ANALYSIS OF THE PROJECT HEALTH AND PREVENTION AT SCHOOLS: CONTRIBUTIONS TO INTERSECTORAL MANAGEMENT

ANÁLISE DO PROJETO SAÚDE E PREVENÇÃO NAS ESCOLAS: CONTRIBUIÇÕES À GESTÃO INTERSECTORIAL

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ABSTRACT

Objectives: to describe, from its implementation, the project Health and Prevention at Schools, in Marília, São Paulo, Brazil, and to analyze the organizational, structural, operational, and dynamic aspects of the work done, with a view to obtaining grants for its intersectoral management. Method: qualitative study, with data produced through direct observation, documentary analysis, and semi-structured interviews with 31 health and education professionals and students. We applied the content analysis technique, in its thematic modality. The study was approved by the Research Ethics Committee of the School of Medicine of Botucatu, of the São Paulo State University (UNESP), under the Protocol 4,041/2011. Results: despite the difficulties, the project in focus has complied with its objectives, establishing itself as a fruitful intersectoral initiative, however, there is no systematic evaluation of its actions. Conclusion: to consolidate and expand intersectoral actions, especially those with an evaluative design, there is a need to strengthen relations between the sectors involved, parents and the community, as well as greater participation of students at the various times and spaces where they take place. Descritores: Evaluation of Health Programs and Projects; Health Promotion; Intersectorial Action; Adolescent.

RESUMO

Objetivos: descrever, desde sua implantação, o projeto Saúde e Prevenção nas Escolas, em Marília (SP), e analisar os aspectos organizacionais, estruturais, operacionais e de dinâmica do trabalho realizado, com vistas a obter subsídios para sua gestão intersectorial. Método: estudo qualitativo, com dados produzidos por observação direta, análise documental e entrevistas semi-estruturadas com 31 profissionais da saúde e educação e estudantes. Empregou-se a técnica de análise de conteúdo, na modalidade temática. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da Faculdade de Medicina de Botucatu, da Universidade Estadual Paulista (Unesp), sob o protocolo n. 4.041/2011. Resultados: apesar de suas dificuldades, o projeto ao foco tem cumprido seus objetivos, consolidando-se como profícuo iniciativa intersectorial, porém, sem avaliação sistemática de suas ações. Conclusão: para consolidar e ampliar ações intersectoriais, especialmente as avaliativas, faz-se necessário estreitar as relações entre os setores envolvidos, país e comunidade, bem como maior participação dos estudantes nos diferentes momentos e espaços de sua ocorrência. Descritores: Avaliação de Programas e Projetos De Saúde; Promoção da Saúde; Ação Intersetorial; Adolescente.
INTRODUCTION

The Program Health at School (PHS) is an intersectoral policy of the Brazilian Ministry of Health (MOH) and Ministry of Education (MEC) established by means of the Presidential Decree 6,286, in 2007, with the purpose of improving the quality of life of children, adolescents, and adults, by proposing policies and actions to be undertaken by the sectors of health and education in the school environment. This program consists of five components that include: assessing the health status of children, adolescents, and young adults within public schools; promoting health and taking actions to prevent health problems; continuing education of education and health professionals, with training for adolescents and young adults and monitoring and assessment of students’ health and the program actions themselves.¹

PHS should be extended to students of all schools of elementary public education in Brazil, at the state and municipal levels. Since 2013, day care centers may be included into PHS (also those serving health insurance clients), pre-schools, Elementary School, High School, and Education for Young People and Adults.²

For managing PHS, there should be institutionalization of an Intersectoral Working Group (IWG): at the federal, state, and municipal levels, and each of them has its skills and relate, from the perspective of institutional support, for planning, monitoring, and assessment of PHS actions, providing means to the formulation of proposals for continuing education of health professionals and primary education professionals to deploy these actions. It is noteworthy that, in 2011, the Consent Term of PHS was established, which provides for the signing of minimum coverage targets to be achieved by the municipal secretaries of health and education.³ Project proposition, as well as the agreement and monitoring of actions, thereafter, shall be conducted under the responsibility of a municipal IWG (IWG-M), by means of a computerized system.¹³

