



OPERATIONALIZATION OF THE FOOD AND NUTRITION SURVEILLANCE SYSTEM (SISVAN) IN THE MUNICIPALITY OF BALNEÁRIO PIÇARRAS: AN EXPERIENCE REPORT

Operacionalização do Sistema de Vigilância Alimentar e Nutricional (SISVAN) no município de Balneário Piçarras: relato de experiência

Operacionalización del Sistema de Vigilancia Alimentaria y Nutricional (SISVAN) en el municipio de Balneario Piçarras: relato de experiencia

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ABSTRACT

Objective: To report the experience of training Family Health Strategy (Estratégia Saúde da Família – ESF) professionals in the city of Balneário Piçarras, Santa Catarina, as a strategy to operationalize SISVAN. **Data synthesis:** Participants were 67 professionals from the 7 ESF teams working in the municipality from April to September 2016. Two meetings were held: one for the identification of the difficulties in implementing the system (such as: multiple activities, lack of printed forms, and the poor conditions of anthropometric scales) and initiation of the training (addressing the importance of SISVAN); and the other to teach how to complete the forms and insert the data into the software. **Conclusion:** After all, the professionals became interested in activating SISVAN. The participants also reported the importance of including nutrition professionals in the ESF teams to collaborate in the activities related to food and nutrition education and in the provision of guidelines and interventions based on the food and nutritional situation of the population. After the training was completed, there was a more efficient data logging into SISVAN by some teams.

Descriptors: Nutritional Surveillance; Inservice Training; Primary Health Care; Family Health Strategy.

RESUMO

Objetivo: Relatar a experiência de capacitação dos profissionais das equipes de Estratégia Saúde da Família (ESF) da cidade de Balneário Piçarras/SC como estratégia para operacionalizar o SISVAN. **Síntese dos dados:** Participaram do estudo 67 profissionais das sete equipes de ESF do município, no período de abril a setembro de 2016. Foram realizados dois encontros, um para identificação das dificuldades de implementação do sistema (em que se encontraram os seguintes obstáculos: a multiplicidade de atividades falta de formulários impressos e balanças antropométricas em más condições de uso) e início da capacitação (abordando a importância do SISVAN); e outro para orientar quanto à completude dos formulários e a digitação dos dados no programa. **Conclusão:** Ao final, observou-se o interesse dos profissionais em tornar o SISVAN ativo. Ainda foi relatada pelos participantes a importância da inserção do profissional de nutrição nas equipes de ESF, colaborando nas atividades referentes à educação alimentar e nutricional, bem como nas orientações e intervenções necessárias à situação alimentar e nutricional da população. Finalizada a capacitação, constatou-se, por meio do sistema, o registro de dados do SISVAN mais eficiente por algumas equipes.

Descritores: Vigilância Nutricional; Capacitação em Serviço; Atenção Primária à Saúde; Estratégia Saúde da Família.



RESUMEN

Objetivo: Relatar la experiencia de capacitación de profesionales de los equipos de Estrategia Salud de la Familia (ESF) de la ciudad de Balneário Piçarras/SC como estrategia de operacionalización del SISVAN. **Síntesis de los datos:** Participaron del estudio 67 profesionales de los siete equipos de ESF del municipio en el periodo entre abril y septiembre de 2016. Fueron realizados dos encuentros siendo uno para identificar las dificultades de la implementación del sistema (en el cual se ha encontrado los siguientes obstáculos: la multiplicidad de actividades, la ausencia de formularios impresos y básculas antropométricas con malas condiciones de uso) e inicio de la capacitación (abordando la importancia del SISVAN); y otro para orientar sobre cómo rellenar los formularios y el tecleo de los datos en el programa. **Conclusión:** Al final se observó el interés de los profesionales en poner el SISVAN activo. También fue relatada por los participantes la importancia de la inserción del profesional de nutrición en los equipos de ESF para colaborar en las actividades de educación alimentaria y nutricional así como en las orientaciones e intervenciones necesarias a situación alimentaria y nutricional de la población. Al final de la capacitación se constató a través del sistema el registro de datos del SISVAN más eficiente de parte de algunos equipos.

Descriptor: Vigilancia Nutricional; Capacitación en Servicio; Atención Primaria de Salud; Estrategia de Salud Familiar.

INTRODUCTION

The assessment of the nutritional status of the population is an essential attitude for the improvement of health care and promotion, and it should be valued⁽¹⁾. In Brazil, the Food and Nutrition Surveillance System (SISVAN) is used to monitor the dietary pattern and nutritional status of individuals attending the Basic Health Units (BHU). It is conducted by the professionals composing the teams of the Family Health Strategy (*Estratégia Saúde da Família - ESF*), with use of anthropometric equipment and specific printed forms. After collection, data are entered in SISVAN Web, which is the computerized system, making it possible to know the food and nutritional situation, and propose improvements to the prevalent problems among the population⁽²⁾.

