and managers through dialogue and collective decision-making (Brazil, 2004a).

Health management is a field that assesses institutional needs, manages processes and programs, creates and applies health policies, and ensures the quality and efficiency of services, including team management (Campos, 2013). According to current legislation, the term "manager of the Unified Health System" refers to those responsible for SUS at all levels of government—national, state, and municipal (Brazil, 1996). Effective management requires a strategic plan that defines the organization's identity and strategies to achieve its goals, considering the available resources.

The role of the health manager transcends mere administration, as they assume a highly relevant position as a health authority at all governmental levels. This role encompasses two crucial dimensions: the political dimension, where the manager is appointed by the Executive Chief to lead the government project, and the technical dimension, based on information, skills, and experience in public health administration (Ohira; Junior; Nunes, 2014). The main function of this technical dimension is to guide health policy according to legality and the principles established by SUS and the Brazilian health reform. This includes activities such as planning, organizing, coordinating, directing, leading, controlling, and evaluating. The central objective of health management is to aspire to a differentiated health reality, with fewer disease incidences, reduced mortality, and significant improvements in the population's quality of life (Ohira; Junior; Nunes, 2014).

The relevance of this study lies in the desire to ensure that the health services provided to indigenous communities are managed by qualified professionals. During the opportunity to conduct a situational health diagnosis in the Pium Indigenous Community, the need for a professional trained in indigenous collective health management to manage the Fidelis Barbosa Base Center, coordinate and support the Multidisciplinary Health Team, as well as administer health work processes, playing a crucial role for DSEI-LESTE-RR, is highlighted. Such a professional meets the necessary competencies for effective indigenous health management.

Supervised Curricular Internship I, also known as Community Time, comprises a total period of 120 hours and does not include remuneration. This internship is mandatory and part of the curriculum of the Indigenous Collective Health Management Course (CGSCI) offered by the academic unit known as the

Insikiran Institute of Indigenous Higher Education, affiliated with the Federal University of Roraima. Its general objective is to provide students with significant experiences in professional environments, promoting an effective connection between teaching and service. Thus, it seeks to conduct a diagnostic analysis of the health situation and the needs present in the community in which it is located, considering the local complexity. This process includes identifying conditions of risks and vulnerabilities, as outlined in the Political-Pedagogical Project of the Course (UFRR, 2012).

The internship is a practical activity aimed at deepening the relationships between the training process and health work. It provides students with an opportunity to compare and deepen their theoretical knowledge with their professional activity, developing the competencies, skills, and attitudes expected for their professional practice (Pascoal; Souza, 2021).

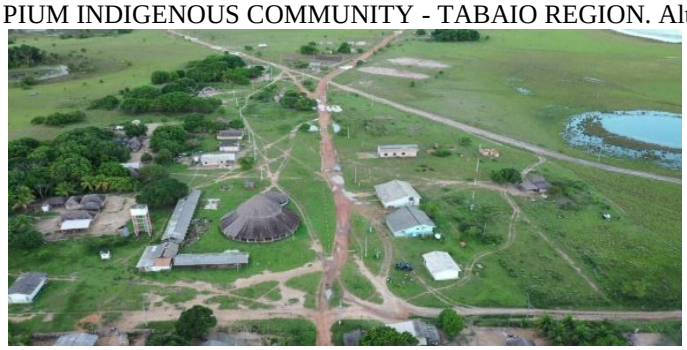
This work is the result of an internship report presented as the final course work and is organized into five sections: the introduction, the experience report, the discussion, the final considerations, and the references. Therefore, the experience of Internship I, during which a situational health diagnosis was conducted in the Pium Indigenous Community, Tabaio Ethnoregion, in the municipality of Alto Alegre, RR, is reported. Additionally, the indigenous health management implemented through the region's Base Center, located within the community itself, was addressed, aiming to understand the territory and identify factors impacting local activities, contributing to our learning and understanding of the indigenous health context.