As part of PHS in 2007, the Brazilian government proposed the deployment of the project Health and Prevention at Schools (HPS), with a view to encourage intersectoral actions specifically aimed at health promotion and prevention of health problems frequently observed among adolescents and young adults.¹³ ⁵ Regarding this project, currently, key actions to be undertaken have been planned: education for sexual health, reproductive health, and prevention of sexually transmitted diseases (STDs)/AIDS, as well as prevention of alcohol and tobacco use, among other drugs.¹²

In relation to intersectoral actions, such as those proposed by PHS, it is recommended that there is a management rationale going beyond a single sector of social policy, establishing a certain policy strategy to interconnect different and specialized social sectors involved with them.⁹ From this perspective, intersectionality, besides being a guiding principle or paradigm, means going beyond the sectoral scope translated as connection of knowledge and experiences, which comprises managerial procedures of public authorities as a response to issues of public interest. Thus, intersectionality constitutes a strategic tool for optimizing knowledge, skills, and synergistic relations, towards a common goal and shared social practice, which requires research, planning, and assessment to take joint actions.⁷

It is proposed that with the project HPS, by connecting knowledge and practices from the health and education sectors, adolescents have the opportunity to receive appropriate information, in order to take appropriate decisions in face of the various situations inherent to this growth and development phase, so that these situations cause no harm to their health or radical changes in their lives, depriving them from continuing their studies or interfering with their transition to the adult phase.³

Since its official proposition, the project HPS has been deployed in various locations of the national territory.⁵ In Marília, São Paulo, a town in the countryside of the state, this project began in 2007, with the proposal of the Municipal Health Department (MHD) to become partner of the Board of Education in the Region of Marília (BERM) in its development. Six state schools were chosen as pilot spaces of the project in the town, and the initial objectives were:

- Promoting public policies aimed at sexual and reproductive health in the school environment along with the health network and society.
- Encouraging the participation of adolescents and young adults in the actions proposed.
- Implementing continuing education actions among educators and health professionals involved.
- Reducing the incidence of unplanned pregnancy among adolescents and the consequent school dropout.
Promoting inclusive actions at school and health services and ensuring that adolescents participate in social control. After a few years of its implementation, the project HPS in Marilia has undergone several changes in its structure and operation, and there is a need to study further its development, with a view to obtaining grants to contribute to its management by IWG - M.

**OBJECTIVES**

- To describe, from its implementation, the development of the project Health and Prevention at Schools in Marilia.
- To analyze the organizational, structural, and operational aspects of the project Health and Prevention at Schools, as well as those involved in the inter-relation and dynamics of work, especially with regard to intersectionality.

**METHOD**

Article developed from the dissertation "Conceptions and experiences of education and health students and professionals on the project Health and Prevention at Schools," submitted to the Graduate Nursing Program of the School of Medicine of Botucatu of the São Paulo State University. Marília-SP. 2013.

This study was conducted in 2012, in Marilia. Data concerning the organizational, structural, and operational aspects were collected, at first, by direct observation of spaces and actions of HPS, documentary analysis, and application of a structured questionnaire to 7 members of IWG - M of Marilia, which were analyzed descriptively.

At a second moment, a qualitative research approach was adopted, which seeks to explore the meanings that people assign to their experiences in the world, and data on the work done were collected through semi-structured interviews that were recorded with the 7 members of IWG - M, 14 teachers, and 14 students from 7 state Elementary and High School facilities in the town in focus, totaling 31 respondents. The interviews were scheduled in advance and conducted individually, at a private place, with an average length of 30 minutes, recorded in MP3 devices at the work/study place of participants, at times which brought no harm to the progress of daily life activities. The interview scripts had 4 guiding questions:

For you, what is the purpose of the project HPS?

Point out benefits and difficulties to operate the project HPS, since its deployment (or the beginning of your participation).