Thus, the ESF teams are considered fundamental elements to support the implementation of Food and Nutrition Surveillance⁽³⁾. However, studies show that several problems in primary care make it difficult to implement SISVAN in Brazilian municipalities, such as the lack of anthropometric equipment, the workload of professionals, slow internet, lack of professionals to enter data, high turnover of professionals and the insufficiency of nutritionists in the operationalization of activities^(4,5). These problems eventually discourage the team professionals from carrying out their activities; therefore, studies suggest training as a strategy to motivate them to work with SISVAN^(4,6).

In this context, this paper aims to report the experience of training professionals of the Family Health Strategy (ESF) teams of the city of Balneário Piçarras, Santa Catarina, as a strategy to operationalize SISVAN.

DATA SYNTHESIS

The experience of sensitization to operationalize the SISVAN occurred in two meetings, carried out from April to September 2016, in all Basic Health Units of the municipality of Balneário Piçarras, SC. The city is located in the mesoregion of the Itajaí Valley (Vale do Itajaí) and has a territorial area of 99,424 km²). According to IBGE estimates⁽⁷⁾, the municipality had a population of 21,253 inhabitants in 2016. In the health area, it bears six Basic Health Units and seven Family Health Strategy (ESF) teams, composed of physicians, nurses, nursing technicians and community health workers.

The work involved the professionals of all the ESF teams in the municipality, 67 people in total. The meetings were conducted by an student of the Nutrition undergraduate course of the University of Vale do Itajaí, under the guidance of the teacher involved in the project, and with participation of the nutritionist member of the Family Health Support Nucleus (*Núcleo de Apoio à Saúde da Família - NASF*) of Balneário Piçarras.

This work complied with the premises of Resolution No. 466/12 of the National Health Council and was approved by the Research Ethics Committee of the University of Vale do Itajaí under Opinion No. 1,355,933.

The first meeting took place during the first two months, in April and May, during which a conversation circle was held in each unit, in order to present the project and collect signatures on the Informed Consent Forms, where all stages of the study were described. Following that, an educational video⁽⁸⁾ was shown, addressing the history of SISVAN construction and highlighting the importance of the data in this system to monitoring the food and nutritional situation of the population and, from that, to propose improvements to the prevalent problems in the community. At that moment, the participants had their doubts about the functioning of the system clarified and also contributed with suggestions for its incorporation into the teams' routine. This was of great relevance, since the training should represent an exchange of experiences, in which, besides transmitting information and reinforcing positive attitudes, it is possible to know the diversity of experiences and difficulties faced by the team in their routine, as well as their doubts, opinions, and suggestions for improvement of the service^(9,10).

Thus, in the first meeting, the professionals were asked about the main difficulties for implementation of SISVAN and reported that they prioritize the activities considered most important, which are constantly demanded by the unit coordination, such as healthcare activities: medical and nursing procedures, which correspond to the consultations, measurement of the systemic arterial pressure, vaccination, dispensing of medications, and others. It was noticed that the teams feel discouraged to fill in the SISVAN forms, because there is no feedback showing results of the reports, besides the lack of typists, the little time available for data collection, resulting from the multiplicity of activities in the BHU, the lack of printed forms, and anthropometric scales in bad conditions of use. During the visits, it was verified that all BHUs have computers with internet access working properly, making it possible to enter the data in the SISVAN Web at the very unit.

Similar problems were found in a study that evaluated the use of SISVAN as an information tool for the planning, management and evaluation of food and nutrition actions in municipalities of Minas Gerais state, where work overload, insufficiency of anthropometric equipment and lack of maintenance, lack of professionals for typing data, and slow internet were some of the difficulties reported by the employees of the units⁽⁵⁾.

Another problem reported by the teams is the lack of SISVAN printed form addressing food consumption markers. Different studies corroborate these results^(6,11,12). A survey that described the use and coverage of SISVAN in municipalities of Rio Grande do Sul also found that anthropometric data have been predominantly collected and typed⁽¹²⁾.

Thus, it is recommended that the evaluation of food consumption be performed in the routine of Primary Care services, as this enables the observation of behavior or pattern that characterizes positive and/or negative food markers. In SISVAN, the food consumed on the day before the interview is evaluated using three types of forms: one for children under 6 months of age, other for children aged 6-23 months, and another for 2-year-olds and older individuals⁽¹³⁾.

