School Health Program: interdisciplinarity and intersectoriality

Programa Saúde na Escola: interdisciplinaridade e intersetorialidade

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Abstract: This article presents the basic concepts on interdisciplinarity and intersectoriality, demonstrating their common and dialectical definitions. It is based on the review of the literature based on author Alves-Mazzoti (2000), through the texts consulted in the database of CAPES, IBICT, SIBI/UFPA, SciELO, Google, and books. The text is organized into seven items, which are: 1. Introduction; 2. Interdisciplinarity; 3. Intersetoriality; 4. Dialectical actions between interdisciplinarity and intersectoriality; 5. A few experiences; 6. A few considerations; 7. References. Interdisciplinarity and intersectoriality require their implementation to be jointly made, which mobilizes a new model in social public policies. The challenges to bring together the education and health sectors are complex with regard to the perspective of complementarity in the promotion of public policies for the Brazilian population, with constant demands to be resolved and supplemented by using a joint management of these sectoral social policies, which must aim at universal, equitable and quality care.

Keywords: School Health Program. Interdisciplinarity. Intersetoriality.

Resumo: Este artigo apresenta os conceitos básicos sobre a interdisciplinaridade e a intersetorialidade, demonstrando suas definições comuns e dialéticas. Tem como base a revisão da literatura balizada na autora Alves-Mazzoti (2000), por intermédio dos textos consultados no banco de dados da CAPES, IBICT, SIBI/UFPA, SciELO, Google e livros. O texto está organizado em sete itens, os quais são: 1. Introdução; 2. Da interdisciplinaridade; 3. Da intersetorialidade; 4. Das ações dialéticas entre a interdisciplinaridade e a intersetorialidade; 5. Alguns experiências; 6. Alguns considerações; 7. Referências. A interdisciplinaridade e a intersetorialidade exigem que sua implementação se dé de forma conjunta, o que mobiliza um novo modelo nas políticas públicas sociais. Os desafios para integralizar os setores da educação e da saúde são complexos, no que se refere à perspectiva de complementariedade na promoção das políticas públicas para a população do país, com demandas constantes a serem resolvidas e complementadas, valendo-se de uma gestão conjunta dessas políticas sociais setoriais que devem visar o atendimento universal, equitativo e de qualidade.

Introduction

In the 1980s, with the National Constituent Assembly held in 1986, which was consolidated by the approval of the 1988 Federal Constitution (CF/88), considered the citizen’s Magna Carta, bringing in its outline the guidelines demanded by organized civil society that we mention here as public social policies, such as education, health, social security, employment, sanitation, housing and land structure, of which we highlight the first and the second as part of this study (BRASIL, 1988).

As a result of this constituent context, other legislative reforms emerged in Brazil that entered the 1990s; in this article we will give more prominence to the laws that are directly linked to the education and health portfolios, which bring in their drafts Law No. 8069 of July 13, 1990, which “provides for the Statute of the Child and Adolescent and makes other provisions”; Law N° Law No. 8,080 of September 19, 1990, which “provides for conditions for the promotion, protection and recovery of health, the organization and operation of the corresponding services”, better known as the Organic Health Law; Law N° 9,394 of December 20, 1996, which “establishes the Guidelines and Bases of National Education”.

Achievements of social rights guaranteed in the CF/88, as well as the consecration of democratic principles for public education policies and the consolidation guaranteed for civil society participation in diversified sectors, generated the possibilities and legal instruments for strengthening the autonomy of school units for the promotion of education in a democratic and rights environment, having as a mechanism the participation of the school and local community in the definition of decentralized educational policy. In this context, a series of projects and programs were instituted aiming at improving the quality of school educational action.

In the context of the Lula Administration (2003-2006/2007-2010) and with the validity of the Education Development Plan/2007 (PDE/MEC), the Plan of Articulated Actions (PAR) was created by Decree n° 6.094, of April 24th, 2007, which “provides for the implementation of the Plan of All for Education Commitment Goals, by the Federal Union, in collaboration with Municipalities, Federal District and States, and the participation of families and the community”. Presenting itself as a diagnostic and planning support tool for educational public policies, designed to structure and manage the goals decided in a strategic manner, collaborating to the constitution of a National Education System (BRASIL, 2007).