In your opinion, what are the main contributions of the project HPS that has been conducted in Marilia?

What would you suggest for improving the project HPS in Marilia?

We applied the content analysis technique, in its thematic modality, to systematize data collected from interviews, which were fully transcribed, covering 3 steps: pre-analysis, material exploration, and interpretive phase.

The testimonies collected along with the 31 respondents were organized into 2 themes having 3 cores of meaning each, presented, with examples from speech excerpts related to letters representing the different categories of participants and serial number of interviews (Health/Education Professionals of the local IWG - M: GH/GE, 1 to 7; Education Professionals: E, 1 to 14; Students: S, 1 to 14).

The data set was analyzed according to the official documents related to the HPS and based on the current scientific literature on the theme intersectionality.

The study was approved by the Research Ethics Committee of the School of Medicine of Botucatu of the São Paulo State University (UNESP), under the Protocol 4,041/2011, and each research participant or her/his guardian, in the case of adolescents, signed the free and informed consent term, complying with the Resolution 196/1996 and the Resolution 466/2012, both from the National Health Council.

**RESULTS**

The deployment and development of the project HPS in Marilia, considering organizational, structural, and operational aspects, are presented below.

The Municipal Health Department of Marilia had access to the guidelines and objectives of the project HPS in April 2007, by means of materials sent by MOH. At this same time, aiming to, especially, stop the growing trend of HIV infection among adolescents and young adults in Marilia, those responsible for the Municipal STDS/AIDS and Hepatitis program, for the Center of Continuing Education, for the Municipal Coordination of Children’s Health, for the Pharmaceutical Assistance, and for the team of the Specialized Service Center/Testing and Counseling Center (SAE/CTA) became partners of BERM representatives to deploy the project HPS in the town, also with the involvement of professionals from some primary health centers (PHCs) that had state schools within the territory they cover.
During this work, according to information obtained from the current IWG - M, we identified and indicated some professionals from the STDS/AIDS program and educators to establish the initial IWG - M and to give continuity to actions. Subsequently, Faculdade de Medicina de Marília (FAMEMA) was included, so that the students from the courses of Medicine and Nursing could assist those students working as multipliers to take the actions planned at schools.

Marília was a town pointed out by MOH to operate HPS just in 2010\textsuperscript{12}, starting actions in 2011, but without receiving proper financial transfers by the state. This situation may be attributed to a communication failure between the state and municipal health departments, leading IWG - M to be aware of the indication only after the time stipulated by MOH for expressions of interest. Thus, there was no official inclusion of Marilia to PHS. In the following year, again, the town in focus was not indicated, because the only towns pointed out to renew the term and receive financial resources were those committed in the previous year that completed 70% of the agreed actions.

Although Marilia was not among the towns pointed out by MOH for joining PHS, the members of the current IWG - M reported that there was transfer from the Federal Government to BERM, for the course materials to be used during the planning of actions for HPS. Schools could also create and use resources developed by them to take actions. Therefore, the financial resources available to take actions of HPS have been derived from the Health Sector and BERM. In the case of Health, the Municipal Health Council (COMUS) has approved the use of funds from the STDS/AIDS program for developing HPS.

As for the physical structure, we found out that all locations related to the project HPS, from planning to where these actions took place in the school environment, had good lighting, ventilation, cleaning, and preserved assets, but some rooms that were used for actions in the school environment could not receive many students. In terms of material resources, generally, they were enough to the educational activities, however, few schools had a stock of condoms and they distributed this material following guidance by educators trained to do so. Sometimes, schools did not distribute condoms for fear that this provision was not accepted by parents and the community as a whole.

Regarding the people involved with the implementation and development of the project PRS, we found out that the professionals included into IWG - M had different backgrounds: educators, nurses, psychologists with expertise in different areas related to adolescence or themes that are worked out with this age group. Specifically, the health professionals were all members of the STDS/AIDS program, with experience in addressing themes such as sexuality, communicable diseases, and drugs.

