57 - KNOWLEDGE OF AGENTS OF COMMUNITY HEALTH FOOD AND NUTRITIONAL SURVEILLANCE SYSTEM ON STRATEGIES IN FAMILY HEALTH – MACAÉ

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INTRODUCTION

Sisvan attends the third of National Policy on Food and Nutrition - which deals with the evaluation and monitoring of food and nutrition situation of the population (Silva, 2008).

This initial proposal was made by the Instituto Nacional de Alimentação e Nutrição (INAN) in 1976, but only in the early 90s, after the enactment of Law 8080/1990, and the publication of Ordinance 1156 on 31 August that same year, it was possible to establish it (Castro, 1995).

The conception of Sisvan concerned about three guiding principles: (a) Formulate policies. (b) Plan, monitor and evaluate social programs related to food and nutrition. (c) Evaluate the effectiveness of government actions (CGAN, 2012), doing so, supporting the role of public managers in the formulation, implementation and deployment of policies to food and nutrition.

This system aggregates data from different sectors, among them health, and from the experience in Brazil, as well as the enactment of the Food and Nutritional Security, has contributed effectively to the consolidation of the Food Security and Nutrition in the country (Losan Brasil, 2006).

In the health sector, Sisvan constitutes an instrument for obtaining data for monitoring the nutritional status and dietary intake of people attending the basic units of the Brazilian National Health System (Sistema Único de Saúde - SUS). These data are generated by health professionals, able to produce information to know and disclose the nutritional epidemiological profile of the population served (Silva, 2008; Sisvan, 2004).

From this perspective, the health professionals must obtain reliability and validity of data generated, so that the information disclosed in fact respond to the needs of the population studied (Silva, 2008; Capelli et al., 2002; WHO, 1995), and therefore, guide the formulation and reorientation of public policies for prevention, detection and control of nutritional deficiencies (Barros et al., 2008).

In the Family Health Strategy (FHS), the information generated for the Sisvan is produced mainly by community health agents (CHA) that perform among the numerous activities, those of anthropometric measurement to diagnose the nutritional profile of the population served. For this diagnosis to reflect the reality at both the individual and population, it is essential to ensure that anthropometric measurements are collected with quality. However, if the production process of the basic technical data procedures are not met, probably the indicators constructed from this information does not represent faithfully the nutritional status of the population.

The present study aims to describe the knowledge of ACS's Sisvan on the Family Health Strategy - Macaé.

SUBJECTS AND METHODS

This study is part of the project "Sisvan Health PET", Education Program for Working for Health - Health PET - years 2010 - 2011 - City of Macaé, RJ.

It constitutes a descriptive, cross-sectional quantitative-based primary, held in the FHS's Macaé (n=25), except those that are located in the mountainous region of the city (n=4) in the period August 2010 and March 2011.

Twelve scholarships “Sisvan Health PET” (graduate students of courses in Nursing, Medicine, Nutrition of Campus UFRJ – Macaé Professor Aloísio Teixeira) participated in the process of data collection, as interviewers in the field of practical activity. Each grantee followed a CHA during a shift of activity weighing of children under 07 years, and using forms developed for the study, wrote down the information without interfering in routine and work these professionals.

The public subject involved CHA of 21 FHS that serve children between 0 and 6 years, 11 months and 29 days and agreed to participate in the day of the visit of scholarship in the health unit.

The variables analyzed were: the name of the FHS; name of the CHA; Sisvan meaning of the acronym and its importance for the health sector, and as was the routine monitoring of children under 07 years.

The data were entered and analyzed in a database in Microsoft Excel 2010. This exploration was made through the absolute and relative frequencies of the variables selected and displayed as graphs.

RESULTS AND DISCUSSION

Of the 21 FHS selected, 76.2% (n=16) participated in the study, and obtained information from forty-two CHA who answered the questions asked by scholarship. The other FHS were not involved in the study, because they were situated in communities that had a violent situation.

The figure 1 presents the results on the knowledge of CHA as to the meaning of the acronym Sisvan. It was found that 16.7% knew the meaning of the acronym and on its importance for the health sector, 16.7% knew the meaning of the acronym, and 66.6% were unable or unwilling to respond.