II. Experience Report

This report describes the experience of students from the Bachelor's Degree Course in Indigenous Collective Health Management, offered by the Insikiran Institute of Indigenous Higher Education at the Federal University of Roraima (UFRR), during the period from November 6 to December 8, 2017. This internship, named Internship I, was carried out due to the established connection with the Pium Indigenous Community, which originated from graduates who are residents of the community belonging to the Macuxi ethnicity and another student from the Wapixana people. It is noteworthy that all the information presented in this work was obtained through conversations with community leaders, residents, and health professionals working at the Fidelis Barbosa Base Health Center, previously authorized through the internship I consent form and approval to disclose the results.

The activity carried out was a situational diagnosis, with the Pium Indigenous Community as the setting. As shown on the community map in Figure 1, the community is located in the Tabaio region, in the municipality of Alto Alegre, State of Roraima. The Pium Indigenous Community is situated on the banks of the Uraricoera River, in the fields or savannah region of Roraima, and is part of the Tabaio region. This community, which traditionally occupies an area 96 kilometers from Boa Vista, was composed during the study period of approximately 90 families, totaling about 400 residents, distributed among 170 men and 190 women, belonging to the Macuxi, Wapichana, and Foreigners from British Guiana ethnicities.

Figure 1: MAP OF PIUM INDIGENOUS COMMUNITY - TABAIO REGION. Alto Alegre -RR, 2021



Source: https://cir.org.br/site/2021/05/27/povos-indigenas-da-ti-pium-resistem-em-seu-territorio-enquanto-aguardam-processo-de-demarcacao. Data: 27/05/2021. Acesso em: 07/10/2022).

During the internship period, the administration of the Pium Indigenous Community was overseen by Tuxaua Francisco Sapará Bento, supported by an internal committee composed of residents and community leaders. Community activities, events, and decisions are formalized during monthly meetings held on the eighth of each month, with the participation of all community members.

The physical structures of the residences vary in models, with some constructed from adobe walls, produced locally with clay, and thatched roofs made from buriti palm, while others have masonry walls and asbestos tile roofs (Braskem tiles). Some houses are equipped with internal bathrooms and septic tanks, while others have sanitary bathrooms. Most houses in the community benefited from the Federal Government's "Luz

para Todos" Program in 2013, providing 24-hour electricity, except for houses located in remote areas that use lamps at night for indoor lighting.

The Pium Indigenous Community has an access system to piped water, including an 84-meter deep artesian well and a water tank with a capacity to store 30,000 liters of water. A network of approximately 5,000 kilometers distributes water to the population. This system is supervised by an Indigenous Sanitation Agent (AISAN).

Waste management is a challenge for the community, as there is no community landfill away from the center. Household waste is burned, and the remaining waste left in the yards deteriorates over time. Biological waste from the health post is packaged and transported to Boa Vista, the capital of Roraima, in a vehicle provided by the Special Secretariat of Indigenous Health (SESAI/ASATUR) for disposal at the city landfill.

The Fidelis Barbosa Base Health Center, located in the Pium Indigenous Community, has a physical structure that includes a pharmacy, two consulting rooms, a nursing care room, a vaccination room, a dressing room, an emergency care room, two bathrooms, a pantry, and an outdoor waiting area. The Base Health Center houses two Multidisciplinary Indigenous Health Teams (EMSI), which operate itinerantly and are linked to DSEI-LESTE-RR.

According to the principles established by the National Policy for the Health Care of Indigenous Peoples (Brazil, 2002), the Multidisciplinary Indigenous Health Teams (EMSI) operating in the Pium Indigenous Community are composed as follows:

- Team I: one nurse, one doctor, two nursing technicians, one vaccinator, one microscopist (Indigenous Health Agent - AIS), one endemic disease agent, one Indigenous Sanitation Agent (AISAN), and four drivers.
- Team II:one nurse, one dentist, one Dental Health Agent (ASD), two nursing technicians, one endemic disease agent, two AIS, one AISAN, and four drivers.

When necessary, SESAI provides additional professionals such as psychologists, nutritionists, laboratory technicians, and nursing technicians to carry out specific health actions.