The 2nd Art. of the PAR, which deals with the guidelines of the collaboration regime (Union, Municipalities, Federal District and States), presents in directive XXIV the following text: "integrate programs in the area of education with those of other areas such as health, sports, social assistance, culture, among others, with a view to
strengthening the identity of the student with his school". With this, it sought to promote the integration of the various social sectors with the school in order to improve access to school life (BRASIL, 2007). In this context, according to Barbieri and Noma (2017, p. 138):

Especially since the year 2000, intersectoral actions have occupied part of the regular school time of children and adolescents. Among the programs of Luiz Inácio Lula da Silva and Dilma Rousseff's governments that involve education and share the intersectoral paradigm, we can highlight, besides the Health in School Program, the Program for the Eradication of Child Labor (PETI), the Program for Youth Agents of Social and Human Development, the Sports and Leisure in the City Program (PELC), the Bolsa Família Program (PBF), the More Education Program, the Crack Program, it is possible to win and the Brazil Without Misery Program.¹

There is a principle that has guided these programs, which is the concept of intersectoriality. According to Junqueira, Inojosa and Komatsu (2007, p. 24), this concept is “the articulation of knowledge and experiences in planning, carrying out and evaluating actions, with the objective of achieving integrated results in complex situations, aiming at a synergic effect on social development”². According to Góis (2013, p. 129), intersectorality “is understood as a form of reflection and socio-institutional practice that privileges the construction and exchange of collective knowledge between institutions involved in a given action”³. The authors share same conceptual perspective on intersectoriality, both aim at the dialogue of collective knowledge as primordial in the construction of actions to be instituted in social policies. This concept will be explored further in a specific item.

It is understandable that this debate led to the creation of the Health at School Program (PSE), which has decentralization and intersectoriality as part of the guidelines for this policy's staff, which involves the Ministry of Education (MEC) jointly with the Ministry of Health (MS). The program was instituted in 2007, through the Presidential Decree nº 6.286, of December 5th. In the PSE, school health policies are aimed at the target public, which are children, adolescents, young people and adults in Brazilian public basic education and, in this sense, the two portfolios join forces for the promotion of health and full education of students in the Public Basic Education Network (MS, 2007).

Cury (2019, p. 106) states that “children in proper health, nutrition and protection are often eager to learn and experience new things”⁴. Faced with this statement of the author, the PSE becomes an important link between the School Unit and the Family Health Unit as promoters of knowledge for the integral human development (physical, psychological, social and cultural) of children and adolescents in basic education.
According to MEC, the program aims at the permanent articulated integration of education and health, promoting the quality of life of the Brazilian population at school age, which arose from the question: “How to consolidate this attitude within schools?” This questioning guided the elaboration of the methodological process of the “Education and Health Agenda, to be executed as didactic projects in Schools” (MEC, 2007).

In this article, we will focus on two basic concepts (decentralization and intersectoriality), which are contained in Art. 3o, § 1o, which discusses the guidelines for implementing the program:

I - decentralization and respect for federative autonomy;
II - integration and articulation of public education and health networks;
III - territoriality;
IV - interdisciplinarity and intersectoriality;
V - integrality;
VI - care over time;
VII - social control; and
VIII - permanent monitoring and evaluation (BRASIL, 2007).

As we can see, the guidelines also point to another form of organization of Brazilian politics and this articulation is given by the need for an interface between the area of education and health, the promotion of decentralized and intersectoral actions, calls for social control and calls attention to the process of constant monitoring of politics through the participation of subjects.

Given the aspects described above, we express in this paper our intention to point out the basic conceptual elements on interdisciplinarity and intersectoriality, its dialectic actions and a few experiences in the health and education sectors.

After defining our objective, we had as a basis the literature review, which we have based on the author Alves-Mazzoti (2000, p. 26), who refers to the importance in the quality of the literary review, since it has the objective of “illuminating the path to be followed by the researcher, from the definition of the problem to the interpretation of the results” (IBICT, the Federal University of Pará Library, SciELO, Google and books with the following descriptors: Interdisciplinarity, Intersectoriality, Health at School Program.