From the organizational point of view, in order to fulfill the educational actions with adolescents, every school was asked to identify a problem situation, which would be the subject of an action plan by the students’ union, along with undergraduate students from FAMEMA. In parallel, this union was trained through workshops organized by health and education professionals, which consisted in 5 meetings, where themes such as pregnancy, sexuality, alcohol and drug use, and STDS/AIDS were addressed. In the end of the fifth meeting, some action that would be taken by the students’ union in its respective school was introduced. Initially, members of IWG - M had regular meetings to contribute to the preparation and deployment of actions at schools, but they became increasingly less frequent and, in 2012, this work started being monitored only by teachers and students from FAMEMA, and the themes were drawn for each school. This finding demonstrates the difficulty of the project HPS to keep its initial guidelines, something which can compromise the achievement of its objectives.

As for the evaluation of the project HPS in Marília, formal initiatives of deployed actions were not observed, only personal impressions of the research participants about some of its aspects and its impact on the target population were cited, in the end of workshops/meetings. In this regard, there were difficulties to search for data of actions to describe and systematize the process of deployment and development of the project HPS in Marília, since little has been done towards this aim, both by IWG - M, which has not established the routine of documenting and filing what was done by them, and by the schools, because many of the actions taken were also not documented. Indirectly, however, according to the testimonies of members of IWG - M, related to health, assessment of data available at CTA revealed that there was a considerable increase in the demand by adolescents under 18 years of age to undergo serology testing in this service, as well as in the distribution of condoms at the PHCs, opening up possibilities for a closer relation between adolescents and young...
adults and the health services and prevention materials offered by them.

In 2013, as previously mentioned, every Brazilian town could participate in PHS and Marilia has joined this program, including HPS. Currently, the IWG - M of HPS in Marilia remains consisting of municipal representatives of health and education, and they were also able to establish partnerships with some health areas for matrix support of actions, e.g. Oral Health, Family Health Support Center (NASF), Speech Therapy, SAE/CTA, Childhood Obesity Center (CAOIM), besides the support to other educational institutions, such as: UNESP and Universidade de Marília (Unimar).

Aspects of the inter-relation and work dynamics in the project HPS in Marilia

Data about the aspects of the inter-relation and work dynamics in the project HPS in Marilia were obtained from interviews are presented, in the sequel, by themes and their respective cores of meaning.

- Theme 1 - The project HPS shows up as an important intersectoral strategy for health education along with students at Elementary and High School education

The cores of meaning included into this theme relate directly to the property of taking actions aimed at adolescents’ health at schools, relying on the work not only of professionals at these institutions, but also on professionals from the health sector.

- This is a way to prevent health problems in adolescence in the school context itself

According to respondents, the project HPS aims to raise awareness and teach strategies for risk reduction and prevention of various health problems that occur in adolescence, turning them into people capable of taking care of their health and that of other individuals in the future. There were references to the importance of addressing health issues in the school environment, especially problems such as STDs/AIDS, early pregnancy, and drug use:

- [...] bring prevention along with students. Prevention concerning drug use, prevention against sexually transmitted diseases, bringing this knowledge so that they act responsibly in their lives. (GE7)
- It is to guide adolescents and warn them of the risks of drug use, pregnancy, and many others. And, in some cases that occur, address the best way possible! (S4)
- And I think that school is a place where you will educate the citizen, at least that is the goal. And, when he leaves here with this knowledge and as a citizen, he will work and improve out there, also in health issues. (E6)

- The partnership for education and health is crucial to the existence and continuity of the project

The statements obtained explicitly confirmed the needed partnership between the sectors of education, health, and others, so that the project HPS achieves its objectives:

- [...] because the school is like, a society, it is not only a person who does everything. There should be the cooperation of everyone when it is intended to do something for everyone. (S7)

We did not have any adolescent at health services! Unless he came with a complaint of illness, he hardly came for preventive activities. As a consequent gain of the project, there is an increased demand for HIV testing in the service, especially in CTA. We could already see the increased number of people under 18 years undergoing AIDS examination, since 2008. (GH5)