Various health programs are developed at the Base Health Center, including Women's Health, Men's Health, Oral Health, Child Health, and the Hypertension and Diabetes Program (Hiperdia), which serves hypertensive and diabetic patients. The teams offer services such as immunization, blood pressure measurement, weight measurement, pharmaceutical assistance, control of endemic diseases, malaria diagnosis, monitoring of chronic patients, low-risk prenatal care, referral of high-risk cases, nutritional surveillance, home visits, dental care, monitoring of elderly people with chronic diseases (Hiperdia), care for children, adolescents, adults, and the elderly, preventive exams, rapid HIV tests, laboratory tests, recording of health actions, and maintenance of medical records.

The main health problems and diseases identified in the community include an increase in non-communicable chronic diseases, alcohol and drug abuse, an increase in respiratory diseases across all age groups, the seasonal occurrence of diarrheal diseases, generally from May to September, and other health challenges related to the Pium Indigenous Community. This report provided a comprehensive overview of the context, living conditions, and health service delivery in the Pium Indigenous Community, providing a solid foundation for understanding indigenous health management in the region.

III. Discussion

The community exercises its own governance and indigenous leadership. It is essential to highlight the importance of autonomous governance structures for the well-being of indigenous communities. Governance in indigenous territories is provided for in the National Policy for Environmental and Territorial Management of Indigenous Lands (PNGATI), established by ordinance no. 7747 of June 5, 2012, with its main tool being the Territorial and Environmental Management Plans (PGTAs), which outline governance strategies in demarcated indigenous communities (Brasil, 2012).

The location of the Pium Indigenous Community in the Tabaio region and its ethnic composition underscore the diversity and cultural richness of indigenous communities in Brazil. This aligns with the academic discussion on the importance of territory for the cultural and social identity of indigenous peoples. Milton Santos (2003: 96) asserts that the territory echoes the sense of continuity for certain groups: "The fact and the feeling of belonging to what belongs to us." Silva (2020) confirms that these are essential territories for life, with symbolic and material significance.

In this context, De Almeida (2020) reflects on how the Galibi, Galibi Marworno, Palikur, and Karipuna indigenous peoples of Oiapoque conceive their places-territories, conducting territorial surveillance and enhancing their territorial identities despite various interactions among themselves and with non-indigenous society. For indigenous peoples, the relationship with the environment intrinsically involves their cultural, religious, ancestral, and economic symbols around the "mother" earth, which determines their way of life. Therefore, the place-territory is the main factor in the development of their identities, as their relationship with the land surpasses the capitalist economic perception.

It was observed that the community still does not have full access to basic sanitation and essential services. The infrastructure of residences, access to piped water, electricity, and waste management are effective aspects for community development and better health conditions. Basic sanitation consists of various "(...) infrastructure services and operational facilities for the supply of potable water, sanitary sewage, urban cleaning, and management of solid waste and stormwater" (Raupp, 2017: 2).

Regarding the main health problems and issues identified among children and adults in the Pium Indigenous Community, these conditions present significant challenges. Among indigenous peoples, high infant mortality rates, chronic malnutrition, anemia, pneumonia, and other preventable conditions persist. These populations often face inadequate sanitary conditions compared to non-indigenous people in Brazil (Raupp, 2019).

Non-communicable chronic diseases, such as Hypertension and Type 2 Diabetes Mellitus (DM 2), are prevalent among indigenous peoples. Carioca et al., in their experience report on the perception of DM 2 in the Jabuti indigenous community in Bonfim, Roraima, corroborate that one of the main difficulties for people living with these diseases in indigenous lands is maintaining a healthy diet "(...) maintaining a balanced diet without the use of salt and sugar" (Carioca *et al*., 2021: 4).

Regarding health services at the Fidelis Barbosa Base Health Center and the Multidisciplinary Indigenous Health Teams serving the community, the importance of culturally sensitive health services for indigenous communities is highlighted. Health professionals in indigenous areas must be able to provide differentiated care in intercultural contexts.

The National Policy for the Health Care of Indigenous Peoples (PNASPI) ensures comprehensive health care for indigenous peoples, according to the principles and guidelines of the Unified Health System, considering their sociocultural, geographic, historical, and political diversities. Its purpose is to overcome the conditions of vulnerability that lead to the most significant and widespread health issues among the national population, respecting and accepting the effectiveness of their medicine and the right to their culture (Alves *et al*., 2020; Brasil, 2002).