As a result, the literature review referred us to the basis of theoretical and conceptual contributions in the light of the authors, such as: Junqueira (1997; 2000),

Our article is organized in seven items, of which they are: 1 Introduction – which brings a synthetic context of Brazilian social policies, the objective and the method; 2 Interdisciplinarity – which brings the concept of this element; 3 Intersetoriality – which expresses the concept of this element; 4 Dialectic actions between interdisciplinarity and intersectoriality – bringing the dialogue between the two terms; 5 A few experiences in the Brazilian context – which brings a synthesis of some programs that work with the two terms; 6 A few considerations – which synthesizes our understanding of the two terms interdisciplinarity and intersectoriality and 7 References – which explains the authors we studied.

Interdisciplinary

In Decree nº 6.286/2007, Art. 3o, § 1o, as expressed in our introduction, eight guidelines of the Health at School Program are specified, however in this study we made a cutout to address the two conceptual elements of guideline four, which refers to Interdisciplinarity and Intersectoriality. In this item, we start with the elementary concepts of the first term. According to Pereira (2014, p. 23-39), interdisciplinarity,

It arose from the awareness of a state of need in the field of knowledge, guided by the exaggerated increase in specializations and the speed of autonomous development of each one of them”. He also states that it is “a new way to face the distribution of disciplinary knowledge and to go deeper and further in analysis, provided that the specializations produce consistent content”.

And According to Thiesen (2008), interdisciplinarity,

Both in its epistemological and pedagogical dimension, it is supported by a set of theoretical principles formulated mainly by authors who critically analyze the positivist model of science and seek to rescue the character of the totality of knowledge. Theoretical approaches constructed from the perspective of dialectics, phenomenology, hermeneutics and the systemic paradigm are formulations that support this movement producing profound changes in the world of sciences in general and education in particular.

In this sense, methodologically, changes in the reflection and action of humanity are stimulated in several fundamentals. Seeking, little by little, a character of reciprocity and living participation between facts and actions, in order to rescue the idea of a real scenario, making explicit that our existence of life is in a complex context,
lived in a network or web of exchanges and recovering theories that all terms and elements are interconnected or around each other. The author also states that,

It is a movement that believes in the creativity of people, in the complementarity of processes, in the integrity of relationships, in dialogue, in problematization, in a critical attitude and reflexive, enfim, in an articulate vision that breaks with disciplinary thinking, piecemeal, hierarchical, fragmented, dichotomized and dogmatized that marked for a long time the Cartesian conception of the world (THIESEN, 2008, p. 552).

Therefore, it is a considerable action for the interface between teaching and learning. Since it can be understood as a theoretical formula and adopted as a custom, it presents the potential to collaborate with the teaching staff of school units in the resignification organization of pedagogical work in relation to the curricular component, methodological procedures, content levels, evaluation mechanisms and reorganizations and reforms of environments for the teaching and learning process. In this sense, we must cite five terms relevant to our study, in view of the dialectic action between them, which are: intersectoriality, interdisciplinarity, multidisciplinarity and transdisciplinarity.

In virtue of this, we brought Pereira (2014, p. 23-39) to start our discussion for the second term proposed by the author, which is interdisciplinarity, bearing in mind that the first, intersectoriality, will be better understood at the end of the concepts brought by the author. Thus, interdisciplinarity “arose from the awareness of a state of deficiency in the field of knowledge, catalyzed by the exaggerated increase in specializations and the speed of autonomous development of each one of them”. It is also “a new way to face the distribution of disciplinary knowledge and to go deeper and further in analysis, as long as the specializations produce consistent content”.

Our third term is transdisciplinarity, which is the “set of disciplines or specialized branches of knowledge that are aggregated around a theme, a problem or a common objective, but are not interpreted”. The fourth term is multidisciplinarity, which welcomes,

[...] with the same form of disciplinary grouping observed in the multi, with a difference: There is, in this one, “juxtaposition of several disciplines generally located at the same hierarchical level and grouped in such a way as to make the existing relationships between them appear” (MENEZES, 2010).

Our fifth term is transdisciplinarity, which was “conceived from Piaget to mean a superior stage of disciplinary relations, composing a total system without frontiers of knowledge, is an ambitious proposal, difficult to achieve”. For this reason, it is “a total system, of multiple levels and objectives, coordinating all disciplines, based on a general axiom”.
Intersetoriality

We will conceptualize our second elementary term (intersectoriality), which for Junqueira (1997) has in its characteristics the interface of knowledge and practices in integrated planning, execution and analysis of actions, in view of the objectives proposed in the implementation of necessary moments, with a view to a collaborative outcome for the integral development of society.