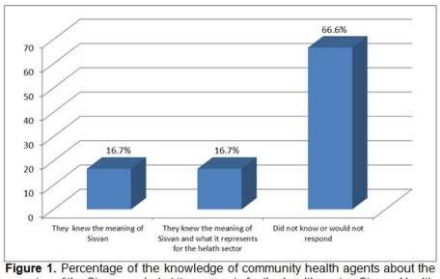


Figure 1. Percentage of the knowledge of community health agents about the meaning of the Sisvan and what it represents for the health sector. Sisvan Health PET. August, 2010 to March, 2011.

The results presented here are troubling since, according to information from the Municipal Health Secretariat in the implementation period of the FHS, Sisvan in the city at different times, all part of CHA capabilities, which were explained in its meaning.

For routine work of the CHA, referring to collecting information from children under the age of 07 years for Sisvan, 47.6% of them explained in detail their work routine, emphasizing that they weighed the children every two weeks, and referred those of underweight to the Coordenadoria da Área Técnica de Alimentação e Nutrição (Catan) for monitoring and receiving milk. Seventeen percent of CHA, declined to answer questions about their routine work and 35.7% reported only that the activities made possible to increase the bond with the families together, making it "almost family" (Figure 2).

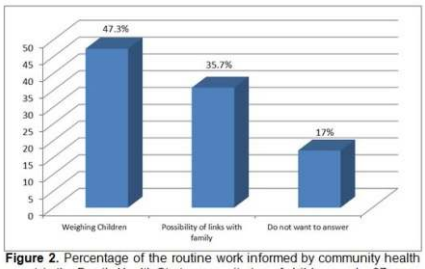


Figure 2. Percentage of the routine work informed by community health agent in the Family Health Strategy, monitoring of children under 07 years old to Sisvan. Health Sisvan PET. August, 2010 to March, 2011.

In Brazil, the Primary Health Care (PHC), also known as Primary Care (AB), characterized "(...) the development of a set of actions for the promotion and protection of health, disease prevention, diagnosis, treatment rehabilitation and maintenance of health. "These activities are conducted by teams of health, being directed to each individual, families and all the persons of a particular territory (Brasil, 2009a).

In the FHS, is the CHA as one of the key members of the healthcare team, since the part of the community, allows the host of individuals and families in the health unit and allows the establishment of trust and relationship between the community and other team members.

Overall, the duties of the CHA in the FHS are: (a) Identify areas and situations of individual and collective risk. (b) Refer people to health services when needed. (c) Guide people, according to the instructions of the health team. (d) Monitor the health situation of people to help them achieve good results (Brasil, 2009a).

For this last assignment to happen, it is important that it is aware of the programs and proposals of its health unit to perform its functions properly and to generate information that reflect the reality of the population served. This information will enable future government actions to be developed and targeted to the problems diagnosed in the population.

The Sisvan is a tool developed by the federal government in order to support the formulation of public policies that improve the quality and development of actions that result in benefits in the nutritional health of the population (Brasil, 2008).

It is implemented in the FHS, which mainly CHA and nursing staff, properly trained, should produce reliable information to feed the system with fundamental importance to analyze and disseminate nutritional epidemiological profile of the population served.

Systematic surveillance data on nutritional status, eating behavior, social conditions and other aspects related to health, allows health agencies to identify needs and specific type of intervention for the most vulnerable groups in food and nutrition.

Thus, the use of Sisvan and other information systems in health, population surveys and nutritional calls are key to defining the goals and actions of food and nutrition (Brasil, 2009b) as well as enables the implementation of public policies aimed at improving the quality and conditions of life.

The observed results of this study point to the ignorance of the meaning of Sisvan and the lack of interest in reporting the activities in the routine collection of information about the nutritional monitoring of children under 07 years.

In this respect, the question is: How the lack of knowledge about Sisvan may impact the quality of information generated by the CHA?

CONCLUSION

Lack of knowledge about the Sisvan despite training conducted on the subject, emphasizes the need for a process of formation of HCA's, in order to understand the meaning and goals of the system and its importance as a tool for guidance of the National Food and Nutrition.