Throughout the history of indigenous health in Brazil, various advancements have been made. However, numerous challenges remain to be addressed, such as the existence of inadequate base centers and health posts, scarce supplies and equipment, and the high turnover of health professionals. This turnover hinders the development of bonds between health professionals and the community, making it difficult to recognize the traditional medicine that permeates the health care of indigenous peoples. Another difficulty is the logistical complexity of some regions, which negatively impacts the quality of service delivery, often limiting it to palliative and emergency care within indigenous territories, thereby weakening primary care (Mendes et al., 2018). As argued by Garnelo (2012), the Special Indigenous Health Districts are responsible for providing primary care services in indigenous communities. In the context of the Base Center, the Indigenous Multidisciplinary Health Teams (EMSI) are responsible for primary care in geographically proximate indigenous territories.

Participative management is fundamental to ensuring quality indigenous health care. It encompasses the ability to manage conflicts, provide methods, guidelines, and analytical references for the operation of health teams within institutions. Additionally, management coordinates and articulates resources and the workforce to achieve defined objectives and goals. Essentially, management focuses on human labor, organizing it over time and aligning it with the objectives of both health organizations and workers (Brasil, 2009b).

As established by the Basic Operational Norm (NOB) of July 15, 2005, Work Management in the Unified Health System (SUS) includes the management and administration of all labor relations necessary for the functioning of the system. This encompasses direct health care provision to users as well as support activities for SUS development. Management activities involve aspects such as human resource administration, professional training, occupational health for SUS workers, and the promotion of social control over Work Management in SUS, among others (Brasil, 2005).

The quality of health care requires the training of specific and qualified professionals capable of offering high-standard individual and collective care. Changes in theoretical and technological approaches in the health field demand updated professional profiles aligned with these transformations. It is crucial and mandatory for educational institutions at all levels to be committed to the Unified Health System and the care model established by Laws No. 8,080 of September 19, 1990, and No. 8,142 of December 28, 1990 (Brasil, 2004b).

This involves the issue of legal, technical, and political legitimacy in formulating a public policy aimed at organizing the training of health professionals according to the population's health needs while highlighting the competencies of the education and health sectors in this construction (Falleiros, 2013). Ceccim and Feuerwerker (2004) explore the changes in undergraduate health profession training in Brazil, understanding the concept of comprehensiveness in health care within SUS.

It is worth highlighting the specificity of the Bachelor's Degree in Indigenous Collective Health Management, created in response to the demands of indigenous peoples in the state of Roraima. This course

emphasizes the area of Collective Health Management with a focus on indigenous health, which involves a specific discussion about its meanings (Alves, 2020). To understand the need for training in indigenous collective health management, it is essential to recognize that the priorities and health problems in indigenous territories should be considered by the indigenous people themselves. Thus, we seek knowledge and understanding to occupy spaces to improve the sanitary conditions of indigenous communities.

Mendes *et al*. (2018) assert that it is necessary to respect the rights and needs of indigenous populations and continuously improve health management and care. These guidelines and principles are fundamental to ensuring the effectiveness and quality of health care for indigenous peoples in the Pium Indigenous Community, guaranteeing respect for their rights and needs while continuously enhancing health management and care.

IV. Conclusion

Through this situational analysis, it was possible to identify the difficulties, problems, needs, and successes faced by the Pium/Tabaio Indigenous Community. This provided us with the opportunity to practically apply some of the theoretical knowledge gained from the course in Indigenous Collective Health Management at the Insikiran Institute of Indigenous Higher Education at the Federal University of Roraima (UFRR), thus unifying theoretical and practical knowledge.

As students, this study allowed us to broaden our perspectives and consider the opportunities and strategies that can be offered to address the problems faced by indigenous communities. It also enabled us to aim for the implementation of truly professional management, utilizing tools and skills that optimize the management process and facilitate the realization of planning. By fully understanding the reality of the community and its environment, we were able to rethink and create improvement strategies for the identified problems and needs.

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