The intersectoriality of the PES is situated in shared and co-responsible actions. The articulations between the sectorial areas of public education, health and other social policy systems are through Intersectorial Working Groups (IWG), which involve federal, state and municipal entities and are responsible for financing and maintaining institutional policies of health and education teams in the implementation of actions, as well as for planning, monitoring and evaluation of the program (BRASIL, 2012, p 75-76).

To Inojosa (1998, p. 47), the intersectoriality “aims to introduce participatory and integrated planning and evaluation practices, information sharing and permeability to social control”¹², which, greeting Junqueira (2000, p. 42), concludes that the policy, [... is a concept that should inform a new way of planning, executing and controlling the provision of services, to ensure equal access for the unequal. This means changing every form of articulation of the various segments of the government organization and their interests¹³.

Faced with this inference of the author, the need for transformation in the logic of the power of government agencies and interests that are in constant dispute in the arena of corporate policies is clear. In the concept of Ferreira (2009, p. 21), this policy, [... is an invitation to recognize capacities, knowledge and also to expand the construction, today, of educational strategies whose results can have synergy. In this way, we will be gradually expanding the enjoyment of the rights of Brazilian children and adolescents¹⁴.

According to the explicit invitation, it is an important call to dispose of our competences, our abilities, our wisdom to contribute to the consolidation of synergistic ways to guarantee the social rights expressed in our legislation. In the same understanding, Nascimento (2010, p. 96) states that the policy aims at effectiveness through articulation between government institutions and between these and civil society.

From the point of view of Santos and Dias (2012, p. 121), and still converging with the authors cited above, the intersectoriality seeks to,
In its study, five notions about intersectoriality in the execution of public policies that deserve highlighting: involvement of different sectors, praxis in a context with real territoriality, political articulation in public management, optimization of resources and networking. According to Silva (2019, p. 29), this policy is the articulated interaction between sectors and institutions that share their projects and desires, from the definition of objects, activities, resources, processes and results. It allows the exchange of knowledge between sectors and the production of new knowledge.

The author reinforces some ideas already brought by other authors, such as articulated interaction between sectors, sharing action plans, reinforcing the exchange of sectorial knowledge and adding the formatting of other social understandings.

Due to these ideas cited by the authors and authors, one can see that the process of intersectoral public policies is not simple, but we can also state that it is not impossible to be carried out, considering that there is a conscious commitment in the perspective of pursuing it in virtue of the importance given to the public.

Through these basic concepts on the most significant theoretical aspects to Intersectorial Public Policies in Brazil, important studies on the interfaces involving social policies emerge, and thus we perceive their most concrete definitions in publications indexed since the 1990s.
The dialectic action between interdisciplinarity and intersectoriality

In the sense, in view of the dialectic action between the intersectoriality and interdisciplinarity terms, we brought Pereira (2014, p. 23-39), who

[...] affirms the need to problematize the relationship between intersectoriality and interdisciplinarity as a comprehensive key to the historical processes of apprehension and confrontation of the living conditions and needs of citizens in their relationship with the State, through the mediation of social policies.\(^{20}\)

In this line of reasoning, the author analyzes the dialectic role in the dialogic and integrative establishment in the planning of these two terms, taking into consideration the sectorial edification and seeking the complexity of the societal procedures in its context; let us see the dialectic relationship of interdisciplinarity and intersectoriality, which consists in:

[...] the parts that constitute each other; are organically linked; depend and condition reciprocally; conditions of existence and of their environment; unitary or total; reciprocity and contradiction; dialectical totality provided by the dynamic and interdependent relationship between parts; composed at the same time; and, reciprocal and antagonistic attitudes (PEREIRA 2014, p. 23-39).\(^{21}\)

Lastly, but not to conclude, the author states that “intersectoriality is not a technical, administrative or simply good management practice strategy” (PEREIRA, 2014, p. 37). Instead, it is an eminently political process and, therefore, alive and conflicting.