This work, this project has led to a strengthened bond between both work fields, which is education and health, making work intersectoral to solve adolescents’ problems. (GE4)

- The school and family contexts are not always favorable to developing the project HPS

Despite the positive points, the study participants identified various barriers to be overcome for the proper development of actions related to adolescents’ health at schools, in relation to the view of some educators on the ideas of the project HPS and the lack of understanding and support from some parents and relatives to fulfill such actions:

The view we have is that parents, even teachers themselves, feel that the school, teaching, the disciplines must address the basics… If you leave for a while what is traditional, you are not doing the right thing. [...] we hear comments such as: “Wow! The school is encouraging teenagers to sexual life”.

- Theme 2 - The project HPS needs to be extended and reviewed in different aspects

From the perspective to keep developing the project HPS in Marilia, respondents recognized that there is a need for improving their skills, and in the different cores of meaning associated with this theme, strengthening intersectoral actions, directly or indirectly, was a condition recalled as crucial.
There is a need for more people involved with the project HPS, including the community, parents, managers, and other professionals from various sectors.

Respondents mentioned that, to improve even further the project, there is a need for involving other teachers, health professionals, more schools, the community, family, managers, and other services:

My school, it was one of the schools, one of the few schools that did not have the attention of interns [students from FAMEMA]. This made it very difficult for us here at school. So, we really needed to have a [health] professional here with us... (E1) involving all sectors. Because the problem of prevention is not only a pedagogical issue of holding workshops, for instance, involves the issue of safety. It involves the issue of commitment of everyone. Both the school principal and the coordinator, the student, the family, the community itself... I think the issue of prevention, involving the community that lives there, along with school’s actions, is of paramount importance for us to be successful in our endeavor. (GE4)

We cannot neglect the education of those involved.

There were comments, at the same time, on the need for training and investment to educate the various professionals and the multiplier students involved, who often did not feel confident to address certain issues not deriving from their fields of knowledge and practice:

My area is not that! I am graduated in Portuguese and I am an educator. So, I get lost, talking very directly to you... Students from the union are not always prepared, because they are students, they have all doubts, as any other student... (E3)

And now, transferring the project to students... It was more difficult, because they need attention, collaboration, and we often do not have it. That is the greatest difficulty I feel... (S4)

[…] the material arrives ready-made, but you do not have any information... For instance, some slides are unclear. And there are some terms I do not know... (E2)

So, I think if there was an interest of politicians to hold training sessions for professionals from all areas involved... (GH3)

We should appreciate adolescents’ health care in the town.

There was not yet any technical institutionalized group that could gather the sectors of health and education, which provided a response by adolescents in the town. The reports revealed that the creation of this group was required to organize actions, to support the professionals of these sectors, both when developing actions of the project HPS at schools, as in the care for adolescents at PHCs:

We would need an institutional support in health, in the composition of a team, whose assignment is supporting the schools. Also because, this way, we cannot deliver lectures, but there are some technical resources that adolescents and teachers who will conduct activities at schools need to have and they lack this, they verbalize a lot the need to have someone from health to answer to questions, who is available, and even undergo a more traditional educational process. Perhaps, then thinking in a rather daring way, having established in the Health Department some kind of health program at school, as proposed in the education development plan... So, in the context of primary care, improve adolescents’ embracement at the health care service, because it is very clear when a health professional works with the child that comes along with the mother, with a child who comes to child care, but an unaccompanied adolescent, a pre-adolescent even when unaccompanied, this is an issue where the health professional lacks support. (GH5)

DISCUSSION

In line with the objective, the historical approach to the project HPS in Marília, conducted at the first stage of this research, allowed the acquisition and systematization of relevant information describing the structural resources, as well as the process of organization and operation of this intersectoral project until today. Thus, we can see the process of getting closer or not to the premises of intersectionality.7,13