When asked if the collection of the anthropometric data of beneficiaries of the Family Grant Program (*Programa Bolsa Família - PBF*) is prioritized over other primary care users, professionals answered yes. This case is similar to a study that analyzed SISVAN as a monitoring tool of the National Strategy for Healthy Complementary Food (*Estratégia Nacional para Alimentação Complementar Saudável - ENPACS*) in 38 municipalities of Minas Gerais, where more than 70% informed the prioritization of data collection and entry of beneficiaries of the PBF⁽¹¹⁾. The preference for these data is likely due to the fact that the semiannual follow-up of children's nutritional status is one of the health conditionalities of this program, since these are commitments that must be fulfilled for the family to continue receiving the benefit⁽¹⁴⁾. However, the teams reported that both this population and other primary care users are resistant to attending the BHU in order to perform nutritional monitoring, so that many of them eventually have their benefit suspended.

The second meeting was planned considering the difficulties pointed out by the teams in the execution of the program. Alternatives were developed to incorporate SISVAN into the routine of their activities, along with training on the process of filling in the SISVAN data sheets and entering the data in the system.

The second visit to the units defined the population that would be registered in SISVAN, since the system allows for the monitoring of individuals at all stages of life (children, adolescents, adults, elderly, and pregnant women), however, the municipality may choose to monitor only certain groups⁽²⁾. Thus, the primary nurse care coordinator of the Municipal Health Secretariat, who also coordinates SISVAN in the municipality, chose to monitor children and pregnant women, considering that these are the most groups vulnerable in view of the health situation of the assisted community. Accordingly, the minimum schedule of consultations for child follow-up, suggested by the Ministry of Health, was presented to the team. It recommends the registration of nutritional status and markers of food consumption of children at 15 days of life, 1 month, 2, 4, 6, 9, 12, 18 and 24 months. From the age of 2 years, it is advised to carry out at least one record per year (nutritional monitoring and food consumption markers) until the child reaches 10 years of age. For pregnant women, it is recommended to have, during the gestational period, at least one record of nutritional monitoring and food consumption markers⁽¹⁵⁾.

Therefore, for collection of data that could be used in the BHU to perform the Food and Nutrition Surveillance of the two groups, some strategies were presented, such as: during the prenatal and childcare consultations, in the vaccination, in the actions under the School Health Program (*Programa Saúde na Escola*), and in the activities of the Community Health Worker, whose importance in family health was highlighted, since they represent the bridge between the health service and the user, and maintain the opposite flow between population and health information⁽¹⁶⁾, and can act in the sensitization of families regarding the need to attend the BHU to perform nutritional monitoring.

The professionals also received guidance on the correct completion of SISVAN forms in order to obtain reliable data. At that time, it was proposed that data entry in the SISVAN Web be performed in the very BHU, given the lack of typists in the Municipal Health Secretariat. To do so, the nurses were advised on the procedures that should be observed when feeding the system, accessing the SISVAN forms, and generating reports on the nutritional status of the population under their monitoring. The objective of the proposal is to render the BHU autonomous, so that the team itself collects and types the data and still has access to the results, which may motivate them to continue this activity. It was discussed that the typing could be carried out monthly and the team members could take turns doing this work, from an internal organization.

At the opportunity, the nurses reported the importance of having the nutrition professional in the composition of the ESF teams, collaborating in the activities related to nutrition education, as well as in the guidelines and interventions necessary to

the food and nutritional situation of the population. Thus, it is considered that the performance of the nutritionist in primary care, specifically in the ESF team, is necessary for the resolution of food problems and prevention of diseases caused by food insecurity⁽¹⁷⁾.

As limitations of the practice carried out, one can cite the difficulty in systematizing the meetings with the teams to carry out this work, resulting from the different demands for activities in the UBS; the difficulty in operationalizing computer systems, which is due, in part, to the fact that some people are not digitally included; and the high turnover of professionals in the teams.

CONCLUSION

By the end of the proposed work, the professionals' interest in making the SISVAN active was observed, even with the several activities developed in the unit. This fact was also reported by the nutritionist of the service, who verified that, once the training was completed, there was a more efficient data logging into SISVAN by some teams.

Greater organization in the work process of the groups is suggested, as the activities are distributed between the practice, within the community, and the administrative activities developed internally, given that, in this way, it will be possible to contemplate the accomplishment of all activities, including the Food and Nutrition Surveillance.

It is recommended that the updating and training process of the ESF teams be intensified and continuous, because of the high turnover of professionals. For this, it is essential that dialogic strategies be adopted in these actions, so that professionals feel heard and valued by sharing their experiences, problems and suggestions. Only a permanent training process can provide the professionals' adherence to carrying out activities, as well as to the continuity of SISVAN.

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