Some experiences in the Brazilian context

In the Brazilian scenario, diversified programs have emerged as intersectorial public policies, among which the sectors that stand out most assiduously are Collective Health and Administration. However, the programs are present in Education, Social Assistance, among others. In the area of Collective Health, according to the MS (1997), we have the following frequencies:

- The Community Health Agents Program, implemented in the late 1980's: the team is composed by Community Health Agents (ACS) and coordinated by a nurse (for every 30 ACS), with the objective of seeking alternatives to improve the health conditions of the communities, with an important role in the reception for being a member of the health team and at the same time being part of the community, since one of the criteria to be this professional is to reside in his or her area of work;
- The Saúde da Família Program, created in 1994, composed of a multiprofessional team with at least one doctor, one nurse, one nurse technician, six Community Health Agents according to the population, which aims at the qualitative promotion of life with intervention in the factors that put at risk the health of the Brazilian population and is the gateway to the Single Health System (SUS) in the country;

- The Brasil Sorridente Program, created in 2004, is part of the National Oral Health Policy, with a minimum team composed of a dentist and an oral health technician, foreseeing a series of actions with the communities in order to expand the access to dental services offered at SUS;

- The Family Health Support Center, created in 2008, with a minimum multiprofessional team working in an integrated manner with the primary care teams, Family Health, among others, with the objective of supporting the consolidation and expansion in the offer of health services among the networks;

- The Academia da Saúde Program, created in 2011, with a minimum multiprofessional and interdisciplinary team with qualified professionals, which aims to promote body practices and physical activities, promotion of healthy eating, health education, among others;

- The Saúde na Escola Program, established in 2007, which is an intersectoral policy of the sectors of education with health, whose objective is the promotion of health and comprehensive education of students in the public school network.

It should be emphasized that these are the national health policy programs linked to the Ministry of Health that are more present in the sectors of social policies in the local territorial context of the communities and their sectors. The latter will be further explored in this research as it is our object of study.

In the Administration area, the following experiences have emerged:

- The Brasil Sem Miséria Program, created in 2011, with the objective of lifting 16.2 million people living on less than R$70.00 per month out of extreme poverty;

- The Fome Zero Program, created in 1976, in force only since 1990, with the objective of formulating public policies with planning, monitoring and evaluation of social programs related to food and nutrition;

- The Public Management of the city of Fortaleza, started in October 1996, which according to Junqueira, Inojosa and Komatsu (1997, p. 1) “seeks to promote the change from the paradigm of bureaucratic management to a model of public management”\(^\text{23}\).
In the area of Education several ideas emerge in schools, and one of them is the citizen school, which emerged in the 1990s from a concept created by Paulo Freire, which aimed at preparing children to make decisions. Thus, according to the authors Linhares and Leal (2014), several experiences arose in the Brazilian educational context, such as the Citizen School, implemented in São Paulo, under the Erundina government, conducted by Freire, who was municipal secretary of education, the Plural School in Belo Horizonte, the Citizen School in Porto Alegre, the Cabana School in Pará, among others that guided the Neighborhood School in Nova Iguaçu (p. 270-271). In addition, we bring some programs as experiences:

- The Mais Educação Program, instituted in 2007, with the objective of inducing the construction of an integral education agenda in state and municipal education networks that extends the school day in public schools to a minimum of seven hours per day;

- In the area of Social Assistance, are the following:

  - The Bolsa Família Program, instituted in 2003 through a provisional measure, converted into law in 2004, aims to guarantee beneficiary families the right to food and access to education and health;

  - The Program for Monitoring Access and Permanence at School for People with Disabilities, created in 2007, with the objective of promoting the improvement of the quality of life and dignity of people with disabilities who would benefit from the Continuous Cash Benefit to guarantee access to and permanence at school, with monitoring of studies between the three spheres of government, municipal, state and federal, through policies in the sectors of education, health, social assistance and human rights (BRASIL, 2007, p. 1);

  - The Program for the Eradication of Child Labor, started in 1996, with the aim of combating child labor;

  - The Program Integral Family Care, constituted in 2004, with the purpose of strengthening the protective function of the family, with prevention in the rupture of its links with the promotion of access and enjoyment of its rights and contribution to the improvement of quality of life.

To Menezes and Diniz Junior (2018 apud PANTEMAN, 1992, p. 84),

[...] policies that emerge from local intersectoral action have a significant probability of consolidation, since their origin lies in their own specific needs, in addition to already being the result of internal disputes. Thus, an intersectoral policy constituted on the spot and for the local, considering its specificities, potentialities and space for participation, also articulates educational spaces that make...
learning possible for the acquisition of democratic procedures. Thus, it is inferred that the intersectorality associated with the Mais Educação Program can fulfill such educational role in the context of public management.