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KNOWLEDGE OF AGENTS OF COMMUNITY HEALTH FOOD AND NUTRITIONAL SURVEILLANCE SYSTEM ON STRATEGIES IN FAMILY HEALTH – MACAÉ

In the health sector, the Food and Nutrition Surveillance System (Sisvan) constitutes an instrument for obtaining data for monitoring the nutritional status and dietary intake of people attending the basic units of the Brazilian National Health System (Sistema Único de Saúde - SUS). These data are generated by health professionals, able to produce information to know and disclose the nutritional epidemiological profile of the population served. The objective was to describe the knowledge of health professionals on Sisvan at the Strategies in Family Health. We conducted a descriptive study, the primary base, and cross section with the community health agents (CHA) of the Family Health Strategy (FHE) of Macaé, between August 2010 and March 2011. Scholarship Health PET, previously trained, followed the routine activities of the CHA, and interviewed using a questionnaire on knowledge about the abbreviation Sisvan and its importance in the health sector as well as the routine monitoring of nutritional status of children under 07 years. Forty-two CHA answered questions from interviewers, detecting that, in relation to knowledge, 16.7% knew the meaning of the acronym Sisvan and its importance for the health sector, 16.7% knew the meaning of the acronym, and 66 , 6% were unable or unwilling to respond. For your routine work, 47.6% explained it in detail, emphasizing that weighed fortnightly children <07 years. Seventeen percent of CHA, declined to answer questions about their routine work and 35.7% reported that the activities made possible to increase the bond with the families together, making it "almost family." Ignorance about the Sisvan despite training conducted on the subject, emphasizes the need for a training process that allows the understanding of the meaning and goals of the system and its importance as a tool to National Policy on Food and Nutrition.

KEYWORDS: Food and Nutrition Surveillance System, Community Health Agents, Public Health.

CONNAISSANCE DES AGENTS DE SANTE COMMUNAUTAIRE ET DES SYSTÈME DE SURVEILLANCE DES ALIMENTS ET LA NUTRITION SUR LES STRATÉGIES DE LA SANTÉ DE LA FAMILLE – MACAE

RÉSUMÉ

Dans le secteur de la santé, le Sisvan constitue un instrument pour obtenir des données de surveillance de l'état nutritionnel et l'apport alimentaire des personnes fréquentant les unités de base du système national de santé brésilienne (Sistema de Saúde Único). Ces données sont générées par des professionnels de santé, capables de produire des informations à connaître et à divulguer le profil nutritionnel épidémiologique de la population desservie. L'objectif était de décrire les connaissances des professionnels de santé sur les stratégies à Sisvan en santé de la famille. Nous avons mené une étude descriptive, la base primaire, avec les agents de santé communautaires (ASC) de la Stratégie de Santé de la Famille de Macaé, entre Août 2010 et Mars 2011. Bourses d'études, préalablement formé, suivi des activités de routine de la ASC, et interrogés à l'aide d'un questionnaire sur les connaissances au sujet de la Sisvan abréviation et son importance dans le secteur de la santé ainsi que la surveillance de routine de l'état nutritionnel des enfants <07 ans. Quarante-deux ASC répondu aux questions des enquêteurs, 16,7% connaissaient la signification de l'acronyme Sisvan et son importance pour le secteur de la santé, 16,7% connaissaient la signification de l'acronyme, et 66, 6% ont été incapables ou ne veulent pas répondre. Pour votre travail de routine, 47,6% a expliqué en détail, en soulignant que les enfants tous les quinze jours pesait moins de 07 ans. Dix-sept pour cent de ASC, a refusé de répondre à des questions et 35,7% ont déclaré que les activités ont permis d'augmenter le lien avec les familles ensemble, ce qui en fait ”presque familiale”. La nécessité d'un processus de formation qui permet la compréhension de la signification et les objectifs du système et de son importance comme outil de Politique Nationale sur l'Alimentation et la Nutrition.

MOTS-CLÉS: Système de Surveillance des Aliments et la Nutrition, les Agents de Santé Communautaires, la Santé Publique.