According to the guidelines for implementing the project HPS, it is a must to establish sectoral and intersectoral partnerships for deployment and sustainability of actions such as: setting the number of schools, number of participants, identification of technical, human, and financial resources needed and available to deploy actions. Also, to establish shared responsibilities as the provision of: schedules for training professionals, physical space, infrastructure, and supporting material.5,14,15

Data obtained allow us to consider that, even with the difficulty to join the Consent Term with MOH1,16, resulting from the lack of communication between the state and local levels of health and education management, the movement triggered within the project HPS in Marília is in line with the referred interministerial guidelines. Particularly, the way how the sectors of health and education

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were organized to administrate the expenses of this project proved to be excellent, seeking to strengthen their ties, so that, in fact, there is an intersectoral work, aiming to promote health and prevent diseases and other health problems, to which adolescents and young adults have become vulnerable. Thus, notwithstanding the specific needs of financial funding for developing properly the project in focus, we could find out that funding from other projects/programs conducted in the town, with similar purposes, could be shared with the project HPS, demonstrating that much of what was achieved depended on the recognition, by the managers of such different projects/programs, of the importance of working together.

This finding supports the premise that intersectionality emphasizes the interconnections, the conception of interdependence, systems, or networks leading to a systemic thinking and doing, i.e. evoking the relations and interactions shaped as an interconnected web.\textsuperscript{17}

It is recognized that this process of co-responsibility that accompanies intersectoral action for health promotion provides that each sector/area improves its ability to analyze and transform its way of acting through the perspective of the other sectors/areas, thus leading to actions with more effective results. So, inter-sectoral collaboration provides greater visibility to multiple causes and determination of the health-illness process of various population groups, and the participation of all sectors in actions aimed at breaking the fragmentation of care to the various problems shown by these groups is relevant, making up networks of commitment and vulnerability reduction and their potential harms.\textsuperscript{18} Also according to the guidelines to deploy the project HPS\textsuperscript{5,14,15}, it is a responsibility of IWG - M to conduct actions so that this process is appropriate and effective, one of them is holding the situational analysis of actions related to STDs/AIDS, sexual and reproductive health, and drug use, which were planned and/or taken at schools in the town.

The results of this study revealed that, since the onset of the project HPS in Marília, the problems to be addressed in educational actions at schools were prioritized by the school community itself, under the guidance of IWG - M. Also, as officially planned, until 2013 this group was always in charge of preparing the action plan by means of this situational analysis, considering the reality of each school, creating different strategies for the situations that demonstrated to constitute problems by the very target population of actions to be taken.\textsuperscript{14,15,19} However, on the other hand, we observed that, as time passes by, the work by IWG - M within this context has not been effectively done, because we observed a fragmented analysis of official data on the epidemiological status of the town and the schools on the part of both sectors involved in the project HPS, and even lack of data, something which has hindered the crossing of information between them and prevents a comprehensive view of the health of adolescents and young adults enjoying benefits from the project HPS, compromising intersectoral work.

There is evidence that, despite encouragement by the European Union (EU) and the World Health Organization (WHO) for registering and analyzing information on intersectoral actions for health promotion, these actions are mostly not addressed in a way that favors researches in this field, thus they do not contribute to optimize the development of public health policies.\textsuperscript{20} Therefore, we notice that the problem of no documentation of intersectoral action is a global reality.

This study allowed confirming the feature of establishing mechanisms for assessment and monitoring of deployed actions, as well as formulating indicators to support this process. Such mechanisms, which are indicated in ministerial documents\textsuperscript{5,15,16} and in the objectives of the project HPS in Marilia.\textsuperscript{5,19} They were very fragile, only occasional assessments were conducted. It showed to be needed, at the same time, that IWG - M is organized through documented records of the actions taken, with regard to planning through meeting minutes, meetings at the university institutions, and multiplication actions within the school environment, reproducing the importance of documentation, also, with educators and students from unions, because all of this documented information will be important and needed in the process of monitoring and assessing the stages of planning, development, and outcomes of the project HPS and drafting of reports.