Finally, we emphasize that the authors mention some successful experiences in the context of Brazilian public policies, that with the appropriate reforms based on decentralization, autonomy for the liberation of neoliberal and neoconcerting policies we can move towards inclusive policies of access, permanence, success and socially referenced.

In the next item we will discuss some considerations about intersectoriality, which is the object of treatment in this phase of this study, since it is the foundation called for the institutionalization of integrated policies between health and education, our object of study.

Considerations

Throughout these basic concepts on the most significant theoretical aspects of Intersectorial Public Policies in the Brazilian Context, significant studies on the interfaces involving social policies emerge, and thus we perceive their most concrete definitions in publications indexed since the 1990s.

The challenges posed to the integration of education and health are complex, concerning the perspective of complementarity in promoting public policies to the country's population, with constant demands to be solved and supplemented, making use of a joint management of these sectorial social policies, which should aim at universal, equitable and quality care.

We also emphasize that policies alone do not become guidelines and executed actions, since the participation of organized civil society is fundamental, considering that historically they have been concretizing and consolidating policies through struggles, in the opposite direction of neoliberalism and neoconservatism. No policy is given, they are expressed in documents approved by the legislature and ratified by the state executive, however, in their feasibility, it is almost always the transfer of responsibility from the state to society. In this bias, it is necessary to ensure that policies reflect the truthfulness of society's real demands, while being influenced by the proposals of dominant groups, which, in fact, have the intention of holding the community accountable for the failure and error imposed upon it.
References


2 “[...] a articulação de saberes e experiências no planejamento, na realização e avaliação de ações, com o objetivo de alcançar resultados integrados em situações complexas, visando um efeito sinérgico no desenvolvimento social” (JUNQUEIRA; INOJOSA; KOMATSU, 2007, p. 24).

3 “[...] é entendida como uma forma de reflexão e de prática socioinstitucional que privilegia a construção e troca de saberes coletivos entre instituições envolvidas em uma dada ação” (GÓIS, 2013, p. 129).

4 “as crianças em condições adequadas de saúde, alimentação e proteção estão frequentemente ansiosas para aprender e experimentar coisas novas” (CURY, 2019, p. 106).

5 – descentralização e respeito à autonomia federativa; II – integração e articulação das redes públicas de ensino e de saúde; III – territorialidade; IV – interdisciplinaridade e intersetorialidade; V – integralidade; VI – cuidado ao longo do tempo; VII – controle social; e VIII – monitoramento e avaliação permanentes (BRASIL. 2007).

6 “iluminar o caminho a ser trilhado pelo pesquisador, desde a definição do problema até a interpretação dos resultados” (ALVES-MAZZOTTI, 2000, p. 26).

7 “surgiu da consciência de um estado de carência no campo do conhecimento, pautado pelo aumento exagerado das especializações e pela rapidez do desenvolvimento autônomo de cada uma delas”. Afirma ainda que é “uma nova maneira de encarar a repartição dos saberes disciplinares e ir mais a fundo e mais longe na análise, desde que as especializações produzam conteúdo consistente” (PEREIRA, 2014, P. 23-39).

8 “tanto em sua dimensão epistemológica quanto pedagógica, está sustentada por um conjunto de princípios teóricos formulados sobretudo por autores que analisam criticamente o modelo positivista das ciências e buscam resgatar o caráter de totalidade do conhecimento. Abordagens teóricas construídas pela ótica da dialética, da fenomenologia, da hermenêutica e do paradigma sistêmico são formulações que sustentam esse movimento produzindo mudanças profundas no mundo das ciências em geral e da educação em particular” (THIESEN, 2008).
É um movimento que acredita na criatividade das pessoas, na complementaridade dos processos, na inteireza das relações, no diálogo, na problematização, na atitude crítica e reflexiva; enfim, numa visão articulada que rompe com o pensamento disciplinar, parcelado, hierárquico, fragmentado, dicotomizado e dogmatizado que marcou por muito tempo a concepção cartesiana de mundo (THIESEN, 2008, p. 552).