CONOCIMIENTO DE AGENTES DE SALUD DE LA COMUNIDAD DE LO SISTEMA DE VIGILANCIA DE ALIMENTOS Y DE LA NUTRICIÓN SOBRE ESTRATEGIAS DE SALUD DE LA FAMILIA – MACAÉ

RESUMEN

En el sector de la salud, el Sisvan constituye un instrumento para la obtención de datos para el seguimiento del estado nutricional y la ingesta alimentaria de las personas que asisten a las unidades básicas del Sistema Nacional de Salud de Brasil (Sistema Único de Saúde). Estos datos son generados por profesionales de la salud, capaces de producir información para conocer y dar a conocer el perfil nutricional epidemiológica de la población atendida. El objetivo fue describir el conocimiento de los profesionales de la salud en Sisvan en las Estrategias de Salud de la Familia. Se realizó un estudio descriptivo, la base principal, con los agentes comunitarios de salud (ACS) de la Estrategia de Salud Familiar de Macaé, entre agosto de 2010 y marzo de 2011. Los entrevistadores, previamente capacitados, seguido de las actividades rutinarias de la ACS, y se entrevistó mediante un cuestionario de conocimientos acerca de la Sisvan abreviatura y su importancia en el sector de la salud, así como la vigilancia rutinaria del estado nutricional de niños <07 años. Cuarenta y dos ACS respondió a preguntas de los entrevistadores, la detección de que, en relación con el conocimiento, el 16,7% sabía el significado de la sigla Sisvan y su importancia para el sector de la salud, el 16,7% conocía el significado de las siglas, y el 66, 6% no pudo o no quieren responder. Para su trabajo de rutina, el 47,6% que se explica en detalle, haciendo hincapié en que pesan los niños <7 años cada dos semanas. Diecisiete por ciento de la ACS, se negó a responder preguntas acerca de su rutina de trabajo y el 35,7% informó que las actividades posibles para aumentar el vínculo con las familias unidas, por lo que es "casi familiar". Es necesario un proceso de capacitación que permita la comprensión del significado y los objetivos del sistema y su importancia como una herramienta para la Política Nacional de Alimentación y Nutrición.

PALABRAS CLAVE: Sistema de Vigilãncia Alimentar e Nutricional, Agentes Comunitários de Salud, Salud Pública.

CONHECIMENTO DOS AGENTES COMUNITÁRIOS DE SAÚDE SOBRE O SISTEMA DE VIGILÂNCIA ALIMENTAR E NUTRICIONAL NAS ESTRATÉGIAS DE SAÚDE DA FAMÍLIA - MACAÉ

RESUMO

No setor saúde, o Sistema de Vigilância Alimentar e Nutricional (Sisvan) se constitui em um instrumento de obtenção de dados de monitoramento do estado nutricional e do consumo alimentar das pessoas frequentadoras das unidades básicas do Sistema Único de Saúde (SUS). Esses dados são gerados pelos profissionais de saúde, capacitados para produzir informações que permitam conhecer e divulgar o perfil epidemiológico nutricional da população atendida. Objetivou-se descrever os conhecimentos de profissionais de saúde sobre o Sisvan nas Estratégias de Saúde da Família. Realizou-se um estudo descritivo, de base primária com os agentes comunitários de saúde (ACS's) das Estratégias de Saúde da Família de Macaé, entre agosto de 2010 e março de 2011. Bolsistas PET Saúde, previamente capacitados, acompanhavam a rotina de atividades dos ACS's, e os entrevistavam utilizando um questionário sobre conhecimentos a respeito da sigla Sisvan e sua importância do para o setor saúde bem como sobre a rotina de acompanhamento do estado nutricional das crianças <07 anos. Quarenta e dois ACS's responderam as perguntas dos entrevistadores, detectando-se que, em relação aos conhecimentos, 16,7% sabiam o significado da sigla Sisvan e sua importância para o setor saúde; 16,7% sabiam o significado da sigla; e 66,6% não souberam ou não quiseram responder. Em relação a sua rotina de trabalho, 47,6% explicaram-na com detalhes, enfatizando que pesavam quinzenalmente crianças <07 anos. Dezessete porcento dos ACS's, não quiseram responder sobre a sua rotina de trabalho e 35,7% relataram que as atividades possibilitavam aumentar o vínculo com as famílias acompanhadas, tornando-o “quase familiar”. O desconhecimento sobre o Sisvan, apesar das capacitações realizadas sobre o tema, ressalta a necessidade de um processo de formação, que permita a compreensão sobre o significado e os objetivos do sistema, bem como sua importância como ferramenta para a orientação da Política Nacional de Alimentação e Nutrição.

PALAVRAS-CHAVE: Sistema de Vigilância Alimentar e Nutricional, Agentes Comunitários de Saúde, Saúde Pública.