The literature points out that assessment indicators are important instruments to measure or reveal aspects related to the individual, collective, political, economic, and cultural spheres of programs and public policies, especially for managers, because they are parameters that may be qualitative or quantitative, in order to detail what has been conducted, as well as whether the objectives have been met.\textsuperscript{21}
The second part of this study complemented what had been aimed in relation to obtaining, along with participants of the project HPS in Marília, subjective data that permeate the relations and work dynamics between both sectors involved, i.e. health and education.

In general, by means of the testimonies collected, we found out that the project HPS showed up as an important intersectoral strategy for health education along with students at the public Elementary and High School in Marília, and this context is ideal for actions to prevent diseases and health problems and those to promote health. Heavily influenced by the objective, by IWG - M, to address issues on sexuality and reproductive health, corroborated by the wish of the school community, the project HPS in Marília was characterized by prioritizing the theme of STDs/AIDS, drug use, and pregnancy during adolescence. The literature points out that the course methods and materials used in educational interventions with adolescents to address such subjects must encourage the participation of young people with creativity and respect to their reality, contributing to critical thinking at schools, communities, and health care facilities.

Indeed, the testimonies made it clear that to face health problems as complex as those related to Brazilian adolescence nowadays, there is the need for partnerships between the various sectors of society. This way, it is considered that there should be an interconnection of possibilities between the sectors involved so that, in addition to think of the complexity of issues that account together for ensuring the right to health, getting involved in the formulation of interventions that provide it.

Concerning the diversity of professionals involved in the management of the project HPS in Marília, it is believed that the combination of technical kinds of knowledge is inherent to the intersectoral policies, and the experts from a particular field have joined collective agendas and shared common goals. Thus, intersectionality may bring gains for the population, for the logistic organization of defined actions, as well as for the organization of public policies focused on certain territories. However, it opens up new problems and challenges related to overcoming the fragmentation and articulation of public policies, mainly due to concepts and practices already crystallized within the sector.

This possibility was observed in some testimonies collected along with teachers and students, who revealed that both advances in the intersectoriality of the project HPS in Marília and problems related to the school and family contexts, which were not favorable to developing it, there are comments on the mismatch between the propositions and possibilities of health and education for proper development of educational health activities at schools, mainly the lack of consistent inclusion of PHCs into actions of the project HPS. It is noteworthy that intersectoral actions are crucial to achieve comprehensive care within primary care, if they are planned according to the principles of the Unified Health System (SUS), prioritizing actions that encourage the organization of services, the qualification of human resources, as well as co-management and increased autonomy and knowledge of individuals involved in care.

Other problems were pointed out, such as the lack of understanding by some educators on the purposes and methods to be adopted, also on the crucial role played by students’ unions in this process; besides the lack of understanding and support from families, needed to the success of these actions, both within schools and in adolescents’ daily lives. According to the view of interviewed professionals, some parents believed that by addressing certain issues the school could be encouraging the sexual initiation of their children.

Faced with the difficulties addressed by respondents, they indicated various aspects to improve the project HPS in Marília, which are related, to a large extent, to governing IWG - M itself, with emphasis on both sectoral and intersectoral actions. This way, according to respondents, besides strengthening the partnership between the health and education sectors, there is a need for effective commitment of the community, parents, managers, as well as improving embracement and care for the adolescents and young adults in health services, providing professionals with equipment and support to encourage juvenile key participation and social control. Furthermore, increasing the support for unions and educators in local activities at their respective schools should be monitored more closely by IWG - M showed to be a challenge, in order to decrease the uncertainty of multipliers to take actions.

Respondents believed that we should not overlook the continuing education of those involved, also multiplier students and information to the other students.
participating in the project HPS, even those directly involved. Therefore, there is a need for clarifying and promoting the objectives of the project HPS, denying certain conceptions of parents who, undoubtedly, have to participate in actions to improve the project HPS. The local community should also be included, since actions must not be taken only within the school environment.\textsuperscript{1,13,15}

Students and educators must multiply the actions to the community through participation in activities with themes related to health and education.\textsuperscript{14,15} Conducting events to exchange experiences, sharing and improving actions taking into account community participation in the dissemination of experiences, something which could help in facilitating, along with public policy managers, the inclusion of these issues in the pedagogical projects of schools and teaching networks. Even as recommendations apprehended from collected testimonies, reference was made to the appreciation of adolescents’ health care by the various correlated sectors in the town.