"[...] surgiu da consciência de um estado de carência no campo do conhecimento, caudado pelo aumento exagerado das especializações e pala rapidez do desenvolvimento autônomo de cada uma delas. [...] uma nova maneira de encarar a repartição dos saberes disciplinares e ir mais a fundo e mais longe na análise, desde que as especializações produzam conteúdo consistente" (PEREIRA, 2014, p. 23-39).

"[...] com a mesma forma de agrupamento disciplinar observada na multi, com uma diferença: Há nesta "justaposição de diversas disciplinas situadas geralmente no mesmo nível hierárquico e agrupados de modo a fazer parecer às relações existentes entre elas" (MENEZES, 2010).

"[...] visa introduzir práticas de planejamento e avaliação participativas e integradas, o compartilhamento de informações e a permeabilização ao controle social" (INOJOSA, 1998, p. 47).

"[...] constitui uma concepção que deve informar uma nova maneira de planejar, executar e controlar a prestação de serviços, para garantir um acesso igual dos desiguais. Isso significa alterar toda forma de articulação dos diversos segmentos da organização governamental e de seus interesses" (JUNQUEIRA, 2000, p. 42).

"[...] é um convite para reconhecimento de capacidades, de saberes e também de ampliação da construção, hoje, de estratégias educativas cujos resultados possam ter sinergia. Desse modo, estaremos gradativamente ampliando o usufruto de direitos das crianças e adolescentes brasileiros" (FERREIRA, 2009, p. 21).

"[...] a convergência e a integração das políticas públicas municipais e ainda estabelecer uma aliança com diversos setores e instituições da sociedade para ofertar uma educação que reconhecesse e abarcasse a integralidade das crianças e adolescentes atendidos nas escolas da rede municipal de ensino" (SANTOS; DIAS, 2012, p. 121).

"enfrentamento de problemas sociais complexos que ultrapassem a alçada de um só setor de governo ou área de política pública" (MONNEREAT; SOUSA, 2014, p. 42).

"planejamento integrado e articulado, bem como integração de agendas intersetoriais distintas" (BARBIERI; NOMA, 2017, p. 140).

"[...] os sentidos mais frequentes atribuídos à intersetorialidade, são os de complementaridade de setores; de práticas integradas; de articulação política na gestão pública; de otimização de recursos e/ou de trabalho com redes, sendo limitado o número de estudos que problematizamos esta categoria sob sua dimensão política" (TUMERELO, 2018, p. 227).

"[...] interação articulada entre setores e instituições que compartilham seus projetos e desejos, desde a definição dos objetos, atividade, recursos, processos e resultados. Permite a troca de saberes entre setores e a produção de novos conhecimentos" (SILVA, 2019, p. 29).

"[...] afirma a necessidade de problematização da relação entre intersetorialidade e interdisciplinaridade como chave compreensiva dos processos históricos de apreensão e enfrentamento das condições de vida e necessidades do cidadão na sua relação com o Estado, a partir da mediação das políticas sociais" (PEREIRA, 2014, p. 23-39).

"[...] as partes que se constituem: ligam-se organicamente; dependem e condiciona-se reciprocamente; condições de existência e do seu meio; unitária ou total; reciprocidade e a contradição; totalidade dialética proporcionada pela relação dinâmica e interdependente entre partes; composta ao mesmo tempo; e, atitudes recíprocas e antagonicas" (PEREIRA 2014, p. 23-39).

"a intersetorialidade não é uma estratégia técnica, administrativa ou simplesmente de boa prática gerencial" (PEREIRA, 2014, p. 37).

"busca promover a mudança do paradigma da gestão burocrática para um modelo de gerência pública" ([NOJOSA; KOMATSU, 1997, p. 1).

"[...] as políticas que emergem de uma ação intersetorial local apresentam significativa probabilidade de se consolidarem, uma vez que sua origem reside em necessidades específicas próprias, além de já se constituírem em resultado de disputas internas. Tem-se assim, uma política intersetorial constituída no local e para o local, considerando suas especificidades, potencialidades e espaços de participação, articula também espaços educativos que possibilitam aprendizagens para a aquisição de procedimentos democráticos. Infere-se, assim, que a intersetorialidade associada ao PME pode cumprir tal papel educativo no contexto da gestão pública (MENEZES; DINIZ JUNIOR, 2018 apud PANTEMAN, 1992, p. 84)."