In this regard, it is worth recalling that, in 2009, the Municipal Youth Department of Marilia was created, in order to develop projects for strengthening juvenile leadership, professional training, and provide this population with access to culture and leisure.\textsuperscript{24} The creation of this department corresponded to some objectives proposed in the beginning of the project HPS\textsuperscript{8}, although it has not established itself as an active participant in the actions of this project. In addition to this department, according to respondents, others could be involved, such as the Department of Sports, the Department of Culture, the Department of Social Work, and other services that could be identified as new partners to encourage and promote the creation of other intersectoral actions for promoting health, leisure, culture, education, employment, and safety for adolescents and young adults in the town.

It is believed that all these sectors have their own policies to be developed and that their purposes converge. Thus, the intersectorality of public policies becomes appreciated, taking into account that their establishment provides the effectiveness and efficacy expected in the implementation of sectoral policies, primarily with regard to meeting the demands of population and the resources made available for executing them.\textsuperscript{13}

Regardless of whether it is related to the Municipal Youth Department of Marilia, as a proposal to be considered for improving adolescents’ health care in Marilia, respondents also recommended the creation of a municipal team, with members coming from different sectors mentioned above, which is responsible for issues related to them, making it an institutional support for all those who take actions aimed at this age group.

It is hoped that the adherence of Marilia to PHS, in 2013\textsuperscript{3}, favors the effectuation of intersectionality in the project HPS, especially that the actions are jointly taken between the Family Health centers and schools located within their territory, relying on the active participation of other public and private sectors of society, including parents and their communities. With this, a better impact on the actions planned by IWG - M is expected.

Considering the production of knowledge on PHS and the outcomes of this research, we verify that its development, grounded in intersectionality, has been allowing health professionals to notice their social role as educators, education professionals can notice their role in health promotion, and adolescents can contact more frequently the teams of primary health care, enabling them to help students to turn scientific information into healthy behaviors.\textsuperscript{25,26}

It is worth noticing that, although this study is limited to the analysis of the project PHS, a particular reality, we believe that it brings an important contribution to support studies on other intersectoral initiatives, insofar as it indicates a methodological suggestion for this and includes recommendations possibly applicable to them.

\textbf{CONCLUSION}

The analysis of the project HPS in Marilia, conducted in this study, revealed that this is an intersectoral initiative that, despite certain difficulties and even having no current official connection to MOH, has complied with most of the proposals made with regard to situational diagnosis, planning, physical structure, material and human resources for developing them, constituting a consolidated project that has great potential to expand.

Thus, the findings of this study confirmed the schools as fruitful locations for actions in partnership with the health services, for this, there is a need for continuing support of education and health managers, and other professionals from these institutions, as well as the involvement of parents and the local community, something which, in addition to providing them with visibility, could effectively contribute to achieve the proposed objectives, especially reducing the current
prejudices in relation to the approach to the theme of adolescents’ sexual and reproductive health.

From the point of view of intersectionality, besides the need for adhering to the Consent Term of PHS, another important measure for adequacy of the project HPS may be promoting a shared agenda of IWG - M in Marília, including the participation of students and partners from other sectors of society at times of planning, development, and, especially, for preparing, registering, and analyzing indicators to assess and monitor actions, either quantitative or qualitative.

It is crucial that, in Marília, managers and professionals from the public health and education sectors, either having a municipal or state connection, have a different look at issues involving adolescents, by proposing and implementing policies and actions in a comprehensive way, recognizing their vulnerabilities and also their potentials to participate actively, i.e. playing leading roles with regard to care for their health and the health of their peers, so that they can really make a difference and transform their realities.

REFERENCES


Analysis of the project health and prevention...